

HOUSE BILL 637

J3, J5, J2

6lr0344
CF SB 385

By: **The Speaker (By Request – Administration) and Delegates Acevero, Allen, Amprey, Behler, Bhandari, Boafu, Boyce, Coley, Ebersole, Edelson, Fennell, Foley, Forbes, Guyton, Harrison, Hill, Holmes, Ivey, D. Jones, Kaufman, Lewis, Mireku–North, Moon, Moreno, Odom, Palakovich Carr, Pasteur, Patterson, Phillips, Pruski, Qi, Roberts, Rogers, Ross, Ruff, Simmons, Solomon, Spiegel, Stewart, Taveras, Turner, Vogel, Watson, White Holland, Wims, Woods, Wu, and Ziegler**

Introduced and read first time: January 30, 2026

Assigned to: Health

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Recommendations for Immunizations, Screenings, and**
3 **Preventive Services – Pharmacist Administration and Required Health**
4 **Insurance Coverage**
5 **(The Vax Act)**

6 FOR the purpose of requiring the Secretary of Health to issue recommendations for certain
7 immunizations, screenings, and preventive services based on certain evidence–based
8 scientific and clinical guidance; altering the authority of pharmacists to administer
9 certain vaccinations; altering the health insurance coverage requirements for certain
10 immunizations, screenings, and preventive services; repealing obsolete language
11 regarding the pertussis vaccine; and generally relating to immunizations,
12 screenings, and preventive services.

13 BY repealing

14 Article – Health – General
15 Section 18–328 through 18–332 and the part “Part V. Pertussis”
16 Annotated Code of Maryland
17 (2023 Replacement Volume and 2025 Supplement)

18 BY adding to

19 Article – Health – General
20 Section 18–112
21 Annotated Code of Maryland
22 (2023 Replacement Volume and 2025 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY repealing and reenacting, with amendments,
2 Article – Health Occupations
3 Section 12–508
4 Annotated Code of Maryland
5 (2021 Replacement Volume and 2025 Supplement)

6 BY repealing and reenacting, with amendments,
7 Article – Insurance
8 Section 15–1A–10 and 15–817
9 Annotated Code of Maryland
10 (2017 Replacement Volume and 2025 Supplement)

11 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
12 That Section(s) 18–328 through 18–332 and the part “Part V. Pertussis” of Article – Health
13 – General of the Annotated Code of Maryland be repealed.

14 SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
15 as follows:

16 **Article – Health – General**

17 **18–112.**

18 **(A) THE SECRETARY SHALL ISSUE RECOMMENDATIONS FOR**
19 **IMMUNIZATIONS, SCREENINGS, AND PREVENTIVE SERVICES FOR INFANTS,**
20 **CHILDREN, AND ADULTS THAT FOLLOW THE GENERALLY ACCEPTED CONSENSUS**
21 **WITHIN THE SCIENTIFIC COMMUNITY AND SOUND CLINICAL GUIDANCE AS**
22 **SPECIFIED IN SUBSECTION (B) OF THIS SECTION.**

23 **(B) THE RECOMMENDATIONS SHALL:**

24 **(1) BE MADE IN ACCORDANCE WITH THE APPLICABLE**
25 **RECOMMENDATIONS OF THE FOLLOWING AUTHORITATIVE MEDICAL**
26 **ORGANIZATIONS:**

27 **(I) THE AMERICAN ACADEMY OF PEDIATRICS;**

28 **(II) THE AMERICAN COLLEGE OF OBSTETRICIANS AND**
29 **GYNECOLOGISTS; OR**

30 **(III) THE AMERICAN ACADEMY OF FAMILY PHYSICIANS; AND**

31 **(2) TAKE INTO CONSIDERATION THE APPLICABLE GUIDANCE OF:**

32 **(I) THE MARYLAND STATEWIDE ADVISORY COMMISSION ON**

1 IMMUNIZATIONS;

2 (II) THE U.S. DEPARTMENT OF HEALTH AND HUMAN
3 SERVICES, INCLUDING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION;

