



**Maine Medical
Association**



**Testimony of the
Maine Chapter of the American Academy of Pediatrics,
Maine Medical Association, Maine Osteopathic Association,
and Maine Section of the American College of Obstetricians and Gynecologists**

IN SUPPORT OF:

LD 2071: An Act to Expand Access to Vaccines Approved by the United States Food and Drug Administration by Allowing Pharmacists to Prescribe, Dispense and Administer Vaccines and Require Insurance Coverage

AND

LD 2146, An Act to Increase Access to Critical Vaccinations

Joint Standing Committee on Health Coverage, Insurance and Financial Services

Tuesday, February 10, 2026

Senator Bailey, Representative Mathieson, and distinguished members of the Committee on Health Coverage, Insurance and Financial Services,

My name is Dr. Joseph Anderson. I am a board-certified pediatrician and Chair of the Advocacy Committee for the Maine Chapter of the American Academy of Pediatrics, as well as a member of both the Maine Medical Association (MMA) and Maine Osteopathic Association (MOA). On behalf of the Maine AAP, MMA, MOA, and Maine Section ACOG thank you for accepting this testimony in support of LD 2071 as amended by Representative Cluchey, and LD 2146 as amended by President Daughtry.

Increasing access to vaccines is a goal shared by clinicians, families, and policymakers alike. The amendments to LD 2146 offered by Representative Cluchey appropriately balance the unique needs of the pediatric population while ensuring expanded access and adequate coverage of vaccinations for Maine's population, regardless of where the vaccines are administered.

Our Associations continue to encourage the administration of routine childhood vaccinations within the medical home, an especially important guardrail to ensure that families receive appropriate, evidence-based recommendations about how to best protect their children from vaccine-preventable illnesses. However, when it comes to seasonal vaccinations for Influenza and COVID-19, we recognize that the appropriate administration of these vaccines may not fall neatly along a patient's regular well-child checkup schedule. Permitting children to receive these vaccinations from a pharmacist can reduce barriers for some families, as suggested by the AAP's most recent *Recommendations for Prevention and Control of Influenza in Children*:

Expanding pharmacy-based influenza vaccine administration is another strategy with the potential to increase vaccine access, as an estimated 93% of the population lives within 5 miles of a pharmacy. The number of children immunized by pharmacists has been increasing but still remains relatively low. In 1 retrospective cohort study that utilized a claims data warehouse of

*commercially insured persons to analyze influenza vaccines administered to children between July 1, 2016, and June 30, 2017, only 5.2% of vaccines were administered by pharmacists. State-specific restrictions on the minimum age for pharmacist-administered vaccinations vary and may limit the number of children who can be immunized in this setting.*¹

Other aspects of this bill expand access to and insurance coverage for adult vaccinations, and our three organizations wholeheartedly support any policy that increases vaccination rates in our communities. Beyond protecting these adults from vaccine-preventable disease, these strategies also shield vulnerable members of our community, such as young infants, people with weakened immune systems, and those with other medical contraindications to certain vaccines.

Our associations are also in support of LD 2146 as amended, which will protect access to critical vaccines recommended by trusted national medical institutions, like the American Academy of Pediatrics and American College of Obstetrics and Gynecology. Just last week, the [Colorado legislature approved similar legislation](#)², aligning with scientific-based vaccine recommendations to keep their citizens safe and healthy, as federal bodies, like the Advisory Council on Immunization Practices, [shift away from recommendations based on decades of evidence](#)³ that show vaccines are safe and effective.

We are grateful to Representative Cluchey and President Daughtry for considering targeted approaches, both preserving the integrity of pediatric preventive care and working to improve vaccine access here in Maine. **We ask that this committee vote Ought to Pass on LD 2071 and LD 2146, as amended respectively.**

Thank you for your time and consideration.

Sincerely,



Joe Anderson, DO, FAAP
Advocacy Chair, Maine Chapter of the American Academy of Pediatrics
Member, Maine Medical Association and Maine Osteopathic Association

¹Committee on Infectious Diseases; Recommendations for Prevention and Control of Influenza in Children, 2025–2026: Technical Report. Pediatrics December 2025; 156 (6): e2025073622. 10.1542/peds.2025-073622

²Wilson, S., February 5, C. N., & 2026. (5 February 2026). Colorado Senate passes bill to allow state reliance on vaccine guidance from medical organizations. *Colorado Newsline*. Retrieved February 10, 2026, from <https://coloradonewsline.com/briefs/colorado-senate-vaccine-guidance/>

³Statement from leading medical, health and patient advocacy groups on CDC vaccine meeting. (5 December 2025). Retrieved February 10, 2026, from <https://www.aap.org/en/news-room/news-releases/aap/2025/statement-from-leading-medical-health-and-patient-advocacy-groups-on-cdc-vaccine-meeting/>