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## BI-STATE PRIMARY CARE ASSOCIATION Vermont Health Center Primary Care Funding Cliff

### What is the Health Center Primary Care Funding Cliff?

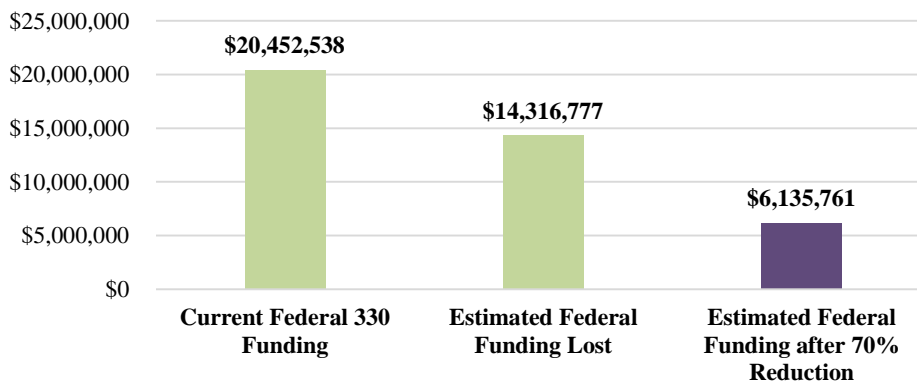
Just over 70% of federal funding for the Health Centers program comes from the Health Centers Fund. In 2015, Congress extended this fund on a bipartisan basis for two years- this ended on September 30, 2017. **Without action, the appropriation expired, meaning Vermont's Federally Qualified Health Centers face an immediate 70% cut in these federal funds starting January 2018. This reduction is approximately \$14,316,777 in federal funds to the Vermont economy.**

### What are Vermont's Federally Qualified Health Centers?

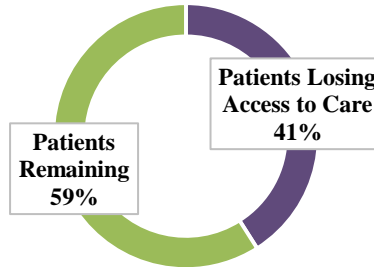
Vermont's Federally Qualified Health Centers (FQHCs) serve one-quarter of all Vermonters, providing care to 172,000 individuals at 63 sites around the state. FQHCs offer comprehensive, team-based primary care services including medical, mental health, substance use disorder treatment, oral health, and pharmacy services. Each FQHC in Vermont is a patient-centered medical home providing enabling services and serves as an economic engine in their individual community. Vermont's FQHCs are in the most remote parts of the state, providing services to those rural Vermonters who are unable to travel the 30, 60, or 80 miles to another primary care provider.

### What Would Be the Impact of the Funding Cliff on Vermont Health Centers?

Funding Cliff Would Lead to Major Losses for Vermont Health Centers



**Percent of Vermont Patients Losing Access to Care  
 (After 70% Reduction)**



Vermont’s FQHCs are facing severe cuts that will result in site closures, layoffs, and reduction in access to services. Below is a summary list of the impacts:

- Reversal of site expansions- closure of sites and even closure of 2-3 FQHCs.
- Reduce service offerings for mental health services.
- Reduce MAT and other Substance Use Disorder Treatment services.
- Reduction in administration staff including: human resources, budget, outreach, care coordination, quality, information technology, and compliance.
- Reduction in clinical staff such as mental health, substance use and dental.
- Withdrawal from the Blueprint for Health and other collaborations on the local and statewide level.
- Inability to recruit and retain staff who are seeking a more financially stable and predictable employer.

At this time, Vermont’s FQHCs are delaying overall hiring, reassuring patients they are still open, pleading with clinicians to stay, and postponing necessary capital improvements. Additionally, this fiscal uncertainty makes it impossible for FQHCs to strategically plan with full confidence that their planning will be of value. The specific fiscal impact and timeline is provided below:

<b>Organization</b>	<b>Budget Period</b>	<b>Budget Amount</b>
Community Health Centers of the Rutland Region	1/1	\$1,575,837
Little Rivers Health Care	1/1	\$879,353
Gifford Health Care	2/1	\$706,968
Mountain Health Care	2/1	\$889,246
Battenkill Valley Health Care	2/1	\$915,303
Springfield Medical Care Systems	3/1	\$2,059,429
Northern Counties Health Care	4/1	\$1,675,891
Community Health Centers of Burlington	5/1	\$2,267,091
The Health Center	5/1	\$1,168,512
Community Health Centers of Lamoille Valley	5/1	\$918,000
Northern Tier Health Center	6/1	\$1,261,147
<b>Total</b>		<b>\$14,316,777</b>