

**Department of Legislative Services**  
Maryland General Assembly  
2026 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

Senate Bill 385  
Finance

(The President, *et al.*) (By Request - Administration)

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**Public Health - Recommendations for Immunizations, Screenings, and  
Preventive Services - Pharmacist Administration and Required Health Insurance  
Coverage (The Vax Act)**

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This Administration bill requires the Secretary of Health to issue, publish, and distribute specified recommendations for immunizations, screenings, and preventive services. A pharmacist may administer a vaccination recommended by the Secretary to an individual who is at least seven years old. The bill also alters health insurance coverage requirements for certain immunizations, screenings, and preventive services. Obsolete language regarding the pertussis vaccine is also repealed. **The bill takes effect July 1, 2026, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2027.**

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**Fiscal Summary**

**State Effect:** Minimal increase in special fund revenues for the Maryland Insurance Administration (MIA) in FY 2027 only from the \$125 rate and form filing fee; review of forms can be handled with existing budgeted resources. Any additional workload on the Maryland Department of Health (MDH) can be handled with existing budgeted resources.

**Local Effect:** None.

**Small Business Effect:** The Administration has determined that this bill has minimal or no impact on small business (attached). The Department of Legislative Services concurs with this assessment.

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## Analysis

### Bill Summary:

#### *Secretary's Recommendations for Immunizations, Screenings, and Preventive Services*

Recommendations must be made for infants, children, and adults that follow the generally accepted consensus within the scientific community and sound clinical guidance. These recommendations must also be made in accordance with the applicable recommendations of specified authoritative medical organizations and take into consideration the guidance of the Maryland Statewide Advisory Commission on Immunizations and specified federal entities.

The Secretary must publish the recommendations on the MDH website and distribute them to licensed health professionals in Maryland and MIA.

#### *Pharmacist Administration of Vaccinations*

The bill repeals language enacted under Chapter 738 of 2025 specifying that the recommendations of the federal Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) that govern the administration of vaccinations by pharmacists refer to federal statutes, rules, and guidance in effect either on December 31, 2024, or at a later date to account for any new vaccines recommended by ACIP after that date.

The bill also alters the requirements of the certification course a pharmacist must complete to administer vaccinations by removing the requirement that the course include instruction in the guidelines and recommendations of CDC regarding vaccinations in effect on December 31, 2024.

#### *Health Insurance Coverage Requirements for Preventive Services*

The bill repeals the authority of the Insurance Commissioner to adopt regulations necessary to carry out the requirement that carriers provide coverage for certain immunizations, screenings, and preventive services without cost sharing consistent with specified recommendations and guidelines in effect on December 31, 2024. Instead, the bill specifies that the Commissioner must enforce the coverage requirement consistent with such guidelines (per current law), *as updated by recommendations issued by the Secretary.*

The bill requires a carrier to provide coverage for certain immunizations, screenings, and preventive services for plan years that begin on or after the date that is three months after the date the Secretary's recommendations are issued.

The bill also specifies that the minimum package of child wellness services that a carrier must provide must cover all visits for and costs of childhood and adolescent immunizations recommended by ACIP as of December 31, 2024, *as updated by recommendations issued by the Secretary.*

### **Current Law:**

#### *Vaccinations by Pharmacists*

A pharmacist may order and administer a vaccination to an individual who is at least age three if the vaccine is (1) an influenza vaccine; (2) a COVID-19 vaccine; or (3) used in response to a public health emergency. A pharmacist must have completed specified training, hold current cardiopulmonary resuscitation certification, complete specified continuing education as part of license renewal, comply with recordkeeping and reporting requirements, and inform child vaccination patients and their caregivers of the importance of well-child visits and refer them to a pediatric primary care provider when appropriate.

A pharmacist who has met the above noted requirements may administer to an individual who is at least age seven a vaccination that is (1) recommended by ACIP or (2) approved or authorized by the U.S. Food and Drug Administration (FDA). For adults, a pharmacist may administer a vaccination that is recommended in CDC's *Health Information for International Travel*.

Chapter 738 of 2025 specifies that the ACIP recommendations governing the administration of vaccinations by pharmacists refer to federal statutes, rules, and guidance in effect either on December 31, 2024, or at a later date to account for any new vaccines recommended by ACIP after that date.

