Photo Credit: Kristen Bigelow-Talbert

BI-STATE PRIMARY CARE ASSOCIATION
1986 40th Anniversary 2026
Celebrating 40 Years
SERVING VERMONT & NEW HAMPSHIRE
Improving Access to Primary Health Care Since 1986

Bi-State Primary Care Association
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2026 Vermont Primary Care Sourcebook

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What is a Primary Care Association?

Each of the 50 states (or in Bi-State's case, a pair of states) has one nonprofit Primary Care Association (PCA) to serve as the voice for Community Health Centers. These health centers were born out of the civil rights and social movements of the 1960s with a clear mission that prevails today: to provide health care to communities with a scarcity of providers and services. That includes bringing comprehensive services to rural regions of the country.

Community Health Centers ensure everyone has access to primary health care

Community Health Centers provide affordable & comprehensive primary care to everyone, regardless of ability to pay. Nationally in 2024, over 1,500 health centers with over 17,000 locations served nearly 34 million patients – 1 in 10 Americans including 1 in 5 uninsured persons and 1 in 5 rural residents. The National Association of Community Health Centers finds that, overall, community health centers save the health care system $24 billion annually by increasing access to comprehensive, high-quality, preventive and primary care (sources: NACHC report, Uniform Data System (UDS), Census publication on the # of uninsured). Additionally, our health centers continue to respond to current and emerging public health needs through providing vaccinations, testing services, and telehealth services.

Bi-State's Mission

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

Who we are

Bi-State Primary Care Association 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 26 member organizations across both states that provide comprehensive primary care services to over 344,600 patients at 175 locations (UDS; *location count includes: health centers, dental centers, combined centers, express care sites, school-based sites, and mobile units*). Our members include federally qualified health centers (FQHCs), Free and Referral Clinics, Planned Parenthood of Northern New England, networks, and consortia. We provide training and technical assistance for improving programmatic, clinical, and financial performance. We provide workforce assistance and candidate referrals for providers including physicians, dentists, nurse practitioners, and physician assistants. We work with federal, state, and regional policy organizations, foundations, and payers to develop strategies, policies, and programs that support community-based primary health care.

Bi-State programs include

- Workforce and Recruitment
- Data Management & Analysis
- Food Access and Health Care
- Continuous Quality Improvement

Bi-State Primary Care Association's Vermont Members

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Bi-State's Members Serve 1 in 3 Vermonters

In Vermont, Bi-State represents 13 member organizations that serve over 238,300 patients at 109 locations. **VT's Community Health Centers provide primary care for 1 in 3 Vermonters, including: almost 100% of uninsured Vermonters and homeless Vermonters; over 1 in 3 Vermonters enrolled in Medicaid & Medicare.**

VT FEDERALLY QUALIFIED HEALTH CENTERS:

Federally Qualified Health Centers

- *Provide a set of comprehensive, high-quality primary care and preventive services regardless of patients' ability to pay.*
- *Employ interdisciplinary teams and patient-centric approaches.*
- *Deliver care coordination and other enabling services that facilitate access to care.*
- *Collaborate with other providers and programs to improve access to care and community resources.*
- *Are community-based and patient-directed, with a patient-majority governing board.*

FQHC sites in Vermont include health center operations at medical clinics, dental clinics, pediatric centers, schools, recovery community organizations, community mental health centers, mobile unit sites, a health care for the homeless program, and more.

VT SAFETY NET PROVIDERS PROGRAMS & SERVICES:

Federally Qualified Health Centers

Planned Parenthood of Northern New England

Planned Parenthood of Northern New England (PPNNE) is the largest reproductive health care and sexuality education provider and advocate in northern New England with health centers across Maine, New Hampshire, and Vermont.

Vermont Free and Referral Clinics

Vermont's Free & Referral Clinics (VFRC) is an association of nine clinics that provide free health care services to all Vermonters. The clinics provide a range of support with health insurance and other state programs, as well as care coordination, assistance accessing free or low-cost prescriptions, and transportation. Five clinics offer free medical, dental, and mental health services.

In 2024, VT FQHCs

- Served 210,641 patients in VT.
- Conducted 848,767 patient visits.
- Offered services all 14 counties, across 93 sites.

In 2024, VT Safety Net Providers

- Served 238,367 patients in VT.
- Offered services in all 14 VT counties, across 109 sites.

FQHCs are Economic Engines within their Communities

In Vermont, 11 Federally Qualified Health Centers provide tremendous value and impact to the communities they serve through care for **vulnerable populations**, **savings to the health care system**, **economic stimulus**, **state-of-the-art best practices**, and **integrated care** with a focus on **managing chronic conditions**, **preventive care**, and **quality health outcomes**.

