

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Monday, May 01, 2017 3:19 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Follow Up Flag: Follow up
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Categories: Orange Category

Submitted on Monday, May 1, 2017 - 3:18pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

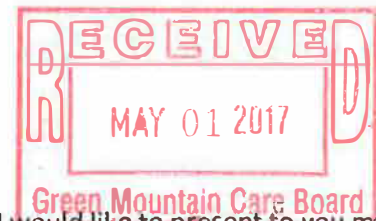
Name: Art Mathisen
Affiliation, if applicable: Copley Hospital
Address: Morrisville, Vermont
Email Address: amathisen@chsi.org
Topic: Other
Comment:
Dear GMCB,

I wanted to make a brief comment on the CON for the Green Mountain Surgery Center. I feel that approving a CON for a for-profit surgery center is against what Vermont is trying to do with regulating healthcare, bending the cost curve and implementing healthcare reform. I am not against competition and a free market economy, however I am against having to follow a different set of rules than the competition which would be the case if this CON is approved. The surgery center would potentially be allowed to make unlimited profits while the hospitals would continue to have a 3.4% NPR cap.

Sincerely,
Art

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1137>

Green Mountain Care Board
3rd Floor City Center
89 Main Street
Montpelier, Vermont 05620 3601



Regarding the addition of an outpatient surgical care center in the Burlington area, I would like to present to you my experience in the last few weeks with taking a young man to the UVMHC emergency room. I speak as a 30+ year retiree of MCHV who used to be proud of that institution, but not anymore because of this young man's recent experience and my own, recorded later in the letter. Yes there are very qualified and talented doctors at that facility but UVMHC is so poorly run businesswise efficiency and good care are non events.

I helped a young man who was bleeding red blood from his rectum and went to an urgent care center who said he should be seen at the emergency room immediately. The Urgent Care center sent him along with a referral. We went to the ER at about 3:15 in the afternoon and the ER waiting room was empty. He was finally taken into an exam room at around 6:30, 3 hours later. Three different doctors evaluated his situation and had 3 varying opinions from 1. Send him home, 2. It needed immediate attention by GI group and 3. Admit him. They did also find dark blood in his stool. About 8:45 he was discharged with a prescription for 3 meds – 2 of the "codone" types and an ointment. He went to the hospital pharmacy they could not fill the ointment because the prescription was written incorrectly (4 instead of .4 – a dangerous level that isn't even made) plus he didn't have the \$75 it would have cost and not covered by his insurance. He was uncomfortable from the bleeding and 3 different doctors "scoping" him but not to the level of needing "codone" type meds. The next morning he called the GI office (which by the way is just a few floors above the emergency room) to get an appointment to be seen as ordered by the doctors in the ER and in Urgent care.

GI would not schedule an appointment because he "didn't have a referral". He did have the referral in his hand from the Urgent Care and UVMHC ER but not his own doctor's office because he hadn't been to his own doctor in over 2 years (because he was healthy). He was scared and frustrated with their refusal to see him and not knowing what to do next. He was over 18 and therefore I could not intervene because of patient privacy. Finally, a friend who works in a doctors' office suggested that he contact his Blue Cross office which he did. They said that the illness does not require a referral. The BC representative then initiated a conference call between BC, the patient and UVMHC GI office and the BC rep asked why a patient of theirs was not being seen and person in GI office said he may not need a referral by BC standards but the GI office required one (remember he was seen the night before and given order to go to GI office as soon as possible and that is only a few floors below the actual GI office).

The BC rep firmly stated he wanted the patient to be given an appointment that day (which was a Friday) and that BC expected him to receive a call before 5 pm. No call came in until Monday morning. It was a very long, frustrating scary weekend for a young man who was now bleeding more heavily because of the "scopings". The person on the line Monday morning from the GI office first asked if he had filled any of the 3 prescriptions and he said no (he was vehemently opposed to using "codone type meds" if not necessary) and the pharmacy would not fill the ointment. Her response was "WHEW – all are wrong and should not have been given". How reassuring! And if he had filled them it would have been money out of his pocket not covered by insurance and he would have used them for 3 days. He did not know whether he could return to work. He was finally seen by GI doctor on Wednesday a week after the first trip to the ER. That event went better and the doctor said there were two issues red blood from a blood pocket near opening of anus and dark blood from further up the intestinal area. There were two options: surgically remove the blood pocket from the anus but that could cause loss of rectal muscles and lifelong control of rectum. The second was to take medications by mouth, alter his diet and an ointment for a month in hopes of healing the bloody pocket and then a colonoscopy to determine the cause of the darker blood further up (a colonoscopy at this time would interfere with healing of the pocke). The second option was the choice of the physician and the young man.

All in All, a very unpleasant and poorly orchestrated process in both ER and GI office.

Meanwhile, while I was waiting in the ER that first night, a woman came up to me – it was about 7:45 pm and she wanted to ask a question. She was nicely dressed and came with a file folder of her medical history. She said she was from out of state and in Vermont helping her mother. She named the illness she herself has but I cannot remember the term used. She had experienced a blood pressure spike that morning of 190/110 and although her pressure had started back down, her PCP in her own state had always recommended being seen if this happened and she had those records

in her hand. She had waited several hours and was wondering why she wasn't seen. I didn't know what to say. When I left she still hadn't been seen.

I went home just about in tears from the poor care to two people who came in with what seemed to me to be important and urgent situations.

There is no doubt in my mind that an outpatient care facility might have been able to take care of this young man in a timely and professional manner eliminating much frustration and fear. Please do not let the power figures from UVMHC influence your decision. There is no doubt the outpatient surgical facility is needed and would be considerably better and more efficient.

I am 74 and needing both knees replaced and I can assure you that it will not be done at UVMHC. I have spoken to patients who have had the same or similar procedures at Copley and Rutland and came home with glowing reports of the wonderful and thoughtful care they had received. Not what I witnessed at UVMHC.

Also, I had cataract surgery in both eyes at outpatient surgical facility on Hinesburg road and that was a competent and easy event, as easy for me as could be. I would not have gone to UVMHC, tried to manage my way through their maze from the parking garage to great distances within the building.

I also recently needed a sleep disorder study. I was not told there were options other than UVMHC. At UVMHC the technician was rude and short tempered. When I kindly suggested it would be most helpful to have a small table next to the toilet to put the heavy equipment on when you have to use the facility during the night (the machine has 37 wires connected to your body and you have to hold it while using the bathroom) and he said "I don't care if you flush it down the toilet." Talked to a person who had the same procedure in Essex at a non-UVMHC facility and he had an easy and efficient night and came out with a positive response and immediate discussion that morning with the physician. I tell everyone I know who needs this type of study to avoid UVMHC at all cost. When I did see the UVMHC doctor for follow-up to the study, he remarked they had 900 people waiting to be seen. Can you imagine? I waited several months between initial call to set up appointment and to the final determination and UVMHC required two overnight sleep studies that I endured with the same nasty technician and then a month later Sleep Doctor followup. A far less cumbersome and quicker process at the other facility than at UVMHC.

I am fully aware of the "certificate of need" process from the years I worked for the hospital, I was witness to the what the hospital did, what it hid and its influence in Montpelier, which I hear is even stronger now. I even worked at the hospital when the process resulted in the wrong person being jailed for illegal and improper procedures through the process.

I was at a dinner meeting where I met two doctors from Rutland. They didn't know that I worked for the hospital in Burlington. They said that when they refer a patient to Dartmouth they get two calls a day indicating the findings and care of their patient. When they refer patients to Burlington they never get updates and for one patient they did not get any calls regarding the middle-aged patient's care – only finding out status when they read the patient's obituary in the paper.

I reiterate that there are very competent doctors at UVMHC but the institution as a whole is poorly run, not in a business-like manner which actually considers the patient and his/her care the top priority. Outside competition is sorely needed.

I would appreciate you not using my name because I receive pension funds from UVMHC and would not want to jeopardize that.

I realize that you reviewed the process for the new building that converts existing beds and adds new beds as private but that the overall number of beds will not be increased. I fully support private rooms for the sicker patients that are admitted these days but there are not enough overall beds. That is a major mistake – as they are still using the excuse that there is not enough beds.





May 1, 2017

Dear Green Mountain Care Board Members:

I am writing to urge you to please support the opening of the Green Mountain Surgery Center, a multi-specialty facility that the committed independent doctors of HealthFirst are working hard to establish. I further ask that you please see past the self-serving arguments of the nearby hospitals, which are clearly concerned with losing patients to a potentially better, lower-cost alternative, and that you grant a certificate of need to permit this independent center to be realized.

A free-standing independent surgical center would not only provide surgeries at a markedly reduced cost, but would also increase access and expedite quality care and likely better outcomes.

As the executive director of the Association of Independent Doctors, I lead a national nonprofit trade association that has 1000 members in 32 states, and five state chapters, including a chapter in Vermont.

Independent doctors in your state reached out to our association looking for support and reinforcement in their fight to stay independent of corporate medicine. They realize, as we at AID know, that when hospitals employ doctors, and seek to consolidate, they gain bargaining power with payers, which allows hospitals to get paid more for the same procedures. These added costs compound when employed doctors refer patients to hospital-owned facilities, such as outpatient surgery centers.

Moreover, repeated studies have shown that when independent doctors treat patients in free-standing facilities, costs are often 30-to-60 percent less, often with better outcomes. I am confident this would be the case with the Green Mountain Surgery Center.

I have shared this situation with my contacts at the Federal Trade Commission, an agency I have worked with several times over the past few years to successfully fight health-care consolidations in other states that would form monopolies and harm consumers. The FTC along with the Office of Policy Planning agree that this situation also appears to be anti-competitive, and joins me in encouraging you to decide in favor of increased competition.

Furthermore, the officer I spoke to suggested I cite for you recent arguments the FTC and Department of Justice presented in Alaska regarding its CON law, regulations that in general have proven to be a mixed blessing. Acting FTC Chairman Maureen K. Ohlhausen, cited this concern: "CON laws can restrict entry and expansion, limit consumer choice, and stifle innovation. The CON process can be exploited by incumbent firms to thwart or delay entry by new competitors...harming free markets and consumers."

We don't want that to happen in Vermont. The Green Mountain Care Board has an opportunity to bring lower costs and greater options to consumers. I sincerely hope that you will take this opportunity to add an outpatient surgical option that will benefit patients, employers, and all Vermonters.

Sincerely,

Marni Jameson Carey

Executive Director

marni@aid-us.org

Association of Independent Doctors

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Green Mountain Care Board
State of Vermont
Montpelier, VT
GMCB.Board@vermont.gov

Page 1 of 5

Submitted via email to expedite delivery

April 29, 2017

Re: Certificate of Need (CON) deliberations for the Green Mountain Surgery Center (GMSC)

Dear Members of the Green Mountain Care Board (GMCB),

I am a retinal subspecialist ophthalmologist in independent, private practice at Retina Center of Vermont (RCV) in South Burlington. RCV is a 2-MD practice. We are two of four retinal specialists in our region – the other two being employed MDs at University of Vermont Medical Center (UVMC) – and, thus, we are responsible for caring for approximately half of the retinal patients in this region and for half of the (unpaid) 24/7/365 emergency retinal call in the area. Our region's retinal 'catchment' zone extends north to the Canadian border, east to the Connecticut River Valley, south to an approximate Woodstock-Rutland line, and west – usually to Lake Champlain, but not rarely well into the Adirondacks and St Lawrence River Valley regions when the one retinal specialist in Plattsburg is not available. RCV was founded in 2005, when I left then-Fletcher Allen Healthcare (FAHC) employment, and we expanded when my partner left then-FAHC employment. All the region's retinal patients have benefited from the choices they enjoy. We see patients who prefer to be seen in small, community-based practices, and the UVMC docs see some of ours who want second opinions, etc. The quality of the region's retinal care and access to it have each benefited from the healthy competition in which we are engaged with UVMC.

I attended your April 13, 2017 CON hearing for GMSC. I listened to the testimonies given by the GMSC witnesses and those given by the Vermont Association of Hospitals and Health Systems (VAHHS), UVMC and Northwest Medical Center (NMC) witnesses. I paid very close attention to those statements and to your questions to those parties. I listened carefully to the public commenters. I commented during the last portion of the hearing; I refuted UVMC's claims – to you and as recently reported in the *Burlington Free Press* ('Patients struggle with long waits at UVM Medical Center', 1/13/17) – that a) there are no difficulties with access to their operating and/or procedure rooms and/or b) there have been no complaints by surgeons and other physicians who use those facilities. Although I was disappointed by the fact that there were, obviously, many more persons present who had wished to comment but who could not due to the schedule and the hour of the day, I was heartened that you acted quickly to remedy that, adding more hearing time on April 19. (I was late enough to that hearing that I heard little before the closing gavel came down, so I've little direct notion of what was said that afternoon.)

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I have the following thoughts, comments, and questions, most of which stem from what I heard at the April 13 hearing. I hope you take them into consideration.

- 1) **GMSC Fees.** You questioned Amy Cooper about GMSC's plans for fees schedules. In a nutshell, you were hoping to learn that GMSC would guarantee fees that were uniform across commercial payors and always lower than those at the region's hospitals and medical centers. Although that certainly appears to be GMSC's intent – it's the only model for ambulatory surgery center (ASC) success, amongst the nation's thousands of currently-functioning ASCs, as it's one of the very *raison d'être* for the ASC model – I am concerned that you may not be remembering that fee-setting is very badly not in small providers' control.

Please note Blue Cross Blue Shield of Vermont's (BCBSVT) testimony to the Legislature's Health Care Oversight Committee (Oversight Committee) on September 16, 2016 during which they explained UVMHC's grossly disproportionate fees on the basis of the 'leverage' UVMHC enjoys in relation to its size and relative monopolistic position in our market, and note that MVP Healthcare (MVP) has told you and the Oversight Committee that UVMHC's fees are the highest in their entire panel of medical centers. That latter fact relates to UVMHC's monopolistic position, not its size, as MVP's panel includes larger university medical centers in Albany, Syracuse, Rochester and Buffalo. Really – UVMHC's care is costlier to deliver and worth more than that at all of those huge centers, each of which serves population sizes vastly larger than Vermont's entire population? Monopoly.

Note that BCBSVT has told you and the Oversight Committee that they believe the approach to the Legislature's quest for medical Pay Parity – to stem the tide of small practice demise, lack of choice, and consolidation and monopolization by the market's largest centers – should be to shift monies from the 'professional fees' side of the ledger to the 'facilities fees' side – a shell game over which small organizations like GMSC have no control and one that is obviously designed to advantage large centers, maintain the dangerous status quo, and disadvantage small, low-cost, high-value sites of service.

Perhaps you have heard about UVMHC's huge fee cuts in response to two of their employed MDs leaving then-FAHC employment to establish Northeast Reproductive Medicine (NRM). (Those same MDs had been pleading, for years, for FAHC to lower fees for their services. FAHC/UVMHC only saw fit to do so – and to unbelievably aggressively try to punish those MDs in other ways – once competition was at play. At present, the lower fees are very clearly in patients' best interests.)

In sum, GMSC cannot control other organizations' fee schedules. It should be abundantly clear, at this point, that a number of those other parties want the status quo to prevail, especially as things relate to the relative lack of competition by providers of surgical – nay, all medical – services in our regional market. GMSC obviously aims to compete, price-wise and, in doing so,

to save Vermonters millions. If GMSC is tied to fees that are based on current UVMMC fees and UVMMC sets out to undercut GMSC by massively lowering fees for services provided by GMSC – while simultaneously commensurately increasing fees for other services that GMSC happens not to provide – then GMSC might succumb to such gouging. It would be perfectly reasonable for the GMCB to insist that an entity like GMSC remain highly competitive, price-wise. But there must be limits to such expectations, as the Big Guns will continue to aim to bury GMSC, even after GMSC is operational. (Don't believe that? If you grant GMSC's CON, watch UVMMC fee schedules with regional payors very closely in coming years.)

- 2) **GMSC and Medicaid.** You asked whether GMSC could guarantee ongoing participation in Vermont's Medicaid program by all physicians working at GMSC. I have participated in Vermont's Medicaid program during my entire career, without exception. The overwhelming majority of physicians in small practice in Vermont do, too, through thick and thin. Ms. Cooper told you that 15 of 16 physicians who have expressed interest in working in GMSC's operating rooms are Medicaid providers, and she explained why the remaining one had to leave the program. Every year that Medicaid underfunds my practice, RCV, we struggle with what to do. To date, we have remained in network, every year. But the Legislature perennially makes that a very difficult choice, as the program is chronically underfunded.

To illustrate: presently – and for years' time – RCV is reimbursed less for using medically necessary and very costly injectable doses of Lucentis, Eylea, and other medications than we must pay to purchase them. No, that is not an exaggeration – Vermont literally pays us less to use medications that must be physician-injected, into eyes, in our offices than we must pay to purchase those medications. For the time being we can tolerate that, as some of the manufacturers provide us with a small number of free samples of some of those medications, so their use in Vermont's Medicaid patients is free and no medication charges are generated. Do I have control over pharmaceutical manufacturers' free sample programs? Of course not. Would disappearance of those samples cause RCV to leave Medicaid? You bet it might. It is not reasonable to ask GMSC to assure wholesale, 100% Medicaid participation amongst its client practices if you cannot assure specific Medicaid funding levels and fee schedules. Can you?

- 3) **Guarantees.** Of course, the GMCB should be looking for assurances about plans and behaviors from its petitioners – in this case, GMSC. However, when other 'interested parties' provide official, formal testimony, GMCB's questioning of all parties testifying should hold feet to the fire across the board, not only the feet attached to applicants. There were many opportunities on April 13 for you to ask for assurances from the protesting parties akin to those you asked of GMSC – see above, under **GMSC Fees** and **GMSC and Medicaid**. Example: NMC reportedly has built a 24,000-square-foot 'shell space'. NMC has told you there is no need, regionally, for more operating rooms. What are their plans for that shell space? It is an 'open secret' in the regional

medical community that they are considering using some portion of their shell space to build an ASC. If NMC is protesting the need for more regional OR access, should NMC not be asked to stand by the voracity of their current claims of 'no need' and assure you that they will not build an ASC?

- 4) **'Not-for-profit' versus 'for-profit', 'regulated' versus 'unregulated'**. These are 'catch-phrase' half-truths spun by monopolistic health care (and other) businesses that are legally classified as 'not-for-profit' or 'tax exempt' and/or subject to governmental operational oversight, as I imagine you may realize. Have you reviewed recent data regarding executive pay at the region's largest medical centers? Does that pay depend, in part, on each organization's financial performance? 'Not-for-profit' for whom? (For the record, I do not think there is anything inherently 'wrong' when leaders are paid for good financial stewardship, be that of 'not-for-profits' or otherwise. But for those leading 'not-for-profits' to impugn 'for-profit' organizations and/or their owners and/or leaders regarding income, pay, etc. is, at best, disingenuous.)

If 'for profit' medical care was as evil as VAHHS, UVMMC and NMB want you to believe it to be, 2/3 of physician practices across the U.S. and 1/3 in Vermont would cease to exist. (And, that would drive the price of care at the ever-larger, administratively monopolistic 'non-profits' up astronomically, as we in Vermont have witnessed in recent years.) Small practice docs in Vermont are often paid considerably less than their counterparts in 'bigger,' more urban parts of the country, and they commonly earn less than those large medical center-employed physicians within our own region. For many, small practice is literally a labor of love and of dedication to our patients, their families, and our communities.

The GMCB has the power to set all fees for all commercially reimbursed care in Vermont, as I understand things, and that regulatory power would clearly include GMSC and its client practices. GMSC will most certainly need to be (federally) certified, and that comes only with exacting requirements just like those the medical centers would have you believe that they alone are subjected to.

- 5) **Evaporating Choice**. As you know, Vermont has been hemorrhaging small medical practice-employed physicians. Forget, for a minute, how crazy that is, money-wise. The road to Single Provider is a hugely dangerous one for all patients and communities, as lack of healthy competition breeds mediocrity. All caring physicians try much harder when they know that dissatisfied patients will bring their care to another practice down the street. That sense is one factor that drives all MD and 'support' staff where I work to give every patient, family, and referring office in need of help our absolute all, every single day.

- 6) **Public Support.** That Vermont is alone, nationwide, by way of access to high-quality, high-value, low-cost, multi-specialty ASC care is a testament to the power of monopoly, and the public and regional employers know it. To deny Vermonters this common-sense means of greater affordability – especially now, when families are struggling to keep up with ever-expanding annual deductibles, co-pays, etc. – would be ludicrous.

Vermonters deserve better and more affordable choices than they are currently given. Please do the appropriate, Vermonter-centered thing and unanimously approve the GMSC CON, and do it well before your deadline for doing so. Unanimity and speed will signal to all that the GMCB and the State are serious about our collective need to do what is best for our communities.

Contact me any time if you have questions and/or would otherwise like to discuss anything with me, please. Thank you.

Sincerely,



David Weissgold, MD

dweissgold@retinacentervermont.com

office: 802-864-3937

April 24, 2017

To: Green Mountain Care Board

Re: Ambulatory Surgery Center hearing and pay parity

Dear Board Members:

I am a Family Practice Physician Assistant at Thomas Chittenden Health Center in Williston. I spoke at your hearing on Wednesday, April 19th, in support of granting the Certificate of Need for the proposed Ambulatory Surgery Center. I had tailored my remarks to less than 2 minutes, in the event that the time for comments was limited again. I would ask that my previous comments be amended to include the following. In addition, please consider these remarks in the upcoming discussion on pay parity.

