



Date: April 24, 2025  
To: Chair Alyssa Black and members of House Health Care Committee  
From: HealthFirst, Susan Ridzon, Executive Director, [sr@vermonthhealthfirst.org](mailto:sr@vermonthhealthfirst.org)  
Re: Comments on S.126, Sections 10 (Integration of Health Care Data) and 7

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Thank you for the opportunity to testify on Section 10 of S.126. For the record, I'm Susan Ridzon, Executive Director of HealthFirst, an independent practice association representing approximately 215 clinicians working at 62 physician-owned primary care and specialty care practices located across Vermont.

Rick Dooley is our network data expert and is on the Health Information Exchange (HIE) Steering Committee, so I asked him to review and comment on Section 10. I've incorporated his thoughts into our comments.

- Section 10 aligns nicely with what's being discussed in the HIE Steering Committee where the goal is integration of data from multiple sources into a usable format that is accessible to providers and patients. We support this goal.
- We recommend that resources be included to assist practices with the initial and ongoing interface costs, as well as analytical support.
  - Initial cost of interfaces can run \$15,000 or more
  - Ongoing maintenance fees can be \$1,500 or more per year per interface
- Ideally, the data repository would also allow for selected data to be "pulled down" from the HIE into the provider's Electronic Health Record (EHR), so that EHR-based statistics, trigger warnings, etc. could be more accurate.

Section 10 doesn't mention this but there has been some talk of a common EHR, so we'll take this opportunity to comment on that premise. HealthFirst does NOT support a common EHR. Electronic health records have very different functionalities, and practices chose their records based on their unique needs. In addition, changing an EHR is an extremely stressful, time consuming and costly process that requires significant in-office resources.

That concludes our thoughts on Section 10 but I'll take this opportunity to also

advocate that this bill be expanded to include specific actions to sustainably support primary care, such as:

- Payment methods that are sustainable, administratively simple, and encourage access to high-quality primary care services
  - Suggest a blend of fee-for-service and capitation payments
  - Payments must be high enough to offset cost increases from health insurance, medical malpractice insurance, etc.
- Set minimum targets for primary care spending that will encourage the level of primary care services needed in our communities

**We must robustly invest in the foundational services of primary care if Vermont is to achieve the health care reform that is desperately needed.**

Lastly, ahead of your discussion tomorrow, I'll comment on Section 7 (Fair Contract Standards). This section requires a contracting entity or provider to share unredacted copies contracts to the Department of Financial Regulation or the Green Mountain Care Board, or both. We would like to better understand the intent of this section and how the information gleaned from the contracts might be used. We potentially would support this section if the intent and related actions would result in more fairness and parity for independent providers as it relates to reimbursement and general contract terms.

Thank you for the opportunity to speak today. Please reach out to Christina or me if we can be of assistance.