

Vermont Statehouse Hearing on Universal Primary Care
January 23, 2018
Senate Health and Welfare Committee and House Health Care Committee
Re: Bills S53 and H248

Honorable Representatives and Senators,

Vermont's passage of Act 48, proves what we already know: health care is a human right. We know that it is the just, moral, and right thing to do, and that it is the living embodiment of "Vermont Values". We know the failings of health care in the US. We know the costs and benefits and economic return on investment of Universal Primary Care.

So, I will not repeat them here, but I will speak for those who cannot be here.

- For hard working Vermonters who own small businesses, work tirelessly on their farms, or who scrape by working two to three jobs.
- For my sister, who has bi-polar disorder, who must have treatment to stay healthy and to stay working; who has earned her college degree, works full time, and yet can't find permanent work that provides health benefits.
- For my mother, whose chronic and disabling disorder forced her to retire early, losing her health insurance and her income.
- For my cousin, who fell on ice last week and severely injured her shoulder, who is not getting the doctor recommended MRI because she is being laid off in two weeks and won't be able to afford it without insurance.
- For my dear friend who is a nurse who, as she got closer to retirement age, could no longer work the demanding hours of a full time hospital floor. She retired early, losing her health care. She still works per diem three to four days a week and her husband works as a handyman. They don't have health insurance because they cannot afford the \$1,000 a month premium and \$13,000 a year deductible. They would have to spend \$25,000 in a year to begin getting one single penny of coverage. Health insurance does not equal access to health care.
- For my friend who thought he just had a bad chest cold, who didn't go to a doctor because he couldn't afford it. He finally decided it was bad enough to go to the ER where he was diagnosed with pneumonia and died within 24 hours of admission.

He died. He died because he couldn't afford to see his primary doctor. He died because the foundation of our health care depends on corporate insurance companies whose legal mandate is to make profit for its shareholders. They have a vested interest in people living shorter lives, in not insuring the elderly, sick, and infirmed, and in paying the least possible amount to service providers. These profiteers hold our lives ransom. It is repugnant. We all know these stories. We hear them all the time. We are living and dying in this reality every single day.

Every single day, our families suffer and our friends die, because they can't afford to see a doctor. Life or death should not depend on dollars, and it is within your capacity to fix this. I urge you to remember that we are not just numbers on an insurance company's bottom line. We are not end of year profits that buy someone a second home. We are not bodies to be managed by insurance companies as a source of profit. We are people, living beings, who suffer unnecessarily, who die for no reason, other than to make a buck for some corporate stock holder. It is time for Vermont to stand up for Vermonters and do what is right and just and move forward with Universal Primary Care.

Thank you for your time,
Abbey LaMay-West
1403 West River Road, Lincoln, VT

HHC 2018-105B 1/23/18 Abbey LaMay-West public hearing

PrimaryCare

Points Made For Primary Care by Al Walskey, W. Berkshire, Vt.

- >As a disabled Vietnam veteran I'm here to represent the disabled
- >Although I survived Tet offensive I fear I may not survive the peace
- >I'm a part of the "Can Do" military generation
- >What has been passing for healthcare is anything but
- >60 Vermonters die each year due to unaffordable healthcare
- >There is a concerned that VA healthcare will be privatized
- >Eisenhower warned about the military-industrial complex.
- >Remind Representatives they are responsible for serving "the people"
- >ALEC imposed legislation undercuts the will of "the people"
- >200 died waiting for VA healthcare.
- >transportation issues cause delays in care.
- >Disease is an indiscriminate equal opportunity terrorist
- >Polio vaccine was a gift to the people
- > Vt. is sliding back into its Eugenics program much admired by Hitler
- >Low pay makes care unaffordable
- > Our quality of care is comparable to that of a third world country
- >You can tell how great a society is by how it treats the least among us.
- >VA healthcare..Employer healthcare...Public sector
- >Disability pay counts towards calculating Property tax
- >Reminder "Thank you for your service" appreciation gratitude
- >Whether you think you can or whether you think you can't you're

right! ↩

HHC

2018-90

1/23/18

Public Hearing

From: Alice Leeds [mailto:aleeds@gmavt.net]
Sent: Wednesday, January 24, 2018 9:11 PM
To: Loring Starr
Subject: Access to Primary Health Care

To Vermont State Legislators;

As a breast cancer survivor, I am acutely aware of the importance of access to primary care. During my cancer journey, I met women who delayed going to the doctor because they did not have health insurance, even though they suspected something was wrong. Although a primary health care program will not cover treatment for cancer, it will bring individuals into the health care system when they are still receptive to treatment.

In my breast cancer support group, I met a young woman in her twenties who did not return to her primary care physician even though she was advised to do so, and as a result her breast cancer diagnosis was far less optimistic. I also met a woman who delayed a visit to her primary care doctor after noticing a suspicious lump because she did not have health care through her job. She did not survive the disease, though she would have had a far better chance of survival with an earlier diagnosis.

When I was diagnosed with breast cancer at age 47, I was fortunate to have health care coverage through my teaching position. In fact, because I have a family history of this disease, I had been closely monitored before the diagnosis. I am now 65, and I am grateful for each day I can wake up and enjoy the lovely cycle of the seasons. Without health insurance, I might not be here.

I urge you to pass legislation that provides free access to primary health care for all Vermonters.

Alice Leeds
Bristol, Vermont

January 25, 2018

Dear Health Care Committee Members,

I have oculopharyngeal muscular dystrophy (OPMD). Since OPMD is linked to French Canadian ancestry, there is a high concentration of people with OPMD living in New England,¹ and by extension, there are many who live in Vermont. The symptoms occur in midlife and include atrophy of the muscles of the eyelids and the esophagus, resulting in drooping eyelids (ptosis) and difficulty swallowing. Repair of ptosis caused by OPMD is now routine and is performed in most patients with OPMD.² This is because without surgical treatment, the ptosis can progress to the point where the eyelid is nearly covering the pupil, resulting in difficulty performing activities of daily living, including driving and working.³ A simple, low-cost, routine, and widely performed surgery would enable me to continue working and to remain a contributing member of society.

Despite the fact that the insurance handbook I received from Blue Cross Blue Shield of Vermont says that reconstructive surgery is covered, the surgery that is necessary on my eyelids is a contract exclusion “even if medically necessary.” What this means is that I could become functionally blind due to the severity of ptosis, and therefore disabled, because they refuse to pay for a surgery that costs around \$5,000. This is unconscionable, both because of the impact withholding this surgery has on my life, but also because disability would be an unnecessary waste of taxpayer dollars. While I am presently able to hold my eyelids open enough to function by contracting the muscles in my forehead, the ptosis will increase over time and this compensatory mechanism will no longer be sufficient. A visual field test revealed that I couldn’t see the upper portion of my visual field when my forehead muscles are relaxed. When these muscles tire, my vision is affected.

As a way to compensate for severe ptosis, patients with OPMD will tilt their heads back in order to see. This can aggravate swallowing difficulties resulting in aspiration pneumonia;⁴ this is why surgery for ptosis can literally be lifesaving.

Please consider this testimony as evidence that even with health insurance people are denied treatment that is medically necessary with consequential impacts to health and productivity.

Sincerely,
Alice Roberge
84 Simpson Brook Road
Waterford, VT 05819
(802) 748-0351

References

1. Dowd L. “Recurrent Ptosis in Oculopharyngeal Muscular Dystrophy.” *American Academy of Optometry*, 2010. <https://www.aaopt.org/detail/knowledge-base->

article/recurrent-ptosis-oculopharyngeal-muscular-dystrophy. Accessed January 25, 2017.

2. Kang DH 1, Koo SH , Ahn DS , Park SH , Yoon ES . “Correction of blepharoptosis in oculopharyngeal muscular dystrophy.” *Ann Plast Surg.* 2002 Oct;49(4):419-23.

3. Bagga, Arlene. “Management of Ptosis in OPMD.” Retrieved from https://neurology.unm.edu/centers/opmd/_pdf/ptosis2011.pdf. Accessed October 4, 2017.

4. De Swart BJM, van der Sluijs BM, Vos AMC, et al. “Ptosis aggravates dysphagia in oculopharyngeal muscular dystrophy.” *Journal of Neurology, Neurosurgery, and Psychiatry.* 2006;77(2):266-268.

Vermont Public Hearing on Access to Health Care

January 23, 2018

My name is Allan Ramsay; I have been a family physician in Vermont for thirty eight years. I am currently Medical Director of the Peoples Health and Wellness Clinic in Barre, Vermont and I live in Essex Junction, Vermont. I was an original member of the Green Mountain Care Board (GMCB) and served for five years.

My patients at the People's Clinic are either uninsured or underinsured. They may have Medicaid and we have been unable to enroll them in a traditional primary care practice. Many have diabetes, heart disease or chronic lung disease. Some cannot afford their medications. They have medical problems that have gone undiagnosed and unmanaged and even cancers that could have been diagnosed at an earlier stage. This is all due to lack of insurance or access to basic health care services.

With the establishment of Vermont Health Connect (VHC) and the expansion of Medicaid there was a brief reduction in the medical services provided by the People's Clinic and others in the network of free clinics in Vermont. Now with the gradual dismantling of the Affordable Care Act we expect the demand for our services will rise dramatically. Without the insurance mandate fewer Vermonters will enroll in VHC and the re-enrollment process for Medicaid may quickly lead to a reduction in access to this coverage. Prior to the Affordable Care Act low income Vermonters had a safety net: namely the Vermont Health Access Plan and the Catamount Plan. These cannot be resurrected overnight. I fear more Vermonters will simply fall through the cracks and more will suffer.

When I accepted Governor Shumlin's offer to join the GMCB in 2011, I knew I would giving up the career I loved, as an educator and a family physician for the people of Colchester and Milton. I did so because I believed in the basic principles of Act 48. I believed we have a moral responsibility to provide health care to all Vermonters. I knew that if we changed some basic tenets in how we delivered health care services and how we paid for them all Vermonters could be covered in a high quality system that would reduce the growth in health care costs.

I still believe that is true and Act 48 should be the foundation for health reform in Vermont.

To that end, we have an opportunity to take the first step toward fulfilling the promise of Act 48. There is a bill in both chambers that would establish a universal primary care program for all Vermonters (S.53, H.248). Passage of this bill would mean all Vermonters had access to primary care services regardless of their insurance status. There would be no copays or deductibles, allowing Vermonters to access preventive health services without fear of the cost. If other problems were identified most Vermonters would still have their major medical expenses covered by commercial insurance, Medicare, or Medicaid. Others would still have the clinics for the uninsured, at least until the promise of Act 48 was fulfilled. Finally we would all have access to the health care that we all need. The simple truth is that we do not expect our car

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public hearing

insurance to pay for the gas we need to run it, we should not have to rely on insurance to provide the care we all need to stay healthy.

You will be debating many things during this session: minimum wage, education funding, Lake Champlain, balancing the budget, etc. Remember there are only two policy issues that affect all Vermonters: taxes and health care. I believe both are equally important if we want to make Vermont a better place to live, raise a family, and start a business.

Vermont's health care reform effort is now based on an accountable care organization and the all payer model. This is a complex process and is difficult for Vermonters to fully understand. Universal primary care is easy to understand. Most importantly, there are no specific provisions in the ACO/APM for increasing access to health care for those without insurance. The Scott Administration has proposed no new policies for addressing the problem of health care access.

The legislature must take a leadership role in health care reform and fill this void. We are all depending on you.

Allan Ramsay, MD

January 23, 2018

Testimony

To the Health and Senate Committee

I am slightly over income for Community Medicaid and need to do an Out of Pocket medical expense spend down in order to qualify. The spend down makes me eligible because I am a person with a disability who has very high out of pocket medical expenses.

My spend down is reviewed every 6 months and during that 6 month period my co pays are covered by Medicaid so when it is time to review my coverage I do not have my co pays to use towards my spend down which in turn makes me no longer eligible for Medicaid.

This effects my transportation to my doctor appointments of which I have many. I have missed so many doctor appointments because of this that my PCP is considering discharging me from her practice. If I do not go to my appointments I do not get my medication and my mental emotional and physical health are put in jeopardy.

In addition the Green Mountain Express Medicaid rides staff are not educated in the elderly and disabled program so when I am taken off of Medicaid they tell me that I am not eligible for rides at all. My Peer Advocate counselor then calls on my behalf to explain to them that I am still eligible for rides under Elderly and disabled I am just responsible for paying a fee designated by them. Eventually it gets straightened out but by that time I have already missed numerous appointments.

