

Valerie Ferrell, Cecil County.

SB385 is unnecessary at best, and dangerous at worst. **We need bills that prioritize Maryland, not national politics.** This bill is another tit-for-tat with the federal government that is wasting valuable time during a very short session, taking away from serious and life-threatening issues facing Marylanders our like housing costs, a growing fentanyl and mental health crisis, energy demand, and our huge budget deficit.

Maryland DOH should be the sole and final authority on public health in Maryland.

Currently, the MD Department of Health makes its own recommendations on immunizations. That's as it should be because our US Constitution protects public health as a primary domain of the states. This is why the CDC puts out *guidance*, not law.

In the governor's press release, Marylanders were told "Under the proposed legislation, the secretary will take into account authoritative medical organizations that issue independent recommendations." However, that was either disingenuous or something changed: The specific language in the bill is a mandate on the Department of Health, not guidance and help. This bill would tie the hands of the Department of Health by *requiring* them to follow the guidance of three specified professional organizations. Section (B) that says the DOH recommendations "shall" be made in accordance with specified "authoritative medical organizations." "Shall" is a legal term taking away all decision-making from DOH. **Maryland would be abdicating and abandoning one of her most important responsibilities as a state - public health and welfare - and giving it to three *unaccountable* national organizations who have national priorities, not Maryland priorities.**

Every single person who works in the MD DOH on immunization policy should be here opposing this bill - it turns them from leaders to order-takers. It tells them they aren't the trusted and authoritative public health decisionmakers in this state, outsiders are. The person in charge of immunization policy at AAP lives in Colorado. ACOG's maternal immunization work group has no Marylanders on it.

To be clear, I'm not advocating for the CDC immunization schedule to be the law of our land either. Maryland government is where the buck stops when it comes to the health of Marylanders. Full stop.

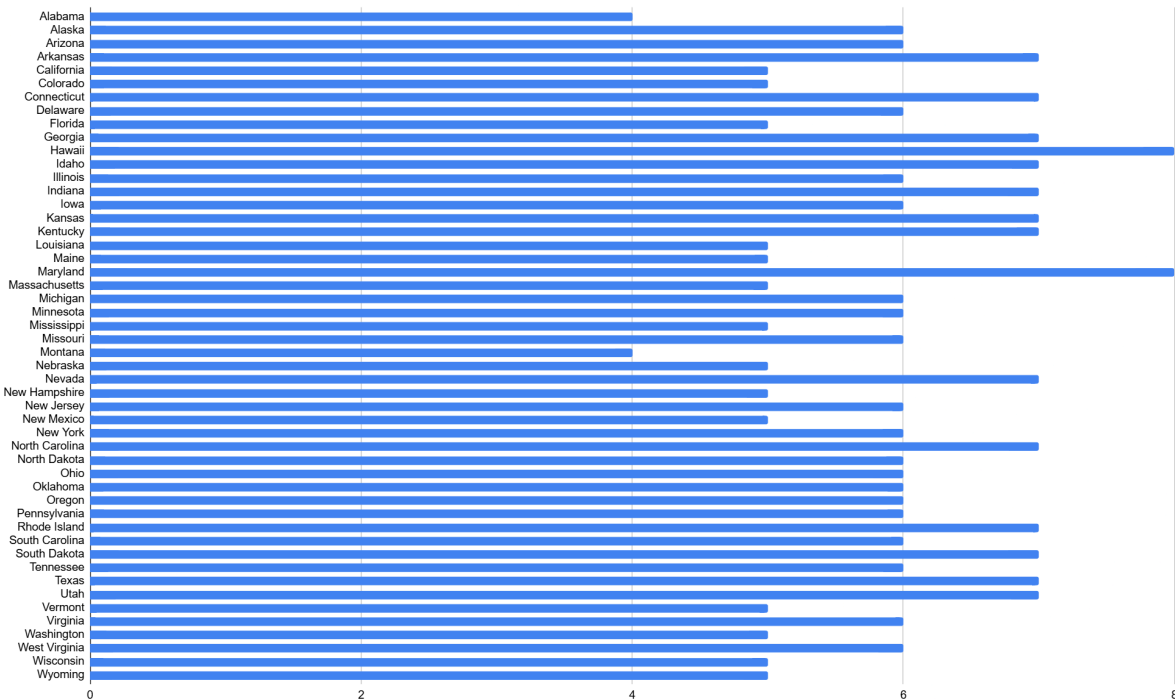
Changes to school requirements from 8 to 14 vaccines

Maryland children who do not assert an exemption are expected to get 8 different vaccines for school. If this law passes, that would jump to 13 or 14 if the Maryland Department of Health is required to follow the AAP schedule (that mirrors the 2025 CDC schedule).

And please note, these are shots, not *doses*. There are combination shots like the MMR which deliver more than one vaccine at once.

| Current MD school shot requirements | Potential if this bill were to pass |
|-------------------------------------|-------------------------------------|
| Combo D,T,P | Combo D,T,P |
| Polio | Polio |
| Hib | Hib |
| MMR | MMR |
| Chickenpox | Chickenpox |
| Hep B | Hep B |
| PCV | PCV |
| Meningococcal | Meningococcal |
| | Rotavirus |
| | COVID-19 |
| | Influenza |
| | Hep A |
| | HPV |

For reference below is a chart of how many shots are required for school based on CDC data from 2019 (except Maryland which is 2026 data). **None** of our US states require *all* of the CDC recommended shots for school entry. If this bill were to pass, Maryland would become the first to require all vaccines recommended by entities that are not voted on nor accountable to our state.



