
Vermont Legal Aid
Office of the Health Care Advocate

Quarterly Report
January 1, 2022 - March 31, 2022
to the
Agency of Administration
submitted by
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Office of the Health Care Advocate

April 21, 2022



Summary and Update

The Office of the Health Care Advocate (HCA) advocates for all Vermonters through both individual consumer assistance and systemic advocacy on health care issues. We work to increase access to high quality, affordable health care for all Vermonters through individual advocacy and representing the public before the Green Mountain Care Board (GMCB), state agencies and the state legislature.

Since Governor Scott's "stay at home" order on March 24, 2020, the HCA has been operating remotely, and it anticipates operating on a hybrid schedule starting in the summer of 2022. The HCA Helpline now has eight advocates working to resolve issues.

The first quarter of the calendar year is typically a busy one, with many consumers calling about their new Medicare Part D plans. It is also the start of the Open Enrollment period for Medicare Advantage Plans. We spoke to 92 households about Medicare eligibility and enrollment this quarter. We also talked to another 24 households about their Part D plans, and 52 household about Medicare Savings Programs, which help consumers pay for their Medicare premiums and cost-sharing. We talked to 8 household about Extra Help, a program which helps households pay for Medicare Part D. We advised 18 household about Medicare late enrollment penalties, as well. Overall, the HCA helpline had 820 calls this quarter.

We had a significant number of calls about DVHA programs. This last quarter we had 70 calls on that issue (45 the previous quarter). We also had 168 calls about all types of Medicaid eligibility. Our website had 2,336 pageviews on Medicaid eligibility limits, and over 1,000 page views on Vermont Health Connect.

In January, VHC enrollees started to pay their premiums directly to carriers. VHC and other stakeholders had done significant consumer education and outreach on the premium payment transition. The helpline did not get many calls from consumers with questions or who were having problems with the transition because of the advance preparation and outreach. We only had two calls on the issue, although we expect we may get more calls in the coming months.

With the start of the legislative session this quarter, the HCA put considerable resources into our legislative priorities which included bills focused on hospital free care policies, Medigap open enrollment, PBM regulation, insurance marketplace considerations given Congress's failure to extend expanded premium tax subsidies for 2023, and various other issues.

The contract dispute between United Health Care and the University of Vermont Health Network impacted both our helpline and the policy team this quarter. We received calls from Vermonters who

Lynn's Story:

Lynn had just moved to Vermont from out of state and needed help filling her prescription. Before moving to Vermont, she had been able to fill a 90-day supply of her prescription, but it was running out and Lynn could not find a provider in Vermont. The HCA advocate established that Lynn had been approved for Vermont Medicaid. But because she could not find a Vermont Medicaid provider, she could not get her prescription re-filled. Since Lynn was new to Vermont Medicaid and in need of a primary care provider, the HCA advocate was able to refer Lynn to Vermont Chronic Care Initiative (VCCI). VCCI provides short-term case management—and it also works with new Medicaid members to assist them with finding providers. Lynn spoke with VCCI—and she was able to get an appointment within a week, which meant she would not run out of her prescription.

were frustrated and panicked at the prospect of losing network coverage for the providers that they needed for their care. We talked to many consumers who depended on specialists at UVMMC, and who just did not have an adequate alternative to care at UVMMC. In partnership with state leaders in the administration, the Green Mountain Care Board, state legislative leaders, and state congressional staff, the HCA planned a meeting for Vermonters impacted by this issue. Because the parties reached an agreement at the last minute, the meeting did not happen. However, the HCA's willingness to convene this group was a motivating factor for the parties to find agreement.

The HCA continues to focus on medical debt and how it impacts access to care for Vermonters. This quarter we launched the next phase of this project with the creation of a *Medical Debt website*. The VTmedicaldebt.org website will help us continue to focus policy makers and the public on the devastating impacts that medical debt has on Vermonters' access to necessary care.