4 (III) THE U.S. CENTERS FOR DISEASE CONTROL AND
5 PREVENTION, INCLUDING THE ADVISORY COMMITTEE ON IMMUNIZATION
6 PRACTICES;

7 (IV) THE U.S. FOOD AND DRUG ADMINISTRATION, INCLUDING
8 THE VACCINES AND RELATED BIOLOGICAL PRODUCTS ADVISORY COMMITTEE;
9 AND

10 (V) THE U.S. PREVENTIVE SERVICES TASK FORCE.

11 (C) THE SECRETARY SHALL:

12 (1) PUBLISH RECOMMENDATIONS ISSUED UNDER THIS SECTION ON
13 THE DEPARTMENT'S WEBSITE; AND

14 (2) DISTRIBUTE THE RECOMMENDATIONS ISSUED UNDER THIS
15 SECTION TO LICENSED HEALTH PROFESSIONALS IN THE STATE AND TO THE
16 MARYLAND INSURANCE ADMINISTRATION.

17 Article – Health Occupations

18 12–508.

19 (a) (1) Subject to paragraph (4) of this subsection, a pharmacist may order and
20 administer a vaccination to an individual who is at least 3 years old if:

21 (i) The vaccine is:

- 22 1. An influenza vaccine;
- 23 2. A COVID–19 vaccine; or
- 24 3. Used in response to a public health emergency;

25 (ii) The pharmacist has completed a practical training program of at
26 least 20 hours that is approved by the Accreditation Council for Pharmacy Education and
27 includes:

- 28 1. Hands–on injection techniques;

1 [2.] (II) Meets criteria established by the Department, in
2 consultation with the Board, the Board of Physicians, and the Board of Nursing, in
3 regulation.

4 [(ii) The recommendations of the Centers for Disease Control and
5 Prevention’s Advisory Committee on Immunization Practices cited in this section refer to
6 federal statutes, rules, and guidance in effect:

7 1. On December 31, 2024; or

8 2. At a later date to account for any new vaccines
9 recommended by the Centers for Disease Control and Prevention’s Advisory Committee on
10 Immunization Practices after December 31, 2024.]

11 (5) A pharmacist shall:

12 (i) Report all vaccinations administered by the pharmacist to the
13 ImmuNet Program established under § 18–109 of the Health – General Article;

14 (ii) If the vaccination has been administered in accordance with a
15 prescription, document at least one effort to inform the individual’s authorized prescriber
16 that the vaccination has been administered; and

17 (iii) Except for an influenza vaccination administered under
18 paragraph (1) of this subsection, if the authorized prescriber is not the individual’s primary
19 care provider or if the vaccination has not been administered in accordance with a
20 prescription, document at least one effort to inform the individual’s primary care provider
21 or other usual source of care that the vaccination has been administered.

22 (b) The Board shall:

23 (1) Set reasonable fees for the administration of vaccinations under this
24 section; and

25 (2) Adopt regulations that require a pharmacist to submit a registration
26 form to the Board that includes verification that the pharmacist:

27 (i) Has successfully completed a certification course approved by the
28 Board [that included instruction in the guidelines and recommendations of the Centers for
29 Disease Control and Prevention regarding vaccinations in effect on December 31, 2024];
30 and

31 (ii) Is certified in basic cardiopulmonary resuscitation and obtained
32 the certification through in–person classroom instruction.

33 **Article – Insurance**

1 15-1A-10.

