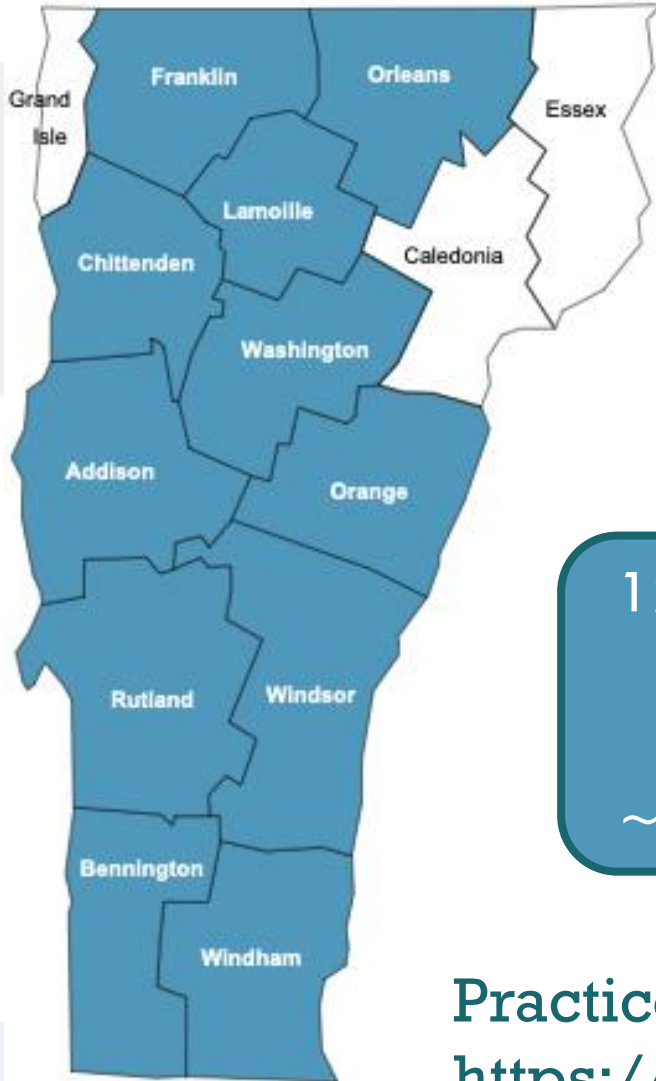




H.585 – An Act Relating to Health Insurance Reforms

Susan Ridzon – Executive Director
sr@vermonthealthfirst.org
January 27, 2026



66 primary & specialty care practices in 11 counties

21% Direct Care or Concierge

127 primary care clinicians caring for ~90,000 patients

108 specialists offering 25⁺ specialty care services

Practice directory:
<https://vermonthealthfirst.org/directory.php>



Site Neutral Billing: Strongly Support

1. Cost savings for patients & payers

- Lower patient out of pocket costs
- Reduces price variation for patients & payers
- Lower insurance premiums & healthcare spending
- DFR: “SNB provides the biggest dollar impact”

