

TO: House Healthcare Committee

FROM: Michelle Wade, MSN/Ed, APRN, AGNP-C, ACNPC-AG, FAANP - Primary Care Advisory Committee

RE: Written Testimony Regarding S. 126 - An act relating to health care payment and delivery system reform

Date: April 26, 2025

Thank you for the invitation, Chair Black and committee. The Primary Care Advisory Committee (PCAG) is a dedicated group of Providers from around the state who have come together and volunteer to work on projects as directed by the Green Mountain Care Board (GMCB).

I am an Advanced Practice Registered Nurse (APRN) who has provided primary care to patients for over 10 years. Currently, I work as a hospitalist at Gifford, a Critical Access Hospital (CAH), where I provide full-spectrum care to patients who are both acutely ill and who are transitioned into "skilled rehab" beds requiring primary care. I am currently the President of the Vermont Nurse Practitioners Association (VNPA) and actively advocate for access to care for the needs of Vermonters.

Nurse practitioners are strong members of the primary health care community, and I support everything you have heard here today from Drs. Marvin and Homan. I want to take a moment to recall a small piece of history for your Committee, the GMCB was originally composed of 5 members, including a Nurse Practitioner, Betty Rambor, who left in 2017, and a physician, Allen Ramsey, who left in 2016. - This is important because there was a period with no provider representation on the GMCB. That was concerning, and PCAG was born in 2018 as a Technical Advisory group from the GMCB. PCAG is here to be the voice of the "Boots on the ground" Primary care providers. We are a seasoned group of healthcare providers passionate about providing quality Primary care.

Having a healthcare system built on the number of patients you see in a day is a poor business model. It leads to provider burnout, patient frustration, and poor-quality outcomes. I would call to your attention to the fact that the average life span of a patient in the United States has steadily increased over the last century, largely due to advances in healthcare. Why is that important? It is paramount to this issue. Patients are more complex. The expectation that I can provide complex primary care in 15-20 minutes is unrealistic. Patients are seeing multiple providers, using multiple pharmacies, have records in multiple EHRs and primary care providers are struggling to be the "helicopter pilot" and understand and own the multifaceted care. I challenge you to find 2 providers that leave the office on time with their inboxes empty. We often work late into the night in "unpaid" time answering messages, approving Prescription refills, filling out stupid Prior Authorization paperwork and of course taking calls.

What can we do:

- 1) PCAG was set up to be an advisory committee - there have been few opportunities for PCAG to bring their work forward, where the data/information has been utilized

ASK: develop a seat on the GMCB for a PCAG member or rotating member who can report on current boots on the ground Improvements and concerns on behalf of PCAG with decision-making ability/ voting privileges

- 2) Continue to develop a working repository that all EHRs can deposit and retrieve data from that continues to protect the rights of patients and providers as well as facilities. In light of the recent reproductive rights changes this will need extra attention to protect patients that travel from out of Vermont to get care.

ASK: continue to improve the interoperability of medical records.

- 3) Continued support for the education of Physicians and Nurse Practitioners is imperative. The process of growing our own for folks who already live in Vermont is one way we keep providers. If they are rooted in the community, they tend to stay and contribute to the economy.

ASK: Continue to fund both the Nursing/Nurse Practitioner and Medical loan/scholarship programs.

Vermonters deserve access to the right care at the right time in the right place. That starts with comprehensive primary care, with as much of it kept in the primary care providers' office as possible and reimbursed at an appropriate rate for the quality care that is being provided, without unnecessary consultations and referrals to other providers for care that is well within the scope of practice of the primary care provider.