



S. 197 — An Act relating to establishing a primary care payment reform program

Blueprint for Health | April 9, 2026

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- It reduces administrative burden on providers.
- It increases payment to providers.
- It opens the door for quality standards other than the National Committee for Quality Assurance (NCQA).
- It concretizes the necessity of achieving payment contribution parity across payers.
- It establishes a target amount for per-person per-month spending for primary care services and requires a transitional schedule for that to increase over time.

Raise the Per-Member Per-Month Payments

- PMPM payments fund essential activities such as care coordination, chronic disease management, proactive patient outreach, improved access using e-consults and coordination with specialists, and the many activities that occur outside of office visits to provide holistic care for patients and populations.
- Blue Cross Blue Shield of Vermont's statement to align payment, measurement, and care delivery to strengthen primary care while maintaining affordability
- The per-member per-month payment must be meaningful to sustain the model; underpayment and under participation of insurers undermines the model's viability.

Build a Comprehensive Community Health Team PMPM

- Community Health Teams (CHT) are essential for delivering advanced primary care
 - Address mental, physical, and social needs
- CHT are designed to include care coordinators, counselors, social workers, nutritionists and community health workers
- Streamlining CHT payments into one unified payment instead of multiple fragmented streams affects how well a comprehensive team-based care model can function
- Reduces red tape by eliminating different eligibilities and reporting requirements and allows for CHT to treat the whole patient panel not just sub-sets

Refine Standards, Especially for Affordability and Access

- Stabilize the entry point into the health care system
- Improving primary care access is one of the most effective ways to reduce avoidable ED visits
- Access is foundational around prevention and long-term cost control

Shared Principles of Measurement and Success

- Align the measures of success
- Ensure clinical outcome and process measure are focused on priorities
- Better utilize our health information and data aggregation capabilities
- Paying practices for outcomes
- Aligning accountabilities
- Reduced administrative burden on providers
- Increased primary care investments
- Trying to make the process as in the background as possible for providers

Build on RHTP initiatives

- Include strengthening the Clinical Champions network
- Advanced Primary Care Learning Collaboratives will foster shared learning across the network for best practices
- Training and education programs to boost existing workforce capacities to support standardized and data-informed clinical practice
- Additional initiatives for e-consults, telehealth and Use of AI scribe will enhance access and coordination while reducing provider burden and wait times
- Harness technology investments to improve access