

# VERMONT LEGAL AID, INC.

## OFFICE OF THE HEALTH CARE ADVOCATE

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April 15, 2019

Kevin Mullin, Chair  
Green Mountain Care Board  
144 State Street  
Montpelier, VT 05602

Re: Comments on GMCB-001-19con – University of Vermont Medical Center Adult Primary Care Facility Replacement Project

Dear Chair and Members of the Green Mountain Care Board,

The Office of the Health Care Advocate (HCA) has chosen to participate in the above-captioned Certificate of Need (CON) proceeding as an interested party. We support the University of Vermont Medical Center's (UVMC) CON application to replace its Essex Adult Primary Care Facility. The HCA's helpline hears from a significant number of Vermonters who have trouble finding a primary care provider in Chittenden County. We believe the project's plan to increase access to primary care services will benefit Vermonters.

We have, however, one point of concern. In its March 19 responses to questions from the Green Mountain Care Board (Board), UVMC estimated that only 6-7% of its patients, by number of arrived visits, have had Medicaid coverage in the past and it predicts 6% going forward (GMCB-001-19con, March 19, 2019, Letter, 2). In order to ensure that Medicaid patients have equitable access to primary care providers in the practice, we ask the Board to require UVMC Essex Family Care practitioners to certify that they will accept patients without regard to payer type, insurance status, or their ability to pay for services.

Such a requirement is consistent with the conditions the Board has attached to other CONs. For instance, the Green Mountain Surgery Center CON includes the following condition:

A.3. The applicant shall develop and implement a policy, which it shall post to the ASC's consumer website, requiring that each physician certify that he or she will accept patients without regard to payer type, insurance status, or their ability to pay for services. The physician shall further certify that he or she shall not consider the source of payment or a patient's ability to pay when determining whether to perform a patient's procedure/surgery at the ASC (GMCB-010-19con, Certificate of Need, 2).

We believe that a similar requirement will help to ensure that this project will serve the public good as required by statute (18 V.S.A. § 9437). Ensuring access for patients regardless of insurance status and ability to pay will help meet the needs of medically underserved groups, one of the Board's

CON criteria (Rule 4.402), and help ensure that the project will benefit Vermonters of all income levels within the practice's service area.

Thank you for considering our comments.

Sincerely,

s\ Mike Fisher

Chief Health Care Advocate, Office of the Health Care Advocate