

Public Comment on S.197 – Payment Reform for Primary Care Sara Headley, Founder, Mint Health, Waterbury, Vermont

We support this bill's direction and urge the Legislature to dive deeper in two areas:

1. **Access and quality are opposing forces:** primary care that improves health is built on trust, which takes time to build. Time means providers cannot see as many patients as possible, which decreases access. However, when providers are incentivized to dig deeper with patients, patient health improves dramatically. When payment reform rewards volume, it produces care that is technically accessible and practically unavailable when it really matters. Fee-for-service reimbursement has created the quantity over quality problem we're living with today.
2. **Taxpayers should not subsidize gaps that for-profit insurers have created.** Commercial insurers lack sufficient penalties for underpaying primary care and new practices like ours do not have the leverage to negotiate better rates. And while Blueprint's PMPM payments could help bridge the gap, there is a significant administrative burden to practices like ours to get certified. We ask the Legislature to consider *establishing a meaningful fee-for-service floor for for-profit insurers of 120% of Vermont Medicaid rates* before appropriating more money to bridge a gap that not all primary care organizations can access.

Health insurance does not pay providers to be available when their patients need them or to maintain a patient panel small enough to really know everyone. At Mint Health in Waterbury, we charge a membership fee starting at \$35 a month — ***less than 4% of the average Vermont Health Connect individual premium***. That fee is the only reason we can be genuinely available to our patients. We would waive it tomorrow if insurers were required to pay rates that reflected the actual cost of this care.

Thank you for your consideration and your continued focus on primary care.

In good health,

Sara Headley
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Independent Owner, Mint Health Primary Care
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