

Dear Members of the Senate Finance Committee,

I am writing on behalf of Manchester Medical Center to express strong support for inclusion of site neutral billing language in H.585, consistent with the House passed version and the recommendations outlined in HealthFirst's April 8 testimony and supporting E M code documentation.

Manchester Medical Center is an independent, community based practice providing urgent care and primary care services 362 days per year in southern Vermont. We care for a broad patient population, including a high percentage of Medicare beneficiaries, and we focus on delivering accessible, high value care outside of large hospital systems.

Current site of service payment differences allow hospital owned facilities to charge significantly higher rates for the same services provided in independent settings like ours. These differences are not driven by quality or complexity. Instead, they increase healthcare costs, incentivize consolidation, and threaten access to care in rural communities.

In our practice, we provide evaluation and management services, imaging, laboratory testing, and procedures at substantially lower cost than hospital based systems. Despite this, reimbursement structures often favor higher cost settings for identical care.

Including site neutral billing in H.585 would:

- Promote fair reimbursement for equivalent services regardless of location
- Reduce unnecessary healthcare spending for patients and the state
- Support independent practices that maintain access in rural Vermont
- Help preserve competition and patient choice

We respectfully urge you to support the House passed version of H.585 with the modifications recommended by HealthFirst.

Thank you for your time and your work on behalf of Vermonters. I would be glad to provide additional information or data from our practice if helpful.

Sincerely,  
TS

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