

Dear Legislator:

We are three family doctors providing primary care at Richmond Family Medicine, an independent practice serving nearly 7,000 Vermonters. We are writing to appeal to you to address the anticipated 2026 primary care funding gap created by the termination of OneCare at the end of this year and the delayed start of the Ahead Model slated for 2027. Additionally, we are concerned about the end of funding from Medicare for the Blueprint for Health and for the Blueprint's Mental Health Integration into Primary Care pilot program. We request that you include in the SFY2026 budget one-time funding of \$5.5 million for stabilization of primary care programs and \$4.5 million in state funds to continue the Medicare-funded Blueprint for Health Programs.

We have been participants in the Blueprint for Health since we opened our doors more than a dozen years ago and are a certified Patient Centered Medical Home. We have participated in Vermont's All Payer Model through OneCare which has provided month-to-month financial stability for our practice, including through the pandemic when complete reliance on the traditional fee-for-service model might have shuttered our clinic. Through the various funding streams provided by OneCare, we have experienced an increase in our revenue over traditional fee-for-service and it is this improved payment that has allowed us to continue to provide high value primary care services to patients in our clinic. We have been able to pay our staff competitive wages, allowing us to hire and maintain an excellent workforce to provide safe, quality care to our patients. For example, having enough well-trained and experienced nurses enabled us to implement a comprehensive transition-of-care quality improvement project to follow up with patients who received care in the emergency room or who were admitted to the hospital, This system results in a reduction in medication errors that can occur in that transition scenario and enables patients to get outpatient care rather than returning to the ER or being readmitted. Projects like this make good sense medically and reduce overall cost of care for Vermonters.

Through the Mental Health Integration into Primary Care pilot we have received funding that allowed us to hire a community health worker who is now a vital part of our healthcare team. She supports our most vulnerable patients in navigating the health care system, accessing mental health services, coordinating care with community partners and facilitating access to housing, food and other necessities.

The loss of these funding streams and the return to revenue generated only through fee-for-service is particularly destabilizing for small independent primary care practices like ours. We do not have the ability to negotiate contracts for payment with commercial insurance companies as, for example, the UVM Health Network does. The payments we receive from the commercial insurance companies are far less than our fees for the services that we provide and also less than half of what we understand those insurance companies pay to the UVM Health Network for the same services. With relatively lower commercial insurance reimbursement and now the loss of funding from OneCare and Blueprint programs, we face significant financial uncertainty. We fear that without the State providing stabilizing funds, the viability of independent practices, including ours, is in jeopardy.

We know that independent practices provide high quality and low cost care. With access to primary care already difficult, the prospect of losing independent primary care

practices will have dire financial consequences for the State and threaten the health of Vermonters.

Sincerely,

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