2. Helps to level a very uneven playing field

3. Reduces incentives for provider consolidation

4. Drives efficiency & quality

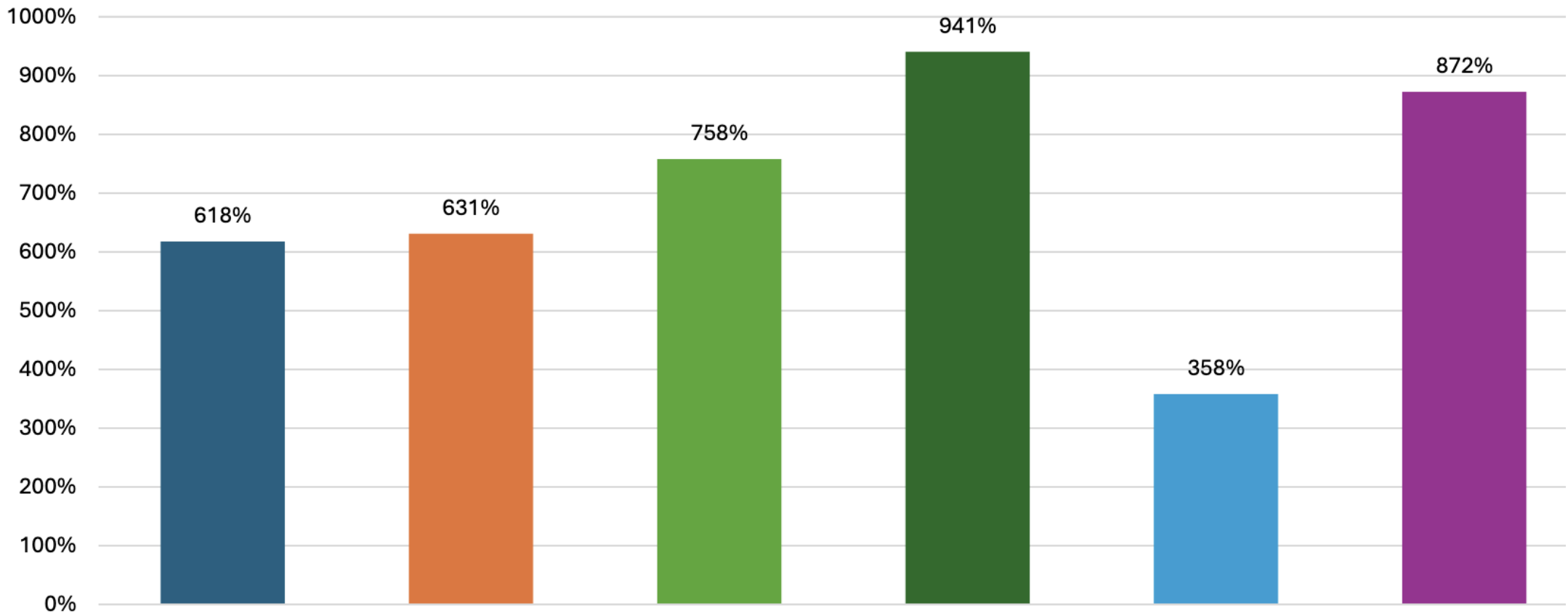
Site Neutral Billing Considerations

- Strongly recommend blended approach suggested by DFR
- Start small, gradually ramp up
- MedPAC provides guidance
- Pay hospitals adequately for services that **need** to be delivered in a hospital setting
- Consider other policy changes to promote more high value alternatives, e.g. CON changes, financial incentives or grants, sustainable reimbursement rates

Consider these comparisons of local costs:

As of October 1, 2025	UVMHC	Dartmouth	Northwestern Medical Center	Independent Facilities
MRI (outpatient + professional)	\$6,520 +3.6x	\$4,884 +2.7x	\$2,785 +1.5x	\$1,799
Colonoscopy (outpatient + professional)	\$5,609 +3x	\$3,626 +1.9x	\$2,062 +1.1x	\$1,865
Laboratory (outpatient OR professional)	\$117 +6.5x	\$98 +5.4x	\$60 +5.4x	\$18
Vaginal Delivery (Inpatient facility cost only)	\$17,373 +6x	\$12,471 +4.3x	\$5,150 +1.8x	\$2,870

