



April 15, 2025

The Honorable Melanie Sachs and James Dill
Joint Standing Committee on Appropriations and Financial Affairs, Co-Chairs
Maine State House
State House Station #2
Augusta, ME 04333

Dear Chairs Sachs and Dill,

GSK appreciates the opportunity to provide comment on LD93. GSK is a science-led global healthcare company with a special purpose to unite science, talent, and technology to get ahead of disease together. We focus on the science of the immune system, human genetics, and advanced technologies to impact health at scale. We prevent and treat disease with vaccines, as well as specialty and general medicines, and we believe that healthcare providers are best positioned to make decisions about appropriate products for their patients.

LD93 works to establish a universal adult vaccine program. While GSK supports Maine's existing universal childhood vaccine program given its alignment with the federal Vaccines for Children (VFC) program, we urge you to reconsider the creation of an adult program. A universal adult program does not have a federal equivalent and, as such, could create confusion and additional administrative burden associated with ordering adult doses. This additional administrative burden could have the unintended consequence of reducing access to adult vaccinations in Maine.

For Maine's universal childhood vaccine program, GSK urges you to ensure inclusion of the full range of vaccines recommended for children by the Advisory Committee on Immunization Practices (ACIP), including all vaccines included in VFC. The extensive experience of ACIP members and the rigorous, evidence-based process the Committee follows serve as strong justifications for supporting access to vaccinations recommended by the ACIP.

Recognizing the benefits of provider choice in vaccination, particularly for the VFC program, the Centers for Disease Control and Prevention (CDC) developed vaccine procurement policies designed to facilitate this choice. Annually negotiated contracts between CDC and vaccine manufacturers allows access to all vaccine brands.¹ Moreover, annual contracts between CDC and immunization jurisdictions nationwide allows grantees to select VFC vaccines without restriction.² The ACIP also encourages all grantees to further offer the choice of vaccine brands to providers.³ Additionally, supporting provider choice in this manner reinforces the ACIP's rigorous data evaluation processes. The ACIP makes vaccine use recommendations following an assessment of a product's evidence against two frameworks:

¹ Program for distribution of pediatric vaccines, 42 USC § 1396s.

² VFC-ACIP Vaccine Resolutions. CDC. Available [here](#).

³ Vaccines for Children Contract Opportunity. Sam.gov. Available [here](#).



- **Grading of Recommendations, Assessment, Development, and Evaluations (GRADE):** Assesses the type and quality of evidence to summarize a vaccine’s benefits and harms, focusing on data related to clinical efficacy/effectiveness and safety.
- **Evidence to Recommendations (EtR):** Evaluates the full body of evidence against seven domains to weigh the potential impact of additional implementation-related factors, including patient and provider knowledge, attitudes, and beliefs; cost-effectiveness; and the relative ease of a vaccine’s implementation across care settings.

Moreover, once a vaccine recommendation is approved by the CDC director and included in the immunization schedule, it is covered without cost sharing across insurance coverage markets, per federal law.⁴ As such, all recommended vaccines should be included in the Maine’ universal childhood vaccine program to facilitate access by children who are recommended to receive them.

We thank you for your consideration of our comments. Please do not hesitate to reach out to me with any questions.

Sincerely,

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⁴ Coverage of preventive health services, 42 USCS § 300gg-13.