One thing that we heard over and over in testimony from the hospital association, as well as from staff of UVMHC and NMC, was that they don't mind competition as long as it is a "level playing field". They falsely suggested that the ASC would not be required to follow any guidelines, held to any standards, or participate in any quality improvement programs. I believe that Amy Cooper adequately addressed those misrepresentations and falsehoods with her follow-up testimony. However, I want to point out the glaring hypocrisy in their complaints of inequity from a reimbursement perspective.

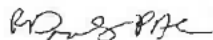
This week, I understand the GMCB will be discussing pay parity between independent and hospital-employed physicians. Independent practices such as mine have struggled for years with inequitable insurance reimbursements between hospital-employed and physician-owned practices. I have watched as the hospital-owned practice right down the street from me in Williston has charged almost 3 times as much for simple office visits or office-based procedures, simply because it has "UVMHC" in its name, but we have been powerless in our negotiations with the major insurers to effect any change. Our independent practices are pinching every penny in their efforts to remain financially viable into the future, and yet we are reading in the paper about the tens of millions of dollars of surplus revenue that the local hospital organization has taken in. We have lobbied the GMCB, the legislature, the governor, and VCO to help ensure pay parity that would allow our practices at least some equity in payments when compared to the hospital-employed practices. The hospital, in concert with the insurers, has consistently rebuffed any effort to support equitable payments for similar services. The end result of this inequity is an increased cost to the patients, a decrease in the financial stability of independent practices, an increase in the number of independent practices that either close or become hospital-owned, and then a subsequent increase in total cost to the health care system.

I would like to demonstrate what this means in actual health care dollars at the patient level. Last year I was looking at potentially having a rotator cuff repair with Associates in Orthopedic Surgery, which was an independent physician-owned practice at the time. The professional fee for the surgeon for that procedure was \$1350. As I was looking at the timing of surgery, I became aware that UVMHC was about to acquire Associates in Orthopedic Surgery. Knowing about the cost differential, and understanding that I had a high deductible health insurance plan, I inquired about the difference in cost after April 1st, when the practice would become a UVMHC affiliate. I was informed that if I waited until after the practice was acquired, the professional fee for the surgeon would jump to \$3140 – for the exact same

procedure, performed by the exact same surgeon, at the exact same hospital. The only change was the name on the door. My practice is full of patients who have had experiences like this. They have experienced first-hand the results of pay inequity. Many do not have the experience or knowledge of the health care system to realize that such a discrepancy exists.

My message to the GMCB is two-fold. With regard to the Ambulatory Surgery Center, this new-found interest in equity that the hospital association (including UVMHC) and NMC now professes is laughable, given their interest in maintaining the status quo in years past. The Certificate of Need should be approved because it inarguably will result in improved access, greater patient convenience and satisfaction, greater support for independent health care providers, and significantly reduced cost. With regard to the pay parity discussion, it is clear that the insurers and hospitals together have no real interest in pay parity or cost transparency. The independent physician practices do not have the clout to drive the change toward more equitable payments. These changes are necessary to retain and expand the independent physician community, resulting in higher choice and lower cost for patients across the state. The only way these changes are going to occur is if they are mandated by the Green Mountain Care Board or the Vermont State Legislature.

Thank you for your time.



Rick Dooley, PA-C

Thomas Chittenden Health Center

Williston, VT

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Monday, April 24, 2017 10:09 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Monday, April 24, 2017 - 10:08pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: tamara mclaughlin
Affiliation, if applicable: resident
Address: 130 pheasant woods colchester vt 05446 **Email Address:** tamara@vtsafetynet.com
Topic: Other
Comment:
proposed surgery center colchester

As a resident of Colchester, I am writing in support of the proposed surgical center in Colchester . I welcome additional choice and shorter access times for care. I can see no good reason why it should not be supported by all.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1082>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of vfox@gmavt.net
Sent: Monday, April 24, 2017 5:21 PM
To: GMCB - Board
Subject: [Website feedback] my health care billing experience

Viveka Fox (vfox@gmavt.net) sent a message using the contact form at <http://gmcboard.vermont.gov/contact>.

Hello,

A doctor friend suggested I share my health care billing experience with you . I injured my knee in January and had ACL reconstruction surgery in March in order to allow me to continue working as a professional coach as well as to compete at the national level in the masters age group in my sport. I am self employed as a sport instructor and a musician, and therefore obtain my insurance (a bronze plan, all I can afford) through VT Health Connect.

Adventures in medical billing wonderland: Healthcare BlueBook says the fair price for my ACL surgery in Middlebury VT is \$15,600 all inclusive. Here are the bills I received:

Surgeon: Requested \$6702 from my insurance (MVP), was awarded \$1371

Anesthesiologist: Requested \$2094, was awarded \$511 Porter Hospital (operating room, recovery room, arthroscope use, supplies

etc): requested an absurd \$45,703 and was awarded \$33,045.

Does this matter to me? No, because even if they had billed the fair price, I would be paying my full \$5500 deductible (not to mention another \$1600 in copays for physical therapy as I work my way through rehab).

Does it matter to all of us? You bet - this kind of mind-boggling pricing is driving up insurance premiums for everyone.

Who is profiting here? The payments made to the actual doctors seem reasonable for skilled professionals, so it isn't them. Porter Hospital, like many small community hospitals, has been operating in the red for several years, so I guess it isn't them, despite the whopper of a bill they submitted (clearly they are asking my insurance to subsidize health care in Addison County well beyond my particular surgery). Judging from my insurance company's willingness to pay double the fair market value for my surgery, it may not even be them. I can't figure it out! All I know is it's a mess, and the sooner we move to a sensible single payer system, the better.

Thank you,

Viveka Fox
Addison, VT

Smith, Beverly

From: Klein, Steven <Steven.Klein@uvmhealth.org>
Sent: Monday, April 24, 2017 9:10 AM
To: GMCB - Board
Subject: Public Comment - Green Mountain Surgery Center
Attachments: Green Mountain Surgery Center CON Ltr Public Comment.pdf

Please see the attached public comment from UVM Medical Center for the Green Mountain Surgery Center CON application.

Thank you.

Steve

Steven J. Klein
Director of Legal Affairs & Assistant General Counsel
(802) 847-1502
Steven.Klein@UVMHealth.org<mailto:Steven.Klein@UVMHealth.org>
The University of Vermont Medical Center
111 Colchester Avenue
Burlington, VT 05401
UVMHealth.org/MedCenter

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THE
University of Vermont
MEDICAL CENTER

EXECUTIVE OFFICE

MAIN CAMPUS

Patrick J.
111 Colchester Avenue
Burlington, VT 05401

Via First Class Mail and Electronic Mail

April 24, 2017

Judy Henkin
General Counsel
Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, VT 05620

Re: Green Mountain Surgery Center Certificate of Need Hearing

Dear Judy:

I wanted to follow-up on recent statements about UVM Medical Center that were made by Ms. Amy Cooper of ACTD LLC during the course of the Green Mountain Surgery Center Certificate of Need hearing on April 19. We learned about Ms. Cooper's statements from a recent *Vermont Digger* article,¹ and we subsequently watched the video of the hearing to better understand her testimony. Her testimony included several misstatements about UVM Medical Center that we wanted to clarify.

First, Ms. Cooper noted that UVM Medical Center's financial statements identify several for-profit corporations which "are not accounted for because of uncertain tax positions." Ms. Cooper then went on to identify the following entities as for-profit corporations being run by UVM Medical Center: UVM Medical Center Executive Services, 116 Realty, UVM Medical Center Health Ventures, and VMC Indemnity Company.

Ms. Cooper's characterization of these entities as for-profit corporations with "uncertain tax positions" is not accurate. UVM Medical Center Executive Services ("Executive Services") is a limited liability company that has the same tax-exempt status as its sole member, UVM Medical Center. Executive Services was created several years ago after Moses-Ludington Hospital in Ticonderoga, NY lost its CEO unexpectedly and asked UVM Medical Center to provide CEO services on a temporary basis. The arrangement was approved by the New York State Department of Health and a separate entity was used for purposes of compliance with NY regulatory requirements. Executive Services was last active in 2014.

116.Realty is a limited liability company that has the same tax-exempt status as UVM Medical Center, its sole member. This entity was created in 2012 by UVM Medical Center's real estate advisers as the entity through which we negotiated certain real estate arrangements on a confidential basis. Our real estate advisers believed we would be able to secure favorable terms

¹ *Surgical Center Investor Contests "Misleading" Testimony*, Vermont Digger, April 19, 2017.

by negotiating through this entity, without regard to UVM Medical Center's relative size in the community.

UVM Medical Center Health Ventures is a Vermont corporation that holds our investment interest in Burlington Labs. The Board approved this investment in its emergency CON proceeding last year.

VMC Indemnity Company is UVM Medical Center's captive insurance company. It provides professional liability insurance for all UVM Health Network hospitals and their employed providers, and it is not currently considered a taxable entity. Similar to other academic medical centers, we have been able to save substantial health care dollars by self-funding our professional liability insurance and avoiding the higher-cost premiums of commercial insurance.

Second, in her testimony Ms. Cooper stated that UVM Medical Center does not have "enough intake rooms to support keeping the endoscopy suites full" and because of this, UVM Medical Center's 71 percent utilization rate constitutes "full capacity." We are unclear what forms the basis for Ms. Cooper's conclusion that UVM Medical Center does not have enough intake rooms in its endoscopy suite. Chris Oliver, UVM Medical Center's Vice President of Clinical Services, testified on April 13 that we have ample preparatory space and numerous open times in Endoscopy, including every Monday and Wednesday from 7:30 – 12:00 and every other Tuesday and Thursday from 7:30 – 12:00.² We do not believe that Ms. Cooper's unsubstantiated statements about our "intake rooms" are sufficient to rebut the testimony of the UVM Medical Center vice president who oversees this service and has first-hand knowledge of our operations.

We wanted to take this opportunity to correct what we viewed as mischaracterizations by ACTD LLC's representative in her testimony this week. Please feel free to share this communication with the full Board, and we would be happy to provide any additional information that is needed.

Thank you for your attention to this letter.

Very truly yours,



Steven J. Klein, Esq.
Director of Legal Affairs & Assistant General Counsel

² Transcript, Docket No. GMCB-010-15con, *In Re: A Certificate of Need Application Submitted by ACTD, LLC, To Develop an Ambulatory Surgery Center*, April 13, 2017, p. 77.

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Saturday, April 22, 2017 2:38 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Saturday, April 22, 2017 - 2:37pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Clara J. Bond

Affiliation, if applicable:

Address: 12 East Village Drive

Email Address: bondcarlough@gmail.com

Topic: Other

Comment:

My husband and I have, over the years, been well cared for in the old Fletcher Allen UVM hospital. I suspect that care will continue and perhaps become even better if we consumers finally get a choice in where to receive our care. For heaven's sake, please approve this new surgical proposal.

Free market, competition has it all over the closed system you've been supporting. A breath of fresh air might invigorate and reduce costs in our health care community

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1065>

Smith, Beverly

From: Robert McDowell <feraldoc@gmail.com>
Sent: Friday, April 21, 2017 8:04 PM
To: GMCB - Board
Subject: Green Mountain Surgery Center (Docket No. GMCB-010-15con)

I've lived in the Northeast Kingdom since 1981, when I came to be a pathologist at North Country Hospital in Newport, where I served for almost 30 years, as independent contractor and then as a DH employee. I retired for a couple of years, and then joined UVM health to help out at Central Vermont for a couple of years. I retired last summer.

Late last year, when I needed a procedure, I wanted to know how much it would be costing me out of pocket, so I tried calling various health care facilities asking this question. Except for one institution (where I ultimately had the test), I never found anyone who could give me a good-faith estimate of the total out-of-pocket cost to me.

Things are changing. Although admittedly the internet is a two-edged sword, patients are being empowered by the ready access to health information from world-class sources. And now patients are demanding more cost information.

I may never utilize the services of the proposed surgicenter, but I enthusiastically endorse allowing them the right to try to provide competition. In this age of ever-increasing deductibles and co-pays, patients will be using cost as a significant factor when choosing their care.

I find it interesting that the Northern State Correctional Facility in Newport has chosen to use a lower-cost, for-profit laboratory (from New Hampshire) for routine medical laboratory tests for their prisoners, depending on the local 24-hour availability of the North Country Hospital to do their urgent/non-routine testing. If it's fair for the VT Corrections to take advantage of a lower-cost vendor, surely it's fair for patients to take advantage of lower-cost ambulatory surgical centers.

--
Robert W. McDowell, M.D.

1298 Bluff Road
Newport, VT 05855-9544
home: 802-334-6209

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 21, 2017 6:18 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Friday, April 21, 2017 - 6:18pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Stephen Donahue

Affiliation, if applicable:

Address: 316 South Willard Street

Email Address: steve@donahueassociatesvt.com

Topic: Certificate of Need

Comment: I would hope that after many thoughtful questions and responses, and a clear long line of support from the community, that the Green Mountain Care Board does what it has been appointed to do and allow a health care provider an opportunity to join the local community of care giving and add a cost effective care service and facility. The lengthy analysis of this small surgery center leaves concern that the Green Mountain Care Board is able to play a role and move the needle on health care reform and betterment. I think it is time to do your job and approve this independent surgery center for its CON. The time for debating is over!

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1062>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Thursday, April 20, 2017 5:40 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Follow Up Flag: Follow up
Flag Status: Flagged

Submitted on Thursday, April 20, 2017 - 5:40pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Meg McGovern

Affiliation, if applicable:

Address:

Email Address:

Topic: Certificate of Need

Comment: Affordable healthcare can only happen with more competition for services. ASC are in every state, why not VT? Why let UVM Medical center continue to make Million \$ profits, which then must be donated to charity?

Let's try to be open minded and welcome new business owners looking to bring jobs and opportunity to our state. We NEED projects and new ideas. How can a small group of seemingly politicized people be in charge of this decision? Listen to the people.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1056>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Thursday, April 20, 2017 4:13 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Thursday, April 20, 2017 - 4:13pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Taylor Yeates
Affiliation, if applicable:
Address: 82 Huntington RD
Email Address: yeates.taylor@gmail.com
Topic: Other

Comment: I am writing to share my feelings that approval of the Colchester Surgical center is not in the best interest of Vermonters. I am naturally wary of any for-profit entity providing health services - it is unknown just what interests they have in mind. Further, I believe in the UVM Medical Center model. Considering a push towards "all payer" models it seems counter productive to further fragment our system into additional independent centers. Please consider the value of UVMHC and the lack of value in for-profit healthcare. This residents of this state are not profit centers to be billed for profit but citizens who need comprehensive care from an academic medical center that can handle all their needs.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1055>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Thursday, April 20, 2017 12:58 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Thursday, April 20, 2017 - 12:57pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Robert Wood MD
Affiliation, if applicable: self
Address: PO Box 646, Derby VT
Email Address: rwood@sover.net
Topic: Certificate of Need
Comment:
RE: proposed surgicenter and hospital budgets

It is incumbent upon anyone wishing to discuss health care reform and finances to review the works of Richard Himmelstein, Steffie Woolhandler, Michael Iammarino, Norton Hadler (and many others). Their observations have been validated over the last 25+ years

Simply put, the only sector in health care which mirrors the geometrically progressive escalation in health care costs is the increase in administrative costs. These costs include administrator salaries as well as the clerical costs incurred by entering and tracking all of the often meaningless, bean counting metrics [cf Hadler and hemoglobin A1c] the GMCB holds so dear.

Whatever "faults" conjured up by the image of "for profit" health care, such institutions have an admirable track record of trimming the fat, and isn't that a major issue in health care reform?

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1052>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Thursday, April 20, 2017 10:24 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Thursday, April 20, 2017 - 10:24am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Martha Cady

Affiliation, if applicable: None

Address: Pearl Street Essex Jct.

Email Address: mecady@uvm.edu

Topic: Other

Comment:

Thank you Amy Cooper for speaking in the best interest of the patient!

Why not let the public vote on having a Surgical Center! Send a survey & see what the public thinks.

If the hospital is really all about the "patient" they would admit we need more Medical Center's in the area to take "care" of the "patient".

As a "patient" I know that surgeries and colonoscopies ARE booked out in advance. If the hospital has plenty of capacity why are they booked so far out in advance?

The monopoly and control has gone on way too long to be in the best interest of the "patient".

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1051>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 21, 2017 9:57 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Follow Up Flag: Follow up
Flag Status: Flagged

Submitted on Friday, April 21, 2017 - 9:56am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Damian Albano

Affiliation, if applicable:

Address: 24 Halfmoon Lane, Williston, VT 05495 **Email Address:** damianalbano4@gmail.com

Topic: Other

Comment:

I am a RN working at UVM Medical Center. A physician I work with, Dr Scott Benjamin, has for over the last several years had a block of time in the OR Procedure room the first Thursday of every month (8:30 – 12:30) and the last Thursday when there are 5 Thursdays in a month. He treats children and adults with Cerebral Palsy and Brain Injuries who require injections under anesthesia every three months. If these children and adults do not get these injections on a regular basis they have increased pain, spasms and difficulties with movement. I received word in April that all blocks of time were being removed in procedure room 5 and there was no availability for any rooms to be scheduled for blocks of time. As stated, these patients would suffer consistently and considerably without their treatment on a regular basis. The rooms are now on a first come first serve basis which does not work with this type of regularly needed treatment. As a result I have booked patients through December 2017 to secure this space. The unfortunate thing is that if there are new patients or changes on timing of visits due to illness or other treatments it will be extremely difficult to meet these needs. The Surgical Center would be a positive addition to our community not a detriment.

M. Damian Albano, RN, CCM

The University of Vermont Medical Center Physical Medicine and Rehabilitation

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1060>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 21, 2017 9:51 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Follow Up Flag: Follow up
Flag Status: Flagged

Submitted on Friday, April 21, 2017 - 9:50am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Walker Murch

Affiliation, if applicable:

Address: 129 church St.

Email Address: buzzbell@mac.com

Topic: Certificate of Need

Comment: This madness preventing some tiny competition to the bloated monopolistic elephant on the hill has gone far enough. The 6 million they spent to 're brand' themselves did nothing to hide that fact. One of the few sustained truthful points Peter Shumlin ever made was - the only way to improve health care for all Vermonters is to control hospital costs. While there are no facts to back this up, i believe the gov abandoned his courageous plan to deliver on this as he just got tired of fighting the rats nest of financial doublespeak and lawyers upon lawyers the Elephant on the hill kept tossing at the State. does the GMCB have the courage to do the right thing now? Vermonters hope so.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1059>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Thursday, April 20, 2017 12:02 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Thursday, April 20, 2017 - 12:02am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Scott Benjamin, MD

Affiliation, if applicable: Benjamin Physical Medicine, PLC

Address: 373 Blair Park Rd. Ste 206

Email Address: DrB@BenjaminPhysicalMedicine.com

Topic: Certificate of Need

Comment: As a 14 year provider in the area and a new private practitioner after 14 years at UVM, I strongly support the opening of a free standing outpatient surgical center. Patients are losing choice in the state and are losing the community care that UVM is no longer able to provide because of it's massive size, waste and bureaucracy. As a physician now leaving the UVM medical group, I can tell you that my patients feel that they get lost in the system and look forward to joining me in a private office. I would be one of the practitioners that would wish to use a new outpatient surgery center to provide care for my pediatric and adult special needs patients.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1049>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Wednesday, April 19, 2017 9:39 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Wednesday, April 19, 2017 - 9:38pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Janko Velov
Affiliation, if applicable:
Address:
Email Address: Vj.1984@yahoo.com
Topic: Certificate of Need
Comment:

I am writing this comment in support of Green Mountain Surgery Center (GMSC).

I am 32 years old blood donor, father of 2 years old baby girl, hard worker who has bad health coverage. I truly believe that Green Mountain Surgery Center will make my life and lives of many Vermonters with bad or no health coverage much easier, by providing hospital services at competitive price. If anyone out there think for a second about people who makes less then \$30k / year and can't afford expensive surgeries , will understand how hard is being poor and how good will be having something like GMSC arround. Please help us make Vermont better place to live for everyone!

Good Bless

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1048>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Wednesday, April 19, 2017 4:33 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Wednesday, April 19, 2017 - 4:33pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Mark Hage
Affiliation, if applicable: Vermont Education Health Initiative (VEHI)
Address: 52 Pike Drive, Berlin, Vermont
Email Address: mhage@vtnea.org
Topic: Other
Comment:
Testimony to Green Mountain Care Board from the Vermont Education Health Initiative In Support of the Green Mountain Surgery Center By Mark Hage, VEHI Trust Manager

NOTE: This submission was originally intended to be delivered in person by Mark Hage on Thursday, April 13, 2017, but public testimony was suspended that day because of time constraints.

My name is Mark Hage. I'm the Director of Benefit Programs for the Vermont-National Education Association. I am submitting this testifying, however, as a co-Trust Manager of VEHI, the Vermont Education Health Initiative. VEHI is a non-profit, self-funded, purchasing trust jointly managed by Vermont-NEA and the Vermont School Boards Insurance Trust (VSBIT).

