To: Senate Committee on Government Operations
From: Stephanie Winters, swinters@vtmd.org
Vermont Medical Society, Deputy Director
Vermont Academy of Family Physicians, Executive Director
Date: April 17, 2026
RE: H.588 – Sections on HIV Prophylaxis Prescribing by Clinical Pharmacists

On behalf of the Vermont Medical Society and Vermont Academy of Family Physicians representing over 3000 physicians from across specialties and geographic locations of Vermont, thank you for asking me to testify today on H.588, specifically the sections pertaining to pharmacist prescribing of HIV Prophylaxis.

We strongly support increasing access to HIV prophylaxis including PrEP (pre-exposure prophylaxis) a highly effective, daily pill or periodic injection for HIV-negative individuals at risk of HIV; and PEP (post-exposure prophylaxis) a medication that prevents HIV after a possible exposure.

Unlike some of the other protocols that have been created and implemented, prescribing for both of these medications have a vast number of considerations prior to prescribing and required follow-ups during treatment including:

- baseline HIV testing (Ag/Ab) within 1 week of initiation
- renal function assessment and monitoring
- hepatitis B/C screening
- sexually transmitted infection (STI) testing
- Regular 3-month follow-ups are essential for HIV testing, adherence counseling, STI screening, and prescription refills.

We understand that some of these requirements can be addressed within a protocol, but given these complexities, we want to be clear that this protocol may be more challenging to draft than others and that pharmacies may be limited in their ability to participate.

There are three states we found with protocols addressing HIV prophylaxis prescribing by pharmacists and I have included the links to these protocol, but I will draw your attention to one in particular, Minnesota, which includes a detailed algorithm for both PrEP and PEP that shows in detail all of the testing and follow-ups required for prescribing.

- Washington State CDTA Protocol
- Kentucky's Approved Protocol
- Minnesota Board of Pharmacy Protocol
    - Referenced
        - PrEP Intake Form and Algorithm
        - PEP Intake Form and Algorithm

We do have one requested amendment. As we continue to build and expand upon the role of the prescribing pharmacist, including adding testing and treating of specific conditions, we believe it is important to include language in the clinical pharmacy statute requiring use of an interoperable electronic medical record (EMR). By stating that an EMR must be "interoperable" our goal would be for pharmacies to connect to VITL, Vermont's Health Information Exchange, to be able to both submit patient data and view data from other clinicians. We continue to hear concerns that primary care clinicians do not receive reports of vaccinations administered. Even more concerning, protocols such as ones for PrEP and PEP that require detailed screening tests and questions will require both recordkeeping in an EMR by the pharmacy and a way to share this information with primary care or specialty clinicians. We are past the time when faxes are adequate. And the good news is that the Rural Health Transformation Program has just released a grant opportunity for pharmacists seeking to participate in Test to Treat to adopt or integrate EHRs, making this requirement feasible for pharmacies: https://healthcarereform.vermont.gov/rht-program-rfps-nofos. The more and more pharmacies and pharmacists become sites of primary care services the more critical it is that they become part of the State's health information system.

We suggest:

(2) State protocol.
(A) A pharmacist **with access to an interoperable electronic health record** 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,

We look forward to working with the Office of Professional Regulation, the Board of Pharmacy and the Commissioner of Health during the protocol development process.