

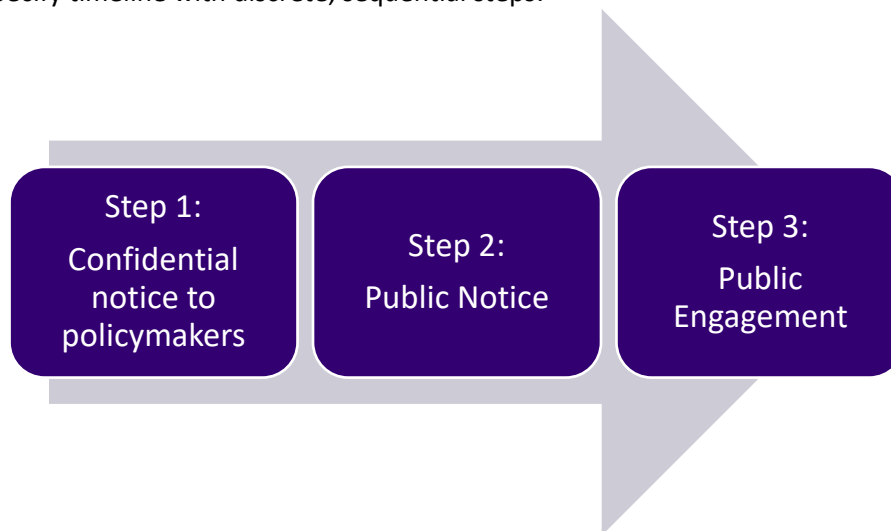


## Goals of Process

- Clarity around type of elimination and timeline
- Opportunity for the State to help
- Public notification and engagement
- Ensure affordability

## Clarity

- **Elimination** of services, not reduction, triggers the process
  - Hospitals flex beds and services up and down to react to patient volume and provider availability. Having to report this as a reduced service would create confusion and administrative burden.
- Apply process only to **permanent** elimination of services to show intentionality
  - Permanent elimination avoids the problem of the specialist who leaves and the 2-3 years it takes to recruit a replacement specialist
- Specify timeline with discrete, sequential steps:



## Opportunity for the State to help

- Hospital must first notify policymakers prior to notification and public engagement
- This notification should be confidential, so that if the state can help, there is less risk of turmoil and turnover for the hospital and community

## Public notification and engagement

- Public notification and engagement remains as is, except it comes after the opportunity for the State to help

## Ensuring affordability through the Green Mountain Care Board

- Eliminate “returned to Vermonters” and just keep “reflected in health insurance premiums or are reinvested in primary care, prevention, or other services”