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**Written Testimony on Rural Health Transformation Program before Senate Health and  
Welfare Committee  
Mary Kate Mohlman, PhD, MS  
Bi-State Primary Care Association  
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Madame Chair, members of the committee,

Thank you for the opportunity to testify about the eligibility of federally qualified health centers (FQHC) in non-rural regions to receive funding from the Rural Health Transportation Funding. As Bi-State Primary Care Association's Director of Vermont Public Policy, I represent our members including Vermont's Federally Qualified Health Centers (FQHCs), Vermont Free and Referral Clinics, and Planned Parenthood of Northern New England. Bi-State Primary Care Association is a 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.

During the negotiations leading up the passage of the federal bill H.R.1, Bi-State Primary Care Association and our national partners worked closely with members of Congress to include FQHCs, regardless of their location, in the statute's definition of a "rural health facility." The goal of this work was to ensure that FQHCs, as safety net providers, would be eligible to receive funds to support their full patient population. We believe that if an organization has been included as a state's rural organization to determine the amount of funding the state would receive, those organizations should be eligible for funding as part of the rural health infrastructure. This interpretation has been shared by those states and national organizations that Bi-State has worked with, including New Hampshire.

However, Bi-State also recognizes and appreciates the state commitment to due diligence in its efforts to determine approved funding activities and recipients. The federal administration has been very clear that if Rural Health Transformation Program funding is spent on ineligible activities, the federal government will "claw back" those funds, which is an outcome neither the state nor providers would want to occur.

Bi-State continues to be committed to working with AHS on this question of eligibility. Additionally, regardless of whether AHS, in its negotiations with CMS, agrees with our interpretation of eligibility, we will continue to work with AHS and the Community Health

Centers on how the Rural Health Transformation Program funding can improve the broader health system infrastructure, including investments in Chittenden County.

I am happy to take any questions, and again, thank you for the opportunity to discuss this important issue.