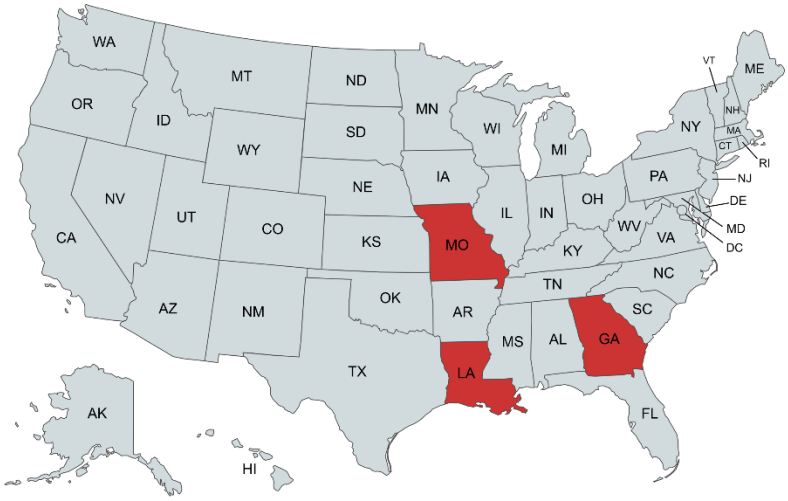
October 3, 2025

RE: Request for Emergency Guidance from the Pharmacy Boards of Georgia, Louisiana, and Missouri to Allow Covid-19 Vaccination Access without Prescription

Dear Pharmacy Boards,

On September 19, 2025, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) voted against requiring a prescription for Covid-19 vaccinations.

Only three states are blocking Covid-19 vaccination without a prescription.



Presently, 47 states and the District of Columbia are following ACIP guidance to allow Covid-19 vaccinations without a prescription. To the best of my knowledge, only three states – Georgia, Louisiana, and Missouri – are going against ACIP guidance by requiring a prescription for routine Covid-19 vaccinations. This affects 20 million residents. There is some local variation within the 47 states and DC as specific pharmacies update protocols to conform to the guidance. Nonetheless, Georgia, Louisiana, and Missouri are far outside the pharmacy norms across the U.S. as of October 3, 2025.

State laws do not appear to prevent these pharmacy boards from conforming with national standards.

As a health scientist who runs a cancer population science program, has published >120 scientific articles, and conducted millions of dollars in medical research, I am concerned about the pharmacy board policies in Georgia, Louisiana, and Missouri. I am not an attorney and have read the state laws governing this issue from the perspective of a public health scientist familiar with the nuances of the CDC guideline process. I see nothing in the state laws of Georgia, Louisiana, nor Missouri that would suggest a need to go against the guidance of ACIP and the other 47 states and DC by blocking access to routine Covid-19 vaccinations without prescription.

- **Georgia:** State law does NOT require a prescription if it is a “vaccine that is included on the adult immunization schedule recommended by the Advisory Committee on Immunization Practices (ACIP).” [1] ACIP voted to allow vaccination without prescription, and nothing on the schedule negates that vote.
- **Louisiana:** State law does NOT require a prescription if the “vaccine is administered in conformance with the most current immunization administration protocol as set forth by the United States Centers for Disease Control and Prevention Advisory Committee on Immunization Practice.” [2] ACIP voted that prescriptions were not required, and 47 other states and DC agree with that protocol.
- **Missouri:** State law does NOT require a prescription. “Vaccines must be administered in accordance with current treatment guidelines established by the Centers for Disease Control (CDC) and the manufacturer's guidelines.” [3] ACIP voted that prescriptions were not required, and 47 other states and DC agree with that guideline.

Under ordinary times, ACIP would vote on recommendations, the CDC Director would sign off, and health systems would enact policies within 30 minutes to days. These are not ordinary times. The CDC has an Acting Director but no Director. The federal government has shut down, which could be for days or weeks or months. Covid-19 case rates remain high, per wastewater surveillance data, with twice annual waves; much of the U.S. is presently in a Covid-19 wave. Waiting an hour for CDC Director sign-off makes sense in ordinary times, whereas waiting weeks or months during extraordinary times while a deadly virus circulates at high rates is imprudent. Nothing I observe in the state laws suggests the need for such strict adherence to a particular milestone, but rather general guidance to follow the spirit of ACIP. The state pharmacy boards of Georgia, Louisiana, and Missouri are not following the intentions of ACIP, in my view.

