



# ABOUT THE VERMONT MEDICAL SOCIETY

- **501(c)(6) nonprofit member service organization founded in 1784**
- **3100 members: MDs, DOs, PAs, medical students**
  - About 2/3 of practicing MDs in the State
  - All specialties and practice settings
  - Group memberships (BMH, BWH, CVMC, DHMC, LHP, NCH, PCHP, PMC, RRMC, SVMC, UVMMC)
  - Individual memberships
- **Governed by a physician and PA Board**
  - Current president: Katie Marvin, MD, family physician, LHP
- ***Dedicated to protecting the health of all Vermonters and improving the environment in which Vermont physicians & physician assistants practice medicine***



# WHAT WE DO

Specialty  
Society  
Administration

Practitioner  
Health

Education  
and Outreach

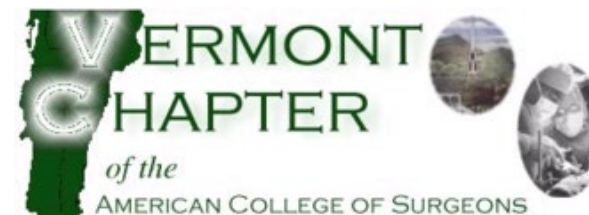
Legislative  
&  
Regulatory  
Advocacy



# SPECIALTY SOCIETY SUPPORT

*VMS provides services to specialty societies that not only serve to bolster the specialty society as an organization but also to increase the communication and collaboration between the specialty societies and the VMS.*

- American Academy of Pediatrics Vermont Chapter
- American College of Physicians Vermont Chapter
- American College of Surgeons Vermont Chapter
- Vermont Academy of Family Physicians
- Vermont Ophthalmological Society
- Vermont Orthopaedic Society
- Vermont Psychiatric Association
- Vermont Society of Anesthesiologists
- Vermont State Association of Osteopathic Physicians & Surgeons





# PRACTITIONER HEALTH

Vermont Practitioner  
Health Program  
134 Main Street  
Montpelier, VT 05602

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VERMONT MEDICAL  
SOCIETY'S

PRACTITIONERS NEED  
NOT SUFFER.  
HELP IS AVAILABLE  
AND IT WORKS.

Confidential number:  
802.223.0400

[http://www.vtmd.org/education/  
practitioner-health](http://www.vtmd.org/education/practitioner-health)

*Vermont  
Practitioner  
Health  
Program*

Vermont  
Medical  
Society

A confidential program  
designed and administered  
by practitioners,  
for practitioners.



# VMS 2025 POLICY PRIORITIES

## Increase Practice Sustainability

### The Issues

- There are **13 fewer independent primary care practices** in Vermont since 2017. Hospital-owned practices have also closed after facing insufficient revenue to cover the costs of operating a primary care practice
- The cost of running a medical practice **increased 47 percent** between 2001 and 2023, or 1.8 percent per year
- **Neither Medicare nor Medicaid's payment formulas adjust for inflation.**
- In fact, Medicare professional services payments have been reduced 29% adjusted for inflation from 2001–2024 and have been cut 5 years in a row with a 2.8% cut effective January 1st. Medicaid's formula typically adopts Medicare's; Medicaid has proposed a neutral fee schedule for 2025.

### The Solutions

- Require Medicaid professional fee schedule to adjust for inflation
- Ensure AHEAD Model negotiations and potential implementation supports all practice types and incorporates clinician input
- Adequately fund Patient Centered Medical Home payments (Act 51)
- Increase proportion of health care dollars going to primary care services (primary care spend target)



# VMS 2025 POLICY PRIORITIES

## Reduce Administrative Burden

### The Issues

- A recent national study revealed that during the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of their time on EHR and desk work
- This December, [Vermont clinicians report](#) they complete **21.4 prior authorizations** per week and spend **15.13 hours** on these authorization
- 95% of clinicians report that PAs lead to **higher utilization of health care resources** such as additional office visits or ED visits and 81% that it **delays access** to necessary care; 32% report that it has led to a **serious adverse event** such as hospitalization or death
- 99% of clinicians and 100% of administrators report that PAs **increase burnout**

### The Solutions

- Extend Act 111 prior authorization reductions to all primary care providers (See [H. 31](#))
- Ensure implementation of billing simplification provisions of Act 111
- Allow use of AI scribes for telehealth appointments
- Avoid duplicative state privacy laws with HIPAA



# VMS 2025 POLICY PRIORITIES

## Ensure a Strong Workforce

### The Issues

- As of 2022, Vermont has **shortage of 115 primary care physicians** compared to national benchmarks
- Based on demand modeling, our current supply of primary care physicians is **369.7 FTEs short of what we will need in 2030** – 112 short in family medicine, 190 short in internal medicine, 52 short in OBGYN and 2 short in pediatrics
- See full data at [https://vtmd.org/client\\_media/files/VMS%20Primary%20Care%20Workforce%20Shortage%2020254.pdf](https://vtmd.org/client_media/files/VMS%20Primary%20Care%20Workforce%20Shortage%2020254.pdf)

### The Solutions

- Provide ongoing funding for primary care scholarships; remove 2027 sunset
- Enhance loan repayment to support all primary care locations
- Support new community-based family medicine residency program until self sustaining in 2028
- See details at [https://vtmd.org/client\\_media/files/FY26%20Workforce%20Legislative%20Funding%20Requests%2001.9.25.pdf](https://vtmd.org/client_media/files/FY26%20Workforce%20Legislative%20Funding%20Requests%2001.9.25.pdf)



# VMS 2025 POLICY PRIORITIES

## Support Public Health

- Reinforce **shield laws** to protect reproductive services and gender-affirming care
- **Solutions:** allow prescribing of abortion medication via interactive questionnaire; enhance limits on federal data sharing; reduce address information on prescription labels
- Maintain strong **cannabis** potency and advertising regulations
- Enact ban on sale of **flavored tobacco products**
- Require insurance coverage of medically necessary **obesity medications**
- Increase pediatric and adult mental **health care services**
- **Solutions:** support mental health services located in the primary care setting – extend the **Blueprint for Health** Community Health Team pilot; support the **Child Psychiatry Access Program**





## Contact the VMS Policy Staff

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