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January 23, 2026

To: Hon. Matthew Birong, Chair
House Committee on Government Operations and Military Affairs

From: Lauren Hibbert, Deputy Secretary of State
Jennifer Colin, Director, Office of Professional Regulation
Kris Bowdish, Deputy Chief Investigator, Office of Professional Regulation
Derek Everett, Chief Inspector, Office of Professional Regulation
Emily Tredeau, Staff Attorney, Office of Professional Regulation
Carrie Phillips, Executive Officer of Vermont Board of Pharmacy, Office of Professional Regulation

Re: H.588, An act relating to professions and occupations regulated by the Office of Professional Regulation

Thank you for the opportunity to provide supplemental testimony in support of H.588, this year's OPR Bill. As you heard in our testimony on January 16th, the bill contains revisions to OPR's general statutes in Title 3, as well as various diverse professions in Title 26, including Dental Practitioners, Massage Establishments, Midwives, Pharmacy, Funeral Practitioners, and Psychologists.

Today we have gathered OPR staff who have significant experience in the regulation of these various professions. We also have with us additional people who will join us in testifying about Midwives and Pharmacy.

Limited Academic Dental License (Sec. 6 and 7)

OPR Staff Attorney Emily Tredeau worked on this new dentist credential with the Vermont State Dental Society (VSDS), University of Detroit Mercy School of Dentistry, and the Vermont Board of Dental Examiners.

We requested the appearance of Executive Director of the Vermont State Dental Society (VSDS), Patrick Gallivan for today's testimony. We understand that the Committee will hear from him today. If you have additional questions Emily is here and available.

Massage Establishment Registration (Sec. 8 and 9)

Since 2021, and on OPR's recommendation, Vermont has regulated massage therapists, bodyworkers, and touch professionals through registration. This means that everyone practicing this profession must register with the state, but no qualifications are required. The purpose of this type of regulation is to give OPR the ability to remove bad actors from the marketplace while leaving others free to work. We explained in [2021](#) and [2024 reports](#) that registration, rather than qualifications-based licensure, is the right-size approach to regulate this profession in accordance with our public protection mandate in Title 26, Chapter 57.

H.588 would not change the regulation of individual practitioners. Along with individuals, OPR regulates a number of physical locations where certain professions are practiced, such as tattoo shops, barber shops, electrology shops, funeral homes, and pharmacies. H.588 would add to this list massage establishments.

The purpose of this regulation is not to create quality standards for massage establishments. Rather, the purpose of the regulation is to strengthen public protection in the fight against human trafficking. We did contact The Ishtar Collective to let them know the Committee may be interested in hearing more from their anti-human trafficking organization regarding this new Establishment regulation in H.588.

Testimony of Deputy Chief Investigator Kris Bowdish

Since OPR began regulating the profession of massage therapists, bodyworkers, and touch professionals in April 1, 2021, OPR has received 102 complaints, and 19 of these complaints have resulted in discipline.

- 22 of the complaints alleged human trafficking;
- 29 alleged sexual misconduct, or some type of personal boundary violations or grooming behavior; and
- Approximately 40 complaints alleged unauthorized practice.

As an investigator with OPR and a Law Enforcement Officer, I have seen that the current regulation of massage therapists has positive outcomes when we receive a complaint involving alleged sexual misconduct on the part of the registered, or unregistered, massage therapist. In these cases, OPR has been able to protect the public by removing the suspects' ability to be registered or denying the suspect's ability to become registered.

When our office receives complaints alleging human trafficking activity in massage establishments, the ability to protect the public has not been as successful. We have received reports of licensed and unlicensed people engaging in unprofessional conduct as a result of force, threat, or coercion by their traffickers. As it stands, our only regulatory authority is to take action against those who are already being victimized and trafficked. OPR does not want to take enforcement action against people who are already being victimized and trafficked.

As an investigator with OPR and a Law Enforcement Officer, it has become clear that adding Massage Establishment Registration requirements will be a valuable tool in the fight against human trafficking.

