

House Committee on Health Care
Montpelier, Vermont
3-7-2022

Honored Health Care Committee Members and Honorable Chair Lippert,

Nurses have been underrepresented, and their needs not adequately addressed, yet they represent the largest segment of the healthcare workforce, are considered the most trustworthy of all professions and play a huge role on the frontlines in our schools, hospitals, health centers, long-term care facilities and more.³ Nurses need representation on the Green Mountain Care Board (GMCB). Please ensure H.22 passes favorably before crossover or at least that H.498 incorporates a health professional in the GMCB selection reappointment process.

In 2019, many health professionals came before you in agreement that a health care professional was needed on the Green Mountain Care Board (GMCB). This included not only the American Nursing Association of Vermont, but also the Vermont Academy of Family Physicians, Physician Assistant Association of Vermont, Vermont Psychiatric Association, Bi-State Primary Care, VNAs of Vermont, Vermont Dental Society, Vermont Psychological Association, Vermont Nurse Practitioners Association, American Academy of Pediatrics Vermont Chapter, and the Vermont Medical Society. The GMCB was not against the idea. Yet the committee did not accede to the request. If a nurse was on the GMCB, we might be in a better place with our workforce today.

Perhaps the committee now recognizes that a health care professional with frontline experience needs to be on the GMCB. Nurses manage costs and provide quality care, which is more difficult when decisions are made by people who have no direct experience of how policy affects care implementation. Quality care cannot be achieved without involving top stakeholders who are affected. Currently, a physical therapist and health policy professor is on the GMCB, and a nurse was there before. It works. We need to ensure a health professional is always represented.

Nurses see the result of high insurance deductibles that delay treatment, long waiting times in emergency rooms, unaffordable medication, staff shortages, and clean up the damage left behind. Nurses implement quality assurance programs, do original research, comply with regulatory boards and manage budgets, as well as evaluating results. If the GMCB's three responsibilities are regulation, innovation, and evaluation, I can think of no one more qualified to be on it than a nurse who strives to improve health, and affordable access to quality care for all. ANA-Vermont:

- Strongly supports the wording in H.22 to include “an individual licensed as a registered nurse or an advanced practice registered nurse under 26 V.S.A. chapter 28”.
- Appreciates that health professionals will not have to cease employment to be on the GMCB
- Agrees with the intent to allow current GMCB members to serve until a vacancy occurs.

Nurses are more aware of care quality than others, because they spend more time with patients than any other health care provider. They are aware of workforce issues such as nurse shortages, and nurse faculty concerns. It is no secret that when there are less nurses, more patients die.² They are well-informed about violence as most nurses experience violence.¹ Nurses are knowledgeable about the opioid crisis, suicide, mental health, and end of life issues and are excellent problem solvers who work well with others.

ANA-VT notes that H.498, Sec. 3.18 V.S.A. § 9391. NOMINATION AND APPOINTMENT PROCESS (a) specifies that whenever a vacancy occurs, the Green Mountain Care Board Nominating Committee shall select for consideration by the Committee, as many candidates as it deems qualified for the position(s) to be filled. “The Committee shall base its determinations on the qualifications set forth in section 9392 of this section”.

§ 9392. Qualifications for nominees

The Green Mountain Care Board Nominating Committee shall assess candidates using the following criteria:

- (1) commitment to the principles expressed in section 9371 of this title;
- (2) knowledge of or expertise in health care policy, health care delivery, or health care financing, and openness to alternative approaches to health care;
- (3) possession of desirable personal characteristics, including integrity, impartiality, health, empathy, experience, diligence, neutrality, administrative and communication skills, social consciousness, public service, and regard for the public good;
- (4) knowledge, expertise, and characteristics that complement those of the remaining members of the Board;
- (5) impartiality and the ability to remain free from undue influence

ANA-Vermont reminds the Committee that **§ 9371. Principles for health care reform** includes:

- (1) The State of Vermont must ensure universal access to and coverage for high-quality, medically necessary health services for all Vermonters. Systemic barriers, such as cost, must not prevent people from accessing necessary health care. All Vermonters must receive affordable and appropriate health care at the appropriate time in the appropriate setting.
- (2) Overall health care costs must be contained, and growth in health care spending in Vermont must balance the health care needs of the population with the ability to pay for such care.
- (3) The health care system must be transparent in design, efficient in operation, and accountable to the people it serves. The State must ensure public participation in the design, implementation, evaluation, and accountability mechanisms of the health care system.
- (4) Primary care must be preserved and enhanced so that Vermonters have care available to them, preferably within their own communities. The health care system must ensure that Vermonters have access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care. Other aspects of Vermont's

health care infrastructure, including the educational and research missions of the State's academic medical center and other postsecondary educational institutions, the nonprofit missions of the community hospitals, and the critical access designation of rural hospitals, must be supported in such a way that all Vermonters, including those in rural areas, have access to necessary health services and that these health services are sustainable.

(5) Every Vermonter should be able to choose his or her health care providers.

(6) Vermonters should be aware of the costs of the health services they receive. Costs should be transparent and easy to understand.

(7) Individuals have a personal responsibility to maintain their own health and to use health resources wisely, and all individuals should have a financial stake in the health services they receive.

(8) The health care system must recognize the primacy of the relationship between patients and their health care practitioners, respecting the professional judgment of health care practitioners and the informed decisions of patients.

(9) Vermont's health delivery system must seek continuous improvement of health care quality and safety and of the health of the population and promote healthy lifestyles. The system therefore must be evaluated regularly for improvements in access, quality, and cost containment.

(10) Vermont's health care system must include mechanisms for containing all system costs and eliminating unnecessary expenditures, including by reducing administrative costs and by reducing costs that do not contribute to efficient, high-quality health services or improve health outcomes. Efforts to reduce overall health care costs should identify sources of excess cost growth.

(11) The financing of health care in Vermont must be sufficient, fair, predictable, transparent, sustainable, and shared equitably.

(12) The system must consider the effects of payment reform on individuals and on health care professionals and suppliers. It must enable health care professionals to provide, on a solvent basis, effective and efficient health services that are in the public interest.

(13) Vermont's health care system must operate as a partnership between consumers, employers, health care professionals, hospitals, and the State and federal government.

(18 V.S.A. § 9371)

Nurses, the largest segment of the healthcare workforce, who spend the most time with patients, are the best qualified to understand these principles and their effect. They understand the implementation better than no other profession. Despite the pandemic, staff [shortages](#), and increasing rates of [burnout](#), nurses were rated the most ethical profession the 20th year in a row.⁴ Hence the list of qualified people must include a qualified health care professional, preferably a nurse. If there is any concern about finding a qualified professional, ANA-Vermont would be happy to assist you in your search.

Respectfully,

Meredith Roberts, RN PhD
ANA-VT Executive Director

References

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8103077/#joh212226-bib-0015>
2. Bushak, L. (2016). More nurses, fewer patient deaths: The impact of nursing staff on quality of care. <https://www.medicaldaily.com/nurses-patient-mortality-hospital-372786>
3. Nurses on Boards Coalition. (2021). *Our story*. <https://www.nursesonboardscoalition.org/about/>
4. Stone, A. (2022, Jan.). *Gallop poll ranks nurses most honest and ethical profession for 20th consecutive year*. <https://voice.ons.org/advocacy/gallup-poll-ranks-nurses-most-honest-and-ethical-profession-for-20th-consecutive-year>
5. Title 18 : Health Chapter 220 : Green Mountain Care Board Subchapter 001 : Green Mountain Care Board