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April 8, 2026

Senator Virginia Lyons, Chair
Vermont Senate Committee on Health and Welfare
155 State Street
Montpelier, VT 05602

RE: Office of the Health Care Advocate Testimony in Favor of Amending H.611 to Protect Coverage of and Expand Access to PrEP and PEP

Dear Chair Lyons and Members of the Committee:

My name is Charles Becker, and I am a staff attorney with the Office of the Health Care Advocate (HCA). Thank you for the opportunity to submit testimony regarding the HIV prevention protocols known as PrEP and PEP, and the proposed amendment to H.611 brought forward by Vermont's AIDS Services Organizations.

The HCA supports the two central aims of the proposed amendment: first, protecting coverage of PrEP and PEP under Vermont law; and second, expanding access to PrEP and PEP by authorizing pharmacists to prescribe and administer them, together with related services. In our view, both goals are sound public health policy, and both would help reduce barriers to effective HIV prevention.

By way of context, it is worth remembering how dramatically HIV prevention and treatment have evolved. For many people—particularly gay men who lived through the 1980s, 1990s, and early 2000s—HIV/AIDS was once associated with profound fear, stigma, and, too often, death. Over time, however, a series of scientific and medical breakthroughs transformed HIV from what was once widely understood as a fatal diagnosis into a manageable chronic condition. The development of antiretroviral therapy, the expansion of treatment access in the United States and globally, and the success of public health initiatives such as PEPFAR have saved millions of lives.[1]

[1] HIV.gov, PEPFAR, https://www.hiv.gov/federal-response/pepfar-global-aids/pepfar.

Our understanding of HIV prevention has advanced as well. It is now well established that a person living with HIV who is on effective treatment and has an undetectable viral load cannot transmit HIV through sex.[2] This principle—often referred to as U=U, or "undetectable equals untransmittable"—marked a major shift in both science and public understanding. Equally important, we now have highly effective drug-based prevention tools. PrEP, or pre-exposure prophylaxis, allows a person at increased risk of acquiring HIV to prevent infection before exposure. PEP, or post-exposure prophylaxis, allows a person to prevent infection after a potential exposure, provided it is started promptly. These interventions are safe, effective, and central to modern HIV prevention efforts.[3]

For that reason, access matters. If Vermont is serious about reducing new HIV infections, people must be able to obtain PrEP and PEP easily, quickly, and without unnecessary barriers. That is especially true for PEP, which must be started within 72 hours of a potential exposure. The proposed amendment is important because it addresses access in two distinct and complementary ways.

I. Protecting coverage of PrEP and PEP under Vermont law

Under the Affordable Care Act, with limited exceptions, health plans and insurers must cover certain preventive services without cost-sharing. That requirement applies to both state-regulated plans and many plans regulated federally under ERISA. The ACA's preventive services mandate incorporates, among other things, the "A" and "B" recommendations of the United States Preventive Services Task Force (USPSTF). Those recommendations include familiar preventive services such as screening colonoscopies and mammograms, as well as preventive medications such as statins for certain individuals at risk of cardiovascular disease.[4]

PrEP falls within that framework. PrEP is a USPSTF "A" recommended preventive service for individuals at increased risk of acquiring HIV, and it is therefore subject

[2] Centers for Disease Control, Undetectable = Untransmittable (Aug. 19, 2024), https://www.cdc.gov/global-hiv-tb/php/our-approach/undetectable-untransmittable.html.
[3] NASTAD, PrEP and PEP, https://nastad.org/issues/prep.
[4] CMS.gov, Background: The Affordable Care Act's New Rules on Preventive Care (Jul. 14, 2010), https://www.cms.gov/cciio/resources/fact-sheets-and-faqs/preventive-care-background.

to the ACA's zero-cost-share coverage requirement.[5] When taken as directed, PrEP is highly effective at preventing HIV infection through sex.