Economic stimulus

HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
1,701	1,485	3,186
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT
$331.1 M	$258.1 M	$589.2 M
STATE & LOCAL TAX	FEDERAL TAX	ANNUAL TAX REVENUES
$22.0 M	$52.6 M	$74.6 M

Economic impact was compiled in this report by Capital Link and funded by the National Association of Community Health Centers (NACHC). For more information, see the "References and Data Sources" and "Acknowledgments" sections or visit www.caplink.org.

FQHCs result in savings to the health care system

Researchers have calculated that FQHC patients experience a 24% lower total cost of care. This translates to a $128.4 savings to VT Medicaid and a $310.5 M savings to Vermont's overall health care system.

LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM
24%	$128.4 M	$310.5 M

Nocon RS, Lee SM, Sharma R, Ngo-Metzger Q, Mukamel DB, Gao Y, White LM, Shi L, Chin MH, Laiteerapong N, Huang ES. Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings. Am J Public Health. 2016 Nov;106(11):1981-1989. doi: 10.2105/AJPH.2016.303341. Epub 2016 Sep 15. PMID: 27631748; PMCID: PMC5055764.

Our members serve Vermonters regardless of insurance status or ability to pay.

Our FQHCs serve:

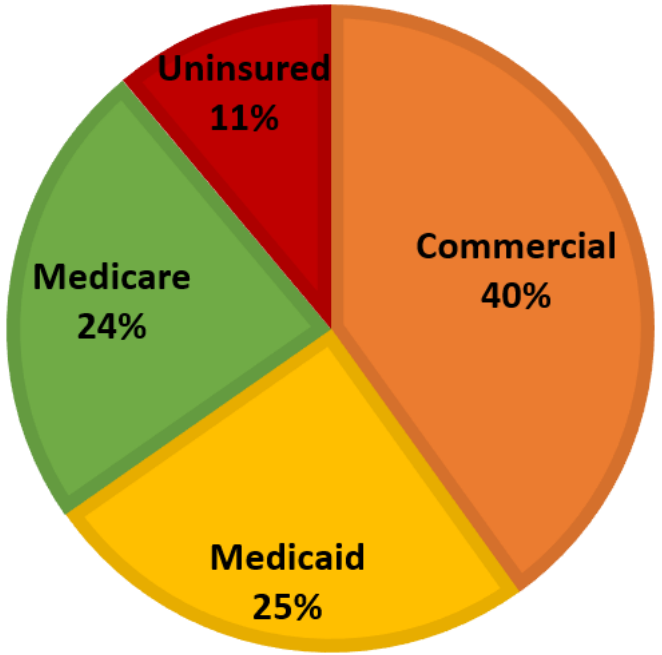
- 37.8% of Vermont Medicaid enrollees
- 42.2% of Vermont Medicare enrollees

All Bi-State members provide a sliding fee scale to ensure affordable care, including offering free services to those unable to pay. Free clinics never charge their patients.

Our members also offer financial counseling or assistance to enroll in programs that can help make health care more affordable for patients struggling to afford health care.

Our members serve almost all uninsured Vermonters. In 2024: Vermont's Free and Referral Clinics report that 71% of patients were uninsured or underinsured. PPNNE provided over $1.2 million in free or discounted care to Vermonters in FY2025. FQHCs provided care to 23,308 Uninsured Patients in 2024. Together, our members serve almost 100% of all uninsured Vermonters.

FQHC Patients by Payer in 2024



2024 UDS Data

Being able to afford health care is not only about the cost of medical services – our patients balance the price of these services and pharmaceutical prescriptions against competing costs of transportation, rent, heat, childcare, and food. These pressures have continued to grow over the last several years. For this reason, our members offer comprehensive approaches to mitigate barriers to care, including connecting patients directly to food resources, working with them to access appropriate medical services from home, and engaging with community partners to support a wide-ranging approach to wellness.

*Denominators from Kaiser Family Foundation (KFF) (estimates for: insurance status & total population), based on most recent data available (2023/2024) sourced from US Census Bureau American Community Survey). Numerators from 2024 UDS.

FQHCs Improve Access to Integrated Primary Care Services

In 2024, Vermont's FQHCs served 210,641 patients, almost 1 in 3 Vermonters (32.5%) including:

- 36,500+ children
- 49,700+ Medicare enrollees (42.2% of VT Medicare Enrollees)
- 6,000 Veterans
- 3,600+ Homeless Individuals (close to 100% of Vermonters experiencing homelessness)
- 23,300+ Uninsured Patients (close to 100% of Vermont's uninsured population)
- 53,100+ Medicaid Enrollees (37.8% of VT Medicaid Enrollees)

Federally Qualified Health Centers (FQHCs)

The federal government supports FQHCs as the nation's primary safety net system for health care. FQHCs provide comprehensive services in areas with limited access to health care services. Comprehensive means primary medical, dental, oral, mental health and enabling services (such as translation, transportation, financial assistance navigation, health education, and nutritional assistance). FQHCs accept patients regardless of ability to pay, offer a sliding fee scale, and work with their communities to address a range of health needs. FQHCs are governed by a patient-majority board. In Vermont, there are FQHC sites in every county and almost one in three Vermonters relies on an FQHC for primary care.

