From: Mary Kate Mohlman <mmohlman@bistatepca.org>
Sent: Monday, January 17, 2022 2:37 PM
To: William Lippert <WLIPPERT@leg.state.vt.us>
Cc: Georgia Maheras <gmaheras@bistatepca.org>; Clare Neal <CNeal@leg.state.vt.us>
Subject: FQHCs and No Surprises Act

Good afternoon, Chair Lippert,

I wanted to reach out to you regarding the No Surprises Act and how it affects FQHCs, particularly the Good Faith Estimate portion of the law.

Bi-State strongly agrees that patients should not be subject to "surprise billing," and that cost should not pose a barrier to care, for uninsured or any other patients. These commitments are at the heart of the FQHC model, which has been in existence for over 50 years. As the House Health Care Committee considers state-level activities around the No Surprises Act, I would like to raise some concerns our members have around misalignments between the Good Faith Estimate provision and existing federal FQHC policies and model of care.

First, FQHCs already have price transparency policies in place. For example, FQHCs publicize their sliding fee discounts on services on their webpage, in their clinical spaces, near where appointments are scheduled, and other forums. Chapter 9 of the Compliance Manual for FQHCs requires that:

> The health center has mechanisms for informing patients of the availability of sliding fee discounts (for example, distributing materials in language(s) and literacy levels appropriate for the patient population, including information in the intake process, publishing information on the health center's website).

Patients also are connected with outreach workers to convey information on charges in away accessible for the patient.

Secondly, the Good Faith Estimate provision requires that, even for new patients, FQHCs provide cost estimates that include diagnostic codes. However, for patients that FQHCs have not had the opportunity to evaluate, appropriate diagnostics codes are unknown. Furthermore, given FQHCs income-dependent sliding fee schedule, an estimate cannot be provided until the patient's income eligibility is determined. This factor applies to both new patients and existing patients due for a reassessment. Both these factors make it nearly impossible for FQHCs to provide accurate information.

I would be happy to provide further information or answer any questions you and your committee members have either written or verbally. You can reach me at the below information.

Thank you for your consideration,

Mary Kate

Mary Kate Mohlman, PhD, MS (she/her)
Director, Vermont Public Policy
Bi-State Primary Care Association