

Dear Chair Black, Vice Chair McFaun, and Members of the Committee:

I am writing from Germany, where I have been conducting research on clinician burnout and integrated primary care models, to urge the addition of two provisions to S.197 before it advances. I will be back in Vermont on April 14 and would be glad to appear before the committee in person in Montpelier if that would be helpful.

Attached is a letter proposing specific statutory language for both provisions and explaining the rationale behind them. The two proposed amendments would:

1. Require a study of artificial intelligence tools — those already available and those in development — for reducing the administrative burden on primary care clinicians (proposed new Section 9); and
2. Require the development of standards for electronic health record interoperability in Vermont (proposed new Section 10).

I have included the statutory language for these provisions at the end of the letter. The body of the letter provides the evidence base and the reasoning, which you may find useful.

Neither subject appears in either version of S.197, despite both being directly relevant to the bill's central goals. I have carefully studied both the introduced and crossover versions of the bill and believe these two additions would significantly strengthen it.

A PDF of the letter is attached and also available [with this link](#).

Thank you for your sustained commitment to primary care reform in Vermont.

Respectfully,

Mike Palmer  
Cornwall, Vermont