For more than two decades, VEHI has served public and independent school districts, local unions, and school employees by offering comprehensive employee benefit plans, notably, but not exclusively, in the field of health insurance. Every public school district is currently a member of VEHI but one.

VEHI also provides health insurance benefits to retired teachers and their dependents through the Vermont State Teachers' Retirement System. The retirement system is our largest group member.

At present, more than 42,000 school employees, active and retired, and their dependents are enrolled in VEHI health insurance plans offered in collaboration with Blue Cross Blue Shield of Vermont.

On behalf of VEHI, I want to express the organization's strong support for the establishment of the Green Mountain Surgery Center in Chittenden County.

Historically, VEHI has long advocated for expanding access to comprehensive, high-quality medical services that can be delivered at lower cost. Providing an Ambulatory Surgical Center to school employees and their dependents in Vermont's most populous county would be entirely consistent with VEHI's mission, both in respect to controlling costs and providing effective and safe medical services. We know that thousands of these centers operate safely and efficiently, with appropriate oversight, throughout the country.

Public and private employers are struggling mightily with rising health care costs. These costs ripple out across public schools and local communities, putting pressure on school budgets, local taxes, and school programs, as well as making

it harder for school employees and their families to make ends meet. Any measures, therefore, that reduce unnecessary costs and do not compromise access to high-quality care should be implemented -- and that includes, respectfully, establishing an ASC in Chittenden County as soon as possible.

VEHI at present is transitioning 36,000 active employees and their dependents to new health benefit plans with higher out-of-pocket costs, effective January 1, 2018. An ASC in Chittenden County will also help school employees and districts reduce expenditures on out-of-pocket costs, which, again, would be good news for both school and family budgets.

Finally, to the extent service centers like Green Mountain Surgery Center give our state another successful vehicle to control health care costs, VEHI will be in a stronger position fiscally to manage premium rates in the future, which will, in turn, help school districts and the Vermont State Teachers' Retirement System meet their benefit obligations.

Thank you.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1045>

I would like to thank the Green Mountain Care Board for the opportunity to speak in support of the Green Mountain Surgery Center. My name is Rick Dooley, and I have been a Family Practice Physician Assistant at Thomas Chittenden Health Center in Williston for the past 18 years. I have watched over the years as UVMHC has expanded its footprint, and have seen many signs replaced with the UVMHC logo. I routinely hear from my patients that they would prefer to go to a non-UVMHC provider, typically because of the excessively high costs of the hospital-affiliated services.

From a personal perspective, I had the good fortune (or misfortune) to require a colonoscopy last year. Despite working in the health care field, I, like many Vermonters, have a high-deductible health insurance plan. I chose to go to an independent gastroenterologist, but the procedure had to be performed at UVMHC because there is currently no alternative. The professional fee for the physician who did the scope was \$650. The fee paid to UVMHC for the 30" procedure was \$3184, bringing my total cost to almost \$4000. If I had wanted to drive a couple hours to the Salem Surgery Center in NH (probably not a good idea while prepping for a colonoscopy), the total cost for my procedure and physician fee would have been \$2136. I paid almost double what I could have because of the lack of an alternative facility in Vermont. If UVMHC has the open space that they suggest, rather than filling it with procedures that are more appropriate for an outpatient surgery center, perhaps they should look at repurposing those rooms for additional ICU capacity, as suggested last week at this hearing, or increasing their inpatient mental health capacity, which is also in dire need.

If the board is truly interested in working for Vermonters and lowering the cost of health care in Vermont, rather than supporting a high-cost hospital-centric model, they should grant the CON for the Green Mountain Surgery Center. Vermonters want and deserve choice and competition. I would also encourage the board to look at the cost transparency tool that New Hampshire has built, which can be found at <http://nhhealthcost.nh.gov/>, as perhaps a model for this state to truly help patients make affordable health care choices. Thank you.

Rick Dooley, PA-C

Thomas Chittenden Health Center

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Wednesday, April 19, 2017 11:02 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Wednesday, April 19, 2017 - 11:01am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Paul Rogers, M.D.

Affiliation, if applicable:

Address: 224 Railroad St, Johnson Vt

Email Address: progers@uvm.edu

Topic: Certificate of Need

Comment:

I would like to go on record as FULLY SUPPORTING the Green Mtn. Surgical Center. (ASC). As a primary care physician with many underinsured patients, I would strongly prefer sending people to a facility that will provide excellent care at substantially less cost to the them. What can possibly be wrong with that?

I do understand that the "non-profit" UVMHC, with multimillionaire administrators finds the ASC a threat. However, I find it common sense, cost effective, and a benefit to my patients. thanks you, Paul Rogers, MD

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1044>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Wednesday, April 19, 2017 10:33 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Wednesday, April 19, 2017 - 10:33am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Christopher Motter

Affiliation, if applicable:

Address: 212 Dunmore Lane

Email Address: cmotter@hotmail.com

Topic: Other

Comment: It's about time that we have some free market economy changes in Vermont. Though UVM brings solid service and medical care to the State, we need to have private options as well. Competition is good overall with regards to keeping pricing low and the quality of care up.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1043>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Wednesday, April 19, 2017 10:11 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Wednesday, April 19, 2017 - 10:10am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: susan dollenmaier
Affiliation, if applicable:
Address: 21 Goodwin Hill
Email Address: susan@anichini.com
Topic: Other

Comment: Is there really anyone left out there who believes the system is working? When medicine became big business, the core purpose of a health care system collapsed. As a business owner who actually offers an insurance policy to employees, I can tell you that the cost is crushing. As a sister and friend to two very sick people who have been in and out of hospitals for 2 years, I am stunned by the experience. The average person cannot afford to purchase insurance. The medical and pharmaceutical costs are absurd. ABSURD.

Amy Cooper's mission/model is a glimmer of hope in a grim landscape.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1042>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Wednesday, April 19, 2017 8:57 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Wednesday, April 19, 2017 - 8:56am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Alex John, MD, FACG

Affiliation, if applicable: Vermont Gastroenterology

Address:

Email Address:

Topic: Certificate of Need

Comment:

It is about patients. It is about people who have high deductibles. It is about employers who provide health coverage.

It is about Vermonters getting appropriate, high quality, evidence based care. In a safe, convenient, outpatient setting, provided by qualified doctors at a lower cost. It is about transparency.

Remember the days when you had to have exploratory surgery to diagnose appendicitis ? Remember when you had to be admitted to the hospital for hernia surgery ?

It is called INNOVATION. Please support the CON for Green Mountain Surgery Center. Patients will thank you.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1040>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Tuesday, April 18, 2017 6:21 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Follow Up Flag: Follow up
Flag Status: Completed

Submitted on Tuesday, April 18, 2017 - 6:20pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Arthur Bell

Affiliation, if applicable:

Address: 57 N. union st Burlington vt

Email Address: Thedrivein@mac.com

Topic: Certificate of Need

Comment: I don't know all the ins and out of how budgets and health care work but his seems to me to be the first viable idea that's come along in a long time that has a shot at actually lowering our health care costs. Equally importantly are radically lowering wait times for simple out patient care. I needed some work done, my community health center referred me to Fletcher Allen - this was this past March. I have an appointment for this coming DECEMBER. Thank you. This is important to many many Vermonters.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1036>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Tuesday, April 18, 2017 1:46 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Tuesday, April 18, 2017 - 1:46pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Joe Haddock. M. D.
Affiliation, if applicable: Thomas Chittenden Health Center
Address: 586 Oak Hill Road, Williston, Vt. 05495 Email Address: joe.haddock@tchconline.com
Topic: Other
Comment:
Members of the Green Mountain Care Board:

This letter is in support of the proposed Ambulatory Surgical Center. After listening to the session last week, I don't envy you your responsibilities.

Admittedly not a native Vermonter, I came here as an intern at the Medical Center Hospital of Vermont in 1972. I then spent 3 years in North Carolina in the military, 2 years as a medical resident at MCHV, and have been practicing Family Medicine at the Thomas Chittenden Health Center in Williston since 1978.

This letter should not be considered as "anti UVMHC". Most physicians in this area did some or all of their training at the Medical School or the hospital – and practice here in part because of that. In fact I spoke in favor of the Ambulatory Care Center and Davis Auditorium before BISHCA some 20 years ago. We all need for our hospital to continue to provide high quality care, remain stable financially, and be receptive to community needs.

The proposed ASC would add a significant component to our medical community by providing equally high quality, more easily accessible, and more easily affordable procedures – the last especially important in this era of high deductible insurance plans.

In the areas of Family Medicine, Pediatrics, and Obstetrics/Gynecology, there exists a collegial balance between private and hospital-owned practices, offering different styles of practice from which patients may choose. The ASC would help extend that balance to some of the specialty practices as well. If we are to continue to have independent practices in Vermont, as I think we should, this would be an important step, while at the same time offering patients a lower cost, high quality alternative.

Having spent 6 years on the FAHC Board of Trustees and hearing the financial report offered at the last annual UVMHC medical staff meeting, it is my opinion that the hospital would not be materially affected financially by the ASC – much the same as it wasn't with the arrival of the South Burlington Eye Center a few years ago.

Thank you for the opportunity to comment.

Joe Haddock, M.D.

The results of this submission may be viewed at:
<http://gmcbboard.vermont.gov/node/277/submission/1034>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Tuesday, April 18, 2017 1:36 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Tuesday, April 18, 2017 - 1:36pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: John J McDonald

Affiliation, if applicable:

Address: 307 Brigham Hill Road, Essex Jct VT 05452-2003 Email Address: johnjmcd307@gmail.com

Topic: Certificate of Need

Comment:

Having just quickly reviewed the list of communications to the GMCB concerning the grant of a Certificate of Need for an ambulatory surgical center in Colchester, may I point out an obvious and embarrassing fact: there are virtually no responses from "the public." There are lots of items ranging from legal-brief-type statements and insurance companies, from the town of Colchester, and various corporations on both sides of the question, but "the little guy and gal," actual patients, are not well represented.

That's not the Board's fault, but it is the fault of a health-delivery system that is so complicated that it is well into a cycle that is separating itself from its patients by constructing a barrier of gobbledygook (and technology) so thick and so high that it discourages comment.

Interestingly, comment is endlessly requested (how are we doing now?) but never acknowledged.

Please hear, then, this one voice and that of the one (or two?) other individual(s) that have written to you from the wilderness, so far as I can tell. Fletcher Allen has grown too large for the health of Vermont. First it bought Fannie Allen, and its acquisitions have not stopped since then. Now it is establishing a complex nest of overlapping (and interstate) corporate entities that begin to suggest the Jay Peak EB-5 Project.

Having moved to a highly qualified independent physician after being with a practice owned by the currently named UVM Medical Center for more than twenty years, I can now access a hospital in my part of the state only via its emergency room. How efficient is that? How welcoming is that? How reasonable is that?

Even in the old days of "Fletcher Allen," it was not easy to negotiate the system, although it was possible for my wife and myself because we had affiliated physicians. Before I left UVM's rapidly expanding system, I found that my truly outstanding doctor was spending more time looking at a computer screen than he did looking at me, and his scheduling took on a frantic pace measured in fifteen-minute intervals. It reminded me of the really old days in the sixties, when AT&T had a similar monopoly and one couldn't go into one of their offices and speak face to face with anyone (at least in Boston). Instead you went into a barren, dirty outer room where there was a bank of telephones and you had to pick one up to talk to someone "in the back," invisible behind a blank wall of peeling pastel paint. How could those folks actually be expected to care much about a customer that was only a fleeting voice that could be denied an essential communication service pretty much on a whim. In fact they didn't care, and their monopoly was finally broken up (admittedly with mixed results, but I now pay about 80% less for my much-improved phone service).

Competition is not the answer to all of America's problems by a long shot, but UVM needs some, because they are rarely ever the low-cost provider, they are making too much money, they are buying and building too much, they are paying their executives too much and, most importantly, they are alienating their physicians from their patients.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1033>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Tuesday, April 18, 2017 1:19 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Tuesday, April 18, 2017 - 1:18pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Tina Helzer
Affiliation, if applicable:
Address: 632 Hills Point Rd, Charlotte, VT, 05445 Email Address: tinathatcher@gmail.com
Topic: Certificate of Need
Comment:

I support a certificate of need for the proposed surgical center. The problem is that I have a very small voice. I am not a physician, politician or investor. I am a stay at home mother of two that recently moved to Vermont from NYC because we wanted a better quality of life for our family. When I received my first bill from UVM for a very routine procedure, I started to realize that health care was going to be the exception to the higher quality of life that the great state of Vermont offers.

Last Thursday I hired a babysitter to watch my kiddos and drove to Montpelier to attend the Green Mountain Care Board hearing for the proposed surgery center. Standing for 3 hours as all the seats were occupied by hospital executives and lawyers at the GMCB hearing I became even more disillusioned.

It became clear to me that my voice, the consumer, the patient, the VT resident was not represented at that hearing nor did it seem to be missed.

The voices of the hospital executives and their lawyers droned on and on as news to me they are now the experts on what is best for the community.

Shouldn't that question be answered by the community not the powerful minority of hospital execs? Where did the patient's voice go? They believe that not only does our community not need a surgery center (I guess I'm the only patient that has balked at my bill) but a surgery center would be detrimental to our community because it is for profit. For profit to me means it won't be subsidized by our government, will generate tax revenue and will be successful only by generating value (i.e. providing higher quality at a lower price than the competition) for the consumer. To survive, for profit businesses have to put the consumer/patient first. Now wouldn't that be refreshing.

I want choice and freedom when it comes to my family's health care. This is something I had in NYC. I believe that a surgery center is the first step in providing Vermonters with that freedom.

The results of this submission may be viewed at:
<http://gmcbboard.vermont.gov/node/277/submission/1032>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Tuesday, April 18, 2017 11:38 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Tuesday, April 18, 2017 - 11:37am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: gamal eltabbakh

Affiliation, if applicable: lake champlain gynecologic oncology

Address: 1060 hinesburg road

Email Address: getabbakh@lcgo.com

Topic: Other

Comment: I write in strong support of the Green Mountain Surgery Center. It is time for Vermonters to have other less expensive alternatives to hospital care where patients are charged a facility fee. As happened in other states. this will increase patients choice, improve quality of care and competition will drive the cost down.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1029>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Tuesday, April 18, 2017 11:37 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Tuesday, April 18, 2017 - 11:36am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Katharine Hikel, MD
Affiliation, if applicable: Lown Institute
Address: 350 Tyler Bridge Road, Hinesburg VT 05461 Email Address: hikelbreck@gmavt.net
Topic: Certificate of Need
Comment:
One more thing about the ambulatory surgery center's CON:

The hospitals uniformly cited their 'non-profit' status as a benefit to communities (notwithstanding their immense debt to the for-profit world of bond ratings, dependent on the endless-growth model); yet in VT, we've seen for-profit companies like the old Ben & Jerry's create progressive advances like the wage differential : the highest-paid employee cannot make more than X times the lowest-paid.

This came to mind after speaking with an employee who was unloading and stocking inventory in a large retail venue; she helped me with my purchases; I thanked her for her insight & knowledge-sharing. She laughed and said, "Oh this is just a part-time day job; I work nights as a CST (certified surgical technologist) at UVMMC. The pay is so bad that I have to work these extra hours to afford to live."

Surgical techs are responsible for providing, cleaning, storing & maintaining all surgical equipment used in ORs ; she said, "It's not just autoclaving scalpels and clamps; it's disassembling, sterilizing, reassembling and restocking complex electronic-driven equipment" -- laparoscopic surgical tools, endoscopes, daVinci-robotics, etc. She said, "The equipment changes fast; we have trainings every month."

She said, "After 7 years I'm still making just over \$15/hour. "

She said, "The US average is over \$20."

She said, "The surgical techs are all for the independent surgery center; they generally pay their CSTs better than the big hospitals."

Meanwhile, the UVMMC corporate class justifies its own ever-increasing inflated wages: 'We must be competitive with the rest of the country.'

<http://www.beckershospitalreview.com/compensation-issues/healthcare-ceos-dominate-wsj-s-list-of-highest-paid-employees-at-nonprofits.html>

That is another reason for welcoming another model into this mix. The more the merrier.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1028>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Tuesday, April 18, 2017 10:08 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Tuesday, April 18, 2017 - 10:08am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Kathi Walker O'Reilly
Affiliation, if applicable: Town of Colchester
Address: 781 Blakely Road, PO Box 55
Email Address: koreilly@colchestervt.gov
Topic: Certificate of Need
Comment:
To: Green Mountain Care Board
From: Kathi Walker O'Reilly, Director of Economic Development
Date: April 17, 2017

This memo is the summary of the Public Comments I gave to the Green Mountain Care Board at their Public Hearing on April 13, 2017. Since I was the last person to give public comment and there was a significant amount of time limitations, I felt my presentation was somewhat rushed and feel compelled to restate them.

Colchester is home to large and small medical and dentist practices, including UVM Medical Center's Fanny Allen Campus and Colchester Family Practice.

- These offices and practices provide patients with many convenient services from doctors' offices to rehabilitation facilities.
- These businesses employ hundreds of Vermonters with quality jobs. These jobs in-turn have a positive ripple effect on the region.
- The medical profession is an integral part of Colchester and the state's economic success.
- The proposed Green Mountain Surgery Center would be located conveniently at Exit 16 off I-89, which is an area of concentrated commercial activity, provides great access to communities and counties both north and south of Colchester, and is located only 30 miles from the Canadian border, expanding access to hundreds of patients outside this immediate area.
- Although I am not qualified to speak on the analysis you are charged with, my job is to grow the local business community and encourage investment in Colchester, the region, and the state, which is a high priority for our town.
- We believe the Green Mountain Surgery Center would bring in high quality jobs, have a positive impact on the region, and would be an asset and complement for the medical community. Therefore, we believe this is a good investment for the entire state of Vermont.

Thank you for allowing me to provide these to you again.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1026>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Tuesday, April 18, 2017 10:06 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Follow Up Flag: Follow up
Flag Status: Completed

Submitted on Tuesday, April 18, 2017 - 10:06am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Jane Evans
Affiliation, if applicable: UVM Patient
Address: Burlington, Vermont
Email Address: hi@hotmail.com
Topic: Other

Comment:

I spoke briefly at the first hearing in support of the Green Mountain Surgery Center because I believe that Vermonters need faster care and more choice, in addition to lower costs and higher quality of care. I have been a patient at several UVM facilities since moving to Vermont in 2009, simple because there aren't many other options other than Naturopaths, which don't accept my insurance (Medicare). So, I began at Given in Essex and am now at Given in Burlington, along with my husband. I feel as if I am qualified to speak in favor of the Green Mountain Surgery Center from personal experience with the UVM healthcare system, which stated in last weeks hearing that there is no need and that they already have an efficient system. I truly beg to differ, because the facts state otherwise:

WAIT TIMES

1. Last summer, I hurt my back. I was hoping to get some simple steroid injections or such which has worked in the past, but the soonest the UVM Spine Clinic was able to schedule me for a first appointment was four months later, in mid November. By the time of the appointment, my back issues had thankfully resolved and I no longer needed the treatment, but it would have helped greatly through the months I suffered.
2. I am currently having to wait one month for a simple knee injection because the UVM orthopedic center on Tilley drive cannot meet the demands of their patient load.
3. My husband Greg tore his ACL last Spring in a ski accident. Because there was an incredibly long waiting list to see a doctor at the UVM orthopedic center, we decided to seek an independent orthopedic physician who could get him in sooner. We found Dr. Kaplan at Associates in Orthopedics who was able to see him within a few weeks. The other reasons we chose Dr. Kaplan's office is because Greg doesn't really like going to hospitals because he doesn't like to be exposed to a lot of really sick people and because it is really hard to park at the UVM Medical Center – the garage is nearly always full. I believe the GMSC would be a more positive experience for the patient and likely a much easier parking situation.

BEFORE AND AFTER - Decrease in Quality of Care

Shortly after we begun with Dr. Kaplan, UVM purchased his practice, so there are no longer any independent orthopedic physician practices in Vermont that are not affiliated with UVM. The experience of care after the purchase by UVM is what I would like to speak about now, because the change was rather dramatic:

- a. After the purchase by UVM, we were no longer able to call and get an appointment using the telephone for at least one month – when Greg needed an appointment, he had to drive all the way to South Burlington from his office in Shelburne on a lunch break to make an appointment, and then sometimes the computer system did not store the appointment.
- b. One day Greg was at the office the same time a UVM admin team was there and it was clear to Greg that the staff was much more concerned with helping the admin team instead of helping him – he felt as though his care was rushed and unimportant.
- c. I was with him one day when Dr. Kaplan had to try to explain to Greg the results of his MRI without the actual MRI because the medical record was not working.

COST

My husband and I both have good jobs, but the cost of Greg's surgery included a large facility fee along of over ten thousand dollars, which was just one small part of the total cost of his injury, surgery and rehab. We has to take a loan out to pay this bill, which luckily UVM discounted slightly.

