

Tuesday, March 29, 2022

Re: UVMHN budget adjustment request

Dear Green Mountain Care Board:

Since 2020 – this regulator [has possessed credible data demonstrating](#) the hospital it regulates, controlling nearly 2/3's of hospital spending in a state of less than 700,000 rural Vermonter's has enjoyed inordinately higher reimbursement rates as a consequence of its unchecked monopoly. Moreover, in that same [year HROC possessed data clearly enumerating](#) the consequences of such an unregulated monopoly.

A colleague, and seasoned hospital administrator – Tom Rees, this week clearly spelled out the most basic data points this board should be conversant in and yet inexplicably has spent years demonstrating an ineptitude in even teeing up the correct questions to solve for appropriate answers. I have presciently forewarned this board for more than 2 years now that its ineffectual regulation would collide with bond holders and rating agencies as Vermont's health system catastrophically careened towards implosion.

Now, confronted with threats of further care rationing by UVMHN and its wholly owned ACO controlled monopoly adjunct – RRMC, this monopoly holds captive a board which has run out of blunt levers to mitigate the bankrupting of Vermont health care – *it happened slowly and now all at once* – as I predicted it would.

Now, statewide employers and everyday Vermonter's confront this board with compelling concerns that this charade has gone on long enough. All that can be extracted from them in the form of tax and premium payer subsidies has been extracted. Shifting the burden to taxpayers as member Holmes advocates in the form of increased Medicaid rates is merely robbing Peter to pay Paul. And it is a currently unfunded proposed liability requiring legislative mechanizations Vermont health care can surely not wait patiently for.

Will the GMCB finally awake from its slumber and acknowledge its incompetence, and as Mr. Rees enjoins it to do – recognize its captivity to a monopoly and retain the seasoned insights of expertise it lacks? More importantly – will this captive regulator finally demand a review of the entirety of UVMHN executive compensation over the \$100,000 threshold? As I have consistently enumerated – these leaders enjoy in some cases 2-3x the national median salaries for similar roles.

This board can and must not approve a single dollar of rate increase until the public has been provided with such an analysis and a commitment by UVMHN to bring leadership compensation in line with national median salaries. Merely performing a writing down of this tier of compensation would achieve the needed liquidity UVMHN demands GMCB transfer from tax and premium payers into the pockets of the Burlington elites.

Sincerely,

Robert Lowell Hoffman, MA, LPC, MPH

Quechee, VT