

Every physician matters, each patient counts.

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LOIS DEHLS CORNELL Executive Vice President On behalf of the over 23,000 physician, resident, and student members of the Massachusetts Medical Society (MMS), we commend your continued commitment to advancing public health in the Commonwealth. We strongly support the provisions in H.4251 (Sections 3-8) and H.4429 (Section 66) that aim to ensure vaccine availability in the Commonwealth. To further this effort, the MMS respectfully requests the inclusion of liability protections for Massachusetts health care providers who prescribe and administer vaccines off-label in accordance with evidence-based medical standards. This policy is urgently needed to safeguard patient access to life-saving immunizations amid growing federal uncertainty around vaccine recommendations.

As you know, recent federal actions have cast doubt on longstanding vaccine guidance rooted in scientific consensus. These developments risk undermining public confidence in immunizations, jeopardizing coverage requirements, and leaving physicians vulnerable when they act in accordance with the best available medical evidence. The Food and Drug Administration narrowly approved the latest COVID-19 vaccinations with stringent labeling requirements that are not aligned with the scientific evidence demonstrating both the efficacy and safety of these vaccines. Physicians and other clinicians and qualified pharmacy personnel must be able to prescribe and administer vaccines responsibly without fear of liability, particularly when caring for children, pregnant individuals, and other high-risk patients.

Physicians will face varying barriers to malpractice coverage depending on whether their insurance is federally sponsored. This underscores the need for state-level liability protections to ensure continuity of vaccine access.

The American Academy of Pediatrics has advised pediatricians nationwide to carefully review their liability coverage for off-label prescribing. While the COVID-19 vaccine is currently subject to an additional federal liability shield, that protection does not apply to other vaccines, leaving gaps that could hinder access, increase infections, and exacerbate health disparities.

California recently addressed this challenge through the passage of AB 144 (see sections 38 & 39), which provides liability protections for providers who administer vaccines consistent with state public health guidance, absent willful misconduct or gross negligence. Massachusetts should model similar protections to ensure all physicians and other clinicians can continue to provide safe, evidence-based immunizations without fear of legal risk.

We would welcome the opportunity to work with you on crafting appropriate language to advance these protections in the Commonwealth. Thank you again for your leadership and consideration of our comments.

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Sincerely,
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Olivia C. Liao. MD, FACS

CC: Representative John Lawn, House Chair, Joint Committee on Health Care Financing