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Testimony on S. 285 for the House Committee on Health Care
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Mr. Chair, Members of the Committee, I want to thank you for the opportunity to provide testimony on S. 285, an act relating to health care reform initiatives, data collection, and access to home- and community-based services. These comments represent the perspective of Bi-State Primary Care Association members.

Bi-State Primary Care Association is 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 28 member organizations across both Vermont and New Hampshire. Our members include Federally Qualified Health Centers (FQHCs), Vermont Free and Referral Clinics, Area Health Education Center programs, and Planned Parenthood of Northern New England.

I want to thank the legislature for continuing to look at affordability and accessibility of health care, two principles that are at the heart of the FQHC model and mission. Bi-State has previously offered testimony to this Committee on many of the sections contained within S. 285 and we focus today's comments on sections four and seven. Our comments on sections four and seven are placed within the context that supporting the health care workforce is our members' highest priority and our other comments on this bill.

Regarding section four, Bi-State supports data integration that furthers our health care quality and affordability goals. We serve as a member of the HIE Steering Committee and appreciate the deliberative manner in which the Steering Committee makes decisions. These deliberations include ensuring that proposals are thoroughly evaluated, meet data security requirements, and are technically feasible. We concur with the specific comments offered by VITL on this section.

Regarding section seven, Bi-State members support the language that increases funding to the Blueprint for Health Community Health Teams and Quality Improvement Facilitators. The Community Health Teams provide vital services to our members' patients by expanding on the FQHC's model of integrated whole person care. Quality Improvement Facilitators, previously known as Practice Facilitators, have had an important role in preparing practices for patient-centered medical home recognition and on-going quality improvement initiatives. As primary care increasingly looks to shift to value-based care, practices will need additional facilitated support to make necessary clinical transformations that best align with new payment models. This type of clinical transformation will be most effective if done across a clinic's full patient population, and not segmented by payer type. The payer-agnostic approach has been one of the enduring strengths of the Blueprint program.

Thank you for the opportunity to provide this testimony and please let me know if you have any questions or would like additional information.