FQHCs and Public Health

VT FQHCs play a crucial role in Vermont's current and emerging public health needs. They were a key partner during the COVID-19 pandemic and have been on the front lines of other emerging public health concerns by staging vaccine clinics and providing vital public health education to their communities.

FQHCs also work to reduce barriers to care by bringing care where it is needed, such as through school-based clinics, programs for the homeless, or mobile units.

Vermont's FQHCs are a Dental Safety Net

9 of 11 Vermont's FQHCs offer on-site dental care; all offer dental access.

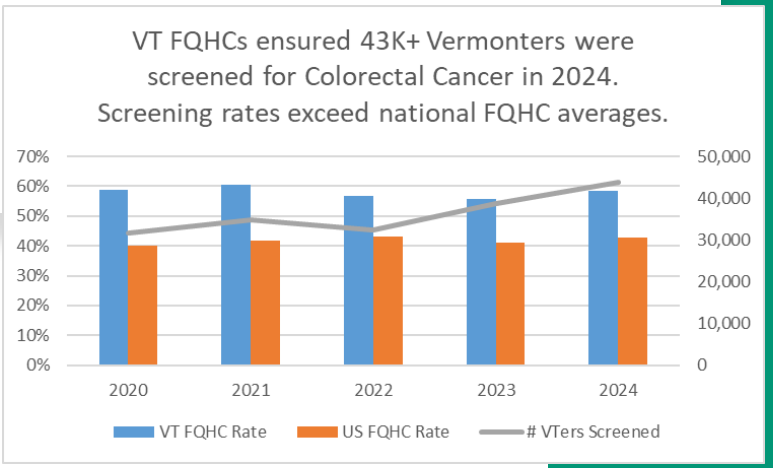
Updated: 1/23/2026

*Denominators from Kaiser Family Foundation (KFF) (estimates for: insurance status & total population and homelessness), based on most recent data available (2023/2024) sourced from US Census Bureau American Community Survey). Numerators from 2024 UDS.

Health Centers strive to improve cancer screening rates

A story of cancer screening success:

Vermont Federally Qualified Health Centers (FQHCs) are actively enhancing cancer screening initiatives through innovative approaches and targeted outreach. Efforts include streamlining data collection for cervical cancer results and promoting alternative colorectal cancer screening methods like stool-based tests to address barriers such as long colonoscopy wait times and accessibility challenges. Outreach programs are being developed to assist vulnerable populations, including the unhoused, in navigating colorectal cancer screenings. FQHCs also focus on breast cancer detection, hosting specialized clinics in partnership with UVMMC to serve all patients, while leveraging grants to employ community health workers who coordinate care and address self-scheduling barriers. Quality improvement (QI) projects across health centers target cervical, colorectal, and breast cancer screenings, identifying patients overdue for screenings and conducting outreach through letters, electronic campaigns, and community education initiatives. Through these efforts, they are addressing social risk factors, enhancing patient education, and leveraging technology and grants to promote access to preventive cancer care.



2024 UDS Data

Vermont Rural Health Alliance (VRHA)

VRHA Background

The Vermont Rural Health Alliance (VRHA) is a Health Center Controlled Network (HCCN) and a program of Bi-State Primary Care Association created to serve the operational needs of Vermont's health centers in the context of the evolving health care environment.

VRHA Vision

Maximize population health by addressing root causes and sustaining measurable, concrete positive change in health care.

VRHA Priorities

- Data Intelligence
- Health Reform
- Sustainability

Supporting Best Practices in Health Care

VRHA team skills:

- Data Analysis - dashboard/report development
- Quality Improvement/Change Management
- Project Management
- Subject Matter Expertise

We Help Turn Data into Information

The VRHA team provides annual "VRHA Roadshows" to guide care teams at health centers through their data and tools. We additionally provide trainings on other topics including:

- Cybersecurity
- Compliance with Privacy and Security Rules
- Excel Tips and Tricks / Qlik Basics
- Various Clinical Topics
- Medical and Non-Medical Health-Related Needs
- Workforce Resiliency

We also staff groups for FQHC Medical Directors, Quality Improvement staff, Data Analysts and Informatics staff, and others.

