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BI-STATE PRIMARY CARE ASSOCIATION 2018 Vermont Public Policy Principles, Priorities, & Strategies

Public Policy Principles

Bi-State is committed to improving the health of Vermonters and ensuring that all individuals have access to affordable and high-quality primary medical, mental health, substance use disorder, and oral health services, regardless of insurance status or ability to pay.

We believe that community-based, accessible, and affordable primary care for all Vermonters is the foundation for successful health reform in Vermont. We support the state's efforts to move to a universal and unified health care delivery system and ensure universally available health access and insurance coverage. We support the increased investments in comprehensive integrated primary preventive care that will cost-effectively improve the health of all Vermonters. Our work aims to preserve, strengthen, and expand Vermont's community-based primary care safety-net providers, recognizing that these organizations are integral to the lives of one-in-three Vermonters and are the foundation of healthy communities statewide.

Overall Strategy

In general, these strategies will be pursued through a combination of efforts. The efforts include:

1. *Review and analysis of proposed legislation and concepts that become legislation.
 - a. *Analysis includes review for legal, policy, and reimbursement impacts.**
2. *Propose priority and position to GRC.*
3. *Monitor, providing comment as necessary to ensure Bi-State's position is heard and legislation passed achieves Bi-State's PPP to the greatest extent possible. Engage members as appropriate.*
4. *Learn about the positions of other entities/organizations to determine if there is alignment or not on priority legislation. Regardless of alignment, work in a coordinated fashion to share information with others. If there is alignment, coordinate testimony, amendments, etc...*
5. *Depending on the pace of the legislation, overall priority, and impact, more work may need to be conducted to ensure there are no harmful impacts. These include direct outreach to key legislators, legislative staff, and other state leadership. Outreach is targeted initially to the committees of jurisdiction and then to House and State leadership as well as bill sponsors. For example, all budget-related advocacy focuses first on House Health Care and Senate Health and Welfare and then on the respective Appropriations Committees.*

Public Policy Priorities

Bi-State works through effective partnerships and robust engagement with the Governor and the Administration, State Legislature, Green Mountain Care Board, and other partners to ensure continued access to primary care using a cost-effective workforce and to:

1. Ensure every Vermonter has access to a primary care medical home with particular attention to underserved Vermonters.
2. Advocate for delivery system and payment models that invest in, build upon, and prioritize proven and cost-effective community-based primary care -- specifically that sustain and enhance the Federally-Qualified Health Center and Rural Health Center models of care delivery and reimbursement.
3. Build on the successes of the Blueprint for Health, ensuring substantial and equitable investment in patient-centered medical homes and empowering local care communities in decision-making through inclusive processes.
4. Close coverage gaps for uninsured Vermonters and affordability gaps for under-insured Vermonters.
5. Promote population health and well-being through the support of public health goals and population health initiatives.
6. Establish strong community-based partnerships that support patients through transitions across care settings.
7. Increase investments to integrate mental health, substance use disorder, and primary care services.
8. Integrate coverage for and expand access to oral health.
9. Invest in preventive services, early intervention, wellness initiatives, and health education.
10. Support primary care practitioners in care management and patient engagement for patients with chronic conditions.
11. Sustain the 340B pharmacy program to ensure continued access to low-cost pharmaceuticals.
12. Increase funding for Vermont Medicaid, and ensure continued investment in primary care.
13. Invest in comprehensive workforce development strategies including: increased federal and state loan repayment for health care professionals, and funding for national marketing and outreach.
14. Increase access to and funding for telemedicine services to improve access to services for Vermont's rural and underserved populations.
15. Sustain federal payment "floors" and framework for FQHC and RHC infrastructure, initiatives, and services to improve access to comprehensive primary care for the uninsured and underinsured.
16. Sustain and improve state funding for the Vermont Coalition of Clinics for the Uninsured.
17. Sustain and improve state funding for the Area Health Education Centers (AHEC).
18. Reduce the amount of administrative burden to Vermont's health care providers.

Three Key Areas of Focus (as of 1/19/18):

There are three key areas of focus in the 2018 Legislative Session as of 1/19/18. These three areas relate to Bi-State's 2018 PPP identified above.

1. *Primary Care Investment, Reduction in Administrative Burden—There are several pieces of legislation, most significantly Universal Primary Care, that focus on primary care and the*

delivery system. Bi-State will provide education about our members and their critical role in Vermont's primary care system as well as their role as safety-net providers. We will also highlight any concerns identified by the GRC (like patient confusion or unnecessary administrative bulletin) to relevant committees. A key piece of education will be done through our Legislative Day testimony to House Health Care and Senate Health and Welfare. Critical messages include the ROI of primary care and overall importance of comprehensive services available throughout the state. Throughout the session, Georgia will work with key Legislators, stakeholders, and members to ensure that our members' position is known and supported. This includes attending public hearings and providing written and verbal testimony.

2. *Workforce Development-- There are two areas where this comes to the fore:*
 - a. *SFY19 Budget (and one bill funding loan repayment): Due to the decreased SOV revenues, level funding is considered a 'win' in this area. AHEC, and other Bi-State members, have identified the need for increased funding in loan repayment and workforce recruitment infrastructure. If funding is increased, provide data and support for the increase. If funding is level, request increase, following AHEC's lead. If funding is decreased, increase advocacy following AHEC's lead.*
 - b. *Governor's Proposed Workforce Initiative to recruit from out of state in priority areas: there will likely be an increase in funding for this work that will benefit Bi-State's members in the Governor's proposed budget (along with some shifts in existing funding resources). Support this part of the Governor's budget in the Legislature. Additionally, provide direct assistance, utilizing Stephanie Pagliuca and other Bi-State resources to work directly with Sarah Buxton and other Administration workforce staff.*
3. *Prescription Drug-Related Issues: There are several bills filed in the Senate that intend to address the rising cost of prescription drugs for Vermonters. These have the potential to disrupt the 340B program for Bi-State's members. There is specific work to draft alternative bill language to ensure the Bi-State's members can continue to participate in the 340B program. Additional work includes research into the relationship between drug importation laws and the 340B program, discussions with colleagues in other states, discussions with NACHC, and others who can provide information to support the policy goal. Given the complexity of this specific set of issues, there is additional work with Vermont's delegation staff, and Vermont's hospitals to ensure that this work is coordinated. Targeted outreach to Senate leadership and their staff is ongoing.*