

Dear Representative Wood and House Committee,

I am writing as a Vermont nurse and health journalist with concerns about HB 545, particularly as the House Committee on Human Services begins testimony today. I want to start with a threshold question that deserves serious consideration before this bill advances: **Is it legally appropriate for the Legislature to vest this level of binding policy authority in a single executive office, especially when the consequences extend across clinical care, insurance coverage, and liability?**

Even if well-intentioned, this structure raises due-process and separation-of-powers concerns that warrant caution rather than speed.

My concerns are not abstract. They are practical, clinical, and rooted in how care is actually delivered.

Key concerns raised by HB 545:

- **Centralization of authority:** The bill effectively ties clinical standards, financial obligations, and liability protections to recommendations issued by one executive official. Even with consultation requirements, this creates a single point of policy control and increases vulnerability to politicization, rapid shifts, and public mistrust.
- **Context matters:** HB 545 appears to operate as a state-level reinforcement of childhood vaccine rules at a moment when federal policy is in flux. When public-health authority is expanded quickly in response to federal reversals, it heightens the need for transparency, guardrails, and deliberation, not consolidation.
- **Informed consent in real-world settings:** Standing orders may be legal, but in high-volume environments, they compress time for meaningful screening and consent conversations. As a nurse, I am deeply concerned about how this affects patients with complex histories, prior adverse reactions, or legitimate questions that require time and nuance.
- **Accountability and trust:** Broad liability immunity, even with a gross-negligence exception, risks being perceived by patients as insulating the system from accountability after adverse events. Nurses are often left managing the emotional and clinical aftermath, even when responsibility is diffuse.
- **Recommendations functioning as de facto mandates:** When insurer coverage without cost-sharing is automatically triggered by an executive recommendation, those recommendations carry real coercive weight in practice. This blurs the line between guidance and obligation, regardless of intent.

Taken together, these features may streamline delivery, but they also risk eroding trust, precisely at a time when trust is most needed. Public health depends not just on access and efficiency, but on consent, transparency, and credibility at the bedside.

Given the timing of today's testimony, I urge you to slow this process and consider whether HB 545, as written, strikes the right balance between public-health goals and individual rights.

Respectfully,
Sheramy Tsai, BSN, RN
Vermont