



125 Tremont St Barre, VT 05641

director@vtfreeclinics.org

www.vtfreeclinics.org

**Testimony - Olivia Sharrow, MPH
Executive Director of Vermont's Free &
Referral Clinics**

**Senate Committee for Health & Welfare
January 24, 2025**

History

Founded in 1995, Vermont's Free & Referral Clinics is a nonprofit state association of free healthcare clinics. For 30 years, we have worked tirelessly to fill the gaps and meet the needs of some of the most vulnerable members of our communities.

Services

Our member clinics currently provide:

- Free medical, dental, and mental health services
- Free medications and other healthcare supplies
- Care coordination and case management, including connecting to primary and specialty care services
- Health insurance (state and federal) navigation, help with hospital financial assistance etc.
- Tobacco cessation, transportation, food, other services addressing social determinants of health

As prices continue to soar, driving up the cost of insurance premiums, which in turn affect education costs and property taxes, services at

our members remain free to all patients – no matter what.

Our collective mission is to serve the underserved, whoever they may be, and wherever they may be.

In 2024:

- Our member clinics cared for 12,854 patients
- 26% of these patients were uninsured (3,269 or 16% of Vermont's total uninsured)
- 45% of our patients were underinsured
- Almost 20% did not have a primary care provider
- 34% reported having to delay care due to cost or access
- 41% were at or below 200% of the Federal Poverty Level
- 10% are best served in languages other than English

Our clinics have specific programs tailored to meet the needs of many Vermonters who cannot access care in the wider healthcare system. These include migrant farmworkers, individuals experiencing homelessness, LGBTQ+ patients, and patients for whom language, transportation, stigma, cost, and more are barriers.

Special Programs

- Xylazine wound clinic to address growing need among patients with substance use disorder
- Pop-up dental clinics in partnership with dental providers and the Dept of Health in underserved areas

- Mobile units bringing preventative services out into the community
- Interagency teams including mental health, substance use, first aid to unhoused patients

In the current climate, our work is more important than ever before.

Funding

We are primarily funded through a legislative appropriation, managed by the Dept. of Health. **For Fiscal Year 26 we are requesting level funding.**

This funding allows us to keep our doors open and continue to be the only places where patients can come for care and be guaranteed not to receive a bill.

Legislative appropriation:

- Covers 53% of operating expenses for 8 member clinics and VFRC
- Pays 35 staff/FTEs
- Allows us to work with 591 volunteers who donated 7,715 hours in 2023 (most recent year for which we have data)
- Facilitates 900+ medical clinics and 515 dental (2023 data)

Last year, our dental and medical services led to an estimated \$4.9 million in avoided Emergency Room and hospitalization expenses.*

Challenges and Trends

- Hospital consolidation leading to skyrocketing insurance premiums
- Threats to Medicaid, ACA, potential restrictions to gender-affirming care
- Changes to immigration policy and enforcement
- Dental needs rising
- Uninsured patients up 16% and underinsured patients up 8%
- Shrinking access to primary care - 17% increase in patients with no PCP

Takeaways

- We remain committed to providing high-quality free care to Vermonters in need
- We focus on patients with significant barriers to accessing care
- Changes in the larger system directly impact free clinics and our patients
- Uninsured and underinsured numbers are increasing, along with cost-burdened and delayed care

Understanding what is happening on the ground at the free clinics is critical to understanding the barriers patients are facing in Vermont's healthcare system.

Olivia Sharrow, MPH
Barre, VT

director@vtfreeclinics.org

(802) 448-4280

* Estimated using publicly available data sources (AHA and ADA) for ER utilization and hospitalization for patients experiencing acute dental pain and infection, have untreated wounds, are uninsured, or have no primary care provider