Is our Constitutionally protected religious exemption on the line with this bill?

Finally, if DOH is required to follow AAP, ACOG, and AAFP policy, does that also apply to exemptions? Because AAP advocates for the total elimination of religious freedom, which is **not** the policy of Maryland, nor should it be.

After the AAP issued its own vaccine schedule in June 2025, it published a position statement in which they advocate for the removal of all non-medical, or religious, exemptions. They state:

“The AAP advocates for the elimination of nonmedical exemptions from immunizations as contrary to optimal individual and public health.”

Volume 156, Issue 2
August 2025



< Previous Article Next Article >

Article Contents

- Background
- Principles of Childhood Immunization and Community Protection
- Immunizations as a Condition for School Attendance
- Medical Exemptions From Immunization
- Nonmedical Exemptions From Immunization
- Exemptions Based on Religious Beliefs

FROM THE AMERICAN ACADEMY OF PEDIATRICS | POLICY STATEMENT | JULY 28 2025

Medical vs Nonmedical Immunization Exemptions for Child Care and School Attendance: Policy Statement FREE

Jesse M. Hackell, MD, FAAP; Kyle Brothers, MD, PhD, FAAP; Sara Bode, MD, FAAP; Lisa M. Costello, MD, MPH, FAAP; Lisa M. Kafer, MD, FAAP; Sean T. O’Leary, MD, MPH, FAAP; Committee on Practice and Ambulatory Medicine; Committee on Infectious Diseases; Committee on State Government Affairs; Council on School Health

Pediatrics (2025) 156 (2): e2025072714.
<https://doi.org/10.1542/peds.2025-072714>

Split-Screen
 PDF
 Share ▾
 Tools ▾

Routine childhood immunizations against infectious diseases are an integral part of our public health infrastructure. They provide direct protection to the immunized individual and indirect protection to children and adults unable to be immunized by reducing spread of vaccine-preventable diseases in the community. All 50 states, the District of Columbia, and Puerto Rico have regulations requiring proof of immunization as a condition for child care and school attendance as a public health strategy to protect children in these settings and to secondarily serve as a mechanism to promote timely immunization of children by their caregivers. Although all states and the District of Columbia have mechanisms to exempt school attendees from specific immunizations for medical reasons, the majority also have a heterogeneous collection of regulations and laws that allow nonmedical reasons for exemption. The American Academy of Pediatrics (AAP) supports certification of immunization to attend child care and school as a sound means of providing a safe environment for attendees and employees of these settings. The AAP also supports medically indicated exemptions to specific immunizations as determined for each individual child. The AAP advocates for the elimination of nonmedical exemptions from immunizations as contrary to optimal individual and public health.

Professional organizations have conflicts of interest

I’m sure you’ll receive a lot of testimony about the questionable ethics and priorities of the AAP, ACOG, and AAFP, but I’ll list some here anyway.

It is unquestionable and well known, even advertised on their web page, that AAP leadership and members receive substantial financial support from vaccine manufacturers whose products are directly affected by their recommendations, creating a feedback loop that benefits both AAP members (pediatricians) and their corporate sponsors.



Secretary Kennedy @SecKennedy · Aug 19, 2025

This is a screenshot from **American Academy of Pediatrics'** webpage, thanking the organization's top corporate donors. These four companies make virtually every vaccine on the CDC recommended childhood vaccine schedule. AAP is angry that CDC has eliminated corporate influence in decisions over vaccine recommendations and returned CDC to gold-standard science and evidence-based medicine laser-focused on children's health.

AAP today released its own list of corporate-friendly vaccine recommendations. The Trump Administration believes in free speech and AAP has a right to make its case to the American people. But AAP should follow the lead of HHS and disclose conflicts of interest, including its corporate entanglements and those of its journal—Pediatrics—so that Americans may ask whether the AAP's recommendations reflect public health interest, or are, perhaps, just a pay-to-play scheme to promote commercial ambitions of AAP's Big Pharma benefactors.

AAP should also be candid with doctors and hospitals that recommendations that diverge from the CDC's official list are not shielded from liability under the 1986 Vaccine Injury Act.

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Corporate Donors to the AAP Friends of Children Fund

The AAP would like to thank the following companies for their support of the Friends of Children Fund. Through an annual membership contribution to the Fund, these companies are invited to a Corporate Summit held each summer at the AAP National Headquarters in Itasca, IL.

President's Circle (\$50,000 and above)



MERCK

moderna



sanofi

In January, the AAP was hit with a RICO (Racketeer Influenced and Corrupt Organizations Act) lawsuit that [alleges](#) “the organization has violated federal law by saying that vaccines on the federal child vaccine schedule are safe.” Epoch Times [reports](#):

“The complaint alleges that RICO comes into play because AAP, vaccine manufacturers, and others are operating as part of an enterprise that aims to maintain and expand vaccine uptake “by assuring pediatricians, hospitals, parents, and policymakers that the schedule is categorically safe, while concealing material facts about the lack of testing, inadequacies in the vaccine safety monitoring programs, and financial incentives tied to vaccine schedule compliance.””

In addition, the AAP lobbies in statehouses across the country alongside another organization with significant industry ties: **American Families for Vaccines**.

Decentralization of public health should be the goal of every state. But this is not decentralization, it is hitching our horse to the dictates of organizations with no mandate or incentive to prioritize the needs of Maryland families. At least one of the organizations openly advocates for the removal of civil liberties while it and its members profit from recommending the product. This is deeply problematic and incompatible with transparent, ethical governance.

Marylanders deserve public health decisions to be made by Marylanders.