LACK OF DOCTORS IN VERMONT

The biggest problem for our family in Vermont is the lack of primary care doctors. Perhaps a nice new facility like the GMSC would attract more physicians to come to Vermont who don't want to work at hospitals, but instead set up private practices and could use the GMSC as needed for standard outpatient procedures. Right now, we are forced to use Given Primary Care at UVM, which gives us a different student doctor every time we go, so we have to explain our entire medical history over to someone new each time (talk about inefficient!). We would greatly prefer to have a family doctor who knew us in a place separate from UVM, but there doesn't seem to be any other choices in Burlington, where we live and share a single car.

GMSC IS GOOD FOR VERMONT

I don't see the building of the GMSC as competition to UVM or NMC . . . I see it as opportunity for the doctors to have decreased ICU wait times for patients in need because the rooms currently being used for outpatient surgeries that could be safely performed at GMSC could then be repurposed for more ICU capacity at the hospitals. I loved the testimony of the emergency room doctor during the hearing who stated that he was working and there was no place to send his patients who needed ICU.

As a business owner myself, I see competition as an opportunity to improve and grow, not to complain about or try to prevent. Change is usually a good thing if we respond to it in a positive manner. I have never lived anywhere with less health care choices than Vermont, but I would like to stay here. The lack of progress, however, may drive young people away from Vermont in the same way we are leaving in droves to find more job opportunities. Let's build taller buildings downtown, expand our roads and approve the GMSC and other development projects as a whole and create more jobs here, so our dwindling population can continue to live and work in this beautiful state with

access to higher quality, more affordable care both at the hospitals and the Green Mountain Surgery Center. Let's work together to create a better Vermont!

The results of this submission may be viewed at:
<http://gmcbboard.vermont.gov/node/277/submission/1025>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Tuesday, April 18, 2017 9:43 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Tuesday, April 18, 2017 - 9:42am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Janet H Fitzpatrick

Affiliation, if applicable:

Address: 20 cascade St Essex Junction VT 05452 Email Address: pafjhf@yahoo.com

Topic: Certificate of Need

Comment: Please issue a Certificate of Need for the Green Mountain Surgery Center. The University of Vermont Medical Center is essentially a health care monopoly in Chittenden County. The Green Mountain Surgery Center would offer patients health care choice, which is sorely lacking in Chittenden County. Procedures at the Green Mountain Surgery Center would be cheaper, the location would be convenient for the vast majority of patients who drive and parking would be free! The University of Vermont Medical Center location in Burlington is inconvenient for anyone who can't take public transportation. Paying for parking is just adding insult to injury! Please save money for the residents of Vermont and grant the Certificate of Need to the Green Mountain Surgery Center.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1024>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Tuesday, April 18, 2017 3:01 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Tuesday, April 18, 2017 - 3:01am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: John Rolfe

Affiliation, if applicable: Argand Capital Advisors LLC

Address: 15 Weeks Hill Meadows, Stowe, VT 05672 Email Address: john.rolfe@outlook.com

Topic: Certificate of Need

Comment: Healthcare in Vermont is a disaster. Claiming that it currently "works for everybody" is untrue. Full Stop. I run a small business. I have paid hundreds of thousands of dollars in state income taxes over the last decade. My annual health insurance premiums, meanwhile have risen about 150% over the last seven years. I can, and will, pick up and move my business out of state within the next few years if something is not done to address the rising premiums and lack of competition in the foreseeable future. Between insurance premiums and my deductible, my aggregate out-of-pocket for my family is roughly \$20,000 annually before health insurance begins to pick up any meaningful portion of my costs. When I broke my wrist several years ago, I was out of pocket nearly \$6,000. This is, in large part, due to lack of competition and lack of pricing transparency as a result of vested hospital interests protecting their bottom line and fighting against initiatives like the proposed surgical center in Colchester. When I got my itemized bill, The University of VT medical center had charged me nearly \$1,000 for use of a "recovery room" following my surgery for my broken wrist. The "recovery room"

was a bed surrounded by a curtain on a floor with about 10 other similar "rooms". I was in the "room" for less than 30 minutes while my anesthesia wore off. Seriously, \$1000! Crazy. I used to be able to piggyback on the VT Chamber of Commerce small business policy for my health insurance, but the state forced me off onto the individual exchange when the ACA came in several years back. This alone raised my premiums materially. I do believe that there is a moral obligation for us to provide a base level of healthcare for everybody, but the way to do this is not my maintaining oligopolies and discouraging competition. There is nothing wrong with "for-profit". It merely means we are putting in place economic incentives for efficient delivery of care. Let's talk about senior administrator salaries at the University of VT medical center...pull that thread and you will understand why these entrenched oligopolists are fighting so hard against any sort of reasonable competition.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1022>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Monday, April 17, 2017 6:05 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Submitted on Monday, April 17, 2017 - 6:04pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Liam Murphy
Affiliation, if applicable:
Address: 170 Wexford Lane
Email Address: liam15inc@hotmail.com
Topic: Certificate of Need

Comment:

Ambulatory Surgery Center.

As a member of the public and an employer who is a consumer of health care services, I believe the Board should approve the currently proposed AMC and many others throughout Vermont. I believe that the type of services which could be provided and the competition will be beneficial to our health care system and will help reduce health care costs.

I watched some of the hearings and read the newspaper coverage and was quite disappointed by the apparent bias of the board in favor of the existing hospitals. The applicant for the certificate should have been given at least as much time to present its witnesses and testimony as the opponents to the application.

Please look out for the consumers for a change and approve this application.

The results of this submission may be viewed at:

<http://gmcbboard.vermont.gov/node/277/submission/1020>

Jerry, Donna

From: GMCB - Board
Sent: Tuesday, April 18, 2017 9:25 AM
To: GMCB - Board Members
Cc: Jerry, Donna
Subject: FW: Form submission from: Public Comment

Dear Board Members:

Please see the most recent GMSC public comment below. Please let me know if I can be of any assistance regarding this.

Best,

Beverly

-----Original Message-----

From: GMCB.Board@vermont.gov [mailto:GMCB.Board@vermont.gov]
Sent: Monday, April 17, 2017 6:05 PM
To: GMCB - Board <GMCB.Board@vermont.gov>
Subject: Form submission from: Public Comment

Submitted on Monday, April 17, 2017 - 6:04pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Liam Murphy
Affiliation, if applicable:
Address: 170 Wexford Lane
Email Address: liaml5inc@hotmail.com
Topic: Certificate of Need
Comment:

Ambulatory Surgery Center.

As a member of the public and an employer who is a consumer of health care services, I believe the Board should approve the currently proposed AMC and many others throughout Vermont. I believe that the type of services which could be provided and the competition will be beneficial to our health care system and will help reduce health care costs.

I watched some of the hearings and read the newspaper coverage and was quite disappointed by the apparent bias of the board in favor of the existing hospitals. The applicant for the certificate should have been given at least as much time to present its witnesses and testimony as the opponents to the application.

Please look out for the consumers for a change and approve this application.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1020>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Monday, April 17, 2017 4:57 PM
To: GMCB - Board
Subject: Form submission from: Public Comment
Categories: Orange Category

Submitted on Monday, April 17, 2017 - 4:56pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Annie Ode
Affiliation, if applicable:
Address:
Email Address: ode.annie@gmail.com
Topic: Certificate of Need

Comment:

I am writing to express my support of the proposed ASC and strongly encourage the GMCB to grant the CON. Due to family medical history, I am a consistent consumer of healthcare. Cost of living in Vermont is shockingly and detrimentally high, and I've lived in NYC, DC, Philadelphia and Boston.

While these places were expensive, as well, these cities benefitted from the simple economic theory of supply and demand, driving costs down, making pricing more transparent, and putting the consumer more in control, regardless of the type of purchase (real estate, healthcare, etc.)

I would think that GMCB would leap at the chance to increase the affordability and accessibility of not only great healthcare but living in Vermont at all. I am utterly shocked that you all would decide that the restriction of a free market is the best path forward. UVMCC and its affiliates have driven up the cost of health care in Vermont by creating a huge monopoly and slowly acquiring/destroying independent practices.

The only person/entity threatened by awarding this CON is UVMCC. If patients don't end up saving money, we don't end up saving money. If costs are ALL EQUAL, which is absurd and just doesn't make any economic sense, literally no one is worse off. I urge you to look out for people like me and any other folks in our great state that will be consumers of healthcare in the coming years; increase the affordability and accessibility of healthcare by giving us options.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1019>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Monday, April 17, 2017 10:25 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Monday, April 17, 2017 - 10:24am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Bill Burnett
Affiliation, if applicable:
Address: 2002 Williston Rd, S. Burlington, VT **Email Address:** bb0556@aol.com
Topic: Certificate of Need
Comment:

As a 60-year-old health care consumer and small business owner in Chittenden County, I whole-heartedly support approval of the Green Mountain Surgery Center. Vermonters deserve to have a variety of health care choices, including high quality, lower cost options such as those offered at ambulatory surgery centers. Another huge plus of the Green Mountain Surgery Center: price transparency. This is something you cannot get at UVMHC no matter how hard you try.

While I've generally received excellent care at UVMHC, I've had to wait weeks or months for various appointments and procedures. I have a high deductible health plan and easily run through my high deductible after just one simple procedure at UVMHC. Friends in other states report the same procedure cost them thousands less than I paid, simply because they have competitive health care markets and high value options such as ambulatory surgery centers. Vermonters deserve these same options!

As an aside but related note, my partner has a history of working in healthcare, including working with a leading national radiology benefit company that was hired by a local health insurer to lower their radiology claims costs. Over and over this radiology benefit company told the insurer that while Vermont's utilization of radiology benefits was lower than others nationwide, the costs of those services were far above those seen in other markets across the country. The difference was so astounding that the radiology vendor said there was not much more they could do to control radiology costs for the insurer. This situation is due primarily to the monopolized, hospital-dominated market that exists in Vermont. The Green Mountain Care Board has an opportunity to improve this situation for Vermonters by approving the Certificate of Need for the Green Mountain Surgery Center.

Bill Burnett, CPA
South Burlington, VT

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1014>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Sunday, April 16, 2017 8:42 AM
To: GMCB - Board
Subject: Form submission from: Public Comment
Categories: Purple Category

Submitted on Sunday, April 16, 2017 - 8:42am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Eric Prong

Affiliation, if applicable:

Address:

Email Address: kerrieric7@gmail.com

Topic: Other

Comment: The surgical center should be approved. Some competition would be good for healthcare in Vt. UVM/fletcher allen is becoming a monopoly, that often demands much higher co-pays and prices from the working class with high deductible plans. If Uvm fletch is half as great as they say they are, why does everyone seemed so threatened?? This surgical center will bring costs down for the people who "pay the bills" and everyone knows it. This should not even be an issue, but it threatens the "socialized" medical system the state hopes to create. Happy Easter!

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/1007>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Saturday, April 15, 2017 4:07 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Saturday, April 15, 2017 - 4:07pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Andrea Regan
Affiliation, if applicable: Charlotte Family Health Center
Address:
Email Address: Andrearegan@yahoo.com
Topic: Certificate of Need
Comment:

I am writing in support of the Green Mountain Ambulatory Surgical Center. Vermont is reaching a point of crisis where a minority of working class people are having to cover the insurance of the majority of the state (Medicare, Medicaid, and state/local employees such as teachers, etc), only to be faced in turn with high out of pocket expenses. Patients are unable to get timely and affordable care through UVMHC. It's as if these lobbyists are on a different planet. The need is so obvious.

Tell this to my patient in her 80's who had to go into a nursing home for 3 weeks because she couldn't get a total hip arthroplasty in less than 2 months. Tell this to my patient in her 40's with a recent witnessed seizure will not get a call back from neurology to even schedule an appointment for 4-6 weeks. Tell this to my patient in her 30's with severe right lower quadrant pain cannot get a CT scan within 2 weeks in Chittenden County unless she goes through the emergency department. She is waiting because she works 2 jobs and has a high deductible plan. The majority of Vermonters don't really care about this issue because they contribute minimally to their health care and are not impacted by the expense. But for working citizens and uninsured it is becoming a crisis!

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/1002>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Saturday, April 15, 2017 7:31 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Saturday, April 15, 2017 - 7:31am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: david n. schwartz, md
Affiliation, if applicable: Vermont Gastroenterology
Address: 3838 South Rd, Williston
Email Address: dschwartz10@comcast.net
Topic: Certificate of Need

Comment:

I attended your recent hearing concerning the CON for the GMCB. This was the first hearing that I have attended and I was very impressed by the insightful questions of the Board. But I was also saddened by the desperate pleas of hospital administrators and a hospital-employed physician defending their bottom line so aggressively. I contacted the NMC CEO the next day and asked her if she had any idea what the impact would be on her bottom line since there are only currently 16 physicians ready to use the GMCB. She has not as this is considered confidential. She had mentioned that the surgeons performing endoscopic procedures bring in \$1 million per year. But she also mentioned that her fees are already low. So, why would a surgeon from St.

Albans actually use a surgery center if the hospital already has competitive fees? And she also mentioned that there is no trouble in scheduling times in the current model. I experienced a deja vu when I was the President of the Medical Staff at Sturdy Memorial Hospital in Attleboro, MA and our CEO panicked when threatened by the building of a surgery center in our area. She black balled the Orthopods planning on using the facility and threatened my practice of four providers that if we used the facility she would replace us.

And none of us were hospital employees. The worst part was that I supported her and continued to feed the hospital's bottom line allowing \$12 million in profits annually. And despite the growth of the ASC, we continued to make this much money annually.

But now I see that I may have supported an overpriced, outdated model only driving healthcare costs higher. I have obtained two EOB from BCBSVT demonstrating the fees charged and insurance reimbursements for screening colonoscopies. This will illustrate the lack of pay parity as well as I am independent. The UVM GI charged \$3300 and was paid \$1500 while I charge \$1500 and was paid \$650. The tray fees were reimbursed \$2800 and \$2500 respectively. Of course, since the UVM provider is an employee, the hospital made \$4000 for a colonoscopy. We would be able to offer a screening colonoscopy for 50% less. In this era of high out of pocket costs for diagnostic studies, this will directly impact our population. I estimate that UVM receives \$7 million in facility fees from my office and this represents less than 0.05% of their revenue. Just last week, I had a 50 year old patient needing a colonoscopy and she was anxious that I coded it as a screening procedure so that it would be covered. Otherwise, it would have cost her \$4000 out of pocket. Fortunately, I was able to honestly code it and have it covered.

And an ASC could very easily offer a bundled product since our prices will be transparent. Good luck in getting a price quote from UVM. This might be why MVP and BCBSVT are in favor of an ASC.

Isn't it time to finally stand up to UVM's monopoly and control costs. UVM has excess revenue despite the Board actively trying to control their fees.

BCBSVT can't negotiate with a monopoly. Please be aware of the salaries of the administrators at UVM and recognize that the hospital has become a business machine for non-providers of health care. Salaries have sky rocketed for these people while providers are struggling to maintain current income. If a VP misses work for a week, do patients suffer?

What if I leave for a week? Having an ASC would allow for competition and might even allow for improved patient satisfaction.

An ASC would allow me to be much more efficient with my schedule and free up time for my real job; office consultations. I currently am coming to work on days off to see urgent consults and adding 0800 patients.

In summary, I understand NMC's concerns but doubt that the St. Albans' independent providers will use the ASC. And UVM needs to be reigned in somehow. Though the comments at the Board hearing were almost all against the ASC, please appreciate that these administrators arrived at the meeting early and loaded the sign up sheet on a first come first served basis. Most of us have real jobs and had to go to work in the morning and arrived at 1300 and found the comment list filled. Just read VTdigger comments on Erin Mansfield's article of 04/13 and you will see the real sentiment of the community.

The results of this submission may be viewed at:

<http://gmcbboard.vermont.gov/node/277/submission/999>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Saturday, April 15, 2017 5:11 AM
To: GMCB - Board
Subject: Form submission from: Public Comment
Categories: Purple Category

Submitted on Saturday, April 15, 2017 - 5:11am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Dave Bellini
Affiliation, if applicable:
Address: Montpelier Vermont
Email Address: davebellini@comcast.net
Topic: Certificate of Need

Comment:

Hello,

My name is Dave Bellini. I am currently the President of the Vermont State Employees Association. I write in support of the Green Mountain Surgery Center. The state employees health plan covers state workers, retired state workers and dependents. This represents approximately 24,000 covered lives.

This surgical center would save plan members money and taxpayers money.

The

GMCB should be skeptical about hospital administrators's claims of harm. Monopolies do little to control price, innovation or quality. I believe the proposed surgical center is in the best interest of all Vermonters.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/997>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 9:04 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Friday, April 14, 2017 - 9:03pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Tiki Archambeau
Affiliation, if applicable:
Address: 36 Crombie St., #1
Email Address: tikiskis@yahoo.com

Topic: Other

Comment:

I am writing in support of HealthFirst building a surgical center in Colchester.

Despite UVM Medical Center's claims that it will drive up costs, studies have found that health centers with monopolies like UVM Medical Center are actually one of the main drivers of runaway costs to the healthcare system.

The newly published book "An American Sickness" by Dr. Elisabeth Rosenthal details the evolution of health centers at one time consolidating for the sake of true efficiencies, but not consolidating for the bottom line. The growth by UVM Medical Center's infrastructure and network should serve as a testament to a quest for profits over efficiencies. After all, costs have not come down as a result of UVM's expansion.

Dr. Rosenthal said this about hospitals like UVM's in a recent interview:

"One expert in the book joked to me ... that if we relied on the current medical market to deal with polio, we would never have a polio vaccine.

Instead we would have iron lungs in seven colors with iPhone apps."

Thank you for your consideration.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/995>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 7:09 PM
To: GMCB - Board
Subject: Form submission from: Public Comment
Categories: Purple Category

Submitted on Friday, April 14, 2017 - 7:09pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: CS Bailey

Affiliation, if applicable:

Address: Essex, VT

Email Address: WoodlandDance@aol.com

Topic: Certificate of Need

Comment:

I am for Green Mountain Surgical Center. I like that they will have a web site where consumers/patients can get a price for a procedure. I like that they will charge less than hospitals which will cost insurance companies and Medicare/Medicaid less. I like that Independent Doctors will be able to practice without having to join the hospitals. Finally, I like it because the parking, elevators, Registration, hallways at the UVM Medical Center take SO long to navigate. My daughter has had to have many procedures and it is exhausting to go to UVM Med. Center. There are too many people there; it feels like a small city.

Please issue a Certificate of Need. Thank you.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/994>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 6:08 PM
To: GMCB - Board
Subject: Form submission from: Public Comment
Categories: Purple Category

Submitted on Friday, April 14, 2017 - 6:08pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: John LaCroix
Affiliation, if applicable:
Address: 70 Dunbar Drive, Essex Junction VT 05452 Email Address: john.l.lacroix@gmail.com
Topic: Certificate of Need
Comment:
Regarding the Proposed ASC surgical care center.

Health care costs are continuing to rise WITHOUT competition. Now a group of investors willing to put up their own capitol are willing to wade into the pool. Hospital executives accuse the effort of 'driving up costs'. If the GMCB doesn't allow this to go forward, they are simply giving the hospitals card-blancche to increase costs. Is the GMCB in the business of creating a monopoly on health care services within the state of Vermont?

If we keep doing the same things over and over, we shouldn't expect a different result. Costs are going up regardless of the outcome - what do we as a state have to lose by trying? These surgical centers have been successful in other parts of the country. Please consider your decision carefully.

Thankyou,
John L LaCroix Jr

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/993>

Smith, Beverly

From: Katie Montagne <kmontagne@nmcinc.org>
Sent: Friday, April 14, 2017 4:56 PM
To: GMCB - Board
Subject: Public Comment
Attachments: Public Comment.docx

Categories: Purple Category

To whom it may concern:

I'd like to thank the Board for taking my public comment at yesterday's hearing. I have attached what I had previously written in preparation for the public comment section, as well as, added a few thoughts regarding yesterday's testimony. Thank you, again, for your time and consideration.

Sincerely,

~Katie Montagne

Kathryn Montagne MD
Department of Anesthesiology

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 12:35 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Friday, April 14, 2017 - 12:34pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Tom Evslin
Affiliation, if applicable:
Address: 83 Dewey Farm Rd. Stowe, VT 05672 **Email Address:** tom@evslin.com
Topic: Certificate of Need
Comment:

I am an admirer of and contributor to UVM Medical Center; but I think that the for-profit surgical center hospital should be allowed to open. The quality of care I've gotten at UVMHC has been excellent; once the hospital saved my life. But that doesn't mean that Vermont won't benefit from competition in order to keep medical costs down.

We will attract more doctors to the state if they have a choice of being in a wonderful research and teaching hospital or providing care in a smaller, more flexible organization.

There may be plenty of surgical operating rooms in Vermont, as stated in the article; but I know from experience that does not mean that minor non-emergency operations can be scheduled expeditiously. If a for-profit operation can provide faster care in these cases, that will be a help to many Vermonters.

We are not cost conscious medical consumers in Vermont because we have neither enough choice of providers nor transparent pricing to compare. The proposed center will offer both choice and transparency.

Finally, "for-profit" should not be considered an epithet. A for-profit provider will fold if it does not offer something better than its non-profit competitors. There will be, and should be, quality regulations to assure that efficiencies are not achieved by cutting corners which shouldn't be cut.

It would take a lot to convince me to choose some other provider over UVMHC or Copley; they have set a high bar for quality. Nevertheless, prices are anything but transparent and waits for non-critical care do exist. Competition should be allowed.

