



February 24, 2026

Representative Lindsay Gilchrist
Chair
House Committee on Health and Human Services
Colorado General Assembly
Denver, CO 80203

Transmitted by email: lindsay.gilchrist.house@coleg.gov / elijah.chadioun@coleg.gov

Re: Support for SB 26-032 Promoting Immunization Access

The American Disease Prevention Coalition (ADPC) writes to express strong support for SB 26-032, legislation that will secure and promote vital access to vaccinations for Colorado residents. This legislation will support vaccination access and coverage, as well as include important provisions to codify pharmacies' ability to meet increasing public demand for vaccine services and pharmacy care into the future. Specifically, this bill would affirm pharmacists' authority to prescribe and administer vaccines, strengthening access to essential vaccine services for the people of Colorado.

Vaccination is an essential part of maintaining health and well-being by reducing the risk of illness, disability, and death due to vaccine-preventable diseases. Vaccines are our best defense against serious diseases, including influenza (flu), measles, pneumonia, tetanus, pertussis (whooping cough), herpes zoster (shingles), meningitis, COVID-19, and hepatitis A and B.

Neighborhood pharmacies are a convenient, accessible and trusted provider of vaccine services. Traditionally, pharmacies have longer hours of operation compared to community vaccinators, including being open in the evenings and on weekends, making them easier to reach for Coloradans whose work schedules are not flexible. In fact, 9 out of 10 Americans live within 5 miles of a pharmacy.

Bolstered by the temporary pharmacy federal flexibilities granted in 2020 that enhanced pharmacies' capacity to deliver vaccine services to the public, a significant number of patients in the U.S. have sought out receiving this care at pharmacies. Throughout Colorado, pharmacists, pharmacy interns, and pharmacy technicians played an instrumental role in expanding access to vaccination. In 2025, 73% of people in Colorado

got their vaccines at a pharmacy, up from 56% in 2018¹. Leveraging pharmacy access to vaccination has even helped Colorado return to pre-pandemic vaccination levels.²

Pharmacists, pharmacy interns and pharmacy technicians continue to play an important role within communities by enhancing awareness of vaccines, assessing a patient's immunization status, recommending vaccines, administering vaccines, and reporting vaccinations to the state registry to help maintain coordination with all providers. It is essential to recognize the ongoing ability of pharmacies to serve in community settings and modernize state statutes to empower pharmacists to administer vaccines.

ADPC was pleased to see the Senate take up and pass SB 26-032. We encourage the House to pass SB 26-032 this session. Passage of this bill will go a long way to provide Coloradans with adequate access to and choice of vaccination health care destinations, help protect them from vaccine-preventable diseases, and keep them as healthy as possible.

Sincerely,

American Disease Prevention Coalition

<https://vaccinesshouldntwait.org/>

¹ <https://www.vaccinetrack.com/explore-the-data/month-by-month?tab=point-of-access&state=8&timePeriod=2018>

² <https://www.vaccinetrack.com/explore-the-data/month-by-month?tab=gap&state=8&timePeriod=2025&gapTimePeriod2=2019>

To: Members of the **Senate Health & Human Services Committee**
From: Khoa Nguyen | Private Citizen & Concerned Medical Professional
Re: **SB26-032 - Promoting Immunization Access**

Mr. Chair, and members of the committee,

Thank you for the opportunity to share my testimony with you. My name is **Khoa Nguyen**. I am currently representing myself as a private citizen and concerned medical professional. I am also nearing completion of my MD/MBA at the University of Colorado in 4 months. I am here today to encourage you to **pass SB26-032**.

Recently, the CDC, under this current Presidential administration, released a different immunization schedule which reduces universal vaccine recommendations from 17 vaccines down to 11. This immunization schedule's revisions has been outright rejected by multiple medical bodies including the American Academy of Pediatrics, the American Medical Association, and the Infectious Diseases Society of America [1-2]. This opposition is due to the process as to which the schedule was changed - which excluded longtime renowned medical expert liaisons, lacked transparent evidence reviews, and there was perceived politicization of the expert panels [2].

With the concerns of bias, lack of clarity in the immunization schedule, and lack of grounding in evidence-based medicine, the American Academy of Pediatrics is continuing to recommend the full routine childhood vaccination schedule that covers 18 diseases [3]. Within medical training and practice, we continue to adhere to this full schedule. Consequently, it only makes sense that Colorado's current laws on vaccinations need to continue reflecting evidence-based practices while expanding access.

