



State of Vermont
Department of Financial Regulation
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VIA ELECTRONIC MAIL

April 8, 2026

Sen. Virginia Lyons, Chair
Senate Committee on Health and Welfare
Vermont State House
115 State Street
Montpelier, VT 05633-5301

Dear Senator Lyons and Committee Members:

The Department of Financial Regulation (Department) submits the following written testimony concerning H.611, *An act relating to miscellaneous provisions affecting the Department of Health Access*, as a supplement to the Department's in-person testimony on April 8, 2026.

The Department testified about a proposed amendment to H.611 advanced by Laura Byrne of the HIV/HCV Resource Center that would require health insurers to cover HIV preexposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and "supportive health services" without member cost-sharing or utilization review. The Department joined other stakeholders to express support for continued insurance coverage of preventative health services to address HIV. The Department also raised two substantive issues with proposed amendment for the Committee's consideration:

First, the proposed amendment defines the terms "health insurer" and "health insurance plans" by reference to 18 V.S.A. § 9402. The Department would prefer that such definitions refer to 8 V.S.A. § 4011, which was adopted in Act 11 of 2025 and applies consistently throughout 8 V.S.A. Chapter 107.

Second, the proposed amendment would mandate insurance coverage of HIV preventive health services that goes beyond what is currently required under state and federal law. Under 42 U.S.C. § 300gg-13(a)(1), 8 V.S.A. § 4042(b)(4)(A)(i), and 33 V.S.A. § 1811(d)(5)(A)(i), insurers are required to cover services that have an A or B rating in the current recommendations of the U.S. Preventive Services Task Force (USPSTF) without member cost-sharing. The only service



mandated in the proposed amendment that currently has an A or B rating from USPSTF is HIV PrEP.¹

Federal law, 45 C.F.R. § 155.170, requires states to defray the cost of state-mandated benefits that are in addition to the Essential Health Benefits (EHB) described in state EHB benchmark plans, such as preventative services, by making payments to consumers or to qualified health plan (QHP) issuers on behalf of consumers. Thus, the state would likely have to defray the cost for items and services in the proposed amendment, like PEP and supportive health services, that are outside the scope of the preventative services mandate.

Moreover, in its proposed Notice of Benefit and Payment Parameters for Plan Year 2027 (2027 Payment Notice), the federal Department of Health and Human Services (HHS) signaled its intent to require that states defray the cost of any benefits required by state action taking place after December 31, 2011, even if incorporated into the state's Essential Health Benefits (EHB) benchmark plan.² If the 2027 Payment Notice is finalized as proposed, the state would be required to defray the entire cost of the proposed amendment.

Please let me know if you have any additional questions.

Thank you,

/s/ E. Sebastian Arduengo

E. Sebastian Arduengo (he/him)
Director of Health Insurance Regulation

cc:
Jennifer Carbee, Legislative Counsel

¹ See U.S. Preventive Services Task Force, Preexposure Prophylaxis to Prevent Acquisition of HIV US Preventive Services Task Force Recommendation Statement, JAMA. 2023;330(8):736-745.

² 91 F.R. 6333-4.

