

**From:** LaJeunesse, Kristen<Kristen.Lajeunesse@vermont.gov>

**Sent on:** Thursday, August 29, 2024 9:43:11 PM

**To:** GMCB - Health Systems Finances<GMCB.HealthSystemsFinances@vermont.gov>; Foster, Owen<Owen.Foster@vermont.gov>; Barrett, Susan<Susan.Barrett@vermont.gov>; Barber, Michael<Michael.Barber@vermont.gov>; Walsh, Thom<Thom.Walsh@vermont.gov>; Murman, David<David.Murman@vermont.gov>; Lunge, Robin<Robin.Lunge@vermont.gov>; Holmes, Jessica A.<Jessica.A.Holmes@vermont.gov>; Hengstler, Mark<Mark.Hengstler@vermont.gov>; LaJeunesse, Kristen<Kristen.Lajeunesse@vermont.gov>

**Subject:** Public Comment: Hospital Budget 2024-08-29T21:43:08Z

A new GMCB Public Comment has been received.

**Submit Time:** 8/29/2024 9:43:08 PM

**Name:** Rebecca Aslakson

**Affiliation:** University of Vermont Health Network

**Town/City:** South Burlington, VT

**Topic:** Hospital Budget

**Comment:** I want to voice my strongest comments and support for proper recognition and funding of the University of Vermont Medical Center and for academic medicine in Vermont. Vermont is incredibly fortunate to have a local academic medical center; Vermonters who need higher acuity or tertiary medical care and **\*\*who would otherwise have to travel out-of-state to New York or Massachusetts or further\*\*** can instead **\*\*stay local and receive that care at our own academic medical center\*\***. Yet, if the Medical Center is not adequately funded and supported to provide those services, patients will go somewhere else, which means them leaving the state. The tertiary level care and ability to provide it is inherently complicated and more expensive; patients need more specialized practitioners and tests and services. Moreover, for those specialized practitioners, tests, and services, it is a national market (not a local one) and the ability of an academic medical center to be able to provide those services and to attract, recruit, and retain the subspecialized faculty who are essential for that care needs to be commensurate with national metrics. Furthermore, this high acuity care is only possible through also supporting the research integral underpinning it and the education of the next generation of practitioners who will provide it; those activities are **\*only\*** possible at an academic medical center. In closure, all hospitals are **\*not\*** the same. There are high acuity medical procedures and care that can **\*only\*** be provided at large centers who have the volume, research, and educational resources to support that care and the practitioners who provide that care. We cannot take for granted our local academic medical center - the University of Vermont Medical Center; underfunding or undervaluing it by the GMCB and its activities will substantially weaken and harm Vermonters, most particularly Vermonters who are older and/or have more medical care needs that can only be provided at a tertiary academic medical center.

**Post Comment:** Yes