As a soon-to-be physician, I encourage continued adherence to evidence-based practices. I am particularly motivated by the bill's provisions that would:

1. Create greater access to vaccines for patients and families through pharmacies and pharmacists.
2. Require insurance companies to cover vaccines, such as HPV, even if they deviate from current federal recommendations.
3. Ground vaccine requirements in updated immunization schedules as endorsed by both the state health board and professional medical bodies.
4. Permit state funding to be used towards supporting childhood immunization programs.
5. And, provide clarity on liability protections for immunization schedules and practice-appropriate administration of vaccines.

In the absence of stable federal guidance, states must ensure continuity of evidence-based vaccination access for families. Colorado's current laws on vaccine access, coverage, and immunization need to be modernized. I urge you to vote yes on **SB26-032**. Thank you for your attention to this essential issue.



From the desk of: Khoa Ngoc Nguyen
For questions, please contact: khoangocnguyen16@gmail.com

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Sincerely,
Khoa Ngoc Nguyen | MD/MBA Candidate
MD Candidate | University of Colorado School of Medicine
MBA Candidate | University of Colorado Denver Business School

References

1. *Pediatricians reject CDC vaccine changes, back routine childhood shots.* 9NEWS. Published January 2026. Available from: <https://www.9news.com/article/news/nation-world/pediatricians-reject-cdc-vaccine-changes-back-routine-childhood-shots/507-65072d0b-fb1a-42d9-9839-861ee79707e9>
2. Landi H. *AMA, other major medical groups barred from CDC vaccine work groups.* Fierce Healthcare. 2025 Aug 5. Available from: <https://www.fiercehealthcare.com/regulatory/major-medical-groups-barred-cdc-vaccine-workgroups>
3. American Academy of Pediatrics. *Recommended Childhood and Adolescent Immunization Schedule (PDF).* American Academy of Pediatrics; 2026. Available from: <https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf>



From the desk of: Khoa Ngoc Nguyen
For questions, please contact: khoangocnguyen16@gmail.com

My name is Andrea. Something is very different about my son. He suffered adverse events and reactions from multivalent vaccines, from Depakote, and from contrast. I realize that these things were triggers but because I am still trying to understand what is going on with him using emerging and time consuming science with testing that is not available fast enough for clinical use I don't have a large picture of what exactly is going on. We are living in a horrendous political climate where the EPA is under attack at a time when Air Quality is so important to consider. Where Glyphosate was just approved for further production. Tryptophan is important and Glyphosate is altering microbiome populations that produce tryptophan. Tryptophan residues are within microtubules. I am unsure of why we have this mass ignorance in the world but Tryptophan is needed for the production of Serotonin and Melatonin. This is akin to a Biological attack on a massive scale. Serotonin is a Redox agent and an Immune cell modulator. I am not sure how severe Glyphosate exposure is going to impact how a person responds to a vaccine or other immune therapy but this is a horrendous crisis.

It is not that I am a non-believer in the potential of immune treatmentsI believe we need to look at more strategies. I don't believe vaccines are for everyone and sometimes its timing, cancer treatments, or biological differences as to why I believe this. I witnessed many other anomalies I still cannot explain and I realize this is much bigger than just a vaccine issue. I am here looking out for the people like me and the people like my son where we really truly believe in prevention. We too want what is best for the Public but over time I realized that we need to have flexible and different sets of solutions that fit those individuals with biophysical altered responses from these current vaccines.

Section 6 and 7 Public Comment-Allow a pharmacist to Opt out of prescriptive authority for vaccines as they may not have the time to understand or obtain all of the patients medical history that may be pertinent in making that kind of a decision.

Section 8 Public Comment- Amend to state that exemptions be honored and if exemptions are not honored as documented that the person who administered the vaccine is liable for injuries. Injuries can be devastating and contribute to an individual needing life long care. If a parent is a single parent this can create a situation where they are now a caregiver for many hours of their day and prevent them from earning a living for themselves and their loved ones. It is not ok to ignore this fact and often it is a female who is the one enduring this heavy toll. This is yet another attack on gender related inequality and women's rights as society has made it so it is normalized that the woman is the unpaid laborer. This unpaid and underpaid labor if covered by Medicaid is growing at an unprecedented rate and cost cutting of Medicaid is only growing. This language is insensitive to those who agree that Neurodevelopmental differences are real and are multifactorial, that vaccines can work, that vaccines can go wrong and injuries can happen, and that some vaccines don't work. This is not political, this is a real life consequence of the cumulative toll that some people really do pay. When injuries are ignored and people pretend things don't happen this is the reality that individuals live.