Food Access and Health Care

Healthy Rural Hometown Initiative (HRHI) – Final Year

The Northern Tier Center for Health (NOTCH) and Little Rivers Health Care (LRHC) are completing their final year of providing medically supportive meals to patients with or at risk for cardiovascular disease (CVD). Participants showed improved clinical outcomes after participating in the health centers' food programming.

Outreach Grant-Planning Year

Bi-State was awarded a new Outreach Grant and will be supporting LRHC, Northern Counties Health Care (NCHC), and Battenkill Valley Health Center (BVHC) with:

- Integrating the Tufts University Nutrition Security Screening Tool into EHRs & participating in a longitudinal feasibility study
- Implementing / maintaining a food program for individuals with food or nutrition insecurity

2025 Food Access in Health Care Network Awards

Six programs, selected competitively by statewide experts, are receiving funding to expand Food is Medicine initiatives:

- **Central VT Council on Aging:** Developing Training Video modules for staff/volunteers on medically tailored meals
- **Greater Bennington Community Services:** Piloting Medically Tailored Meals for patients with diabetes and hypertension in partnership with Dr. G. Richard Dundas Free Clinic and Grateful Hearts Bennington
- **Healthy Roots:** Expanding CSA produce prescription into Grant Isle County with NOTCH
- **Mountain Community Health:** Embedding Food Insecurity screening, referral, and education into clinical care
- **Little Rivers Health Care:** Transforming in-house food shelves into curated, medically-supportive, shelf-stable food boxes
- **Vermont Farmers Food Center:** Partnering with Community Health to provide Community Health Worker training in the Rutland region

Food Access in Health Care Website: www.VTfoodinhealth.org

Our members serve Vermonters in every corner of the state.

Our goal is for geography to never be a barrier to accessing comprehensive, quality services in Vermont. Our members operate in sites across the state, in every county. Our members also look for creative ways to extend their coverage, such as mobile clinics, school visits, and expanded use of telehealth. **Our Vermont members served 238,367 Vermonters via 884,370 visits across 109 locations in 2024.**

- Battenkill Valley Health Center (FQHC)
- Community Health Centers (FQHC)
- Community Health (FQHC)
- Gifford Health Care (FQHC)
- Lamoille Health Partners (FQHC)
- Little Rivers Health Care (FQHC)
- Mountain Community Health (FQHC)
- Northern Counties Health Care (FQHC)
- Northern Tier Center for Health (FQHC)
- North Star Health (FQHC)*
- The Health Center (FQHC)

- △ Planned Parenthood of Northern New England (CHC)
- ▲ Vermont Free and Referral Clinics*

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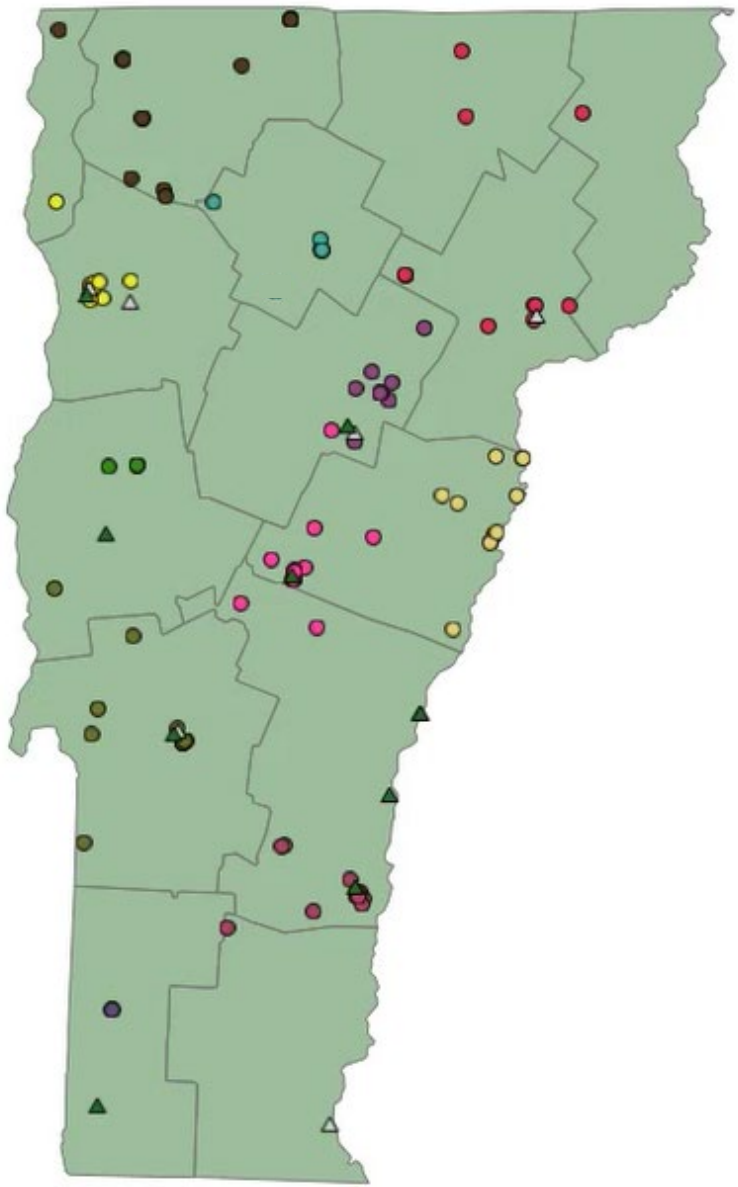
* North Star Health also has a location in Charlestown, NH
* A VFRC member, Good Neighbor Health Clinic, also has a location in Lebanon, NH



