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Jennifer B. Colin, Director

January 13, 2026

To: Hon. Theresa Wood, Chair
House Committee on Human Services

From: Jennifer B. Colin, Director, Office of Professional Regulation
Emily Carr, General Counsel, Office of Professional Regulation

Re: H.545, An act relating to issuing immunization recommendations

Thank you for the opportunity to testify on H.545. This important bill will increase access to healthcare for Vermonters. OPR supports H.545.

We understand that you are considering including an APRN and/or a pharmacist on the Vermont Immunization Advisory Council. We support this change. As you know, APRNs provide primary care to a significant number of Vermonters, and pharmacists provide substantial immunization care within Vermont. We would recommend that this language be added to Sec. 3; 18 V.S.A. § 1131(b):

(x) a practicing Advanced Practice Registered Nurse licensed pursuant to 26 V.S.A. chapter 28, appointed by the Governor;

(xx) a practicing pharmacist licensed pursuant to 26 V.S.A. chapter 36, appointed by the Governor;

OPR has a strong partnership with the Vermont Department of Health. During the COVID-19 pandemic, OPR and VDH collaborated extensively to ensure that Vermonters were able to access immunizations through their primary health care provider, as well as regulated pharmacy professionals. We continued that collaborative work, including on H.545, as well as changes to the Pharmacy statutes in Title 26.

We understand there is the possibility of an amendment that would include language modifying 26 V.S.A. ch. 36, the pharmacy licensing statute. OPR supports this

amendment, which would enable pharmacists and pharmacy technicians to provide immunizations that are recommended by the Commissioner of Health.

Vaccines are prescription drugs. When you go into a pharmacy and request a vaccine, it can be provided only if:

1. Your healthcare provider prescribed the vaccine for you;
2. The pharmacist prescribes the vaccine for you pursuant to State pharmacist prescribing protocol; or
3. The Commissioner of the Department of Health has issued a standing order allowing that specific vaccine to be administered to you.

Under current Vermont law, pharmacists can prescribe, and pharmacists and pharmacy technicians can administer, only vaccines that are recommended by the CDC's Advisory Council on Immunization Practices (ACIP). 26 V.S.A. §§ 2023(b)(2)(A)(vii); 2042a(c); 2042a(d). If ACIP says a vaccine should be based on "shared decision making" between a patient and their doctor, then it is not ACIP-recommended.

When pharmacy immunization protocols were established, ACIP was the consistent, nationally recognized authority providing evidence-based vaccine recommendations. However, that is no longer true. Earlier this year, ACIP stopped recommending any vaccines for COVID to anyone under age 65, including pregnant persons, or measles-mumps-rubella-varicella (MMRV) for anyone. This had an immediate impact on Vermont. For COVID, OPR and VDH were able to mitigate this impact by updating the standing COVID vaccine protocol to remove all ACIP references. We do not have that solution for other vaccines, generally, because the underlying statute is tied to ACIP. Because the current Vermont pharmacy law is tied to ACIP recommendations, this interferes with pharmacists' and pharmacy technicians' ability to provide COVID immunizations.

The proposed amendment to H.545 would solve this problem by removing references to ACIP from our pharmacy licensing statutes. Instead, pharmacists would be able to prescribe, and pharmacists and pharmacy technicians could administer any vaccine to patients over 18 that are approved by the Commissioner of Health as part of State protocols, as well as the COVID/flu vaccine to patients over 5. This is essentially what they were doing before ACIP's recommendations changed, and it worked well. The new legislation allows the Commissioner to recommend immunizations based on those of both ACIP and other nationally recognized, non-ACIP health authorities.

We included the amendment language in the 2026 OPR bill (H. 588) (See Attachment 1 for the pharmacy-related language) and have no objection to moving this important language into H.545. OPR wholeheartedly supports passing the amendment language in any form. We would look to Legislative Counsel's advice on whether the language should be in both bills as they move through the legislative process.

Attachment 1

The currently proposed language in H.588 is below:

* * * Pharmacists * * *

Sec. 11. 26 V.S.A. § 2023 is amended to read:

§ 2023. CLINICAL PHARMACY; PRESCRIBING

* * *

(b) A pharmacist may prescribe in the following contexts:

* * *

(2) State protocol.

(A) A pharmacist may prescribe, order, or administer in a manner consistent with valid State protocols that are approved by the Commissioner of Health after consultation with the Director of Professional Regulation and the Board and the ability for public comment:

(i) opioid antagonists;

(ii) epinephrine auto-injectors;

(iii) tobacco cessation products;

(iv) tuberculin purified protein derivative products;

(v) self-administered hormonal contraceptives, including subcutaneous depot medroxyprogesterone acetate;

(vi) dietary fluoride supplements;

(vii) vaccinations for patients 18 years of age or older, ~~vaccinations recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and administered consistently with the ACIP-approved immunization schedules, as may be amended from time to time;~~

(viii) for patients five years of age or older, influenza vaccine, COVID-19 vaccine, and subsequent formulations or combination products thereof;

* * *

Sec. 12. 26 V.S.A. § 2042a is amended to read:

§ 2042a. PHARMACY TECHNICIANS; QUALIFICATIONS FOR
REGISTRATION

* * *

(c) Pharmacy technicians shall only administer immunizations:

(1) to patients 18 years of age or older, as established in subdivision 2023(b)(2)(A)(vii) and the resulting State protocol;

(2) to patients five years of age or older, influenza vaccine, COVID-19 vaccine, and subsequent formulations or combination products thereof, in accordance with subdivision 2023(b)(2)(A)(viii) and the resulting State protocol; and

~~(3) pursuant to the schedules and recommendations of the Advisory Committee on Immunization Practices' recommendations for the administration of immunizations, as those recommendations may be updated from time to time; and~~

(4) when a licensed pharmacist who is trained to immunize is present and able to assist with the immunization, as needed.

~~(d) Pharmacy technicians shall administer only those immunizations that:~~

~~(1) are recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP); and~~

~~(2) licensed pharmacists are permitted to administer under the State clinical pharmacy protocol, as established in subdivision 2023(b)(2) of this title.~~

~~(e) Pharmacy technicians performing COVID-19 tests shall do so only:~~

- (1) when a licensed pharmacist who is trained to perform COVID-19 tests is present and able to assist with the test, as needed;
- (2) in accordance with a State protocol adopted under subdivision 2023(b)(2)(A)(x) of this title; and
- (3) in accordance with rules adopted by the Board.
- ~~(f)~~(e) The Board may adopt rules regarding the administration of immunizations and the performance of COVID-19 tests by pharmacy technicians.