

Robert F. Kennedy Jr., U.S. Secretary of Health and Human Services
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

September 18, 2026

Re: HHS-OS-2026-0332. “Request for Information: Categories Used in Federal Vaccine Recommendations and the Role of Shared Clinical Decision-Making”

Dear Secretary Kennedy,

On behalf of the National Association of Nurse Practitioners in Women’s Health (NPWH), we thank you for the opportunity to submit a public comment on the vital role of vaccines. NPWH represents over 13,000 WHNPs with a membership of approximately 5,000 advanced practice registered nurses (APRNs) who provide comprehensive women’s healthcare, such as prenatal, postpartum, infertility, menopause, and cervical cancer, and reproductive and sexual healthcare for men. Women’s Health Nurse Practitioners (WHNPs), who make up most of our membership, receive extensive education and training on immunization recommendations, particularly maternal and HPV vaccinations.^{i,ii}

Vaccines are safe and effective.

Vaccines are among the most beneficial health interventions available, saving lives, preventing disease, and reducing economic burden. HHS has provided no new evidence suggesting that immunization schedules should be altered or the public dissuaded from receiving vaccines.

Given on time, maternal immunizations protect not only the individual mother and baby but also families and the broader community. They create population (herd) immunity against dangerous, infectious diseases. They can also protect patients in other ways. For example, the Human Papillomavirus Vaccination, which WHNPs routinely administer, is a crucial cancer prevention tool.ⁱⁱⁱ Serious adverse events from vaccines are rare, and the benefits of vaccination greatly outweigh the risks.

Patients already exercise freedom of choice with their healthcare providers.

Routine recommendations already allow for informed consent. APRNs routinely engage in shared clinical decision-making (SCDM) as a core competency of the profession that supports patient-centered care and informed choice.^{iv} Healthcare decisions are never

made solely by the clinician. Rather, the patient is included as an active, informed participant in their care with the authority to accept or decline routine recommendations as a component of informed consent.

New or re-categorized recommendations would confuse the public, threaten access, and harm public health.

Congress and the states have tied vaccine access to recommendations made by the CDC Advisory Committee on Immunization Practice (ACIP), which drives private and public insurance coverage (including Medicare and Medicaid). HHS should take no action—including re-categorizing immunization recommendations—that would jeopardize this coverage.

These categories already create confusion among patients, leaving providers like ours to try to explain why a safe and effective vaccine is not labeled the same as others. Additionally, as documented, providers already empower patient choice, negating the need for an SCDM category. New categories would only deepen this confusion and create access barriers.

Vaccine recommendations must come through an evidence-based, transparent public process.

Rebuilding trust and raising vaccination coverage rates depends on transparency and education, not on renaming recommendation categories. When recommendations from trusted sources, such as ACIP, are clear and evidence-based, patients can confidently decide which treatment plans best fit their specific needs and wants. Inconsistent messaging, political interference, and non-evidence-based policy changes create uncertainty around these otherwise safe and effective healthcare decisions.

If you have any questions, please email Lindsay Turner Trammell, Director of Policy, at ltrammell@npwh.org. Thank you.

Sincerely,



Jessica Wells, PhD, RN, WHNP-BC, FAAN

President, Board of Directors

National Association of Nurse Practitioners in Women's Health (NPWH)



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ⁱTurrentine M, Ault KA, Sperling R, Riley L. Maternal immunizations. ACOG. February 2026. Accessed September 11, 2026. <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2026/02/maternal-immunizations>.

ⁱⁱ National Association for Nurse Practitioners of Women's Health, Position Statement: Human Papillomavirus Vaccination, Accessed September 16, 2026: https://cdn.ymaws.com/npwh.org/resource/resmgr/positionstatement/2024_updates/NP_WH_PositionStatement_HP_V.pdf

ⁱⁱⁱ Ibid.

^{iv} National Association of Nurse Practitioners in Women's Health. *Women's Health Nurse Practitioner: Guidelines for Practice and Education*. 8th ed. NPWH; 2020:7-8. Accessed September 11, 2026. <https://npwh.org/store/download.aspx?id=4E30E571-DC8C-40D2-8103-6B5A6FB76FC3>