As we start to emerge from the COVID-19 pandemic, Vermont's health care system is still under stress. Vermonters are still having trouble accessing the care they need. Many must wait months for a medical or dental appointment. We had 31 calls from households having trouble accessing dental care, 25 about primary care, and 26 having trouble finding a specialist. Consumers must also contend with high costs and medical debt. Along with stakeholders, we will continue to address accessibility and affordability issues as the state moves forward, so that Vermonters will be able to get appointments to see their providers. The HCA will continue to work to make healthcare more accessible for all Vermonters, and to make the system more equitable, responsive, and affordable.

Steven's Story:

Steven was losing his employer insurance, and he was not sure what to do next. He was hopeful that he could get a job with insurance in a few months, but he did not have a concrete job offer. He was also 65 and Medicare eligible. He wanted to know if he should enroll in Medicare or COBRA. He was also thinking about waiting to enroll on the employer insurance at his next job. The HCA advocate explained his options. First, COBRA allows you to continue employer group coverage from your past employer. However, it is often very expensive. Because Steven was already 65, he also had to consider how COBRA and Medicare interacted. If you enroll on COBRA, and then you sign up for Medicare, your COBRA benefits usually end. If you are enrolled on Medicare first, and then sign up for COBRA, COBRA would act as secondary insurance. Steven also had to consider the timing of his plans. Because he had lost his employer insurance, he had an eight-month special enrollment period for Part B, but he had a much shorter time to sign up for Part D, prescription drug coverage. If you have a gap in credible prescription coverage for more than 63 days, you might be charged a Part D penalty. The HCA advocate helped Steven understand enrollment rules and assisted him with weighing the risks and benefits of each choice. Ultimately, Steven decided against enrolling in COBRA because of the expense. He also did not want to take the risk of waiting to enroll in employer coverage, because he was not sure when he would find another job that offered employer insurance. He decided to enroll in Medicare so he could have coverage while he continued with his job search.

Deedee's Story:

Deedee was new to Medicare, and she could not afford the premiums. She had not realized that when she signed up for Medicare Part B, the \$170.10 monthly premium would be deducted from her Social Security. Medicare Part B covers outpatient treatment, and the monthly cost increased significantly in 2022. Deedee did not have enough money for her monthly bills after the premium was deducted and had been forced to borrow from family members. She was considering disenrolling from Part B. The HCA advocate explained that if she disenrolled, she would not have a special enrollment period to enroll again if she needed Part B coverage. That would mean she could have a gap in coverage. Also, if she tried to enroll in the future, she could have a late enrollment penalty, which would make Part B even more expensive. The HCA advocate investigated and found that Deedee was eligible for a Medicare Savings Program called QMB, that would pay for both her premiums and her Medicare cost-sharing. She helped Deedee with the application, and Deedee was found eligible for the Medicare Savings Program, which meant that the premium would no longer be deducted from her Social Security.

Jack's Story:

Jack had a surgery scheduled for later in the month, but he was losing his employer insurance. Because he had used up all his leave time, his employer was putting him on unpaid leave. That meant he was no longer going to be eligible for insurance through his employer. He was also not getting paid. Jack did not want to re-schedule the surgery because it had already been delayed due to the COVID pandemic, and he needed surgery to return to work. The HCA advocate investigated and found that because Jack was on unpaid leave, he would now be income-eligible for Medicaid. She helped him with the application and requested that it be expedited because of the scheduled surgery. Jack was approved for Medicaid and Children and Adults (MCA). This meant that he could go forward with his surgery, and he hopes to be able to return to his job in the coming months.

Overview

The HCA provides assistance to consumers through our statewide helpline (**1-800-917-7787**) and through the Online Help Request feature on our website, Vermont Law Help (<https://vtlawhelp.org/health>). We have a team of advocates located in Vermont Legal Aid's Burlington office that provides this help to any Vermont resident free of charge, regardless of income.

The HCA received 819 calls¹ this quarter. We divided these calls into broad categories. The figures below are based on the All Calls data. The percentage and number of calls in each issue category, based on the caller's primary issue, were as follows:

- **30.53%** about **Access to Care**
- **11.11%** about **Billing/Coverage**
- **3.42%** about **Buying Insurance**
- **13.31%** about **Complaints**
- **13.68%** about **Consumer Education**
- **17.46%** about **Eligibility** for state and federal programs
- **8.91%** were categorized as **Other**, which includes communication problems with health benefit plans, access to medical records, changing providers or plans, confidentiality issues, and complaints about insurance premium rates, as well as other issues.

