

April 22, 2025

Good Morning Chair Black, Members of the Committee, and Interested Community Partners.

My name is Anna McCloy. I am a board-certified pediatrician. I have practiced primary care pediatrics at Community Health Centers of the Rutland Region (CHCRR), newborn medicine, and pediatric hospitalist medicine at Rutland Regional Medical Center (RRMC) for the last 13 years. I was born and raised here in Vermont. I attended medical school at The Larner College of Medicine at the University of Vermont. After residency, I returned to the state to practice. I am a parent of 2 children ages 12 and 15 years. Within the last year, I have been part of a medical team and community affected by service line reduction.

As a pediatrician, mother, and Vermonter I have a vested interest in Bill S.189. I am grateful for the opportunity to share my experience of Rutland Regional Medical Center's reduction of the pediatric service line over the past 6 months. My motivation to testify here today is threefold. First, I hope that sharing my experience will help us work together to preserve safe, appropriate, and sustainable healthcare for Vermont's children no matter where they live in our state. We must uphold high standards of care and do what is within our collective power to help all of Vermont's children to grow up healthy and to reach their greatest potential. Second, I wish to emphasize the importance of independent, objective, 3rd party oversight of hospital service line reduction. Lastly, I would like to help spare other communities, patients, and healthcare teams, the experience that we have had with service line reduction in Rutland.

On October 29, 2025, RRMC's leadership abruptly announced that they would close the pediatric inpatient unit in mid-December, less than 2 months later. The decision was announced without collaboration with nor warning given to the pediatric hospitalist team or staff. This decision was made without transparency or thoughtful planning. There was no transition plan or alternative model of care in development and we were headed into the winter viral season. This created chaos and exhaustion for our broader pediatric hospital care team. It sowed fear amongst our patients, their families, our staff, and community members. It seeded mistrust of the the hospital leadership. In early November, RRMC submitted their proposed service line reduction of inpatient pediatrics to the Green Mountain Care Board (GMCB). The GMCB provided a professional and transparent public engagement process that yielded over 300 well-informed and insightful letters from community members and medical staff opposing the proposal. The GMCB hearings facilitated critical thought, an objective look at the data provided, and discussion of the impacts this closure would have on our community and state. The process brought to light RRMC's inability to effectively justify or articulate clear reasoning for their proposal, casting doubt on their motives. It gave those doing the work, our pediatric team, a voice and a forum to correct misinformation and mischaracterizations of our service line that RRMC had spun to fit their agenda. In mid-December, the RRMC leadership rescinded their proposal from the GMCB oversight process in the 11th hour stating that they would now pursue the

closure under a new Agency of Human Services (AHS) framework. With this action they were able to avoid the GMCB's regulatory determination. Media headlines at the time misleadingly stated that RPMC would no longer close pediatrics despite their explicitly stated goal to do so. This further relieved the hospital leadership and their proposal from scrutiny.

Our team is not naive to the complexities of healthcare delivery. We understand that the healthcare landscape is ever-evolving and that change is inevitable. The absence of a formal process, lack of hospital accountability to a regulatory body, and the hospital's obstruction of meaningful collaboration with those who care for patients have made this a trying experience at best. Our Women's and Children's Unit has a culture of excellence, resilience and the innovation required for a rural healthcare setting. It is a safe, evidence-based, child-friendly medical care environment built over decades. I want to make the point that it has taken RPMC very little time to dismantle this essential service with no reasonable alternative established. As predicted in the fall, many of our most specialized, highly trained staff have resigned due to the destabilization of our unit. As resources and support have been callously withdrawn from the department of pediatrics, the burden of managing our sickest and most vulnerable pediatric patients through a busy winter viral season fell entirely on the pediatric nurses, respiratory therapists, support staff and pediatric hospitalists. It simply did not have to unfold this way. Welcoming a medical care team to the process with an openness to medical expertise, creativity and problem-solving could have yielded more success. Solutions are often found in the middle ground.

The Vermont Agency of Human Services has stated that it aims to strengthen the rural healthcare workforce, increase access to timely care, improve quality and reduce costs. Closures like ours function in opposition to those goals and will contribute to a system of healthcare inequity. We have seen this year with both the closure of the Copley Birthing Center and RPMC's Pediatric inpatient unit, that service lines that don't generate significant revenue for a hospital are easy targets for reduction. We cannot abandon accessible care for entire demographics, women and children. In the absence of inpatient pediatrics in Rutland, there will be increased transfers to tertiary care, 2 hours away. This will further disadvantage low-income, under-resourced and vulnerable populations. Mothers will disproportionately miss work, have to arrange additional child care, secure lodging, and carry the mental load of managing their child's illness far from home and away from their support network. Patient transports, increased emergency room care, delayed care, and increased use of tertiary care hospitals will mean higher costs to our health care system and for all Vermonters.

I can empathize with the idea that taking ownership of oversight or regulation for hospital service line reduction is not an appealing venture, but it is an indispensable piece of Vermont's healthcare puzzle. It is cumbersome, nuanced, and at times heart-wrenching, but it's of tremendous ethical importance. Our experience demonstrates the essential nature of independent, 3rd party review of hospital service line reduction proposals. Our example highlights the inability of hospital leadership and of a hospital board of directors to objectively evaluate and effectively administrate a service line

reduction. The RRMC Board has not engaged with us despite our outreach. They cannot provide the level of scrutiny required. With a unanimous vote for the reduction, they have effectively been a rubber stamp for RRMC's agenda. It is understandable. They are not at the bedside. They do not see what will be lost.

I have learned many hard lessons during the last six months, the hardest of which is that what is right will not always prevail. That being said, we have to try our hardest and do better than what happened in Rutland. Exceptional and accessible healthcare is valuable. I know that service line reductions will happen, but to the best of our ability, the process must be collaborative, thorough, respectful, equitable and with oversight. We fear that if recommendations given to hospitals are non-binding, they will simply choose not to follow them.

In honing this legislation, you have the opportunity to protect current and future generations of Vermonters.

Thank you for taking this testimony as you work through bill S.189. It is our privilege as pediatricians to be able to use our knowledge, agency, training, and position to advocate for the children and families in our own community and throughout Vermont.

Thank you for your time.

—Anna C. McCloy MD, FAAP