Updated: 1/23/2026

Patient/Visit counts and site counts/map source: 2024 VT UDS data and 2025 self-reported data in Bi-State PCA member surveys.

Bi-State's Vermont 2026 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 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 health, oral health, mental health, reproductive health, and substance use disorder treatment services. These policies help Bi-State members achieve the goal of ensuring Vermonters are physically healthy, mentally healthy, well nourished, well housed, and financially secure.

Bi-State's 2026 Policy Goals:

- Sustainable Access: Addressing the financial burden on health care organizations by maintaining current funding and prioritizing further investments in primary care through the state budget process, Vermont's health system transformation initiatives, and the federal Rural Health Transformation Program.
- Workforce: Addressing the strain on Vermont's health care workforce through continued focus on and investments in short- and long-term solutions.
- Health Care Delivery: Implement policies and payment models that support team-based and flexible approaches to care that allow Bi-State members to meet the needs of their patients and communities in a clinically appropriate way.

Bi-State 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.

Sustainable Access

- Funding should be sufficient for primary care to continue as central to 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.
- Pursue risk mitigation strategies to counter eroding 340B savings which are used to increase access to comprehensive services; identify added revenue streams to offset losses; and collect patient accounts of the value of the low-cost medication and added services.

Workforce

A sufficient workforce is critical to providing access to timely, high-quality care. The workforce shortages contribute to delayed or inaccessible care, 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 support staff.
- Resources are needed for community-based Teaching Health Center Graduate Medical Education grants to support residency training slots for primary care physicians, especially in rural areas.
- 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 non medical health-related needs 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.

FQHC Services Continue to be at Risk

Small nonprofit organizations such as the Vermont FQHC network provide critical and comprehensive health care services in rural areas and to populations with limited access to health care services. In many areas of Vermont, the FQHC is the main point of access to comprehensive primary care, including oral health care. However, our FQHCs are experiencing increasing financial fragility as funding sources decline or remain flat and costs and patients' needs rise. While Vermont's legislature supported a much-needed increase in Medicaid rates during the 2025 Legislative session, financial pressures continue and put at risk the ability of Vermont's FQHCs to provide essential services, especially in more remote locations across the state.

Increased Primary Care Investments Needed

Access to comprehensive primary care is critical for improving Vermonters' health and wellness and has a beneficial impact on the cost of health care. However, additional investment is needed to maintain and increase access to primary care in Vermont. Bi-State and its members are grateful for the investment made by the state of Vermont through Medicaid rates for SFY2026; however, this progress toward more financial stability is in jeopardy due to policies enacted at the federal level, including erosion of the 340B program savings, cuts to Medicaid, and the elimination of the enhanced federal advance premium tax credits. Bi-State and its members continue to work diligently with our state partners to address the current financial fragility and will seek to maintain access to comprehensive primary care.

Workforce Development and Public Policy

Health care workforce shortages have reached a critical point. This has been driven by accelerating retirements among primary care providers, persistent nurse shortages, and an ongoing lack of dental professionals. These challenges now span both clinical and non-clinical roles, severely constraining our members' ability to meet patient needs and sustain—let alone expand—access to care. Even when positions can be filled, extensive training and onboarding requirements delay impact and strain already limited resources. Without a strong, continuous pipeline of health professionals across all roles, efforts to attract and retain providers—and to preserve access to care—are increasingly at risk.

Bi-State has taken an active leadership role through its Recruitment Center, and in close collaboration with Vermont state officials, to develop and update the state's Health Care Workforce Strategic Plan, with a strong focus on pipeline development and recruitment and retention strategies that focus on rural communities. Bi-State also partnered with a coalition of provider associations to advance workforce recommendations for the state's application to the federal Rural Health Transformation Program. Strategic investment in training, education, recruitment, and retention is urgent and essential to meaningfully relieve workforce pressures that directly affect both access to care and the cost of primary, mental health, substance use, and dental services for Vermonters.

