

525 Clinton Street  
Bow, NH 03304  
Voice: 603-228-2830  
Fax: 603-228-2464



61 Elm Street  
Montpelier, VT 05602  
Voice: 802-229-0002  
Fax: 802-223-2336

## **Written Testimony on H.721 to the House Health Care Committee**

Provided by Mary Kate Mohlman, PhD, MS

Bi-State Primary Care Association

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Chair Houghton, Members of the Committee,

Thank you for the opportunity to provide testimony on H.721. I am here on behalf of Bi-State Primary Care Association and our members. Bi-State Primary Care Association is a nonprofit organization established in 1986 to advance access to comprehensive primary care and preventive services for anyone regardless of insurance status or ability to pay. Today, Bi-State represents 26 member organizations across both Vermont and New Hampshire. Our members include Federally Qualified Health Centers (FQHCs), Vermont Free and Referral Clinics, and Planned Parenthood of Northern New England.

### **Eligibility:**

Regarding the sections that would expand Vermont Medicaid eligibility, we generally support any step that increases access to care and removes barriers, including financial. Bi-State's Vision and Mission statements are as follows:

**Vision:** Healthy individuals, families, and communities with equitable and quality health care for all.

**Mission:** Advance access to comprehensive primary care services for all, with special emphasis on those most in need in Vermont and New Hampshire.

The Medicaid eligibility expansion provisions in H. 721 align closely with these goals as well as with each of our members' mission to provide the care their patients need and minimize any barriers to care their patients experience. This expansion would support our members' ability to meet transportation and translation needs, increase access to nutritious food, and improve care management across community services.

### **Rates:**

To begin, we applaud the commitment in H. 721 to increasing investments in primary care, mental health, substance use disorder treatment, and oral health. I would note that the rate increases currently described in the bill would not apply to FQHCs, who serve almost 1/3 of Vermonters. The federal government requires states to pay FQHCs in a unique way to cover the comprehensive services they provide and the unique regulations to which they must adhere. As the Committee continues to consider this bill, Bi-State recommends including language that incorporates increases in FQHC reimbursement. We also recommend further analysis to provide a more complete understanding of the financial impact on providers that would arise from both expanding eligibility and increasing rates.

Regarding the dental rate increases, our members support this provision.

Thank you again for the opportunity to testify on this bill. I am happy to answer any questions.