GMCB Testimony on S.244
Senate Health & Welfare Committee
February 9, 2022

Audio-Only: It is important to have the same set of standards for all medical care to provide high quality and accessible care to Vermonters. The Board is supportive of telehealth in all forms and believes providers should be reimbursed appropriately. The importance of telehealth was also highlighted in the Rural Health Services Task Force Report and Workforce White Paper.

Primary Care: The 2020 Primary Care Spend Report submitted by the GMCB and DVHA found Vermont is at 8.9% for claims-based primary care spend and 10.2% if you add non-claims (2018 data). The Board does not have access to non-claims data and recommends the work done by SASH and Blueprint is included.

There are concerns in other states with higher percentages than 12%. For example, insurers are classifying primary care differently to hit target. Additionally, the definition of primary care is important, and a 12% target may not be the right target for Vermont. Vermont leads in Medicaid primary care spend, but less so on Medicare. Primary care spend in Medicare is generally low across the country since older patients utilize other areas of care more often than primary care.

An ongoing issue in health care is specialists not referring patients back to primary care providers when appropriate, in part due to the lack of primary care providers in the state. Creating a physician assistant program in Vermont would help the Vermont State Colleges and increase our primary care workforce.

GMCB does not have oversight over most primary care providers or FQHCs in Vermont. Currently, the Board does not review contracts between insurers and providers. The Payer Differential Study done years ago noted that independents doctors do not want to share their reimbursement levels.

Agreement with CMS: The Board is concerned about keeping this section in S.244 since the State of Vermont may not be able to successfully negotiate with CMS including built in increases for primary care reimbursement. Additionally, CMS has policies related to budget neutrality for Medicaid demonstration projects authorized under section 1115(a) of the Social Security Act. CMS will not approve a demonstrative project under section 1115(a) of the Act unless the project is expected to be budget neutral for the federal government.

Chief Clinical Officer of Primary Care: This staff position is not currently in the GMCB budget and would require additional funding. The language should clarify if this position would be created in session law or by a statutory change. Furthermore, this position should have a broader focus beyond primary care, such as quality.