One example of this critical pipeline-building work is the Maple Mountain Family Medicine Residency, a Teaching Health Center Graduate Medical Education program. This program will recruit and train family medicine residents in Vermont, making a direct and lasting contribution to strengthening the state's primary care workforce pipeline.

Bi-State Workforce Goals:

- Support funding for Maple Mountain Family Medicine Residency, a Teaching Health Center GME program hosted by Gifford Health Care.
- Support community-based clinical training
- Increase investments in national outreach to recruit health professionals to Vermont.
- Expand scholarship and loan repayment options across broader health care professions

New Hampshire • Vermont
RECRUITMENT CENTER
A Service of Bi-State Primary Care Association

BiStateRecruitmentCenter.org

Bi-State's Recruitment Center

Recruitment Center Accomplishments

Our recruitment team identifies physicians, APRNs, physician assistants, dentists, and mental health and substance use disorder treatment providers who will thrive in our rural communities.

Between July 1, 2024 and June 30, 2025, the Recruitment Center identified 741 clinicians considering practice in Vermont or New Hampshire. Our work led to the successful recruitment of 1 clinical social worker, 13 dentists, 5 nurse practitioners (including 2 psychiatric NPs), 3 family medicine physicians, 2 internal medicine physicians, an interventional cardiologist, and 4 physician assistants to practices in NH/VT.

Primary Care is Delivered by a Team

Bi-State's Recruitment Center combines local outreach with national strategic marketing campaigns to recruit clinicians in primary care, oral health, mental health, and substance use disorder treatment. We increasingly see practices struggling to maintain and recruit qualified members across the continuum of care, including nurses, medical assistants, and dental assistants. The Recruitment Center supports practices in their efforts to recruit and retain the full primary care team.

Since its inception in 1994, the Recruitment Center has helped more than 150 employers recruit qualified employees across Vermont and New Hampshire.

Strategic Workforce Initiatives

Workforce development and planning for community health centers is more important than ever before to ensure that community needs are met.

Bi-State's Recruitment Center oversees two projects with community health centers:

- Developing comprehensive recruitment and retention plans; and
- Expanding health profession education and training programs within their practices.

Contact Information

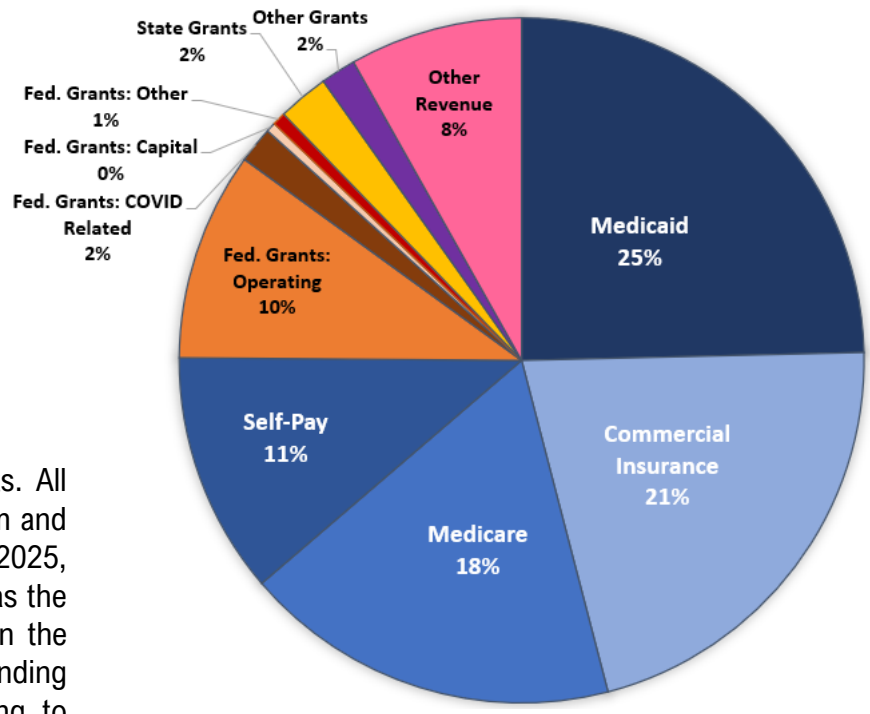
For more information, contact Stephanie Pagliuca, Senior Director of Workforce Development and Recruitment, spagliuca@bistatepca.org.

FQHC Funding

FQHCs are eligible to receive federal appropriations (i.e., “330 grants”) for allowable costs that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these costs may include care provided to uninsured and underinsured low-income patients and enabling services, outreach, transportation, and interpretation.

