

Valerie Ferrell, Cecil County.

The “Vax Act,” HB637/SB385, is unnecessary at best, and dangerous at worst. **We need bills that prioritize Maryland, not national politics.** This bill is another swipe at the federal government that is wasting valuable time during a very short session, taking away from serious and life-threatening issues facing Marylanders like housing costs, a growing fentanyl and mental health crisis, energy demand, and our huge budget deficit, to name only a few.

Maryland Department of Health can and is already following AAP, ACOG, AAFP.

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.” But MDH is already doing that. We don’t need a bill to grant authority they already have - is that all this bill does?

Here are some screenshots from the MDH website, accessed 2/24/26.



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Maryland Department of Health 2025-2026 COVID-19 Vaccine Standing Order

Effective Date: September 19, 2025

Purpose: To reduce morbidity and mortality from COVID-19, this Maryland Department of Health statewide Standing Order hereby authorizes qualified health care professionals to administer vaccinations under the Health Occupations Article and outlines the policies and procedures necessary for administering the 2025-2026 COVID-19 vaccine to individuals who meet the criteria established by the Maryland Department of Health, as supported by evidence-based guidance from the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP).

https://health.maryland.gov/phpa/OIDEOR/IMMUN/Documents/2601_CFI_MVP.pdf

<https://health.maryland.gov/covid/Documents/MDH%20Standing%20Order%202025-2026%20COVID%20Vaccine.pdf#search=standing%20orders>



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Maryland Department of Health
Hepatitis B Vaccine Standing Order
Children 0-18 years Old

Effective Date: December 5, 2025

Purpose: To reduce morbidity and mortality from hepatitis B infection among infants and children, this Maryland Department of Health statewide Standing Order hereby authorizes health care professionals qualified to administer vaccinations under the Health Occupations Article, to administer hepatitis B vaccine and outlines the policies and procedures necessary for administering the hepatitis B vaccine to infants and children who meet the criteria established by the Maryland Department of Health, as supported by evidence-based guidance from the American Academy of Pediatrics (AAP).

Maryland 2025-2026 Respiratory Vaccine Recommendations

Age/Condition	Flu Vaccine	RSV Immunization	COVID-19 Vaccine
Infants and Children	All children six months and older ¹ <small>(All children 6 months to 8 years may require multiple doses)</small>	All infants <8 months and children 8-19 months with risk factors ² <small>(Approved for Children for infants less than eight months old. Children 8-19 months should only receive Hexamix. Typically administered October-March, if no maternal RSV vaccine)</small>	All children 6-23 months and 2-18 years with risk factors, or by parental request ³
During Pregnancy	At any point during pregnancy and to lactating individuals ⁴	32-36 weeks gestation (Atypovax ONLY) ⁵ <small>(Typically administered September-January)</small>	At any point during pregnancy and to lactating individuals ⁶
Adults 18-50	All Adults 18-50 ⁷	For pregnant individuals (see previous)	All Adults 18-50 <small>(Especially important with risk factors or who have never received a vaccine)</small>
Adults 50+	All Adults 50+ ⁸ <small>(High-dose, recombinant or adjuvanted flu vaccine preferred by 50% if available)</small>	All adults 75+ and 50-74 with risk factors ⁹ <small>(One-time dose of 50+ vaccine)</small>	All Adults 50+ <small>(Especially important with risk factors or who have never received a vaccine)</small>

Last updated 9/19/2025
American Academy of Pediatrics (AAP)
American Academy of Family Physicians (AAFP)
American College of Obstetrics and Gynecology (ACOG)
American Society on Reproductive Medicine (ASRM)
Centers for Disease Control and Prevention (CDC)



<https://health.maryland.gov/pharmacy/docs/Governor%20Orders/HEPB%20Vaccine%20Standing%20Order.pdf#search=standing%20orders>
<https://health.maryland.gov/covid/Pages/Vaccines.aspx>

In reality, the language in the bill is a mandate on the Department of Health. This bill would tie the hands of MDH by *requiring* them to follow the guidance of three specified professional organizations. Section (B) that says the MDH recommendations “shall” be made in accordance with specified “authoritative medical organizations.” “Shall” is a legal term taking away all decision-making from MDH.

