



Testimony in Support of 2146 & 2071

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

My name is Joseph Zamboni, and I submit this testimony in Support to 2146 & 2071 on behalf of the Pro-Vaccine Legal Alliance (PVLA). PVLA is a project of American Families for Vaccines (AFV), a growing national network of legal, public health, and medical experts dedicated to protecting access to safe, effective vaccines and supporting evidence-based immunization policy. Our work focuses on ensuring that laws and policies governing vaccination promote child health, equity, and public trust while remaining grounded in sound science and long-standing public health practice.

Taken together, these bills represent a thoughtful, evidence-based approach to strengthening Maine's vaccine infrastructure by expanding access, reducing inequities, and ensuring that vaccination policy remains grounded in scientific rigor, fiscal oversight, and professional accountability.

LD 2071 addresses barriers to vaccine access at the point of care. It expands pharmacist authority in a limited and carefully structured manner, allowing pharmacists to prescribe, dispense, and administer certain FDA-licensed vaccines under clearly defined circumstances. Pharmacists are among the most accessible healthcare professionals in Maine, particularly in rural and underserved communities, and this bill builds on Maine's existing framework with appropriate guardrails.

Under LD 2071, pharmacists may independently prescribe influenza vaccines to individuals age three and older and ACIP-recommended vaccines to adults. Administration of vaccines to minors outside influenza continues to require a valid prescription from a licensed prescriber, and any deviation from ACIP guidance requires an explicit medical-necessity determination by a licensed prescriber. This structure preserves physician oversight where clinically appropriate while reducing unnecessary barriers to routine vaccination. Similar scope-of-practice expansions have been upheld in other states, and LD 2071 aligns with those precedents.

LD 2071 also addresses one of the most persistent barriers to vaccination, which is cost. By requiring private insurers and MaineCare to cover vaccines without deductibles, copayments, or coinsurance, the bill aligns with well-established public-health evidence demonstrating that eliminating cost-sharing increases vaccine uptake and reduces preventable disease. The Legislature has broad authority to impose insurance coverage requirements in furtherance of public health, and Maine has exercised that authority in other contexts without legal issue.

Some may raise concerns regarding the bill's treatment of off-label vaccine use. Federal law already permits off-label prescribing of FDA-approved drugs, including vaccines. LD 2071 does not authorize pharmacists to independently determine off-label use. Instead, it conditions administration on a valid prescription and a medical-necessity determination by a licensed prescriber, consistent with existing standards of care. In other words, the bill does not expand off-label use; it ensures that medically appropriate, evidence-supported care is not denied due to insurance exclusions.

LD 2146 complements these access improvements by strengthening Maine's vaccine delivery system at the policy and infrastructure level. It addresses three real-world challenges facing vaccine programs today: evolving public-health guidance, gaps in federal vaccine funding, and uncertainty around liability for frontline providers. The bill operates squarely within Maine's public-health authority and is consistent with federal vaccine law.

First, LD 2146 clarifies the decision-making framework of the Maine Vaccine Board by allowing the Board to consider recommendations from the Department of Health and Human Services and regional public-health collaboratives, such as the Northeast Public Health Collaborative. Importantly, the bill does not weaken or replace ACIP standards. It preserves ACIP as the baseline while allowing Maine to respond flexibly to emerging epidemiological risks, vaccine supply disruptions, or new evidence that may develop more rapidly than national schedules. This reflects the practical reality that evidence-based immunization practice can evolve faster than formal national guidance during periods of disruption or emerging threat.

Second, LD 2146 authorizes the Maine Vaccine Board to seek state funding, subject to legislative approval, when federal Vaccines for Children funds are insufficient to cover recommended vaccines for eligible children. Federal law establishes minimum standards for VFC eligibility and funding but does not prohibit states from supplementing those programs. This provision ensures continuity and equity of access so that children do not lose access to recommended vaccines simply because federal funding lags behind public-health need.

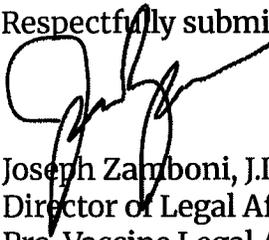
Third, the bill provides limited civil-liability immunity for licensed pharmacists who administer vaccines outside ACIP guidelines, but only when they meet licensure and training requirements and act in accordance with state or regional public-health guidance. This is not blanket immunity. It preserves professional licensing oversight and does not shield gross negligence or misconduct. Similar liability protections exist in emergency response and other public-health statutes nationwide and are routinely upheld when narrowly tailored to serve a legitimate public-health purpose.

Together, LD 2071 and LD 2146 form a cohesive and responsible approach to vaccine policy in Maine. They expand access where barriers exist, preserve scientific and clinical standards, maintain legislative and fiscal oversight, and support the healthcare professionals who deliver vaccines on the ground.

For these reasons, I respectfully urge the Committee to vote Ought to Pass on both LD 2071 and LD 2146.

Thank you for your time and consideration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Joseph Zamboni', is written over the typed name and title.

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