Covid-19 continues to pose a substantial public health burden in 2025.

In my scientific capacity, I work with Covid-19 data on a daily basis and run one of the nation's leading dashboards for organizing Covid-19 data into "metrics that matter" to communities, essentially translating wastewater surveillance estimates and other CDC data into graphics and numbers people can use to evaluate risk (pmc19.com/data). I have published several articles and led several prior and active grants on Covid-19. The U.S. is currently in an 11th wave of Covid-19, and transmission remains moderate-to-high across much of the U.S. I am concerned that we have only recently passed the national peak for late-summer/fall Covid-19 levels, and trends are closely following those of two years ago, in which we had sustained moderate transmission leading into a large winter surge. We needed to start rolling out updated vaccinations two months ago, but the best we can do is improve vaccination access today. This ongoing transmission continues to inflict a substantial public health burden.

- **Childhood risk.** Covid-19 is the leading chronic condition in children, and a report this week in a Lancet-affiliated journal indicates that risk doubles on reinfection. [4] Children are particularly vulnerable to the prescription requirement because many do not have so-called high-risk conditions but may develop chronic health conditions from Covid-19 regardless; it's often unpredictable.
- **Excess disability.** The U.S. is experiencing >2 million excess disabilities among workers. [5]
- **Excess deaths.** Excess deaths are likely to persist beyond 2033. [6]
    - We had 47,500 direct (or counted) Covid-19 deaths in 2024. [7]
    - My analysis (Hoerger et al.) brings together data from the CDC, a world-leading actuary called the Swiss Re Institute, and four published studies to estimate that "excess deaths" (counted deaths + deaths that would not have happened if not for Covid-19) are comparable to lung cancer at around 175,000 in 2025. I would be pleased to provide public testimony on these findings or share manuscript sections if kept out of public record until publication.
    - Most of these Covid-19 excess deaths (>70% in 2025, by my estimate) are not directly counted as Covid-19, instead manifesting as heart attacks, cancer, stroke, respiratory, diabetes, and many other causes. [6]

These are serious public health burdens that require immediate attention. The pharmacy boards of Georgia, Louisiana, and Missouri need to rise to the challenge.

Questions for Legal Counsel

Devoting one's professional time to a pharmacy board is a tremendous public service, and my assumption is that the pharmacy boards of Georgia, Louisiana, and Missouri would like to change their protocols today but need the advice of legal counsel. In my view, these are the critical questions to ask.

1. What is the most the state pharmacy boards of Georgia, Louisiana, and Missouri can do under the law to increase vaccine access, reduce Covid-19-associated disability, and save lives?
2. What are the legal pitfalls of aligning Georgia, Louisiana, and Missouri vaccine practices with the other 47 states?
3. What is the legal liability of pharmacy boards when children get Covid-19 and/or develop long-term medical conditions after pharmacy boards have denied vaccination access without a prescription?

4. Given that Covid-19 causes heterogeneous excess deaths (cardiovascular, cancer, respiratory),[6] what is the legal liability of pharmacy boards when someone dies during the months after denial of vaccination without prescription?

References

1. https://law.justia.com/codes/georgia/title-43/chapter-34/article-2/section-43-34-26-1/
2. https://law.justia.com/codes/louisiana/revised-statutes/title-37/rs-37-1218-1/
3. https://regulations.justia.com/states/missouri/title-20/division-2220/chapter-6/section-20-csr-2220-6-050/
4. Zhang et al. (2025). LANCET Infectious Diseases. “Long COVID associated with SARS-CoV-2 reinfection among children…”
5. https://fred.stlouisfed.org/series/LNU01074597
6. Swiss Re Institute. (2024). The future of excess mortality after Covid-19. https://tinyurl.com/swiss19
7. https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm

Thank you again for your public service. Please note that the opinions expressed here do not constitute medical or legal advice and reflect my personal views based on an analysis of the medical evidence, not that of my employer or other affiliated organizations. If I can be of any support in improving access to vaccinations without prescription, I would be pleased to do so.

Sincerely,

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