



Written by [Rebecca Terrell](#) on April 9, 2026

End of Federal Childhood Vaccine Incentives

Doctors will no longer receive financial rewards tied to childhood vaccination rates under key government programs. The [announcement](#), first detailed in a December 30 [memo](#) from the Centers for Medicare & Medicaid Services (CMS), states that the agency “does not tie payment to performance on immunization quality measures in Medicaid and CHIP [the Children’s Health Insurance Program] at the federal level.” CMS urged states to discontinue similar incentives and eliminated mandatory reporting of childhood immunization data, though voluntary reporting remains an option. The memo also signaled efforts to strengthen informed consent and accommodate religious exemptions.



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U.S. Health and Human Services Secretary [Robert F. Kennedy, Jr.](#) welcomed the directive, [posting](#): “Government bureaucracies should never coerce doctors or families into accepting vaccines or penalize physicians for respecting patient choice. That practice ends now.” Advocates such as Children’s Health Defense CEO Mary Holland called it a welcome step toward treating vaccines like other medical interventions, free from metric-driven pressure. Pediatrician Dr. Michelle Perro noted that tying compensation to specific decisions can erode trust in care.

Promoting Preventive Care or Distorting Judgment?

This change comes after years of scrutiny over financial incentives in pediatric medicine. An October 2025 clip from [Dr. Suzanne Humphries on The Joe Rogan Experience](#) claimed some doctors could lose up to \$250,000 annually by not meeting vaccination targets, including for Covid shots in infants. These incentives stemmed from value-based payment models under Medicaid, CHIP, and private insurers. Practices received bonuses or higher reimbursements for hitting coverage benchmarks (e.g., percentages of patients vaccinated). One [analysis](#) of an Oregon pediatric practice projected more than \$1 million in annual losses for declining CDC-scheduled vaccines, largely from administrative fees. Roughly [40 percent of U.S. children](#) are on Medicaid, amplifying the program’s reach. During Covid, specific [per-dose payments](#) (around \$45 plus administration fees) added to the structure.

[Proponents](#) of the incentives argued they promoted preventive care and reduced disease outbreaks, with insurers — not pharmaceutical companies — providing payments to lower long-term costs. [Critics](#), however, contended the metrics distorted clinical judgment and pressured families, contributing to eroded trust and reports of patients being dismissed for declining shots.

The CMS policy applies only at the federal level; some states or [private insurers may retain incentives](#). It is telling that pediatric organizations are [pushing back](#) against broader vaccine-policy shifts under the current administration.



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