The misunderstandings and the condescending and aggressive way in which the staff speak to me triggers my PTSD and anxiety. I find myself isolating which causes suicidal thoughts and feelings of worthlessness.

I am just trying to take care of my mental, emotional and physical health and this is so unnecessary! People should be treated with dignity.

In Support of Universal Primary Care

Tuesday, 1/23/18

HHC

Ann Vanneman

My name is Ann Vanneman. I'm from Shrewsbury in Rutland County. I'm a retired teacher and lucky enough to have great insurance coverage. Why am I so fortunate? Because I belong to a union that has bought for years for good health care coverage. In thinking of health care for Vermonters, I tend to look at the big picture. We have ^{In the U.S.,} a public highway system, publicly funded police and fire protection, and public education. ^{We have a military.} When we get old we get Social Security and Medicare, and some of us with extraordinary needs get Medicaid. It is time now to provide health care for all. We know that Europe and Scandinavian countries have already accomplished this provision for their citizens. Let's join the rest of the developed world and provide for all of our society. Let little Vermont lead the way and be responsible for ourselves and our neighbors.

2018-91

1/23/18

Ann Vanneman

850 Mitchell Rd.

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802-492-3116

From:

Anonymous 2

I am disabled. I have a broken back from when I was 5. I am taking a large dose of Vicodin. I have been for about 13 years. My last MRI showed that I am getting worse. My Dr agreed to give me a final increase of Vicodin. My Dr can not Rx a dose any higher. I pass every pill count and every urine test. I take this medication as it is Rx to me. I am not an addict of opiates. I do not believe that I should be treated as if I am an addict of opiates. Why is it that as with every other issue, the people that follow the rules are the ones that are left to deal with the fallout of those that choose to not. Why do you add a label (disease) to this addiction? I take more Vicodin in a day then most addicts do. I am not addicted to, I am dependent on, Vicodin. An opiate addiction is not a disease. Even with the amount that I take, I do not receive any intoxicative affect. I receive some pain relief. The solution is quite simple, PRISON, you don't even need to increase punishment laws, simply enforce them. The criminals know that between plea deals and stating that they need and will or are getting treatment, they will do very little if any time in prison. Reassure the Doctors that they will not be held responsible for the actions of the patients that divert their meds as long as they are following proper procedure of doing pill counts and urine tests. If any discrepancies are found and reported, the Doctors have done their part in keeping their patients in less pain and the community free from diverted Rx medications. My Dr is afraid to Rx me the medication that anyone in my situation should be receiving. This is just NOT right. PLEASE, do not make it more impossible for me to receive the pain relief I need and deserve. I am being treated less important then an animal.

Please, Be sure to advise the ladies and gentlemen of the definitions of:

Dependency: dependent on, reliant on, a need for.

Addiction: the fact of a condition of a habit or problem with a particular substance.

Disease: An interruption, cessation or disorder of a body system or, organs structure or function.

Only one recently recorded definition of any, drug disease, is, a condition caused by the lengthy use of a medication.

As many that are and are not in the medical field are unaware of the "Medical Dictionary" definitions.

As always, Anonymous in VT

I would be happy to share my experience. But I wish to remain anonymous. I used to live in a nearby state which offered little or no support for disabled people. I had experienced a head injury and two strokes. I wasn't diagnosed until 6 years later, from 2004 to 2010. In the meanwhile I moved to Vermont. I was working in a law firm when I was injured. My employer fired me rather than support me with worker's compensation. I couldn't collect unemployment. I had a biopsy in 2005 that was my third and this time the results were diagnosed as 'atypia' or preliminary cancer. After one year I found employment through a temp agency, but my son noticed something wasn't right. I continued to work, but I began to notice memory loss and chronic pain. In 2010, after 6 years of visiting at least 9 specialists, a female orthopedic physician's assistant listened carefully as I described my history and the pain. She recognized that what I described was not orthopedic pain, but neurological. She scheduled a brain MRI and a visit to the neurologist. The brain MRI finally conclusively revealed a traumatic brain injury and two strokes. My neurologist has since declared me permanently and totally disabled as my short term memory has never returned. I cannot keep memories longer than a few weeks to maybe a few months, unless the event is documented, such as the above history. Collecting my medical records and reconstructing a timeline and then memorizing it, is not the same as a recollection. I live in the moment. I develop coping strategies, skill sets and time management to compensate for the losses because of the cognitive impairment. I keep regular therapy sessions, going on now for nearly 8 years. It helps me deal with the loss of the quality of life I had before. The State of Vermont has in place support programs such as Section 8 housing, food stamps and Medicaid, Medicaid being the most important. I lost hearing in both ears, have sleep apnea, chronic pain from the spinal injury I suffered as well. If it were not for the Vermont Medicaid supplemental insurance, none of the tests, cat scans, MRI's, surgeries, hearing aids or C-Pap machines expenses would have been covered by Medicare. Only Vermont Medicaid insurance paid for the necessary visits, and testing and equipment in order for me to have the dignified lifestyle I have now, off the street, and provided for. I strongly urge the representatives to strengthen rather than weaken the provisions in Vermont Medicaid, to cover the costs that Medicare does not pay for, which are beyond the budget of anyone living on a Social Security disability income. Secondly, having a cognitive impairment makes the current system of application by phone through Economic Services nearly impossible for me to navigate. In fact, in 2010, I had to call other state agencies for assistance to apply. Since that experience, my case is now flagged for face-to-face interviews only, in the office. I contribute to my community in different capacities and activities. I was a facilitator for a brain injury group and heard many similar stories from survivors, that the need for adequate health care insurance, such as Medicaid, was vital to obtain an accurate diagnosis, which can ONLY be achieved through an MRI. I regularly visit my chiropractor and my therapist who both accept Medicaid insurance. Very

sadly, not all physicians will accept Medicaid insurance. Thus there are many people who cannot get an accurate diagnosis or treatment who might subsequently be eligible for work. In conjunction with creating a stronger Medicaid program, more physicians and specialists need to accept Medicaid recipients as clients, rather than discriminate against them. Health care is a human right. Even having Medicaid, recipients are still denied service, and thus are denied treatment and healing. This encumbers the social safety net with clients who might be able to work. Most distressingly, recipients die because they cannot receive treatment. That is not my Vermont. I was born here in Vermont. Vermonters take care of each other. Make it worthwhile for physicians and specialists to accept Medicaid recipients in their practice. Right now, not only are we denied treatment, I have had providers insult me when I answer the first question they ask, even before they ask my name, What is your insurance? If it is Medicaid, they are not even polite when they deny service, and sometimes their behavior is more than deplorable. Demonizing recipients has to stop. Strengthen the Health Advocate Agency to respond in a pro-active manner to those professional medical personnel who discriminate against Medicaid recipients.

Testimony of
Barbara Wilson
Shoreham Vermont
January 23, 2018

My name is Barbara Wilson and I own a small berry farm and jamming business in Shoreham Vermont. I would like to start my testimony by thanking the Senate Health and Welfare and the House Healthcare Committees for setting up this opportunity to testify on behalf of Primary Healthcare access. It is critical for Vermont to take this first step towards implementing Medicare for All.

Over the past 5 years, my husband and I have seen our healthcare insurance go from a \$550 annual deductible to a \$4800 deductible along with an overall increase in our annual premiums. In 2018, our premium plus deductible will total just under \$18,500. Compared to five years ago, the cost has gone up over \$5600 representing a 44% increase. When I originally started my small business, right after my former employer stopped covering retiree healthcare, I was hoping I could earn enough to make up the difference. Unfortunately, with the escalating costs, this is not possible. Fortunately, we have the option to pull from our retirement savings, but it does raise the question, will our savings run out before we die?

Sadly, many Vermonters that I know are facing an even worse situation. They have no health insurance at all or they are paying high premiums for a plan with even higher deductibles and co-pays. To put this into perspective, according to the Health Connect plan comparison tool¹, the estimated yearly healthcare cost for a "very good health" 2-person household having an annual income of \$65,000, is between 22% and 42% of their income depending on the plan they choose and the health issues they may face. Expected costs are worse for "fair" health individuals. It appears that, for a "median" income Vermonter between the ages of 45 and 64², their only option is to purchase a bare bones plan and not use it unless a catastrophic health event occurs or simply go without. I have to believe that there are large number of Vermonters who are self-employed or work for a small company without healthcare benefits, that are faced with this reality.

When we don't have insurance, or we have inadequate insurance with high deductibles and co-pays, I know from firsthand experience that we tend to put off going to see our primary care doctor until whatever is giving us problems becomes much worse. All too often, ignoring a health issue until it is too far progressed requires much more care at a much higher expense. A little over 5 years ago, I didn't have reason to rationalize my symptoms away and sought immediate treatment for Lyme without delay. Given today's out of pocket healthcare costs, and the symptoms of something unknown, I have to think how many thousands of dollars do I spend to identify and treat my condition or do I risk ignoring it.

Unless we start now by passing S.53 and H.248, preventable healthcare costs will continue to be even more expensive each year, resulting in many more families, including mine, deciding to not purchase insurance or being forced to purchase an even higher deductible plan with even higher co-pays. If we don't, Vermonters will pay the price with their finances, their health and even their lives.

Thank you,

Barbara Wilson - Shoreham, VT

¹ http://info.healthconnect.vermont.gov/Get_Started

² <https://www.incomebyzipcode.com/vermont>

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Con Hogan

From: chogan@conhogan.com [mailto:chogan@conhogan.com]

Sent: Thursday, January 25, 2018 11:05 AM

To: Loring Starr

Subject: Access to Primary Care

Loring,

I would like to add my voice, as a former member of the Green Mountain Care Board, to the call for universal access to primary care.

Con Hogan

My name is Eliza Hale. I am a 33 year-old pregnant woman, from Washington Vermont.

I've been unlucky in that I have struggled with chronic health issues my whole life. But I have been lucky in that I was born in to a family with wealth, and I've always had access to health care – and when things were not covered, and I had to pay out of pocket, I was able to pay.

I've heard a lot of people at the public hearing tonight talk about how much health care costs, and I know just how much it costs, from reading my insurance statements.

I've also heard a lot from legislators, like yourselves, about how much health care costs – and that “we can't afford it.”

But in February of 2015, the National Economic and Social Rights Initiative, together with the Vermont Workers' Center, published a concrete health care financing plan that showed how Universal health care could be implemented in Vermont in 2017. It added to Governor Shumlin's proposal published in December of 2014, by providing equitable solutions to the questions raised in his report. The plan includes cost and revenue models that demonstrate that it is **not only possible** but, **financially and economically advantageous** to implement a **publicly financed** health care system in Vermont.

One of the equitable solutions to that proposal is a progressive tax on our wealthiest residents – people like my parents – people like me.

We are asking you, the Senate Health and Welfare Committee, to lead the nation by reducing costs while dramatically simplifying and improving the State's current health care system. Universal Primary Care *will not* get us there. By fully implementing Act 48 – the state's law – you will be sending a message to the country and the state – the very people you represent – that you care about them, and that you are not willing to kick the can down the road.

Ellen Schwartz
Brattleboro, Vermont

I am grateful that when I was a much younger person, there was a movement that led to the creation of Medicare and Medicaid, so that people in my age range, people with disabilities, and poor people would have some access to healthcare. I'm on Medicare, which means that I have access to primary care and much, though not all, specialist care (notably uncovered for me are dental and hearing). I'm also fortunate to have worked as a public employee in MA, which has made me eligible for a Medicare extension plan at a reasonable premium. In a twist of irony, I found out this week that my extension plan may be on the chopping block, and there was a public hearing in MA about that scheduled for the same day and time as this hearing.

So why am I here? My most serious and recurring health problem over the last 10 to 15 years has been skin cancer. My primary care physician referred me to a specialist for this. Because Medicare covers specialist care, and because of my supplement, I have been able to access treatment and regular check-ups with my dermatologist to catch any new cancers or pre-cancers early on. As a result, none of my skin cancers has developed into life-threatening disease.

This is great for me. It's how our healthcare system should work. What brings me here tonight is that having a proclivity toward skin cancer, which requires monitoring by a specialist, I can't help but think about people who don't have access to the care that I *can* access, not necessarily for skin cancer, but for some illness *they* may need treatment for. In a moral and humane healthcare system, a person shouldn't have to qualify for access to care by being old, having an employer who offers comprehensive insurance, or being able to afford an individual policy. A moral and humane healthcare system wouldn't be a patchwork where even those who do qualify face barriers such as high deductibles or limits on what needed care the insurer will cover. A moral and humane healthcare system would focus on human health, not on profits for insurance companies, hospital conglomerates, and pharmaceutical corporations.

