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Testimony of Rep. Sam Zager in support of
LD 2146, An Act to Increase Access to Critical Vaccinations
Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services

Senator Bailey, Representative Mathieson and distinguished members of the Health Coverage, Insurance and Financial Services Committee, I am Sam Zager representing House District 116, part of Portland. I am here today to speak in support of President Daughtry's bill, **LD 2146, An Act to Increase Access to Critical Vaccinations**.

Thank you for hearing this legislation today.

The first three sections of LD 2146 modify a portion of law that we worked under LD 93 in the 132nd Legislature in the Health and Human Services Committee, which passed in both the House and Senate with bipartisan votes and was signed into law. It expanded the state's bulk vaccine purchasing program to include adult vaccines, with a favorable fiscal note. Its calculated savings are approximately \$1,000,000 per biennium, on top of the many millions already saved with the children's vaccine program since 2010.¹ The current bill, LD 2146, adds flexibility to this very successful strategy that is consistent with evidence-based medical and public health practice.²

LD 2146 would bring statutory guidance to the Maine Vaccine Board in line with the best clinical evidence and cost-saving strategies. With it, Maine would be more aligned with a group of large jurisdictions that negotiate lower costs for our state treasury and constituents.

The final section of LD 2146 provides tort protection for pharmacists who administer vaccines according to guidance from the state or the Northeast Public Health Collaborative. This provision makes

¹ 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. With LD 93 (132nd), Maine joined a bipartisan selection of states (e.g. Alaska, Rhode Island, and Vermont) that had already expanded their bulk-buying programs to include adult vaccines.

² 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. That supply of vaccines is provided to healthcare providers at no cost to them, and they administer the vaccines to adults who want them, and children whose parents/guardians opt in. Offering the supply to providers and practices for free enables them to offer vaccines in a medical home that they might not do otherwise.

sense because pharmacies are the most common sites of certain vaccinations in Maine and across the nation.³

To be clear, this bill is **not a vaccine mandate**. Rather, it adds flexibility to a **way Maine saves money** through bulk purchasing, and **facilitates good health** by improving access to vaccines in primary care offices, pharmacies and elsewhere.

Please support LD 2146.

Thank you.

³ National and state-specific estimates of settings where adults received influenza, updated COVID-19 and RSV vaccinations, 2023-2024 respiratory season, United States: [https://www.cdc.gov/respvaxview/publications/national-state-vaccinationestimates.html#:~:text=Among%20adults%20aged%20%E2%89%A518%20years%2C%20pharmacies%20or%20drug%20stores.age%20group%20\(Table%202\).](https://www.cdc.gov/respvaxview/publications/national-state-vaccinationestimates.html#:~:text=Among%20adults%20aged%20%E2%89%A518%20years%2C%20pharmacies%20or%20drug%20stores.age%20group%20(Table%202).)