

Chapter 8

(Senate Bill 385)

AN ACT concerning

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

FOR the purpose of requiring the Secretary of Health to issue recommendations for certain immunizations, screenings, and preventive services based on certain evidence-based scientific and clinical guidance; requiring the Secretary, before adopting a recommendation for a certain preventive service, to hold a notice and comment period, obtain a certain analysis from the Maryland Health Care Commission, and cite the basis for the recommendation; altering the authority of pharmacists to administer certain vaccinations; altering the health insurance coverage requirements for certain immunizations, screenings, and preventive services; repealing obsolete language regarding the pertussis vaccine; and generally relating to immunizations, screenings, and preventive services.

BY repealing

Article – Health – General

Section 18–328 through 18–332 and the part “Part V. Pertussis”

Annotated Code of Maryland

(2023 Replacement Volume and 2025 Supplement)

BY adding to

Article – Health – General

Section 18–112

Annotated Code of Maryland

(2023 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,

Article – Health Occupations

Section 12–508

Annotated Code of Maryland

(2021 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15–1A–10 and 15–817

Annotated Code of Maryland

(2017 Replacement Volume and 2025 Supplement)

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through 18–332 and the part “Part V. Pertussis” of Article – Health – General of the Annotated Code of Maryland be repealed.

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

Article – Health – General

18–112.

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

(B) THE RECOMMENDATIONS SHALL:

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

(i) THE AMERICAN ACADEMY OF PEDIATRICS;

(ii) THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS; OR

(iii) THE AMERICAN ACADEMY OF FAMILY PHYSICIANS; AND

(2) TAKE INTO CONSIDERATION THE APPLICABLE GUIDANCE OF:

(i) THE MARYLAND STATEWIDE ADVISORY COMMISSION ON IMMUNIZATIONS;

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

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

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

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

(C) BEFORE ADOPTING A RECOMMENDATION FOR A PREVENTIVE SERVICE THAT IS NOT AN IMMUNIZATION AND HAS NOT RECEIVED A RECOMMENDATION FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OR AN A OR B RATING FROM THE U.S. PREVENTIVE SERVICES TASK FORCE, THE SECRETARY SHALL:

(1) HOLD A NOTICE AND COMMENT PERIOD OF AT LEAST 30 DAYS;

(2) OBTAIN AN ANALYSIS FROM THE MARYLAND HEALTH CARE COMMISSION ON THE SERVICE THAT MEETS THE REQUIREMENTS OF § 15-1501 OF THE INSURANCE ARTICLE; AND

(3) CITE THE APPLICABLE RECOMMENDATIONS OF THE AUTHORITATIVE MEDICAL ORGANIZATIONS ON WHICH A RECOMMENDATION WOULD BE BASED.

~~(c)~~ (D) THE SECRETARY SHALL:

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

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

Article – Health Occupations

12-508.

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

(i) The vaccine is:

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

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

1. Hands-on injection techniques;
2. Clinical evaluation of indications and contraindications of vaccines; and
3. The recognition and treatment of emergency reactions to vaccines;

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

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

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

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

(2) Subject to paragraph (4) of this subsection, a pharmacist who has met the requirement of paragraph (1)(ii) through (vi) of this subsection may administer to an 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]**

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

(iii) RECOMMENDED BY THE SECRETARY OF HEALTH IN ACCORDANCE WITH § 18-112 OF THE HEALTH – GENERAL ARTICLE.

(3) Subject to paragraph (4) of this subsection, a pharmacist who has met the requirement of paragraph (1)(ii), (iii), and (iv) of this subsection may administer to an

adult a vaccination that is recommended in the Centers for Disease Control and Prevention’s Health Information for International Travel.

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

[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.

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

1. On December 31, 2024; or

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

(5) A pharmacist shall:

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

(ii) If the vaccination has been administered in accordance with a prescription, document at least one effort to inform the individual’s authorized prescriber 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.

(b) The Board shall:

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

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

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

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

Article – Insurance

15–1A–10.

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

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

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

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

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

(3) 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; and

(4) with respect to women:

(i) to the extent not provided in item (ii) of this item, preventive care and screenings 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; and

(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.

(b) 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 on the coverage described in subsection (a) of this section for items or services delivered by an out-of-network provider.

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

(2) If an insured or enrollee is covered under a high deductible health plan, a carrier may apply the deductible requirement of the high deductible health plan to the coverage required under subsection (a) of this section, unless the Commissioner determines that the coverage is included in the safe harbor provisions for preventive care under 26 U.S.C. § 223(c)(2)(c).

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

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

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

(2) the Commissioner may adopt regulations:

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

1. on December 31, 2024; or

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

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

(F) A CARRIER SHALL PROVIDE THE COVERAGE DESCRIBED IN SUBSECTION (A) OF THIS SECTION FOR PLAN YEARS THAT BEGIN ON OR AFTER THE DATE THAT IS ~~3 MONTHS~~ 1 YEAR AFTER THE DATE THE RECOMMENDATIONS DESCRIBED IN SUBSECTION (E) OF THIS SECTION ARE ISSUED.

15–817.

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

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

- (1) is delivered or issued for delivery in the State;
- (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 member 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 recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention as of December 31, 2024, **AS UPDATED BY RECOMMENDATIONS ISSUED BY THE SECRETARY OF HEALTH IN ACCORDANCE WITH § 18–112 OF THE HEALTH – GENERAL ARTICLE;**

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

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

(iv) all visits for and costs of age-appropriate screening tests for tuberculosis, anemia, 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 recommended by the American Academy of Pediatrics;

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

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

(d) Except as provided in subsection (e) of this section, an insurer or nonprofit health service plan that issues a policy or plan subject to this section, on notification of the pregnancy 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

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

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

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

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

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

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

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

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

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

Approved by the Governor, April 14, 2026.