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February 10, 2026

Senator Donna Bailey, Chair  
Representative Kristi Mathieson, Chair  
Members of the Health Coverage, Insurance and Financial Services Committee

**RE: Testimony in Support 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**

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

My name is Amy Downing the Executive Director of both the Maine Pharmacy Association and the Maine Society of Health-System Pharmacists. Collectively, the two associations address the advocacy, continuing education and professional needs of all licensed pharmacists, pharmacy technicians and student pharmacists in Maine. Our mission is to promote public health by advocating for the profession of pharmacy. MPA and MSHP have come together to submit joint testimony in support of LD 2071 & LD 2146.

Together, these bills address a common problem: when statute lags behind clinical practice, access to routine preventive care—like vaccination—can be delayed for reasons that have nothing to do with safety, evidence, or patient need.

Even when vaccines are licensed by the federal Food and Drug Administration and recommended by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices, patients may still encounter barriers. These include prescriber access requirements, legal ambiguity for providers, and inconsistent or costly insurance coverage. The result is that routine preventive care can become a multi-step process that discourages timely vaccination.

Pharmacists are among the most accessible health care professionals in Maine, particularly in rural and underserved communities. Pharmacies already serve as a primary point of access for immunizations, yet current law does not fully reflect how vaccines are delivered safely and effectively in real-world practice.

LD 2146 addresses this issue by clarifying civil liability protections for pharmacists who administer vaccines in good faith and consistent with recognized standards of care. The amended bill preserves CDC guidance as a central reference point, while recognizing that other nationally recognized medical organizations—such as the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists—also issue evidence-based vaccine recommendations that define routine clinical practice.

This clarification matters. Pharmacists should not face legal uncertainty when they are acting within their scope of practice, meeting licensure and training requirements, and following legitimate clinical guidance that has not yet been incorporated into federal recommendations. LD 2146 does not excuse negligence, expand scope of practice, or weaken immunization standards. It simply aligns liability protections with how evidence-based care is delivered today.

LD 2071 complements this approach by addressing structural and financial barriers that can delay access even when vaccines are clinically recommended. As amended, the bill expands pharmacists' ability to prescribe and administer vaccines while maintaining important safeguards. Age-based distinctions remain in place. Prescriptions are still required for pediatric patients. Existing training, licensure, and supervision standards are unchanged. The bill does not create unlimited prescribing authority or allow pharmacists to act outside recognized medical consensus.

The sponsor's amendment strengthens the bill by grounding pharmacist authority in FDA licensure and CDC Advisory Committee on Immunization Practices recommendations, consistent with guidance from nationally recognized medical organizations. This ensures that expanded access remains evidence-based and clinically appropriate.

The amendment also reflects operational realities in pharmacy practice by clarifying the role of pharmacy interns and trained technicians under direct pharmacist supervision. This supports efficient vaccine delivery during periods of high demand without compromising oversight or patient safety.

Finally, LD 2071 addresses affordability by requiring insurance carriers and MaineCare to cover recommended vaccines without deductibles, copayments, or other cost-sharing. Cost remains a significant barrier for many patients, and eliminating out-of-pocket expenses for clinically recommended vaccines directly supports public health goals while providing clarity and predictability for insurers.

Taken together, LD 2146 and LD 2071 represent a balanced and pragmatic approach. They strengthen vaccine access, support evidence-based practice, and protect both patients and providers—without expanding scope of practice or weakening existing safeguards.

For these reasons, the pharmacy community respectfully urges the Committee to support both LD 2146 and LD 2071, as amended.



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