

Hello members of the House Health Care Committee and House Appropriations Committee

I am writing to personally add my voice to ask you assistance in considering funding for crucial deficits in the funding of primary care in 2026. It is concerning to me as a physician in Family medicine since 1990 that we will not be moving forward with the AHEAD model till 2027. As you all know the current OneCare model will be sunseting at the end of this year. We are trying so hard to create a value based effort to care for our patients and improve their health. We can't do this without primary care, a strong Population health services organization, ongoing mental health integration, patient centered medical home program, community health teams and SASH. I realize there are some amazingly difficult budget decisions you are all making this year but only hope we can sustain some sort of funding until we get to the new AHEAD modal.

Here are the items and funding that we stand to lose for the fiscal year July 2025 through June 2026:

- \$4.7 million in payments across the entire network of OneCare Vermont participating practices from the end of the OneCare Vermont Population Health Model (PHM) Program
- \$885,000 to independent primary care practices for OneCare Vermont's "CPR" prospective payment program
- \$10.8 million (\$4.5 million state funds) to backfill Medicare payments to the Blueprint for Health Patient Centered Medical Home program, Community Health Teams & SASH – included in the Governor recommended budget – We support this ask
- Blueprint Mental Health Integration into Primary Care (CHT Expansion) and the DULCE initiative pilots – this expansion is currently scheduled to end on June 30, 2025. See [letter](#) sent from AHS on February 7th. The Blueprint for Health and AHS are working to determine spend-down protocols for any remaining funds. It is expected that any remaining funds will be used to sustain Mental Health Integration (CHT Expansion) staff during a portion of FY2026. The Blueprint is also exploring alternative funding options to stabilize CHT staffing levels and maintain the impactful work teams are doing to increase screening and provide services to Vermonters. VMS supports continuing this successful pilot program.

Thanks for considering all of this

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