We have a customized case management system that allows us to track more than one issue per case. This enables us to see the total number of calls that involved multiple issues. For example, although 143 of our cases had eligibility for state and federal healthcare programs listed as the primary issue, an additional 307 cases had eligibility listed as a secondary concern.

In each section of this narrative, we indicate whether we are referring to data based on primary issues only or primary and secondary issues combined. Determining which issue is the "primary" issue is sometimes difficult when there are multiple causes for a caller's problem. This has proven to be particularly true for Vermont Health Connect (VHC) cases. See the breakdowns of the issue numbers in the individual data reports for a more detailed look at how many callers had questions about issues in addition to the "primary" reason for their call.

The most accurate information about eligibility for state programs is in the All Calls data report because callers who had questions about VHC and Medicaid programs fell into all three insurance status categories.

The full quarterly report for January – March 2022 includes:

- This narrative
- Five data reports, including three based on the caller's insurance status:
 - **All Calls/All Coverages: 819**
 - **Department of Vermont Health Access (DVHA) beneficiaries: 86**

¹ The term "call" includes cases we receive through the intake system on our website.

- **Commercial Plan Beneficiaries:** 160
- **Uninsured Vermonters:** 48
- **Vermont Health Connect (VHC):** 118

The Top Issues Generating Calls

The listed issues in this section include both primary and secondary issues, so some of these may overlap.

All Calls 819 (vs. 766 last quarter)

1. Complaints about Providers 103 (111)
2. Medicare Consumer Education 92 (77)
3. MAGI Medicaid Eligibility 82 (82)
4. Information/Applying for DVHA Programs 70 (45)
5. Access to Prescription Drugs/Pharmacy 61 (45)
6. Other Issues (Not Health-related) 58 (41)
7. Medicaid Eligibility (non-MAGI) 57 (56)
8. Buy-in Programs/Medicare Savings Programs 52 (55)
9. Premium Tax Credit Eligibility 46 (60)
10. Special Enrollment Period Eligibility 46 (19)
11. Access to Nursing Home & Home Health 43 (37)
12. Complaints about Hospital 38 (36)
13. Hospital Billing & Financial Assistance 37 (33)
14. Complaints about Carrier 34 (27)
15. Access to Dental Care 31 (28)

Vermont Health Connect Calls 118 (125)

1. Medicaid Eligibility – MAGI 48 (45)
2. Premium Tax Credit Eligibility 45 (60)
3. Buying QHPs through VHC 28 (43)
4. Special Enrollment Period Eligibility 27 (14)
5. Information about DVHA 20 (15)
6. IRS Reconciliation Education 16 (17)
7. Termination of Insurance 16 (6)
8. Premiums Billing 12 (9)
9. VHC – 1095 Problems 12 (0)
10. ACA Tax Issues 12 (17)

DVHA Beneficiary Calls 86 (vs. 217 last quarter)

1. Information about Medicare 13 (26)
2. Non-MAGI Medicaid Eligibility 12 (35)

3. Nursing Home & Home Health Access 9 (9)
4. Complaints about Providers 8 (32)
5. Eligibility for MSPs/Buy-In Programs 7 (32)
6. Part D Plan Eligibility 7 (13)
7. Information about Enrollment Penalties 5 (2)
8. Information about DVHA 5 (21)
9. VPharm Eligibility 5 (8)
10. Access to DME & Supplies 4 (6)
11. Not Health Related 4 (7)

Commercial Plan Beneficiary Calls 160 (vs. 147 last quarter)

1. Premium Tax Credit Eligibility 27 (40)
2. Access to Prescription Drugs/Pharmacy 21 (10)
3. Carrier Complaints 21 (13)
4. Buying QHPs through VHC 20 (29)
5. Eligibility for MAGI Medicaid 16 (14)
6. Billing – Hospital Billing & Financial Assistance 15 (7)
7. Billing - Premiums 15 (12)
8. Eligibility for Special Enrollment Period 15 (10)
9. VHC – 1095 Problems 12 (0)
10. IRS Reconciliation Consumer Education 12 (13)
11. Medicare Consumer Education 12 (17)

