



By US & Electronic Mail

March 6, 2024

Owen Foster, Chair
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05602
owen.foster@vermont.gov

**Re: The University of Vermont Medical Center Inc.
Request for Jurisdictional Determination – Home Infusion Therapy**

Dear Chair Foster:

The University of Vermont Medical Center Inc. (“UVM Medical Center”) hereby requests a determination that the Green Mountain Care Board (the “Board”) does not have Certificate of Need jurisdiction over a proposed project that would involve the delivery of home infusion therapy services by UVM Medical Center.

The Proposed Project

UVM Medical Center, a regional academic healthcare center and teaching hospital, proposes to offer home infusion therapy nursing services in Vermont from its Home Infusion Pharmacy, located at 1 South Prospect Street, Burlington, Vermont. UVM Medical Center has, through its Home Infusion Pharmacy, fulfilled orders for home infusion drugs and supplies for nearly three decades. The proposed project would include the administration of these home infusion drugs, by way of duly qualified nurses, in the homes of patients across the state. UVM Medical Center intends to seek Joint Commission Home Infusion Therapy accreditation, as required by the Centers for Medicare and Medicaid (“CMS”), which would permit UVM Medical Center to enroll with CMS as a Home Infusion Therapy supplier.

Rationale

To support the effort to reduce health care costs and ensure comprehensive access to home infusion therapy services within every Vermont county, UVM Medical Center Home Infusion Pharmacy seeks to provide home infusion nursing services across the state. Over the past several years, the UVM Medical Center Home Infusion Pharmacy has received a steady increase in home infusion drug referrals as a result of payer initiatives to help control health care costs (i.e.,

it is less expensive for patients to receive infusions at home instead of the hospital). Current home infusion providers, including designated agencies, report an ongoing shortage of staff, resulting in challenges to establish and maintain competency of nurses with the infusion skill set. Approximately 28% of the patient referrals received for home infusion therapy services in 2023 were declined by these providers across the state of Vermont. And, in some counties, 100% of referrals for home infusion were declined. This lack of access has forced many patients to receive services in a higher cost, outpatient infusion setting. In addition to the lower cost of service, home infusion provides other valuable benefits to patients, including reduced travel time and related expenses, less disruption of daily activities, and reduction in exposure to hospital or community-acquired infections. Importantly, UVM Medical Center has registered nurses on staff with the requisite infusion skill set who can increase access to home infusion for residents of Vermont.

Analysis

In similar requests for jurisdictional determinations, the Board declined to assert Certificate of Need jurisdiction over the provision of home infusion therapy services, to the extent the requestors did not exceed the jurisdictional monetary limits applicable to their provider type (that is, hospital or non-hospital).¹ The jurisdictional monetary limit applicable to UVM Medical Center, 18 V.S.A. § 9434(b)(3), states:

(b) A hospital shall not develop or have developed on its behalf a new health care project without issuance of a certificate of need by the Board. For purposes of this section, a “new health care project” includes the following:

(3) The offering of a health care service or technology having an annual operating expense that exceeds \$1,000,000.00 for either of the next two budgeted fiscal years, if the service or technology was not offered or employed, either on a fixed or a mobile basis, by the hospital within the previous three fiscal years.

On April 12, 2023, the Board acted within its authority to increase the applicable annual operating expense threshold to \$1,200,000.00.²

The forecasted operating expenses for the first three fiscal years of the proposed project will not exceed the \$1,200,000.00 annual limit established by 18 V.S.A. § 9434(b)(3) and the Board. In Year One, we expect to incur \$466,433 in operating expenses, \$576,761 in Year Two, and \$722,095 in Year Three.³ In Year One, we plan to staff the proposed project with three registered nurse FTEs and then increase by one registered nurse FTE in each of Years Two and Three to

¹ See Jurisdictional Determination, [GMCB-003-16con, Option Care, Inc., Proposal to Offer Infusion Therapy Serv. in Vt's 14 Counties](#) (Sept. 13, 2016) (declining jurisdiction); Jurisdictional Determination, [GMCB-004-20con, Proposed Offering of Infusion Therapy Serv. in the Home Setting in Vt.](#) (July 1, 2020) (declining jurisdiction).

