



Ensuring Access to and Coverage for Routine, Preventive Immunizations

Vermont Department of Health

Commissioner Rick Hildebrant

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Vision

All people and communities in Vermont have equitable opportunities to achieve their highest level of health and well-being.



Mission

Promote the physical, mental, and social well-being of people in Vermont by advancing equity, protecting against disease and injury, and preparing for health emergencies.



Values

Equity • Collaboration • Inclusion • Harmony • Data



How the Health Department Advances Public Health



Detect

We use data to understand what works and what can be improved, so everyone has an equal chance at good health and well-being.



Connect

We listen to and work with local organizations, like schools, businesses, and health centers, to support the community's whole health.



Prevent

We provide information and resources to prevent illness and injury before they happen and to promote overall health and well-being.



Respond

We are ready to take quick action when public health threats happen, like after a disaster or to stop the spread of infectious diseases.

Preserve Trust in Public Health



Photos from left:

Staff from Newport Local Health Office in their community garden.

Staff from the St. Albans Office of Local Health set up for a dental clinic.

Rutland Local Health Office brought a nutrition activity to Wonderfeet Children's Museum.



Immunizations



Changes at the federal level have caused confusion and disruption.



We have committed to Vermonters to preserve access to and coverage of routine, preventive immunizations.



This will require legislative changes.

Collaborative effort to identify potential impacts of federal vaccine policy changes

- Identified several VDH, DFR, and OPR statutes tied directly to federal vaccine recommendations. These statutes govern:
 - Purchase of childhood vaccines
 - Private insurance coverage requirements
 - Authorization for pharmacists and pharmacy technicians to prescribe and administer vaccines
- Proposed solutions and statutory language changes

Example: 2025-2026 COVID-19 Immunization

- Public confusion and doubt around access and recommendations
- Immediate need for changes to protocols, standing orders, and insurance requirements
- All changes made only addressed access and coverage to COVID-19 immunizations
- Could have limited ability to bulk purchase

Example – Hepatitis B Birth Dose

- Federal changes to recommendation for birth dose of Hepatitis B vaccine
- Removal of universal recommendation that had been in place since 1991
 - Hepatitis B infections in children and teens has decreased by 99%
- Birth dose now recommended only for babies born to Hepatitis B positive mothers
 - Requires prenatal care, testing (1st trimester)
 - Routine recommendation now starts at 2 months of age
 - Does not protect infants who may be exposed to Hepatitis B after birth
- VDH issued guidance for continued universal birth dose for **all** infants

Example – Childhood Immunization Recommendations released 1/5/2025

- Need these statutory changes to get ahead of the sudden and unpredictable federal decisions
- Need clear and transparent process for issuing our own recommendations

Immunization Program

- Supplies primary care providers with vaccine
- Uses federal and insurer funds
- Currently -
 - Purchase all vaccines from CDC
 - Aligns with ACIP recommendations

Need for Statutory Changes in H. 545

- Create a clear and transparent process for issuing immunization recommendations that considers the science
- Allow for flexibility to purchase recommended immunizations from any source
- Ensure private health insurers continue to cover recommended immunizations
- Address potential barriers faced by health care providers to prescribe and administer recommended immunizations

Recommended Revisions to H. 545

- Include changes to DFR statutes to require private insurers to cover, at no cost, immunizations recommended by the Commissioner of Health
- Section 1 – Revisions to 18 V.S.A. § 1130(b)(1) – “individuals domiciled in the State” – revert to the original statutory language
- Section 3 – 18 V.S.A. § 1131(b) – delete “practicing” in 18 V.S.A. § 1131(b)(5)
- Section 4 – Effective date – request that the bill become effective upon passage

Key takeaways

1

Federal vaccine policy changes have caused confusion and disruption.

2

We have committed to Vermonters to preserve access to and coverage of routine, preventive immunizations.

3

The statutory changes proposed in H. 545 are necessary to achieve this.

Thank you!