

Testimony in Support for House Bill 637
Public Health – Recommendations for Immunizations, Screenings, and Preventive Services – Pharmacist Administration and Required Health Insurance Coverage
(The Vax Act)
Position: Favorable

To: Delegate Heather Bagnall, Chair, and Members of the Health Committee

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We are student attorneys in the Racial Justice and the Law Clinic (“Clinic”) at the University of Maryland Francis King Carey School of Law. The Clinic engages matters that examine, address, and aim to redress racial inequities and other harms experienced by historically racially marginalized groups. The Clinic supports House Bill (HB) 637, which would, *inter alia*, require the Secretary of Health to issue recommendations for immunizations, screenings, and preventive services for all Marylanders based on “the generally accepted consensus within the scientific community and sound clinical guidance.”

The immunization schedule is the culmination of the consideration of numerous factors and the cooperation of multiple federal agencies engaged in extensive research. These agencies include: The National Institute of Health, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration.¹ Additionally, organizations like the American Medical Association release yearly vaccine recommendations with support from other leading medical institutions.² However, in June 2025, Robert F. Kennedy Jr., the United States Secretary of the Department of Human and Health Services (HHS), terminated all seventeen sitting members of the Advisory Committee on Immunization Practices (ACIP) and replaced them with eight new appointees, some with histories of vaccine skepticism.³ On January 5, 2026, the CDC, acting on a Presidential order, reduced the number of universally recommended childhood vaccines from seventeen diseases to eleven, moving vaccines against influenza, hepatitis A, hepatitis B, rotavirus, and meningococcal disease to either “shared clinical decision-making” or risk-based categories.⁴

¹ Jennifer Kates and Josh Michaud, *How HHS, FDA, and CDC Can Influence U.S. Vaccine Policy*, Nov. 20, 2024, <https://www.kff.org/covid-19/how-hhs-fda-and-cdc-can-influence-u-s-vaccine-policy/>

² Sara Berg, MS, *Pediatric Vaccines: Questions parents will ask—and how to answer*, Jan. 28, 2026, <https://www.ama-assn.org/public-health/prevention-wellness/pediatric-vaccines-questions-parents-will-ask-and-how-answer>

³ Will Stone & Pien Huang, *RFK Jr, names new slate of vaccine advisers after purging CDC panel*, NPR, June 12, 2025, <https://www.npr.org/sections/shots-health-news/2025/06/11/nx-s1-5430870/cdc-vaccine-experts-rfk-jr>

⁴ Chelsea Cirruzzo & Helen Branswell, *Federal health officials slash recommended childhood vaccinations under Trump’s directive*, STAT News (Jan. 5, 2026), <https://www.statnews.com/2026/01/05/childhood-vaccine-schedule-new-cdc-recommendation-11-shots/>

These changes disregard much of the science-based research that has informed the vaccine schedule for decades. HB 637 rightfully responds to the federal move away from the science by requiring Maryland’s Secretary of Health to issue vaccine recommendations in accordance with evidence-based and clinical guidance from the aforementioned medical organizations. Importantly, if HB 637 is enacted, the Secretary of Health will be required to follow the generally accepted consensus within the scientific community in order to provide up-to-date and sound medical guidance for Marylanders.

The federal government’s removal of these vaccines from the recommended schedule will lead to an uptick in preventable childhood diseases. Hepatitis A rates for toddlers have dropped more than 90% since vaccinations were recommended in 2006, while “acute” cases of Hepatitis B for children and teens dropped 99% from 1990 to 2019 since the widespread dissemination of the vaccine.⁵ Relatedly, liver cancer rates for American children have also plummeted in the decades since widespread Hepatitis B vaccination.⁶ Rotavirus and pneumococcal vaccines have largely eradicated the diseases and protect toddlers and teenagers.⁷ Last year, the flu claimed the lives of 289 children.⁸ By requiring the Secretary of Health to be guided by science, HB 637 strives to keep Maryland’s children as healthy as the science allows.

