



# **Ensuring Access to and Coverage for Routine, Preventive Immunizations**

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# 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.**

# Impacts of H. 545

- Vermont will have flexibility to follow vaccination schedules from CDC & ACIP and/or professional medical organizations like AAP, AAFP, ACOG
- Immunization Program will continue to purchase recommended vaccines at the lowest available cost and have flexibility to select the vendor
- Insurers will continue to cover recommended vaccines at no cost
- Pharmacists and pharmacy techs will be able to administer recommended vaccines
- Commissioner of Health will be able to issue a standing order that health care professionals can rely on to administer recommended vaccines
- Health care providers will have liability protection for administering recommended vaccines
- WILL NOT mandate vaccination

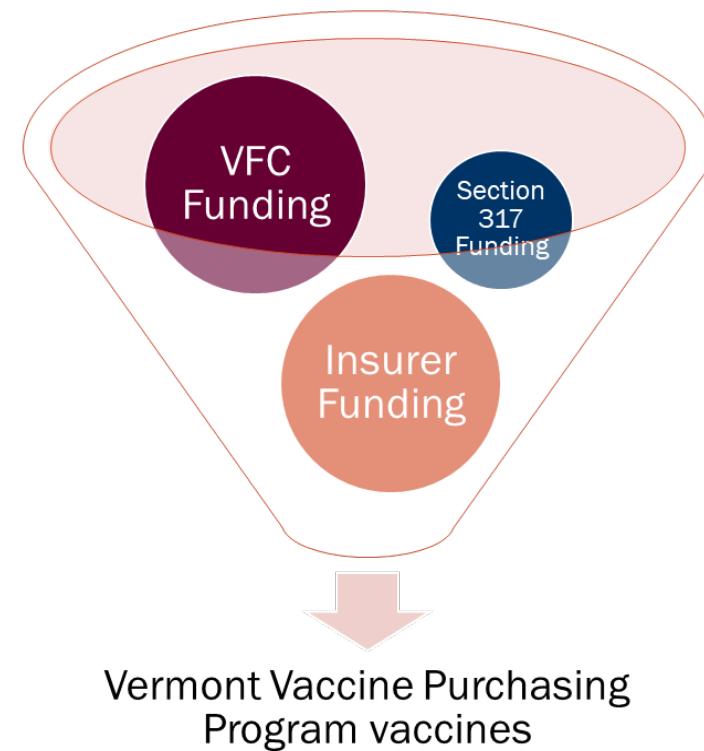
# Immunization Program

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

# Universal Vaccine Program

Vermont has a universal vaccine program, providing vaccines to enrolled providers at no cost for use with all patients birth through age 64, regardless of insurance status

- Made possible by the [Vermont Vaccine Purchasing Program](#) (VVPP)
- Feds and insurers pay into a fund (vaccine purchase and operational costs)
- Currently does not provide vaccines for patients 65+





# How the Vermont Immunization Program Communicates with Providers



Telephone Support &  
Compliance Site Visits

Vermont  
Immunization  
Program



Monthly Provider Update  
(Newsletter)



Emails



Webinars

## 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 (1<sup>st</sup> 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 statutory changes to get ahead of the sudden and unpredictable federal decisions
- Need clear and transparent process for issuing our own recommendations

[CDC Acts on Presidential Memorandum to Update Childhood Immunization Schedule | HHS.gov](#)

**New HHS Childhood Immunization Schedule**  
(released January 5, 2026)

**Recommended for All Children**

- Diphtheria
- Tetanus
- Acellular pertussis (whooping cough)
- Haemophilus influenzae type b (Hib)
- Pneumococcal conjugate
- Polio
- Measles
- Mumps
- Rubella
- Human papillomavirus (HPV)
- Varicella (chickenpox)

**Recommended for Certain High-Risk Groups or Populations**

- RSV\*
- Hepatitis A
- Hepatitis B
- Meningococcal

\*Note: any children whose mother did not have the vaccine should get one dose

**Recommended Based on Shared Clinical Decision-Making**

- Rotavirus
- COVID-19
- Influenza
- Hepatitis A
- Hepatitis B
- Meningococcal

 Your Local Epidemiologist

 Common Health Coalition

# **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

# 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

## Example – Potential Changes to the Vaccine Injury Compensation Program (VICP)

- Risk that the structure or components of the VICP could change soon, including:
  - Removal or addition of immunizations
  - Changes in injuries and the Vaccine Injury Table
- Potential that immunization covered by VICP may be different than those recommended by the Commissioner
- Need for Vermont to replicate the liability protections for providers in order to preserve access

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# 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!