- Federal FQHC grants are awarded based upon a very competitive national application process.
- When FQHCs are awarded federal funds, they must meet strict program, performance, and accountability standards. Almost 100 additional regulations are connected to FQHC status.
- Federal FQHC appropriations are not transferable to any other entity.
- FQHCs bill commercial insurers similar to other primary care practices.
- No payer reimburses FQHCs for their full costs. Additional funding streams such as 330 grants and 340B funds allow FQHCs to offer comprehensive services in all corners of the state.

FQHC Sources of Revenue (2024)



2024 UDS Data

FQHCs and Health Care Reform

Vermont’s FQHCs have been very involved in the state’s health care reform efforts. All Vermont FQHCs participate in the Blueprint for Health advance primary care program and are highly engaged in providing the right care at the right place at the right time. In 2025, nine out of eleven eligible FQHCs continued their participation in OneCare Vermont as the Vermont All-Payer Model wound down. Additionally, six FQHCs also participated in the Medicare Shared Saving Program with other ACOs. While maintaining adequate funding levels remains essential, Bi-State members also support the goal of transitioning to value-based payments that prioritize primary care and provide the means to meet the health and wellness needs of patients and communities. Bi-State’s members are aligned with Vermont’s goals to improve health and limit the growth of health care costs. Bi-State is currently engaged with Vermont state officials and partner provider associations on the health system transformation efforts led by the Agency of Human Services, including work on the AHEAD model and the Rural Health Transformation Program.

FQHC Federal Requirements

Federally Qualified Health Centers (FQHCs) are health care practices that have a mission to provide high quality, comprehensive primary care and preventive services regardless of their patients' ability to pay or insurance coverage. FQHCs must successfully compete in a national competition for FQHC designation and funding. Additionally, they must be located in federally-designated medically underserved areas and/or serve federally-designated medically underserved populations. Annually, they submit extensive financial and clinical quality data to their federal regulators, the Health Resources and Services Administration (HRSA) in a submission called Uniform Data System (UDS). Every four years HRSA regulators audit each FQHC with a multi-day operational site visit.

Per Federal Regulations, FQHCs must comply with 90+ requirements. In summary, they must:

- Document the needs of their target populations.
- ***Provide all required primary, preventive, enabling health services*** (either directly or through established referrals).
- Maintain a core staff as necessary to carry out all required primary, preventive, enabling, and additional health services. Staff must be appropriately credentialed and licensed.
- ***Provide services at times and locations that assure accessibility and meet the needs of the population to be served.***
- Provide professional coverage during hours when the health center is closed.
- Ensure their physicians have admitting privileges at one or more referral hospitals to ensure continuity of care. Health centers must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
- Have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. ***No patient will be denied services based on inability to pay.***
- Have an ongoing Quality Improvement/Quality Assurance program.
- Exercise appropriate oversight and authority over all contracted services.
- Make efforts to establish and maintain collaborative relationships with other health care providers.
- Maintain accounting and internal control systems to safeguard assets and maintain financial stability.
- Have systems in place to maximize collections and reimbursement for costs in providing health services.
- Develop annual budgets that reflect the cost of operations, expenses, and revenues necessary to accomplish the service delivery plans.
- Have systems which accurately collect and organize data for reporting and which support management decision-making.
- Ensure governing boards maintain appropriate authority to oversee operations.
- ***Ensure a majority of board members for each health center are patients of the health center***. The board, as a whole, must represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.
- Ensure bylaws and/or policies are in place that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.

Source: Summary of Health Center Program Compliance Manual Requirements. (August 2018) from Bureau of Primary Health Care, Health Resources and Services Administration, https://bphc.hrsa.gov/programrequirements/index.html

Bi-State's Vermont Member Sites by County

Addison County
- Community Health (FQHC)
  - Community Health & Dental Shorewell*
- Mountain Community Health (FQHC)
  - Mountain Community Health*
  - MAT Mobile Van (mobile)
  - Mount Abraham Unified School District
- Open Door Clinic (VFRC)

Bennington County
- Battenkill Valley Health Center (FQHC)*
- Bennington Free Clinic (VFRC)

Caledonia County
- Northern Counties Health Care (FQHC)
  - Danville Health Center
  - Hardwick Area Health Center
  - Northern Counties Dental Center*
  - St. Johnsbury Community Health Center
  - Northern Express Care - St. Johnsbury

Chittenden County
- Community Health Centers (FQHC)
  - Riverside Health Center*
  - Safe Harbor Health Center*
  - Pearl Street Youth Health Center
  - H.O. Wheeler School*
  - South End Health Center*
  - GoodHEALTH Internal Medicine
  - Winooski Family Health*
  - Community Health Centers - Essex
- Health Assistance Program at UVMMC (VFRC)
- Burlington Health Center (PPNNE)
- Williston Health Center (PPNNE)

