2018 Exchange Filings
Public Comments to the
Green Mountain Care Board

Comment Period: May 12-July 27, 2017
(addresses and phone numbers redacted)

Comments received by the Board

Written: **114**
Video: **11**
MVP Hearing July 19: **0**
BCBSVT Hearing July 20: **15**
GMCB Public Forum July 27: **17**

Submitted on Tuesday, May 16, 2017 - 09:17 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Susan Birge
Town: Troy, VT

Before granting Blue Cross/Blue Shields request for a rate increase, please find out how much their CEO makes annually.
I have been unable to find out what Don George makes in salary and compensation as CEO of BC/BS of Vt.
I did find out through AIS Health, a watchdog group, that VT BC/BS reported compensation of approximately $636,000 to top officers at BC/BS of Vermont in 2015. It is unclear how much of that goes to Mr. George.
In 2015, the CEO of Cigna made around $43 million in salary and compensation.
This was listed in a proxy reported to the SEC by Cigna.
I am insured under Cigna. My rates go up every year.
Most Vermonters are already struggling to pay for health insurance. We should not have to support salaries of the wealthiest people in our state.

The results of this submission may be viewed at:
http://ratereview.vermont.gov/node/574/submission/449

-----Original Message-----
From: Mary Evslin
Sent: Sunday, May 14, 2017 11:14 AM
To: GMCB - Board <GMCB.Board@vermont.gov>
Subject: [Website feedback] congratulations on your courageous action

Mary Evslin (sent a message using the contact form at http://gmcboard.vermont.gov/contact.

Thank you for keeping the rates for citizens in mind. Your brave efforts are appreciated.

Submitted on Monday, May 15, 2017 - 13:16 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Matt lewis
Town: Brandon, VT

Comment: Please. I can't afford to pay more! I pay 406 and that's the cheapest insurance and I don't even use it. To pay more will squeeze more people out of affording it. Do not raise rates!!!

The results of this submission may be viewed at:
http://ratereview.vermont.gov/node/574/submission/445

Submitted on Monday, May 15, 2017 - 08:08 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Jen Rose Smith
Town: Winooski, VT

Comment: Raising the rates would be inexcusable. I'm a freelance writer and I pay $408 a month for the very cheapest plan available—with a huge deductible and very few things covered, that means my insurance is so expensive that I can't afford to go to the doctor.

The results of this submission may be viewed at:
http://ratereview.vermont.gov/node/574/submission/444

Submitted on Wed 7/12/2017 6:11 PM

Robert H Johnson (sent a message using the contact form at http://gmcboard.vermont.gov/contact.

pls note that a 12.7% rate increase in health insurance is too much for ordinary people

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Submitted on Thursday, July 13, 2017 - 7:10am Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Deb C. Baker
Town: Chester

Topic: Health Insurance Rate Review
Comment: Regarding the BCBS request for a substantial rate hike, I understand that the Public Service Board must take into account the ability of the company to remain solvent. I ask the Board to examine the pay gap between the CEO and Executive Administrators and base employee pay at BCBS. The ratio is obscene. Although it has become "standard practice" in the industry (especially health insurance) to expect a grotesque level of piracy at the top, Vermonters are unable and should not be forced to support this unchecked avaricious escalation.

A quick Google search shows numerous business articles questioning BCBS's pattern of humongous pay hikes for its CEO's and its top Execs. One does not need an MBA to understand that an effective path to solvency is to reign in expenses. It does not appear that BCBS is making responsible, savvy business decisions in this regard. This executive pay expansion looks for all the world like an addictive process rather than a sound business model.

BCBS is not seeking a solution, it is going to Vermont rate payers to get another "Fix" for out of control spending on executive salaries. It is high time for our Brave Little State to take a stand. Push back and suggest that a restructuring of their executive expense burden be handled within the company and not placed on already struggling Vermonters.
Otherwise, when does this stop? It is time for an intervention. The Public Service Board needs to serve the public and protect Vermont Consumers.

