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Subject: Public Comment: Community Engagement: Hospital Sustainability and Act 167 2024-08-01T15:36:15Z

A new GMCB Public Comment has been received.

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Name: Ellen Oxfeld

Affiliation:

Town/City: Middlebury

Topic: Community Engagement: Hospital Sustainability and Act 167

Comment: Thank you for the report and community meetings. My comments and queries are below: 1. Can you look at the administrative costs/billing costs at each of the 14 hospitals? We know that administrative costs constitute approximately 30% of healthcare costs nationwide. How do such costs contribute to hospital costs in Vermont? Comparing administrative costs in multi-payer and single payer systems is illuminating. Duke University Hospital has 1600 billing clerks while the University of Toronto hospital has 7 billing clerks though they have more beds. So, what does this look like in Vermont, given that we have not implemented a single payer system as called for in Act 48? 2. Can you look at the impact of a large monopoly on a small state on prices? Even considering national trends cited above, our prices are particularly high in Vermont compared to other states. For instance, a BCBS premium silver plan is \$948 while the national average is \$458. Does the disproportionate impact of our largest monopoly have something to do with that? 3. The report cites the need for better primary care access to improve health and keep people out of more expensive ERs and urgent care centers. Can you investigate the impact that a universal primary care system (that makes primary care a public good) would have on health care system sustainability? It would likely save money by cutting out administrative costs of so many different plans, creating a single pool to pay providers at a fair rate. It would allow primary care providers to work in poor and under-served communities as well, since providers could be reimbursed from this single statewide publicly financed pool. Many legislative bills have been put forward over the years that phase in universal health care by starting with universal primary care (which includes outpatient mental health and substance use disorder treatment). OliverWyman has been provided many resources for its investigative and outreach process. Examining the impact of a universal primary care system would be a good use of some of these resources. 4. Many good ideas are put forward in this report on how to better integrate the health care needs of communities with support services such as transportation. Wouldn't we be better able to plan hospital and related health care needs for an area if we implemented Act 48 and created a publicly financed universal system? That would allow for real global budgets. It would greatly reduce the administrative costs that so many middlemen add to the current system (see Item 1) and allow us to attune services to the needs of an area. 5. We could phase in publicly financed health care by starting with a sector of care. Universal Primary Care would be a good first phase since everyone needs primary care and primary care is a foundation for any sustainable health care system. Accessible primary care saves costs and keeps people healthier. We could also start such a phase-in process with Universal Hospital Care as it would allow for hospital sustainability through global budgeting, planning and price control (though it might be a bigger step to take

as a first phase). 6. If we keep putting off creating a universal publicly financed health care system as called for in Act 48, then health care costs will continue to rise, and access will continue to get worse. Publicly financed universal health care allows for planning and cutting out middlemen that add administrative costs. It will also reduce the bargaining power of large health care monopolies and allow for better price control. Here in Vermont, we need to start treating health care like so many other countries do – as a public good that all of us should all be able to access!

Post Comment: Yes