I urge the Board to grant a certificate of need for the proposed surgery center in Colchester.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/989>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 12:22 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Friday, April 14, 2017 - 12:21pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Andrew

Affiliation, if applicable:

Address:

Email Address: tyrvold@yahoo.com

Topic: Other

Comment:

I would like to comment on the proposed for profit surgical center. It has been my experience much to the contrary of others that have testified in front of the board that the operating rooms and procedure rooms are being over utilized, with surgeries and some minor procedures being booked months out from their initial diagnosis. I believe that for too long the hospital network in this state has put a strangle hold on improving Vermont healthcare. By doing exactly what they are here, stamping out any competition and making their game the only one in town. My experience here has been one of "if you don't like how we operate, too bad we are the only ones around." By having a healthy competitor in town it can drive innovation and better service for all patients at the hospital.

Thank you for your time.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/988>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 12:13 PM
To: GMCB - Board
Subject: Form submission from: Public Comment
Categories: Purple Category

Submitted on Friday, April 14, 2017 - 12:13pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Justin Worthley
Affiliation, if applicable: Burton Snowboards
Address: 80 Industrial Parkway, Burlington **Email Address:** justinw@burton.com
Topic: Certificate of Need

Comment:

Below are comments that I was prepared to share at the public hearing on 4/14 regarding CON for ambulatory surgery center, but public comment period was cut short:

April 13, 2017

To: Green Mountain Care Board
From: Justin Worthley, Vice President of Human Resources, Burton Snowboards
Re: Strong support for Ambulatory Surgery Center Certificate of Need application

Nearly two years ago in June 2015 we wrote a strong letter of support to Chairman Al Gobeille regarding the Certificate of Need to build an ambulatory care center in the greater Burlington area. We remain strong proponents of this proposal. Our support is based on two factors: First, we operate a self-insured health insurance benefit plan for our 500+ US employees, including over 350 in Vermont, and therefore are highly invested in our employees having access to high-quality affordable health care options; Second, the 150+ US Burton employees who are located in 11 other states have access to these facilities, and therefore we have first-hand experience that ambulatory care centers are much more efficient models for the delivery of routine outpatient surgical procedures.

Because this certificate of need has become somewhat of a contentious issue, I did some research into how unique and controversial these centers are in other states. And what I learned is that they actually aren't controversial but are in fact very common. I learned that Vermont is the only state that has fewer than three ambulatory care facilities. Vermont has one, but that is a specialized Eye Surgery Center, so I'm not sure that's even relevant.

Now Vermont probably doesn't need a lot of these centers because we are a small state both in terms of geographic size as well as population. So I looked at the states with the lowest population – they are, Wyoming at #50, then counting backwards, Vermont, Alaska, North Dakota and South Dakota.

Those other four states each have a minimum of 13 outpatient surgery centers.

Then I looked at states with the smallest geographic size – there are only five that have less land area than Vermont and they are New Hampshire, New Jersey, Connecticut, Delaware and Rhode Island. For these five states, each has a minimum of 11 of these centers, with New Jersey ringing in at 268. Even West Virginia, while not on either of my lists, has three.

So based on this research; it is clear these centers are a normal part of the health care system in all other states. There is significant data proving that these centers are much more efficient in the delivery of quality out-patient surgical procedures compared to hospital systems. The proposal for this center is coming from a group with a strong reputation for primary care delivery in Vermont. All three major insurers in the state are unanimous in supporting the application. Vermont has been willing to take risks in breaking new ground in health care reform. Due to these reasons, I'm left perplexed, wondering why this Board has delayed the approval of this application. If there's any further delay, we—and I'm sure other Vermont employers—will want a very clear and compelling answer to that question.

So on behalf of Burton Snowboards, our owners Jake and Donna Carpenter, and our 350 Vermont based employees, I urge this Board to take swift action to not only move forward in approving this Certificate of Need, but also to challenge Vermont's entire health delivery system to accelerate the implementation of proven models like these ambulatory care centers which will provide Vermonters with better choices for obtaining quality health care in the most efficient manner.

Respectfully submitted by Justin Worthley, Vice President of Human Resources

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/987>

I believe in NMC's mission to provide exceptional care to its community. Any establishment would be silly not to have that as a component of their mission statement. However, NMC is doing just this. The programs within our community that NMC has either created or supported are countless. As a former public health nursing supervisor, for the Vermont Department of Health, I can attest to the progress made on many public health initiatives, in part due to NMC's involvement...their commitment.

As a physician, who was born and raised in St. Albans, "community" takes on a whole different meaning. It's where my children were born and are cared for, and on the other end of the spectrum, it's where my elderly parents have received a bulk of their health care. For the latter, this includes collaboration with the existing tertiary center in our "medical community." NMC does collaboration very well, and I've seen this both as a medical student and anesthesiology resident at UVMMC and as a provider at NMC. I feel that this communication piece is a huge part of what makes our medical community so special, and I believe it's paramount to our patients' care.

There is more, however, going on than just what's happening within the walls of NMC. Our community health means meeting people where their health matters...it's at the schools, the local gyms, on our walking paths, our grocery stores, and yes at our medical facilities. Vermont has chosen to pursue an integrated health care system, focused on population health. NMC's presence in this arena is ever widening!! The for-profit ambulatory surgery center will undermine these efforts. Allowing the surgery center to draw off revenue from hospitals like NMC, which they use to invest into the health of our community through services that aren't reimbursed to the extent of their cost, such as maternity care, addiction medicine and community health and wellness programs, will be a major detriment.

It was noted in the testimony that a handful of pediatricians, from the northwestern region, chose to leave, per the surgery center applicant "due to Medicaid reimbursements." My family was impacted firsthand, as my children's pediatrician was one of the ones to leave. Ask me if I felt this? Yes, of course we miss our pediatrician, but the transition in care to another exemplary pediatrician was seamless. Why? ...because NMC jumped into action and made sure that this was the case. Clearly, this is not a reimbursable endeavor, but small hospitals like NMC, do just that, they look out for the greater good of our community. It was reported that diverting colonoscopies alone would have a \$1 million impact to NMC. Now, this figure is incredible, clearly. If ALL the colonoscopies went to the surgery center, it would erode the "health" of those types of programs I mentioned earlier. This plays out in my mind, I believe differently than our CEO, CFO, board members and the like. One might argue, "not all of the colonoscopies are going to all of a sudden go jump in their car to get their care done at the surgery center." In fact, I WOULD argue that. However, as I see it, this is how it'll play out. The surgery center will draw off privately insured patients and less money will stay local. Less money staying locally means a potential for decreased access and decrease in local services. Putting on my daughter hat, this means a decrease in quality health care for my parents, because regardless of the fact that they have good health insurance, their health makes it difficult to make appointments in Chittenden County for services. So, when I say an ambulatory surgery center located in Chittenden County will skim off the top, I am not putting that lightly. It will draw not only our well insured, it will draw our healthiest patients who can make the trip. It will certainly NOT be increasing access for all.

Ok, so what? Maybe I've made an argument for the negative impact that a surgi-center would have to our local hospitals and our hardworking citizens that deserve quality health care within their communities. That might not matter, as far as the criteria with which the Green Mountain Care Board has to make their decision.

The data is there, however, to suggest that operating room capacity is not a driving force. In the testimony, from both UVM and NMC, there is more than enough existing operating room time and there is also potential for expanding hours. Again, the applicant noted this is an access issue, but they admit there is only "anecdotal evidence from patients and providers." At least, at NMC, I can say this isn't an issue. I had someone come to me just this week for knee issues. I suggested our local providers. They reported back they will be seen in the office next week, with an OR slot available the first week of May! This is for a busy orthopedic practice, one where the surgeons will often take "open" time, on FRIDAYS to minimize any waiting queues. Adding more physical space is simply duplicating existing infrastructure.

NMC is already focused on reducing cost and improving efficiencies. I feel the Green Mountain Care Board should be partnering with our hospitals to further build upon these endeavors, rather than allowing their revenue to be diverted to a for profit organization. In the testimony, we heard the applicant state that we already have low utilization and high quality, but what we are lacking is the opportunity for lower costs. I beg to differ. I would argue that we haven't pushed the opportunity to lower costs to the limit. Until we, as a statewide medical community, do, then we shouldn't be looking to outside means to tackle this task. Take stock in what each of our hospitals are doing well and start there.

Lastly, do I want to see Vermont physicians prosper? Absolutely, but to hear in the testimony that surgeons "just can't get OR time, when they need it," is a little misleading. We didn't get into medicine to make sure our schedules are tailored perfectly to our lifestyle. I will probably get some flak for saying that, but it's true. To argue that a surgery center will help with physician recruitment is ridiculous. What it'll do is rob local hospitals of their staff, staff that no doubt are looking for the "gravy jobs." On hindsight, that might be valuable, weed out the doctors who really want to serve our community versus those that don't? Clearly, I'm being facetious. Vermonters are notorious for taking care of each other, and that is exactly what we should be doing, taking care of our hard working citizens. Focus on recruiting doctors who want to serve and invest in this Vermont medical community. Think outside the box for cost reduction and improved efficiencies. Focus on providing care to our citizens at their local, trusted, community hospitals, where they are cared for in their entirety, instead of diverting and fragmenting care for discreet procedures at a surgical center.

Thank you for your time and consideration.

Katie Montagne MD

St. Albans, VT

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 12:01 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Friday, April 14, 2017 - 12:00pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Mildred A. Reardon, MD
Affiliation, if applicable: Retired Vermont physician
Address: 2320 Oak Hill Rd. Williston VT 05495 Email Address: Mimi.reardon@uvm.edu
Topic: Other
Comment:

Based on many years of practicing medicine in Vermont I would recommend not allowing CON for "for profit" centers, such as the Pending Green Mountain Surgery Center proposed for Colchester, VT

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/986>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 11:18 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Friday, April 14, 2017 - 11:17am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Melinda Moulton
Affiliation, if applicable: Main Street Landing
Address: One Main Street
Email Address: melinda@mainstreetlanding.com

Topic: ACOs

Comment:

Good afternoon, my name is Melinda Moulton and I am the CEO of Main Street Landing. I am here today to express my support for the Green Mountain Surgery Center. I have been involved in watching this vision develop over the past few years. I am so excited to have the Green Mountain Surgery Center in the Burlington Area because I will use it.

This is not a referendum on the UVM Medical Center – this is a practical and wise and much needed addition to the fabulous health care Vermonters already receive in their communities.

When I had my cataract surgery I chose the UVM Medical Center for that care.

I received amazing care – but the experience was overbearing – it took long periods of time to get an appointment and when I arrived to my appointments I had to wait sometimes hours to be seen. I switched over to the Vermont Vision Center for my eye care. The availability for appointments and time spent was noticeable different. I have a friend who tore his Achilles heel – it took him weeks to be seen at the Hospital. I have another friend who had to wait months for the removal of his cancerous prostate with appointments being changed or put off.

Look – We need More Accessibility to quality health care – not less. Our Health Care should not be centered within one organization.

The surgeons who want to own and operate the Green Mountain Surgery Center will deliver an affordable, professional and high level of service to our community that supports and complements the services at the UVM Medical Center. This Surgical center will not have the extraordinary overhead of the Hospital – it does not have to pay a development staff and administrators or high overhead for facility operations and expansion. The Green Mountain Surgery Center operations are directed and overseen by their professional surgeons. My guess would be that we will receive extraordinary service – at an affordable price – quickly and efficiently. How can this be anything but a Good Thing for the people of Vermont? Monopolies are not good for people – more choices for the people of Vermont in where they go for their health care is a Good Thing – This is why I am here today to encourage you to support the Green Mountain Surgery Center and the surgeons who so passionately - and compassionately - wish to operate in order to serve our Vermont citizenry.

Thank you,

Melinda Moulton, CEO Main Street Landing Resident of Huntington, Vermont

The results of this submission may be viewed at:

<http://gmcbboard.vermont.gov/node/277/submission/984>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 11:03 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Friday, April 14, 2017 - 11:02am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Steve Boyce

Affiliation, if applicable:

Address: 246 Ozzy Lane, White River Junction, VT 05001 Email Address: sboycecpa@gmail.com

Topic: Certificate of Need

Comment:

I just read the article "Hospitals, regulators lean hard on surgical center investors" in the VT Digger and felt compelled to make a comment. While I have a pro for-profit mentality, even when it comes to healthcare, and, I strongly believe we need new healthcare delivery and reimbursement models, I have a huge concern with the current plan for HealthFirst's development of a surgical center in Colchester. I applaud Jessica Holmes for asking if HealthFirst would commit to allowing surgeons to use the facility only if they accept Medicaid patients, and disappointed the answer was no. Unfortunately our healthcare reimbursement system is based on a process of subsidies. Private insurers generally pay higher amounts while Medicare and Medicaid pay lower amounts for the exact same services. If the system is in balance, the average of these high and low payments provide enough money to keep Vermont's healthcare system financially stable. We must also keep in mind that what a Medicare providing healthcare company "charges" for a particular service must be the same for every payer source whether that be private insurance, Medicare, Medicaid, or self-pay patients. What can be different is the negotiated "payment" amount. So, when a large not-for-profit healthcare organization sets its "price", that price must be high enough to include the negotiated payment rate of its highest payer source, even though Medicare and Medicaid actual payments are only a fraction of that amount. So there is no intention to "collect" the amount charged for most patients. The high payers offset the low payers to result in an average payment required to run the medical facility. So of course HealthFirst can set their "price" lower than a not-for-profit medical center if they don't take the same share of Medicaid patients. Without the low Medicaid payments bringing down the average payment, it is possible to "charge"

and "collect" much less from the private payers, and even Medicare, while still achieving a higher per patient average collection than the not-for-profit. If HealthFirst is permitted to only skim the highest payer sources from a Medicaid providing not-for-profit healthcare provider, in order for that Medicaid providing organization to remain financially sustainable they will need to "collect" even more from the remaining higher payer sources in order to maintain their average collections. So, all this plan will do is transfer money from the not-for-profit center to the non-Medicaid provider and add total costs to the system as a whole. I am all for competition in healthcare, but, everyone needs to play by the same rules.

If a surgical center in Vermont can care for all of our population, at a lower cost (and total payment to the system) than I am all for it. But if we are just taking the patients with the best insurance, creating a nice, new, fancy place for only the privileged, at the expense of the Medical Centers that provide care for all, I would not recommend it.

Thanks for the opportunity to comment

Steve Boyce, CPA, MHCDS

White River Junction, Vermont

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/982>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 9:40 AM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Friday, April 14, 2017 - 9:39am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Daniel Smith
Affiliation, if applicable:
Address: 30 Varney Rd.
Email Address: dgs726@ix.netcom.com
Topic: Certificate of Need
Comment:
My comment is regarding the CON request for the Green Mountain Surgery Center.

A recent VT Digger article (4/13/2017) stated that "representatives for Northwestern Medical Center in St. Albans and the Vermont Association of Hospitals and Health Systems framed the proposed six-room surgical center as a "for-profit," "unregulated" project that would hurt community hospitals and drive up health care costs."

My feeling is that Vermont's supposedly nonprofit health care model is not serving Vermonters well. As an example:

Rite Aid is a for-profit corporation, and they pay their CEO big bucks (millions). They charge \$31.99 for a flu shot. UVM Medical Center is a nonprofit 501(c)(3) corporation, and they pay their CEO big bucks (millions). They charged my insurer (BCBSVT) \$100.82 for the same flu shot.

The nonprofit entity delivers the same service as the for-profit one, but at over three times the cost. Let's be honest: the Vermont nonprofit medical industry is in business for their own benefit, not the consumer's.

I request that the CON be granted for the proposed GMSC; let them succeed or fail based on their own merits, and if the cost of care decreases that's all to the good. And if they implement price transparency that might be incentive for OnceCare Vermont members to do the same - something that is always promised, but never delivered.

The results of this submission may be viewed at:
<http://gmcboard.vermont.gov/node/277/submission/981>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 4:52 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Categories: Purple Category

Submitted on Friday, April 14, 2017 - 4:51pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Jake Mathon

Affiliation, if applicable:

Address: 435 Talcott Road

Email Address: uvmalum93@yahoo.com

Topic: Certificate of Need

Comment: I am in favor of the Certificate of Need for the proposed Green Mountain Surgical Center. Our non-profit hospital system will not be harmed as they already have a distinct advantage with tax-exempt status and near monopoly to charge prices as high as they can. Competition will not degrade quality of care, but rather enhance it as the GMSC will need to perform exceptionally well to stay in business. We have less choice today in our health care than even a few years ago and we should be doing anything we can that might improve patient care and lower costs.

The results of this submission may be viewed at:

<http://gmcboard.vermont.gov/node/277/submission/992>

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Friday, April 14, 2017 4:16 PM
To: GMCB - Board
Subject: Form submission from: Public Comment
Categories: Purple Category

Submitted on Friday, April 14, 2017 - 4:15pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Jennifer Brown
Affiliation, if applicable: Northeastern Reproductive Medicine
Address: 2549 Huntington Road
Email Address: JLK1975@gmail.com
Topic: Certificate of Need
Comment:

I am a physician practicing at Northeastern Reproductive Medicine (NRM) in VT. I was present for the hearing yesterday and scheduled for public comment, but these were cut short as the hospital administrators went over their allotted time.

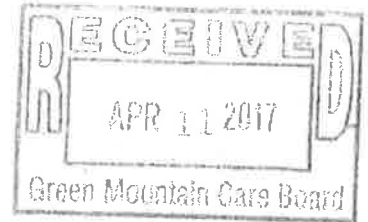
My question is this: in the ever-changing healthcare landscape, are we trying to force our current model to answer our needs in a sub-par or are we open to change to meet the needs of our community and economy? Can we work to improve patient satisfaction, while lowering costs? Hospitals are an integral part of our health care system and always will be; however, this doesn't mean we should dig in our heels and resist change in our system.

- 1) The question is not capacity, but rather need. Patients need and want a more stable, less complex, more accessible environment when they are receiving outpatient care. We all want efficiency: the time for me to perform one common, simple outpatient procedure is 1.5 hours or more at UVMHC whereas this same procedure took me 30 minutes in a surgery center (Colorado). Add in unpredictable turnover times (not "24 minutes" as testified yesterday), and more office hours are blocked and my patients wait longer to get an appointment.
- 2) Why do we have a shortage of physicians in Vermont? New graduates expect to work in a modern health care system. Across the country, the bar has been set for efficient, focused, personalized care—outpatient surgical centers are part of this expectation. I completed my training in VT 5 years ago, and when looking for practices, I prioritized innovation and personalized, accessible care—important in my field of infertility. I initially took a position in CO; as my family grew, I was lucky to find a practice in VT, which had recently been established independently and allowed for those opportunities. In order to recruit young physicians to our state, we need to embrace change.
- 3) Competition works! When our practice first opened its doors 2.5 years ago, we offered a price for in-vitro fertilization (IVF), that was 30% lower (\$7000) than the hospital currently offered (close to \$10,000) and hence accessibility to care was greatly improved: our number of IVF treatment cycles rose to 185 cycles in the 1st year- a 45% increase from the 120 cycles done by our same doctors who left UVM the year before. Interestingly, when this happened, UVMHC was able to lower their costs to compete, after years of charging higher prices. Competition is much needed in VT. The economist recently wrote an article about how hospitals have been reinvented many times. (<http://www.economist.com/news/international/21720278-technology-could-revolutionise-way-they-work-how-hospitals-could-be-rebuilt-better>)

This is not the first nor will it be the last change we embrace as Vermonters. Thank you.

Jennifer Brown MD. MBA.

The results of this submission may be viewed at:
<http://gmcbboard.vermont.gov/node/277/submission/991>



John J. McDonald
307 Brigham Hill Road
Essex Junction, VT 05452-2003
Phone (802) 872-8656
Saturday, April 8, 2017

Green Mountain Care Board
89 Main Street
Montpelier, VT 05620-3601

Dear Board Members,

I would like to add my voice and that of my wife to those Vermonters expressing skepticism (at the very least) about what appears to be a long-running attempt by the UVM Medical Center and its affiliated hospitals and physicians' practices to monopolize health care in our state.

In the quarter century that we have lived in Vermont, we have had occasion to seek medical care for three serious situations and two minor matters that involved hospitalizations. In the two most serious cases, the preliminary arrangements by what was then "Fletcher Allen" involved so many delays as well as unpleasant interactions that once we ended up in Boston and once in Pennsylvania. These alternatives were not chosen because UVM lacked the right specialists, but because we could not effectively access these specialists in situations that involved some risk if care were delayed. The moves afforded us a good view of how medical care can and should be organized.

UVM's claim that Vermont does not need further capacity — or competition — in (for example) gastroenterology ring completely hollow for us. Many of our interactions over the years have led to a conviction that UVM NEEDS competition in the worst possible way, in order to improve the care it provides within reasonable time limits and at reasonable prices.

One specific step would be to allow the surgical clinic that is attempting to open in the Burlington area to do so. The account of safety concerns raised by UVM rings hollow in light of the nationwide safe operation of such clinics. Another step: Thoroughly investigate UVM to make sure that qualified doctors are not being denied hospital privileges. Although I don't claim to know the ins and outs of such decisions, I do have first hand knowledge of doctors' practices that have been excluded, which sounds like a move to monopolize not only hospital care in Vermont, but also family physician care.