If this bill passes, 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. It would be an unconstitutional delegation of power.

Every single person who works in MDH on immunization policy should oppose 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.

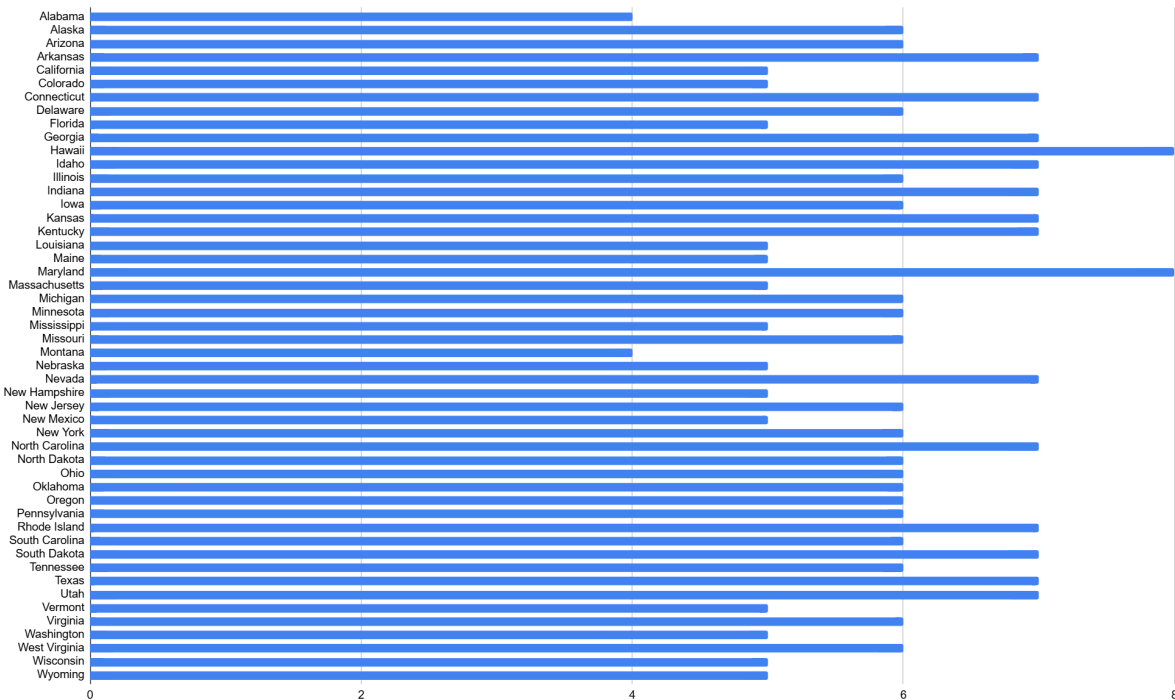
Would school shots change from 8 to 14 vaccines?

Maryland children are expected to get 8 different vaccines for school. If this law passes, would that jump to 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.

2026 CDC recommendations	Current MD school shot requirements (8)	Potential if this bill were to pass
Combo D,T,P	Combo D,T,P	Combo D,T,P
Polio	Polio	Polio
Hib	Hib	Hib
MMR	MMR	MMR
Chickenpox	Chickenpox	Chickenpox
PCV	PCV	PCV
	Hep B	Hep B
	Meningococcal	Meningococcal
		Rotavirus
		Influenza
		Hep A
HPV (1 dose)		HPV (2-3 doses)
		RSV
		COVID

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 and only state to require all vaccines on the schedule. **Interestingly, the current MD school schedule more closely reflects the most recent updated CDC schedule than it does the guidance from AAP!**



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

Finally, if MDH 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.”

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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

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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.

AAP has been prioritizing the push to eliminate religious freedom for at least a decade.

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



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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)



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 [reported](#):

“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**.

Conclusion

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.
Vote unfavorable on the Vax Act.**