Hi…

I heard this morning that you are likely to try to vote out of committee a revision to S197 today or tomorrow. And that you were interested in moving toward UPC (or to it) and had been thinking about "pilots". Here are some thoughts and then some legislative language that I think would help you get there: launch pilots (GMCB authorized to do this) that are framed as actual payment reform demonstrations in 3 or more places. See logic below. Legislative language that might be useful is enclosed. (And pasted below).

I can talk this afternoon or evening if helpful.
Good luck!

Best
Elliott
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Some thoughts on strengthening S197
Note from Elliott: I tried to figure out how to make real progress toward excellent primary care and maybe Universal Primary Care) while building on the strengths of S197 as passed (solid and important reports, move toward increased payments).
Problem: (1) UPC or excellent care for all is a really important goal. It should be added both to give hope and as shot across bow to those planning to leave. (2) Reports often risk sitting on shelves. Pilots take years to launch and evaluate, then fail or run out of money.
But:: GMCB is authorized to implement "pilots", so it's a good idea to use this label.

Also: what I propose below is to design these as demonstration projects that help GMCB and Blueprint do the design work as soon as feasible (6 months) laying the groundwork for further legislative changes, and engaging communities and stakeholders in the design so that problems are identified and solved in ways they are excited about, key elements that should be identical across all 3 and then the state are defined. And results start to be visible as demo's are launched.

PART A. KEY DESIGN ELEMENTS
Purpose
Establish a new section in S.197 creating at least three regional primary care payment reform pilots as practical design-and-demonstration initiatives intended to accelerate statewide implementation of advanced primary care payment reform.

Legislative Intent

- Pilots are not substitutes for statewide reform
- Pilots are intended to **develop, test, refine, and validate** scalable payment reform models
- Pilots must inform Blueprint payment reform design (Sec. 3) and primary care spending targets (Sec. 5)

Governance
Green Mountain Care Board (GMCB)
Shall establish and oversee at least three pilots.
In Consultation With:

- Blueprint for Health Director
- Blueprint Executive Committee
- Vermont Steering Committee for Comprehensive Primary Health Care
- Relevant GMCB and Blueprint advisory bodies
- Participating communities/practices/payers

Local Governance
Each pilot region shall create a **Regional Design Council** representing:

- Primary care practices
- Community health teams
- Patients/community members
- Payers
- Hospitals/health systems where relevant
- Workforce/community partners

Phase 1: Design (2027)
Each pilot shall develop practical payment reform models addressing:

- Routine primary care service definition
- PMPM/global or hybrid payment methodology
- Spending target pathway
- Risk adjustment
- Attribution
- Multi-payer alignment
- Quality/outcome measures
- Access standards
- Workforce stabilization
- Community health team integration
- Equity
- Practice transformation support
- Data/reporting systems
- Cost-sharing compatibility

Phase 2: Implementation (2028)

- One or more payers implement pilot payment models
- GMCB may require payer participation if necessary
- Preference for voluntary alignment first

Evaluation
Common measures across all pilots that reduce reporting burden, can be used to track progress, to be developed by GMCB with input from advisory committees and communities.

Deliverables
By statutory deadline:
1. Practical pilot designs
2. Cross-pilot comparison
3. Common statewide model elements
4. Region-specific adaptations
5. Recommendations for scaling
6. Legislative/regulatory recommendations

PART B. DRAFT LEGISLATIVE LANGUAGE (NEW SECTION)
Sec. X. REGIONAL PRIMARY CARE PAYMENT REFORM PILOT PROGRAM
(a) In order to move toward ensuring that all Vermont residents have access to excellent primary care, and accelerate the development and implementation of scalable primary care payment reform models capable of achieving the purposes of Secs. 3 and 5 of this act, the Green Mountain Care Board, in consultation with the Director of the Blueprint for Health, the Blueprint Executive Committee, the Vermont Steering Committee for Comprehensive Primary Health Care, and other appropriate stakeholders, **shall establish not fewer than three geographically and organizationally diverse regional pilot programs** to design, implement, and evaluate advanced primary care payment reform models in different Vermont practice settings.
(b) The purpose of the pilot programs shall be to develop, test, and refine practical payment reform models that:
1. strengthen primary care capacity, access, quality, and financial sustainability;
2. advance the transition to prospective, population-based, or other streamlined primary care payment methodologies;
3. identify payment model elements that can be standardized statewide while permitting appropriate regional adaptation; and
4. inform the implementation of Blueprint payment reform methodologies pursuant to Sec. 3 and primary care spending targets pursuant to Sec. 5.

(c) Each pilot region shall establish a Regional Design Council, with representation from primary care practices, community health teams, payers, patients, and other appropriate community stakeholders, to advise on model design and implementation.
(d) During the design phase, each pilot shall develop payment reform methodologies that address, as appropriate: [ESF NOTE: or refer to report section if that remains]
1. routine primary care service definitions;
2. attribution and risk adjustment;
3. payment mechanisms sufficient to support advanced primary care;
4. alignment with primary care spending targets;
5. quality, access, and outcome measures;
6. workforce and practice sustainability;
7. community health integration;
8. data infrastructure; and
9. other factors necessary to inform statewide implementation.

(e) The Green Mountain Care Board may require participation by health insurers, third-party administrators, or other payers in one or more pilot regions to the extent necessary to ensure meaningful multi-payer testing and evaluation.

(f) On or before January 15, 2028, the Green Mountain Care Board shall report to the House Committee on Health Care and the Senate Committee on Health and Welfare regarding:

1. pilot designs;
2. implementation progress;
3. comparative findings;
4. recommended common payment reform elements;
5. recommendations for statewide scalability; and
6. any additional legislative action needed.