Section 11 Public Comment -Strike Out-Improper handling, storage, and distribution of vaccines for infants could cause unforeseen risks and this amendment to section 11 needs to be removed.

Section 12 Public Comment –Consider and Amend—Some of this may equate to wasteful spending and needs further explanation as notification overkill could be financially redundant. Conflicts of financial interest could arise in recommendation of vaccines if the person who is doing the recommending is benefiting from the Purchasing and Selling via manufacturers. How are multiple different entities who are not receiving benefits from manufacturers working on real solutions? This is not happening. We may need customized solutions (Precision Solutions whereas Vaccines alone are not the only solution as these risks arise—These solutions may look at customized schedules, vaccines custom designed for an individual, and immune therapies) that are not solely based on A single type of vaccines alone. In the future —we are still learning a great deal from multi-omics research, and several other fields of science. As our understanding of humans evolves we must think of customized solutions like looking at different immune systems, different responses, chronic immune overstimulation and other issues that can arise from adverse events that may be shaping evolution itself (evolution of the human responses to the vaccines, how vaccines shape viral evolution and immune evasion, and unforeseen alterations and long term consequences whereas some are receiving positive benefit and others may not be). I agree an outbreak is an issue but vaccines are not always preventative. What needs to be purchased are several diverse solutions and many aside from the entities above alone need to be a part of this decision making collectively.

The problem with “no medical contraindications” is that many individuals have undiagnosed medical conditions or the medical contraindication is not known. The other issue is that what indicates a medical contraindication is drastically limited and antiquated. This limitation does not allow for expansion of medical understanding as science is emerging. Emergent phenomena arise with vaccines and we have no system to capture this in real time and we have inadequate work up for risks of medical complications as preventative....thus this entire section is ethically and morally wrong and places a Provider in violation of the Hippocratic Oath in the event that an adverse risk arises and they realize thisthey are left going against the Oath to do no harm. The shield of liability does more than shield it can lead to Trauma when a genuinely caring person sees a pattern and they are prevented from going against policies that are not capturing emergent risks or phenomena.

House Health & Human Services

02/25/2026 01:30 PM

SB26-032 Promoting Immunization Access

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Megan Argueso-Nott For themselves	<p>My name is Megan Argueso-Nott. I hold a Bachelor’s degree in Biomedical Sciences with a concentration in microbiology and infectious disease, and I am currently a Master’s candidate in Medical Mycology. I am also a Coloradan living with genetic chronic illnesses that increase my vulnerability to infection. I strongly support SB26-032 because vaccine access is lived public health, not abstract policy.</p> <p>I grew up in a household skeptical of vaccines and missed many childhood immunizations due to misinformation. I experienced recurrent infections that could have been prevented. At 15, under Colorado law, I was able to make my own medical decisions and chose to update my vaccinations. I received six vaccines in one visit. I was warned by my vaccine skeptic mother that I might become paralyzed or autistic. Neither occurred. What occurred was protection, just as the evidence showed.</p> <p>Vaccines do not cause autism. Decades of epidemiological and molecular research have demonstrated this clearly. Meanwhile, the diseases they prevent have well-established mechanisms of harm.</p> <p>Tetanus, caused by <i>Clostridium tetani</i>, produces a neurotoxin that induces rigid paralysis by blocking inhibitory neurotransmission. The vaccine contains an inactivated toxoid—incapable of causing disease—yet sufficient to generate protective immune memory. Measles can induce</p>