The HCA received **819** total calls this quarter. Callers had the following insurance status:

- **DVHA program beneficiaries** (Medicaid, Medicare Savings Program also called Buy-In program, VPharm, or both Medicaid and Medicare also known as “dual eligible”): 35.50%. (283 calls)
- **Medicare² beneficiaries** (Medicare only, Medicare Advantage Plans, Medicare and a Medicare Supplemental Plan aka Medigap, Medicare and Medicaid also known as “dual eligible,” Medicare and Medicare Savings Program also called Buy-In program, Medicare and Part D, or Medicare and VPharm): 21.3% (175 calls)
- **Commercial plan beneficiaries** (employer-sponsored insurance, small group plans, or individual plans) 16.3% (134 calls)
- **Uninsured:** 5.86 % (48 calls)

² Because Medicare beneficiaries can also have commercial or DVHA coverage, these Medicare numbers overlap with the figures for those categories.

Dispositions of Closed Cases

All Calls: We closed 804 cases this quarter. Overall, 356 were resolved by brief analysis and advice. Another 262 were resolved by brief analysis and referral. There were 99 complex interventions involving complex analysis and more than two hours of an advocate's time, and 61 cases that involved at least one direct intervention on behalf of a consumer. The HCA provided consumer education in 289 cases. We also estimated eligibility for insurance coverage and helped enroll people onto coverage in 61 cases. We saved consumers \$41,695.50 this quarter.

Consumer Protection Activities

Rate Review

The HCA monitors all commercial insurance carrier requests to the Green Mountain Care Board (Board) for changes to premium rates. These are usually requests for rate increases.

On August 5, 2021, the Board issued a Decision and Order related to Blue Cross Blue Shield of Vermont (BCBSTV) 2022 insurance premiums for the individual and small group markets (Order). On August 18, 2021, BCBSVT filed a Motion to Reconsider (Motion) with the Board challenging the Order. BCBSVT argued, in the Motion, that the Board should have used the affordability statutory factor rather than the word "excessive" when it reduced BCBSVT's allowed profit. The HCA filed a response to the Motion and argued that the Board properly reduced BCBSVT's proposed rate. On August 24, 2021, the Board denied BCBSVT's Motion.

On September 3, 2021, BCBSVT filed notice that it would appeal the Order to the Vermont Supreme Court arguing that the Board should not have used the word "excessive" when it reduced BCBSVT's proposed profit. The parties to the Vermont Supreme Court suit are BCBSVT, represented by Stris and Maher, the Board, represented by the Attorney General, and the HCA. BCBSVT filed their initial brief on January 3, 2022. The Attorney General and the HCA filed their briefs on February 14, 2022. BCBSVT filed a reply brief to the HCA's and the GMCB's. The Vermont Supreme Court has scheduled the case for oral argument on April 28, 2022. The HCA has taken and will continue to take all appropriate steps to represent the interests of Vermonters in this matter.

Two commercial rate filings were made this quarter: the BCBSVT Association Health Plan filing, GMCB-002-22rr, and the BCBSVT Large Group filing, GMCB-001-22rr. The HCA has appeared in both matters and both matters remain pending. The HCA has and will continue to take all appropriate steps to represent the interests of Vermonters in these two matters.

Hospital Budgets

The HCA submitted written questions and recommendations to the Green Mountain Care Board (Board) as a part of the annual hospital budget process. We also submitted written comments to the Board in response to midyear charge requests from three hospitals – University of Vermont Medical Center, Central Vermont Medical Center, and Rutland Regional Medical Center. The Board incorporated two recommendations from the HCA to their Policy on Budget Amendments and Adjustments requiring hospitals to provide the written notice in plain language and offer a phone number/contact information for patients to access free hospital interpretation services.

