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**Vision:** Healthy individuals, families, and communities with equitable and quality health care for all.

**Mission:** Advance access to comprehensive primary care services for all, with special emphasis on those most in need in Vermont and New Hampshire.

## 2022 Vermont Public Policy Principles

Bi-State Primary Care Association has a steadfast commitment to its members (Federally Qualified Health Centers, Vermont Free and Referral Clinics, Area Health Education Centers, and Planned Parenthood of Northern New England) in their missions to provide community-based and patient-centered primary care to Vermonters regardless of insurance status or ability to pay. Bi-State supports initiatives that ensure sufficient resources for safety-net providers and promotes the development and retention of a robust and diverse workforce. Bi-State partners with federal and state governments to maximize essential resources for communities to amplify primary care and public health measures. At the state level, Bi-State works with the Governor and Administration, State Legislature, Green Mountain Care Board, and other partners to implement policies that increase access to affordable, high-quality comprehensive care that integrates preventive and primary medical, oral, mental health, and substance use disorder treatment services and reduces health disparities due to language, race, ethnicity, gender, and sexual orientation. Bi-State members have remained unwavering throughout the COVID-19 pandemic in their goal to ensure Vermonters are physically healthy, mentally healthy, well nourished, well housed, and financially secure.

### Public Policy Priorities

Bi-State has identified the following priorities to guide its approach to public policy and support its members' commitment to meeting the health and wellness needs of their communities, families, and patients.

#### *Finance*

Funding must be sufficient for primary care to operate today and invest in an evolving future of care.

- Funding should meet the cost of care today and enable organizations to invest for the future.
- Funding should be flexible, covering clinically appropriate modalities of care to ensure Vermont's rural and underserved populations have access to needed services including care coordination activities and telehealth.
- Funding should be sufficient for primary care to continue to play the central role in improving population health and shifting health care utilization away from high-cost services consistent with the State of Vermont's stated health care reform goals.
- Funding should include investments in primary care, oral health, mental health, substance use disorder, and community-based services that are needed across all payers (Medicaid, Medicare, and commercial) for current patients and those who presently lack access to care.

## ***Workforce***

Sufficient workforce is critical to providing access to timely, high-quality care. The current workforce crisis is hurting patients through delayed or inaccessible services, increasing the cost of care through higher labor costs and use of higher cost settings (i.e., emergency departments), and demoralizing existing staff.

- Investments are needed that address both short-term needs for recruitment and retention and long-term needs around workforce pipeline development, the latter of which will be critical to avoiding future workforce crises.
- Workforce efforts should address the full range of positions including health care providers and those that support direct patient care and help run health care organizations.
- State efforts should align and coordinate with federal efforts.

## ***The Future of Health Care Delivery***

Bi-State members provide whole person care, recognizing the many factors that affect a person's health outcomes. Primary care providers integrate multiple services to address medical, mental, oral, and reproductive health, as well as social factors, with the understanding that all of these areas of care impact each other.

- Payment models across all payers should be aligned to support a flexible and integrated model of care.
- Care delivery and coordination models used by payers and payer-like entities should build upon and advance the integrated community-based primary care models employed by Bi-State members.
- Policies should promote population health and well-being through community-wide partnerships, coordination, education, and integration.