	<p>immune amnesia, erasing prior immune protection and increasing vulnerability to other infections for years. Polio historically left children dependent on mechanical ventilation. These are not theoretical risks; they are documented outcomes.</p> <p>Vaccination safely trains adaptive immunity without requiring a person to endure the unpredictable complications of natural infection. mRNA vaccines do not integrate into DNA; they function transiently in the cytoplasm and are degraded after use. This is foundational molecular biology.</p> <p>Access matters because barriers disproportionately affect medically vulnerable individuals, low-income families, and rural communities. When vaccination rates fall, disease returns. Pathogens respond to biology, not political debate.</p> <p>At 15, Colorado law allowed me to protect my health. SB26-032 ensures that other young people, families, and vulnerable residents retain that same access. I respectfully urge you to support SB26-032 and maintain immunization access as a proactive safeguard for Colorado’s communities.</p>
<p>Makaela Stevens Against themselves</p>	<p>The state of Colorado is facing an unprecedented budget deficit due to over spending and not enough judicious oversight of tax payer money. This is NOT the time for law makers to be wasting valuable state time trying to push for more government control over individual's bodies. If you are a democrat then you believe in personal choice when it comes to babies, abortions and a women's right to choose. The state of Colorado does not need to spend valuable time and resources trying to mandate what a person puts in their body. The new changes that have come out at the federal level in regards to biologics and "vaccines" do NOT hinder any individual from getting as many vaccines as they wish. This bill is overstepping the need for government involvement and the legislature should be spending time on more important issues Colorado is facing at this point in time. Pharmacists do not need to be willy-nilly administering vaccines, they are not doing this for</p>

	<p>public health they are doing this for personal and insurance dollars. Administering vaccines by pharmacists is a profit center for their business NOT public health. Let knowledgeable medical professionals provide vaccines WITH Mandatory Informed Consent instead of pushing vaccines like handing out samples at a Costco.</p>
<p>Lindsay Vargas Against themselves</p>	<p>We should not be assuming financial liability for something that is so unsure and untested. We are in a financial crisis in Colorado and this is not financially responsible. DO NOT remove liability from a consumer product. If it's so safe the companies should willingly assume liability. Thank you for considering the impact this has on our people and state.</p>
<p>Brandi Henderson Against themselves</p>	<p>Hello, I am a citizen of Colorado writing in against SB26-032. There are a couple main points that I disagree with on this bill. First, more vaccine liability protection is NOT the way to safer vaccines. Vaccine manufacturers need outside pressure to make safer vaccines, and with all the vaccine liability protection, there is no motivation for it. For example, according to the insert, the Hep B vaccine had a safety review of 5 days after injection. This is not nearly long enough to properly monitor for adverse reactions that could occur months after the injection.</p> <p>Second, I disagree with considering recommendations of the AAP and other similar entities. These are not impartial organizations and receive a lot of funding from vaccine manufacturers. To deviate as a state from the CDC is a political statement, and politics should not be mixed with vaccine policy.</p> <p>Since 1986, we have injected our children with more and more vaccines for short-term diseases that had very low death rates. However, instead of adding to their overall health, our children have gotten sicker and sicker with long-term allergies, autoimmune diseases, asthma, ADHD, etc. To continue to do more of what we've done the last 40 years and expect different results is insanity. Please do not give more liability protection for</p>

	<p>vaccines. Please do not put politics before healthcare. Please do not pass SB25-032. Thank you.</p>
<p>Sheila Pelczarski Against themselves</p>	<p>I am a retired geospatial scientist living in Denver since 1994. I was injured by a Tetanus shot as a child, when I was 9 years old and was required to get that vaccine to attend summer camp. I got so sick after the shot that I was bedridden for a week and unable to go to summer camp. Since then I avoided most vaccines that doctors recommended. All these years later, I still have a debilitating autoimmune condition.</p> <p>This bill's title is a misnomer, intended to appear to make vaccines more easily available to us when we are already being pressured to take multiple shots at least annually by our doctors and the media and trade marketing associations. In contrast, it has been increasingly difficult to avoid vaccines. We are told the shots are "safe and effective." In fact, not one vaccine on the former CDC Childhood Schedule was adequately safety tested, as proven in court. The current Federal CDC and ACIP Committee are finally insisting on verifiable science and transparency; yet some CO legislators want to follow the Pharma lobbyists and trade marketing groups like the American Academy of Pediatrics (AAP).</p> <p>At least 12 independent studies have been done comparing the health of vaccinated vs. unvaccinated children; all show that unvaccinated children are significantly more healthy than the vaccinated group.</p> <p>I spent the past 5 years studying the independent science on vaccines, including the mRNA gene therapy shots during the COVID Crisis. Independent researchers found contamination in these shots, including DNA fragments and toxic Nanoparticles. I personally know 7 people, including family, friends, neighbors, and colleagues, who died suddenly after taking the COVID-19 shots. All of these people were otherwise healthy, active individuals. Numerous others suffered debilitating injuries, including heart injury in a 17-year-old boy. Now that I have done so much research, I know that vaccines are neither safe nor effective. Recent independent research shows that spike proteins</p>

