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April 16, 2018

House Committee on Health Care
State of Vermont
115 State Street
Montpelier, VT 05633

Sent via email to lstarr@leg.state.vt.us

Re: S. 225 - An act relating to pilot programs for coverage by commercial health insurers of costs associated with medication-assisted treatment

Dear Chairman Lippert and Committee Members:

Bi-State Primary Care Association appreciates the opportunity to provide comment on S. 225- An act relating to pilot programs for coverage by commercial health insurers of costs associated with medication-assisted treatment.

Established in 1986, Bi-State is a nonpartisan, nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire. Bi-State's Vermont membership includes 12 Federally-Qualified Health Centers delivering primary care at 64 sites and serving over 172,000 Vermonters. All of our FQHCs participate in the Hub & Spoke Program and are among the biggest providers of MAT services in the State.

S. 225 addresses a real issue: Bi-State's members are treating dozens of commercial and Medicare patients with addiction and not being reimbursed for these services. They are treating all of the patients equally because that is the better clinical model. They do this at a cost, however. Medicare and commercial payers do pay for a portion of the MAT services, but not the care coordination, ie. Community Health Team, portion. Medicaid does pay for these services for Medicaid beneficiaries. Our members are eager for an All-Payer Solution and appreciate that this bill helps us get closer to that solution.

Bi-State and some of our members have been participating in conversations with the Blueprint, DVHA, BCBSVT, and others regarding this issue and agree that by working together, we can develop a solution that allows for reimbursement by all commercial payers for these services. We are grateful for the time spent to date and the commitment to future work together by all parties.

We support the design of a pilot program to ensure that we have appropriate payment, reporting, and measurement. We are hopeful for a quick development process and have members who are eager to pilot different aspects of the design to ensure it is operational.

Thank you for your consideration and please let me know if you have any questions.

Sincerely,

Georgia J. Maheras, Esq.
Director, Vermont Public Policy
Bi-State Primary Care Association