

Testimony To: Senate Committee on Health and Welfare

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

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Vaccine injuries and petitions to the Vaccine Injury Compensation Program (VICP) are rare.

For every 1 million doses of vaccine that were distributed, approximately 1 individual received compensation from the VICP. According to the CDC, from 2006 to 2023 over 5 billion doses of covered vaccines were distributed in the U.S. For petitions to VICP filed in this time period, 13,948 petitions were adjudicated by the Court, and of those 10,193 were compensated – approximately 1 individual for every 1 million doses. .

Since 1988, over 29,460 petitions have been filed with the VICP. Over that time period, 25,652 petitions have been adjudicated, with 12,588 of those determined to be compensable, while 13,064 were dismissed. Total compensation paid over the life of the program is approximately \$5.5 billion.

See: [HRSA Data and Statistics January 2026](#).

The VICP is intended to preserve access through liability protection.

The VICP is a federal system set up to preserve access to vaccines by protecting pharmaceutical manufacturers and health care providers from vaccine-injury liability while providing people who experience very rare but serious side effects from certain vaccines with a pathway to compensation. The VICP insulates pharmaceutical manufacturers and health care providers from the costly tort cases in civil courts, which incentivizes all the activities essential to provide access to vaccines (e.g., manufacturing, distribution, administration). Individuals can still seek compensation for their injuries by filing a claim through this program, where medical experts review the case. An account funded by federal excise taxes provides this compensation rather than the pharmaceutical manufacturer or provider. The VICP helps keep vaccines widely available while providing support for the small number of people who truly need it.





Petitioning the VICP to seek relief for a vaccine injury is a lengthy legal process.

While the VICP provides a pathway to compensation for vaccine injuries, it is still a lengthy legal proceeding. Most individuals seeking relief hire an attorney to navigate the process, which includes gathering documentation of the injury, preparing a petition, and participating in settlement negotiations or hearings in vaccine court. Most vaccine injury cases take between one and three years although complex or contested claims can take longer.

It is not clear how, when, or if vaccines that are currently covered by the VICP will be removed from coverage.

Currently, the vaccines covered by the VICP remain unchanged, despite the changes to the recommended vaccine schedule. However, there has been discussion about removing vaccines from VICP coverage. Current law does not provide a clear process for removing a vaccine from VICP coverage. It is possible that just removing a vaccine from the ACIP recommendations would result in a loss of VICP coverage, though, in such a situation, there are questions about the impact of the remaining excise taxes for that vaccine being paid into the VICP account. The Secretary of the U.S. Department of Health and Human Services has rulemaking authority to remove injuries and symptom-onset timelines in the VICP table of vaccine injuries, but the Secretary does not have rulemaking authority to add or remove vaccines.

Given the uncertainty surrounding this process and the federal government's plans surrounding the VICP, it is necessary to take steps to preserve access to vaccines at the state level.

Vermont is not able to provide the full liability protections or the tax-based compensation assurances of the VICP. We are able to adopt liability protections for health care providers in order to preserve access to vaccines for patients. The tort system also continues to offer a pathway to compensation for those who may be injured by vaccines. In this way, we are able to preserve some of the access benefits and compensation protections of the VICP in Vermont regardless of what occurs at the federal level.

Only Vaccine Information Statements for vaccines covered by VICP currently include information about the VICP.

Currently, the federal government develops and distributes Vaccine Information Statements (VISs) for both routine and non-routine vaccines (<https://www.cdc.gov/vaccines/hcp/current-vis/index.html>). Only VISs for vaccines that are covered by VICP include any information about the process for seeking relief for a vaccine injury from the VICP.



Requiring additional information about the availability of relief for vaccine injuries may result in confusion and hinder access to immunizations.

- This requirement would be inconsistent with the current approach in existing VISs.
- Health care professionals should not be required to provide information about legal remedies for potential vaccine injuries prior to administering vaccines. They are not in a position to advise patients on liability and don't have knowledge about pursuing compensation for an injury. This is also not required for any other medical intervention provided by a health care professional. Requiring health care professionals to provide this information could create barriers to administering immunizations.
- Providing information that an immunization is not covered by VICP could be unnecessarily alarming and could inadvertently imply to individuals seeking immunizations that the risk of a serious adverse event is higher than it actually is.
- The goal of the liability protection in H. 545 is to provide assurances to providers that their practices and licenses will not be at risk for acting in accordance with evidence-based immunization recommendations from the Commissioner. This will enable Vermont to maintain access for individuals who want to receive immunizations and to support the highly effective and functional system for vaccine access that we have relied on for decades.