	<p>can remain in the body for over 3.5 years, found in multiple organ systems.</p> <p>This bill reads as if it were written by Big Pharma lobbyists merely to enhance their already huge profits and shield Pharma companies from all liability. Please do the right thing to truly protect the citizens of Colorado by OPPOSING SB26-032. Please vote NO!</p>
<p>Mary Staples</p> <p>For</p> <p>National Association of Chain Drug Stores (NACDS)</p>	<p>SUPPORT SB26-032 - The National Association of Chain Drug Stores (NACDS) and our chain pharmacy members serving communities throughout Colorado urge your support for SB 26-032, legislation that includes important provisions strengthening access to pharmacy vaccine services. Notably, this bill would affirm pharmacists’s authority to prescribe and administer vaccines, thereby fortifying access to essential vaccine services for the people of Colorado. NACDS urges lawmakers to enact this legislation.</p> <p>As the most accessible healthcare destination in many communities, pharmacies are a critical point of access for people seeking vaccine services. With nearly 90 percent of Americans living within five miles of a pharmacy, pharmacies provide convenient and timely access to care for individuals across communities.</p> <p>Coloradoans rely on neighborhood pharmacies for needed vaccines. In recent years, most people who received annual influenza and COVID-19 vaccines did so at their local pharmacies. In fact, during the 2025-2026 respiratory season, 64% of people who opted to receive an influenza vaccine received this care at their pharmacy.</p> <p>Pharmacies also play a crucial role in connecting the public to vaccine services in communities where health professional shortages exist. In Colorado, 54 of the state’s 64 counties are designated as health professional shortage areas. Because these shortages disproportionately affect rural and low-income</p>

	<p>Coloradans who are more likely to encounter delays or barriers to routine preventive care, access to pharmacy vaccine services offers a practical and effective strategy to closing care gaps while ensuring that patients can continue receiving vaccines in trusted, convenient settings.</p> <p>Enacting SB 26-032 would support the public’s ongoing ability to obtain sought-after vaccine services from trusted pharmacies, which traditionally have longer hours of operation (including evenings and weekends) compared to other community vaccinators, making them easier to reach for individuals with busy schedules.</p> <p>NACDS respectfully urges Colorado lawmakers to enact SB 26-032 to ensure Coloradans continue to have access to vaccines at neighborhood pharmacies.</p>
<p>Anita Boehm Against themselves</p>	<p>CO SB26-032 is asking the state of Colorado to cover liability for PhRMA. The bill claims to promote “access” to vaccines, but it is setting a financial trap for Colorado in a current budget crisis to assume liability for PhRMA.</p> <p>I own a wellness practice and many of my clients have been vaccine injured with no compensation because the pharmaceutical companies are not liable for the vaccines. I, personally, had adverse effects from a flu shot many years ago.</p> <p>With recent changes to the CDC ACIP vaccine schedule, HHS and Secretary Kennedy have made it clear that all vaccines remain covered by insurance and free vaccine programs.</p> <p>“Access” and “scarcity” are disingenuous rhetoric from lobbyists. The bill sponsors declaring “dysfunction in D.C.” and invoking “Science!” do not bring</p>

	<p>transparency to this bill. You can support vaccines, and still VOTE NO on this bill.</p> <p>I do not oppose access to vaccines, with informed consent and privacy, and without coercion. We oppose predatory sales practices targeting consumers using the American Academy of Pediatrics (AAP) as a credible sounding entity while the AAP is being sued for racketeering.</p> <p>This litigation trap is exacerbated by the bill’s request for the state to buy millions of dollars in unspecified vaccines. If these vaccines are no longer recommended by the CDC, the demand for these vaccines will decrease, and the state will buy millions in wasted inventory. For example, many parents will stop giving HEP B vaccine to newborns – an STD vaccine for at-risk IV drug users and prostitutes. CDPHE could buy six million HEP B vaccines, while only 20 infants were confirmed to have prenatal HEP B infections. This bill does not prevent wasteful government spending.</p> <p>Furthermore, changing the name “cervical cancer vaccine” to “human papillomavirus vaccine” is also designed to avoid litigation by past fraudulent promotion of the drug. The HPV vaccine does not prevent cancer.</p> <p>The Senate rejected an amendment to require parental consent for pharmacists to give a vaccine. This sets up more potential litigation for Colorado when a child is disabled or killed by a vaccine which is no longer recommended by the CDC.</p> <p>Please have common sense and vote NO to go against this bill.</p>
Evie Hudak	Colorado PTA supports SB 032. One of PTA’s main priorities is improving the health of Colorado’s children and youth. PTA has