Yours sincerely,

A handwritten signature in cursive script that reads "John J. McDonald".

John J. McDonald

Smith, Beverly

From: GMCB.Board@vermont.gov on behalf of Green Mountain Care Board
<GMCB.Board@vermont.gov>
Sent: Wednesday, April 05, 2017 2:49 PM
To: GMCB - Board
Subject: Form submission from: Public Comment

Follow Up Flag: Follow up
Flag Status: Completed

Submitted on Wednesday, April 5, 2017 - 2:49pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Gerry Silverstein
Affiliation, if applicable:
Address:
Email Address: gsilverst@gmail.com
Topic: Certificate of Need
Comment:

I am writing to support a Certificate of Need for the proposed independent surgical center. Monopoly healthcare facilities, such as the UVM Medical Center, have little incentive to hold down costs. Today's VT Digger reported that the UVM Medical Center took in \$25.8 million dollars more than they had stated they would derive from patient care in the past fiscal year, and this over-billing has happened before.

In the April 4, 2017 issue of JAMA, an article entitled "Making Healthcare Work—Competition Policy for Health Care" the authors make the following statement: "many studies have examined trends toward increasing consolidation of physician practices and hospitals in the US health care system and the negative effects of decreased competition on the quality of patient care and health care costs." The authors go on to state: "Despite general consensus among economists and health policy experts that competition enhances patient choice, improves quality, and reduces cost, few actionable policy recommendations have been offered beyond greater antitrust enforcement by the Federal Trade Commission.

My own experience will help provide clarity to the need for independent medical facilities. In 2015, I had a problem with my hand. Since my primary care physician is with the UVM Medical Center, I sought an appointment through their orthopedic department. The earliest appointment required a six-week wait. Not wanting to wait six weeks I made an appointment with an independent orthopedic group, which I was able to see within two weeks.

I saw an orthopedic hand surgeon (MD). That practice billed my Blue Cross Blue Shield insurance \$126, and BCBS paid \$63.51.

Wanting a second opinion, I kept my appointment with the UVM Medical Center. My appointment was with a physician assistant who billed BCBS \$292, of which BCBS paid \$228.83.

The UVM Medical Center charge was more than double that of an independent group for me to see a PA vs. an MD surgeon, and the reimbursement rate paid by BCBS to the UVM Medical Center was more than triple the rate paid to the independent orthopedic facility.

What response would the GMCB offer to the public when the public is told that the orthopedic group mentioned above has recently been bought by the UVM Medical Center?

Without competition (and numerous other interventions to control healthcare costs), the unsustainable trajectory of out-of-control spending on healthcare will continue until the evil word "rationing" becomes commonplace.

Please issue a Certificate of Need for the new independent surgical center.

The results of this submission may be viewed at:
<http://gmcbboard.vermont.gov/node/277/submission/878>



March 31, 2017

Green Mountain Care Board
89 Main Street, Third Floor
Montpelier, VT 05620

Re: Green Mountain Surgery Center
Docket No. GMCB-012-16con

Dear Members of the Green Mountain Care Board:

I am writing to express strong support for the Green Mountain Surgery Center's pending application for a Certificate of Need.

NFP (formerly known in Vermont as Fleischer Jacobs Group and Hackett, Valine and MacDonald) is a national corporate benefits organization working with hundreds of Vermont employers to bring comprehensive and cost effective benefit packages to their employees - health insurance being the key to any benefit package.

We continue to see the detrimental impact of rising health care costs on employers and their employees. The Green Mountain Surgery Center would offer an alternative setting in which to receive care and the ability to consider cost when making such decisions. With most employers offering some version of High Deductible Health Plans (with Health Savings and/or Reimbursement Accounts) this choice would be very meaningful for both the employer and employee.

NFP very much supports our local hospitals but also believes that an ambulatory surgical center would provide another option for individuals making informed choices when seeking the right care, in the right setting and at the best price.

I appreciate your consideration of the Green Mountain Surgery Center's CON application and your efforts to bring quality, affordable options to Vermont's health care system.

Sincerely,

A handwritten signature in cursive script that reads "Mitch Fleischer".

Mitchell R. Fleischer
Managing Director

620 Hinesburg Road | Suite 200 | South Burlington, VT 05403 | 802.865.5000 | nfp.com

Insurance services provided through NFP Corporate Services (NY), LLC, a subsidiary of NFP Corp. (NFP). Securities and Investment Advisory Services may be offered through NFP Advisor Services, LLC (NFPAS), member FINRA/SIPC. NFPAS is affiliated with NFP and NFP Corporate Services (NY), LLC.

Smith, Beverly

From: Anita Licata <greenmtn45@yahoo.com>
Sent: Thursday, March 23, 2017 5:13 PM
To: GMCB - Board
Subject: Form submission RE: Public Comment

Dear Board Members,

Thank you for your time and efforts on behalf of the citizens of Vermont to help assure that they receive high quality health care that is available in a timely fashion and is also affordable. All of three of these goals can be achieved by granting the opening of the proposed Surgical Center.

As both a patient and a provider it has been my personal experience that in regards to outpatient procedures done by the UVMMC complex - that as this entity has swallowed all competing private practices (i.e., orthopedics, cardiology) that both wait times and cost have increased proportionately to these acquisitions.

We refer patients to UVM Plastic Surgery for the excision of malignant skin cancers, and have been told that there will be a delay of 2 months or more at times, primarily due to inadequate access to outpatient surgical slots at UVMMC. The surgeons are available. The space is not.

I urge you to vote yes.

Please be in contact if I can provide any additional information.

Sincerely yours,

Anita Licata, MD
Four Seasons Dermatology
Colchester, VT

From: [GMCB - Board](#)
To: [Jerry, Donna](#)
Subject: FW: Form submission from: Public Comment
Date: Thursday, March 23, 2017 9:19:11 AM

-----Original Message-----

From: GMCB.Board@vermont.gov [<mailto:GMCB.Board@vermont.gov>]
Sent: Wednesday, March 22, 2017 3:29 PM
To: GMCB - Board <GMCB.Board@vermont.gov>
Subject: Form submission from: Public Comment

Submitted on Wednesday, March 22, 2017 - 3:28pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Yvonne Lacaillade

Affiliation, if applicable:

Address: 48 Greenbriar Lane, Colchester, VT 05446 Email Address: Ylacaillade@yahoo.com

Topic: Certificate of Need

Comment: Surgical Center: I believe a new surgical center is a must for patients in need. Not only will it reduce wait times dramatically but will lower costs to insurances and patients. A monopoly is never a good idea. My PCP is a UVM doctor. I just found out when trying to make an appointment with uvm dermatology for suspicious growths that I could not be seen until NOVEMBER unless my doctor does an "urgent" referral. I can't see her until May 12th. Today is 3/22/17. Unacceptable! Approve the surgical center so others do not have to wait for what the center will provide. It doesn't help me at this point and for my problem but hopefully it will be a big asset to other patients.

The results of this submission may be viewed at:

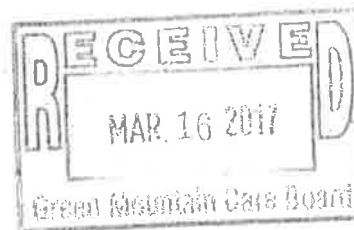
<http://gmcboard.vermont.gov/node/277/submission/773>



**BlueCross BlueShield
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

Andrew Garland
Vice President
Client Relations & External Affairs



March 16, 2017

Green Mountain Care Board
89 Main Street, 3rd Floor
Montpelier, VT 05620

Re: Green Mountain Surgical Center CON Application

Dear Green Mountain Care Board Members:

Blue Cross and Blue Shield of Vermont offers its support to the Certificate of Need application for the Green Mountain Surgical Center.

Our members benefit from having a robust network that offers a choice of settings in which they can receive care. For this reason, we credential and contract with any qualified provider that can offer high quality care to our members at competitive prices, as collectively we work toward reducing overall health care expenditures in Vermont.

Sincerely,

Andrew Garland
Vice President
Client Relations and External Affairs

Anita Soutier
AVP, Contracting
Anita.Soutier@cigna.com



March 6, 2017

Green Mountain Care Board
3rd Floor City Center
89 Main St
Montpelier, VT 05620-3601

Re: Green Mountain Surgical Center – Certificate of need

To whom it may concern,

Cigna is pleased to present this letter of recommendation in support of Green Mountain Surgical Center's application for a certificate of need to offer an ambulatory service center in Vermont.

Having an ambulatory surgery center in the Burlington, Vermont area should increase access for Vermont residents to quality, cost-effective services. Consumers gaining access to the right care, in the right setting, at the right price is a goal Cigna supports.

We look forward to working with Green Mountain Surgical Center to see if there is an opportunity to bring them into our network of participating providers in the Burlington, Vermont area.

If you have questions, please do not hesitate to contact me.

Sincerely,



Anita Soutier
AVP, Provider Network Management
Cigna



60 Lake Street

802-658-3773

Burlington, Vermont 05401

www.seventhgeneration.com

Mr. Al Gobeille
Chair, Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, Vermont 05620

Dear Chairman Green Mountain Board,

I am writing this letter to state our support for granting a Certificate of Need to build an ambulatory care center in the greater Burlington area. We believe that a facility like this will generate significant financial savings locally for the community and equally provide more efficient and effective health care outcomes as compared to the current outpatient surgery options in the local Burlington area.

We believe that the independent physicians proposing to open the Green Mountain Surgery Center are part of a well-managed network, with the staff and expertise to support a project like this and bring it online successfully. Many of our people have long-standing and very positive relationships with independent physicians from the HealthFirst network, and therefore we are very supportive of their plans regarding this ambulatory care center.

Given Vermont's interest in lowering healthcare costs and retaining quality this is a solid approach. More over Its hard to understand why it's taken this long to get a solid proposal on the table. I am inclined to believe that Fletcher Allen's influence locally has created such a hostile environment that it simply keeps all other competition out under the guise of better for Vermonter's - this is not only false but detrimental to Vermont's best interests.

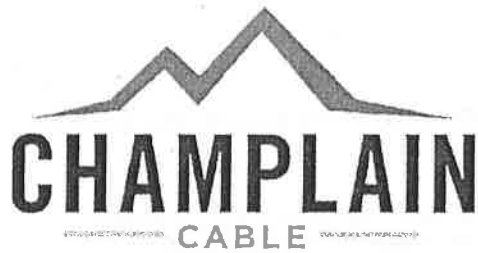
Please know that Seventh Generation is fully backing Green Mountain Surgery Center's plans and are looking for your support of the proposal and to the extent you can, expediting the approval process. I would be happy to discuss my company's position with you in more detail

Sincerely,

John LeBourveau

John LeBourveau

Vice President Human Resources



November 11, 2016

Mr. Alfred Gobeille, Chairman
Ms. Suzanne Barrett, Executive Director
Green Mountain Care Board
89 Main Street
Montpelier, Vermont 05020

Dear Mr Gobeille, Ms Barrett and Members of the Green Mountain Care Board

RE: Colchester outpatient surgical center application (Green Mountain Surgery Center)

Champlain Cable Corporation strongly supports the application of and certificate of need to build an ambulatory/outpatient surgical center proposed for Hercules Drive, Colchester. Based on our discussions with applicant's management team and on information we have received from the group Captive that our company belongs to, using their experience and research into the success of ambulatory care centers in other states, we are confident that a facility like this will generate significant savings for Champlain Cable and the approximately 125 employees who work in Colchester. This center will be able to provide equally or more efficient and effective health care outcomes as compared to the current outpatient surgery options in the local Burlington area. In addition, this center would provide greatly improved access and convenience to care for our employees as its location would be located down the street from our factory/HQ.

Champlain Cable Corporation has been a highly regarded, long standing manufacturer of wire & cable in Colchester Vermont for many years. With approximately 125 employees in this state and approximately 190 employees overall, we are one of the largest manufacturers in the state and have recently won several important business achievement awards. We run 24hrs a day, 5 days a week, at times 24/7.

As part of our benefit package to our hourly and salary employees in Vermont, we provide a premium health care plan. This is provided at minimal cost to the employee.

The majority of our health care activity happens in the Burlington and to some extent, St Albans area. We have a mature workforce, with many employees in their 40s and 50s and early 60s.

We have found that by making changes to how we manage risk, inform and incentivize people and help them make connections between their decisions and how it affects the overall cost to the group, we can understand what drives costs and formulate plans that when implemented, actually bring costs down. We see this outpatient surgical center, if approved, as being a significant positive step in this regard.

The proposal spells out where the cost of care, relative to the local hospital is between 30% and 45% less for the same procedure. Given the amount of money we spend for these services, particularly at Hospitals, the amount of money saved for Champlain Cable would be significant and would help make our health plan more sustainable.

Areas of concern to Champlain Cable that this outpatient surgery center touches on and helps to address:

- Vermont lacks independent orthopedic surgeons that are not affiliated with a hospital group. This limits competition/cost control and access/convenience for patients
- There are no active outpatient surgical centers for Vermont. We have been told these remain unused due to restrictions on use imposed by the Care Board.
- NH has over 20 such outpatient surgery centers; NY state has approximately 100. These non-hospital centers provide much needed competition and drive down cost. Portland ME has 4 such centers. Vermont has none of this capacity and is uncompetitive in this regard.
- Hospitals have been buying up high margin services and local practices to stifle competition and boost their bottom line. This center would help reverse that trend.
- Hercules Drive, Colchester outpatient surgery and testing center certificate of need application has been tied up in review for over 1 yr (original application/certificate of need filed July 2015). This appears to highlight an overly bureaucratic process and concerns us that some parties maybe unduly slowing the process of approval.
- This facility, which would be small (\$6 to \$8 million/yr revenue and about 2,000 to 2,500 patient visits/yr) is not a threat to UVM Medical. Their costs for essentially the same services provided by the hospital for limited scope outpatient surgery and testing are projected at 30 to 45% less than the Hospital. This facility would be a asset to our business as well as other numerous Colchester area businesses and a convenience to our employees, some of which work 2nd shift (3 - 11pm) or 3rd shift (11pm - 7am).

We also believe that the independent physicians proposing to open the GREEN MOUNTAIN SURGERY CENTER are part of a well-managed network, with the staff and expertise to support a project like this and bring it online successfully. Many of our employees, including senior management, have long-standing and very positive relationships with independent physicians from the HealthFirst provider network and therefore we are very supportive of their plans regarding this ambulatory care center.

The proposed facility also plans to accept various forms of payment and insurance (such as BCBS, CIGNA or another private party, Medicare and Medicaid) in order to serve a broad population.

For these reasons, we are fully backing the GREEN MOUNTAIN SURGERY CENTER's plans and we are requesting your support in embracing their proposal and expediting the approval process to the full extent possible.

We would be glad to offer our support for any initiatives in the above areas listed.

Sincerely,

Timothy A. Lizotte
VP/CFO
Champlain Cable Corporation
email: tlizotte@champcable.com
ph (802) 654 4204

Jorge Quintana
HR Director
Champlain Cable Corporation
email: jquintana@champcable.com
ph (802) 654 4209



750 PINE STREET
BURLINGTON, VERMONT 05401



July 14, 2016

Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, Vermont, 05620

Dear Members of the Green Mountain Care Board:

I am writing on behalf of Lake Champlain Chocolates (LCC), to voice support for granting a Certificate of Need to the proposed Green Mountain Surgery Center. Now a second-generation family run company, LCC manufactures and sells specialty chocolates & confection products and gifts throughout the nation. We take tremendous pride in the local ingredients we use, the products we create and quality of life offered to employees here in the beautiful state of Vermont. Since 1983, our company has grown to employ over 150 individuals within the state of Vermont and I believe that the Green Mountain Surgery Center would generate significant savings for both our company and our employees by providing equal or more efficient and effective health care outcomes as compared to the current outpatient surgery options in the area.

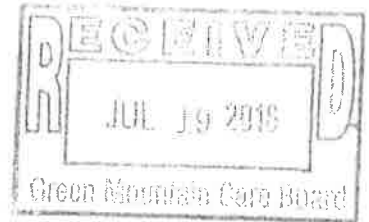
Through conversations with the applicant's team and some of our own research, I understand that the ambulatory surgery center would generate significant savings for Lake Champlain Chocolates and its employees. In addition, it will also provide quality, safe, convenient alternative to the hospital for basic procedures and outpatient care.

Our company has always been committed to providing a strong health care plan as an option to employees. This is a choice we make as a business knowing that costs may fluctuate. However, the past several years have seen the cost of health care increase at an unsustainable and concerning rate. It is imperative now to improve our health care system and get a control on costs. I believe the ambulatory surgery center is a step toward more sustainable health care costs, as it provides a high quality, low cost alternative.

We support our local hospital but feel it is time for choice when it comes to outpatient care. I support the proposal for the Green Mountain Surgery Center and look forward to hearing the outcome of this proposal.

Sincerely,

Eric Lampman
President



Al Gobeille
Chair, Green Mountain Care Board
89 Main Street, 3rd Floor, City Center
Montpelier, Vermont 05620

July 14, 2016

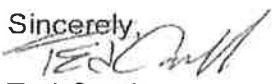
Dear Mr. Gobeille,

You have indicated in our discussions and in public forums that you are very interested in finding innovative leading edge solutions to make health care more affordable in Vermont. After meeting with Amy Cooper from Health First, we are excited about the possibility of our employees having a more affordable choice for outpatient procedures. We strongly support the Green Mountain Surgery Center and encourage the Green Mountain Care Board to approve their request. We are certain the ambulatory care center would be advantageous to Rhino Foods and our employees from a cost and potentially a scheduling perspective.

Over the last 10 years, Rhino has been very proactive in our Wellness initiatives and educating our employees to take personal responsibility not only for their personal health, but also responsible consumers of their health care costs. When consumer driven health plans came around, Rhino was quick to jump on board. We continue to offer a high deductible health plan with a Health Reimbursement Account (HRA). Rhino Foods now employs 130 people and is a manufacturing company with strong employee principles in Chittenden County. We have no plans to move outside the state, and in fact, have plans to be expanding our facility in the next 12 months. By declaring we have no intention to move, does not relieve your responsibility to approve proposals that will benefit companies that are committed to staying and thriving in Vermont. Rhino's third largest expense is Health Care benefits behind material cost and labor.

We support our local hospitals, but have heard from our employees about how long it takes to get appointments because the UVM Medical Center is so busy. The cost associated with outpatient procedures quickly depletes the employee's HRA funds so that they don't have funds available to use on other medical issues. I ask you to support other innovative and cost effective approaches to help employers and their employees in Vermont, such as this ambulatory surgical center. Please feel free to contact me to gain additional information or ask any questions. I would appreciate your attention to the approval process with a sense of urgency so that the Green Mountain Surgery Center can continue with their plans to help bring affordable and quality care options to Vermont.

Sincerely,


Ted Castle
President

June 23, 2016

Green Mountain Care Board
89 Main Street, Third floor
Montpelier, VT 05620



**BOYS & GIRLS CLUB
OF BURLINGTON**

Dear Green Mountain Care Board Members,

I am writing in support of the Green Mountain Surgery Center's request for the Certificate of Need required to build an ambulatory surgery center in the Burlington area.

My work at the Boys & Girls Club of Burlington has convinced me that the most vulnerable of our children need affordable and easy access health care options where they can receive quality surgical care when necessary.

We have witnessed what a profound impact the Community Health Center has had on the children who live in low-income families in the Old North End of Burlington. Conditions that previously went undiagnosed and untreated are now being attended to with the care and concern that all children, regardless of their financial circumstances, deserve. It is our belief, that a high quality surgery center should have the same profound impact on these same children and their families.

We see an especially acute need in the dental care area. It simply is not currently possible for low income children to receive the same dental surgical care that more affluent families can access. We believe that a multi-specialty surgery center will be able to offer excess operating room time to practitioners such as pediatric dentists, oral surgeons and podiatrists, most of whom are practicing independently out in the community and may currently have difficulty accessing enough operating room time at hospitals to serve their most deserving patients.

The lack of access to dental surgical care leads to dental neglect that can forever erode the self-esteem every child needs to be able to move through life with confidence. We believe that this current unfairness in our community can be addressed by allowing more options for affordable, quality ambulatory surgical care centers.

I sincerely urge the Board to issue the Certificate of Need to the Green Mountain Surgery Center so that Burlington's children in our low income neighborhoods can begin to access the care they need.

Very truly,

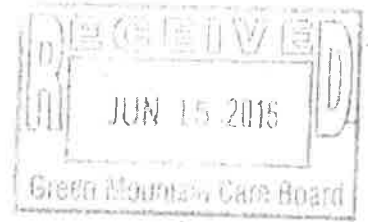

Mary Alice McKenzie

Executive Director

Our mission is to inspire and enable youth in our community, especially those who need us most, to realize their full potential as productive, healthy, caring and responsible citizens.



MAIN STREET
LANDING



Union Station
One Main Street
Burlington, VT 05401
June 13th, 2016

Green Mountain Care Board
89 Main Street, Third Floor,
City Center Montpelier, Vermont 05620

Dear Members of the Green Mountain Care Board:

I write to voice my strong support for granting a Certificate of Need to the proposed Green Mountain Surgery Center.

