

MEMORANDUM

TO: Senator Ginny Lyons,  
Chair, Senate Committee on Health and Welfare

FROM: Ms. Alex McCracken  
Director of Communications and Legislative Affairs,  
Department of Vermont Health Access (DVHA)

DATE: April 17, 2026

SUBJECT: DVHA Concerns Regarding Proposed HIV Medication Amendment in H.611

---

Chair Lyons,

Thank you for the opportunity to testify regarding the proposed amendment to H.611. This language would require insurers, including Medicaid, to provide additional coverage for HIV prevention and treatment medication, with no cost sharing. Respectfully, the Department of Vermont Health Access (DVHA) would request, if the Committee wishes to move forward with this amendment, that the language be changed to exclude Medicaid.

There are a number of reasons for the Department's position. Vermont Medicaid already covers a brand or generic formulation of every available PrEP and PEP medication without prior authorization (including long acting injectables). Many HIV treatment drugs are covered and available without prior authorization or step therapy. Additionally, HIV PrEP drugs do not carry a copay for Vermont Medicaid members.

It is important to also reinforce that this change would result in a significant fiscal impact. DVHA is working to determine the estimated cost. This impact is due in part to increased utilization, but largely due to the loss of DVHA's ability to manage the class for the lowest net cost to Medicaid, which allows us to capitalize on rebates.

The way that DVHA Pharmacy currently manages this class of medication allows Vermont Medicaid to collect supplemental rebates. Medicaid has a duty to provide quality care in a fiscally responsible way. Currently, this category is brought to DVHA's Drug Utilization Review



Board (DURB) for review a minimum of every two years and typically more frequently than that.

Additionally, it is worth noting, in the context of increased Federal interest in (and scrutiny of) Medicaid program integrity, HIV medications are often a target for Medicaid fraud, in part due to the high reimbursement amounts.

DVHA is also concerned that the inclusion of this language in our technical housekeeping bill could jeopardize the movement of H.611 through the legislative process. This amendment would require a stop in Appropriations that would otherwise be unnecessary, and we want to ensure that the important elements in Sections 1-9 of this bill (such as Medicaid coverage for doula services, burial fund eligibility limits, and reducing administrative burden on DVHA staff) do not get delayed in a fiscal detour.

Finally, as other witnesses have noted, the current proposed language regarding providers' authority to prescribe and dispense these medications is problematic. This language is simply not workable for DVHA as written, as CMS requires all providers be enrolled with Medicaid.

It is the position and recommendation of the Department that, if the committee wishes to move forward with this amendment, Medicaid be excluded from the language. DVHA can be open to a report on fiscal impact and a continuation of this discussion during the 2027 session.