LEAGUE OF WOMEN VOTERS® OF VERMONT

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The League of a Women Voters of Vermont submits the following comment regarding Vermont's need to transform our health care system to improve access, affordability, quality and sustainability.

Healthcare Professionals

It's clear there are insufficient healthcare professionals to address the needs of Vermonters. This is causing delays in diagnosis and treatment. Some strategies to address this include the following:

1) Because graduates tend to practice where they attend university or complete their medical residency,[1-2-3] provide support for UVM to increase enrollment in both the nursing program and primary care medical residency programs.
   - Create a task force of UVM nursing and medical school faculty, medical staff from other hospitals in Vermont, and VSU faculty to develop a plan for increasing capacity and enrollment in nursing programs in Vermont, and for creating additional primary care medical resident positions.
   - Seek federal funding assistance for the residency positions.

2) The VT Board of Medical Practice should review the requirements for physician re-entry and for licensure of foreign medical graduates, and develop policies and processes for facilitating licensure of these physicians to the extent consistent with public health and safety.

3) Develop a plan with cooperation with UVMMC, Dartmouth, and the Vermont State Hospital to create a community-based psychiatry training program using Open Dialogue, with the expectation that residents would obtain between 12 and 24 months

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1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8370361
2 https://www.ama-assn.org/medical-residents/transition-resident-attending/where-practice-after-residency-your-specialty-can#:~:text=According%20to%20the%20Association%20of,vary%20significantly%20based%20on%20specialty
3 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5828896

of in-patient experience and the remainder be community-based training, some of which would likely be out-of-state until we develop more community based mental health care, but also to broaden residents' experience and perspective. Seek federal funding assistance for the residency positions.

Housing

Housing is a huge issue in Vermont, not only for the homeless, but because a shortage of affordable housing is making it difficult to recruit new employees in every field - including health care- to our state.
One obstacle to increasing housing stock is current zoning restrictions in Chittenden County (and elsewhere). A public campaign is required to gain support for zoning changes that enable more and denser housing to be built.

There are broad public health benefits of increased housing, including supported housing, as well:

- protection for the homeless
- shorter hospital stays because recovering patients have a place to go, freeing up beds for people needing a higher level of care;
- meeting the needs of the elderly, for those who become less able to manage the homes of their younger years and perhaps even their own activities of daily living; and
- more capacity for inpatient mental health when patients can be discharged to safe housing that can provide their less intense needs after stabilization.

In addition, safe and stable housing is critical to children's short and long term health, according to the American Academy of Pediatrics.
https://www.academicpedsjnl.net/article/S1876-2859(21)00437-X/fulltext#seccesectitle0001

Hospital Capability and Capacity

Rethink the number and/or roles of local hospitals.

1) Repetition is required to become an expert in one's field and maintain one's skills. GMCB should consider assigning certain areas of expertise to particular hospitals. This will have a number of positive outcomes. First, expertise will lead to maximal treatment success and reduce complications and follow-on treatment. Second,

maintaining infrastructure in a subset of hospitals will reduce the infrastructure cost statewide. Instead of all 14 hospitals providing many services, we should review which services must be easily accessible for community health, such as obstetrics and mental health care, and whether other services could be offered by only 3 or 4 hospitals. This might provide sufficient access while still maintaining expertise.

2) The decisions regarding what services to offer at different locations must include plans for transporting not only patients but also family members for their support and advocacy. For conditions requiring long periods of residential care and recuperation, distance to services must consider not only transportation options but also whether the transit time is unacceptably burdensome for families.

3) Consider collaboration between Vermont hospitals and with out of state providers/hospitals for care that is infrequently called for in a particular region of Vermont or in the state in general.

Private Equity

Private equity has engaged in healthcare both at the primary and specialty care levels as well as with hospitals. In many cases, after a purchase, the PE corporation puts in rules that limit the time and set of actions taken for a given patient. These rules are calculated to increase how many patients a provider can serve, reduce costs, and increase profits. Patients suffer less provider time, less diagnosis assist (tests, scans…) resulting in less information to form diagnosis, lower patient satisfaction and sometimes worse outcomes.

