

April 14, 2026

Re: S.189: An act relating to establishing a process for reducing or eliminating hospital services  
ATTN: Rep. Alyssa Black, Chair, Vermont House Committee on Health Care,

Dear Chair Black

I write this note hoping to facilitate testimony from Rutland pediatricians, Rebecca Merrifox MD, FAAP, and Anna McCloy MD, FAAP to the House Committee on Health Care (the committee). As the committee contemplates the Senate-passed version of S.189, "An act relating to establishing a process for reducing or eliminating hospital services," you deserve further clarity on the recent Rutland Regional Medical Center's (RRMC) inpatient pediatric experience.

RRMC's attempt to close inpatient pediatrics is often referenced by the committee during S.189 discussions. It is evident that there is not a complete grasp of the process failures of RRMC's actions, the ensuing consequences and the outcomes to date. Dr Merrifox and Dr McCloy would like to share their insights. Their perspectives will most certainly assist the committee as you work to improve some of the bill's deficiencies.

The present procedures surrounding hospital service reduction/elimination as required by Act 68 are cumbersome and may benefit from refinement. However, in Rutland, Act 68 ultimately exacted candid transparency and objectivity. S.189's senate-passed, proposed wording, however, allows for conditions directly contrary to Vermont's health care system objectives.

The Rutland pediatricians would like to assist the committee with guidance by sharing experience, expertise and some concerns about S.189. Two troubling examples are elaborated:

S.189 gives a hospital responsibility for, and full control of a public engagement process. However, prior to the public engagement, the hospital has already decided to eliminate or reduce a service. Public engagement should instead be managed and consolidated by an objective regulatory authority. If the control were to remain with a hospital, community and stakeholder engagement potentially becomes little more than a public relations event. There is no effective, public weight to a hospital decision that was already made.

Likewise, no regulatory authority grants or denies a hospital service reduction/elimination request. As written, S.189 merely empowers the Agency of Human Services (AHS) non-binding commentary. Outside of budgeting and monitoring, Green Mountain Care Board's role appears vague. There is no assignment of definitive authority to prevent a hospital from pursuing a service reduction/elimination, even when determined detrimental to the Vermont health care system. The final paragraph of the S.189 implies, as it should, that an authority grants or denies the service reduction/elimination request. However, none is named. (...*"The Board, in collaboration with the Department of Financial Regulation, shall monitor the implementation of any **authorized** decrease reduction in or elimination of hospital services to determine its benefits to Vermonters or to Vermont's health care system, or both."*)

Your consideration to schedule Dr McCloy and Dr Merrifox for committee testimony is greatly appreciated. I am happy to assist with coordination. Or if preferred, please contact them directly using the attached information.

Thank you

David Schneider, DO, MS-HCT, FAAP  
Rutland, VT