Our humanity should be the sole qualifier for access to healthcare, *including but not limited to* primary care. It is simply unacceptable that someone like me wins the healthcare lottery while others suffer or even die.

While it's important that I have access to primary care, in my case, as in many others, my PCP referred me to a specialist. If I were not also able to access specialist care my outcome could have been quite different. This is why I urge the Legislature to fulfill the promise of Act 48 by designing and funding a healthcare system that treats healthcare as a public good and guarantees *all* Vermont residents access to *all* needed care.

Ellen Schwartz
Brattleboro, Vermont

Fletcher Dean

From: fletcher d. [mailto:fletcherd@hotmail.com]
Sent: Thursday, January 25, 2018 9:42 AM
To: Loring Starr
Subject: Access to Primary Health Care

I was unable to attend the public hearing this week but would like to add my comments.

For too long people in this country have been subjected to a very unequal access to basic health care. The wealthy and/or those with good insurance plans have the best access. But many are either poor or caught in a range of income that makes easy access to a primary care physician a choice between their health or paying bills like rent, utilities, clothing and food. This is inhumane, especially while the corporations who provide the services and products continue to reap huge profits. It cannot continue. I firmly believe our country needs to transition to a single payer model of healthcare such as is found in much of the rest of the world. Vermont has the opportunity to lead the nation by taking the first modest step toward that goal with this bill to give all citizens, regardless of income level or employment, free access to primary health care. I urge our legislature and the Governor to pass this legislation.

Thank you.

Fletcher Dean
PO Box 2
E. Calais, VT 05650
fletcherd@hotmail.com

Fred Breunig

Hi Faith.

Please enter Mr. Breunig's remarks, below, in the record for the January 23 hearing on primary care access. Thanks.

Dick McCormack

—

Fred Breunig, President
Vermont Developmental Disabilities Council
802-254-9019 | fmbreunig@comcast.net

—

My comments:

As a senior, a parent of young adults—one of whom has a developmental disability, a community member, voter, and observer of the healthcare crisis in our state and nation, I firmly believe that universal access to good healthcare is a human right. It is high time that the United States—or at least Vermont, if we have to go it alone—joins the rest of the developed world in offering healthcare to all of its citizens. It is outrageous that we continue to pour money into a system where profits are more important than an individual's health. It is outrageous that insurance companies and their appalling high-paid CEOs and managers siphon off salaries that could be used for treatment.

We must find a way to move forward and put our healthcare dollars into caring for people's health, not paying for profits of large corporations.

From: Genevieve Mertens [mailto:genevievecorinne@gmail.com]

Sent: Thursday, January 25, 2018 11:18 AM

To: Loring Starr

Subject: Healthcare is a human right testimony

My name is Genevieve Mertens. I am registered nurse at the University of Vermont Medical Center, a part of the nurse's union, and member of the Vermont Workers Center. And I am deeply concerned about our healthcare crisis here.

I see the damaging effects of an unfair healthcare system everyday in my job. I have patients who wait too long to seek treatment that their condition deteriorates to the point that they end up with higher hospital bills and a lower chance of surviving at all. I had a patient tell me she couldn't afford to fill her prescriptions because she needed to buy her son winter clothes. I had a patient hit by a car, not only dealing with the stress of breaking her leg, but wondering how she'd ever pay her hospitals bills while being out of work.

We have a solution. Your people already voted Act 48 into law. Act 48 will give all Vermonters access to affordable and high quality healthcare, including primary care. I don't discredit the idea of universal primary care but why try to create and try to pass another fragment in an already broken system? We need total care.

So many other nations have universal healthcare and spend less on healthcare than the U.S. And yet, our people who live below the poverty line are dying younger and their babies have a higher mortality rate than the richer people in the U.S., whose health and life expectancies are increasing.

Listen to the people, the patients, the nurses, the mother who has to choose between taking her child to the doctors or buying them food.

You have the responsibility and the opportunity to do the right thing for Vermonters. We need a universal healthcare system.

Thank you.

Members of the Senate and House Health Care Committees
and Other Leaders in the Legislature

Since the day that a public hearing in the VT legislature on the subject of universal primary care was first announced. It has been my intention to be there in support of the plea for this important cause. This is a moral issue, a justice issue, a commonsense issue. Enacting universal primary care is the best thing that can happen in Vermont now.

I regret so much that I cannot be in Montpelier on January 23. All through the past week I have been suffering from flu-like symptoms and am not strong enough to make the trip tomorrow. Therefore, I am sending this statement and hope my plea will get attention.

Too long in America access to health care has been left to those who can afford it. It's a personal responsibility, some say; people should take care of themselves and not have their hand out for help from others. Too long, I say, this sentiment has ruled the day in America. In a great, wealthy country people can and should do much better caring for each other. In other nations, where health care is provided for everyone, people feel more secure and live happier lives.

I want to give some examples worthy of note. (I realize that my experience speaks to universal health care, not just universal primary care, but I believe these examples will be useful in the discussion tomorrow.) Some years ago, my wife and I were visiting her relatives in Scotland. I developed a nosebleed that couldn't be stopped. At 9:00 p.m. we went to an emergency room. For three hours I received a doctor's care and left the hospital O.K. Would Medicare pay? No, not in another country. How much would it cost? Answer there: "There will be no charge for something as small as this." Three hours in the ER with excellent care. And, this was provided for a foreigner!

More recently, we were traveling in Newfoundland, Canada. We struck up a conversation with a shop owner who told us his shop would be closed the next day because he was to have open heart surgery. He was "upset" about what it would cost him. He said, "They will charge me \$5/day to have TV in my hospital room!" We have friends and relatives all across Canada; not a one of them would give up the health care system they have. They regret that buying health coverage for any time they travel in the U.S. makes travel here more expensive.

One more example, perhaps my best one: In 2011 my wife and I traveled in New Zealand. Nowhere in the world have we felt so welcomed as we were there. One evening we stopped for an early dinner; we were the first people there and the owner had time to talk with us. He was an American from the state of Georgia. His wife's parents had been visiting from the US, and her mother became seriously ill. She was taken to a local hospital and from there to the leading hospital in New Zealand in Auckland. Again, it was determined that she needed more

specialized care that could be provided in New Zealand. She and her husband were put on a plane for Sydney, Australia, where she received life-saving surgery. The government of New Zealand payed for this, not any private insurance, and not the person who became ill. Imagine a country with such compassion that all the citizens support a government-funded plan that takes care of everyone!!!

In this country we are told that such a plan would be too expensive. Why should we believe that? Anyone willing to look beyond our borders discovers that other so called "advanced nations" that provide health care for all are spending substantially less on health care than we are here.

Is it not simple common sense to understand that taking care of people when they first become ill will be less expensive than waiting until they have to be treated in an ER and sometimes discover a serious illness that could have been stopped if it had been treated earlier?

There are other issues to be discussed at the hearing. I leave those issues to others and end my testimony here. Now is the time to do something brave and important for all in Vermont. The federal government is stymied by wealth and greed that convinces too many Americans that government can do nothing right. But, this is Vermont. Our legislators are responsible to us, not to high paid lobbyists.

Now is the time for Universal Primary Care!

Rev. George Klohck
Middlebury
802-989-7363

From: jennifer berger [mailto:jb4pax@yahoo.com]
Sent: Sunday, January 21, 2018 10:02 PM
To: Loring Starr
Subject: Testimony for healthcare legislation - We need Universal Healthcare

Hello. Thank you for reading this. I am writing both in principal, and also for personal reasons.

The inequity in this country, and in Vermont that has created challenges for folks with healthcare, insurance, medical care, finances, etc is not getting any better. If anything, we are entering into a crisis period nationally. Who knows what will happen in 2019, but the changes in healthcare this year are making it financially more difficult for too many.

This inequity is also affecting me. In a bigger way than ever before. I have always been grateful to have access to healthcare through the state of Vermont. I am one of the many Vermonters who holds down numerous part time jobs to make a living. Depends on the year, and who you talk to, you could consider me working class or working/middle class. I am in my mid-forties. I depend on the state insurance to get my medical/health needs met. Last year, through both a clerical error on the state's part, and a change in my income, my monthly premium (that I pay out of pocket) rose from \$34/month to \$184/month. My co-pays have quadrupled. I am now seeing my regular practitioners 1/4 of the time I was because my income is low enough, that once I pay the premium, I can't afford to pay for any other healthcare needs. Simultaneously, I cannot afford dental insurance (like the majority of Vermonters) and am developing major dental and medical issues that I can't afford to have looked at, and are becoming a health risk.

I am an educated white woman. I am not the picture of someone who can't access healthcare, yet myself, and a growing number of my peers are facing similar challenges. I urge you to consider Universal Healthcare. Vermont has often led the way, and done it's own thing, separate from the nation, when the morals and values of Vermonters lives are at stake. We literally have a moron running this country, at least Vermont can take care of its own.

Thank you,
jen berger

jen berger
creativeandsustainableresistance.weebly.com

Art is not a mirror held up to reality, but a hammer with which to shape it.....Bertolt Brecht

My name is Jessica Butterfield, and I live in Rutland. It's very difficult for me to get a properly fitting wheelchair through Medicaid and Medicare. When I got my current wheelchair in the spring of 2013, I weighed well over 200 pounds. I needed to lose weight for medical reasons, so I changed my diet, and lost over 90 pounds in a three year period. My wheelchair was too big for me by this point, but I still had to wait two more years to get a new wheelchair. My wheelchair didn't provide the trunk support I need anymore, so I started to slump to one side or the other. This caused increasing pain in my back and neck. I started putting pillows on either side of me to prop me up. This is only helpful for part of the day. I'm more comfortable laying in bed, or in my recliner than sitting in my wheelchair. This is very counterproductive, because I need to be able to use my wheelchair to get to work, medical appointments, and social events. I feel that people should be able to get their wheelchairs replaced if the wheelchair becomes too big or too small for them. No one wears clothes or shoes that don't fit, so why should someone use an improperly fitting wheelchair?

From: Olinick, Judy [mailto:olinick@middlebury.edu]
Sent: Tuesday, January 23, 2018 12:15 PM
To: Loring Starr
Subject: Universal Primary Care Hearing

To the Vermont State Legislature:

Respected Legislators:

I urge you to support universal primary care for everyone in Vermont. The single most important feature of healthcare should be that everyone, with no exceptions, has access to medical attention not only in emergencies, but on a regular, continuing basis. Regular physician-patient contact helps to establish a trusting relationship, promote healthy living habits, prevent illness and disease in many cases and catch disease and illness early in other cases, so that it can be cured or managed before it becomes more serious and harder to treat.

Universal primary care, available to all without worries about premiums, deductibles, networks, co-pays and other obstacles, will result in a healthier society and will ultimately lower the overall cost of medical care. Money will be spent directly on prevention and care and not wasted on insurance middlemen who take an enormous cut and provide nothing. It is simply not the case that we cannot “afford” universal primary care. Every other prosperous, modern country takes on the moral responsibility of providing healthcare for its people. We, as a state and its inhabitants, will have to work out the best way of organizing the finances; but there is no doubt that we can do it if we commit to it. This is a wonderful opportunity for Vermont to lead the way once again on what is probably the most important social issue here and now.

With thanks, best wishes and hope

Judith Olinick
Middlebury, VT
olinick@middlebury.edu

From: Judith Rogers [mailto:jkirkland67@yahoo.com]
Sent: Monday, January 22, 2018 5:23 PM
To: Loring Starr
Cc: paulaschramm@gmail.com
Subject: lobby address

As an older person I am interested primarily in Medicare and its effect on others in my same situation. I will address three primary issues.

