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Testimony of Rep. Sam Zager presenting

LD 93, An Act to Reduce Cost and Increase Access to Disease Prevention by Expanding the Universal Childhood Immunization Program to Include Adults Before the Joint Standing Committee on Health and Human Services

Senator Ingwersen, Representative Meyer and distinguished fellow committee members, thank you for hearing this bill. For the record, I am Sam Zager representing House District 116 (part of Portland), and I'm honored to present **LD 93, An Act to Reduce Cost and Increase Access to Disease Prevention by Expanding the Universal Childhood Immunization Program to Include Adults**, for the Department of Health and Human Services.

The problem that this bill attempts to address is that we're paying more than we need to pay for adult vaccines, and we could save millions of dollars by buying in bulk.

This was addressed for childhood vaccines by creating the Maine Childhood Immunization Program in 2009 with LD 1408 (124th Legislature). Its sponsorship was bipartisan. It went under the hammer in the House, and the Senate roll call was unanimous. Everyone apparently likes to save money while keeping people healthy!

The resulting Maine Childhood Immunization Program has been a terrific success.¹ The bill before us today would expand that program, to include adult vaccinations.

To be clear, this is **not a vaccine mandate**. Rather, it is a **way to save money** through bulk purchasing, and **facilitate good health** by improving access to vaccines for **adults who opt to have them**.

A bipartisan selection of states (e.g. Alaska, Rhode Island and Vermont) have already expanded their bulk-buying programs from childhood to adult vaccines. They've proven that it also works for military families and retirees enrolled in Tricare insurance. Since the bill came out of the Revisor's Office, I learned these red and blue states are also working on convincing the federal government to permit this program in Medicare for the 65+ population. The committee, therefore, might consider amending this bill to allow this universal purchasing mechanism for Medicare, if that came to pass federally.

¹ Maine children have benefited from worldwide efforts that averted 154 million deaths since 1974. Shattock AJ et al. Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization, *Lancet*. 25 May 2024. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00850-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00850-X/fulltext) [accessed 2/3/25]

How it works: The state requires private insurers to pay an assessment up front, and the money collected is used to buy vaccines at a lower per-unit cost from manufacturers.² That supply of vaccines is provided to healthcare providers at no cost to them, and they administer the vaccines to adults who want them. Offering the supply to providers and practices for free enables them to offer vaccines in a Medical Home that they might not do otherwise.

Once this program gets up and running, MaineCare has estimated its **savings** from purchasing in bulk would be approximately **half a million dollars annually**.

Several experts and stakeholders will be following me to provide further details, but I'd be happy to take questions.

Thank you.

² The Maine Vaccine Board votes on the vaccines to include in the program, from among the ones The US Department of Health and Human Services, CDC, and advisory committee on immunization practices (ACIP) recommends—such as tetanus, influenza, hepatitis B, and influenza.
<https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html> [accessed 2/3/25]