The results of this submission may be viewed at:
http://gmcboard.vermont.gov/node/277/submission/1654

Submitted on Thursday, July 13, 2017 - 07:39 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: David Bryant
Affiliation, if applicable:
Address: Rochester VT 05767
Comment: If the State of Vermont were to raise property taxes by 12.7% in one year, there would be riots in the streets. This is simply untenable. I personally have not had a pay raise in 10 years, and I'm certainly not the only one.....How about BCBS tightening their belts a little? I'm running out of notches on mine.

The results of this submission may be viewed at:
http://ratereview.vermont.gov/node/574/submission/520

Submitted on Thursday, July 13, 2017 - 8:46am Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Christine Gibson
Town: Shoreham, VT
Topic: Health Insurance Rate Review
My family has health insurance through BCBSVT. I have multiple sclerosis.
Vermont has the highest per capita incidence of MS in the country. The state's only MS specialist moved to Albany in the fall of 2015. Since then I have seen a nurse practitioner. UVM charges me for seeing a specialist even though my provider has not attended medical school. Because UVM is able to charge the same specialist rates for a nurse-practitioner as they did for a neurologist, I doubt they will ever replace the MS specialist neurologist that left almost two years ago.

I was left with two options when my doctor left: I could see another neurologist who did not have a good understanding of my particular condition or I could see the nurse, who would not have been trained in making a differential diagnosis. There are significant downsides to both options.

I have to have a yearly MRI under sedation. That costs me about $800 in co-pays. I have a son with eosinophilic esophagitis. He has to have twice yearly endoscopies that also cost us around $800 out of pocket each time. Now BCBS wants to raise their rates. I continue to see our family's health expenses rise while the quality of our care declines.

I urge you to work with BCBS to find a solution that minimizes an increase in financial burden to Vermont families. It would also be pretty great if you could somehow prevent UVM from charging the same for a specialist as for a nurse-practitioner. But I'll be happy with just a minimized rate hike.
The results of this submission may be viewed at:
http://gmcboard.vermont.gov/node/277/submission/1655

Submitted on Thursday, July 13, 2017 - 10:12am Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Jesse Roy

Town: Essex Junction, VT
Topic: Health Insurance Rate Review
Good Morning,

I am writing to express my concern over the proposed 12.7% increase in Blue Cross/Blue Shield of Vermont's premiums. a change that will represent a significant financial burden to many. Consumer health care costs in the United States, a system in which Blue Cross/Blue Shield is a major player, are already far higher than in many other developed countries--any request for more consumer spending should only occur after broad-scale measures are taken by providers to rein in costs. The opportunities exists--it is time for this system, and the politicians that buttress it, to stop kicking the can into our yards.

Thank you.

The results of this submission may be viewed at:
http://gmcboard.vermont.gov/node/277/submission/1657

Submitted on Thursday, July 13, 2017 - 12:01 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Alice Silverman
Affiliation, if applicable:
Comment: The rate increase proposed by BCBS is out of the ball park for Vermonters like me who are self employed and earning too much to qualify for subsidy assistance. As it stands I pay 530.00/month for myself and have close to a 5,000 deductible. I sprained my ankle and my PCP wanted me to get an x ray.. It cost me close to $800.00 out of pocket to cover that expense. The largest financial burden falls to people like me who are middle income and unduly burdened with the multiple costs of covering state funded programs like medicaid through taxes but then having to pay again for less than adequate coverage at the highest price. There is a better way and that is a single payer universal plan in which I would be happy to pay my fair share and in return be able to get needed health care if and when I need it without having to worry. I also resent BCBS high CEO pay that is out of line with salaries in Vermont as well as the extra money they have to fund public service projects.. Their job is to provide health care and if they have extra money left over for public service they are charging/making too much.

The results of this submission may be viewed at:
http://ratereview.vermont.gov/node/574/submission/521

Submitted on Thursday, July 13, 2017 - 12:13pm Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Erin Buckwalter
Town: Starksboro, VT
Topic: Health Insurance Rate Review
Comment: I have just learned that BCBS has requested a rate hike increase for next year averaging 12.7%. This requested rate increase on top of years of rates increasing may price my family out of the insurance market. We already qualify for a subsidy, but even with our subsidy, this rate increase could mean more than $1,000 in additional premium payments for us. In the past, these rate increases have also come with increased deductibles, meaning an even greater out of pocket cost. These are not costs qwe can continue to bear when our salaries are not increasing at a similar rate.

