COVID-19 Vaccine Recommendation for Michigan

Public Health Bulletin for Health Care – October 2025

Dear colleagues,

As health care providers, you are among our most trusted voices in encouraging vaccine uptake and protecting Michigan communities.

This fall, we want to reinforce that 2025-26 COVID-19 vaccines are available statewide, and that they are critical in preventing severe health outcomes and deaths from COVID-19 infections.

Gov. Gretchen Whitmer's Executive Directive 2025-7 and the Chief Medical Executive's (CME) Standing Recommendation 2025-01 on COVID-19 vaccination were issued to remove barriers to accessing COVID-19 vaccines and to help ensure that all who want to get a COVID-19 vaccine can receive one.

The Standing Recommendation states that any person over the age of 6 months without contraindication who has not received a dose of a U.S. Food and Drug Administration (FDA)-approved or -authorized 2025-2026 COVID-19 vaccine may be considered to have an underlying condition that puts them at high risk for severe outcomes from COVID-19 and is thus eligible to receive an age-appropriate dose without additional barriers.

Michigan Department of Health and Human Services (MDHHS) COVID-19 vaccine guidance aligns with leading national medical organizations, including the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Academy of Family Physicians and the American College of Physicians. Key Michigan medical groups also support this guidance. For patient-facing materials and other resources, visit Michigan.gov/COVIDFluRSV.

Together, we can prevent illness, save lives and protect the health of our state. Thank you for continued work and partnership.

Sincerely,

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Chief Medical Executive, State of Michigan

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Research continues to show the critical impacts of COVID-19 vaccination:

- One study found that for adults who received a 2024-25 COVID-19 vaccine, the vaccine was 33% effective at reducing associated emergency department or urgent care visits; and that the vaccine was approximately 45% effective in reducing hospitalizations among immunocompetent adults ages 65 and older when compared to those who did not receive a 2024–25 vaccine dose.
- Another study showed that receipt of strain-adapted COVID-19 vaccine was 68% effective in preventing hospitalizations when compared to persons who did not receive an updated COVID-19 vaccine.
- A recently published U.S. modeling study estimated that vaccinating pregnant people against COVID-19 prevented the hospitalizations of 7,000 infants and 3,000 pregnant people from January 2024 to May 2025.
- Studies also demonstrate that additional doses of COVID-19 vaccine in children have a protective effect against negative outcomes including post-acute COVID-19 syndrome, also known as long COVID,and multisystem inflammatory syndrome, both of which can be debilitating.

Insurance Coverage

COVID-19 vaccines remain available at no cost to most Michigan residents. Under Executive Directive 2025-7, MDHHS and the Michigan Department of Insurance and Financial Services (DIFS) are working to ensure that coverage under state-regulated health plans — including Medicaid and commercial insurance — continue to provide coverage.

At the national level, America's Health Insurance Plans reaffirmed in September that member plans will cover all immunizations that were recommended by the Advisory Committee on Immunization Practices as of Sept. 1, including COVID-19 and influenza vaccines, at no cost-sharing for patients through the end of 2026. This commitment provides stability for providers and reassurance for patients who may otherwise be concerned with cost.

At the state level, if patients do experience coverage denials or unexpected copays, encourage them to contact their health insurer directly. DIFS is also prepared to assist consumers with questions or concerns about their health insurance. Their call center is available Monday through Friday from 8 a.m. to 5 p.m., at 877-999-6442.

Licensee Support

Michigan has taken steps to ensure that providers and pharmacists have the authority and protection needed to administer COVID-19 vaccines under the standing recommendation.

Michigan Department of Licensing and Regulatory Affairs (LARA) reminds licensed health professionals that Michigan law authorizes them to administer the COVID-19 vaccine to any individual — including those outside the FDA-approved categories — if that professional is doing so under the direction of a physician. This authority also applies to pharmacists who have a collaborative-practice agreement with a prescriber.

LARA also notes that the CME Standing Recommendation 2025-01 will be taken into consideration should LARA receive a complaint against a health professional regarding the administration of this vaccine.

Provider Action Steps

We encourage you to take these steps to increase vaccine uptake among your patients:

- Review CME Standing Recommendation 2025-01 and update internal protocols to reflect universal COVID-19 vaccine eligibility for all patients 6 months and older.
- A patient's statement that they have not yet received the 2025-26 COVID-19 vaccine is sufficient to determine eligibility.
- Continue to counsel patients on the benefits and risks of vaccination.

- Co-administer COVID-19 vaccines with other routine vaccines, including influenza and RSV vaccines where appropriate – to maximize uptake and reduce missed opportunities.
- Provide staff education so that nurses, medical assistants and front-line personnel can confidently answer patient questions.
- Monitor insurance coverage challenges and report recurring patterns of denial or copays to MDHHS or DIFS.
- Consider becoming a Vaccines for Children (VFC) provider. The pediatric COVID-19 vaccine is available to order through VFC and MDHHS strongly encourages all enrolled providers to carry it.

2025-2026 COVID-19 Vaccine – Provider FAQ

Why was CME Standing Recommendation 2025-01 issued?
CME Standing Recommendation 2025-01 was issued to provide clarity for both patients and providers, and to remove barriers to vaccine access. If an individual has not yet received the 2025-26 COVID-19 vaccine, they may consider themselves high risk when answering screen questions at their pharmacy, provider's office or local health department. This approach ensures broad eligibility while allowing health care providers to follow MDHHS' guidance and remain consistent with updated FDA label language.

How should I document eligibility in my electronic health record (EHR) or on screening forms?
It will depend on your specific EHR or screening and/or intake forms. To remain consistent, record that the patient has not received a 2025-26 COVID-19 vaccine and add a brief note that eligibility is determined under the CME Standing Recommendation 2025-01.

How should insurance coverage work?
The COVID-19 vaccine is covered at no cost for most Michigan residents. Medicaid, Medicare and most commercial insurance plans cover the vaccine. Nationally, health insurers have reaffirmed that they are committed to ensuring no-cost coverage. If a patient is billed unexpectedly, instruct them to contact their plan. DIFS is also prepared to assist consumers with questions or concerns about their health insurance. Their call center is available Monday through Friday from 8 a.m. to 5 p.m., at 877-999-6442.

What liability protections are in place for providers administering COVID-19 vaccines under the standing recommendation?

LARA has confirmed that the CME Standing Recommendation 2025-01 will be considered in oversight and complaint review. Providers acting within the scope of the recommendation and their license/scope of practice have regulatory support to vaccinate eligible patients.

What is the process for reporting vaccine administration in the Michigan Care Improvement Registry (MCIR)?
As you do for all other routine vaccines, health care providers must report in MCIR all immunizations administered to every child born after Dec. 31, 1993, and under 20 years of age within 72 hours of administration and ideally within the same timeframe for all other adults. Confirm that your EHR interface is sending successfully.

How can I help reduce barriers to vaccine uptake in my practice?
Offer COVID-19 vaccination at every eligible visit and co-administer with other routine vaccines, including with flu and RSV vaccines when appropriate. Use clear eligibility messaging and send out reminders to any under-vaccinated groups that you serve. Ensure that staff are prepared to answer common questions and track any recurring insurance coverage issues to share with MDHHS or DIFS.

Who can participate in shared clinical decision-making for vaccines?
Primary care physicians, specialist physicians, physician assistants, nurse practitioners, registered nurses and pharmacists can practice shared clinical decision-making. These types of discussions on benefits and risks already occur in most clinical interactions, e.g. providing vaccine information sheets and asking if the patient or guardian has any questions.