



TESTIMONY IN SUPPORT OF HOUSE BILL 637

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

Before the House Health Committee

By Catherine Kirk Robins, Deputy Director, Maryland Citizens' Health Initiative

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Madam Chair, Madam Vice Chair, and Members of the House Health Committee;

Thank you for the opportunity to testify in support of **House Bill 637, the Vax Act**. As Maryland faces ongoing federal threats, we applaud the leadership of Governor Wes Moore, Maryland Department of Health Secretary Dr. Meena Seshamani, House Speaker Joseline Peña-Melnyk, and this Committee for the dedicated attention to ensuring the protection of our public health infrastructure. The authority granted to our Department of Health by HB 637 would serve as a critical tool in the ongoing defense against politicized health care policies and pervasive misinformation. Marylanders deserve consistent guidance on evidence-based recommendations for immunizations, health screenings, and preventive care, as well as the necessary insurance coverage and access to these services that are outlined in the Vax Act.

Vaccines remain one of the most staggering public health successes in human history. Estimated to have saved over 154 million lives worldwide since 1974, immunizations have been a cost-effective way to prevent disease and improve life expectancy.ⁱ Unfortunately, vaccination—like many impactful public health measures—is a victim of its own success. As rates of preventable diseases like polio, measles, and rubella have dwindled, the public is less aware of the need for continued vaccination. With a deluge of misinformation and disinformation surrounding the safety and efficacy of immunizations, we have seen an increase in vaccine hesitancy, which has threatened herd immunity.ⁱⁱ Despite vaccines historically being an integral part of the United States' public health agenda, recent actions at the federal level to limit vaccine recommendations, dismiss experts, and reduce research funding have greatly shifted the priorities of our federal agencies. It is our opinion that Marylanders can no longer trust that the recommendations provided by the CDC are grounded in science and made in the best interest of public health. HB 637 decouples Maryland's guidance for these important measures from increasingly contradictory federal recommendations, ensuring our residents have a trusted source in their health decisions that is based on clinical evidence.

This legislation comes at an important time. As our state's health care demands grow and budgets are increasingly strained, it is critical that we invest in essential public health services. In the coming years, hundreds of thousands of Marylanders are expected to lose their coverage due to new administrative burdens and budget cuts from HR 1 and Congress's termination of advance premium tax credits. Those who retain coverage may see considerable premium increases, as well. The measures outlined in HB 637 strengthen access and coverage for preventive care services, which, in turn can reduce overall health care costs. For instance, every dollar spent on childhood vaccines is estimated to save \$3 in direct medical care.ⁱⁱⁱ By utilizing preventive care we can help to keep premiums lower for everyone while improving the public health of our state.

We urge a favorable report HB 637 and thank the Committee for its ongoing commitment to ensuring all Marylanders have access to quality, affordable health care.

ⁱ <https://www.americanprogress.org/article/childhood-vaccination-has-saved-millions-of-lives-but-rising-hesitancy-could-reverse-decades-of-progress/>

ⁱⁱ <https://pmc.ncbi.nlm.nih.gov/articles/PMC3906279/#:~:text=Abstract,individual%20decision%2Dmaking%20about%20vaccination.>

ⁱⁱⁱ <https://publications.aap.org/pediatrics/article-abstract/133/4/577/32731/Economic-Evaluation-of-the-Routine-Childhood?redirectedFrom=fulltext?autologincheck=redirected>