Certificate of Need Review Process

The GMCB currently has an unusually large number of open certificates of need applications. In the last quarter, the HCA monitored several ongoing and new applications and filed two notices of appearance (NOA) requests for GMCB-009-21con: 1) The Kahm Clinic – New Eating Disorder Treatment Program, which will have a public hearing this spring, and 2) GMCB-008-21con: The Collaborative Surgery Center, in which the HCA submitted written comments and recommendations to the Board, specifically that the Board approve the application with conditions requiring the Collaborative Surgery Center to complete implicit bias training, include patient and consumer representation on their Quality and Performance Committee, adhere to a PFA policy at least as generous as UVMHC, and provide a plain language summary of their PFA policy to patients. We continue to actively monitor certificate of need applications as they are submitted and updated with the Board.

Oversight of Accountable Care Organizations

The HCA participated in the GMCB's budgetary and regulatory review of Clover Health, a Medicare-only ACO, by submitting written comments and participating in public Board meeting discussions. The HCA recommended that the Board deny Clover Health's request to waive their regulatory authority over Clover Health. The Board supported this recommendation and agreed to regulate Clover Health's business activities pursuant to their statutory authority over accountable care organizations operating in the state. The HCA is also scheduled to meet with the Board staff to discuss the upcoming budget for OneCare Vermont (OCV) as well as accompanying budgetary guidance.

Additional Green Mountain Care Board and other agency workgroups

Over the last quarter, the HCA attended the Board's weekly board meetings, monthly Data Governance meetings, and weekly Prescription Drug Technical Advisory subgroup meetings (which includes the Out-of-Pocket Costs and Pharmacy Benefit Manager subgroups). The HCA submitted a policy proposal related to improving affordability in the QHP market in the state. The Board agreed to convene a group of stakeholders to study the proposal.

Vermont Hospital Quality Framework Workgroup

The HCA joined the recently-convened Vermont Hospital Quality Framework Workgroup – whose charge is to “design a framework of meaningful metrics that provides relevant information and accurately reflects the hospital system's quality of care within the healthcare reform environment in Vermont.”

The Medicaid and Exchange Advisory Committee

The Advisory Committee met three times this quarter. The Chief Advocate stepped in to facilitate one of these meetings due to absences of the chairs. The content of this quarter's meetings included a focus on Global Commitment negotiations, Advisory committee membership, MABD Self-Service Application, 2020 Next Generation performance results, 2023 DVHA budget Overview and the Home and Community Based Services Spending Plan Update.

Mental Health Integration Council

The HCA is a member of the Mental Health Integration Council. The Chief Advocate continued to attend and participate in meetings of the full council as well as the Pediatric integration subgroup. The council spent meeting time understanding the integration work successes already underway in Vermont including the efforts of our Blueprint for Health. In addition, the effort to organizing the subgroups and developing a process for how the subgroups work on overlapping issues has been a significant focus.

Legislative Advocacy

This quarter represents the most active part of the Legislative session. The Chief Advocate spent considerable time in the State House both advocating for changes to Vermont laws, as well as being responsive to legislators and legislative committees. The following bills represent the majority of our advocacy this quarter:

H. 353: The HCA worked with stakeholders on House Bill H. 353 – which establishes a framework for regulating pharmacy benefit managers (PBMs) and improving transparency. The bill successfully passed the House on March 23rd and is currently being considered in the Senate Health and Welfare Committee. We worked with the Department of Financial Regulation regarding specific provisions contained in the bill related to fiduciary responsibilities being considered in the pending legislation.

H.287: An act relating to patient financial assistance policies and medical debt protection. Passage of H.287 has been a significant priority for the HCA this year. The bill addresses some of the challenges that Vermonters face when seeking patient financial assistance, and that we hear about from consumers who call the HCA helpline. We worked in collaboration with the Vermont Association of Hospitals and Health Systems to find common ground that we presented to the House Health Care Committee. The bill passed the house and is now in the Senate Health and Welfare Committee.