While there are criminal statutes prohibiting human trafficking, these statutes are difficult to enforce and there have been very few criminal cases in Vermont. The addition of Massage Establishment Registration requirements will give OPR the ability to make a dent in combatting human trafficking that is already happening in many of Vermont's massage establishments. OPR has received complaints alleging sexual conduct and human trafficking in every corner of the state and every county in Vermont.

The addition of Massage Establishment Registration requirements will give OPR and Law Enforcement a few more tools in their toolbox:

- OPR will have the ability to inspect an establishment; this will greatly improve the ability of investigators to observe indicators of human trafficking.
- OPR will gather information about the owner(s) of the establishment and these owners will be held responsible for the conduct of the people working at the establishment.
- OPR will have the ability to prosecute, discipline, and close these establishments for the actions of its employees when they engage in sexual conduct with clients.

In every training I have attended about combatting human trafficking, there is a discussion about how hard it is to fight this illegal enterprise. It is my understanding that many states in the country are actively taking measures to tackle human trafficking and I am proud to see that Vermont is also joining this fight.

Midwives (Sec. 10)

H.588 includes three changes related to midwife licensing.

One change is necessary to protect the public. The only qualification for initial midwife licensing is certification by the North American Registry of Midwives (NARM). NARM has rigorous standards for training, continuing education, and ongoing peer reviews. NARM certification is such a signal of professional competence that the General Assembly has

made it the only requirement for licensure. Recently, OPR received a ruling from an administrative judge that midwives do not need to maintain their NARM certification because the statute does not expressly state that ongoing certification is required. The bill would make that requirement, which we think the statute implies, explicit.

Two other changes would help streamline OPR's regulatory operations. The midwives statute currently requires OPR to maintain two separate advisory bodies—the Midwives Advisory Board and the Midwives Advisory Committee. This creates extra work for staff without added value because everything the Committee advises about is also within the authority of the Advisory Board. OPR has also experienced trouble finding enough professionals to fill these seats. The bill would eliminate the Advisory Committee and leave us with a single Advisory Board, like we have for every other advisor profession.

Finally, the bill would allow OPR to revise and reduce burdensome data reporting requirements for practitioners. As written, the changed language would make the collection of individual practice data at the discretion of the Director. Midwives currently are required to collect and report data in exhaustive detail from each midwife about each client. Administrative Rule 3.9 requires all of the following data to be reported:

- (1) Client demographics.
- (2) Previous pregnancies.
- (3) Present pregnancy concerns.
- (4) Prenatal care.
- (5) Reasons why client stopped using midwife for primary care before labor at term began.
- (6) Reasons why home birth was not or could not have been initiated or was outside midwife's home birth protocol.
- (7) Intended and actual place of birth and gestational age.
- (8) Encouragement, induction, and augmentation.
- (9) Birth data.
- (10) Hospital or birth center procedures.
- (11) Transport from planned home or birth center birth.
- (12) Complications of labor and delivery.
- (13) Perineal, labial, cervical, and vaginal trauma.
- (14) Newborn data.
- (15) Immediate neonatal complications.
- (16) Infant's health problems in first six weeks.
- (17) Infant in hospital in first six weeks.
- (18) Infant died in first six weeks of life.
- (19) Client's health and stay in hospital.
- (20) Postpartum care, breastfeeding, and health by six weeks.

This data is very time-consuming for midwives to report for every single birth, and we would like the ability to reduce the burden of these reporting requirements. In addition, OPR is able to meet its public protection mission because the reporting of midwife-attended births when an adverse outcome occurs (such as death, severe morbidity for the baby or birthing individual, or transfer to a hospital) must also be reported to OPR through the peer review process. The peer review process can result in the filing of disciplinary charges by OPR if practice standards were not met.

H.588 would also allow OPR to designate another agency to engage in the collection of practice data. Currently, the data is collected for the Vermont Department of Health; however, there is also duplication for VDH, as outside of this data reporting process, VDH already receives birth certificates and reports of infant deaths. OPR and VDH have been exploring whether the individual practice data collection by OPR is useful for VDH or whether another entity would be better suited to collect it.

