



Date: February 19, 2025

To: Chair Virginia Lyons and members of Senate Health and Welfare

From: HealthFirst, Susan Ridzon, Executive Director, [sr@vermonthhealthfirst.org](mailto:sr@vermonthhealthfirst.org)

Re: Draft outline of 2025 Senate Health & Welfare health care reform committee bill (v 2/10/25 – JGC-2.1)

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Thank you for the opportunity to comment today. For the record, my name is Susan Ridzon and I'm the Executive Director of Vermont HealthFirst, Vermont's Independent Practice Association. We represent 62 physician-owned primary care and specialty care practices across Vermont.

We appreciate that the committee is considering the many important issues raised in the outline as we all work to improve Vermont's serious healthcare affordability and access issues. There are many components to this draft so I will keep my comments more general. We are happy to engage in future conversations to help refine the draft language.

First, I'd like to emphasize the need to prioritize support for primary care if any healthcare reform effort is to succeed. As you know, primary care is an efficient, cost-effective service that is foundational to an affordable system and one that improves the health of Vermonters. Primary care is already underfunded and in a precarious state and is now facing over a \$15 million funding gap in 2026 due to the end of payments associated with the All-Payer Model. The specific payment gaps are detailed [here](#). Continuation of these funds is critical to sustain the current level of services offered by Vermont's primary care practices.

Additional comments as they specifically relate to the draft outline:

#### Generally Support

- Intent to have a cohesive and coordinated statewide plan that integrates existing work and data so that we're all working toward clearly defined and transparent goals
- Inclusion of an ongoing evaluation process
- Optimizing the use of available and appropriate data
- Attention to controlling the cost of care, especially hospital costs and assessing them in a standardized manner
- Inclusion of investment targets for primary care and preventive care
- Allowing for the resources necessary to accomplish the stated goals

#### Suggestions / Questions

- Recommend that there be more focus on strengthening primary care both in the short and long term with the most immediate need being to close the gaps in primary care funding described above
- Identify who ultimately will be leading the effort to improve Vermont's healthcare system
  - Who will have the power to approve/disapprove the direction the state is going?
  - Is the advisory committee in part 2 analogous to the Division of Planning and

Effectiveness outlined in the Act 167 report?

- Recommend that the advisory committee or other similar body include various stakeholders including healthcare clinicians
- Would independent practices and independent facilities ultimately be included in reference-based pricing? If yes, we would want an opportunity to provide input well before anything was implemented.
- Continue to consider the impact of these policies on independent practices and other non-hospital entities.
- Ensure that the bill's language aligns with the AHEAD model's requirements that are expected to be in place by 2027, assuming the federal government continues the model.

Thank you for considering our comments. We welcome the opportunity to participate in future healthcare reform conversations.