

Testimony Senate Committee on Health and Welfare
Representative Greg Burtt February 10, 2026

Questions to address-

- 1.) How do we ensure compensation to an individual who is harmed as a result of immunizations administered according to the program outlined?
- 2.) Does this program encourage greater trust in the system? Access is ultimately limited by the level of trust between the institutions surrounding immunization and our citizens.

My position-

A.) The stated goal of this program is to increase access to immunizations. Indeed, this aligns with goals of increased vaccination rate. I argue that a high level of immunity to disease within our state needs to be rooted in trust and transparency. Vaccination rates are seeing decline because trust in the system is eroding. Whether this is due to misinformation or not is irrelevant since misinformation is something the Department of Health has no control over. Trust developed between two parties of unequal power rests on a fragile connection based on transparency and legitimate assurances of respecting the dignity of the individual involved. This program does not properly address this dynamic.

My amendment and the language I have provided in Sec. 2. 18 V.S.A. § 1130a (e)(2) provides a simple solution.

B.) Informed consent in title 18 and 12 of state statute doesn't cut it. The language in these sections does not address the immunity granted in a state run recommended immunization program nor can it properly clarify the potential compensation gaps for patients who might experience adverse reactions.

Recommended changes to H.545-

(Current House version of H.545 is in italics)

Sec. 2. 18 V.S.A. § 1130a

(c) A health care professional who prescribes, dispenses, or administers an immunization in accordance with the recommendations issued pursuant to subsection (a) of this section shall be immune from civil and administrative liability for immunization-caused adverse events, unless the health care professional's actions regarding prescribing, dispensing, or administering an immunization constituted gross negligence, recklessness, or intentional

misconduct.

Amendment introduced in the House-

Prior to prescribing, dispensing, or administering a recommended immunization, a health care professional shall provide the patient or, if the patient is a minor, the patient's parent or guardian with written information disclosing all potential harms, risks, and side effects associated with the recommended immunization and provide disclosure of the health care professional's immunity pursuant to subdivision (1) of this subsection.

Prior to administering the recommended immunization, the health care professional shall obtain written acknowledgement of receipt of the information required by this subdivision from the patient or, if the patient is a minor, from the patient's parent or guardian.

(d) The Commissioner may issue a standing order authorizing health care professionals, including pharmacists, to prescribe, dispense, or administer recommended immunizations, or any combination thereof, to the extent that prescribing, dispensing, or administering recommended immunizations is within the scope of the health care professional's practice.

(e)(1) The Department shall prominently display information pertaining to recommended immunizations and other relevant information on its website, including how to access recommended immunizations.

(2) Any documents produced by the Department about the recommended immunizations shall include a disclosure if the recommended immunizations differ from the recommendations of the Vermont Immunization Advisory Council

Alternative-

(2) Any documents produced by the Department about the recommended immunizations shall include a disclosure if the recommended immunizations differ from the recommendations given in Sec. 2. 18 V.S.A. § 1130a (b)(2) and state whether adverse events from such immunizations are eligible for compensation under the federal National Vaccine Injury Compensation Program if the recommendation diverges from federal guidelines.

(3) The Commissioner shall, to the extent practicable, align state immunization recommendations with those of the Centers for Disease Control and Prevention programs, and shall annually report to the Senate Committee on Health and Welfare where alignment is not feasible and propose alternative state remedies for affected individuals.