S.239: An act relating to enrollment in Medicare supplemental insurance policies. This bill as introduced would have created an annual open enrollment period for Medigap plans and created a study group to look at insurance coverage issues impacting Vermonters on Medicare. The HCA has been promoting this bill over the last two bienniums. This year, the bill was first taken up by Senate Health and welfare who passed the bill with only small adjustments to section two of the bill. The bill then moved to Senate Finance where the carriers opposed the bill due to their concern that the creation of an annual open enrollment period would lead to higher rates. The Senate Finance Committee removed the annual open enrollment period and forwarded the study sections of the bill.

The House Health and Welfare Committee moved the bill as passed by the Senate with the inclusion of a study group question about the advisability of updating Vermont's Medicare Savings Plan eligibility standards.

At the close of the quarter the bill was moving into the final phases of reconciliation between the two bodies with no real issues of contention.

S.285: An act relating to health care reform initiatives, data collection, and access to home- and community-based services. This bill started in Senate Health and Welfare, motivated significantly by the Green Mountain Care Board's interest in moving forward on a plan to address hospital sustainability. The bill costs \$5 million. The HCA supported the bill due to its promise of public engagement and honest conversations with Vermont communities about the financial and workforce challenges facing Vermont hospitals. The bill passed the Senate and moved over to House Health Care where is currently lies at the end of the quarter.

H.489: An act relating to miscellaneous provisions affecting health insurance regulation.

Merged/Unmerged market. This bill started as a largely uncontroversial bill from the Department of Financial regulation. The HCA supported it in the House with minor edits that were agreed to. On the Senate side, in the Senate Finance Committee, Blue Cross and Blue Shield proposed permanently unmerging the individual and small group QHP marketplace, whether or not Congress extends the ARPA Premium Tax Credits. The HCA opposed unmerging the market as long as there is no system and funding to support the individual market from the significant rate increases that would result.

Medical Debt Story Telling Project

The HCA has long recognized the impact of medical debt on Vermonters and health care access issues related to the cost of services. This quarter, in addition to ongoing casework and the regulatory work, we continued to work on a medical debt project to highlight the experiences of Vermonters with these issues.

Our work on the Medical Debt Story Telling Project this quarter focused on the development of an interactive web application to showcase Vermonters' experiences with medical debt and the impact of cost on access to health care services. Working in collaboration with the Burlington Brigade of Code for America and the Burlington Code Academy, the HCA developed and deployed a web application with roughly 300 stories from Vermonters related to medical debt and the cost of care. Users can interact with a web map to view stories by county in addition to being able to filter stories by topic and/or geography. The web application is available at www.vtmedicaldebt.org. The stories were drawn from responses to a survey on medical debt that we fielded in 2021.

Next quarter, the HCA will focus on outreach to communities to increase the number of Vermonters who choose to share their stories related to medical debt and to increase awareness of www.vtmedicaldebt.org to stakeholders in the health policy arena and Vermont legislators.

Collaboration with Other Organizations

The HCA regularly collaborates with other organizations to advance consumer-oriented policy objectives and to conduct outreach and education. We worked with the following organizations this quarter:

- American Civil Liberties Union of Vermont
- Bi-State Primary Care
- Bridges to Health
- Blue Cross Blue Shield of Vermont
- Burlington Brigade of Code for America
- Burlington Code Academy
- Department of Financial Regulation
- Families USA
- IRS Taxpayer Advocate Service
- Let's Grow Kids
- Mexican Consulate
- Migrant Justice
- MVP Health Care
- National Academy for State Health Policy
- NHeLP, National Health Law Program
- New American Clinic/Family Room
- OneCare Vermont
- Open Door Clinic
- Planned Parenthood of Northern New England
- Rights and Democracy (RAD)
- RISPnet Group
- Rural Vermont
- South Royalton Legal Clinic
- Spectrum Youth and Family Services
- SHIP, State Health Insurance Assistance Program
- U.S. Based Committee for Refugees and Immigrants Vermont
- University of Vermont Medical Center
- University of Vermont Migrant Health, Bridges to Health Vermont Association of Hospitals and Health Systems
- Vermont Department of Health
- Vermont Department of Taxes
- Vermont Health Connect
- Vermont Health Care for All
- Vermont Interfaith Action (VIA)
- Vermont Medical Society
- Vermont - NEA
- Vermont Workers' Center
- VPIRG
- You First

Increasing Reach and Education Through the Website

VTLawHelp.org is a statewide website maintained by Vermont Legal Aid and Legal Services Vermont. The site includes a substantial Health section (<https://vtlawhelp.org/health>) with more than 180 pages of consumer-focused health information maintained by the HCA.