<p>For Colorado PTA</p>	<p>a 125-year history that includes a long track record of advocating to ensure that all families have access to vaccinations for their children. Beginning in 1925, PTA was a driving force behind providing check-ups to identify health problems in 5- to 6-year-olds entering school for the first time, which became the main vehicle for immunizing children against diseases.</p> <p>PTA supports this bill because it addresses something that we are deeply concerned about; namely, the announcement that the U.S. Centers for Disease Control and Prevention (CDC) will no longer be recommending routine immunization for several diseases with known health impacts on our nation’s children. We do not support this, because it will cause confusion and uncertainty for families. Vaccinations have long been proven to be an effective tool in protecting children and preventing highly contagious viruses and diseases that can result in disabilities or death.</p> <p>We are glad to see the provision in this bill that allows Colorado to continue to rely on trusted evidence-based guidelines from health professional organizations. In fact, one of PTA’s legislative priorities for this year is to promote funding and access to vaccinations recommended by the American Academy of Pediatrics and local public health agencies. We also appreciate the provision in the bill for protecting healthcare providers that are licensed to administer recommended immunizations.</p>
<p>Adrienne Fahey Against themselves</p>	<p>This bill is a blatant and overt attempt to protect those who manufacture and/or administer vaccines, and NOT a bill to protect the public. If vaccines are so "safe and effective" as they are touted to be, why do they need liability protection? Too much evidence exists that refutes this "safe and effective" narrative. As representatives of we the people (the public that you are obliged to safeguard through the legislative process), you need to do your due diligence by researching this topic for yourselves and not rely on "evidence" provided by those who have a vested interest in shielding themselves from any and all liability. I respectfully demand that you vote NO on this bill. Thank you.</p>

<p>Jessica Cataldi</p> <p>For themselves</p>	<p>My name is Jessica Cataldi. I am a pediatrician, infectious diseases physician and Denver resident of 15 years. I am in strong support of SB26-032, Promoting Immunization Access. Colorado children deserve to grow up healthy. Colorado families deserve access to vaccines and health guidance based on sound science. At a time of uncertainty, misinformation and the largest U.S. measles outbreaks in over 30 years, we have the opportunity to act at the state level to give Coloradans a better chance of living in healthy communities.</p> <p>This bill will strengthen our state's ability to make vaccine decisions using the most reliable medical guidance. By expanding the sources of guidance state agencies can rely upon, this bill reduces the likelihood that a capricious decision by one agency could limit Coloradans' access to life-saving vaccines. With this bill, vaccine decisions made by CDPHE, the Commissioner of Insurance, the Board of Health, and HCPF will draw from the guidance of medical professional societies as well as federal health authorities. Vaccine guidance from medical professional societies reflects the consensus of hundreds of thousands of doctors and clinicians who are dedicated to the health of their patients. With this bill, Coloradans will benefit from vaccine policies and vaccine access informed by their advice.</p> <p>This bill also strengthens vaccine access across our state by supporting pharmacists' ability to prescribe and administer vaccines. The ability to get vaccines at a pharmacy is particularly important for rural Coloradans and people who have challenges accessing primary care.</p> <p>As an infectious diseases pediatrician, I care for children with diseases we cannot prevent- cancers that we can only hope to detect early and treat successfully. Children with cancer are vulnerable to contagious diseases like measles and varicella or chickenpox. They rely on those around them to protect them from these diseases. I also care for children with infections that are not always treatable or that cause severe lasting disease even when</p>
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	<p>treated. Anytime a child is sick, families wonder what they could have done to prevent it from happening.</p> <p>This bill gives Colorado a better chance to prevent diseases that are preventable. Everyday I care for hospitalized children who cannot vote and who depend on adults in our community to make choices that will keep them safe. Think of what is best for Colorado children and families- they're counting on you.</p>
<p>Aviva Wertkin Against themselves</p>	<p>1. Why are we taking steps to eliminate all liability for drugs that are required to be injected into children?</p> <p>A vaccine is a pharmaceutical medication with known side effects including but not limited to death. If any drug is Required for a child to receive and it Harms the Child, Who is Liable?? Why are we continuing to consider removing accountability for any product that is a required?</p> <p>2. This bill further wants to remove liability for adults who are severely injured or die as a result of receiving a vaccine. This bill includes, "if the vaccine or immunizing agent was administered according to the schedule of immunizations establish by the board of health, there were no medical contraindications, and the vaccine or immunizing agent was administered in accordance with generally accepted clinical methods."</p> <p>This statement is problematic for two reasons. Firstly, there is a conflict between the AAP and ACIP and which schedule is to be established. Secondly and more importantly, there are extreme limitations to medical contraindications that are available. Many medical exemptions are dismissed and doctors who are willing to provide them are often accused of malpractice and have their medical licenses revoked. This is a significant problem for those who seek genuine protection from the harms of these injections, and according to this bill, would not receive any assistance or support when they're injured from a drug that they're assured is safe for everyone.</p>

