

LEGISLATIVE TESTIMONY

3/14/18

SENATE HEALTH CARE COMMITTEE

Good Morning. My name is **Lynn Raymond-Empey** and I am the Executive Director of Valley Health Connections, a referral free clinic program that served Vermonters from 54 Vermont towns, mostly in the Windsor and Windham County area in 2017. We have a total of 4 FTE's and last year we served over 1600 Vermonters. On average each staff member who works with patients saw 500 patients in 2017.

Since 2013, when Vermont Health Connect began, we have seen a 30% increase in the number of patients we serve, and a 67% increase in the number of services we are providing to these same patients. The complexity of the health care enrollment process and the patchwork of services designed to help patients access care is daunting to many Vermonters. Our role is to help them overcome the barriers to care, and improve the health of Vermonters of all ages in our region.

HOW:

- 1) Get them enrolled in a comprehensive health insurance plan whether that is thru VT Health Connect, their employer, Medicare, Medicaid.
- 2) Do in-reach to all those Vermonters we know are uninsured at open enrollment to assist them and support them through the application process and help them make it to the end of the enrollment process. In 2017, 89% of the Vermonters we worked with either became or remained insured.(See graph page 1)
- 3) Help Vermonters make the transition when life happens. When they become unemployed help them identify options for coverage; when they are disabled or turn 65 and transition to medicare, we assist them through that process; when they start their families we make sure there are no gaps in coverage for the new Vermonters and we work with Mom and Dad to make sure all members of the family continue to have health coverage.
- 4) When Vermonters cannot afford insurance or miss the small window of opportunity to get insured through Vermont Health Connect we help them access charitable care through hospitals, and/or sliding fee scales through the CHC.
- 5) When they cannot afford their medications because of being uninsured or because of deductibles, copays, or the donut hole when they are insured, we examine all their options and use a combination of vouchers, samples, Prescription Assistance programs thru the manufacturers, and 340b discount pharmacy programs to help them access needed medications. We take care of the administrative burden so the patient and doctor can focus on their care.
- 6) When Vermonters are suffering with infected teeth, or a Senior stops eating because their 40 year old dentures have cracked, we piece together help from multiple sources to help them access a dentist and get the care they need. In fact some of the funds we receive in our grant from the VT Department of Health are allocated to help cover the cost of needed dental care for Vermonters who would be reduced to a liquid diet without our intervention.

- 7) When Vermonters do have insurance but cannot find a Medical home, dental home or mental health provider that will take them, we help them make the connections they need to access care. (On a positive note, in the 9 years I have been working with Valley Health Connections we have witnessed a huge increase in the number of patients that have a medical home. Last year we only had to make medical home referrals for 25 patients.)
- 8) When Vermonters who are not Medicaid eligible are suffering with substance abuse and mental illness we try to help them access programs, sliding fee scales, and refer them to outpatient assistance so can they break the cycle before they lose their family, their job and their life.(See graph page 2)

Troubling trend: For many years the income mix of the patients we serve has been solidly between 60-65% of our patients with incomes that are Medicaid eligible (below 138FPL). Since 2013 we are seeing a slow shift in those demographics. In 2013 36% of our patients were above the Medicaid threshold. In 2017 47% of our patients were above the Medicaid threshold. (See graph Page 3) The enrollment process has become more complicated and I am sure that accounts for some of it. However, these folks are experiencing the benefits cliff. If they are over 200% FPL most will not even qualify for the sliding fee scales for outpatient care at the Community Health Centers. (They will qualify for Hospital/Emergency room charity care programs, not sure that is a huge consolation). Their insurance costs/premiums are a huge pressure on their family budgets and they avoid preventative care for fear that even though there are no costs associated with a physical, if they should find something the follow up costs are subject to the deductible. They have difficulty affording medications, particularly expensive diabetic and COPD meds. The Legislature and Vermont State Government spends lots of time focused on the Medicaid population because it consumes a huge part of the budget. However, the message I would like to leave you with today is don't forget the other 65% of Vermonters when you are working on healthcare. The All payer waiver has carrots for both the providers and the insurance companies, but what are the incentives for the patients who have to pay for that extra panel of bloodwork because they are pre-diabetic?

Between FY14 and FY18 our clinic has experienced a 17% reduction in state funding, a 29% increase in the number of patients we are seeing each year, and a 42% increase in the number of services we are providing to these patients.(See graph page 4) The free clinic programs of the VCCU are administratively light, they are responsive to local needs and quickly respond to gaps in local health systems to make sure all Vermonters can access needed care. There is no organization like us in the State of Vermont.