Statement of Jon Felde
In Support of S. 231
February 28, 2024
Senate Committee on Health and Welfare
Vermont General Assembly

I urge the committee to approve S. 231. The purpose of the bill is to pay community nurses or other health professionals who provide people a connection to health care. It is targeted to communities eager to develop and support this local care coordination position. Mostly, this care is sought by older people, but the unique appeal of the community nurse is that there are no eligibility barriers for patients, either by age or income. It is important to acknowledge that everyone is part of the community. We are increasingly aware that loneliness and mental health are of utmost importance to the health of a community—not just among the aging.

I first heard about the idea of a community nurse in Norwich about six years ago from a local pastor. She wanted to know if Norwich could support one to meet a clear need. She knew of a nurse at the Congregational Church in Hanover that provided advice and care to parishioners. It took a few years to get off the ground, but now Norwich has a fledgling 501c3 that supports a nurse in our community being paid for 12 hours per week. She devotes much more than that to the job because she is essentially on call constantly. Sadly, the funds are not in place to adequately compensate her or add hours. Paying such dedicated individuals for their service is a far cry from so-called "throwing money at a problem."

There is research to support the implementation of these types of programs as an essential part of good health care. This bill is a modest effort within the framework of the Blueprint for Health to fulfill unkept promises made decades ago in the Older Americans Act of 1965. The mission of the Blueprint for Health Community Health Team states: "Good medical care happens in a doctor's office, but good health happens in a community. Community Health Teams supplement the services available in Patient-Centered Medical Homes and link patients with the social and economic services that make healthy living possible for all Vermonters." https://blueprintforhealth.vermont.gov/about-blueprint/blueprint-community-health-teams

Within the context of the Department of Health and DAIL, funding can be targeted to programs with the greatest need or promise. It can review applications by communities to make sure that there is a gap being filled. Oversight of the process should guard against overlapping services. The Department should be allowed to take risks in making grants; not every effort will be an immediate success. The grants might also consider whether towns can share the financial burden of a nurse—pooling resources to enhance the level of service available.

The descriptor “pilot” program here is most correctly related to the manner of funding for community nurses and the flexibility given to communities based upon their needs and resources. That communities like Sharon or Norwich have taken the initiative to support their own nurse or health care extender should be nurtured with state funding. The bill allows flexibility for enterprising towns and organizations. Care offered by community nurses is not typically covered by insurance because there is no money to be made; it is a pure public good.

I hope the committee will move the bill forward even if it means pressing for greater taxation. I urge the committee not to fund this program by chipping away at already hollowed-out programs that are aimed at helping this population. It would be self-defeating. It is clear from decades of public health study that community nursing services improve the population health, decrease reliance on emergency services, and can minimize negative impacts from treatable health conditions when proper care is coordinated in a timely fashion, especially in a vulnerable and isolated rural, aging population.

Thank you for our consideration.

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