PEP is different. PEP is a highly effective and well-established HIV prevention intervention, but it is used in response to a potential exposure and must be started within a narrow time window. For that reason, it is not the same as PrEP for purposes of the federal preventive services mandate. Even so, there is a strong public health rationale for protecting PEP coverage under state law alongside PrEP.[6]

In short, federal law clearly requires zero-cost-share coverage of PrEP and the related preventive services that accompany it. Vermont law already protects the USPSTF "A" and "B" recommendations more generally.[7] The proposed amendment would go further by expressly protecting both PrEP and PEP in Vermont law, without relying solely on the federal preventive-services framework. The HCA supports that additional protection.

II. Expanding access through pharmacist prescribing authority

The second major component of the proposal would expand pharmacists' scope of practice to include prescribing and administering PrEP and PEP, along with related services. The HCA supports that goal as well.

Pharmacists are among the most accessible health care providers in many communities, and often are easier to reach than a primary care provider. They are already highly trained medication experts. They already provide time-sensitive clinical services. The protocols governing PrEP and PEP are standardized and well established. Other states have already taken this step and have shown that pharmacist prescribing of PrEP and PEP can be implemented safely.[8]

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[5] U.S. Preventive Services Task Force, Final Recommendation Statement, Prevention of Acquisition of HIV: Preexposure Prophylaxis (Aug. 22, 2023), https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-human-immunodeficiency-virus-hiv-infection-pre-exposure-prophylaxis.

[6] CDC.gov, Preventing HIV with PEP, https://www.cdc.gov/hiv/prevention/pep.html.

[7] 8 V.S.A. § 4042(b)(4); 33 V.S.A. § 1811(d)(5)

[8] NASTAD, Pharmacist Authority to Initiate PrEP & PEP and Participate in Collaborative Practice Agreements, https://nastad.org/sites/default/files/2023-08/PDF-Pharmacist-Authority-Initiate-PrEP-PEP.pdf.

This matters in practical terms. A person seeking PEP does not have the luxury of delay. Because PEP must be started within 72 hours of a potential exposure, access barriers can directly undermine the effectiveness of the intervention. Allowing pharmacists to prescribe PrEP and PEP would not replace primary care. Rather, it would create an additional, lower-barrier access point for highly effective preventive care.

If Vermont chooses to authorize pharmacists to provide these services, the statutory language should also clearly address reimbursement for pharmacist clinical services related to PrEP and PEP. That point is important not only as a matter of fairness, but as a matter of implementation. Other states have learned that simply granting pharmacists authority to prescribe PrEP and PEP is not enough if payment mechanisms are not addressed at the same time.[9] If pharmacists are authorized to furnish these services but are not reimbursed for doing so, the practical access gains the Legislature is seeking may not fully materialize. Put simply, pharmacist prescribing authority will work best if accompanied by clear reimbursement requirements.

III. Recommendations regarding the proposed language

With respect to the language currently before the Committee, the HCA offers three observations.

First, the proposal appears to do the core work of protecting coverage of PrEP and PEP without cost-sharing quite well. The HCA supports that aspect of the amendment. Locating that protection appropriately within Vermont's statutory framework and harmonizing it with existing law should be manageable.

Second, if the Committee intends also to authorize pharmacists to prescribe and administer PrEP and PEP, that portion of the amendment likely requires additional refinement. The Office of Professional Regulation would likely have useful input on where and how such authority should be placed in Title 26, including how it should fit within Vermont's existing clinical pharmacy framework.

Third, the Committee should ensure that the statutory language clearly addresses reimbursement for pharmacist clinical services related to PrEP and PEP. That issue is essential if the pharmacist-access component of the proposal is to function effectively in practice.

[9] Id. at 19.

IV. Conclusion

The HCA views this proposal as a strong and worthwhile effort, particularly with respect to protecting PrEP and PEP coverage under Vermont law. If the Legislature also wishes to use this opportunity to expand access meaningfully through pharmacist prescribing authority, then the scope-of-practice and reimbursement provisions deserve some additional attention.

