

January 2, 2020

Agatha Kessler, Health Policy Director  
Green Mountain Care Board  
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Sent via e-mail to [agatha.kessler@vermont.gov](mailto:agatha.kessler@vermont.gov)

Dear Ms. Kessler:

Thank you for the opportunity for the Vermont Association of Hospitals and Health Systems to comment on the Rural Health Services Task Force's draft report posted to your website on December 23, 2019.

The members of the Rural Health Services Task Force and the individuals who staffed the task force coordinated a variety of health care providers to produce workable proposals to help ensure the sustainability of Vermont's rural health care system. That work is no easy task and is evident in the draft presentation.

With this latest draft, VAHHS has a few more comments, specified below:

Slide 7: Under the "Shifts in Care Delivery" box, the word telehealth should be used instead of telemedicine because it is more comprehensive. In the "Market Profile" box, "highly regulated, non-competitive" seems more accurate than "consolidated."

Slide 11: Hospitals have a key performance indicator connection to VDH and the federal government. Switch hospitals and substance use providers to help make the connection.

Slide 13: At first glance, the phrase "expand telehealth cuts" sounds like advocating for telehealth cuts. The label should just say "expand telehealth" and then the presenter can explain that it touches upon all of the listed areas.

Slide 24: For the 3,900 nursing-related job vacancies statistic, these numbers are primarily reported by hospitals, so the phrase "incomplete data" could be replaced with "primarily hospital data."

Slide 26: The cost of travelers could be even more specific for hospitals by stating "\$56.4 million total, \$28 million above what would be paid for permanent employees."

Slide 34: The example about the University of Vermont Medical Center constituting 49% of the hospital system is confusing—it is unclear if it pertains to patients or revenue. The sentence before is clear enough without the example. The example should be removed.

Slide 50: Hospitals also support revenue increases for nursing homes and home health because those entities are part of some health systems. So, hospitals support the following:

- Annual inflationary increase per the recommendation of the Older Vermonters Working Group
- Review and consider the recommendations in the ongoing financial sustainability section of the Nursing Home Oversight Working Group Report

Slide 64: My understanding is that Vermont does not have provider reimbursement parity for telehealth by law. While Act 64 required parity in coverage for telehealth services, it did not require reimbursement parity. Instead, this section could state, “Medicaid and commercial insurance requirement to cover medically necessary services delivered via telemedicine in the same way as services delivered in person.”

Again, thank you for the opportunity to comment. Please do not hesitate to contact me with questions or concerns.

Sincerely,



Devon Green  
Vice President, Government Relations  
Vermont Association of Hospitals and Health Systems