

THE
University of Vermont
MEDICAL CENTER

Office of the General Counsel
Amanda.Angell@UVMHealth.org
802-847-2529 (Phone)

Via Email & U.S. Mail

November 30, 2021

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, VT 05620-3601

***Re: Request for Non-Material Change to CON for Inpatient Bed Replacement Project,
Docket No. GMCB-021-14con***

Dear Donna:

I write pursuant to 18 V.S.A. § 9432 and Board Rule 4.600 to request that the Green Mountain Care Board approve a non-material change to the Miller Building project at The University of Vermont Medical Center Inc. (“UVM Medical Center”). We are requesting permission to open, on December 6, 2021, five temporary additional intensive care beds within existing perioperative space to accommodate an unprecedented surge of acute medical inpatients at our facility and across the State of Vermont. We plan to use the additional beds for at least four weeks (through January 3, 2022), or until the statewide need for ICU beds is reduced to manageable levels. This non-material change is intended to respond to and enhance the management of the COVID-19 public health emergency.

Change is Necessary for Statewide Response to Public Health Emergency

Vermont has experienced a dramatic and unrelenting surge in COVID-19 cases and hospitalizations, including ICU admissions, since the arrival of the Delta variant in late summer. To ensure Vermont’s sickest patients have access to the highest and most appropriate levels of care, Secretary Smith of the Agency of Human Services has called upon hospitals across the State to immediately and without delay increase ICU capacity where possible. UVM Medical Center is answering this call along with three other hospitals: Central Vermont Medical Center, Copley Hospital, Northwestern Medical Center, and Southwest Medical Center.

Capital Cost for Five ICU Beds Does Not Exceed Ten Percent Budgetary Threshold

UVM Medical Center can add the much-needed ICU beds with minimal facility expenditures, as we will be using patient-ready perioperative space on the third floor of the Ambulatory Care Center (ACC3) and equipment already on the unit. Because purchases will be few, the capital cost for the additional beds (approximately \$5,000) will fall far below the ten percent budgetary threshold of the Miller Building project that would otherwise make the change material.

The majority of additional costs will be operational; staffing the new ICU beds will cost approximately \$250,000 per week. That said, these same staffing resources will also care for *intermediate care* COVID patients on our dedicated McClure 6 COVID unit, allowing these patients to remain on the unit, rather than occupying an ICU bed. Of note, UVM Medical Center has applied for FEMA funding for the increased staffing and is awaiting a response. In the meantime, UVM Medical Center is prepared to incur these costs in order to care for the State's sickest patients.

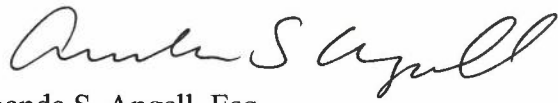
Deviation from Implied Certificate of Need Condition is Minor

Like our July 2021 Request for Non-Material Change to add 15 medicine beds, our request to add ICU beds requires a minor deviation from the implied conditions of the current Miller Building CON. As you are aware, when we applied for the Miller Building CON, we anticipated that we would be reducing, rather than increasing, our number of inpatient beds. Our request will add, in the short term, five inpatient beds to our physical bed count, bringing that total to 530, which does not exceed our license for 562 inpatient beds. For the reasons cited above, we believe these additional beds are necessary for us to meet our obligations to our patients and all Vermonters as we, alongside the State and our hospital colleagues, respond to the Public Health Emergency. Still, this is a non-material departure from the express language of the CON.

Conclusion

For all these reasons, we believe these proposed non-material change to the Miller Building CON will allow UVM Medical Center to respond swiftly to the State's request to increase ICU capacity during the continued Public Health Emergency. We therefore request that the Board approve these changes as quickly as possible and without the need for a hearing or further review.

Very truly yours,

A handwritten signature in black ink, appearing to read "Amanda S. Angell". The signature is fluid and cursive, with the first name being the most prominent.

Amanda S. Angell, Esq.
Assistant General Counsel

Enclosure

cc: Disability Rights Vermont
Office of Health Care Advocate
VFNHP