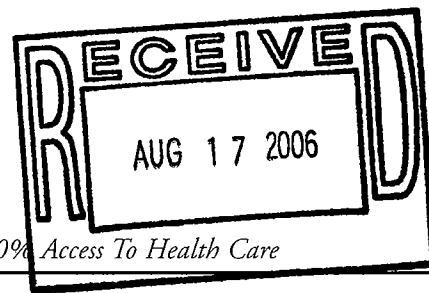


BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE



Working for 100% Access To Health Care

New Hampshire: Three South Street, Concord, NH 03301-3718
603-228-2830 Fax: 603-228-2464

Vermont: 61 Elm Street, Montpelier, VT 05602-2818
802-229-0002 Fax: 802-223-2336
info@bistatepca.org

August 2006

Randall L. Johnson, Chair
Citizens' Health Care Working Group
7201 Wisconsin Avenue, Suite 575
Bethesda, MD 20814

Dear Mr. Johnson:

Thank you for the opportunity to comment on the Citizens' Health Care Working Group interim recommendations for how to make quality health care more accessible and affordable to every American (released June 2, 2006). I am the Executive Director of Bi-State Primary Care Association, representing the states of New Hampshire and Vermont. Bi-State Primary Care Association is a nonprofit organization that supports and represents community-based and community-governed organizations that provide cost-effective primary health care, prevention, education and/or social services to their communities. The Working Group would categorize them as neighborhood health clinics.

Although I am pleased with most of the interim recommendations, I am disappointed to learn that the proposal to expand neighborhood health clinics (which was the second most popular option among the 23,000 people who participated in Working Group events and garnered a 79% approval level) was barely mentioned as a viable concept/proposal despite national agreement that expanding neighborhood health clinics is a high priority. In addition, the Working Group recommends steps to "expand and modify the Federally Qualified Health Center (FQHC) concept to accommodate other community-based health centers and practices serving vulnerable populations." As an active participant in the April 22 New York meeting, there was no discussion about modifying the FQHC payment concept. It appears the recommendations have gone beyond the citizens' recommendations. In addition, in choosing to recommend that the existing FQHC payment system be changed to accommodate those other entities, the Working Group has wandered into an area that has been the source of considerable Congressional debate and deliberation in recent years. Community health centers have been characterized as entities that are governed by policy boards, a majority of whose members are active patients who receive care at their health center. This feature marks the only place in the American health care system where those receiving the care of an entity are empowered by law to decide how that care is organized and delivered. Because of this uniqueness, Congress has consistently rejected taking such action.

I recognize and respect the importance of the Working Group's efforts to the essential task of making our health care system work for all Americans, and I very much support that work. That is why I urge you to reconsider this Working Group recommendation and elevate the neighborhood health clinics to a level consistent with what the citizens voted on in their national meetings. Neighborhood health clinics have enormous bipartisan support and are a very favored health care delivery system.

Sincerely,

Tess Stack Kuenning
Executive Director