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To: Secretary Jenney Samuelson, Agency of Human Services  
Chair Owen Foster and Members of the Green Mountain Care Board  
From: Mary Kate Mohlman, Director, Vermont Public Policy, Bi-State PCA  
Date: January 3, 2025  
Subject: Comments regarding participation in the AHEAD model, impact on primary care

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Thank you for the opportunity to submit comments regarding the state of Vermont's decision to sign the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. Bi-State Primary Care Association is a nonprofit organization established in 1986 to advance access to comprehensive primary care and preventive services for anyone regardless of insurance status or ability to pay. Today, Bi-State represents 26 member organizations across both Vermont and New Hampshire. Our members include Federally Qualified Health Centers (FQHCs), Vermont Free and Referral Clinics, and Planned Parenthood of Northern New England.

As the state of Vermont considers its next steps following the conclusion of the Vermont All-Payer Accountable Care Organization (ACO) Model, Bi-State Primary Care Association urges the state to prioritize in its decisions and planning continuity of access to health care. Vermonters need the right care at the right place at the right time. This includes access to primary and preventive care to maintain their health and access to higher acuity and specialty care to address more complex conditions. The spectrum of care is intricately interconnected.

Under the Vermont All-Payer ACO agreement, Vermont was able to maintain important federal funding for primary care. These funds included the Medicare patient-centered medical home payments, the community health team payments, and the SASH funding, as well as population health payments that FQHCs used to hire care management staff. These resources are set to end at the end of 2025. Losing these resources would have a substantial impact on FQHCs' ability to maintain their current access let alone expand.

While the AHEAD model includes funding that would replace and possibly augment the above resources, Bi-State also recognizes the need for the broader health care system to work effectively. Our collective goal should be that Vermonters get appropriate care when they need it. This goal should include continued and additional investments in primary care

to ensure timely and expanded access. It should also mean that other parts of the model such as the hospital global budget should not impede timely access to higher acuity and specialty care. If Vermonters see a reduction in access to the latter due to transportation barriers and lengthy wait times, this result will undermine the gains the state would make by having a robust primary care network. The system needs its various parts to work in concert.

Vermont state officials have said that if the state proceeds in signing the AHEAD model, it will do so by mid-January. Bi-State asks that the state support the continuity of critical primary care resources while mitigating or avoiding the unintended consequences hospital global budgets could have on Vermont's rural and vulnerable populations access to care. We also ask that stakeholders, including Bi-State and its members, have substantial opportunities to provide input on how the AHEAD model, should the state move forward with signing the agreement, is implemented. The way in which these policy decisions are put into operation will directly affect patient access and the ability of our members to meet the needs of Vermonters.

Thank you for your consideration of our comments.

Sincerely,



Mary Kate Mohlman, PhD, MS  
Director, Vermont Public Policy  
Bi-State Primary Care Association