OUTPATIENT HOSPITAL COSTS – LAB SERVICES



Vermont hospitals excluding CAH using 2024 claims data

OUTPATIENT HOSPITAL COSTS –
LAB SERVICES

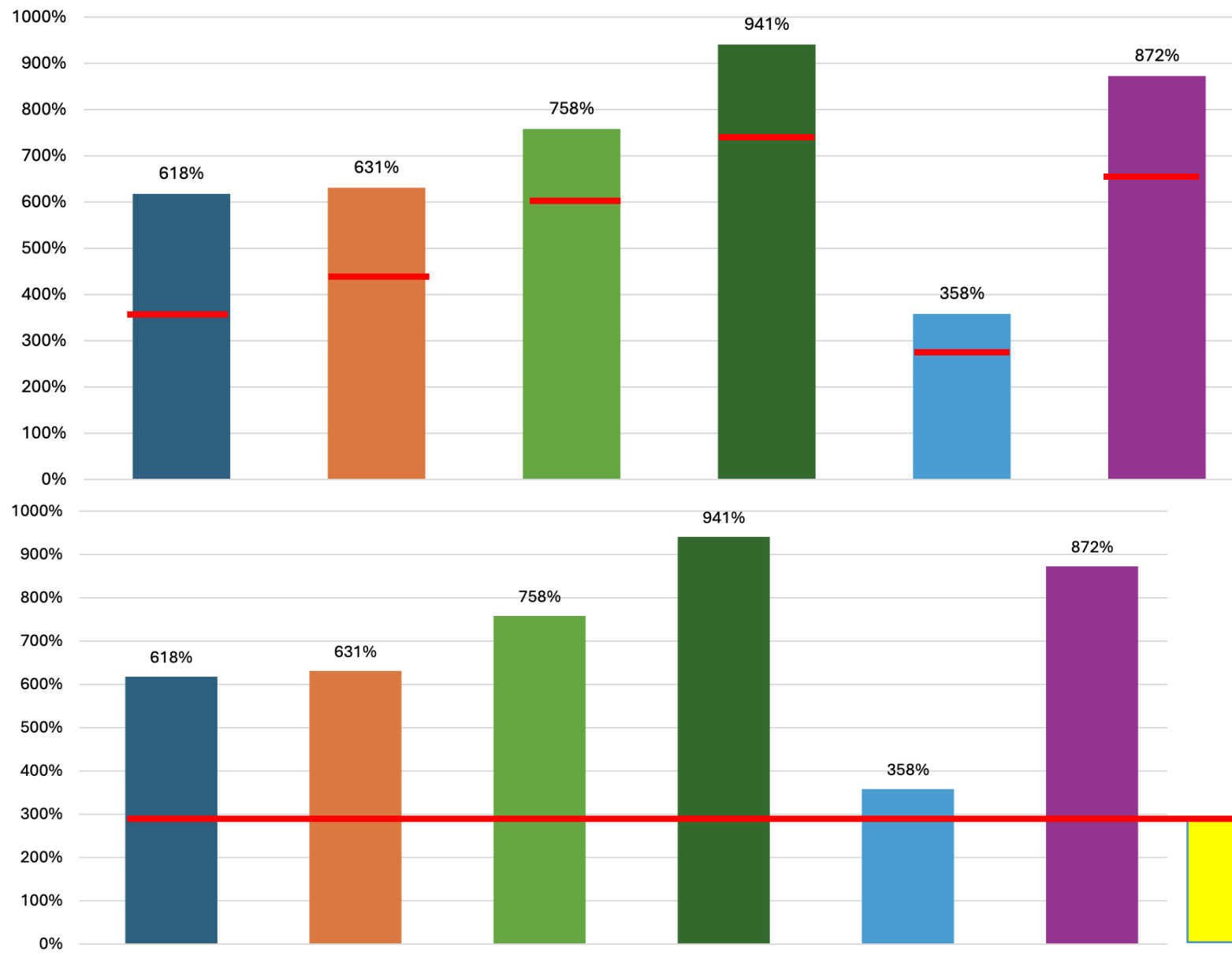
Red lines = demonstrates potential
effect of RBP

Yellow = non-hospital
provider

OUTPATIENT HOSPITAL COSTS –
LAB SERVICES

Red line = demonstrates potential
effect of site neutral billing

Vermont hospitals excluding CAH using 2024 claims data



Expanding Access to Association Health Plans: Support

- High health insurance premiums a primary threat
- More options needed
- AHP would be particularly useful if all health care entities in the state could combine into one large group.
- Appreciate the challenges/cautions:
 - Current federal AHP ambiguity
 - Potential to hasten QHP death spiral
 - Alternative: Small business subsidies or tax credits

Prior Authorizations

- Appreciate retaining exemption for independents
- Support retaining exemption for all primary care as outlined in Act 111
 - Act 111 needs time; advise keeping in place until we have more data from 2027 report
 - PA is a huge & costly burden for providers & patients
 - High percentage of PAs are ultimately approved