#### *Insurance Coverage for Preventive Services*

Each carrier must provide coverage for and may not impose any cost-sharing requirements, including copayments, coinsurance, or deductibles, with specified exception, for:

- evidence-based items or services that have in effect a rating of A or B in the current recommendations of the U.S. Preventive Services Task Force (USPSTF) with respect to the individual involved;
- immunizations for routine use in children, adolescents, and adults, as specified;
- with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and
- with respect to women, preventive care and screenings and contraceptive coverage as provided for in comprehensive guidelines supported by HRSA, as specified.

To the extent that cost sharing is otherwise allowed under federal or State law, a health benefit plan that uses a network of providers may impose cost-sharing requirements for evidence-based items or services that have in effect a rating of A or B in the current recommendations of USPSTF that are delivered by an out-of-network provider.

If an insured or enrollee is covered under a high-deductible health plan, a carrier may apply the deductible to specified preventive services unless the Commissioner determines otherwise, as specified.

### *Insurance Coverage for Child Wellness Services*

Certain insurance policies and nonprofit health service plans must include, under the family member coverage, a minimum package of child wellness services that are consistent with public health policy, professional standards, and scientific evidence of effectiveness. Among other things, the minimum package of child wellness services must cover all visits for, and costs of, childhood and adolescent immunizations recommended by ACIP as of December 31, 2024. A policy or plan may not impose a deductible on this coverage. Each policy and certificate must contain a notice of the prohibition on a deductible. The Insurance Commissioner may adopt regulations necessary to carry out these provisions.

### *Pertussis Vaccine*

Prior to the administration of a pertussis vaccine, a health care provider must provide specified information. At the time of administration of the vaccine, a health care provider must record specified information in the patient's medical record. If a health care provider has reason to believe that an individual has had a major adverse reaction to the vaccine, the health care provider must (within 24 hours) record all relevant information in the patient's permanent medical record and report the information to the local health officer. The local health officer must immediately forward the information to MDH, which must immediately notify the vaccine manufacturer.

MDH must establish a system to collect data from local health officers, health care providers, and parents on the incidence of pertussis (whooping cough) and major adverse reactions to pertussis vaccine and report all information to CDC. MDH must adopt guidelines under which the vaccine should not be administered or should be delayed, any categories of potential recipients who are significantly more vulnerable to major adverse reactions, and procedures to notify physicians of the guidelines. The pertussis vaccine may not be required if a physician determines that the risk to the potential recipient outweighs the benefits to both the potential recipient and the public.

**Background:** Vaccine policy is regulated at the federal and state level. States have primary responsibility for enacting laws to promote the health, safety, and general welfare

of individuals in their jurisdictions, such as laws mandating vaccination for school enrollment. The federal government has significant influence over state vaccine policy through the FDA vaccine approval process and guidance from CDC and ACIP. Recommendations from FDA, CDC, and ACIP are often linked to state policy, including the vaccines that insurers must cover.

In September 2025, Maryland joined the Northeast Public Health Collaborative, a coalition of health agencies from nine states and New York City, to share expertise, improve coordination, and promote evidence-based public health. In October 2025, Governor Wes Moore joined the Governors Public Health Alliance, which was formed to support governors and their states in coordinating and collaborating to protect the public's health by facilitating data sharing and communication, sharing best practices and challenges, and elevating national considerations for vaccine policy to keep science front and center.

MIA advises that, under the bill, consumers covered by MIA-regulated health insurance plans will be protected from erosion of preventive care requirements at the federal level by the establishment of State-specific recommendations for preventive care. Consumers under these plans will continue to receive coverage with no out-of-pocket costs for preventive care services that were recommended at the federal level as of December 31, 2024, and will also receive coverage for preventive services newly recommended by the Secretary of Health.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** HB 637 (The Speaker, *et al.*) (By Request - Administration) - Health.

**Information Source(s):** Department of Budget and Management; Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

**Fiscal Note History:** First Reader - February 6, 2026  
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## **ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES**

**TITLE OF BILL:** Public Health - Recommendations for Immunizations, Screenings, and Preventive Services - Pharmacist Administration and Required Health Insurance Coverage (The Vax Act)

**BILL NUMBER:** SB 385

**PREPARED BY:** Governor's Legislative Office

### **PART A. ECONOMIC IMPACT RATING**

This agency estimates that the proposed bill:

  **X**   WILL HAVE MINIMAL OR NO ECONOMIC IMPACT ON MARYLAND SMALL BUSINESS

**OR**

       WILL HAVE MEANINGFUL ECONOMIC IMPACT ON MARYLAND SMALL BUSINESSES

### **PART B. ECONOMIC IMPACT ANALYSIS**