

340b Legislation

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5/16/07

Ladies and Gentlemen of the VT state legislature:

I

am a private hematologist/oncologist in Newport VT, the population center of Orleans Co. in Vermont's very rural Northeast Kingdom. We have a unique situation in our region. We have essentially no capacity to care for our cancer patients. The local hospital, North Country Hospital (a critical access 25 bed facility in Newport) is financially unable to deliver treatment and lacks the personnel with the technical expertise as well. The closest alternatives are in St Johnsbury, St Albans and Morrisville. These destinations are more than 50 miles away for many of our patients. Along those routes Sheffield Heights, Eden Mills and Jay Peak offer significant hazard during winter months. The result of these circumstances is obvious: cancer survivors here must not only endure the emotional and physical trials associated with their diseases, they must also endure the taxing long distance travel and risks associated. Much of this travel is going to be particularly difficult due to nature of the treatments from which they are returning.

My staff and I are eager to provide this care for these patients. We have a private clinic in Newport approximately half of a mile from the hospital and emergency room and across the street from an ambulance depot. I employ a nurse with chemotherapy infusion experience and we have phlebotomy for lab draws on site. I myself finished my hematology/oncology fellowship at Yale in 2002 and have actively practiced cancer care ever since. In fact, we have been regularly infusing treatments to cancer patients here since June of this year with complete clinical success.

The only thing keeping us from providing this service to the whole of the county is finance. As a private clinic, we are subject to a higher pricing schedule for chemotherapy and other cancer treatment pharmaceuticals than a hospital of qualification. Were we a hospital there would be little chance of financial strife in these endeavors but without the special pricing we cannot take this on and remain salient. We tried and essentially failed despite the above noted clinical success.

Our only chances at financial viability are to receive a special dispensation for 340b pricing or essentially be subsidized by a larger entity. As it stands now, the 40,000 people of our region (an economically depressed area) experience a practical two-tiered healthcare system that favors more affluent regions for availability of care and practical extent of care. Please help us rectify this injustice.