HCA advocates work diligently to keep the site updated in order to provide the latest and most accurate information to Vermont consumers.

Popular Web Pages

* means the page moved into the top 20 this quarter

The top-20 health pages on our website this quarter:

1. Income Limits - Medicaid – 2,336
2. Health - section home page – 1,950 pageviews
3. Medicaid, Dr. Dinosaur & Vermont Health Connect – 1,034
4. Dental Services – 886
5. Medicaid – 682
6. Services Covered – Medicaid – 682
7. Medicare Savings Programs – 530
8. Long-Term Care – 513
9. Resource Limits - Medicaid – 423
10. HCA Help Request Form – 371 pageviews and 150 online help requests
11. Dr. Dynasaur – 338
12. Prescription Help – State Pharmacy Programs – 333
13. Choices for Care Income Limits – 324
14. Vermont Health Connect – 308
15. Choices for Care – 285
16. Medical Decisions: Advance Directives – 273
17. Choices-care-giving-away-property-or-resources 242 *
18. Advance Directive forms – 233 *
19. Buying-prescription-drugs 227 *
20. Vermont Long-Term Care Ombudsman Project – 227

This quarter we had these additional news items:

- Coronavirus and Long-Term Care – 170 pageviews
- More Financial Help Available for Vermont Health Connect Plans for 2022; Enroll Now! – 70
- You May Be Eligible for New Financial Help for Health Insurance (ARPA) – 37
Coronavirus SEP for Vermont Health Connect

Outreach and Education

The Office of the Health Care Advocates (HCA) used both in-person and virtual platforms to connect with Vermonters this quarter. We plan to utilize this hybrid outreach model moving forward to make our services more accessible to community members and partner organizations as we move into the next phase of the COVID-19 pandemic.

Our office continued to use virtual platforms such as Facebook, Zoom, and YouTube to connect with partner organizations and deliver legal education presentations. We partnered with 14 organizations and participated in 10 outreach presentations as a means of providing accurate and accessible information on insurance eligibility health care policy.

In January of 2022 we launched our own Facebook page. Because of way the COVID-19 public health emergency has impacted health care access and eligibility, we decided to create our own social media presence that would allow Vermonters to get easy access to information on health law-related topics.

We have used this page to deliver messaging on a variety of healthcare related topics, but most notably, we produced and distributed an outreach video that discussed our office's free services. This video has been viewed over 450 times.

Additionally, we used this page to circulate educational material on the right to access vaccines regardless of health insurance coverage or immigration status. This video was produced and distributed in collaboration with the Vermont Language Justice Project. It was translated into 14 different languages and circulated online and through the Burlington and Winooski School Districts.

From February 5th to March 15th the HCA connected with seven organizations from across Vermont that provide direct service to immigrants and refugees. We disseminated information about the free assistance our office can offer. We dedicated more outreach capacity to this group because health insurance eligibility rules can be complicated for these populations.

We partnered with organizations such as AALV, the Vermont Language Justice Project, the Family Room, the University of Vermont's Bridges to Health Program, Vermont USCRI, the Open Door Clinic, and the Mexican Consulate to deliver legal education about immigration status and health insurance eligibility and distribute translated outreach material in Spanish.

The HCA has also tried to re-establish in-person outreach and service delivery through a legal help clinic partnership with Vermont Legal Aid and the Old North End Community Center. This community center hosts organizations such as AALV, the Family Room, the New American Clinic, and the Champlain Senior Center. Our office organizes monthly in-person events where community members can connect with legal advocates to get free and confidential advice. In-person and telephonic interpretation and childcare are available to support people seeking our assistance. We hope to expand these clinics to different geographic areas in the future.

Office of the Health Care Advocate

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<https://vtlawhelp.org/health>