

**To: House Committee on Health Care**

**From: Sandi Hoffman, Deputy Commissioner, Department of Vermont Health Access**

**Date:** January 30, 2024

**Re:** H.721 Testimony: Section 7 – Clinical Utilization Review Board

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Hello. My name is Sandi Hoffman and I am the Deputy Commissioner for the Department of Vermont Health Access. Thanks for having me here today. Our team has reviewed the proposed legislation, and I am here to talk about Section 7 of H. 721.

Basically, we are not averse to the suggested changes but do have some concerns we wanted to share.

The Clinical Utilization Review Board (CURB) is a Board of 10 Clinicians that are scheduled to meet every other month for 90-120 minutes. Currently there are three vacancies on the Board. In the last two months, two Board members have retired. We were excited that we were up to 9 as it has been very difficult to fill the positions. There was a significant effort over the last two years to improve the Board experience and the recruitment process.

The DVHA Clinical Operations Team developed a CURB recruitment letter that is reviewed and refined twice a year. That letter is sent to a master list of professional associations to enhance recruitment.

Groups that received the letter include:

The Vermont Nurse Practitioners Association - [vermontnp@gmail.com](mailto:vermontnp@gmail.com)  
Bi-State Primary Care Association - [cnoone@bistatepca.org](mailto:cnoone@bistatepca.org)  
Vermont Association of Hospitals and Health Systems - [info@vahhs.org](mailto:info@vahhs.org)  
Vermont Medical Society - [swinters@vtmd.org](mailto:swinters@vtmd.org); [bpauley@vtmd.org](mailto:bpauley@vtmd.org)  
VT Chapter of American Physical Therapy Association - [vtapta@gmail.com](mailto:vtapta@gmail.com)  
VT Chapter American Nurse Association - [adkehl@gmail.com](mailto:adkehl@gmail.com)  
Physician Assistant Academy of VT [catherine@conmx.net](mailto:catherine@conmx.net)  
VT Occupational Therapy Association - [informationvota@gmail.com](mailto:informationvota@gmail.com)  
VT Speech Language Hearing Association - <https://www.vsha.us/contact>

Additionally, the CURB and DURB internal teams work together to communicate about open Board positions.



Recently, the internal CURB and DURB teams met with the DVHA Communications Director and discussed new approaches such as advertising, engaging current Board members to nominate potential new CURB or DURB members especially when their respective term is ending or they are retiring from the Board.

This is to show that there has been a commitment to recruitment, it is very challenging. We would welcome recommendations from the Legislature and would pursue every qualified referral. The way it has worked since I became involved with the CURB is someone is recommended or contacts the department with interest in participating on the Board or submits an application on the Governor's website for consideration. Our Chief Medical Officer and Nursing Operations Director review the submitted application and may speak with the potential candidate in an effort to establish the requirement of diverse medical experience. We are also focusing on diversity in general and rurality (we don't want all Board members living in Chittenden County for example). If the candidate meets the requirements the referral is made to the DVHA Commissioner who then makes the recommendation to the Governor.

So, in short we are not opposed to these recommendations, but we are concerned for any potential administrative burden or impediment to recruitment this may create.

The rest of the proposals outline what is already happening. The CURB and the DURB consult with each other. Our CMO attends and contributes to both.

The CURB submits an annual report to the House Committee on Health Care and Senate Committee on Health and Welfare by January 15 every year. That report summarizes all of the work accomplished by the CURB to include topics reviewed, and recommendations. We also post all of the Board minutes within 5 days of the meeting.

We maintain close contact with our legislative liaison and frequently bring topics to the CURB. A review of the minutes and the annual report would demonstrate that we already do what is being proposed. We are a little concerned with the 30 day prescribed timeline, generally, I think we meet it. We would expedite if necessary and we are very thoughtful about how we bring things to the CURB. Whenever possible we like to research and present data to support the CURB in its review of whatever topic is being brought to them.

Finally, the CURB has a workplan that is solidified in January and has flexibility for modification when necessary. We could incorporate legislative asks into the plan easily, again without legislation.

To conclude, we hope that this testimony has demonstrated that the Department is already doing much of what this section is seeking to codify, without the need for legislative intervention.