**From:** LaJeunesse, Kristen<Kristen.Lajeunesse@vermont.gov>
**Sent on:** Thursday, October 17, 2024 3:11:46 AM
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**Subject:** Public Comment: Act 167 Community Engagement

A new GMCB Public Comment has been received.

**Submit Time**: 2024-10-17T03:11:43Z

**Name**: Kristen Connolly, MD
**Affiliation**: Timber Lane Pediatrics
**Town/City**: Live in South Burlington, VT and practice in Milton, VT

**Topic**: Community Engagement: Hospital Sustainability and Act 167

**Comment**: In pediatrics, we are tasked with more and more responsibility, now adding universal anxiety screening starting at age 8yo and CMS-10 social drivers of health at all well visits. This is on top of developmental and autism screening in early childhood, hearing and vision screening, lead and hemoglobin at 12 and 24mo and lipid screening in childhood, Edinburgh postpartum depression screening for mothers of infants in the first 6mo of life, depression and CRAFFT+N tobacco/substance use screening in adolescents, sports screening questionnaires and clearance, and general bright futures questionnaires to focus on preventive health. This is on top of managing chronic conditions like asthma (with related screening forms and asthma action plans) and ADHD (with screening, evaluation and follow up, including behavioral +/- medication management) and doing the lions share of mental health care focused on counseling, medication management, and close follow up for anxiety and depression with a paucity of additional resources to wrap and support kids. All the while, we are spending hours outside of direct patient hours fighting for insurance coverage of clinically indicated and medically necessary prescriptions for asthma and anxiety/depression medications and the like. And we are being paid based on these checklists and penalized if—despite the actual work done and time spent—the right box is not checked at the right time in an EHR. Child health is impacted by massive shortcomings in systems impacting nutrition, education, housing, safety, parental mental health and behavior and we in primary care are increasingly being tasked with addressing the fallout of these social shortcomings without enough resources to do so. So yes—we need more time. We need more providers and multidisciplinary teams. And we 100% need to see and prioritize change in the broader systems that impact the health of our populations instead of adding another thing that clinicians have to—and cannot—fix with such an oversimplified and woefully misinformed and out-of-touch proposal. If anyone involved writing in this report stepped foot inside a rural Vermont primary care pediatric practice and tried to recruit an MD to fill an empty position or tried to find an adult primary care provider accepting patients so a young adult pediatric patient could transition to adult care they would see the shortages and struggles we face.

**Post Comment**: Yes