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Submitted values are:

Name

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Affiliation, if applicable

Bi-State Primary Care Association

Town/City

Montpelier

Topic

Other

Comment

Re: GMCB Regulatory Alignment White Papers Discussion

Thank you for the opportunity to comment on the Green Mountain Care Board's efforts to improve regulatory alignment. We support alignment as an overall priority and recognize a shared interest in maintaining effective regulation while eliminating unnecessary burdens.

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.

Federally-Qualified Health Centers do not generally enter into direct regulation by GMCB, but one member (Gifford Medical Center) does through their status as a hospital, and nine of our eleven members are indirectly affected through participation in the ACO.

Federally-Qualified Health Centers are often impacted by regulatory disconnects as we reconcile the almost 100 additional federal regulations that come with FQHC status with what is happening at state and local levels. The disconnects and resulting administrative burdens include not only ongoing regulations, but also additional reporting that comes with participating in new initiatives, programs, and pilot projects. Because so much of Vermont's work in payment and delivery system reform comes in the form of running pilots and trial programs, administrative-burden related barriers to participation have a cascading effect.

In the summer of 2019, the Green Mountain Care Board and Agency of Human Services surveyed FQHCs about participating in the ACO. From both that survey and subsequent meetings with our members, we know that concern about administrative burden is a major impediment to expanding ACO participation. This concern is combined with a concern about the length of time required to review ACO performance measures, and how that affects the system's ability to respond to areas needing improvement. These results suggest that finding a streamlined, coordinated approach to regulation is a critical step in

reaching our state's health care reform goals.

An additional challenge for FQHCs is seeing the path towards the final phases of payment reform from where we are now. We experience the current state of many different systems and regulations knitted together with a broad promise that everyone is headed in the same direction, but no tangible evidence that we will reach the same place in the foreseeable future. Adjusting the tenor of the conversation to bring those final goals more clearly into focus, such as through the White Paper recommendation to start applying a global budget approach to budget review, could help.

We do not feel qualified to comment on the specific expectations around hospitals and hospital budget / fiscal year timelines, however Bi-State feels strongly that regulatory alignment that increases the burden for health care providers has not achieved a net win for the system. The white paper notes that these changes would be "operationally challenging and administratively burdensome" which suggests it may not be an overall improvement.

Although these comments focus on the second White Paper, which outlines options for change, the first White Paper outlining the current state is also important. As noted above an ongoing frustration for health care policy work is new initiatives and projects that do not line up with either the annual timelines of the GMCB review process or the overall timeline of the All-Payer Model. To the extent that the GMCB can work with Legislative committees, state agencies, and other stakeholder organizations to match initiatives to existing timelines, that will improve everyone's ability to engage with the process.

Thank you for the opportunity to comment on the first two of the Regulatory Alignment White Papers, we look forward to reviewing the third in the series. Bi-State Primary Care Association is available to provide any future assistance or input that may be necessary in this project.

Sincerely,

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

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