	<p>3. If a review of the research and safety studies modifies the vaccine schedule and the federal gov't no longer provides funds for specific vaccinations at specific ages, why would we consider using our limited state funds to pay for such programs? With all of the financial challenges we're facing in CO, this is a wasteful allocation of our tax money. It thinly veils protecting Big Pharma profits over the health of children and further challenges the financial stability of our state under the guise of "helping the poor."</p>
<p>Loraine Burger Against themselves</p>	<p>Hello All, I am VEHEMENTLY AGAINST ANY reduction in liability for vaccine injuries. There is NO JUSTIFIABLE REASON to reduce responsibility for injuries and/or damage caused by a vaccine or vaccine-like product. When consumers are 100% dependent on the knowledge, skill and good faith of the manufacturer, the manufacturer MUST be held to the highest level care and responsibility, especially in light of the possibility that government may get involved in pushing utilization of such products. Bodily autonomy and safety are paramount and manufacturers are, in effect health fiduciaries. There is NO ACCEPTABLE ROOM for error or failure of care.</p>
<p>Zoe Van De Voorde For themselves</p>	<p>Good afternoon, members of the committee, thank you for the opportunity to present to you today. My name is Zoe Van De Voorde, from area code 80205, and I am here asking you to vote yes on SB26-032 to protect vaccine access across Colorado.</p> <p>Colorado relies on federal vaccine recommendations to guide coverage, purchasing, and outreach. The recent shifts in federal vaccine guidance create barriers that could impede vaccine choice. This bill will ensure that childhood immunizations remain widely available and easy to find so that families don't run into barriers when trying to get their kids immunized.</p> <p>It will also benefit healthcare professionals who administer vaccines by providing guidance to follow and clear communication on how to maintain consistent access to safe,</p>

	<p>evidence-based vaccines across healthcare settings for all Coloradans, but especially our children.</p> <p>When federal guidance changes abruptly, it can disrupt vaccine access, create inconsistency across providers, and weaken confidence in a system that has long protected Coloradans.</p> <p>We know that vaccination is one of the most effective ways to keep children healthy and protect them from serious diseases. It also is one of the most effective ways to help protect our immunocompromised neighbors. Vaccines prevent disease, they protect public health, and they support Colorado’s economy by keeping kids in school and adults healthy. That’s why this piece of legislation matters to Colorado and to me.</p> <p>As your constituent, I am asking you to vote yes on the Promoting Immunization Access for Coloradans Act, which will protect childhood access to vaccines, strengthen Colorado’s healthcare workforce, and ensure consistent, evidence-based guidance across healthcare settings.</p> <p>Colorado’s immunization system should remain stable, evidence-based, and accessible for all who choose to vaccinate. Thank you.</p>
<p>Luca Chinello Against himself</p>	<p>Dear House Health and Human Services Representatives,</p> <p>I am writing to kindly ask you to vote NO on CO SB26-032.</p> <p>CO SB26-032 claims to promote “access” to vaccines, but with recent changes to the CDC ACIP vaccine schedule, HHS and Secretary Kennedy have made it clear that all vaccines remain covered by insurance and free vaccine programs. There is no lack of access to vaccines for us in Colorado.</p> <p>The real purpose of this bill is to protect and increase the financial interests of vaccine manufacturers and administrators, by</p>

