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BI-STATE PRIMARY CARE ASSOCIATION 2025 National Public Policy Principles and Priorities

Public Policy Principles

Bi-State Primary Care Association has a steadfast commitment to improving the health of New Hampshire and Vermont residents. Our mission is to advance access to comprehensive preventive and primary care services for all, with special emphasis on those most in need. Our work focuses on preserving, strengthening, and expanding Community Health Centers and growing the primary care workforce to ensure all individuals have access to care that integrates medical, oral, behavioral, mental health, and substance use disorder treatment, and enabling services regardless of insurance or ability to pay.

Bi-State's health care policy work at the state and national level is primary to our purpose, and we aim to achieve our goals by working in partnership with federal and state governments, health policy organizations, thought leaders, foundations, as well as public and private payers.

Public Policy Priorities Highlights

Health Care Systems and Finance Reform

- Work toward comprehensive, optimal, and sustainable health care coverage that is available and affordable to everyone.
- Support Value Based Care models to include all primary care providers, ensuring payment, practices, and policies invest in primary care providers to support optimal health for all Americans, including nutrition, chronic disease management, mental health, and substance use disorder treatment.

Appropriations for the Community Health Center Program

- Support increased and sustained mandatory and discretionary appropriations for Community Health Centers, prioritizing base grant increases, Market Adjustments, Service Expansion, and New Access Point funding to strengthen and expand the essential health services and community benefits provided by health centers.
 - According to a Congressional Budget Office report from February 2024, care provided at Community Health Centers lowers federal spending for Medicaid and Medicare through decreased utilization of services in emergency departments, inpatient hospital settings, and for costly outpatient services, and an investment of \$5.8 billion per year into the CHC program would reduce federal health insurance spending by about \$11.4B over 10 years.ⁱ
 - In 2021, health centers were estimated to have saved the federal government \$23.5 billion.ⁱⁱ
 - Health centers also serve as economic engines for under-resourced neighborhoods. A study by Capital Link showed that for every dollar of federal funding invested in health centers, \$11 is generated in total economic activity, and health centers are often one of the largest employers in rural communities.ⁱⁱⁱ
- Support deepened and expanded services for comprehensive medical, dental, vision, pharmacy, mental and behavioral health, substance use disorder treatment, and nutrition services, with an emphasis on those most in need, including children, pregnant and postpartum mothers, older adults, veterans, and people living with SUD, chronic disease, and disabilities.
- Promote and support access to capital, including building, renovations, and IT infrastructure for Community Health Centers through federal appropriations and mandatory funding, New Market Tax Credits, USDA Rural Loans, tax-exempt bonds, loan guarantees, and mortgage insurance.

Pharmacy Access

- Promote and support access to low-cost drugs, including the continued availability of 340B drug pricing options for Community Health Center patients.
- Strengthen protections for Community Health Centers using contract pharmacies to dispense 340B drugs to their patients.
- Support policies that prevent private, for-profit companies from “pick-pocketing” 340B savings from Community Health Centers.
- Prevent the implementation of a 340B rebate model by private tech companies and drug manufacturers.

Medicaid and Medicare

- Promote and support strong, viable Medicaid and Medicare programs with fair and equitable reimbursement to Community Health Centers.
- Retain the Medicaid and Medicare Prospective Payments (PPS) to Community Health Centers, ensuring there is sustainable, long-term funding amidst rising inflation, market pressures on salaries, and inadequate reimbursement trends.
- Under Medicare, ensure patients have permanent access to telehealth services provided by Community Health Centers, including audio-only services. Ensure Community Health Centers are reimbursed for telehealth visits at a rate equal to an in-person visit.

Workforce

- Support increased and sustained federal investments that enhance health care workforce development, recruitment, and retention of primary care providers and ancillary staff, including:
 - Increased resources for Teaching Health Center Graduate Medical Education, including Planning and Development grants, to support residency training slots for primary care physicians and dentists at community-based sites.
 - Increased investments in National Health Service Corps, Nurse Corps, and STAR Scholarship and Loan Repayment programs, as well as Nurse Practitioner Residency and Fellowship programs.
 - Increased investments in Area Health Education Centers to expand health care workforce pipeline development and training at the community level.

Women’s Health Care

- Support affordable access to primary and preventive care and women’s health care services, including prenatal and postpartum care, and essential testing and cancer screenings.

Social Drivers of Health

- Support policies and practices that reduce barriers to achieving optimal health.
- Support policies and practices that make food access and health care integration feasible for all communities.
- Support policies and practices that make housing more accessible and affordable for patients and communities.
- Support policies, practices, and programs that help Community Health Centers and communities develop their emergency preparedness and become more resilient to natural disasters.
- Support adequate and sustained funding for the Maternal and Child Health Block Grant (Title V), Family Planning Program (Title X), Women Infants and Children Nutrition Program (WIC), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families Program (TANF), and Low-Income Home Energy Assistance Program (LIHEAP).

ⁱ Congressional Budget Office Cost Estimate. “S.2840, Bipartisan Primary Care and Health Workforce Act,” February 6, 2024. <https://www.cbo.gov/system/files/2024-02/s2840.pdf>

ⁱⁱ Robert Nocon, Kaiser Permanente Bernard J. Tyson School of Medicine. Testimony on “Community Health Centers: Saving Lives, Saving Money” before the United States Senate Committee on Health, Education, Labor and Pensions. March 2, 2023. https://www.help.senate.gov/imo/media/doc/Testimony-Nocon-CHCs%202023-0228_Final.pdf

ⁱⁱⁱ National Association of Community Health Centers (NACHC). “Health Centers Provide Cost Effective Care,” 2015. http://nachc.org/wpcontent/uploads/2015/06/Cost-Effectiveness_FS_2015.pdf