OPR asked the Committee to invite Katherine Bramhall, a licensed midwife and one of OPR's Advisors, to provide testimony on these proposed revisions.

Testimony of Midwife Katherine Bramhall

Pharmacy (Sec. 11 and 12)

H.588 includes revisions to the practice of clinical pharmacy and the authority of pharmacy technicians.

Testimony of Vermont Board of Pharmacy Executive Officer Carrie Phillips

Under current Vermont law, pharmacists can prescribe, and pharmacists and pharmacy technicians can administer, to ages 18 and up, only vaccines that are recommended by the CDC's Advisory Council on Immunization Practices (ACIP).

Vaccines are prescription drugs. When you go into a pharmacy and request a vaccine, it can be provided only if:

1. Your healthcare provider prescribed the vaccine for you;
2. The pharmacist prescribes the vaccine for you pursuant to State pharmacist prescribing protocol; or
3. The Commissioner of the Department of Health has issued a standing order allowing that specific vaccine to be administered to you.

When pharmacy immunization protocols were established, ACIP was the consistent, nationally recognized authority providing evidence-based vaccine recommendations. However, that is no longer true. Earlier this year, ACIP stopped recommending any vaccines for COVID to anyone under age 65, including pregnant persons, or measles-mumps-rubella-varicella (MMRV) for anyone. This had an immediate impact on Vermont. For COVID vaccines, OPR helped to mitigate this impact by updating the pharmacist prescribing protocol for COVID vaccines for ages 5 to 18 (not tied statutorily to ACIP) to all ages 5 years and up. VDH, concurrently, created a standing order for pharmacists to use to administer the COVID vaccine according to non-ACIP, evidence-based recommendations. However, we do not have that solution for other vaccines, for ages 18 and over, generally, because the underlying statute is tied to ACIP.

H.588 revisions to clinical pharmacy prescribing would solve this problem by removing references to ACIP from our pharmacy licensing statutes. Instead, pharmacists would be able to prescribe any immunization to patients over 18 that are approved by the Commissioner of Health as part of State protocols. This is essentially what they were doing before ACIP's recommendations changed, and it worked well. The new legislation allows the Commissioner to recommend immunizations based on those of both ACIP and other nationally recognized, non-ACIP health authorities.

Sec. 12. 26 V.S.A. § 2042a, Pharmacy Technicians; Qualifications for Registration. Along the same lines as the clinical pharmacy prescribing changes just referenced, the ability of pharmacy technicians to administer immunizations has been limited to ACIP-recommended vaccines. When ACIP recently changed its recommendations on the COVID vaccine, the authorization for pharmacy technicians to administer COVID vaccines disappeared immediately.

H.588 also eliminates the requirement that immunizations must be ACIP recommended for pharmacy technicians to administer them. H.588 does not change the requirements that pharmacy technicians may only administer immunizations pursuant to State protocol and when a licensed pharmacist is present and able to assist.

OPR asked the Committee to invite Jessica Schifano, Policy Director of the Vermont Department of Health, to provide additional context for the Committee regarding proposed changes to the Commissioner of Health's authority for making immunization recommendations.

Testimony of VDH Policy Director Jessica Schifano

Funeral Services (Sec. 13)

H.588 updates the definition of funeral services to include disposing of dead human bodies by cremation, alkaline hydrolysis, or natural organic reduction.

Testimony of Chief Inspector Derek Everett

In 2022, the General Assembly passed changes to the funeral statutes that included the processes of alkaline hydrolysis and natural organic reduction. At the time, those newly authorized processes were not explicitly added to the definition of the "practice of funeral service" in Title 26. Including specific references to these processes in the "practice of funeral service" definition will clear up any misunderstanding that funeral directors need an additional license to dispose of bodies using organic reduction and alkaline hydrolysis. When possible, OPR avoids requiring dual licensure to ensure administrative efficiency and avoid creating unnecessary barriers to practice.