The Vermont Medical Society supports S.220 as passed the Senate, specifically Sections 11 and 16 regarding pharmacist prescribing and review of regulatory laws.

The Vermont Medical Society, on behalf of our 2400 physician and physician assistant members, has been engaged since last fall in a robust set of stakeholder meetings and conversations regarding pharmacist prescribing authority in Vermont. VMS, as well as our primary care partners at the American Academy of Pediatrics Vermont Chapter and Vermont Academy of Family Physicians took part in stakeholder meetings with OPR and the Board of Pharmacy over the fall and has been engaged in providing feedback on the legislative proposal throughout the session.

In particular, VMS is supportive of:

- The approach in the bill that requires state protocols for prescribing to be approved by the Commissioner of Health after public comment
- The statutory list of possible state protocols, limited to: opioid agonists, epinephrine auto-injectors; tobacco cessation products; tuberculin purified protein derivative products; hormonal contraceptives; dietary fluoride; influenza vaccines and emergency prescribing of albuterol or glucagon
- Prescribing of accessory devices
- Pharmacist-authorized drug substitution, under certain circumstances
- Short-term extensions of prescriptions, not to exceed a 5-day supply

Based on feedback from our members, especially those in primary care, VMS believes that this bill strikes the appropriate balance between safe prescribing and increasing patient access to important services and medications.

VMS is also very supportive of Section 16 of S. 220, which requires OPR to perform an assessment of any bill or direct request from a profession to materially amend the scope of practice for a regulated profession. As this Committee is well aware, legislative proposals to change the scope of practice of health care professionals often take significant legislative time weighing impassioned arguments from all professionals involved. VMS believes it would benefit both the professions and legislators to have an assessment of the implications of expanding a scope of practice before the issue is brought to the legislature. As directed by the legislature last session, OPR conducted such an assessment of optometry practice last fall, resulting in a thorough, well-researched report to guide future discussions.

We hope that the Committee will continue to move the bill forward. I would be happy to answer any questions from Committee members.