1. The lack of an organized and compassionate method for enrolling citizens in the program is abhorrent. I realize you can complete process utilizing a computer; however, most people trying to enroll are older and not computer literate.
2. Many persons upon being referred to a specialist find that only a few specialist accept Medicare. This summer I was referred by my dentist to an oral surgeon for a biopsy. Trying to schedule an appointment, I found if I waited for one who accepted Medicare it would take at least three months. If I paid out of pocket, I could be seen within a week. I paid out of pocket. Others might not have this option.
3. The lack of adequate prescription coverage is a paramount concern. For one medication using medicare coupled with my private insurance the cost after my co-pay is \$200. Needless to say I do not fill that prescription. As a person who has paid into Medicare since its inception, currently pays \$125 monthly for Medicare in addition to the \$48 for supplemental insurance, I feel that Medicare (single payer), while being the answer for our nation, needs to be improved

Judith M. Rogers
2118 Duffy Hill Road
Enosburg Falls, VT 05450
jkirkland67@yahoo.com
802-933-7456

I hope that this is adequate for your needs. I am unable to attend; however, a friend (Paula Schramm or one of her traveling companions) has agreed to read the statement. Good luck in your endeavors. Judy

Julie Brisson
17 Church St., Apt. 39
St. Johnsbury, VT 05819

Juliebrisson001@yahoo.com

I am writing today to express my concerns about access to healthcare. In 2015, I had a catastrophic illness. Fortunately, the non-profit that I worked for offered employees the "platinum" BCBS plan. That plan afforded me to the best medical and access to devices as well as a spot at a rehab facility with a long waiting list. I jumped ahead on the waiting list because I had private insurance unlike 85% of their patients who had Medicare/caid.

Fast forward to 2017. After a snafu with tax filings, I was told that I no longer qualified for the discounted insurance. My monthly health insurance premium would go from \$45.00 to \$1500.00- more than twice my rent. I was in the middle of care for a chronic wound and had several other issues requiring physical therapy and visits to specialists at Dartmouth. I discovered that somewhere along the way, I was enrolled in Medicaid, so I had coverage that I was unaware that I had.

The purpose of my testimony today is to let express concerns over the difficulty in applying for coverage and knowing what you need to do. I have forms for Medicaid Part B on my desk and I am waiting for an appointment with a case manager from my doctor's office to help me navigate them. I should tell you that I have a Master's Degree in Human Services and have spent many years completing forms and evaluation responses to forms and I am baffled by this health insurance paperwork.

How is someone who is illiterate, who is unfamiliar with computers, whose first language is not English, who has anxiety about forms, or who is not comfortable filling out paperwork supposed to fill out these forms? I can only imagine how many people give up and lose out on important coverage. Yes, there are case managers and others who can help, but transportation and access to these people can also be an issue particularly in rural areas of Vermont without adequate public transportation

We need to make the system one that encourages people to take advantage of health care coverage options so that they get the care that they need and so that hospitals and physicians receive the payment that they need. Lack of understanding of paperwork should not be a deterrent

Vermont can be a leader in this endeavor. Thank you for reading my testimony.

Julie Brisson

lstarr@leg.state.vt.us

My name is Kate. I'm 29 years old and live in South Burlington. Today, I want to share my story not about being sick, but about being well. I am an advocate at the Office of the Health Care Advocate and could share countless stories of the Vermonters who call us every day, but today I am speaking as a private citizen- a young adult who just moved to Vermont and has decent health insurance through a job I love. But here's the reality... Even under the best of circumstances, people like me are just treading above water in a world of debt. To get the job I love, I went to graduate school. I have \$50,000 in student loans, but fortunately during school I had Medicaid.

I had three different internships- all of which were unpaid and worked for minimum wage part time to afford rent. Because of Medicaid, I was able to afford some pretty mundane health needs. I take birth control, along with the overwhelming majority of people of reproductive age, for contraception and for anemia. The sticker price is \$80 every three weeks. I also go to therapy once a week to work through PTSD and anxiety. These sessions are \$120 every week. Altogether, that costs \$7,626 a year just to keep me well.

Now I have a job with decent health insurance, but I just got a \$200 bill in the mail for a doctor's visit that I thought would be preventative and covered 100%. I, like so many Vermonters, am constantly juggling financial decisions – and I am one of the healthy ones! I know I am just one illness away from medical debt. Bills are unpredictable and free market principles of choice and competition are absolutely nonexistent when you have a migraine, or a broken leg, or chronic pain.

Everything I mentioned tonight is primary care, and universal primary care would be a great start. Gov. Scott speaks regularly about attracting more young people to our state. Young people want universal health care. We have health scares. We have disabilities. We use contraception. Be bold and represent our brave little state- fully implement Act 48.

Kate Bailey

69 Joy Drive F5

South Burlington VT 05403

603-494-5136

From: Kim Souza [mailto:kimsouzavt@gmail.com]
Sent: Thursday, January 25, 2018 4:01 PM
To: Loring Starr
Subject:

Hello. My name is Kim Souza. I live in White River Junction, VT.

My Vermont Health Connect enrollment has been terminated without notice.

I attempted to pick up an antibiotic prescription on Jan 11th and was told by the CVS pharmacist that it appeared that BCBS had not been paid by VHC.

After several hours of telephone contact with both BCBS of VT & VHC, I was informed that, because my premiums were consistently late, my coverage (including my 17 year old child) was terminated in the end of October 2017.

VHC continued to receive and deposit my premiums throughout the end of 2017 and including the premium I sent for Jan 2018 - because I had no idea that my coverage had cancelled.

I received a new insurance card in December indicating an 'effective date' of 01/01/2018.

For several days, my access to my Vermont Health Connect online account was denied. As of 11am on Friday, Jan 19, I have gained access to my online account which indicates that my coverage ended October 31, 2017.

I have reviewed all messages in my account, and none indicate notice of termination.

I have reviewed all payment history. All payments from 2015 through January 2018 have been credited to my account.

Because I was not informed of the termination, I missed the brief window to re-enroll at the end of December. I am told that I cannot enroll again until 2019. My only options are to go without health insurance for all of 2018 or to pay over \$900/month directly via BCBS of VT - which is not an affordable option for me.

I have requested a Fair Hearing via the Healthcare Appeals & Human Services Board. The soonest I can expect that process to begin is mid-February according to Michelle Therrien from the Healthcare Appeals office.

Note: I do take responsibility for lateness of payments. I routinely write all my monthly bill payments around the 1st of each month to accommodate most due dates. Incidentally - a due date is not very clearly stated on the VHC monthly invoices, so I wasn't fully aware of the consistent lateness.

It hadn't occurred to me that the consistent lateness of my VHC payment could result in such a detrimental consequence. As of today, I have updated my VHC payment info to deduct payments from my bank account automatically on or around the 26th of each month. However, that won't matter if I cannot get my health insurance reinstated.

I feel as though my coverage should be reinstated & that my premiums for any uncovered period should be returned to me immediately.

I am currently working with a Health Care Advocate via Vermont Legal Aid and awaiting a date for my fair hearing from the Human Services Board.

Thank you for any attention you can give to this matter.
Sincerely,
Kim Souza

January 23, 2017

My name is Lesley Jacobson and I live in Bennington. I am a member of Rights and Democracy. I have lived in Vermont for forty years, but this is my very first time inside the Statehouse.

I came here today because I believe our healthcare system is in crisis. Prices are out of control, insurance companies are a nightmare to deal with for patients and doctors alike, and, not ALL Vermonters have access to, or are able to afford the care they need.

I am a retired teacher; I have been fortunate to have good healthcare coverage. I am healthy because of the good care available to me.

But, unfortunately, this is NOT true for ALL Vermonters. Just the other day, a friend of mine in Bennington was in line at the pharmacy. The person in front of her needed to have a prescription filled. When he was told the cost of that medication, he left it on the counter; he was unable to afford it. Was that a life saving cancer drug? I don't know, but even if it was for a seemingly small problem, like a cut that had become infected, or an abscessed tooth, NOT taking that medication may have lead to major, costly complications.

There are numerous stories to be told of personal hardship stemming from this healthcare crisis, but time is short this evening. So instead of relating additional accounts of hardship, I will emphasize what can be done to help alleviate this urgent situation.

We need your support to implement Act 48, the Vermont bill that was passed into law in 2011. It is the bill that would provide necessary medical care for every Vermonter: Universal Care.. It would include treatment for eyes, ears, opioid addiction, mental health and dental care.

With healthier Vermonters, we will have a healthier Vermont; we would ALL benefit- medically, socially, and economically. This is a moral imperative. Do we care for each other, or not? Without our health, NOTHING else matters. And any one of us could face a catastrophic medical condition.

There is a workable financial plan to implement Act 48, and I would be happy to supply this to you upon request..

Historically, Vermont has led the way on so many important societal issues. Help us add Universal Care to this list.

Thank you.

Lesley Jacobson
1151 Harrington Rd., North Bennington, VT

HHHC 2018-92

1/23/18

Public hearing

My name is Linda Bryant and I live in the City of Rutland, Vermont. I receive SSI (Supplemental Security Income) as my only source of income. I've faced many health difficulties in my life—both physical and mental. My health care coverage is through Medicaid, which only allows a maximum of \$500 a year for dental work.

Currently my oral health situation is that I need extensive dental care, including dentures.

I am proud of my life's achievements and wish to pursue activities that include public speaking. I am very aware that my smile and ability to clearly deliver my words creates a first impression. This is vital to my self-esteem and sincerity in speaking. The loss of teeth, however, has changed the sound of my speech, affected my confidence and my outward impression on the public. The lack of proper dental care is negatively affecting my ability to achieve my goals.

Please consider additional dental coverage for Medicaid.

Comments on Access to Health Care, January 23, 2018

Lois Whitmore

Access to healthcare begins when you call for an appointment. The person who answers your call is the first point of medical triage in the healthcare delivery system. When that person is well trained and knowledgeable, you get to see the right person at the right time for your situation.

Unfortunately, in my experience, that doesn't happen very often. For example, around Thanksgiving, my thirty one year old daughter received a death sentence, after more than a year of being bounced around from one lengthy appointment to another, with repeated trips to the ER's of three different hospitals. Schedulers, without any medical training, perhaps with nothing more than a high school diploma, decided who would evaluate my daughter, and when. It took more a year and a third- or was it the fourth? ER trip to arrive at a diagnosis of a rare stage IV cancer.

Schedulers, who are currently centralized at UVMMMC, rather than functioning from departments as in the past(where a nurse or doctor could quickly triage a patient's inquiry) arbitrarily, and without consulting medical history, chose the doctor, not the choice of the primary care physician. And other schedulers decided when my daughter got subsequent referrals, because there was no "stat" request from the primary care doctor.

The parts of health access that can be addressed, outside of the obvious paucity of doctors, are threefold:

- a strategic review and implementation of best practices of appointment triage centered on the patient, not the economic efficiency of the medical system,
- the re-education of doctors patient-doctor strategic communication,
- A statewide public education of patients in how to communicate with the medical system and how to access care, via the VT Health Department.

The legislature has the ability to regulate appointment setters just as they do other professions

- so that their medical triage skills are standardized, including a multi level triage system, referring to higher medical triage when appropriate in specialty areas
- so that their responsibilities and liabilities can be standardized and there is accountability. For example, the state already regulates through the Vermont Office of Professional Regulation even

barbers and cosmetologists because their work can impact the health of Vermonters. As if medical schedulers do not?

Getting an appointment at the right time with the right doctor certainly has a serious and permanent effect on health and medical outcomes. Appointment setters should be accountable for their important role in health access.

Doctors, especially primary care doctors, who are the gatekeepers to standardized care, must be retrained so they can assess a patient in light of their history, whether or not the patient can use medical language to describe problems and concerns. It is their job to translate that into a medical investigation, and to document and coordinate action and communicate that to the patient directly and promptly. That means a phone call, so there is direct two way communication. Electronic communication only works if the patients are able to use it and agree to it.

Patients who believe something is wrong don't necessarily have the language to speculate, medically, what is going on. But they need to be encouraged to "bother the doctor" anyway. And they need to feel that their doctors listens, reviews their histories, follows up the visits they have with specialists, and acts as both point persons and advocate in their care, all done timely.

Which doesn't mean six months or a year later. So educating patients and doctors to speak the same language has to be a health access goal.

So where does responsibility lie? Would my daughter's prognosis be the same had she been appropriately triaged and received timely referrals when she first tried to get medical help? Perhaps not, but she would have been spared months of anxiety, pain, emotional and economic dysfunction.

I urge the legislature to facilitate regulatory fixes and to use its powers of health oversight to study the prevalence of such tragedies, recommend strategic improvements, and to collect the data which would allow them to monitor positive changes.

