

Testimony to the House Healthcare Committee
Friday, February 26, 2021

Good morning and thank you for this opportunity to testify. My name is Heidi Sulis, and I am the Executive Director of the Open Door Clinic in Middlebury. We are free clinic for the uninsured and underinsured and a member of Vermont's Free and Referral Clinics of which there are nine clinics in the state. To provide a bit of context, last year we saw 948 unduplicated or distinct patients, nearly 400 of whom (396 to be exact) were undocumented workers, H2A, H2B workers and those seeking asylum.

As I provide concluding testimony among this esteemed group of people, and the three brave women who provided their stories earlier, perhaps the most important point I can make today is that by the time patients reach us they are most often, frustrated, sick and desperate for care because they have hit one barrier and dead end after another in trying to find help. We are currently functioning in a multitiered, broken system of healthcare that is riddled with inconsistencies and a multitude of barriers to basic access to care that include but aren't limited to: language, culturally appropriate care, transportation, daunting and prohibitive costs and last but not least, insurance status. There are so many types of tickets that one needs to get into our healthcare system today and if you don't have them all in your pocket at the same time, you're likely not going to get the care you need. This is essentially a recipe for disaster, and we see it all the time from the inside out: and unless we have blinders on, we've also been seeing it from the outside in as the pandemic has ravaged our global community.

So while on a different day I could proudly talk about the good that we do in our community and what a gem we are within an integrated system of healthcare, the fact of the matter is that free clinics are safety net organizations - and by the time our community members reach us we are often working in a reactive mode - - we're working to shore up all of the places that have been neglected via lack of equitable systems - -providing care, case management and connecting people to resources. But this is far from what we know in 2021 to be optimal healthcare. Optimal care means tackling things preventatively and early. Optimal care means wellness. Optimal care means equitable access for all...and as the pandemic has harshly shown us, none of us is healthy until all of us are healthy. Simply put, access to care and basic, preventive care are the greatest indicators of excellent health outcomes.

As I have listened to everyone's testimony today, I would like to leave you with a few thoughts: we're discussing a very small number of women and children and if I focus on the pregnant women alone, I'd thought it would be interesting to try to put this ask into concrete terms. Julia and I did some admittedly quick research yesterday, but we found that the average cost of a vaginal birth in Vt = \$12,138 without insurance, the average cost of a cesarean without insurance = \$17,428 and I simply pulled out of a hat a high risk pregnancy/4th trimester care might be \$100,000. So, if we were to assume that 10% of these 20 women were high-risk, 20% cesarean and 70% normal vaginal birth, I came up with the cost of care = \$439,644. This is a relatively tiny, Statewide investment for what we could reasonably predict to be a set of very positive outcomes.

It is in the best interest of our society to take care of all of us. I applaud your exploration of this issue and encourage you to move it forward so that the human beings behind the categories of individuals we've been discussing today - human beings who have taken HUGE risks to find a better way - human beings who are working in and contributing to our communities can be more equitably and optimally served. Thank you.