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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.

2025 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, and Planned Parenthood of Northern New England) in their missions to provide community-based and patient-centered primary and preventive 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.

Bi-State works with many partners including the Governor and Administration, State Legislature, and Green Mountain Care Board to implement policies that increase access to affordable, high-quality comprehensive primary care that integrates physical, oral, mental, and reproductive health, and substance use disorder treatment services. Throughout the COVID-19 pandemic, Bi-State members responded as necessary to achieve the goal of ensuring 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 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 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 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

A 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 (e.g., emergency departments), and demoralizing existing staff.

- Investments are needed to address both short-term recruitment and retention needs and long-term workforce pipeline development needs, 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.
- Resources will be needed for community-based Teaching Health Center Graduate Medical Education grants to support residency training slots for primary care physicians.
- 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. This approach requires the integration of medical, mental, oral, and reproductive health, substance use disorder treatment, and services that address social and environmental drivers, with the understanding that these aspects of care all impact each other.

- Value Based Care models must include safety net providers and strong investments in comprehensive primary care through payment and policies that support flexible and integrated delivery 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.