Lois Whitmore

Essex Junction, VT 05452

PUBLIC HEARING WITNESS SIGN-UP LIST

Access to Primary Health Care
HOUSE COMMITTEE ON HEALTH CARE AND
SENATE COMMITTEE ON HEALTH AND WELFARE

Date/Time: Jan. 23, 2018, 5:30-8:00 PM

Room No.: House Chamber

Subject: Access to Primary Health Care

PLEASE PRINT

<u>NAME</u>	<u>TOWN/AFFILIATION</u>
✓1. Heather Rembrook	Huntington
✓2. Jill Charbonneau	Middlebury
✓3. Lorraine Hallock	Middlebury
✓4. Ethan Parke	Montpelier
✓5. Lois Whitmore	Essex Junction
✓6. Sandra Pond	Barre
✓7. Patricia Reid	Addison
✓8. - Barbara Wilson	Shoreham
✓9. - Millard Cox	Ripton
✓10. - Kaiya Andrews	Waterbury
✓11. - Amanda Sheppard	Middlebury
✓12. - Ellen Schwartz	Brattleboro
✓13. - Manny Mansbach	Athens
✓14. - Will Bennington	Barre
✓15. - Dr. Sue Deppe	Colchester
✓16. - Bobby Rood	Warren
✓17. - Tev Kelman	Washington
✓18. - Abbey Lamay-West	Lincoln
✓19. - Mari Cordes	Lincoln
✓20. - Kyle Clauss	South Royalton

HHC 2018-59

1/23/18

-Loring Starr

PUBLIC HEARING WITNESS SIGN-UP LIST

PAGE 2

Date/Time: Access to Primary Health Care Room No.:

Bill No/Subject:

PLEASE PRINT

<u>NAME</u>	<u>TOWN/AFFILIATION</u>
✓ 21. - DR. Allan Ramsay	Essex Junction
✓ 22. - Barbara Saunders ^{Karen - written testimony}	Brattleboro
✓ 23. - Mary Chapman	Middlebury
✓ 24. - Dorothy Mammen	Middlebury
✓ 25. - Lesley Jacobson	Bennington
✓ 26. - Mary Gerisch	Bennington
✓ 27. - Charlie Murphy	Bennington
✓ 28. - Jessica Morrison	Burlington
✓ 29. - Tom Joslin	Jericho
✓ 30. - Ellen Oxfeld	Middlebury
✓ 31. - Walter Carpenter	Montpelier
✓ 32. - Tenzin Chopel	Burlington
✓ 33. - Traven Leyshon	Middlesex
✓ 34. - Greg Sands	Addison County
✓ 35. - Marjorie Power	Washington County
✓ 36. - Michelle Robbins	Essex Junction
✓ 37. - Kelley Scholfield	Barre
✓ 38. - Susan Aranoff	Montpelier
✓ 39. - Keith Brunner	Burlington
✓ 40. - Xenia Williams	Barre Town

PUBLIC HEARING WITNESS SIGN-UP LIST

Date/Time:

Room No.:

Bill No/Subject:

PLEASE PRINT

NAME

TOWN/AFFILIATION

41.	- Michel Kabay	Plainfield
42.	- Kristine Smith	Barre
43.	- Priscilla Relyea	Barre
44.	- Jamie McCallum	Weybridge
45.	- Ivy Geilker	Middlebury
46.	- Mary Alice Bisbee	Montpelier
47.	- Emma Griffin Shumway	Wilder
48.	- Jason Kaye	Middlebury
49.	- Ann Vanneman	Shrewsbury
50.	- Leslie Ward	Grand Isle
51.	- Barbara Hoffman	Shrewsbury
52.	Maggie Belensz	Burlington
53.	Genevieve Mertens	Burlington
54.	Eliza Hale	Washington
55.	Deb Richter	Montpelier
56.	Al Walskey	Bershire
57.	Graham Unangst - Rufenacht	Plainfield
58.	Vickie Johnson	Randolph
59.	Judith Rogers	Enosburg
60.	Paula Schramm	Enosburg
61.	Ryan Gyukeri	Waybridge

Did not
testify:
time ran
out.

Testimony for Healthcare Hearing

Need for Truly Universal Care

January 19, 2018

My name is Lynn Mazza. I have Crohn's disease, which is a disease of the GI tract that can cause, among other things, debilitating bouts of chronic diarrhea which then causes other side symptoms from the dehydration and malnourishment. Basically, imagine having a 24 hour "stomach bug" for months and months. Diagnosed in my early 20's; I have been dealing with this condition for almost 20 years now. Aside from this condition, I am actually a very healthy person- I rarely catch colds or have other issues. For years I did not have insurance and did not have a general practitioner. I paid my gastroenterologist out-of-pocket when I was in extreme crisis and simply went without health care if I could function even a little bit. During this time, I didn't have a general practitioner, and frankly, didn't need one. If I had an acute injury or, like one summer, swimmer's ear, I could not get an appointment at a regular family doctor for weeks and weeks, so I went to the local walk-in clinic and was seen and treated that same day.

Later, as I moved into employment that did provide medical coverage, I found that I only went to my general practitioner because the insurance company required it for referrals, not because I had a relationship with the general practitioner or because they were treating me for anything. My experience with a chronic debilitating disease is that all of my treatment comes from my specialists. So then I had the time off from work, travel and co-pays for my general practitioner appointment, so she can sign the papers to send me to the help I actually require, then another round of travel, lost work time and expense to go to the specialist.

When I heard that there is a move to get everyone coverage for general practitioners, I thought, "That's great- as far as it goes." But for people like me, with chronic and complicated conditions, this solution is far too limited. This situation is further exacerbated by the fact that, at least in Bennington County, there are not enough general practitioners and family doctors to go around. The wait to see a doctor can be months, if they are accepting new patients at all. It will not serve to keep people healthy, only create another layer of expense and bureaucracy that keeps people from getting the care they really need.

It is time- we need to join the rest of the industrialized world and provide full, complete, truly universal healthcare for all people that allows them to see the most appropriate doctor for their needs. Make Act 48 a reality.

HAC 2018-93 1/23/18 Public hearing

From: Maggie Belenz [mailto:maggielbelenz@gmail.com]
Sent: Wednesday, January 24, 2018 10:35 PM
To: Loring Starr
Subject: Vermont Universal Healthcare Testimony

Hello, my name is Maggie Belenz and I am a registered nurse at the University of Vermont Medical Center, a Vermont Worker's Center member and a part of the nurses' union.

The healthcare crisis in our state at this time can no longer be ignored. The urgency and universality of this problem comes forth each and every time I step foot in the hospital. We see patients who are admitted unexpectedly who end up not only coping with a new diagnosis and treatments but are then met with the financial stress that comes from a broken system that doesn't allow for affordable healthcare for all.

Just this week I worked with a patient who was quite young, in his forties, who suffered from a massive stroke. Leaving him completely debilitated, with little hope of ever eating, walking or speaking again, let alone cuddling his children. The primary cause- he had lost his health insurance when he was laid off from his job earlier last year. He had to prioritize providing food and a roof for his family over paying out of pocket for his high blood pressure medication or primary care visits. It's hard to fathom the impact that his condition along with his hospital bills will have on the future of his family. This is just one example of so many we see at the bedside each day.

We as nurses are here for our patients, but are also here mobilizing and organizing to fight for an all accessible, universal system of healthcare for the society at large. We are here and we aren't going anywhere. Numbers are growing and we Vermonters want to be heard. The people of our state have spoken. Act 48 is already on the books and its implementation and financial backing is the answer. Universal Primary Care is not enough. It is risky to propose UPC as a "first step" because it could potentially fragment the overall goal of Universal Healthcare if it does not get passed. We are asking you, the representatives that our people have elected to take responsibility and give Vermont the publicly financed healthcare system that we need.

Thank you.

Maggie Belenz, RN
Burlington, VT

Marie Townsend <marietown53@gmail.com>

Ladies and gentlemen my name is Marie Townsend and I live in Addison County.

I appreciate your taking this time to hold this public hearing on Access to Health Care and listening to our views on what's happening in health care.

As for myself living on a fixed income I only have Medicare for insurance. My Medicare premium gets taken out of my SSDI Check every month.

With Medicare I have to pay 20. percent of Dr visits etcetera. My leg braces cost me 500.00. Now for someone on a fixed income where is that 500.00 supposed to come from?

Now if I needed to be hospitalized I would need to pay 20 percent of that bill.

There are many people in the state of Vermont with the same issue. Where is this 20 percent supposed to come from especially the older generation.

We need universal healthcare where everyone in the state of Vt has access to care. Not access to insurance, access to care. And that means all care. Healthcare is a human right. Not a privilege.

I recently learned that in 2011 VT passed a law, Act VT. That law states “The purpose of Green Mountain Care is to provide as a public good comprehensive affordable high quality, publicly financed health care coverage for all VT residents in a seamless and equitable manner regardless of income, assets, health status, or availability of other health coverage.”

I want to Thank you for your time and to please reconsider implementing Act 48.

Cc:

--

Kate Kanelstein
Vermont Workers' Center
(802) 825-8399
kate@workerscenter.org
www.workerscenter.org

Gmail

Mary Alice Bisbee <maryalicebisbee@gmail.com>

Health Care testimony

2 messages

Mary Alice Bisbee <maryalicebisbee@gmail.com>

Tue, Jan 23, 2018 at 10:13 AM

To: Mary Alice Bisbee <maryalicebisbee@gmail.com>

Thank you for the opportunity to testify tonight about primary health care. My name is Mary Alice Bisbee from Montpelier. Now in my 8th decade, I have lived through many attempts to improve our health care non-system in Vermont. The more money we seem to throw at the problem, the more new entities such as OneCare we create, the less effective it seems to become. Meanwhile the CEO's and other highly paid administrators are making out like bandits!

My primary care provider of several years retired a couple of years ago and I have had 3 new providers, none of whom really gets to know me or seemingly to care for my concerns, in the meantime. Here today and gone tomorrow, sometimes not even living in Central Vermont, shared positions with other Chittenden County entities, all under the umbrella of UVMHC. Appointments are harder to get and when I asked for a new provider within the practice, I was told that there are no other choices. There is a real shortage of primary care doctors in Vermont and around the nation.1 Could it be that medical students see the writing on the wall? There is no money in primary care although these providers have perhaps the most challenging position; getting to know their patients and sending them in the right direction when specialty care is needed.

As an elder, I have a single payer health care system of sorts, Medicare. However, I must pay over \$200/Month for co-insurance to cover my copays and deductibles and am currently paying \$126/month out of my very low Social Security benefit just to cover my visits. Since the Medicare payment has risen every year, my Social Security monthly benefit I actually receive, has remained the same for three years at \$788.00/month, even though we supposedly received a 2.02% raise this year! There are many of us, mostly women of a certain age who spent most of our working lives as homemakers and childcare providers who must pay huge amounts of our meager incomes just to try to stay healthy.

Universal Primary Care as spelled out in H. 248 and S.53 could be an excellent way of providing real Health Care for All, a goal most Vermonters would like to see our legislature implement. Let the insurance companies write policies that only cover specialized and hospital care and use a progressive tax structure to pay to provide universal access to health care at the start. Union contracts should not be dealing with primary care access which should be equally accessible to us all; young and old, rich and poor, without co-pays or deductibles.

Taxation with representation is not a dirty word!

—
 Mary Alice Bisbee
 3 Prospect St., Apt. 308
 Montpelier, VT 05602
 Tel. (802)223-8140 "

Mary Alice Bisbee <maryalicebisbee@gmail.com>

Tue, Jan 23, 2018 at 10:24 AM

To: Ned Swanberg <ned.swanberg@gmail.com>

Here is my testimony!

mab

[Quoted text hidden]

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 •

Mary Gerisch

All My Relations.

I use this traditional Lakota greeting as particularly appropriate to the issue of Healthcare in Vermont. We are all related, and I am here asking you to embrace our common humanity, and to act in assurance of your People's human right to healthcare.

My name is Mary Gerisch. I am from Bennington, Vermont, and am a member-leader of the Healthcare Justice Campaign of Rights and Democracy. I am here today to explain why all Vermont Healthcare Justice Voters need your help, dedication and support.

There have been articles in the press that would have us believe most of you, our elected representatives, do not feel, or believe, that healthcare is a priority for this session. I would like to think this cannot be true. Healthcare is very clearly the kind of intersectional issue that impacts every other facet of our lives. I am here to ask you to let the bond of our humanity guide you in considering just how high a priority healthcare must be.