	<p>extending liability protections and allowing pharmacists to independently administer vaccines. People of Colorado would get no benefit from this bill.</p> <p>First, if vaccines are so safe, why do vaccine manufacturers and administrators need complete liability protection? The truth is that liability protection is needed because they are not safe, and vaccine manufacturers and administrators couldn't afford to pay for all the injuries and deaths that vaccines may cause. This is the epitome of medical corruption at the expense of the people of Colorado, because we taxpayers will foot the bill for all the injuries caused by vaccines if CO SB26-032 passes.</p> <p>I oppose CO SB26-032 because it creates a system by which Colorado can ignore the federal ACIP vaccine recommendations from the process of creating state vaccines rules and requirements. New ACIP recommendations have determined certain vaccines could be unsafe or ineffective in certain populations. By ignoring these more conservative recommendations, the risk of injury and even death for children in the state of Colorado are likely to increase.</p> <p>Furthermore, authorizing pharmacists to prescribe vaccines unnecessarily increases the risk of vaccine injury to the people of Colorado, as pharmacist are not medically trained professionals with the knowledge or skills required to identify a life-threatening vaccine reaction that may occur at the time of administration and act accordingly to save the individual's life.</p> <p>I am also opposed to this bill because it is inappropriate for the pharmaceutical trade groups mentioned in the bill to make vaccine recommendations. Each of the groups that are mentioned by name in the bill have received funding from the vaccine industry and/or collaborated with it directly. These entities cannot be trusted to provide unbiased recommendations regarding vaccination.</p> <p>Please vote NO on CO SB26-032.</p>
<p>Christine Barlow Against</p>	<p>I am originally from Los Angeles CA. My son was partially paralyzed by his childhood vaccines. They took away personal exemptions religious exemptions then wanted to spend 10 million dollars on a program to take away medical exemptions in schools</p>

<p>themselves</p>	<p>which made up 1% of children. Now how does that make sense?!!! Vaccine injuries are real and u can't even get a physician to write one in CA anymore in fear of these drs losing their license. That is just wrong! What we should be focusing on is getting rid of the liability protection for vaccines then we will see how much longer vaccines will be around. Vaccine injury, which includes, autism will bankrupt this country.</p>
<p>Sara Thompson Against themselves</p>	<p>Chair and Members of the Committee,</p> <p>Thank you for the opportunity to testify.</p> <p>I want to be clear at the outset: I support vaccine access. I support informed consent. And I support protecting public health. My opposition to this bill is about legal clarity, fiscal responsibility, and unintended consequences.</p> <p>Under the federal National Childhood Vaccine Injury Act of 1986, most routinely administered childhood vaccines are covered by the federal Vaccine Injury Compensation Program, which provides a no-fault pathway for injury claims and limits traditional tort liability. That federal framework is deliberate and comprehensive.</p> <p>This bill attempts to create or expand a state-level liability structure layered on top of that federal system. When a state inserts itself into vaccine liability—especially in areas where federal preemption may apply—it creates significant legal uncertainty. If a person alleges injury, and if liability protections are challenged, providers may seek indemnification from the state. That exposes Colorado to costly litigation over preemption, statutory interpretation, and constitutional questions.</p> <p>Even if the state ultimately prevails, defending those cases could cost millions in taxpayer dollars.</p>

	<p>Second, the bill authorizes large-scale vaccine purchasing without tying procurement to demonstrated demand. If utilization patterns shift, the state could be left holding substantial unused inventory. At a time when HCPF faces serious budget strain and disability services are being reduced, adding uncertain fiscal exposure is not prudent.</p> <p>Third, removing clear parental consent guardrails for pharmacist administration increases litigation risk. In medical negligence cases, ambiguity is expensive.</p> <p>This is not about being “pro-” or “anti-” vaccine. It is about whether this legislation introduces legal ambiguity and financial risk without a demonstrated access crisis.</p> <p>For those reasons, I respectfully urge a NO vote on SB26-032</p> <p>Thank you for your time.</p>
<p>Brad Barlow Against themselves</p>	<p>No matter your stance on vaccines, it is unbelievable that a company be exempt from liability. Make them liable for their products. If they are safe and effective there should be no worry.</p>