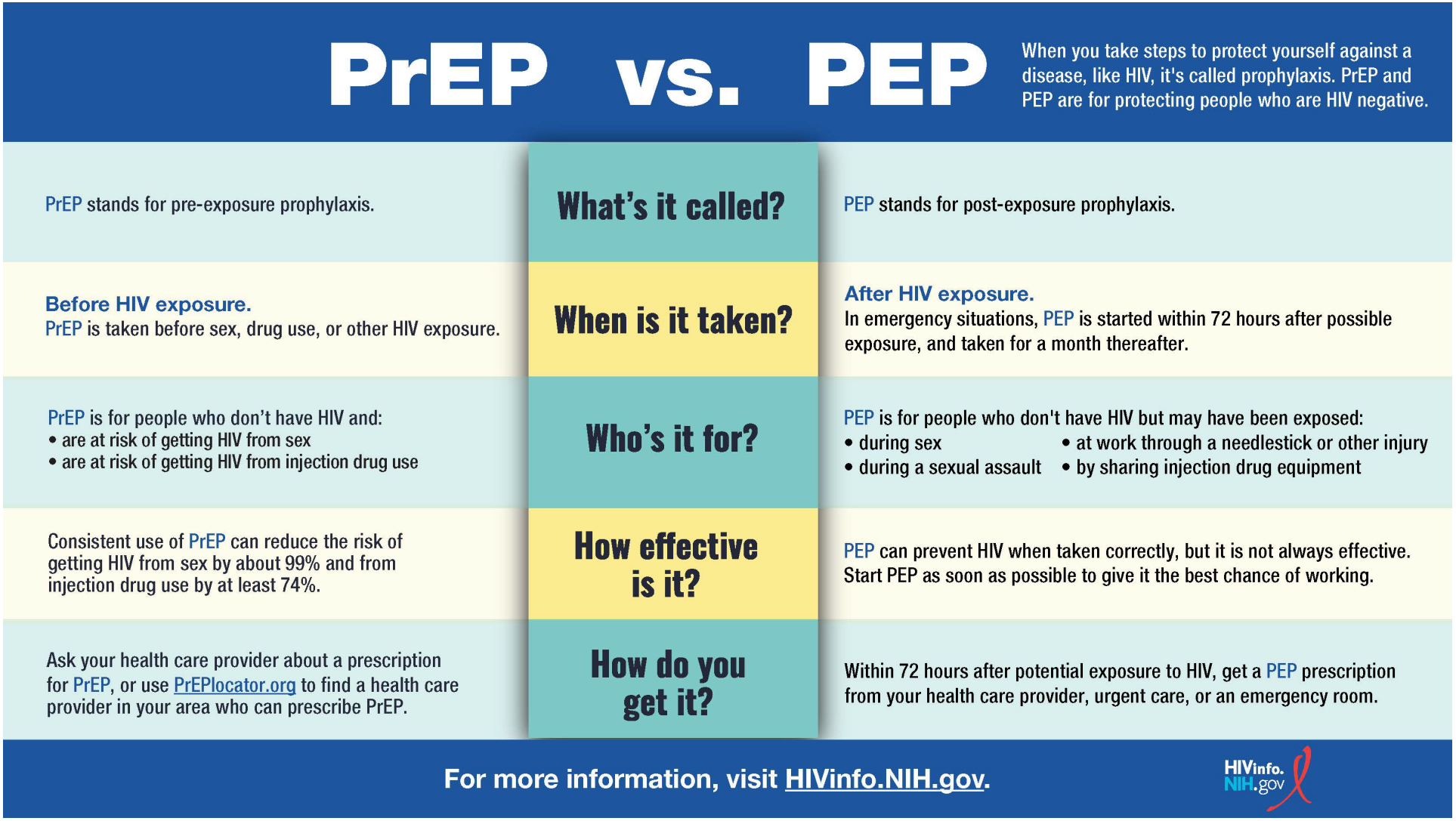
This is the kind of targeted, high-impact policy change Vermont should be considering—one that lowers barriers, improves access, advances public health, and moves us closer to the very real goal of ending the HIV epidemic.

Thank you for your consideration of this testimony.

Sincerely,

/s/ Charles Becker
Staff Attorney
Office of the Health Care Advocate

Figure 1: Side-by-Side Comarison of PrEP and PEP



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