We have seen, nationwide, an effort by those embracing the theory of austerity and scarcity to cut back on our healthcare. There was an attempt to repeal the ACA, there are cuts to federal funding for Medicaid, substance abuse rehabilitation, and almost every other aspect of healthcare that we, as humans, need. Even our neighboring state of New Hampshire embraces the work requirements for Medicaid eligibility. Please do not let these things happen in Vermont. .

Now, more than ever, we, your People, need you to know that our lives are at stake. I am remembering when, in Washington DC recently, I was protesting healthcare cuts with someone who will DIE if the Medicaid cuts go through. They cannot afford their treatment or medication without Medicaid assistance. Hundreds of thousands of people in our nation now realize the importance of healthcare to each of us, and the crisis of our healthcare system. In fact, as we hold this hearing here in Montpelier, our Senator Bernie Sanders is holding a Medicare for All event nationwide.

I present this information as a preface to describing RAD's Healthcare Justice Voter campaign, which embraces all aspects of our human right to healthcare. And to let you know how we need you- our elected representatives- to act affirmatively, prevent cuts and further implement systems that allow us to claim our right to healthcare.

We are at a divergence in the path to an equitable, safe, healthcare system for all- nationally as well as state-wide. We can either embrace our abundance and common human condition to lift up our ability to live dignified, healthy lives, or we can ignore those theories and embrace

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scarcity and austerity. RAD's HealthCare Justice Platform supports all possible advancements to our human right to healthcare, and a path to universal single payer healthcare in Vermont and nationwide. Our national platform includes support for Medicare For All, continued funding of CHIP, expansion of Medicaid, LGBTQ and reproductive health rights; access to all aspects of healthcare for each of us. We oppose any and all cuts to Medicaid, substance abuse funds or Medicare. We oppose any requirements to work in order to qualify for Medicaid, and the block granting of healthcare funds. We ask you to join us and to protect us from a system that prioritizes profits of the medical industrial /insurance complex over the public and individual health.

Here, in our own State of Vermont, we need your support more than ever before. We need you to help us move forward with all steps toward universal single payer healthcare. We need your recognition and dedication to prevent funding cuts to Medicaid, Medicare, and Substance abuse. We need you to help eliminate the suffering to your constituents endure for lack of healthcare, and protect those of us who are most vulnerable. We need you to make sure that families can care for each other during times of illness by allowing them to take Paid Family and Medical Leave. Our health and our ability to maintain it is crucial to our wellbeing as individual and families.

Please reject the faulty logic and mythology that creates these cuts on a federal level and threatens to invade even our own state of Vermont. Let us attune each other to the concept of suffering, whether we feel it personally or see it in the faced and hearts of our fellow human beings. Let us reject faulty logic on both a State and Federal level.

Notably, the supposed "reasons" for implementing a Medicaid work requirement embrace the same mythology that pervades our healthcare system. This mythology is likely based upon ignorance of what it means to truly suffer economic marginalization, and denial of that prevalent element of human suffering. That Medicaid to Work requirement embraces a philosophy and fear of scarcity. It can serve as an example of how we can change the system change awareness by both awareness and logical analysis.

One of the reasons for a Medicaid work requirement is said to be: "People who make more money are generally healthier". Let's consider that. Of course they are. They can pay for medical, dental, optical and long term care without worrying that it will mean their families won't be fed, or they can't buy their children's' Epipens. Does this logic actually make sense to anyone here?

Secondly, the argument that "People on Medicaid are more depressed than those who have full time jobs and pay for their own healthcare" would be comical if it were not so sad. Of course they are! Who wouldn't be depressed when they are suffering both economic marginalization

(for themselves and their families) AND lack of ability to access necessary healthcare? Again, does that argument make sense to any one of us here? I would think not.

And the reason I would think not is that I know you, as those charged with protecting us, the People of your State, know the pain of a family unable to care for itself, buy medicine or access mental health or substance abuse care. You are aware that the frailty of human life means that we are all subject to health needs of all kinds, however unexpected. That we all, regardless of race, ability, sexual identity or religion, are bound together in that human frailty. I think you know that a human life is worth far more than what is politically popular, and I am not sure any one of us could even imagine how to place a dollar amount on that life.

Let us please help you to throw off the mythology that “Vermont tried healthcare and it failed”. Abandon the myth that larger, for-profit medical industrial complexes will serve your People instead of a human need driven system. Let us help you on the path to true universal access to all healthcares; to put to rest the idea that human rights based legislation for healthcare related issues isn’t possible in our country. Let us help you to turn down the opportunity to embrace a mentality of fear and scarcity and to rather embrace our joint humanity with abundant compassion and justice to create systemic change. Let us, the Healthcare Justice Voters of Vermont, help you to become the Healthcare Legislators of Vermont.

“Of all the forms of inequality, injustice in **health care** is the most shocking and inhumane.” —
Dr. **Martin Luther King, Jr.**

From: Maureen D [mailto:mld9916@gmail.com]
Sent: Tuesday, January 23, 2018 7:14 PM
To: Loring Starr
Subject: Health Care

I am writing in response to the request for comments to the Health Committee in the Legislature. I rarely feel the need to go to the doctor and therefore don't have a primary care doctor or health insurance. However, I think about the fact that if I did want to go to the doctor for say a annual physical, I have no idea how to find someone who would accept me. I don't feel like I have access to health CARE. I know where to go if I had an emergency or urgent care.
Maureen



Newbury Health Clinic

4628 Main Street, PO Box 37, Newbury, VT 05051
Phone (802)866-3000 Fax (802)866-3012

S53 and H248, the Universal Primary Care bills. 1/23/18

Dear Members of the Senate Health and Welfare and House Health Care Committees:

My name is Melanie Lawrence and I am a family physician in Newbury, Vermont along the Connecticut River bordering Haverhill, New Hampshire. Thank you for taking comments on health care issues this evening.

I moved to Newbury as a teenager and worked on the family dairy farm until my late 20's. When my children were in middle-school I began medical school at the University of Vermont while working on my Masters Degree in Health Care Quality and Improvement at The Dartmouth Institute. I completed my residency in Family Medicine at Dartmouth Hitchcock Medical Center in 2003 and helped establish Little Rivers Health Care, our local FQHC (Federally Qualified Health Center). In 2010 I established my private practice in Newbury Village and continued to deliver babies, do home visits, hospital care and regular office visits.

Cottage Hospital in Woodsville, NH no longer provides maternity care due to financial losses providing that service and my practice is now limited to office and home visits for newborn to geriatric patients including hospice. I have 500 patients ranging in age from newborn to 95 years old. Last month 41% of my claims are VT Medicaid, 9% NH Medicaid, 38% Commercial, 10% Medicare and 2% Uninsured.

In the past 3 years I have noted a dramatic decrease in patients seeking care for chronic issues such as diabetes, depression, asthma, hypertension and substance abuse of all types including tobacco and alcohol. In my office we can clearly identify the main cause of this change in chronic care as well as many patients waiting until they are sicker with acute issues to come in for care.

1. Out of pocket expenses are not affordable for low and moderate-income families. Personal and Family Deductibles for patients working at one of local banks now have a \$6,500 personal deductible or a \$12,000 family. These are full-time employees, often married to a spouse working full-time without benefits, who must pay towards their health insurance monthly in addition to the high deductibles and some with co-pays as well.
2. Medications for asthma and diabetes are not significantly covered if at all by many insurance plans.
3. Reimbursement to the physician is decreased or non-existent for prolonged visits so patients are not able to address multiple health issues when they come in for a preventative care visit.

Examples:

1. 46-year-old health care employee debates if she should get care for fever and bacterial infection due to \$35 co-pay, time out from work at \$15 an hour (after 17 years of employment there), \$6,300 personal deductible and \$500 for out-of-pocket for pharmacy. She pays \$110 per month towards her premium. She was seen yesterday and started on multiple medications – one not covered by insurance and one at Tier II – both necessary. She already had an inhaler which is also not covered by her insurance. Today we follow-up by phone. Also start her on prednisone but don't get an xray despite her history of pneumonia - due to cost.
2. 44-year-old man with a neck mass – who did come in for assessment. \$4,400.00 expense with imaging studies, labs and \$90 office charge. Unlikely to be cancer based on labs and ultrasound but \$6,000 deductible may still end up being met soon.
3. 58-year-old woman with ailing older husband, full-time job, multiple medical issues including worsening severe depression is not getting medical care because she can not afford the \$5,000 deductible working full-time for a health care organization.
4. One of my employees has insurance through her husband's employer - \$10,000 deductible for the couple. They earn little enough combined that their children qualify for Medicaid.

A single payer system would allow consistent guidelines for reimbursement, medication coverage, lab study allowability and dramatically reduce the cost to the tax payer and system overall. I realize this may not currently be feasible but it is quite likely that I will be driven out of business due to insurance issues. More than one FTE is required in my solo-physician practice to deal with insurance billing and issues. In 2016, I earned less than my school-teacher husband. I chose to work with underserved populations and recognize that I will be reimbursed significantly less than the FQHC and RHC's nearby but I love my independence, clinical work and patient families. I meet the highest ratings for NCQA standards, participate in Blue Print and multiple quality projects and clinical research through CHAMP, The Dartmouth Research CO-OP and SYNERGY. I have delivered babies and seen them graduate from college or become local farmers and parents. We consistently score as one of the top 2 or 3 practices in the entire state for immunization rates. We are good at what we do but our patients are not getting the care they need.

It is not just the people between 200-300% of the poverty rate who are not receiving adequate care due to out-of-pocket expenses. It is now the lower middle class and higher who have non-affordable health care expenses limiting their access to health care. We do not have affordable health care for so many of our citizens who need and deserve this care. More importantly, our system is ultimately worsening national health and costing us money.

Thank you for your consideration and dedication,

Melanie Lawrence, MD, MS

1. Name: Dr. Michael Gravett, (naturopathic) primary care physician, South Burlington, Vermont.

2. I practice at a primary care clinic that cares for over 3000 Vermonters. We participate with the Blueprint for Health as a Patient Centered Medical Home and with One-Care as a risk-bearing preferred provider. ”

We support the idea of Universal Primary Care for Vermonters.

3. We embrace and support these new models of care because access to prevention and low-cost interventions are essential to bending the cost curve and help Vermonters live healthier lives.

- Today's high deductibles are health prohibitive.
- Primary care, when accessible to a population, is the only sector of care to have been shown to improve the health of the population, lower system costs, and improve quality of care and outcomes.
- Recent studies found that people with a primary-care physician as their usual source of care had lower subsequent five-year mortality rates than others, regardless of their initial health.
- Reforms in California that provided all Medicaid recipients with primary-care physicians resulted in lower hospitalization rates.
- By contrast, private Medicare plans that increased co-payments for primary-care visits—and thereby saw a reduced quantity of such visits—saw increased hospitalization rates.
- Further, the more complex a person's medical needs are the greater the benefit of primary care.

4. Last year, my clinic provided:

- 733 preventive annual physical exams, (which included 251 well-child exams and 528 adult annual preventive exams).
- administered (hundreds) 228 doses of vaccines to children and adults
- we have prioritized diabetes screenings, colonoscopy screening at age 50, as well as standard breast and cervical cancer screenings,
- We have offer same-day urgent and non-urgent visits, so our patients don't need to go the emergency room to access primary care medicine

5. These are they types of services that should be available to all Vermonters. We want patients to be able to access primary care health without the burden of a huge deductible or co-insurance.

- Thank you for your consideration.

Testimony for Healthcare Hearing

Dentures

January 19, 2018

My name is Michael Ketcham. Years ago, I was hit by a drunk driver as I was walking home. I lost my left leg from the knee down and have been using a wheelchair ever since. Before the accident, I had had a couple of teeth removed, but after the accident, my health declined and I ended up having to get the rest of them removed. I tried to get both Medicare and Medicaid to cover dentures, and neither would. After fighting for that basic human need, I finally gave up. Eventually, with the help of VCIL, and a lot of work, I turned to local charity organizations and was able to piece together the funds to get a set of "economy" dentures. But it was a case of you get what you pay for and I'm still struggling to get them to fit comfortably.

In the meantime, over those years without teeth or dentures, I was not getting sufficient nutrition to heal or to stay healthy. I ended up with a severe decubitus ulcer that would not heal. My doctor said I needed more protein in my diet for proper healing, but without teeth or dentures, I could not eat many forms of protein. This caused what should have been a small wound to turn into a major health crisis requiring multiple surgeries. If I had been able to get dentures when I needed them, all this pain, suffering and expense could have been avoided. That's why Medicaid should have automatic coverage for dentures.

