



To: Chair Black & House Health Care Committee  
From: Jessa Barnard, Vermont Medical Society, [jbarnard@vtmd.org](mailto:jbarnard@vtmd.org)  
Date: April 29, 2025  
RE: S. 126 Language Suggestions: Strengthening Primary Care

---

Thank you for taking testimony from primary care clinicians last Friday and for your interest in centering primary care in S.126. Below are language suggestions to increase the focus in S. 126 on strengthening Vermont's primary care services and workforce. The language would:

1. Increase the focus in the Statewide Health Care Delivery Plan on how the state can strengthen primary care, through both changes in care delivery and payment reform;
2. Create a subcommittee of the Health Care Delivery Advisory Committee of primary care clinicians, who must be consulted and advise on the elements of the Statewide Health Care Delivery Plan related to primary care;
3. Repeal the 2027 sunset on the [Medical Student Incentive Scholarship](#) at the Larner College of Medicine (this would only allow ongoing use of carryover funding – to continue to fund the program would require approximately \$500,000 in base appropriations); and
4. Allow use of carryover funding to continue the work of the [Blueprint for Health Mental Health Expansion Pilot](#) (this would only allow use of carryover funds – to continue to fund the program would require approximately \$1.385 million in GF).

The language does not address funding needed for the [Maple Mountain Consortium](#) Family Medicine Residency Program, which requires \$515,000 in GF for SFY2026.

**Suggested language is as follows:**

**Sec. 8. 18 V.S.A. § 9403 is added to read:**

**§ 9403. STATEWIDE HEALTH CARE DELIVERY PLAN**

(a) The Agency of Human Services, in collaboration with the Green Mountain Care Board, the Department of Financial Regulation, the Vermont Program for Quality in Health Care, the Office of the Health Care Advocate, the Health Care Delivery Advisory Committee and Primary Care Subcommittee established in section 9403a of this title, and other interested stakeholders, shall lead development of an integrated Statewide Health Care Delivery Plan as set forth in this section.

(b) The Plan shall:

- (1) Align with the principles for health care reform expressed in section 9371 of this title.

- (2) Promote access to high-quality, cost-effective acute care, primary care, chronic care, long-term care, and hospital-based, independent, and community-based services across Vermont.
- (3) Strive to make mental health services, substance use disorder treatment services, emergency medical services, nonemergency medical services, and nonmedical services and supports available in each region of Vermont.
- (4) Provide annual targets for the total cost of care across Vermont's health care system and include reasonable annual cost growth rates while excluding from hospital total cost of care targets all revenue derived from a hospital's investments in primary care, mental health care, and substance use disorder treatment services. Using these total cost of care targets, the Plan shall identify appropriate allocations of health care resources and services across the State that balance quality, access, and cost containment. The Plan shall also establish targets for the percentages of overall health care spending that should reflect spending on primary care services, including mental health services, and preventive care services, which targets shall be aligned with the total cost of care targets.
- (5) Build on data and information from: (A) the transformation planning resulting from 2022 Acts and 16 Resolves No. 167, Secs. 1 and 2; 17 (B) the expenditure analysis and health care spending estimate developed pursuant to section 9383 of this title; (C) the State Health Improvement Plan adopted pursuant to subsection 9405(a) of this title; (D) the Health Resource Allocation Plan published by the Green Mountain Care Board in accordance with subsection 9405(b) of this title; (E) hospitals' community health needs assessments and strategic planning conducted in accordance with section 9405a of this title; (F) hospital and ambulatory surgical center quality information published by the Department of Health pursuant to section 9405b of this title; (G) the statewide quality assurance program maintained by the Vermont Program for Quality in Health Care pursuant to section 9416 of this title; the report regarding the proportion of health care spending allocated to primary care as directed by Sec. 2 of Act 17 of 2019; the Blueprint for Health Report on Payments to Patient-Centered Medical Homes as directed by Act 51 of 2023; and (H) such additional sources of data and information as the Board, Agency, and Department deem appropriate.
- (6) Identify:
- (A) gaps in access to care, as well as circumstances in which service closures, expansions or consolidations could result in improvements in quality, access, and affordability;
- (B) opportunities to reduce administrative burdens, such as complexities in contracting and payment terms, streamlining methods of data entry and clinical information sharing; and duplicative quality reporting requirements; and
- (C) federal, State, and other barriers to achieving the Plan's goals and, to the extent feasible, how those barriers can be removed or mitigated; and
- (D) in consultation with the Advisory Subcommittee on primary care, strategies to strengthen Vermont's primary care delivery system including:
- (i) developing one or more primary care alternative payment models, which may include per member per month payments, capitated or global payments methodologies, enhanced fee for service payments, or a mix of these, and shall apply to both adult and pediatric patients;
- (ii) methods to enhance primary care access, such as through improved specialty care collaboration using e-Consults and enhanced referrals;
- (iii) methods to recruit and retain the primary care workforce.
- 