As a local business owner, an engaged community member and concerned citizen, I believe the Green Mountain Surgery Center is an innovative solution to a problem that has plagued us for too long: skyrocketing health care costs. Vermonters need more access to affordable health care, and the proposed surgery center is a step in the right direction.

It is imperative that we recognize the need for change in our health care delivery system. It's becoming harder and harder for people to afford their medical bills and for businesses to offer solid health insurance coverage to their employees. I hate to imagine what would happen to Vermont in the future if we don't address these rising costs now.

I fully support the Green Mountain Surgery Center and urge the Board approve this common sense step toward reducing health care costs in our state.

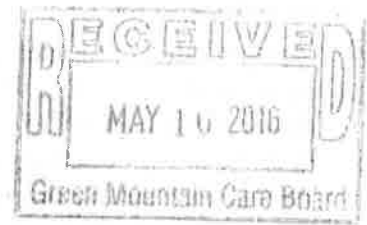
Sincerely,

Melinda Moulton

Chief Executive Office & Co-Founder



Jennifer L. Logigian
92-1516 Ali'inui Drive
Apartment #6
Kapolei, HI 96707



May 1, 2016

Green Mountain Care Board
89 Main Street, Third Floor,
City Center Montpelier, Vermont 05620

Dear Members of the Green Mountain Care Board,

I am writing this letter to share my support for granting a Certificate of Need to build an ambulatory surgery center in the greater Burlington area. I previously practiced as a licensed general dentist in Burlington and South Burlington, in both a federally qualified health center and in private practice. Currently, I am completing my first year of a two-year pediatric dental residency in the state of Hawaii, though I plan to return to Vermont at the end of my residency in 2017 to practice as a pediatric dentist.

When I was practicing in Vermont, I regularly encountered two stark barriers to adequate oral health care for our pediatric patients – the youngest and most vulnerable among us. One obstacle was a lack of pediatric dentists in the greater Burlington and Chittenden County area, and the other was a lack of referral sources for Medicaid/Dr. Dynasaur patients who needed to be seen in the operating room for full mouth dental rehabilitation under general anesthesia.

According to an article published in the November/December 2015 issue of *Pediatric Dentistry*, the official publication of the American Academy of Pediatric Dentistry, the American Board of Pediatric Dentistry and the College of Diplomates of the American Board of Pediatric Dentistry, **Vermont is one of only three states that did not see an increase in the ratio of pediatric dentists in private practice to children under the age of 18 between the years 2000 and 2010.** According to that same article, as of the time of publication the entire state of Vermont had only **seven** pediatric dentists practicing in private practice, which amounts to a meager 0.16% of the total number of pediatric dentists in the United States.

In Vermont we are already facing access to oral health care issues for our pediatric population, particularly those who are uninsured or who do not have private dental insurance. Those pediatric dentists who do bring children to the operating room for dental rehabilitation have extensive waiting lists, and there are additional concerns related to operating room time availability for dental specialists as well as the reality of some providers approaching retirement age.

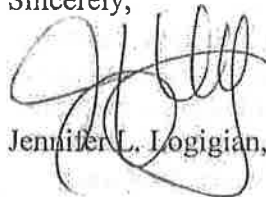
It is not uncommon for young children with extensive dental needs to be seen in the operating room where their treatment can be completed thoroughly, safely and all in one non-traumatizing visit. In many states, both general dentists and specialists successfully utilize ambulatory surgical centers for outpatient procedures to the benefit of the providers and patients. These "surgi-

centers” allow providers to focus completely on the procedure(s) at hand while knowing that specialists in the field of anesthesiology are managing their patient’s vital signs and airway. This limits the likelihood of adverse outcomes that might be seen if conscious sedation is attempted in a clinic or office setting, as well as allows for the completion of all treatment needs in one visit. In this way, simple outpatient procedures that do not require extensive post-operative care unit or intensive care unit stays can be complete efficiently in a surgical care setting. This has the added benefits of freeing up needed time in hospital operating rooms and allowing for more appropriate and tailored care for patients undergoing outpatient procedures in the surgical center setting.

Vermont is a special place, and our patients – particularly our kiddos – deserve access to prompt, safe and affordable health care options. Having an ambulatory surgical center would be an invaluable asset to our community and allow for appropriate delivery of care. It is always challenging to implement something new into an existing, functioning system and there are bound to be people who are opposed to it because of the fear that it may change or disrupt their current practice. However, it is our responsibility as health care providers to ensure that we are always optimizing the level of, and access to, care that our patients deserve. Just because Vermont is a small, generally rural state does not mean that we can allow our health care providers to create monopolies on services – particularly specialist services – to their own benefit. This is especially important to remember when considering the health and well being of Vermont’s children, who cannot advocate for themselves. Providing quality affordable health care options for children is a public health issue that will hopefully contribute to the next generation of healthy Vermonters.

I urge the Board to approve the surgery center’s proposal.

Sincerely,



Jennifer L. Logigian, DMD, MPH



Green Mountain Care Board
89 Main Street, Third Floor,
City Center Montpelier, Vermont 05620

April 21, 2016

Dear Members of the Green Mountain Care Board:

I would like to voice my strong support for granting a Certificate of Need to the proposed Green Mountain Surgery Center. I am writing as founder and CEO of Flex-a-Seal, Inc., a mechanical seal manufacturer located in Essex Junction. I founded the company in Ormond Beach, Florida in 1983, but quickly made the decision to move the company to Vermont because it is a place I love and where my family has history. Today, our manufacturing plant in Essex is 27,000 square feet and employing approximately 100 people. As a business owner and long-time Vermont resident, I believe the Green Mountain Surgery Center would have a positive impact on our employees, their families and the community.

Based on my conversations with the applicant's team and my own research, I understand that an ambulatory surgery center would generate significant savings for Flex-a-Seal and its employees who live throughout the counties of Chittenden, Franklin, Grand Isle, and Lamoille. Beyond the savings, the outpatient surgery center would provide a high-quality, safe, and convenient alternative to the hospital for basic procedures such as preventative cancer screenings and minor operations.

My company has always been committed to providing the best health care plans possible for our employees. There are a variety of costs associated with running a business, and it is normal to see costs fluctuate. However, in the past several years the cost of health care has increased at a concerning rate. It is vitally important to the economic fabric of the state that we find ways to lower health care costs and improve our health care system. I believe an ambulatory surgery center is a significant step in the right direction: a high-quality, low-cost alternative. It's good for my employees and good for my business.



I fully support the Green Mountain Surgery Center and urge the Board approve the application so they can move forward with the exciting project.

Sincerely,

A handwritten signature in black ink, appearing to read 'HMS', written over a horizontal line.

Henry M. Slauson, III
Founder & CEO, Flex-a-Seal, Inc.



HEALTH FIRST

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Quality & Care Coordination Manager

Holly Lane
Communications Coordinator

February 17, 2016

Mr. Alfred Gobeille
Chair, Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, VT 05620

Dear Mr. Gobeille:

I'm writing today on behalf of HealthFirst, Inc. an Independent Practice Association representing over 150 physicians throughout Vermont. HealthFirst's physician members are dedicated to serving Vermonters medical needs. Collectively, we care for well over 50,000 Vermonters and strive to bring them high quality, low cost medical care. We are committed to supporting a strategy for Vermont's transformation of healthcare that will provide care in a timely, efficient and cost effective manner.

Having made this commitment, we are writing today in full support and with a recommendation that the pending application to build a multi-specialty ambulatory surgical center (ASC) in Chittenden County be approved.

If we are to succeed at any program which offers opportunities under shared savings or risk models it must include alternatives to the current, often more costly place of service within the Vermont system of care. As support for our recommendation we have included a document that clearly demonstrates that ASCs stand out as an exception to the rule of higher costs associated with the current development and provision of health care services. Given the policy challenges before the Green Mountain Care Board we believe you must give this option as a place of service serious consideration. Hospital Outpatient cannot be the **only** option for services if we are truly going to transform the system to achieve the goals as they have been identified for Vermont. Additionally, fostering competition that promotes the use of a place of service that is more affordable without compromising quality, benefits both the consumer and the payer. Very simply, the ASC would be the essence of good planning and policy.

HealthFirst, Inc. will continue to be engaged and active in health care reform within Vermont. Many of our physician members serve on multiple committees dedicated to reforming the current, unsustainable system. We have reviewed the evidence that supports the addition of a multi-specialty surgical center and are convinced that it will help Vermont with the changes necessary to achieve the desired transformation.

Respectfully submitted,

Peter Gunther, MD, Chairman

Attachment: ASCs: Positive Trend in Health Care

Ambulatory Surgery Centers

A Positive Trend in Health Care



Ambulatory surgery centers (ASCs) are health care facilities that offer patients the convenience of having surgeries and procedures performed safely outside the hospital setting. Since their inception more than four decades ago, ASCs have demonstrated an exceptional ability to improve quality and customer service while simultaneously reducing costs. At a time when most developments in health care services and technology typically come with a higher price tag, ASCs stand out as an exception to the rule.

A TRANSFORMATIVE MODEL FOR SURGICAL SERVICES

As our nation struggles with how to improve a troubled and costly health care system, the experience of ASCs is a great example of a successful transformation in health care delivery.

Forty years ago, virtually all surgery was performed in hospitals. Waits of weeks or months for an appointment were not uncommon, and patients typically spent several days in the hospital and several weeks out of work in recovery. In many countries, surgery is still performed this way, but not in the US.

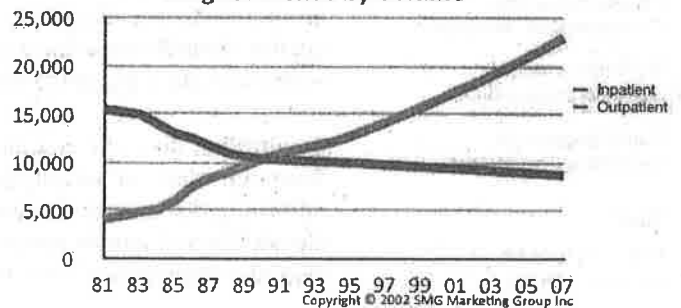
Physicians have taken the lead in the development of ASCs. The first facility was opened in Phoenix, Arizona, in 1970 by two physicians who saw an opportunity to establish a high-quality, cost-effective alternative to inpatient hospital care for surgical services. Faced with frustrations like scheduling delays, limited operating room availability, slow operating room turnover times, and challenges in obtaining new equipment due to hospital budgets and policies, physicians were looking for a better way—and developed it in ASCs.

Today, physicians continue to provide the impetus for the development of new ASCs. By operating in ASCs instead of hospitals, physicians gain increased control over their surgical practices.¹ In the ASC setting, physicians are able to schedule procedures more conveniently, assemble teams of specially trained and highly skilled staff, ensure that the equipment and supplies being used are best suited to their techniques, and design facilities tailored to their specialties and to the specific needs of their patients. Simply stated, physicians are striving for, and have found in ASCs, professional autonomy over their work environment and over the quality of care that has not been available to them in hospitals. These benefits explain why physicians who do not have ownership interest in an ASC (and therefore do not benefit financially from performing procedures in an ASC) choose to work in ASCs in such high numbers.

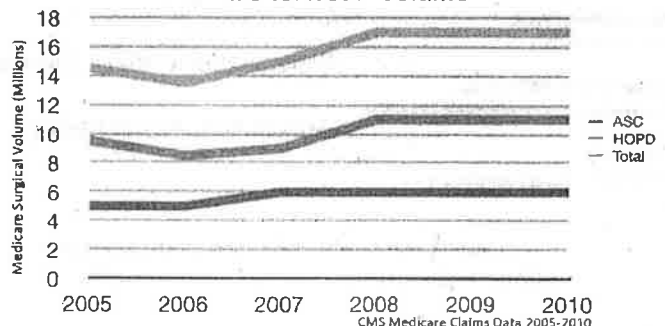
Given the history of their involvement in making ASCs a reality, it is not surprising that physicians continue to have at least some ownership in virtually all (90%) ASCs. But what is more interesting to note is how many ASCs are jointly owned by local hospitals that now increasingly recognize and embrace the value of the ASC model. According to the most recent data available, hospitals have ownership interest in 21% of all ASCs and 3% are owned entirely by hospitals.²

ASCs also add considerable value to the US economy, with a 2009 total nationwide economic impact of \$90 billion, including more than \$5.8 billion in tax payments. Additionally, ASCs employ the equivalent of approximately 117,700 full-time workers.³

Surgical Trends by Volume



ASC vs. HOPD Volume



ASCs PROVIDE CARE AT SIGNIFICANT COST SAVINGS

Not only are ASCs focused on ensuring that patients have the best surgical experience possible, they also provide cost-effective care that save the government, third party payors and patients money. On average, the Medicare program and its beneficiaries share in more than \$2.6 billion in savings each year because the program pays significantly less for procedures performed in ASCs when compared to the rates paid to hospitals for the same procedures. Accordingly, patient co-pays are also significantly lower when care is received in an ASC.

If just half of the eligible surgical procedures moved from hospital outpatient departments to ASCs, Medicare would save an additional \$2.4 billion a year or \$24 billion over the next 10 years. Likewise, Medicaid and other insurers benefit from lower prices for services performed in the ASC setting.

Currently, Medicare pays ASCs 58% of the amount paid to hospital outpatient departments for performing the same services. For example, Medicare pays hospitals \$1,670 for performing an outpatient cataract surgery while paying ASCs only \$964 for performing the same surgery.

This huge payment disparity is a fairly recent phenomenon. In 2003, Medicare paid hospitals only 16% more, on average, than it paid ASCs. Today, Medicare pays hospitals 72% more than ASCs for outpatient surgery. There is no health or fiscal policy basis for providing ASCs with drastically lower payments than hospital outpatient departments.

In addition, patients typically pay less coinsurance for procedures performed in the ASC than for comparable procedures in the hospital setting. For example, a Medicare beneficiary could pay as much as \$496 in coinsurance for a cataract extraction procedure performed in a hospital outpatient department, whereas that same beneficiary's copayment in the ASC would be only \$195.

Without the emergence of ASCs as an option for care, health care expenditures would have been tens of billions of dollars higher over the past four decades. Private insurance companies tend to save similarly, which means employers also incur lower health care costs when employees utilize ASC services. For this reason, both employers and insurers have recently been exploring ways to incentivize the movement of patients and procedures to the ASC setting.

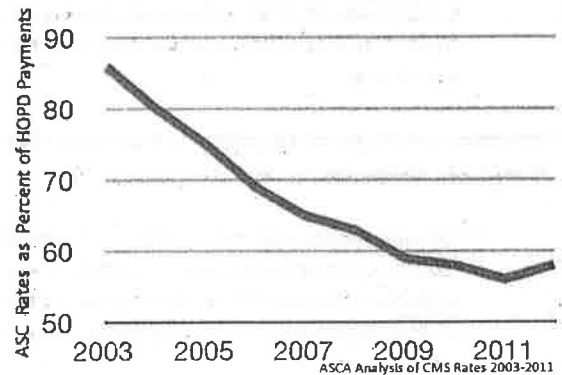
The long-term growth in the number of patients treated in ASCs, and resulting cost savings, is threatened by the widening disparity in reimbursement that ASCs and hospitals receive for the same procedures. In fact, the growing payment differential is creating a market dynamic whereby ASCs are being purchased by hospitals and converted into hospital outpatient departments. Even if an ASC is not physically located next to a hospital, once it is part of a hospital, it can terminate its ASC license and become a unit of the hospital, entitling the hospital to bill for Medicare services provided in the former ASC at the 72% higher hospital outpatient rates.

**Cost Comparison:
ASC v. Hospital Outpatient Department**

	Patient Cost		Medicare Cost	
	ASC Co-pay	HOPD Co-pay	Total Procedure Cost ASC	Total Procedure Cost HOPD
Cataract	\$193	\$490	\$964	\$1,670
Upper GI Endoscopy	\$68	\$139	\$341	\$591
Colonoscopy	\$76	\$186	\$378	\$655

ASCA Analysis of CMS Rates Effective 1 Jan. 2012

The Gap Between ASC and HOPD Payments Has Widened Significantly

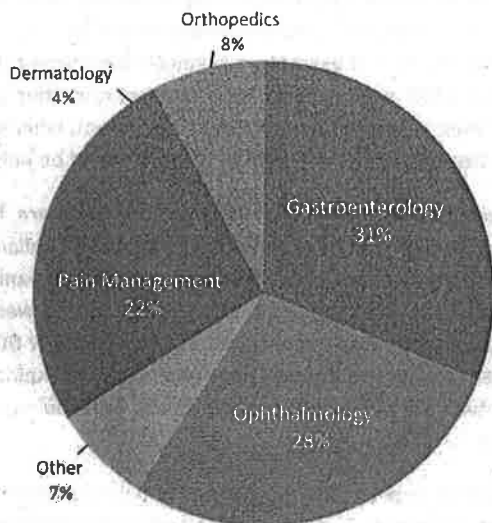


THE ASC INDUSTRY SUPPORTS DISCLOSURE OF PRICING INFORMATION

Typically, ASCs make pricing information available to their patients in advance of surgery. The industry is eager to make price transparency a reality, not only for Medicare beneficiaries, but for all patients. To offer maximum benefit to the consumer, these disclosures should outline the total price of the planned

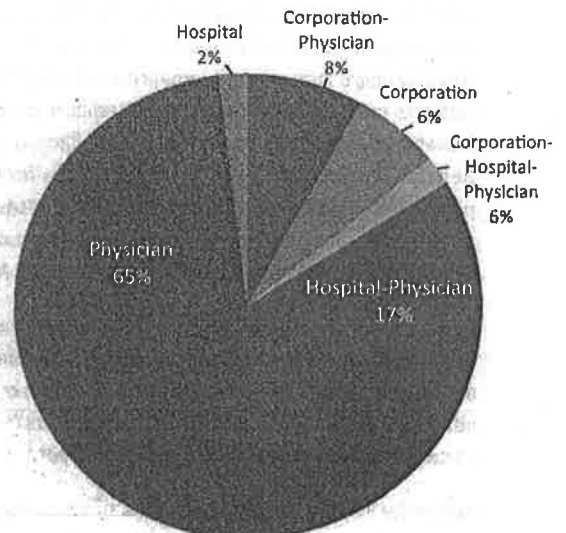
surgical procedure and the specific portion for which the patient would be responsible. This will empower health care consumers as they evaluate and compare costs for the same service amongst various health care providers.

Medicare Case Volume by Specialty



ASCA Analysis of CMS Claims Data 2010

ASC Ownership



ASCA's 2011 ASC Employee Salary & Benefits Survey

ASCs = Efficient Quality Care + Convenience + Patient Satisfaction

The ASC health care delivery model enhances patient care by allowing physicians to:

- Focus exclusively on a small number of processes in a single setting, rather than having to rely on a hospital setting that has large-scale demands for space, resources and the attention of management
- Intensify quality control processes since ASCs are focused on a smaller space and a small number of operating rooms, and
- Allow patients to bring concerns directly to the physician operator who has direct knowledge about each patient's case rather than deal with hospital administrators who almost never have detailed knowledge about individual patients or their experiences

Physician ownership also helps reduce frustrating wait-times for patients and allows for maximum specialization and patient-doctor interaction. Unlike large-scale institutions, ASCs

- Provide responsive, non-bureaucratic environments tailored to each individual patient's needs
- Exercise better control over scheduling, so virtually no procedures are delayed or rescheduled due to the kinds of institutional demands that often occur in hospitals (unforeseen emergency room demands)
- Allow physicians to personally guide innovative strategies for governance, leadership and most importantly, quality initiatives

As a result, patients say they have a 92% satisfaction rate with both the care and service they receive from ASCs.⁴ Safe and high quality service, ease of scheduling, greater personal attention and lower costs are among the main reasons cited for the growing popularity of ASCs.

ASCs ARE HIGHLY REGULATED TO ENSURE QUALITY AND SAFETY

ASCs are highly regulated by federal and state entities. The safety and quality of care offered in ASCs is evaluated by independent observers through three processes: state licensure, Medicare certification and voluntary accreditation.

Forty three states and the District of Columbia, currently require ASCs to be licensed in order to operate. The remaining seven states have some form of regulatory requirements for ASCs such as Medicare certification or accreditation by an independent accrediting organization. Each state determines the specific requirements ASCs must meet for licensure and most require rigorous initial and ongoing inspection and reporting.

All ASCs serving Medicare beneficiaries must be certified by the Medicare program. In order to be certified, an ASC must comply with standards developed by the federal government for the specific purpose of ensuring the safety of the patient and the quality of the facility, physicians, staff, services and management of the ASC. The ASC must demonstrate compliance with these Medicare standards initially and on an ongoing basis.

In addition to state and federal inspections, many ASCs choose to go through voluntary accreditation by an independent accrediting organization. Accrediting organizations for ASCs include The Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), the American Association for the Accreditation of Ambulatory Surgery Facilities (AAAASF) and

ASCs: A COMMITMENT TO QUALITY

Quality care has been a hallmark of the ASC health care delivery model since its earliest days. One example of the ASC community's commitment to quality care is the ASC Quality Collaboration, an independent initiative that was established voluntarily by the ASC community to promote quality and safety in ASCs.