The results of this submission may be viewed at:
http://gmcboard.vermont.gov/node/277/submission/1663

Submitted on Thursday, July 13, 2017 - 12:29pm Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Janet McSorley
Affiliation: UVM Med center, employee, nurse practitioner
Town: Burlington, VT
About the BCBS rate hike: My comment relates to transparency and where all the money goes at BCBS. In an era of outrageous CEO salaries and profits and daily news about how well the economy is doing, it begs the question where is the money actually going? Does the GMB know where the money would go? Thank you

The results of this submission may be viewed at:
http://gmcboard.vermont.gov/node/277/submission/1664

Submitted on Friday, July 14, 2017 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Mary L. Barron
Town: Rutland

I am writing to put in my two cents urging you to reject BCBS's request for a large rate hike. I can barely afford my silver plan on the exchange as it is, and my subsidy will likely be lower next year because I'll be earning a little more. Although I'm a public school teacher, I work in 3 different supervisory unions and thus am ineligible for health care provided through my employers.

Thank you for your consideration.
Mary Barron
Rutland

Submitted on Friday, July 14, 2017 - 10:50am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Tamara S. Morgan
Town: East Randolph
I would like to strongly urge you to refuse Blue Cross/Blue Sheild of Vermont's proposed 12.7% rate hike. That increase is unjustified; if BC/BS isn't making enough money in their current model, perhaps they should look to internal cuts instead.

I would also strongly urge support of the publically financed health care system proposed in Act 48.
Sincerely,
Tamara Morgan
East Randolph, VT

Submitted on Friday, July 14, 2017 - 10:59am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Hannah Myers
Town: Braintree
Topic: Health Insurance Rate Review

I strongly urge the board not to support the 12.7% rate hike requested by BCBS. Vermonters have been facing rapidly increasing health care costs for years and cannot sustain another rate hike. Reports indicate this rate increase would translate to two months of groceries for Vermont families, many of whom are struggling as it is.

The Kaiser Family Foundation reported that Vermont's pre-subsidy health insurance premiums in 2016 were 60% higher than the national average for 40
year old individuals buying the silver plan. See:
http://www.kff.org/health-reform/fact-sheet/analysis-of-2016-premium-changes-in-the-affordable-care-acts-health-insurance-marketplaces/

Raising health insurance premiums by this significant margins will only make Vermont a less affordable place to live.

Wendy O'Dette

I am a retired teacher living on my retirement and savings. I caution the need to review increases that could devastate elderly people.

Submitted on Friday, July 14, 2017 - 8:34pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Timiny Bergstrom
Town: Essex

Topic: Health Insurance Rate Review

Comment: BCBS proposed rate hike would drastically impact my family. My husband and I are both teachers and we have two young sons. I have a rare genetic disorder. Health care is vitally important to us and we feel blessed to have such a fantastic insurance policy through bCBS. However, the proposed rate increase would cost us thousands of dollars and likely prevent us from being able to afford our annual summer family vacation to cape cod, which we are just finishing up now. Please, find a better way than hiking up prices on us hard-working middle class families.

Submitted on Friday, July 14, 2017 - 9:15pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Linden Higgins, M. Ed., Ph.D.
Town: Burlington
Topic: Health Insurance Rate Review
Comment: I am just started on the journey of my own business as an independent contractor. My existence is tenuous, and failure is very much a possibility as the data for persistence of new small businesses well demonstrate. As an older, albeit healthy, member of the Vermont population who rely on the ACA, increases to the premiums will hit hard, and may make it difficult for me to continue to do the good I know I am doing as an educator of educators, seeking to transform science education in Vermont and beyond.
Moreover, I note that health insurance companies are enjoying high profits and, in particular, the executives of health insurance companies are enjoying high salaries. I would like to know exactly why they are more important than I am?

