

June 5, 2023

Dr. Elizabeth Fowler, PhD., J.D. Deputy Administrator and Director
Center for Medicare and Medicaid Innovation, Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Director Fowler,

We, the undersigned, are extremely concerned that Vermont's Agency of Human Services (AHS) is designing an All Payer Agreement 2.0 that, in its present form, will fail to address the major problems facing the health care system in Vermont. We also believe the current plan does not comply with the law as outlined in Act 167, and does not appear to comply with CMMI's seven priorities. We would like the opportunity to meet with you to discuss our concerns and ask for your assistance.

Our first concern is that to date there has been literally no engagement with ordinary Vermonters on what the new model agreement should look like or include, even though a great many are experiencing rising health care costs and worsening, less equitable access to care. Planning of a new APM model should have started with an extensive community engagement process to ask all Vermonters, especially those usually left out of these discussions such as community health and social service providers, labor unions, and businesses, what they think and need. That did not happen.

To make matters worse, AHS planning meetings are not open to the public and the Agency is only releasing summaries of them. This is occurring despite legislation in 2022, (Act 167, see attached language) that required the state to provide opportunities for meaningful participation in all stages of the proposal's development. We requested early on that the planning meetings be open, and that we be allowed to attend, but AHS denied our request. We hope CMMI will require AHS to engage with all Vermonters, and soon. We feel a strong sense of urgency to get public input before AHS finalizes a model.

Our second concern is that, from the information we have been able to glean, it appears the AHS model in progress does not address the key issues and solutions necessary for making health care more affordable, equitable and accessible to Vermonters. The AHS summaries of workgroup meetings reveal very little attention is being paid to the crises in primary care and mental health, or to what should be done to address social determinants of health. Instead, significant attention has been devoted to the funding of hospitals and issues with skilled nursing facilities. For health care reform to reduce costs, improve quality and improve access to care for all Vermonters, we believe it must start with and focus on primary care, mental health and prevention services. The AHS plan, at present, offers few of these critical elements and appears to be focused instead on the financial needs of institutional providers.

To be more pointed, if left unchallenged, we fear the AHS plan will simply amount to an attempt to prop up an ineffective, costly, inequitable, and hospital-centric status quo. Respectfully, the first APM Agreement achieved virtually none of its objectives, and today our community-care sector, which touches the lives of all Vermonters, is facing even more difficulties and a deeply precarious future.

We support the seven criteria laid out by CMMI for new model development and do not believe Vermont's plan so far meets these criteria. We have also been working on an alternative model that is directly responsive to your criteria and, if implemented, we are confident it would create the

fundamental conditions for effective reform. We ask, therefore, for the opportunity to meet with you as we did in February 2022 to share this model with you, along with our concerns.

We are ready to meet at your convenience. Thank you.

Sincerely,

Chip Conquest, former Vermont House Representative

Patrick Flood, former Deputy Secretary, Vermont Agency of Human Services

Fay Homan, M.D.

Mark Hage, Vermont NEA

Bill Schubart, Writer – columnist, former Chair Fletcher Allen Health Care (UVM Medical Center)

Deb Snell, RN, President AFT-VT Healthcare

Julie Wasserman, MPH

Cc: Owen Foster, Chair, Green Mountain Care Board
David Murman, M.D., Green Mountain Care Board
Thom Walsh, Green Mountain Care Board
Robin Lunge, Green Mountain Care Board
Jessica Holmes, Green Mountain Care Board
Jenney Samuelson, Secretary, Vermont Agency of Human Services
Senator Virginia Lyons, Chair, Senate Health and Welfare
Representative Lori Houghton, Chair, House Health Care
Lachelle Smith, CMS/CMMI-Vermont Lead
Tequila Terry, CMS/CMMI
Pat Jones, AHS Director of Health Care Reform
Michael Fisher, Health Care Advocate, Vermont Legal Aid
Douglas Hoffer, Vermont State Auditor
Jill Krowinski, Speaker of the House
Philip Baruth, Senate Pro Tem
Senator Bernie Sanders
Senator Peter Welch
Representative Becca Balint

Language from Act 167, enacted by the Vermont Legislature in 2022:

Sec. 1. DEVELOPMENT OF PROPOSAL FOR SUBSEQUENT ALL-PAYER MODEL AGREEMENT

(3)(A) The Director of Health Care Reform, in collaboration with the Green Mountain Care Board, shall ensure that the process for developing the proposal includes opportunities for meaningful participation by the full continuum of health care and social service providers, payers, participants in the health care system, and other interested stakeholders in all stages of the proposal's development.

(B) The Director shall provide a simple and straightforward process to enable interested stakeholders to provide input easily.

(C) To promote engagement with diverse stakeholders and ensure the prioritization of health equity, the process may utilize existing local and regional forums, including those supported by the Agency of Human Services.