

VERMONT MEDICAL SOCIETY

To: Senate Committee on Health & Welfare
From: Jessa Barnard, VMS Vice President for Policy
Date: January 17, 2017
RE: VMS Introduction and 2017 Priorities

Thank you for providing the Vermont Medical Society with the opportunity to introduce to your Committee our organization and 2017 priorities. The VMS is the state's largest physician membership organization, representing over 2000 physicians, physician assistants and medical students across specialties and geographic location. We look forward to working with your Committee in the upcoming session.

VMS Policy Staff

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VMS Physician Leadership

President: Wendy Davis, MD (pediatrician, UVMMC)
President-elect: Mark Levine, MD (internal medicine, UVMMC) – recently appointed Commissioner of Health
Vice President: Trey Dobson, MD (emergency medicine, Chief Medical Officer, Southwestern Vermont Medical Center)

VMS Organization

- 2314 members (1731 MDs, 51 DOs, 72 PAs, 460 medical students)
 - o Total licensees in Vermont: 3338 actively-licensed MDs (by the Board of Medical Practice as of December 2016), 214 actively-licensed DOs (by the Secretary of State Office of Professional Regulation), 356 actively-licensed PAs (by the Board of Medical Practice as of December 2016). Note that VMS membership may also reflect those clinicians not actively-licensed in Vermont due to retirement, relocation, etc.
- Represents primary care and specialists and all employer-types (hospital employed, FQHC, independent practice)
- Administrative home for specialty societies: Pediatrics, Family Practice, Internal Medicine, Ophthalmology, Orthopedics, Psychiatry, Anesthesiology, Surgeons, Orthopedics
- Runs Vermont Practitioner Health Program under contract with Board of Medical Practice
- VMS Education and Research Foundation: independent 501(c)(3) that supports education, improvement and evaluation in the field of health

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2017 Priorities

- Health Reform – support coverage for patients and participation by physicians
 - o Monitoring implementation of the all payer model
 - o Monitoring federal funding, impact of changes to ACA
- Reduce administrative burdens in the practice of medicine
 - o Streamlining and making clinically meaningful prior authorizations, quality reporting measures, EHRs
 - o Gift Ban bill – aligning state and federal law
- Support evidence-based medicine and public health measures
 - o Opioid epidemic: increasing medication assisted therapy; assist in implementing VDH rules on opioid prescribing and VPMS, ensure rules reflect current evidence on appropriate prescribing
 - o Expect to participate in discussions surrounding medical and recreational marijuana; tobacco regulation; obesity initiatives; crib bumpers
- Ensuring a strong work force
 - o S. 14, expanding Vermont Practitioner Health Program to serve Board of Medical Practice licensees with mental health conditions
- Protecting the physician-patient relationship
 - o S. 3, addressing *Kuligoski* and clarifying a clinician’s duty to warn