



To: Chair Ruth Hardy and Members of the Senate Committee on Government Operations  
From: Stephanie Winters, Vermont Medical Society, [swinters@vtmd.org](mailto:swinters@vtmd.org)  
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Thank you for allowing me to testify today on H.305. My name is Stephanie Winters, and I am the Deputy Director of the Vermont Medical Society. The VMS is the administrative home for a number of specialty societies so you may see me on different issues wearing different hats, but today I am here to testify on behalf of the Vermont Medical Society as well as the Vermont State Association of Osteopathic Physicians and Surgeons (VSAOPS) for which I serve as the executive director.

First, I want to thank the Office of Professional Regulation and the Board of Pharmacy for seeking our feedback and including us as a stakeholder in the review of the protocols already in place for pharmacists. The process has been thorough and provided important opportunities to work collaboratively to ensure both patient safety and increased access to care.

Today I will mostly comment on the pharmacy section and possible amendments, but would also like to touch on the section relating to Osteopathy.

The proposed change for Osteopathy would remove the requirement for osteopathic physicians to get 40 percent or 12 hours of “osteopathic specific” medical education every 2 years. The Vermont Osteopathic Physicians strongly supports this change. Osteopathic Physicians or DOs have equivalent training to MDs and in most cases practice in the same way. The requirement to have osteopathic specific education was arbitrary at best and did not necessarily provide osteopathic specific information. For example, VSAOPS provides education each year to Vermont osteopathic physicians. We apply for continuing medical education through the American Osteopathic Association, which requires a certain number of Osteopaths be presenters, but does not have a requirement regarding specific content matter. So this would be considered osteopathic specific, not because of the material or information.

In the next section on pharmacy, the Vermont Medical Society supports the creation of a protocol for pharmacists to prescribe subcutaneous depot medroxyprogesterone acetate (Depo Provera). VMS suggested this addition to the Board of Pharmacy in our March 2021 comments during the “self-administered hormonal contraceptive” protocol drafting. Depo Provera is safe and effective and we support any instance where we can safely remove barriers to accessing contraception.

Since this is already current practice in some pharmacies, VMS also supports the creation of a protocol for pharmacists to administer vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP) and administered consistently with the ACIP-approved immunizations schedules for patients 18 years of age or older. We look forward to continuing to be involved in the protocol process and providing feedback.

As you heard from Deputy Secretary Hibbert, we have had some cafeteria and hallway discussions regarding vaccination for patients 5 years of age or older for influenza vaccine, vaccines for SARS CoV, and successor or combination vaccinations. We appreciate these discussions and do not oppose this proposal. We are also happy to participate in future conversations regarding vaccination and other pharmacy related services.

Again, thank you for allowing me to testify and I am happy to answer any questions.