Additionally, vaccination rates across the United States are falling, and rates in low-income communities are falling fastest. Between the 2019-20 and 2024-25 school years, national kindergarten MMR coverage dropped from 95.2% to 92.5%, below the 95% threshold that sustains herd immunity.⁹ The decline is unevenly distributed. The Commonwealth Fund reported in 2023 that “children with family incomes below 200 of the federal poverty level. . . had lower vaccination rates on the combined seven-vaccine series compared with to children with family income of at least 300 percent of the federal poverty level. . . in all but one state.”¹⁰ Children born in 2020 who were uninsured and eligible for the VFC program had rotavirus vaccination rates and “the combine 7-vaccine series” rates 18.9 to 34.7 percentage points lower than their Medicaid-insured peers.¹¹ In 2025, the United States recorded 2,267 confirmed measles cases, a thirty-four-year high, and three deaths.¹² Ninety-three percent of confirmed cases overall involved people who were unvaccinated or whose vaccination status was unknown.¹³

⁵ Arthur Allen & Jackie Fortier, *The CDC just sidelined these childhood vaccines. Here’s what they prevent*, NPR, Jan. 9, 2026, <https://www.npr.org/sections/shots-health-news/2026/01/09/nx-s1-5671750/cdc-childhood-vaccines-universal-recommendation-rotavirus-hepatitis>

⁶ *Id.*

⁷ Jennifer L.W. Fink, RN, BSN, *14 Diseases Nearly Eliminated by Vaccines*, June 4, 2021, <https://resources.healthgrades.com/right-care/vaccines/14-diseases-nearly-eliminated-by-vaccines>

⁸ Arthur Allen & Jackie Fortier, *The CDC just sidelined these childhood vaccines. Here’s what they prevent*, NPR, Jan. 9, 2026, <https://www.npr.org/sections/shots-health-news/2026/01/09/nx-s1-5671750/cdc-childhood-vaccines-universal-recommendation-rotavirus-hepatitis>

⁹ CDC, Measles Cases and Outbreaks, <https://www.cdc.gov/measles/data-research/index.html> (last visited Feb. 5, 2026).

¹⁰ Kristen Kolb, Lower-Income Kids Are at Higher Risk of Going Unvaccinated, Commonwealth Fund: To the Point (Nov. 12, 2025), <https://www.commonwealthfund.org/blog/2025/lower-income-kids-are-higher-risk-going-unvaccinated>

¹¹ Madeleine R. Valier et al., Vital Signs: Trends and Disparities in Childhood Vaccination Coverage by Vaccines for Children Program Eligibility — National Immunization Survey-Child, United States, 2012–2022, 73 *Morbidity & Mortality Wkly. Rep.* 722, 724 (2024), <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7333e1-H.pdf>.

¹² CDC, Measles Cases and Outbreaks, *supra* note 9.

¹³ *Id.*

The recent HHS actions to reduce the recommended vaccinations threaten to worsen these already stark disparities. Low-income families will particularly suffer. When ACIP no longer recommends a vaccine, the VFC may stop covering its cost. Private insurers have announced that they will maintain coverage, but that assurance does nothing for low-income families who depend on public health insurance programs.¹⁴ HHS has compounded these changes with funding cuts. In March 2025, the agency directed the CDC to retract approximately \$11.4 billion in public health funding from state and local health departments.¹⁵ That claw back alone eliminated 579 state immunization staff positions.¹⁶ Annual Section 317 immunization grants were then cut millions of dollars below target levels, leaving more than a dozen states and cities with less funding than they had before the pandemic.¹⁷ The pattern is clear: Vaccination rates among low-income Americans were already declining before HHS began dismantling the federal immunization infrastructure, and each successive policy change has removed another safeguard on which low-income families depend.

In the end, HB 637, if enacted, will save lives in Maryland. For this reason, as well as those set forth above, the Clinic respectfully urges the Committee to issue a favorable report.

This written testimony is submitted on behalf of the Racial Justice and the Law Clinic at the University of Maryland Francis King Carey School of Law and not on behalf of the School of Law, the University of Maryland, Baltimore, or the University System of Maryland.

¹⁴ Wayne Turner, *RFK Jr.'s new regime puts vaccine coverage for low-income children in jeopardy* (Updated), National Health Law Program (Sept. 30, 2025), <https://healthlaw.org/rfk-jr-s-new-regime-puts-vaccine-coverage-for-low-income-children-in-jeopardy>

¹⁵ Brandy Zadrozny, *CDC is pulling back \$11B in Covid funding sent to health departments across the U.S.*, 1 NBC News (Mar 25, 2025), <https://www.nbcnews.com/health/health-news/cdc-pulling-back-11b-covid-funding-sent-health-departments-us-rcna198006>

¹⁶ Brenda Goodman, *States, cities face loss of vaccination programs and staff after 'baffling' cuts to federal funding*, CNN (Jul. 25, 2025), <https://www.cnn.com/2025/07/25/health/federal-immunization-funding-cuts>

¹⁷ *Id.*