HAHC 2018-95 1/23/18 Public hearing

From: Pat Folsom [mailto:pfols@gmavt.net]
Sent: Wednesday, January 24, 2018 9:44 PM
To: Loring Starr
Subject: Primary care for all Vermonters

I would like to add my voice to those advocating for primary care for all Vermonters. I heard a presentation last spring and this makes so much sense on so many levels. As an elderly Vermonter, I want to have ready access to primary care without a lot of middle people involved. I have been lucky to be healthy for most of my 75 years, but know that could change at any moment.

Having access to primary care would put my mind at ease and I know that it would be the answer for most Vermonters.

Please do what you can to make this a reality in VT.

Thank you,
Patricia Folsom
Waitsfield, VT

From: Patricia Reid [mailto:patricianreid@outlook.com]

Sent: Wednesday, January 24, 2018 9:45 AM

To: Loring Starr

Subject: Written Testimonial to the House Health Care Committee and the Senate Committee on Health and Welfare

Members of the Committee,

Thank you for the opportunity to submit my written testimony to the House Health Care Committee and the Senate Committee on Health and Welfare. I also submitted a paper copy of this document to the committee yesterday evening.

I am heartened by the testimonies that we heard yesterday and have hope that your committee will choose to move these bills forward in the interest of every Vermonter. Health insurance can only be accessible by all if it is applied universally - you heard many stories yesterday, including mine, that demonstrate how our patchwork system allows people to fall through the cracks.

I know you have many logistical details and financial plans to make regarding these bills, and want you to know that I am grateful to each of you for your service to our community. Your work matters. As the UVMHC medical professional said yesterday, you control the EKG monitors.

Please feel free to contact me directly if you have any questions or comments about my testimony.

Best,

Patricia Reid

Addison, VT

(661) 645-5520

patricianreid@outlook.com

[WRITTEN TESTIMONY BELOW]

January 23, 2018

Members of the Committee,

Thank you for the opportunity to address this committee in support of Universal Primary Care and bills S53 and H248. My name is Patricia Reid, and as a resident of Addison, Vermont, I am a newcomer to this wonderful Vermont community. There are some people at this hearing who have welcomed me to the Green Mountain State as coworkers and friends. I am here to implore you, Members of the Committee, to welcome me as legislators.

I think I am an example of the kind of person you want to attract to this state – I am educated, employed, and involved in this community. I came to Vermont for the first time in May 2016 to pursue an internship with the Lake Champlain Maritime Museum. I returned in May 2017 as a full-time staff member tasked with the care and conservation of the archaeological, historic, social, and ecological collections in its care. I am proud to be a stewardess of the cultural heritage of this state, and know many Vermonters consider my work essential to maintain the spirit of our community.

Since arriving in Vermont, I have become involved in several other ways. I help run a non-profit cooperative art gallery in Vergennes, Creative Space Gallery, which supports art education for youth and adults in Addison County and provides a venue for Vermont artists to show their work and practice their craft with like-minded people. I volunteer with the Bixby Memorial Library in Vergennes, where I have found a wonderful group of kind, generous people who enjoy learning as much as I do. I help to manage productions through the Poor Lost Circus Performers, a new theater company in Middlebury, where I work with both kids and adults who pay nothing to experience the thrill of performing. Additionally, I consider my political activism an important part of my life, and am grateful for the many opportunities this state offers its constituents to raise their voices.

If you get the impression that I'm a busy woman, you'd be right. Not all of these endeavors pay me (in fact, most of them don't), but all of them offer communities of people who help me make ends meet. Like many young people, I struggle financially after completing my undergraduate education and starting an entry-level job that doesn't offer the benefits some mid-career employees enjoy. Still, Vermont is a special place. From the small business owner who replaced my holed shoes to the coworker who opened her home when I had nowhere else to go, Vermonters have consistently shown themselves to be a community which values the wellbeing of many over the profit of few. If this weren't the case, I wouldn't be able to finance my life here – and I would likely have trouble making it elsewhere in the United States, too.

Our health care system should reflect the same standard of collaborative community that the rest of Vermont life so successfully endorses. I have a community of people who help to ensure I am fed, warm, and clothed. This community knows I am also in need of medical care – yet under our current system, there is nothing they or I can do to fix these rather simple medical problems.

I am one of the 63% of Vermonters aged 18-24 who are underinsured. Underinsured means, essentially, that although I currently carry private health insurance, I do not access care when I need it due to financial barriers. Those financial barriers are so high for me that I am unable to pay my premiums. Beginning February 1, I will be uninsured for the rest of this calendar year. If I am sick or

Paul Langevin
Letter to Editor

[f r o m 2 0 1 4 ?]

Also submitted to public hearing on access to primary care, 1/23/2018

Subject: Need for Single Payer/Universal Health Care and Accountability of Health Care System to provide the Highest Standards of Care.

My wife Jeanette died 1-23-14 of cancer. She was being treated and in remission for thyroid cancer from 2008. She died from a cancer originating in lung and was a type of cancer that women get who do not smoke. She never smoked.

Jeanette sought medical attention from Stow Family practice last November for chronic cough. She was informed she may have allergies. She then persisted to seek medical attention from FAHC and the doctor she had seen for care/remission of thyroid cancer. This resulted in her being X Rayed and tested and as a result she cancer was discovered and at stage 4 an advanced stage. Cancer spread to most all her internal organs.

I consulted with FAHC doctor after her death as to why testing was not done during her remission from thyroid cancer surgery in order to detect any growth of cancer besides thyroid cancer. I was informed that would be Cost Prohibited and may not provide conclusive results.

Prior to her thyroid cancer Jeanette sought medical care from Stowe Family Practice as she did not feel well. She was informed that it is likely hormones. She consulted FAHC and was diagnosed with cancer and got treatment.

Jeanette fought hard to complete radiation during this past January. We were looking forward to engage a chemotherapy pill with the hopes of having some level of recovery. The Insurance Company BC/BS denied the payment of the Pills (5) times and said they needed to find the cheapest vendor for Pills. The Pills were eventually delivered the day she died at FAHC and were tossed onto our deck in 20 below zero weather.

- I consulted with an attorney on possible medical malpractice. I was informed that the Standards of Care were followed but we agreed that the Standards are simply Not Higher and certainly not Patient Center but rather centered on Cost Containment.

COST CONTAINMENT OVER PATIENT CENTERED is not acceptable.

I believe the absence of higher standards of care and absence of accountability to affect change with this current Health Care System played a role in Jeanette's death. If there was a Standard that detailed types of testing while in remission for other forms of cancer I believe Jeanette may be with us still.

I find it unacceptable there is no Accountability to patient care in our current health care system and that a single payer system would be more accountable to the public as the public would be paying for this. If the government did not provide Patient Centered service we the public would vote them out of office and that is power. In current system the insurance companies and hospital administrators determine Standards and are focused on Cost Containment and Profits ----- not Higher Standards of Care.

I ask that you the reader consider this letter with an eye towards objectivity and not biased by religious and or political perspective. Health Care is a Human Right. We are all in need of the highest standards of health care and a system accountable to the Patient.

Sincerely,

Paul Langevin

Johnson, Vt.



Paula Schramm <paulaschramm@gmail.com>

UPC Hearing - testimony remarks

1 message

Paula Schramm <paulaschramm@gmail.com>
To: Paula Schramm <paulaschramm@gmail.com>

Tue, Jan 23, 2018 at 2:03 PM

I'd like to add a few words to what Judy has said.

I'm also covered by Medicare, and I'm grateful for it. I had no health insurance for most of my life, because I was self-employed in the wood business, and in sugaring, and I just couldn't afford it. When the V-HAP program started in the mid- 90's, that was the first time in many years I went to a primary care doctor & had a physical. Like Judy, I've had some long wait-times for a specialist: most notably a dermatologist, to take care of skin cancer. While it turned out to need a more complicated procedure, partly because of the amount of time that had passed, I also was aware of how much worse it all could have been if this had happened in the days when I couldn't afford to go to a primary care doctor for a check-up and referral in the first place.

Being able to see a primary care doctor with no cost at point of service is what every Vermonter should be able to have. This is the most basic health care there is, and we all need it.

Paula Schramm
2749 Perley Rd
Enosburg Falls
VT 05450
802 933-2121

My name is Regina Bogenschutz and I'm a resident of the City of Rutland, Vermont.

My experience with health coverage in Vermont has been horrible with regard to dental care.

There is a lack of dental coverage and this is with my having my health care provided through Medicaid. I struggle with being able to take care of my teeth. There is a dental benefit cap of only \$500.00 with Medicaid and last year I used that in my initial visit to the dentist in October and I had to wait another four months to get a cleaning. This worries me because I have more dental care of which I still am in need. I need dentures to give me teeth in the front of my mouth. There is no coverage for them. This has affected me both physically and emotionally. I also strongly believe this has affected my search for employment in that when I am in an interview, I see the reactions of potential employers when I open my mouth to speak and answer questions.

This is not fair. I worked so hard to get my education and have a B.S.W., a B.A. in Sociology and an Associates in Human Services. I did so in my community so that I could make a difference here. This is impossible for me currently. Poor dental care has severely impacted my quality of life in all areas.

I ask that better dental coverage receive more attention and see changes to better the quality of life for so many Vermonters.

ATTN: Members of the Vermont House and Senate Healthcare Committees,

My name is Rori Angel and I live in Burlington. I am a member and part-time Office Administrator with the Vermont Workers' Center. I am on Medicaid and have had an overall positive experience with my coverage. Specifically, I am satisfied that my prescription co-pays are affordable, enabling me to access transgender-affirmative medications as well as prescriptions to cope with anxiety and depression. I think everyone should be able to access the medications they need and that their costs should never be an obstacle. As such, I am very concerned about recent proposals in the US Congress and in other states to drastically cut funding for Medicaid, as well as to mandate Medicaid recipients comply with work requirements. I ask that the Vermont legislature not follow this austerity-driven approach and instead ensure that Medicaid is sufficiently funded, as well as address the root causes of the healthcare crisis by completing the work of funding and implementing Act 48, Vermont's universal health care law. I believe doing so is the right decision to make if Vermonters' health and well-being is sincerely a priority for our elected representatives.

Sincerely,
Rori Angel



Vermont Developmental Disabilities Council

Mailing Address:

Vermont Developmental Disabilities Council
322 Industrial Lane
Berlin, Vermont 05633-0206

Phone: 1-802-828-1310

Toll Free: 1-888-317-2006

FAX: 1-802-828-1321

vtddc@vermont.gov

www.ddc.vermont.gov

TESTIMONY: Access to Healthcare

PROVIDED BY: Kirsten Murphy, Executive Director, Vermont Developmental Disabilities Council (VTDDC)

BACKGROUNDS: VTDDC is a public board charged under federal law with engaging in education and advocacy that advance the community inclusion, productivity, and self-determination of people with developmental disabilities

DATE: January 23, 2018

Thank for the opportunity to share a few brief thoughts about barriers to healthcare faced by Vermonters with developmental disabilities.

Adults with I/DD are arguably the largest medically underserved subpopulation. They experiences marked disparities across a wide array of metrics, including health outcomes, health behaviors, satisfaction with healthcare encounters, and access to health services.

To share a just a few statistics, 71% of adults with I/DD over forty have two or more chronic conditions. They are six times more likely to be hospitalized than their peers. According the Special Olympics, which hosts the largest data base measuring the health status of adult with I/DD, out of ten athletes:

- ⇒ Six are clinically obese or overweight
- ⇒ Four have obvious tooth decay and one needs an urgent referral to a dentist.
- ⇒ Three fail a simple hearing test.
- ⇒ Four need glasses and two have active eye disease.

According to the Vermont Department of Health:

- ⇒ The rate of lung disease for Vermonters with disabilities is 28%, as opposed to 15% for the general population.
- ⇒ The rate of diabetes or prediabetes for Vermonters with disabilities is 25%, as opposed to 13% of the general population.
- ⇒ The rate of cardio vascular disease for Vermonters with disabilities is 16%, as opposed to 7% for the general population.