Essex County
- Northern Counties Health Care (FQHC)
  - Concord Health Center
  - Island Pond Health and Dental Center*

Grand Isle County
- Community Health Centers (FQHC)
  - Champlain Islands Health Center
- Northern Tier Center for Health (FQHC)
  - Alburg Health Center

Franklin County
- Northern Tier Center for Health (FQHC)
  - Enosburg Health Center
  - Fairfax Health Center
  - Richford Dental Clinic*
  - Richford Health Center
  - St. Albans Health Center
  - Swanton Health Center*
  - Georgia Health Center
  - NOTCH Primary Care
  - Swanton Rexall
  - NOTCH Pharmacy – Richford
  - Fairfax Pharmacy

Lamoille County
- Lamoille Health Partners (FQHC)
  - Lamoille Health Behavioral Health & Wellness
  - Lamoille Health Family Dentistry*
  - Lamoille Health Family Medicine, Morrisville
  - Lamoille Health Pediatrics
  - Lamoille Health Family Medicine, Cambridge

Orange County
- Gifford Health Care (FQHC)
  - Chelsea Health Center
  - Gifford Primary Care
  - Gifford OB/GYN and Midwifery
  - Gifford Pediatric and Adolescent Med.
  - Kingwood Health Center
  - HealthHub Dental Services (mobile)*
  - Braintree Elementary School
  - Brookfield Elementary School
  - Randolph Union Middle/High School
  - Randolph Elementary School
  - Randolph Technical Career Center
- Health Connections at Gifford (VFRC)
- Little Rivers Health Care (FQHC)
  - Blue Mountain Union School
  - Bradford Elementary School
  - LRHC at Bradford
  - LRHC at East Corinth
  - LRHC at Newbury
  - LRHC at Wells River
  - LRHC at Valley Vista
  - Oxbow High School
  - Newbury Elementary School
  - Thetford Elementary School
  - Waits River Valley School

Orleans County
- Northern Counties Health Care (FQHC)
  - Orleans Dental Center (FQHC)*
  - Northern Express Care - Newport

Rutland County
- Community Health (FQHC)
  - Community Health Brandon
  - Community Health Castleton
  - Community Health Pediatrics
  - Community Health Dental Rutland*
  - Community Health Mettowee
  - Community Health Rutland
  - Community Health North Main
  - Community Health Eye Care
  - Community Pharmacy Brandon
  - Community Pharmacy Rutland
  - Express Care Castleton
  - Express Care Rutland
- Rutland County Free Clinic and Dental Clinic* (VFRC)
- Rutland Health Center (PPNNE)

Washington County
- Barre Health Center (PPNNE)
- Gifford Health Care (FQHC)
  - Gifford Health Center at Berlin
- People's Health & Wellness Clinic (VFRC)
- The Health Center (FQHC)
  - Cabot Health Services (school-based)
  - Mobile Dental Unit (mobile)*
  - The Health Center Main Site*
  - Vermont Dental Care, Barre*
  - Twinfield School
  - Calais Elementary School
  - East Montpelier Elementary School
  - Maplehill School

Windham County
- Brattleboro Health Center (PPNNE)
- North Star Health (FQHC)
  - Mountain Valley Health Center

Windsor County
- Gifford Health Care (FQHC)
  - Bethel Health Center
  - Rochester Health Center
- North Star Health (FQHC)
  - Chester Dental Center*
  - The Ludlow Health Center
  - Springfield Health Center
  - North Star Vision
  - Edgar May Health Center
  - Springfield High School
  - Elm Hill School
  - Riverside Middle School
  - Union Street School
- Valley Health Connections (VFRC)
- Good Neighbor Health Clinic & Red Logan Dental Clinic* (VFRC)
- Windsor Community Clinic (VFRC)
- White River Junction Health Center (PPNNE)

Sullivan County in New Hampshire
- North Star Health (FQHC)
  - Charlestown Family Medicine

Grafton County in New Hampshire
- Good Neighbor Lebanon Health Clinic (VFRC)

**site provides dental services*
(FQHC) Federally Qualified Health Center
(PPNNE) Planned Parenthood of Northern New England
(VFRC) Vermont's Free and Referral Clinics

Source: 2024 VT UDS data and 2025 self-reported data in BSPCA member surveys.

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Information and data in the print version of the VT Sourcebook is updated as of January 2026.
For an online version of the Vermont Sourcebook and other resources please visit www.bistatepca.org, click on the “Public Policy & Info” tab, and browse the “Vermont Public Policy” list.