



Honorable Chair Murray of the
Senate Committee on Health and Human Services
State House
Providence, RI 02903

Re: S2379 and S2568

February 26, 2026

Dear Senator Murray and members of the Senate Health and Human Services Committee,

I write to you on behalf of the Rhode Island Academy of Family Physicians (RIAFP) in strong support of S2379 and S2568.

Family physicians administer vaccines every day to infants, children, adults, and older Rhode Islanders. We see firsthand that vaccines remain among the most effective tools in medicine to prevent illness, hospitalization, and death. Among children born during 1994–2023, routine childhood vaccinations will have prevented approximately 508 million cases of illness, 32 million hospitalizations, and 1,129,000 deaths.

At the same time, declining vaccination rates and growing public confusion threaten these gains. Clear, evidence-based policy and removal of access barriers are essential.

S2379 appropriately eliminates cost-sharing for Department of Health-recommended vaccines across commercial insurance and Medicaid. Even modest cost-sharing creates real barriers to preventive care, particularly for low-income and fixed-income patients. In practice, copays and deductibles delay or prevent vaccination. Eliminating cost-sharing strengthens equity, improves uptake, and reinforces vaccination as routine preventive care. It also reduces administrative complexity in physician offices, supporting standing orders and team-based care models that make vaccine delivery efficient and accessible.

S2568 is equally important. It ensures that routine childhood and adult immunization recommendations in Rhode Island are grounded in evidence-based, medically sound scientific research and informed by trusted professional organizations such as the American Academy of Pediatrics, the American Medical Association, and the American Academy of Family Physicians.

Recent national changes to vaccine recommendation processes have reduced—rather than restored—public trust. Departure from gold-standard evidence frameworks such as GRADE and the Evidence-to-Recommendation (EtR) process has allowed an overemphasis to be placed on rare or theoretical risks, and insufficient consideration of the risks posed by vaccine-preventable

diseases. It has also caused confusion among clinicians, and the public, about the rationale for these new recommendations.

Trust is restored through transparency, scientific rigor, and inclusion of frontline physician expertise—not by weakening or downgrading routine recommendations.

In clinical practice, downgrading vaccines to “shared clinical decision-making” categories increases patient confusion, complicates payer coverage, disrupts standing orders, and adds administrative burden—without improving personalization of care. Family physicians already individualize recommendations based on medical history, risk factors, contraindications, and patient preferences. Clear, routine recommendations are critical for effective implementation.

Together, S2379 and S2568 ensure that Rhode Island’s immunization policies are both accessible and anchored in rigorous science. Removing financial barriers while reinforcing evidence-based, transparent recommendation processes protects patients, supports physicians, and strengthens public trust.

Vaccines save lives. Access to vaccines is critical. Sound science, clear policy, and real-world clinical expertise must guide immunization efforts in our state.

We respectfully urge passage of S2379 and S2568.

Sincerely,

Katharina de Klerk, DO
RIAFP Advocacy Committee Chair