In 2015, the VTDDC published a white paper identifying factors that contribute these disparities. In the vast majority of cases, underlying disability is not considered a cause. Rather, adults with disabilities face numerous barriers to accessing healthcare. Primary care providers that see adults reported that they had had virtually no

HHC 2018-105C 1/23/18 Kirsten Murphy - public hearing

From: Tamara Kushwaha [mailto:tamara.kushwaha@gmail.com]

Sent: Tuesday, January 23, 2018 10:16 PM

To: Loring Starr

Subject: Public Testimony - Senate Health Care Committee

To the Committee:

I was not able to make testimony tonight but wanted to add a short comment.

I use a Naturopathic Doctor (ND) as my General Physician and have done so for the last 5 years.

I hear from my ND that NDs are now included with GPs for the purposes of the S.53. Thank you so much for this! My ND has acted as a partner in health care for me and for my husband so effectively that she has helped us reduce our weight, increase our fitness and control blood pressure and cholesterol. All of this is so important to our health as busy 55 year olds with stressful working lives and responsibilities to family (2 kids in college, tuition, etc). We really appreciate being able to continue with our ND acting as our GP.

Thank you for your attention to this short note.

Kind regards,

Tamara Kushwaha

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My name is Tevye Kelman. I live in Washington, and I teach English at Randolph Union High School, where I'm also the vice-President for our local chapter of the Vermont NEA. I'm also a member of the Vermont Workers' Center. I want to thank the committee for hearing our testimony tonight.

As a teacher, I see Vermont's health care crisis in my classroom every day. I teach in a community where the proportion of families in poverty has climbed from 20 percent to over 50 percent during the past decade, where we're seeing increasing numbers of kids with emotional disturbance and ACEs, and where the opiate crisis is very, very real in the lives of many of our students.

When families can't access the care they need, when they struggle to afford their premiums, or fall into the Medicaid gap--- kids suffer. Whether it's directly, through unmet physical and mental health needs, or indirectly, through the stress parents feel trying to make ends meet and pay their rising premiums, and in countless other ways poverty takes a toll on kids.

We know this problem is going to get worse, not better, as cuts and instability in federal health care programs continue to take their toll. And we know that while passing Universal Primary Care would alleviate some of the pain that some families are feeling, it would still obligate folks with intensive or chronic medical needs to pay increasingly unaffordable premiums, and it would preserve a system that treats health care as a commodity, rather than a right. That's why we need you to implement a truly universal health care system that guarantees EVERYONE who lives in this state can access the care they need, regardless of income.

Our current, market-based health care system also has a perverse effect on the resources schools have to serve these increasingly needy populations. Schools are hemorrhaging public money into the private insurance industry as premiums for school employees continue to rise at a rate that far outpaces school spending in general. We're asking our schools, and the teachers in them, to do more with less because health care costs are gobbling up a bigger share of the budget each year.

Instead of having a conversation about how to fix this broken system by asking our state's 1% to pay their fair share of health care costs, we're having conversations about closing schools, reducing staff, and taking away the right of school employees to bargain locally for their own health care. We're allowing Blue Cross Blue Shield to raise premiums for working families because we can't muster the political will to raise taxes on our one-percenters. We're considering laying off 4,100 teachers to save money at a time when our neediest students need all the support and resources they can get.

For all these reasons, and all the reasons you've heard tonight, we need our elected representatives to deliver on the promise of Act 48, which we've been waiting for since 2011. Universal Primary Care is a gesture in the right direction, but it doesn't go far enough.

We need an equitably financed, universal health care system and we need it now.

Thank you,

Tevye Kelman
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HHHC 2018-105E 1/23/18
-public hearing

My name is Tiffany Lee Heath and I live in the City of Rutland, Vermont. I am 38 years of age and on Medicare and Medicaid. I am physically challenged and required to have these insurance coverages. I adapt well, although there are two main reasons why these coverages are mandatory.

I've used ventriculoperitoneal (VP) shunts since infancy. In 1999, I had the first VP shunt revision. I became allergic to the anesthesia, which resulted in extreme physical sensitivity. To control the symptoms, it's mandatory for me to be on allergy medication – specifically Loratadine.

I've had five brain surgeries during my lifetime. Because of these surgeries, there are times when my memory is slow, and I have a blockage. I never know when this is going to occur, so I thought it best to have someone else read my testimony. Looking at the whole scenario, I am at high risk for other conditions due to the shunt, such as a stroke, meningitis, to name off hand. Should I need hospice, I really don't need to be in a financial bind and have any of the coverage from these insurances be cut. In fact, coverage should be increased in many areas.

For my sake – and especially for the sake of people in need of this type of care, please do not cut or eliminate Medicaid or Medicare.

Thank you.

From: Timothy Swartz [mailto:swartztim15@gmail.com]
Sent: Thursday, January 25, 2018 8:06 PM
To: Loring Starr
Subject: Access to Primary Health Care

I was not able to come to the hearing on Tuesday, but want to add my voice to the many people who spoke up for a single payer health system--and to support beginning this with guaranteed, universal primary health care. There are so many studies that show the importance of regular checkups and preventive care, for infants, children and adults. Making these services available to all will build the health of Vermont's residents from a solid foundation, and will lead to savings in health care, as health problems are caught earlier, and treated before becoming chronic whenever possible, and managed correctly from the beginning in any case. Making this a shared cost for our state reflects the importance of this sort of care for all Vermonters.

I also support this as one who has worked for a small Vermont business for 26 years. I know that the owner, who has supplied family health insurance for all of his employees for decades, has found the cost of insurance a growing burden. Setting up a system like this will reduce the burden of paying for health insurance from small business owners, who will be able to raise wages, compete for work on a more fair playing field, and attract the best employees. Our current system which ties health care coverage to employers is hard on both employees and employers. It reduces job mobility and ties the hands of all parties.

For all of these reasons, I support a VT State system providing universal primary care for all citizens.

Tim Swartz
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802-225-8921

Tracy Dorman

Testimony for Healthcare Hearing
Medicaid for Working Persons with Disabilities (MWPDP)

January 19, 2018

I was so excited to think that I was finally going to be eligible for the MWPDP program after the changes that were approved by the legislature almost 3 years ago were approved by CMS and implemented beginning January 1, 2018. Those changes being a spousal income disregard and increase in asset levels.

Well, I was wrong. My husband is no longer working (disabled Vet) so that is not an issue any more. The asset levels were increased to \$10,000 for an individual and \$15,000 for a couple. When I was able to work full-time I worked at both Williams and then Bennington College and earned retirement money. When I left Bennington College in 1999, I withdrew what I could to see me through the waiting period of applying for and obtaining SSDI. The remaining retirement funds have been earning interest since that time. I have not been allowed to contribute to those funds and I was told that I could not withdraw any more until I reach the age of 59 ½ without incurring a penalty and taxes being deducted. I am currently age 58; I have another year and a half till I reach that golden age of 59 ½. The balance of that retirement account was now over the \$15,000 MWPDP limit. I am forced to withdraw the allowable cash balance and begin my 10 annual payments to draw down the balance to a balance under the \$15,000 limit. I have to pay penalties and taxes on those withdrawals. Trust me, the annual retirement payments will not cover the medical expenses that I will incur over the year. I am a left leg amputee (from birth defect) with a below the knee prosthesis and wear special socks that are at minimum \$35/each. I am also a diabetic. My medications are unaffordable most of the year. In anticipation of becoming eligible for MWPDP, I changed my Medicare D prescription drug plan to use a plan that met the State's requirements with a benchmark premium, etc. In doing so, I now have a \$315 deductible and higher copays. I went to refill my diabetes medication this month and learned that I had a \$400 copay for a month's supply (the only amount allowed, I can't purchase just one pen at a time). My Med D plan last

year had higher premiums but more affordable copays until I reached the donut hole during the last four months of the year and the copay was then \$300 for a month's supply. I did not have my medication regularly and I ended up in the ER last weekend with altered mental status and high blood sugar that required a brain scan to rule out a stroke and chest CT scan to rule out a blood clot. How much do you think that is going to cost me? If I had MWPD, I would not have to pay those ridiculous deductibles and copays. Yes, it would cost the State of Vermont, but it probably wouldn't have even happened had I had my medications through the MWPD program, and if I had a stroke or blood clot the costs could have become exorbitant thereby costing the State even more.

Don't get me wrong, I am very thankful for the changes that were made to the MWPD program after all this time. I still believe that Vermont can do better by their hardworking, tax-paying, disabled citizens that are trying to remain independent and not be so reliant on public benefits. Neighboring states have higher asset levels. In fact, I believe Vermont can and should do better by its citizens by instituting a universal healthcare system for all. By having so many intricacies that are built into the healthcare programs that exist only costs the State more money to administer. Not to mention the insurance plans that are unaffordable or not accessible with high deductibles and premiums, etc., that are offered through VT Health Connect. I urge you to consider the opportunity that Vermont has in becoming the first state to implement a universal health plan—one that treats people with respect and dignity. It's time to start thinking outside the box and comfort zone that you've been programmed to work within. Vermont needs to lure young families to come and stay and grow our economy. I bet a universal health program would certainly be a big draw to many.

Respectfully,

Tracy L. Dorman

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“Vermont has the ability and obligation to implement a universal, publicly financed healthcare system ...The HCHR Campaign’s financing plan improves upon the Governor’s proposal with a more equitable solution for businesses’ contribution to the healthcare system, thus making payroll financing economically feasible. Our plan sets GMC on a solid financial footing... and guarantees access to comprehensive healthcare for all Vermont residents....people will contribute based on their ability, so that low- and middle-income people pay a smaller share of their income on healthcare than the wealthy – the opposite of the current system.”

I urge you to provide for updating our plan. Get us back on the road to universal healthcare. Vermonters need it - and the nation needs our positive, not negative example. *Courage!*
Thank you.

And here’s a hard copy of our financing plan. Also at: *ditto*

http://www.nesri.org/sites/default/files/HCHR%20Financing%20Plan%202015%20final_0.pdf

see #105

HHC 2018 104 A 1/23/18

Traven Leysborn

Xenia Williams

Dear Senators and
Representatives

considering Senate Bill 53,
Universal Access to Primary Care -

Here is, essentially, the written
version of my testimony tonight.

Thank you,

Xenia S. Williams
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(802) 476-4067

Jan. 23, 2018
VT. State House
Public Hearing on
Access to Primary
Care, S.53

S.53 Christine Sicard APRIL
Univ. Primary Care my PEP at

Xenia Williams ①
Jan. 23, 2018

Gifford Health Care at Berlin
Federally Qualified Health Center

I am now on Medicare + Medicaid
as a "dual eligible"

Living on Social Security \$1,120 per mo.
So every six months, I must do the "spend down"
Below are some of the specialists I see regularly
(Primary Care only is Not Enough)

- ① Speech & Language Pathologist - brain damage work arounds, trying to deal with a high level of disorganization
- ② Podiatrist - bunionettes on feet
- ③ Vascular surgeon - monitor my thoracic aortic aneurysm that will kill me if it ruptures
- ④ Urologist - monitors my pee
- ⑤ Dermatologist - she diagnosed a precancerous lesion above my upper lip + zapped it with liquid nitrogen - zowie! (next page please)

Public Hearing on S.53
Universal Primary Care

Xenia Williams (2)

⑥ Radiologists — monitor severely arthritic spine, the polyps in my gall bladder, the aortic aneurysm, my scoliosis that aggravates the degenerative disc disease + other spine problems. I'm very lucky that most of my serious health issues show up on X-rays, MRIs, cat scans, etc — when it's known that you have a history of mental health issues, you are often not believed when you report health problems

⑦ service cats for my Post Traumatic Stress Disorder. For many years, I've worked to reduce the effects of PTSD (from childhood sexual abuse by a family member). Although mental health counseling from ^{human} therapists has helped, most helpful has been Kitty therapy from my live-in feline therapists. ^{Dec 11, 2017} My boy cat, "Almost," died on December 11, of 2017. He was a wonderful cat, and I miss him terribly. My girl Kitty, Nefertiti, is my only remaining therapist. Net lies on my bed, purring as I pet her in her favorite places, then purrs even ^{more loudly} _(next page please) ↓

January 23, 2018 S.53
Public Hearing, Statehouse
Universal Primary Care

Xenia Williams (3)

→ (continued), as I trained her to, in response to me taking off my glasses and burrying my face in her fur. I respond to her intense purring by passing into a mental state I call "Kitty Bliss". In "Kitty Bliss" I escape from feeling re-triggered into the terrifying re-experience of PTSD, of feeling powerless, + trapped by my sexual abuse predator. In "Kitty Bliss", I transcend all of that awful stuff, and all is right with the world.

Thank You,

Xenia S. Williams
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