



Senate Committee on Government Operations
Re: H 588

April 23, 2026

To Chair Collamore and members of the committee,

Thank you for inviting the Vermont Pharmacists Association to testify regarding H.588. We have additional thoughts on the basis of the conversation that we now submit for your consideration.

Pharmacist Prescribing of HIV PrEP and PEP

- **Highly supportive** of creation of protocols for pharmacist prescribing of PrEP and PEP: Vermont would join over 20 states who have already implemented these protocols, so we can draw from their experience.
- **Recommend removing the age restriction from the statute:** As currently written, this protocol would be restricted to patients 18 years of age and older. In consultation with experts, there is no clinical reason for this. We also know that the adolescent population may be particularly vulnerable and not well connected to traditional modalities of care. If after careful discussion, VDH and OPR feel that this age restriction should be in place, that can be written in to the prescribing protocol with the same force of law as would be in place from the statute. For that reason, we request removing the age restriction from H. 588 so that this can be evaluated.

Pharmacy Interoperability Requirements

- **Recommend no inclusion of interoperability requirements for pharmacist prescribing protocols:** We acknowledge the concerns raised about transmission of health care information between segments of our health care system. That said, this is not an issue unique to pharmacies, therefore we suggest that pharmacy-specific legislation is not an effective venue to address this concern. One example we heard from testimony was that clinic-based providers cited vaccine administration as an example of information that was not readily available. However, pharmacies automatically upload vaccine administration information to the immunization registry (definitionally interoperable). If clinic-based systems are not interoperable on their side, this is not something pharmacies can control and this requirement would not address. Interoperability is by definition a multilateral concern, so addressing it from just this one side will not solve any problems. It will only create barriers.
- **RHTP funds not available for this at this time:** The barriers to pharmacies would be likely insurmountable if no support provided. The funds in RHTP were cited as potential opportunities for this, but in this initial funding year AHS is not soliciting RFPs for any initiative related to technology upgrades or interoperability. Therefore, this is not a viable mechanism at this time. We do encourage AHS to take this up as a future focus for RHTP as this would be a strategic structural investment in the health care infrastructure of the state.

Please do not hesitate to contact us if we may be of assistance!

Sincerely,

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