

To: Senate Health & Welfare Committee
From: Beth Anderson, President & CEO, VITL
Date: March 11, 2025
Re: Senate Health and Welfare Health Care Reform Committee Bill of 2/28/2025

Thank you for the opportunity to provide input regarding the Senate Health & Welfare Committee's health care reform bill released on 2/28/2025.

VITL's comments are specific to Section 8. 18 V.S.A. § 9353. Overall, VITL supports the intent of the section and the work that is outlined. However, the actions and examples provided in the language appear to include statements related to both the Unified Health Data Space (UHDS) and the Vermont Health Information Exchange (VHIE). The VHIE is the system that VITL operates that allows for health data interoperability – we build connections to health care organizations that want to share health data about Vermonters and integrate that data to and make it available from the VHIE for health care organizations. The UHDS develops an infrastructure for developing a longitudinal record that will incorporate VHIE data as well as other data sources and will include analytics and reporting; as identified by AHS this might include commercial claims, social needs data, and patient generated data.

To bring more clarity to the differences of the two initiatives, VITL would prefer that the language be modified either to remove the references that are relevant to the work of VITL in our operation of the VHIE or to distinguish between the two distinct types of work.

Specifically, items in subsection § 9353 (b) starting on page 20 that are related to VITL's work include:

(6) Interoperability is the core of VITL's work, and our continuation of this will support the UHDS, but will remain a critical and driving component of the work VITL does to operate the VHIE;

(5) VITL is currently working to incorporate health related social needs data into the VHIE that is captured at clinical encounters, specifically the Accountable Health Communities Health Related Social Needs survey. While it would ultimately be made available for the UHDS, the intent is for that data to be available for providers in the VHIE, as well as to be made available in the UHDS; and

(10) The examples offered in this bullet includes work that VITL currently has underway.

Regarding subsection § 9353 (c) on page 21, we request that language be included to be clear that data should only be made available subject to the regulations and legal agreements that are in place regarding allowable uses of that data. Perhaps appending language similar to “and as allowed by the data use agreements in place for each data set” after title would address that concern.

Thank you for considering these comments. As always, I am available to provide any further information that might be useful.