

Dear Representative Black,

I'm writing because, in the face of reductions to Medicaid/Medicare already low reimbursements, independent practices like mine are struggling to provide care. We have had to turn away over 1000 patients in the last year because we cannot pay salaries that are competitive, and we are chronically short-staffed. With fees further reduced by 3.4% as of Jan 1, 2024, this problem is intensified. An adjustment to fees for inflation is needed or there is an effective further reduction of almost 5%.

The patients we have had to turn away are not finding doctors - one of the patients who started looking for a PCP last summer followed up with us again after calling every practice in Chittenden and Addison counties multiple times, over a 4 months period. (We ended up accepting this patient, who is on Medicaid, because their medical issues are so severe that they otherwise would likely need to move out of state to find care).

Situations like this only add to the burn out that is causing providers and staff across Vermont to leave the profession at an accelerating rate. And when we lose a provider, nurse, medical assistant or even an admin, we struggle to replace them because we cannot pay salaries that are competitive with the market. As a physician, I struggle with this - I work almost every day of the year, often 12+ hour days, and am making less salary than our RN's who have left to become visiting nurses.

In the face of high medical inflation (4.6% estimated by the 2024 Medicare Economic Index), for which we do NOT receive fee adjustments, I'm asking you to please support a 4.6% inflationary adjustment in your 2025 budget recommendations to Appropriations for the Medicaid RBRVS fee schedule. Without legislative action, medical practices will be left with a 3.4% reduction in fees (in real dollars), with an additional increase in costs of 4.6%.

As an aside in an issue that is closely related in its effect on health care in Vermont, may I say that I strongly support the current role and oversight that the Green Mountain Care Board provides. As UVM budgets have skyrocketed, I am increasingly (and now routinely) referring my patients elsewhere, frequently out of state. This is often because wait times for urgent and routine matters alike are so extreme. But increasingly patients are requesting to go "anywhere but UVM," both because they've had poor experiences there, and often because the costs are so high. The answer is not less oversight and more money: I worked at UVM for years and watched with some amazement at the

poor fiscal oversight and management decisions that increased expenses. The scrutiny and guard rails that the current Green Mountain Care Board are attempting to put in place are desperately needed.

Thank you for your consideration, and for your hard work and service!

Alex Graham, MD, MBA