

**A new GMCB Public Comment has been received.**

**Submit Time:** 5/26/2023

**Name:** Roger Brown

**Affiliation:**

**Town/City:** Richmond

**Topic:** Hospital Budget

**Comment:** Healthcare in Vermont is putting "unrealistic restrictions" on our population already. Double digit increases have happened in good years and bad. With high inflation and low inflation. What is the common theme? Hospital administrators are very good at bringing public pressure to bear on the GMCB to meet their unreasonable demands. It appears they are not as good at controlling the costs their businesses incur in a way that those of us who can't just lobby for more money are forced to do. Are we going to have to limit services to put some type of cost control onto health care costs here? Maybe we do - the reality is that Vermonters limit what services they access every day. I have a few humble suggestions. First, let's see budgets that meet the current revenue targets. All of the hospitals threaten "changes no one would want us to make." Ok, what are those changes? Why don't we see if the public, in fact, is comfortable with some of those changes if they allow us to make medical costs accessible? Other than vague threats, I have never seen actual proposals. Maybe there are services that can be accessed regionally (Boston, Albany, etc...) in some reasonable way (help- patients defray costs and emotional challenges with getting remote treatment) whose removal would make the hospitals run more cost effectively. But the threats of elimination of services from executives whose main mission has been consolidation of services ring hollow (of course they think that they shouldn't eliminate services). Second, why dont we see if these hospitals are performing efficiently, or if pushing them from a budget perspective makes them more efficient at delivering medical care? By what metrics are they performing efficiently? Let's improve those metrics. Then see where we land. Finally, end hospital expansion immediately. Use the CON process for something remotely resembling what it was designed to do - unprofitable hospitals should not be accumulating services that they operate inefficiently. Why is the hospital building a surgery center, for example, when an independent one exists which is able to operate in a financially sustainable manner? (And just to head off that argument, it would be insane to put profitable businesses under inefficient management just to subsidize the reset of their inefficient operations.). Help make other practices sustainable instead of predatorily driving them out of business and into the UVMHN tractor beam. If UVMHC provides vital services (trauma center, research, teaching hospital, etc...) that are not able to bring in enough revenue to cover costs, lets understand why and make up that difference. But, again, putting efficiently run businesses into inefficient management (but with twice the insurance reimbursement - since that is the economy of scale at work here) so that they can backdoor subsidize other money losing parts of the operation is crazy. The only economy of scale that seems to exist in these hospitals is lobbying for more money from the public/ insurance companies. Sure, this is a strategy, grow your market share of a socially required service to the point that you can extract any price you want from the public as there is no other option. It takes hard choices from regulators to disrupt it. Regulation and competition are the only ways to control costs. The "we are going to try hard to control costs" theory is not an actionable plan. Please consider ordinary Vermonters - schools, municipalities, small businesses - who see any compensation increase for their hard working employees eaten up with unreasonable cost growth

from large network hospitals. Demand a budget that meets cost targets. Do not fall for the constant "we need more money" refrain.

**Post Comment:** Yes