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February 28, 2020

Senate Health and Welfare Committee  
State of Vermont  
115 State Street  
Montpelier, VT 05633

Re: S.225 and S.185 – Acts relating to regional planning commissions identifying health care-related needs and a climate response plan

*Submitted via e-mail to [doatley@leg.state.vt.us](mailto:doatley@leg.state.vt.us)*

Thank you for the opportunity to provide background information on bills S.225 and S.185.

Bi-State Primary Care Association (Bi-State) is a 501(c)3 nonprofit organization, formed by two health and social service leaders in 1986 to expand access to health care in Vermont and New Hampshire. Today, Bi-State represents 31 member organizations across both states that provide comprehensive primary care services to over 300,000 patients at 142 locations. Our members include federally qualified health centers (FQHCs), clinics for the uninsured, rural health clinics, Area Health Education Center programs, and Planned Parenthood of Northern New England.

We are writing today to provide background information as the committee considers S.225 and S.185, including the possibility of combining both bills.

These comments are divided into three areas: health care providers' coordinated response to extreme weather events, the health sector's response to other climate-change related threats, and broader collaboration with planning groups to promote health equity and healthy communities.

### **Coordinated Response to Extreme Weather Events**

Response to extreme weather events, and other disasters, is a high priority area of work for health care providers. Bi-State uses an Event Impact Assessment process to collect information on health center operations during an emergency, such as a flooding event. Our data collection includes asking questions about how the health center is impacted, any needs the health center has identified, and any supports the health center may be able to offer to more-impacted components of the health care delivery system. This system was developed at the request of the U.S. Department of Health and Human Services' Health Resources and Services Administration's Bureau of Primary Health Care, which recognizes that "health centers play a

critical role in providing continuity of care to support communities during and after natural or manmade emergencies that affect the United States or its territories.” Although this information is currently reported internally and to federal entities, we are open to sharing the information we collect with State of Vermont contacts, as appropriate, in an emergency.

Bi-State also participates in the Vermont Healthcare Emergency Preparedness Coalition, which is convened by the Vermont Department of Health. This Coalition connects our health centers with other health care providers around emergency preparedness and helps us identify emergency preparedness resources that they would find useful. Bi-State also participates with primary care associations across the country in an Emergency Management Advisory Coalition, which provides resources specific to FQHCs. Bi-State receives Health Alert Network notifications about urgent public health incidents from the federal government and State of Vermont, which again informs outreach to health centers.

As part of Bi-State’s regular training and technical assistance work, we offer sessions on emergency preparedness topics. This includes peer-to-peer groups for sharing resources, such as the CARE (Citizens Assistance Registry for Emergencies) which was presented in our summer 2019 member meetings and as part of our online resource sharing. In another example, at our May 2019 annual conference, we offered a session, “Emergency Preparedness: Are You Ready?,” which provided information on the CMS Rule regarding Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers and which demonstrated to the health centers how to enact a weather-related table-top exercise.

Ongoing emergency preparedness work, and steadily improving coordination, are important goals, especially with anticipated increases in extreme weather events due to climate change. We support this goal, while also noting that work in this area is currently very active.

## **Public Health and Climate Change**

We know that climate change poses key public health risks that go beyond weather events and emergency preparedness. Many of these risks intersect with broader public health concerns that our community health centers already attempt to address. For example:

- Temperature extremes, particularly extreme heat, can be deadly – and we know that this problem is exacerbated by social isolation, especially for seniors. The question of how we can help older Vermonters be healthy and safe in their homes, especially in rural locations, is an ongoing public health challenge.
- Diseases carried by insect vectors are likely to increase, and already Vermont has seen substantial increase in Lyme Disease, from a very rare occurrence in the 1990s, to a peak of 1,093 cases in 2017 and regular reports of over 500 cases each year. Addressing this change combines public awareness campaigns for prevention, as well as treatment.
- As precipitation increases in Vermont, we also have the danger of water-related illnesses. These may come from environmental toxins in the home, as mold responds to a warmer

and damper climate. It may come from greater runoff and pollution making its way into our water sources, which can lead to toxic algae blooms (exacerbated by warmer weather) and pathogens entering irrigation waters for our food.

- Climate change is linked to a range of mental health concerns, including in response to disasters and as a response to chronic stressors from the ongoing crisis. Integrating mental health with all other health care is an ongoing goal, and FQHCs, which provide a comprehensive suite of health services, have seen a fivefold increase in mental health service visits in the last decade.

In 2012, the Vermont Department of Health received funding from the Centers for Disease Control and Prevention (CDC) to initiate a Climate-Ready State program. Vermont's summary of climate change impacts on public health, and possible responses, is available online [www.healthvermont.gov/environment/climate](http://www.healthvermont.gov/environment/climate). There are also non-profit groups engaging the health care sector in climate changes issues, such as the Medical Society Consortium on Climate and Health, Health Care Without Harm, and the Vermont Climate and Health Alliance. We support ongoing partnership development in this area and leadership from the Vermont Department of Health and their Climate and Health Program.

### **Regional Planning and Health Care Needs**

A central tenet of modern health care is our goal to treat people in a way that prioritizes maintaining good health over fixing problems after they've occurred. This means investment in traditional primary care, but also investment in going further upstream for true prevention. Practices like good diet, adequate housing, high quality early childcare, reduced stress in your living situation, and many other factors support wellness. Similarly, investing in removing the barriers to accessing primary care, for example lack of transportation or limited English proficiency, is part of a proactive strategy.

FQHCs have particular federal requirements around connection to their communities, which includes a requirement that their governance board be majority led by current patients, that they submit comprehensive patient population data through UDS, and that they complete regular community health needs assessments, conducted with a range of community partners. Examples of community needs identified in recent assessments by our members include:

- Food security
- Transportation access
- Physical activity
- Health care that integrates mental health components
- Effective substance use prevention programs
- Managing the stress of poverty

Non-profit hospitals are required by federal law to perform their own Community Health Needs Assessments every three years, again with a range of community partners that include regional planning commissions. Often our FQHCs work with their local hospital in this process. The

Vermont Department of Health makes these assessments available online, and the Green Mountain Care Board reviews them for patterns across the state as part of their assessment of non-financial needs for hospitals.

As health care providers explore the broader community context of health, other community development and planning sectors are also doing more in planning for public health. For example, this year at town meetings the Farm to Plate network is promoting its recently published toolbox on Local Planning for Food Access. We expect this trend towards broader involvement to continue. The State of Vermont also recognizes this trend through their Health in All Policies task force, which coordinates health across sectors at a policy level.

Bi-State agrees that regional planning commissions are important partners in promoting health in Vermont, and that we need broad assessments of community needs as regards health care. However, we also feel that regional planning commissions are already partners, that they are part of a diverse group of partners engaged in this conversation, and for that reason it may not make sense to single them out for identifying community health care needs.

Thank you for your attention to the important issues of climate change and public health, as well as the role of regional planning commissions in helping address the many difference factors that shape wellness in Vermont's communities.

Sincerely,

A handwritten signature in black ink, appearing to read 'Helen Labun', with a long horizontal flourish extending to the right.

Helen Labun  
Director of Vermont Public Policy  
Bi-State Primary Care Association