

# SENATE BILL 385

J3, J5, J2

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CF 6lr0344

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By: **The President (By Request – Administration) and Senators Augustine, Beidle, Harris, Hettleman, Kagan, King, Lam, Lewis Young, Love, and Zucker**

Introduced and read first time: January 27, 2026

Assigned to: Finance

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## 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)

23 BY repealing and reenacting, with amendments,

24 Article – Health Occupations  
25 Section 12–508  
26 Annotated Code of Maryland  
27 (2021 Replacement Volume and 2025 Supplement)

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY repealing and reenacting, with amendments,  
2 Article – Insurance  
3 Section 15–1A–10 and 15–817  
4 Annotated Code of Maryland  
5 (2017 Replacement Volume and 2025 Supplement)

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8 – General of the Annotated Code of Maryland be repealed.

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

11 **Article – Health – General**

12 **18–112.**

13 (A) THE SECRETARY SHALL ISSUE RECOMMENDATIONS FOR  
14 IMMUNIZATIONS, SCREENINGS, AND PREVENTIVE SERVICES FOR INFANTS,  
15 CHILDREN, AND ADULTS THAT FOLLOW THE GENERALLY ACCEPTED CONSENSUS  
16 WITHIN THE SCIENTIFIC COMMUNITY AND SOUND CLINICAL GUIDANCE AS  
17 SPECIFIED IN SUBSECTION (B) OF THIS SECTION.

18 (B) THE RECOMMENDATIONS SHALL:

19 (1) BE MADE IN ACCORDANCE WITH THE APPLICABLE  
20 RECOMMENDATIONS OF THE FOLLOWING AUTHORITATIVE MEDICAL  
21 ORGANIZATIONS:

22 (I) THE AMERICAN ACADEMY OF PEDIATRICS;

23 (II) THE AMERICAN COLLEGE OF OBSTETRICIANS AND  
24 GYNECOLOGISTS; OR

25 (III) THE AMERICAN ACADEMY OF FAMILY PHYSICIANS; AND

26 (2) TAKE INTO CONSIDERATION THE APPLICABLE GUIDANCE OF:

27 (I) THE MARYLAND STATEWIDE ADVISORY COMMISSION ON  
28 IMMUNIZATIONS;

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

4 (IV) THE U.S. FOOD AND DRUG ADMINISTRATION, INCLUDING  
5 THE VACCINES AND RELATED BIOLOGICAL PRODUCTS ADVISORY COMMITTEE;  
6 AND

7 (v) THE U.S. PREVENTIVE SERVICES TASK FORCE.

8 (C) THE SECRETARY SHALL:

## Article – Health Occupations

15 12-508.

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

18 (i) The vaccine is:

19 1. An influenza vaccine;

20 2. A COVID-19 vaccine; or

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

## 25 1. Hands-on injection techniques;

(iii) The pharmacist has a current certificate in basic cardiopulmonary resuscitation;

3 (iv) The pharmacist has completed a minimum of 2 hours of  
4 continuing pharmaceutical education related to immunizations that is approved by the  
5 Accreditation Council for Pharmacy Education as part of the license renewal requirements  
6 under § 12–309 of this title;

7 (v) The pharmacist complies with the record-keeping and reporting  
8 requirements in paragraph (5) of this subsection and any corresponding regulations  
9 adopted by the Board; and

10 (vi) If the vaccination is administered to an individual under the age  
11 of 18 years, the pharmacist informs the child vaccination patient and adult caregiver who  
12 is accompanying the child of the importance of well-child visits with a pediatric primary  
13 care provider and refers the patient to a pediatric primary care provider when appropriate.

14 (2) Subject to paragraph (4) of this subsection, a pharmacist who has met  
15 the requirement of paragraph (1)(ii) through (vi) of this subsection may administer to an  
16 individual who is at least 7 years old a vaccination that is:

(i) Recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices; [or]

19 (ii) Approved or authorized by the U.S. Food and Drug  
20 Administration; OR

21 (III) RECOMMENDED BY THE SECRETARY OF HEALTH IN  
22 ACCORDANCE WITH § 18-112 OF THE HEALTH - GENERAL ARTICLE.

(4) [(i)] A pharmacist shall administer a vaccination under paragraph (1), (2), or (3) of this subsection under a written protocol that:

29 [1.] (I) Is vaccine specific: and

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

33 (ii) The recommendations of the Centers for Disease Control and

1 Prevention's Advisory Committee on Immunization Practices cited in this section refer to  
2 federal statutes, rules, and guidance in effect:

3 1. On December 31, 2024; or

7 (5) A pharmacist shall:

10 (ii) If the vaccination has been administered in accordance with a  
11 prescription, document at least one effort to inform the individual's authorized prescriber  
12 that the vaccination has been administered; and

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

18 (b) The Board shall:

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

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

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

## Article – Insurance

30 15=1A=10

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

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

15 (4) with respect to women:

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

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

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

34 (d) This section may not be construed to prohibit a carrier from providing  
35 coverage for services in addition to those recommended by the United States Preventive

1 Services Task Force or to deny coverage for services that are not recommended by the Task  
2 Force.

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

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

9 (2) the Commissioner may adopt regulations:

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

12 1. on December 31, 2024; or

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

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

23 (F) **A CARRIER SHALL PROVIDE THE COVERAGE DESCRIBED IN SUBSECTION**  
24 **(A) OF THIS SECTION FOR PLAN YEARS THAT BEGIN ON OR AFTER THE DATE THAT IS**  
25 **3 MONTHS AFTER THE DATE THE RECOMMENDATIONS DESCRIBED IN SUBSECTION**  
26 **(E) OF THIS SECTION ARE ISSUED.**

27 15–817.

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

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

32 (1) is delivered or issued for delivery in the State;

33 (2) is written on an expense–incurred basis; and

(3) provides coverage for a family member of the insured.

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

(i) public health policy;

(ii) professional standards; and

(iii) scientific evidence of effectiveness.

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

(i) all visits for and costs of childhood and adolescent immunizations the Advisory Committee on Immunization Practices of the Centers for and Prevention as of December 31, 2024, AS UPDATED BY DONS ISSUED BY THE SECRETARY OF HEALTH IN ACCORDANCE WITH HEALTH – GENERAL ARTICLE;

(ii) visits for the collection of adequate samples, the first of which is at 2 weeks of age, for hereditary and metabolic newborn screening and birth and 4 weeks of age;

(iii) universal hearing screening of newborns provided by a hospital

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

(v) all visits for obesity evaluation and management;

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

(vii) a physical examination, developmental assessment, and  
counseling services at each of the visits required under items (i), (ii),  
and (iii) of this paragraph; and

(viii) any laboratory tests considered necessary by the physician as services provided under items (i), (ii), (iv), (v), (vi), or (vii) of this paragraph.

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

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

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

16 (g) The Commissioner may adopt regulations necessary to carry out subsection  
17 (c)(2)(i) of this section consistent with federal statutes, rules, and guidance in effect[.]

18 (1)] on December 31, 2024]; or

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

27 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
28 1, 2026.