The ASC Quality Collaboration is committed to developing meaningful quality measures for the ASC setting. Six of those measures have already been endorsed by the National Quality Forum (NQF). The NQF is a non-profit organization dedicated to improving the quality of health care in America, and the entity the Medicare program consults when seeking appropriate measurements of quality care. More than 20% of all ASCs are already voluntarily reporting the results of the ASC quality measures that NQF has endorsed.

Since 2006, the ASC industry has urged the CMS to establish a uniform quality reporting system to allow all ASCs to publicly demonstrate their performance on quality measures. Starting on October 1, 2012, a new quality reporting system for ASCs will begin and will encompass five of the measures that ASCs are currently reporting voluntarily.

the American Osteopathic Association (AOA). ASCs must meet specific standards during on-site inspections by these organizations in order to be accredited. All accrediting organizations also require an ASC to engage in external benchmarking, which allows the facility to compare its performance to the performance of other ASCs.

In addition to requiring certification in order to participate in the Medicare program, federal regulations also limit the scope of surgical procedures reimbursed in ASCs. Even though ASCs and hospital outpatient departments are clinically identical, the Center for Medicare & Medicaid Services (CMS) applies different standards to the two settings.

Reporting Measures

Measure	Data Collection Begins
Patient Burn	Oct 1, 2012
Patient Fall	Oct 1, 2012
Wrong Site, Side, Patient, Procedure	Oct 1, 2012
Hospital Admission	Oct 1, 2012
Prophylactic IV Antibiotic Timing	Oct 1, 2012
Safe Surgery Check List Use	Jan 1, 2012
Volume of Certain Procedures	Jan 1, 2012
Influenza Vaccination Coverage for Health Care Workers	Jan 1, 2013

Specific Federal Requirements Governing ASCs

In order to participate in the Medicare program, ASCs are required to meet certain conditions set by the federal government to ensure that the facility is operated in a manner that assures the safety of patients and the quality of services.

ASCs are required to maintain complete, comprehensive and accurate medical records. The content of these records must include a medical history and physical examination relevant to the reason for the surgery and the type of anesthesia planned. In addition, a physician must examine the patient immediately before surgery to evaluate the risk of anesthesia and the procedure to be performed. Prior to discharge each patient must be evaluated by a physician for proper anesthesia recovery.

CMS requires ASCs to take steps to ensure that patients do not acquire infections during their care at these facilities. ASCs must establish a program for identifying and preventing infections, maintaining a sanitary environment and reporting outcomes to appropriate authorities. The program must be one of active surveillance and include specific procedures for prevention, early detection, control and investigation of infectious and communicable diseases in accordance with the recommendations of the Centers for Disease Control and Prevention. Thanks to these ongoing efforts, ASCs have very low infection rates.⁵

A registered nurse trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever a patient is in the ASC. To further protect patient safety, ASCs are also required to have an effective means of transferring patients to a hospital for additional care in the event of an emergency. Written guidelines outlining arrangements for ambulance services and transfer of medical information are mandatory. An ASC must have a written transfer agreement with a local hospital, or all physicians performing surgery in the ASC must have admitting privileges at the designated hospital. Although these safeguards are in place, hospital admissions as a result of complications following ambulatory surgery are rare.⁵

Continuous quality improvement is an important means of ensuring that patients are receiving the best care possible. An ASC, with the active participation of its medical staff, is required to conduct an ongoing, comprehensive assessment of the quality of care provided.

The excellent outcomes associated with ambulatory surgery reflect the commitment that the ASC industry has made to quality and safety. One of the many reasons that ASCs continue to be so successful with patients, physicians and insurers is their keen focus on ensuring the quality of the services provided.

Medicare Health and Safety Requirements

Required Standards	ASCs	HOPDs
Compliance with State licensure law	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Governing body and management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surgical services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality assessment and performance improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Environment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmaceutical services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory and radiologic services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient rights	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infection control	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient admission, assessment and discharge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Source: 42 CFR 416 & 482

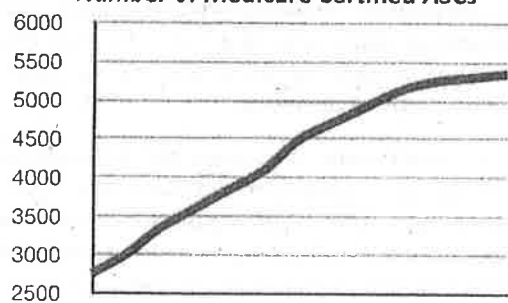
CONTINUED DEMAND FOR ASC FACILITIES

Technological advancement has allowed a growing range of procedures to be performed safely on an outpatient basis (unfortunately, however, Medicare has been slow to recognize these advances and assure that its beneficiaries have access to them). Faster acting and more effective anesthetics and less invasive techniques, such as arthroscopy, have driven this outpatient migration. Procedures that only a few years ago required major incisions, long-acting anesthetics and extended convalescence can now be performed through closed techniques utilizing short-acting anesthetics, and with minimal recovery time. As medical innovation continues to advance, more and more procedures will be able to be performed safely in the outpatient setting.

Over the years, the number of ASCs has grown in response to demand from the key participants in surgical care—patients, physicians and insurers. While this demand has been made possible by technology, it has been driven by patient satisfaction, efficient physician practice, high levels of quality and the cost savings that have benefited all.

However, in a troubling trend, the growth of ASCs has slowed in recent years. If the supply of ASCs does not keep pace with the demand for outpatient surgery that patients require, that care will be provided in the less convenient and more costly hospital outpatient department.¹²

Number of Medicare Certified ASCs



MedPAC, Data Book, 1999-2011

ASCs CONTINUE TO LEAD INNOVATION IN OUTPATIENT SURGICAL CARE

As a leader in the evolution of surgical care that has led to the establishment of affordable and safe outpatient surgery, the ASC Industry has shown itself to be ahead of the curve in identifying promising avenues for improving the delivery of health care.

With a solid track record of performance in patient satisfaction, safety, quality and cost management, the ASC industry is already embracing the changes that will allow it to continue to play a leading role in raising the standards of performance in the delivery of outpatient surgical services.

As always, the ASC Industry welcomes any opportunity to clarify the services it offers, the regulations and standards governing its operations, and the ways in which it ensures safe, high-quality care for patients.

POLICY CONSIDERATIONS

Given the continued fiscal challenges posed by administering health care programs, policy makers and regulators should continue to focus on fostering innovative methods of health care delivery that offer safe, high-quality care so progressive changes in the nation's health care system can be implemented.

Support should be reserved for those policies that foster competition and promote the utilization of sites of service providing more affordable care, while always maintaining high quality and stringent safety standards. In light of the many benefits ASCs have brought to the nation's health care system, policymakers should develop and implement payment and coverage policies that increase access to, and utilization of, ASCs.

END NOTES

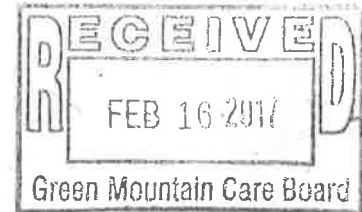
- 1 "Ambulatory Surgery Centers." Encyclopedia of Surgery. Ed. Anthony J. Senagore. Thomson Gale, 2004.
- 2 2004 ASC Salary and Benefits Survey, Federated Ambulatory Surgery Association, 2004.
- 3 Oxford Outcomes ASC Impact Analysis, 2010.
- 4 Press-Ganey Associates, "Outpatient Pulse Report," 2008.
- 5 ASCA Outcomes Monitoring Project, 3rd Quarter 2011.





Concord Eye Center
Our Vision is Better Vision for You

February 10, 2017



**Comprehensive Ophthalmology
Cataract Surgery**
Bradford S. Hall, M.D.
Maxwell A. Snead III, M.D.
Mark A. Szal, M.D.
Peter Wasserman, M.D., MBA

**Glaucoma
Comprehensive Ophthalmology**
Andre d'Hemecourt, M.D.

**Cornea and External Disease
Cataract and Refractive Surgery**
Erin S. Fogel, M.D.

**Retina/Vitreous
Medicine and Surgery**
Paul G. DeGregorio, M.D.
Eliot D. Foley, M.D.
Lloyd M. Wilcox, Jr., M.D.

Oculofacial Plastic Surgery
David A. Weinberg, M.D., F.A.C.S.

**Pediatric Ophthalmology
Adult Strabismus**
Christie L. Morse, M.D.
Maynard B. Wheeler, M.D.

Optometry/Contact Lenses
Douglas P. Benoit, O.D., F.A.A.O.
Jacqueline A. Rheault, O.D.

Dear Members of the Green Mountain Care Board (GMCB),

This letter is in support of ACTD's application for a Certificate of Need (CON) to establish and operate a 'general purpose,' community-based ambulatory surgery center (ASC) in Colchester, Vermont. I worked in the Division of Ophthalmology at Fletcher Allen Health Care (FAHC, now UVM Medical Center) for 10 years (1995-2005). During that time, I had the opportunity to see some of the challenges of a city with only one hospital. It created a monopolistic situation in which that hospital alone completely controlled and regulated access to the operating room (OR). As a faculty member of that hospital, I found that it was sometimes difficult to obtain timely access to the OR during daytime hours, and I am told that it was even harder for non-FAHC surgeons to gain such access. Due to limited OR capacity, surgical backlogs were frequent, often forcing surgeons to do time-sensitive cases in the evening or over the weekend. It was noted that the usual OR staff who worked with us during daytime hours were often unavailable during those 'after hours' cases, which were instead staffed by on-call OR staff who were often less familiar with certain surgical procedures and the equipment required for them.

In addition, 'after hours' cases required patients to be NPO, with nothing to eat or drink for an extended period of time. Because these cases were not being done in the daytime surgical block-time, they were frequently 'bumped' (delayed) by other surgery add-on cases due to a limited number of operating rooms. It also appeared that surgeons who were not employed by FAHC found access to the operating room even more onerous, which may have required them to do more 'after hours' cases. While OR access was challenging for these surgeons, ultimately it was their patients who suffered most.

Having trained and practiced in a variety of cities in Ohio, Connecticut, Michigan, Pennsylvania, California, Vermont, Maine, and New Hampshire, I have had the opportunity to observe several different healthcare delivery-system models. The worst models were found at hospitals that completely controlled regional healthcare access. Lack of competition usually promotes 'bad behavior' by such hospitals, and they often feel less compelled to provide the best possible service since they are the 'only game in town.' These hospitals will also frequently go to great lengths to block the entry of any competition into their regions, including independent ambulatory surgery centers (ASCs), to maintain their economic advantage.



Concord Eye Center
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Cataract Surgery

Bradford S. Hall, M.D.
Maxwell A. Snead III, M.D.
Mark A. Szal, M.D.
Peter Wasserman, M.D., MBA

Glaucoma

Comprehensive Ophthalmology

Andre d'Hemecourt, M.D.

Cornea and External Disease

Cataract and Refractive Surgery

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Timely and affordable care are extremely important for patients. In general, hospital fees are usually much higher than identical services provided elsewhere in the community, resulting from facility surcharges on top of physician fees and costlier operating-room procedures at hospitals. Without regional competition, hospitals tend to charge higher fees for medical and surgical services, often with limited patient access. I believe that the best care, in terms of cost and access, can be found in regions where there is more than one regional hospital and where independent ASCs are available.

Ambulatory surgery centers provide improved access and, almost always, at a much lower cost-of-care for patients. This has been recognized by a number of insurance companies who have offered patients financial incentives (in the form of lower co-pays) for having their surgeries performed at ASCs. ASCs even the playing field for non-hospital-employed surgeons, who otherwise find themselves at a disadvantage, relative to employed surgeons, in obtaining access to hospital operating rooms. Furthermore, ASCs are widely known to be run more efficiently than hospital operating rooms. In Maine, and currently in New Hampshire, I have had the opportunity to work in ASCs, and I believe they greatly enhance access to the operating room during daytime hours. I have seen facility fees for procedures performed in hospital operating rooms that are at least 2 or 3 times the cost of identical procedures performed in an ambulatory surgery center.

In summary, having one or more ASCs in a community greatly enhances patient access to surgical care and significantly reduces the cost of medical care for both the patient and the healthcare system as a whole. Ideally, there should be access to at least one multi-specialty ASC, and not just a single-specialty ASC, as all of these issues apply to the full range of surgical specialties. For the aforementioned reasons, I strongly believe that the GMCB should approve the ACTD ASC CON.

Please feel free to contact me if you have any questions.

Sincerely,

David A. Weinberg, MD, FACS



February 10, 2016

65 Main Street
Burlington, VT 05401-8408
tel 802.864.0538
fax 802.658.1286
www.burlingtonhousing.org

Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, Vermont 05620

Dear Members of the Green Mountain Care Board:

The Burlington Housing Authority is Vermont's oldest and largest municipally-based housing authority. Created in 1961, BHA has been providing affordable housing for over fifty years to individuals and families in the City of Burlington and surrounding communities. We have over 50 employees for which we provide comprehensive health insurance. Over the last few years the turbulence in health insurance has caused us to reexamine how we provide insurance to our employees and how we address the cost of such insurance.

This past year we decided to move to a self-funded insurance plan in an effort to maintain the highest possible level of benefits, at the most affordable price. In searching for ways to strike this balance we have learned about the proposed independent outpatient surgical center (Green Mountain Surgery Center) whose application is currently pending in front of the Board. I write in support of Green Mountain Surgery Center's application because a high quality, lower cost option for care is exactly the type of innovating thinking that we need to utilize if we are going to continue providing quality health care coverage for our employees. For organizations such as ours, in light of increasing budgetary pressures, we need all appropriate tools to control our costs while fully supporting our employees.

Thank you for your consideration of this letter. We look forward to hearing about the status of this proposal.

Sincerely,

Paul Dettman
Executive Director



February 1, 2017

Mr. Alfred Gobeille, Chairman
Ms. Suzanne Barrett, Executive Director
Green Mountain Care Board
89 Main Street
Montpelier, Vermont 05620



RE: Green Mountain Surgery Center Pending CON Application

Dear Mr. Gobeille, Ms. Barrett and Members of the Green Mountain Care Board

I am pleased to offer this letter of support on behalf of ReArch Company with regard to granting a Certificate of Need to construct an outpatient surgical center in Colchester – specifically the Green Mountain Surgery Center. We believe a facility such as this will create positive competition for this type of health care in the greater Burlington area thus generating appropriate savings for both companies and patients. It will offer more efficient and effective health care options which will likely cause any competitors to follow suit for the financial savings and betterment of the community.

ReArch Company is a rapidly growing real estate development, construction and property management firm based in South Burlington, Vermont. Our number of employees has doubled over the past two years, to over thirty, for which we provide a premium health care plan as part of our benefits package at no cost to the employee. We are very proud of this accomplishment and are striving to continue this growth as well as benefit offering. Affordable health care is a key component in our ability to achieve this as a company and we see projects such as the Green Mountain Surgery Center as the means in which Vermont can accomplish this.

ReArch Company is fully backing the efforts of Green Mountain Surgery Center to provide a more competitive outpatient health care service and are respectfully requesting your support of their CON application as well as expediting the approval process to the extent possible.

I would personally be pleased to discuss our position and support in greater detail should you wish to contact me.

Sincerely,

A handwritten signature in cursive script that reads 'John R. Illick'.

John R. Illick
Owner
ReArch Company



BANFF PLASTIC SURGERY

Susan E. MacLennan, MD

January 25, 2017

Green Mountain Care Board
89 Main St, 3rd Floor
Montpelier, VT 05620

Dear Members of the Green Mountain Care Board,

I am writing to express my strong support for the CON application submitted by ACTD to build an ambulatory surgery center in Colchester. I am a plastic surgeon who practiced at UVMMC for 15 years. I was responsible for the majority of the breast reconstruction performed at UVMMC during that time, and was deeply involved in the multidisciplinary care of women with breast cancer in Vermont and northern New York. I was a surgical subspecialist with a deep love for the community, but I left Vermont 18 months ago because I no longer wanted to be employed by UVMMC and there was no other viable practice option for me. Despite a proven busy OR schedule of 2-3 days operating most weeks, my OR time at UVMMC would have been taken away entirely (it was "divisional" time, not my "own" time). Despite my proven track record, it is certain that UVMMC breast surgeons would have been prohibited from referring to me. UVMMC surgeons are reimbursed significantly more than community surgeons for the exact same procedures (often performed with more efficiency and cost-effectiveness by community surgeons). Independent doctors have minimal bargaining power and are sadly diminishing in numbers in Vermont. All of this led to my decision to leave the community that I loved.

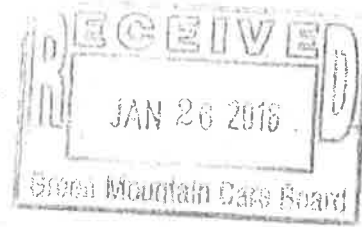
It is disheartening to hear that there are even fewer independent MDs in Vermont than when I left and that more of my former colleagues have left the state. If the ASC option had been there for me, I would not have left my community. The CON application has been mired in anti-competitive red tape for close to 2 years: the half-truths and demands put forth to the GMCB by the larger Vermont hospitals leave me dismayed. I firmly believe, and the evidence supports, that this outpatient ASC would provide precisely the value and quality that Vermonters expect and deserve. I urge the GMCB to move forward with approval of the proposal. Please contact me if I can provide any further information that would be helpful in supporting the ASC proposal.

Sincerely,

Susan E. MacLennan, MD
Banff, Alberta
Former Associate Professor of Surgery, UVM College of Medicine 2000-2015

Suite 340, 3rd Floor
Cascade Shops
317 Banff Avenue
PO Box 2009
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T1L 1B7
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Fax: (403) 762-8297
www.banffplasticsurgery.ca

Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, Vermont 05620



January 25, 2016

Dear Members of the Green Mountain Care Board:

I am writing to express my strong support for the application from Green Mountain Surgery Center to open a new outpatient surgical center in Colchester because this center will provide high-quality lower cost medical services to residents in our area and will benefit the local economy by employing local healthcare workers.

Establishment of this center by local, independent Vermont physicians, presents an economic development opportunity. Given the Center will create a minimum of 22 full time jobs, and hopefully more, the Center will bring a much needed economic boost to Colchester.

To control rising health care costs I believe that our state should embrace options that provide high quality care at a lower cost to individuals and the system. Across our region, those seeking routine outpatient procedures can take advantage of such high quality, lower-cost services at freestanding surgery centers, but unfortunately this option has not been available to many Vermonters. We are encouraged by Green Mountain Surgery Center's proposal to change this.

Thank you for your consideration of this project.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jim Condon".

Rep. Jim Condon
500A Dalton Drive
Colchester, VT 05446



625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

1/10/2017

The Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, Vermont 15620

Dear Members of the Green Mountain Care Board:

We are writing to you today in support of the pending application to approve the physician owned and operated multi-specialty ambulatory surgical center (ASC) in the greater Burlington area, Green Mountain Surgery Center.

MVP Health Care (MVP) has over twenty thousand members in the state of Vermont and is dedicated to providing them with the best quality health care at the lowest cost. It is MVP's experience in New York, that independent free-standing ASCs can not only be more cost-effective, but can provide patient convenience and higher patient satisfaction. MVP would look to contract with a licensed and certified ASC in our network if they could meet our stringent quality and reimbursement standards. ASCs and other non-hospital based services align strategically within value-based care programs to transform the health care paradigm to the benefit of Vermont citizens.

Therefore, MVP supports the Certificate of Need (CON) for this physician owned and operated multi-specialty ambulatory surgical center. As MVP continues to support the Green Mountain Care Board's initiatives and transformative health care model, MVP believes that the establishment of this facility embodies the value, cost and quality we strive to achieve in the state of Vermont.

Respectfully yours,

A handwritten signature in cursive script, appearing to read "George Thomson".

George Thomson
Network Management Vice President, Vermont
MVP Health Plan, Inc



Colchester
VERMONT

781 Blakely Road • PO Box 55 • Colchester Vermont • 05446 • 802.264.5500

www.colchestervt.gov

Al Gobeille
Green Mountain Care Board
89 Main Street
Montpelier, VT 05620

RE: Docket No. GMCB-010-15con, Proposed Ambulatory Surgical Center

Dear Chairman Gobeille:

I am writing to support the Green Mountain Surgery Center's Certificate of Need application to construct a building at 535 Hercules Drive in Colchester.

The Town of Colchester has many medical facilities including UVM Medical Center's Fanny Allen Campus and Colchester Family Practice. We are also home to large and small private medical and dental practices, especially in the Exit 16 and Water Tower Hill area. These businesses offer patients many convenient medical services from doctor's offices to rehabilitation services in this designated growth area. These companies employ hundreds of local Vermonters while being conveniently located right off the Interstate for commuting ease. The medical community is an integral part of Colchester and the state's economic success and we would welcome Green Mountain Surgery Center to our community.

Green Mountain Surgery Center would employ 22 local nurses, medical technicians and office staff which will have a positive ripple effect on our local small business economy.

Growing our local business community is a high priority for the Town of Colchester and we believe Green Mountain Surgery Center will bring quality jobs to our community while being a civic minded business.

Thank you for your consideration of Green Mountain Surgery Center's role in Colchester and the region and the positive value it will create.

Sincerely,

Kathi Walker O'Reilly
Director of Economic Development