2 (a) Subject to subsection (e) of this section and except as provided in subsections
3 (b), (c), and (d) of this section, a carrier shall provide coverage for and may not impose any
4 cost-sharing requirements, including copayments, coinsurance, or deductibles for:

5 (1) evidence-based items or services that have in effect a rating of A or B
6 in the recommendations of the United States Preventive Services Task Force with respect
7 to the individual involved;

8 (2) immunizations for routine use in children, adolescents, and adults that
9 have in effect a recommendation from the Advisory Committee on Immunization Practices
10 of the Centers for Disease Control and Prevention with respect to the individual involved,
11 if the recommendation:

12 (i) has been adopted by the Director of the Centers for Disease
13 Control and Prevention; or

14 (ii) is listed on the Immunization Schedules of the Centers for
15 Disease Control and Prevention for routine use;

16 (3) with respect to infants, children, and adolescents, evidence-informed
17 preventive care and screenings provided for in comprehensive guidelines supported by the
18 Health Resources and Services Administration; and

19 (4) with respect to women:

20 (i) to the extent not provided in item (ii) of this item, preventive care
21 and screenings as provided for in comprehensive guidelines supported by the Health
22 Resources and Services Administration for purposes of § 2713(a)(4) of the federal Public
23 Health Service Act; and

24 (ii) subject to § 15-826(c) of this title, contraceptive coverage as
25 provided for in comprehensive guidelines supported by the Health Resources and Services
26 Administration for purposes of § 2713(a)(4) of the federal Public Health Service Act.

27 (b) To the extent that cost-sharing is otherwise allowed under federal or State
28 law, a health benefit plan that uses a network of providers may impose cost-sharing
29 requirements on the coverage described in subsection (a) of this section for items or services
30 delivered by an out-of-network provider.

31 (c) (1) In this subsection, "high deductible health plan" has the meaning stated
32 in 26 U.S.C. § 223(c)(2).

33 (2) If an insured or enrollee is covered under a high deductible health plan,
34 a carrier may apply the deductible requirement of the high deductible health plan to the

1 coverage required under subsection (a) of this section, unless the Commissioner determines
2 that the coverage is included in the safe harbor provisions for preventive care under 26
3 U.S.C. § 223(c)(2)(c).

4 (d) This section may not be construed to prohibit a carrier from providing
5 coverage for services in addition to those recommended by the United States Preventive
6 Services Task Force or to deny coverage for services that are not recommended by the Task
7 Force.

8 (e) Subject to § 15–826(c) of this title[:

9 (1)], the Commissioner shall enforce this section consistent with the
10 recommendations and guidelines in effect on December 31, 2024, set by the United States
11 Preventive Services Task Force, the Advisory Committee on Immunization Practices of the
12 Centers for Disease Control and Prevention, or the Health Resources and Services
13 Administration, and related federal rules or guidance[; and

14 (2) the Commissioner may adopt regulations:

15 (i) necessary to carry out this section, consistent with federal
16 statutes, rules, and guidance in effect:

17 1. on December 31, 2024; or

18 2. at a later date that enhance the scope of preventive
19 services to the benefit of consumers in the State; or

20 (ii) to require carriers to provide coverage without imposing
21 cost-sharing requirements, including copayments, coinsurance, or deductibles, for any
22 future preventive services recommendations and guidelines issued after December 31,
23 2024, by the United States Preventive Services Task Force, the Advisory Committee on
24 Immunization Practices of the Centers for Disease Control and Prevention, or the Health
25 Resources and Services Administration, and related federal rules or guidance], **AS**
26 **UPDATED BY RECOMMENDATIONS ISSUED BY THE SECRETARY OF HEALTH IN**
27 **ACCORDANCE WITH § 18–112 OF THE HEALTH – GENERAL ARTICLE.**

28 **(F) A CARRIER SHALL PROVIDE THE COVERAGE DESCRIBED IN SUBSECTION**
29 **(A) OF THIS SECTION FOR PLAN YEARS THAT BEGIN ON OR AFTER THE DATE THAT IS**
30 **3 MONTHS AFTER THE DATE THE RECOMMENDATIONS DESCRIBED IN SUBSECTION**
31 **(E) OF THIS SECTION ARE ISSUED.**

32 15–817.