1) Private equity should not be allowed to own, manage, or administer health care facilities or services in Vermont. This includes but is not limited to hospitals; primary or specialty care clinics; urgent care, radiologic, surgical, or renal dialysis centers, or other specialized care centers; physical therapy, nutritionist, dental, ophthalmologic, or other health care providers; diagnostic laboratories; and long term care or rehabilitation care facilities.

Uniform Pricing and Cost Shifting

Providers routinely receive different reimbursement from different payers for the same service. While there's a difference between what Medicare pays and what Medicaid pays, commercial payers pay more. Commercial payers pay different amounts for the same service, and even different amounts for the same service within the different plans of single commercial payer. This interferes with the ability of a billing office to tell a patient in advance what the price of a service will be, making it impossible for families to

take the cost into account when making medical decisions, to compare prices between different providers, or to plan how to pay for care.

Price differences between commercial payers to the same provider should be zero, and should be set by the GMCB. At a minimum, the patient should be able to obtain a definitive answer to the question “how much would this service cost me?” by looking online on the insurance company’s website, or alternatively. by making one phone call of less than 5 minutes, whichever is easier for the patient.

Operational Excellence

There are multiple places to get certain healthcare services. Open MRI and The Green Mountain Surgery Center come to mind. Each offers services and procedures at a lower price than the local UVMHN hospital. If UVMMC is less efficient, some analysis should determine how the UVMHN can mimic their practices and lower prices. If it is a matter of higher costs to maintain the larger facility, a mentor hospital is Dartmouth Hitchcock, which offers services at reduced rates to Vermont providers.

Coordination of Care

Better communication between primary and specialists will improve patient care and outcomes. A common medical record would facilitate this, but most important is time to be able to pick up the phone or send a message to communicate with a colleague, give a “warm handoff,” etc. Doctors are short on time due to the pressures to see more patients and do more administrative tasks (prior authorizations, “coding,” etc.). Removing the profit motive and reducing the administrative burden should create more time for this communication.

Measurement

For many programs, success is fleeting if you can’t define the endpoint, the steps to get there and progress along the path.

We encourage the GMCB to define the above items [endpoint, steps & progress] and a way to measure success.

Act 48 defined an endpoint:

> “It is the intent of the general assembly to create Green Mountain Care to contain costs and to provide, as a public good, comprehensive, affordable, high-quality,

publicly financed health care coverage for all Vermont residents in a seamless manner regardless of income, assets, health status, or availability of other health coverage."

and reaffirmed it in Sec. 1a. PRINCIPLES FOR HEALTH CARE REFORM:

"The state of Vermont must ensure universal access to and coverage for high-quality, medically necessary health services for all Vermonters. Systemic barriers, such as cost, must not prevent people from accessing necessary health care. All Vermonters must receive affordable and appropriate health care at the appropriate time in the appropriate setting….

Primary care must be preserved and enhanced so that Vermonters have care available to them, preferably within their own communities. Other aspects of Vermont's health care infrastructure, including the educational and research missions of the state's academic medical center and other postsecondary educational institutions, the nonprofit missions of the community hospitals, and the critical access designation of rural hospitals, must be supported in such a way that all Vermonters, including those in rural areas, have access to necessary health services and that these health services are sustainable…."

It is disappointing that at a public presentation in late July, 2024, Dr. Hamory appeared to have not been aware of Act 48 and therefore could not use that as a template in his analysis. These particular principles would appear to **not** be beyond our control.

"Every Vermonter should be able to choose his or her health care providers…."

In the GMCB review of insurances, can they prohibit networks, which prevent Vermonters from choosing their health care providers? Or, can the legislature pass a law prohibiting closed networks?

"Vermonters should be aware of the costs of the health services they receive. Costs should be transparent and easy to understand."

Can the GMCB require transparency of prices and clear online access to prices in their regulatory review? Or, can the legislature pass a law requiring clear, online access to prices?

In addition, GMCB, Vermont Agency of Human Services, and Vermont Department of Health Access should consider reviewing Act 48 and if it is viable to pursue a universal publicly-funded health care system as a state, and if the governor does not include it in his budget proposal, propose an alternate budget for the 2025 Vermont Legislature to consider.