



HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0002
(207) 287-1400
TTY: MAINE RELAY 711

Sally Cluchey

Phone: (207) 814-8879

Sally.Cluchey@legislature.maine.gov

February 10, 2026

Testimony of Rep. Sally Cluchey presenting

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

Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services

Good afternoon, Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance, and Financial Services Committee. My name is Sally Cluchey, and I represent House District 52, which includes the communities of Bowdoinham, Bowdoin and Richmond. I'm here today to present **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**, along with an amendment that I will briefly describe.

This bill responds to very recent events. In September 2025, the Maine CDC issued a standing order authorizing qualified health care professionals, including pharmacists, to administer the 2025-2026 COVID-19 vaccine without a prescription. The Maine Bureau of Insurance also issued a bulletin to state-regulated Maine health insurance carriers reinforcing that they are required under state law to provide full coverage of the cost of the COVID vaccine when administered consistent with recommendations of the American Academy of Pediatrics, the American Academy of Family Physicians or the American Academy of Obstetricians and Gynecologists. These actions were taken in direct response to federal policy changes that made it more difficult for healthy children, healthy adults and pregnant people to access the COVID-19 vaccine, despite clear evidence of the vaccines continued importance as preventive care for these groups of people.

Those state actions ensured that during the 2025-2026 flu and COVID season, all Maine people who wanted them were able to receive vaccines through accessible settings such as pharmacies, without unnecessary barriers. That standing order expired on January 1, 2026. Without legislative action, the access pathway that proved effective this past fall and winter simply disappears.

One of the core purposes of LD 2071 is to codify that successful access framework into statute, so it

does not depend on temporary executive authority. At the same time, LD 2071 responds to broader federal policy shifts by ensuring that access to other well-established vaccines is not left vulnerable to similar disruptions in the future.

LD 2071 does three main things:

1. It expands access by allowing pharmacists — who are already trained, licensed and regulated — to prescribe, dispense and administer vaccines within clearly defined statutory authority. And it clarifies that with appropriate training, a pharmacy intern can administer a vaccine under a pharmacist's direct supervision.
2. It preserves affordability by requiring coverage without cost-sharing, consistent with how we already treat preventive vaccines.
3. It removes the requirement that a pharmacist notify the person's primary care provider within 72 hours of administering a vaccine, as this information is required to be reported in the state immunization information reporting system.

This bill does not mandate vaccination, does not create a new state vaccine program and does not remove professional oversight. Pharmacists remain subject to Board of Pharmacy rules, licensure standards and existing liability law.

The amendment before you today was crafted with the feedback of pediatricians, infectious disease physicians and pharmacists in the community.

The amendment allows pharmacists to prescribe and administer FDA-licensed vaccines to adults only when those vaccines are recommended by one or more nationally recognized, evidence-based medical organizations, including organizations that represent pediatric care, obstetrics and gynecology and family medicine. These are clinician-led organizations that develop guidance through peer-reviewed science and real-world patient care. This approach avoids reliance on any single decision-maker, while anchoring authority firmly in mainstream medical consensus.

Additionally, it allows pharmacists to prescribe and administer flu and COVID vaccines to individuals 6 months and older.

The amendment clarifies that insurance will cover vaccines recommended by those same nationally recognized, evidence-based medical organizations. It also removes the rule requiring pharmacists to notify a patient's doctor within 72 hours after giving a vaccine, since this information is already reported to the state's immunization tracking system.

The committee is also hearing Senator Daughtry's bill today and I want to be clear that the two bills are complementary, not duplicative.

Senator Daughtry's bill focuses on the structure and stability of Maine's universal childhood immunization program — a critical public health function that ensures children receive vaccines

regardless of income or insurance status.

LD 2071 addresses a different point in the system: who is authorized to provide vaccines and whether patients can actually access them, across the lifespan and across changing federal policy.

One bill protects the public health infrastructure; the other protects delivery and access. Advancing one does not resolve the issues addressed by the other.

At its core, LD 2071, as amended, is about ensuring that Maine residents can continue to receive proven, preventive care in a health system that is accessible, affordable and resilient while also preserving appropriate oversight.

Thank you for your time and thoughtful consideration. I'm happy to answer any questions.