Submitted on Saturday, July 15, 2017 - 10:18 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Brennan Neill
Comment:
I am writing about the suggested 12% rate increase from BCBS. For the past three years Ive been employed by a non profit and I have a family plan through BCBS. My employer doesn't cover a large portion of the premiums and it has been passed onto employees. In the three years Ive been here, I have paid over $24,000 in premiums. I then have a $7,500 deductible per person or
$14,000 for a family. My employer contributes nothing to my deductible. I essentially don't have health insurance as my exorbitant premiums make all out of pocket expenses affordable. My family literally can't afford to go the Dr because so much of our money goes to premiums. Please consider those of us who are considered middle class who are stuck paying so much in premiums we can't afford to go the Dr. It's a terrible situation to be in. I wish I could go to the doctor and see a dermatologist for possible

skin cancer but I literally dont have the money because of the premiums. 12% increase would just put actual, functional healthcare further out of reach for a regular middle class Vermonter.
Wealthy people dont have this problem. The poor have much better coverage than middle class. It's regular middle class tax payers that a 12% increase in premiums would impact most. Please consider us. Please help. Please help us get actual healthcare.

Submitted on Saturday, July 15, 2017 - 16:50 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Jeanette M Landin
Affiliation, if applicable:
Address: Putney
Comment: Raising rates, while padding the company's profits, would hurt the people the company serves. People don't want to pay for health insurance, but when they get sick it is a necessity. For people like me with chronic, incurable medical conditions, increased rates mean that we have to sacrifice yet another piece of our life to be able to live. Please consider your customers before your stockholders just once and make the ethical decision.

Submitted on Saturday, July 15, 2017 - 17:34 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Susan White
Affiliation, if applicable:
Address: lincoln vt 05443
Comment:
I have been a BC/BS subscriber for many years.
Both my husband and I are educators employed by private non-profit schools. I am the teaching director in an early childcare setting. I have a teaching license, I am a career early educator. My husband has taught middle school science for 16 years. Neither one of us anticipates the possibility of healthcare benefits being included in our employment package in a substantial way anytime soon.
We purchase our high deductible health insurance policy out of pocket as our employers do not offer health insurance benefits. We pay almost $1300/month for our policy for our family of 4.
When our oldest child started college in September, 2016, we had to purchase additional insurance coverage through the college because our policy didn't meet the level of coverage they require for their students.
The additional $2500 annually for this policy is in addition to our family's premiums. There is no reduction to remove one child from our BC/BS policy.
Our annual insurance costs and medical expenses equals more than half of one of our teaching salaries. Not only do we pay huge monthly premiums for coverage, medical bills are also expensive. Being generally healthy individuals, we never meet our $6000 deductible.
Our family simply struggles to make ends meet with $20000 annual costs for healthcare and insurance costs.
A 12.7% increase is both incomprehensible and impossible.

For those of us who work in jobs without benefits or are self employed, a single payer system would offer a huge and needed safety net and stress relief for many Vermonters.
Thank you for offering a platform for commentary and feedback.
I look forward to a fair and thoughtful outcome.
Su White

Submitted on Sunday, July 16, 2017 - 2:22pm Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Dana Goss
Town: Waitsfield

Topic: Health Insurance Rate Review
Comment: Blue Cross Blue Shield's proposed 12.7% health insurance rate hike for 2018 Vermont Health Connect plans would affect more than 70,000 people in Vermont. I oppose the rate hikes, which are the result of the market-based health insurance model, and call for the implementation of a publicly financed healthcare system for Vermont, as laid out in Act 48.

Submitted on Monday, July 17, 2017 - 10:16am Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Timothy O'Dell
Town: Corinth

Topic: Health Insurance Rate Review
Comment: The healthcare sector of the economy, to include providers, insurors, pharma, DME manufacturers, investors and all other elements of the
supply chain, is over built, over staffed, over paid in some instances,
consolidated and non-competitive and tending towared corrupt. Interventions that address only the means of finance will not address sector-wide cost drivers. The healthcare sector is eating the rest of the economy alive!
Bread must be ripped out of the mouths of those whose livelihoods have no effect on patient outcomes. Clearly, it's not principally the white coats and the white hats and the people who clean up. Sorry, this is ugly stuff, but you should anticipate growing support for this view. I doubt that you are reading it here first.