² See [GMCB Certificate of Need Bulletin](#) (Apr. 12, 2023) (revising Certificate of Need Monetary Jurisdictional Thresholds).

³ See Exhibit A, enclosed herein. An Excel file of the same will be provided electronically.

support anticipated growth in requests for these services. The project will not incur any capital expenses as it will use existing office space on the UVM Medical Center campus, and the services will be provided in the home of patients. The nursing staff will use the Epic system for charting, which will not result in additional health information technology costs.

Conclusion

The forecasted operating expenses for the initial three fiscal years of the proposed project are well under the \$1,200,000.00 threshold and, as such, we believe the proposed project would not be subject to Certificate of Need jurisdiction and review. If, however, as the project is implemented in the first three years, the operating expenses for the delivery of home infusion therapy services exceed the monetary threshold, UVM Medical Center will timely notify the Board so it may determine whether further review is required.

Thank you for your consideration.

Sincerely,



Amanda S. Angell
Associate General Counsel
The University of Vermont Health Network

Enclosure

cc: Michael Barber
Donna Jerry
Stephen Leffler, MD

Exhibit A – Operating Costs

Operating Costs (expenses):		Latest Actuals (12 mos)	Year one of Proj (12 mos)	Year 2 (12 mos)	Year 3 (12 mos)
Staffing Expenses					
	Salaries per FTE	\$0	\$319,114	\$425,485	\$531,856
	Fringe Benefits/Health Insurance	\$0	\$86,161	\$114,881	\$143,601
	Professional Insurance	\$0	\$0	\$0	\$0
	Staff Travel	\$0	\$4,540	\$6,810	\$9,057
	Consultant Expenses & Travel	\$0	\$30,000	\$0	\$0
	Subscriptions/Dues	\$0	\$0	\$0	\$0
	Payroll Taxes	\$0	\$0	\$0	\$0
	Training (Materials)	\$0	\$750	\$250	\$250
	Other (specify):	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
Operation Expenses					
	Administrative Expenses	\$0	\$0	\$0	\$0
	Office Supplies and Expenses	\$0	\$1,800	\$300	\$300
	Depreciation	\$0	\$0	\$0	\$0
	Interest	\$0	\$0	\$0	\$0
	Advertising/Marketing/Printing	\$0	\$0	\$0	\$0
	Vehicle Expense/Auto Insurance	\$0	\$0	\$0	\$0
	Rent/Lease Expense	\$0	\$0	\$0	\$0
	Utilities/Telephone/Internet Expenses	\$0	\$5,340	\$5,930	\$6,770
	Computer/Hardware/Software	\$0	\$4,275	\$1,425	\$1,425
	Building Maintenance and Repair	\$0	\$0	\$0	\$0
	Property Taxes	\$0	\$0	\$0	\$0
	Legal Services	\$0	\$0	\$0	\$0
	Billing/Accounting Services	\$0	\$14,454	\$21,681	\$28,835
	Security Services	\$0	\$0	\$0	\$0
	Clinical Expenses	\$0	\$0	\$0	\$0
	Medical Supplies/Medications	\$0	\$0	\$0	\$0
	Laundry, Linens & Uniforms	\$0	\$0	\$0	\$0
	Equipment Lease/Maintenance	\$0	\$0	\$0	\$0
	Health Information Technology/EHR	\$0	\$0	\$0	\$0
	Food Preparation/Related Costs	\$0	\$0	\$0	\$0
	Facility or Equipment Costs	\$0	\$0	\$0	\$0
	Other Insurance	\$0	\$0	\$0	\$0
	Other (specify):	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
Total Operating Costs:		\$ -	\$ 466,433.10	\$ 576,761.43	\$ 722,094.79