33 (a) In this section, “child wellness services” means preventive activities designed
34 to protect children from morbidity and mortality and promote child development.

1 (b) This section applies to each individual hospital or major medical insurance
2 policy, group or blanket health insurance policy, and nonprofit health service plan that:

- 3 (1) is delivered or issued for delivery in the State;
- 4 (2) is written on an expense-incurred basis; and
- 5 (3) provides coverage for a family member of the insured.

6 (c) (1) A policy or plan subject to this section shall include under the family
7 member coverage a minimum package of child wellness services that are consistent with:

- 8 (i) public health policy;
- 9 (ii) professional standards; and
- 10 (iii) scientific evidence of effectiveness.

11 (2) The minimum package of child wellness services shall cover at least:

12 (i) all visits for and costs of childhood and adolescent immunizations
13 recommended by the Advisory Committee on Immunization Practices of the Centers for
14 Disease Control and Prevention as of December 31, 2024, **AS UPDATED BY**
15 **RECOMMENDATIONS ISSUED BY THE SECRETARY OF HEALTH IN ACCORDANCE WITH**
16 **§ 18–112 OF THE HEALTH – GENERAL ARTICLE;**

17 (ii) visits for the collection of adequate samples, the first of which is
18 to be collected before 2 weeks of age, for hereditary and metabolic newborn screening and
19 follow-up between birth and 4 weeks of age;

20 (iii) universal hearing screening of newborns provided by a hospital
21 before discharge;

22 (iv) all visits for and costs of age-appropriate screening tests for
23 tuberculosis, anemia, lead toxicity, hearing, and vision as determined by the American
24 Academy of Pediatrics;

25 (v) all visits for obesity evaluation and management;

26 (vi) all visits for and costs of developmental screening as
27 recommended by the American Academy of Pediatrics;

28 (vii) a physical examination, developmental assessment, and
29 parental anticipatory guidance services at each of the visits required under items (i), (ii),
30 (iv), (v), and (vi) of this paragraph; and

31 (viii) any laboratory tests considered necessary by the physician as

1 indicated by the services provided under items (i), (ii), (iv), (v), (vi), or (vii) of this paragraph.

2 (d) Except as provided in subsection (e) of this section, an insurer or nonprofit
3 health service plan that issues a policy or plan subject to this section, on notification of the
4 pregnancy of the insured and before the delivery date, shall:

5 (1) encourage and help the insured to choose and contact a primary care
6 provider for the expected newborn before delivery; and

7 (2) provide the insured with information on postpartum home visits for the
8 mother and the expected newborn, including the names of health care providers that are
9 available for postpartum home visits.

10 (e) An insurer or nonprofit health service plan that does not require or encourage
11 the insured to use a particular health care provider or group of health care providers that
12 has contracted with the insurer or nonprofit health service plan to provide services to the
13 insurer's or nonprofit health service plan's insureds need not comply with subsection (d) of
14 this section.

15 (f) (1) A policy or plan subject to this section may not impose a deductible on
16 the coverage required under this section.

17 (2) Each health insurance policy and certificate shall contain a notice of the
18 prohibition established by paragraph (1) of this subsection in a form approved by the
19 Commissioner.

20 (g) The Commissioner may adopt regulations necessary to carry out subsection
21 (e)(2)(i) of this section consistent with federal statutes, rules, and guidance in effect[:

22 (1)] on December 31, 2024[; or

23 (2) at a later date to account for any new vaccines recommended by the
24 Centers for Disease Control and Prevention's Advisory Committee on Immunization
25 Practices after December 31, 2024], **AS UPDATED BY RECOMMENDATIONS ISSUED BY**
26 **THE SECRETARY OF HEALTH IN ACCORDANCE WITH § 18-112 OF THE**
27 **HEALTH – GENERAL ARTICLE.**

28 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall apply to all
29 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
30 after January 1, 2027.

31 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July
32 1, 2026.