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**SB 385: Public Health - Recommendations for Immunizations, Screenings, and Preventive Services
- Pharmacist Administration and Required Health Insurance Coverage (The Vax Act)
Position: FAVORABLE
February 10, 2026
Senate Finance Committee**

Chair Beidle, Vice Chair Hayes and members of the committee, thank you for the opportunity to provide written testimony in strong support of Senate Bill 385. My name is Alexandra Yonts, and I am a Pediatric Infectious Diseases Physician at Children's National Hospital. As the region's only standalone children's hospital, Children's National has been serving the nation's children since 1870. For 155 years, we have delivered expert pediatric care at every milestone. Sixty percent of our patients are residents of Maryland, and we maintain a large network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

As a Pediatric Infectious Diseases Physician and a Maryland resident, I am very heartened to see this committee's dedication to ensure that scientific, evidence-based care and infectious disease prevention remain accessible to the most vulnerable and voiceless members of our community: children. Vaccines are one of our most powerful public health interventions, enabling us as physicians to protect both individuals and the greater community from infectious diseases. Highly contagious infectious diseases with high morbidity and mortality, such as measles, polio, Haemophilus influenzae meningitis and many others all but disappeared in pediatrician's offices in the last decades of the 20th century after the implementation of routine childhood immunization for these diseases.¹ Routine immunization against human papillomavirus (HPV) is leading to the eradication of cervical cancer in countries with high, early

¹ Roush SW, Murphy TV and the Vaccine Preventable Disease Table Working Group. Historical Comparisons of Morbidity and Mortality for Vaccine-Preventative Diseases in the United States. JAMA. 2007. 298 (18): 2155-2163.

adoption of this intervention, like Australia,^{2 3} and the same is likely to be true in the United States with continued high coverage of this vaccine.

Prior to January 2025, our federal government institutions such as the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), maintained an intensive focus and strong partnership with scientific, medical, and public health communities, grounding immunization recommendations in careful evaluation of robust, reliable, and multimodal peer reviewed scientific studies. The ACIP and CDC staff members also previously went to painstaking lengths to evaluate other domains relevant to making recommendation and policy decisions around immunizations, including stakeholder interest/attitudes, importance of public health problems, equity impacts, cost effectiveness and feasibility of implementation, in addition to the safety and efficacy of the vaccine product itself. This rigorous, structured process, known as the Evidence of Recommendations framework,⁴ ensured that vaccine recommendation policy reflected the specific needs of the United States, given our large and highly diverse population and unique medical care structure. The framework was publicly available, demonstrating a high level of transparency in the development of these recommendations. This process has been completely abandoned by the current CDC and ACIP leadership, and as a result, confusion among patients, families and even healthcare providers, and doubt in our public health infrastructure have only grown stronger. As a former ACIP Working Group member and a former Medical Officer in the Center for Vaccines and Biologics Evaluation and Review (CBER) at the US Food and Drug Administration, I am profoundly concerned by the Administration's efforts to undermine trust in the world's most stringent, balanced and holistic vaccine policy decision making process – one that protects children from serious infectious diseases.

Organizations like the American Academy of Pediatrics (AAP) and the American College of Obstetrics and Gynecology (ACOG) have been forced to step in to fill gaps with vastly fewer resources and funding than the CDC. As a pediatrician, I am proud of the AAP for standing up for children, and for science, in publishing and promoting their own recommended schedule for immunizations,⁵ which is based on the previously well-developed CDC schedule. Senate Bill 385 builds on the work of organizations like the AAP by granting the secretary of the Maryland

² Smith M, Brotherton J, Machaleck D, et al. 2025 Cervical Cancer Elimination Progress Report: Australia's progress towards the elimination of cervical cancer as a public health problems. 17 Nov 2025. <https://www.report.cervicalcancercontrol.org.au>

³ Hall MT, Hyatt A, Smith MA, et al. Elimination of cervical cancer: the impact of HPV vaccination, primary HPV screening and expanded access to cancer treatment services. *Molecular Aspects of Medicine*. 2026. 107.

⁴ [ACIP Evidence to Recommendation User's Guide-October 1, 2020](#)

⁵ The American Academy of Pediatrics. [AAP-Immunization-Schedule.pdf](#) , 26 Jan 2026.

Department of Health the authority to issue official recommendations for immunizations, screening, and preventive services for Marylanders based on science and clinical guidance.

I applaud the Senate Finance Committee for considering this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on Senate Bill 385. It is said that in medicine, we save lives but that only in pediatrics can you save a lifetime. Thank you for considering this legislation that will ensure that all of Maryland's children keep a healthy lifetime ahead of them. I appreciate the opportunity to submit testimony.

For more information, please contact:

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