**Sec. 9. 18 V.S.A. § 9403a is added to read:**

§ 9403a. HEALTH CARE DELIVERY ADVISORY COMMITTEE

(a) There is created the Health Care Delivery Advisory Committee to...

(b)(1) The Advisory Committee shall be composed of the following 14 members

...

(c)(1) There is created an Advisory Subcommittee on primary care, composed of the following 13 members:

- A. The Chair of the University of Vermont Medical Center Department of Family Medicine, or their designee;
- B. The Chair of the University of Vermont Medical Center Department of Pediatrics, or their designee;
- C. The Associate Dean of Primary Care at the University of Vermont Larner College of Medicine, or their designee;
- D. The Executive Director of the Vermont Child Health Improvement Program, or their designee;
- E. The President of the Vermont Academy of Family Physicians, or their designee;
- F. The President of American Academy of Pediatrics, Vermont Chapter, or their designee;
- G. A Member of the Green Mountain Care Board Primary Care Advisory Group, appointed by the Green Mountain Care Board;
- H. The Executive Director of the Vermont Blueprint for Health;
- I. A primary care practitioner who practices at an independent practice, appointed by Health First;
- J. A primary care practitioner who practices at an FQHC, appointed by BiState Primary Care Association;
- K. An at-large practicing primary care physician appointed by the Vermont Medical Society;
- L. An at-large practicing primary care physician assistant appointed by the Physician Assistant Academy of Vermont; and an
- M. At-large practicing primary care APRN appointed by the Vermont Association of Nurse Practitioners.

(2) The Subcommittee shall elect their own chair from among their membership.

(3) The Subcommittee shall be consulted and advise on all aspects of the Statewide Health Care Delivery Plan, as established in section 9403 of this title, that impact primary care delivery.

(4) The Agency of Human Services shall provide administrative and technical assistance to the Advisory Subcommittee.

## **NEW Section XX : MEDICAL STUDENT INCENTIVE SCHOLARSHIP**

2020 Acts and Resolves No. 155, Sec. 7a, as amended by 2021 Acts and Resolves No. 74, Sec E.311.2 is further amended to read:

~~Sec. 7a. SUNSET 18 V.S.A. § 33 (medical students; primary care) is repealed on July 1, 2027.~~

## **NEW: Section XX: BLUEPRINT FOR HEALTH MENTAL HEALTH EXPANSION PILOT**

2023 Acts and Resolves No. 78. Sec. B.1100, as amended by 2024 Acts and Resolves No. 87, Sec. 40, as amended by 2024 Acts and Resolves 113, Sec. C.101, is further amended to read:

\*\*\*

(1) Agency of Human Services Central Office. In fiscal year 2024, funds are appropriated for the following:

\*\*\*

(2) \$8,834,000 General Fund and \$11,483,302 Federal Revenue Fund #22005 for a ~~two~~ three-year pilot to expand the Blueprint for Health Hub and Spoke program. Funds shall be used to expand the substances covered by the program, include mental health and pediatric screenings, and make strategic investments with community partners;

Thank you for considering our feedback S. 126. We look forward to working with the Committee as you continue your work on the proposal. Please don't hesitate to reach out with any questions to [jbarnard@vtmd.org](mailto:jbarnard@vtmd.org).