

## Rebecca Buck

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**From:** Allan Ramsay <allan.m.ramsay@gmail.com>  
**Sent:** Thursday, March 15, 2018 8:29 PM  
**To:** Rebecca Buck  
**Subject:** Fwd: S.53 Universal Primary Care

Ms. Buck, Please add this email to the Appropriations Committee documents related to the S.53 Universal Primary Care bill.

Thank you,  
Allan Ramsay,MD

Sent from my iPad

Begin forwarded message:

**From:** Allan Ramsay <[allan.m.ramsay@gmail.com](mailto:allan.m.ramsay@gmail.com)>  
**Date:** March 15, 2018 at 8:23:24 AM EDT  
**To:** [jkitchel@leg.state.vt.us](mailto:jkitchel@leg.state.vt.us), [Anitka@leg.state.vt.us](mailto:Anitka@leg.state.vt.us), [rsears@leg.state.vt.us](mailto:rsears@leg.state.vt.us),  
[rstarr@leg.state.vt.us](mailto:rstarr@leg.state.vt.us), [rmccormack@leg.state.vt.us](mailto:rmccormack@leg.state.vt.us), [tashe@leg.state.vt.us](mailto:tashe@leg.state.vt.us),  
[Rawestman@gmail.com](mailto:Rawestman@gmail.com)  
**Cc:** Claire Ayer <[CAyer@leg.state.vt.us](mailto:CAyer@leg.state.vt.us)>  
**Subject:** **S.53 Universal Primary Care**

I am writing to express my support of **S.53, the Universal Primary Care bill**, which I understand will be debated in the Senate Appropriations Committee.

I have presented the evidence that supports this bill in the Senate Health and Welfare Committee on multiple occasions, those reports are available to you.

I have been a family physician in Vermont for 38 years. I work at the People's Health and Welfare Clinic in Barre, VT.

### **The reasons I support S.53 are the following:**

1) We have not controlled the growth in health care costs. The recent GMCB debate about how to manage the \$43m excess revenue acquired by the UVM Health Network during 2017 is an example. The UVMMC network hospitals argue they have no control over utilization and demographic trends therefore they are not accountable to Vermonters for this overage. They must be held accountable for things they can control and how they invest in the future.

The evidence is clear that the only way to control costs is by meaningful investment in primary care, mental health, and community based services. S.53 will require this investment by hospitals, payers, and accountable care organizations.

2) The legislature has proposed no other solutions to increase access to health care services for those who have no insurance or are underinsured. ACOs and the all-payer waiver do not increase access.

These are the Vermonters we see at the Peoples Clinic every week. Fewer Vermonters are covered by Medicaid this year than last and VHC enrollment will decline as the mandate goes away and premiums continue to rise. S.53 will give all Vermonters primary care and preventive health services without the burden of cost sharing. Are we really willing to tolerate 10% or 20% uninsured in Vermont? Just seven years ago we passed legislation that would have provided health care to everyone.

3) We are in the midst of a primary care workforce crisis. Clinicians are retiring or burned out due to administrative burdens. They are not being replaced. S.53 would recognize the value of primary care and demonstrate a statewide commitment to respecting the work done by primary care clinicians. There is survey information that suggests S.53 would lead to more interest in a primary care career and could potentially attract more primary care clinicians to our State.

There are many other reasons S.53 is good legislation and represents a small step toward the goal first recognized by Act 48.

Feel free to contact me if necessary.

Allan Ramsay, MD  
Medical Director, People's Health and Wellness Clinic  
Barre, Vermont