March 25, 2025

Hon. Alyssa Black, Chair
House Committee on Health Care
115 State St.
Montpelier, VT 05633-5301

Re: Role of Healthcare Extension Agents in Health Care Reform S.126

We are advocating to reduce costs of health care in Vermont by building a strong statewide infrastructure of Healthcare Extension Agents who can help residents overcome barriers to health care and good health. Our views draw on communications with health care professionals across Vermont over the past two years during which we have been advocating for state support to strengthen our health system by expanding these workers throughout the state.

Margaret Gadon is a retired primary care physician who sits on the board of the Stafford Community Nurse. She was the former director of the American Medical Association's Program on Geriatrics and of the Illinois state Quality Improvement Organization. Carol Langstaff is a founder of the Sharon Health Initiative. Jon Felde is a resident of Norwich and formerly a lawyer with the National Conference of State Legislatures.

Home visits by non-clinical healthcare workers have been shown to reduce costly ED visits up to 80% and hospitalizations up to 65%. Frontline local Health Care Extension Agents, who are commonly known as community nurses, care coordinators, or health care navigators, need to be clearly identified as integral to the health care framework. This inclusion will help account for the savings that home visits bring to the system and increase accountability. Creating a stable network of Health Care Extension Agents will require financial support from the state.

We are pleased that the Senate Committee on Health and Welfare approved S. 126 to reform health care in Vermont, but we believe there are several areas that could strengthen the bill. An objective of S.126 is to lower hospital costs by supporting more out-of-hospital care. To accomplish that, community-based health care delivery needs to be addressed more explicitly, and provision needs to be made to invest in it financially.

1. Community-based care is not limited to clinical care. It also includes non-clinical care, specifically, care coordination, support for health system navigation, support for chronic disease management and caregiving at the local level.
2. The term Healthcare Extension Agent should be used as an umbrella term to include community nurses, social workers, care coordinators and health care navigators.
3. The Green Mountain Care Board has a central regulatory power in the health care system but does not currently include out-of-hospital, non-clinical care within its mandate. The law should be changed to ensure that the Green Mountain Care

Board can monitor and evaluate non-clinical community-based care, including its payment mechanisms and its costs. This would include a specific evaluation of the cost effectiveness of a proposed Healthcare Extension workforce in municipalities throughout the state.

4. Centrally tracking the work of out-of-hospital caregivers noted above would bring rationality to coverage and ensure that every resident of Vermont has access to this local initial point of contact with the health care system.
5. To begin to harmonize these services at the state level we recommend funding the Blueprint for Health to create a system that integrates and coordinates the work of its Community Health Teams with Health Extension Agents not within the current Blueprint structure.
6. To regularize and stabilize the work of the Health Care Extension Agents in localities, the House should adopt H. 140, which offers a pathway for expanding this workforce. It should be amended to condition grants to municipalities on the expectation that they work with the Blueprint for Health Community Health Teams to fill gaps and to avoid overlaps in coverage.
7. 18 V.S.A. § 9454 Hospitals; Duties. This should be amended to not merely ask for hospitals to offer "proposals" as to how they can support community-based providers but to explain exactly what hospitals are doing to support community-based care. The language should be more explicit about the types of support that are expected rather than leaving the language vague. [Sec. 4 of S. 126]
8. 18 V.S.A. § 9403 (b)(6)(A) should add the word "coordination" to the ways to improve quality and access. The language of the Senate bill suggests only "closures or consolidations." Services are offered by the Area Agencies on Aging, community nurses, health care coordinators, Community Health Teams under the Blueprint for Health, and by some FQHC's who offer in-home care coordination and case management. [Sec. 8 of S. 126]

We applaud your efforts to bring medical costs under control. We believe that the suggestions we offer will offer savings over the long term. Please reach out to us if we can provide more information.

Sincerely,

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