Submitted on Monday, July 17, 2017 at 10:40 am

Joanne Case, LICSW

To the Board:
Please do not rise the rates for my insurance. As a self-employed clinical social worker I am paying almost $600/month for coverage for myself. This is already outrageous. If the rates rise I will be forced to go without insurance, taking another healthy Vermonter (who supports the unhealthy population) out of the system.
Thank you,
Joanne Case, LICSW

Submitted on Tuesday, July 18, 2017 - 20:10 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Amy Robb
Affiliation, if applicable: BCBSVT subscriber
Comment:
I have been following the news story about BCBS's request to the GMCB to increase its subscribers rate. If BCBS wants a 12.7% increase to my Silver Plan that insures my family, this will be never ending hardship. Every year the premium increases. Does my income go up? No. Do my living expenses, yes! I believe in community and supporting our neighbors, but this has to stop.
Don't put the burden of those that take responsibility for their health choices. For the first time in my life, we are considering taking our chances and by passing up insurance coverage. Do you deny any persons treatment at the ER? No..but that is the problem...the cost are insane in the ER. Please, I know you will have to increase the rate until this is resolved at the Federal level, but only do this under 3%!

Submitted on Wednesday, July 19, 2017 - 10:58 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Sharon Stearns
Affiliation, if applicable:
Address: Brandon, VT
Comment: 12.9% increase requests by BCBS are too high. The state, the feds, and the taxpayers/users of the insurance cannot afford this large increase.
Insurance and health care are not affordable now, and these increases are not acceptable. Please deny these requests and allow them the cost of living increase. Vermont cannot afford to have the best up to date hospital buildings, and large executive bonuses. They must focus on direct care and making people well, all that should be achievable within the funds they receive now without a large increase. Please please protect the Vermont citizens from these large increases so we can afford health care.

Submitted on Wednesday, July 19, 2017 - 13:32 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Ed Garrett
Affiliation, if applicable:
Address: Hardwick, VT
Comment:
I am currently on Medicaid. For me it is important that rates for comprehensive health coverage, including out-of-pocket expenses (co-pay, deductibles, etc.) nor prevent me from taking employment. If I am priced out of health coverage for pre-existing conditions, my ability to rejoin the workforce is limited due to reliance on Public Funded Medicaid along with other support services. The transitional income amount going from Medicaid coverage to a comparable private healthcare even with ACA means that moving up a few dollars in income puts a person well below poverty due to premium and out of pocket costs. This does keep people from contributing to the tax base since the dollar amount jump required for disposable income parity from qualifying for public assistance to comparable private coverage can be more than double the allowable income cap for public assistance. That is more than available from a transition to full time employment from part time, and greater than provided by the legal minimum hourly wage for a full time employee. Considering that unmet medical needs reduce productivity and availability for work, higher plan premiums AND holding plan premiums low while allowing increases in deductibles and co-pays forces people out of the workforce. We simply cannot afford to work while paying for private health coverage or are restricted in our availability by caps on income for Medicaid.

A solution may be to raise the cap wage for Medicaid allowing workers to earn more and contribute taxes to offset increased enrollment. Best is finishing the Single Payer program so all taxable income contributes to Medicaid/Medicare and Premium healthcare plans can be offered privately.

Thank you.

Submitted on Wednesday, July 19, 2017 - 13:37 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: David Cadran
Affiliation, if applicable:
Address:
Comment: The rates that the insurance companies are requesting are substantial and will have a real impact on consumers that are already struggling to pay their premiums. The rate review process is one of the few areas that we can concretely force down the cost of healthcare and it should be used as such. Keep the price increase to within the rate of inflation.

Submitted on Wednesday, July 19, 2017 - 14:55 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Cassie Willner
Affiliation, if applicable:
Address: Montpelier
Comment: The rate hike will impact me and my family by 1) affordability. In that, if the increase is so much that we can't afford the monthly payment for our BCBS Standard Silver plan, we will opt to select a plan with higher co-pays or deductibles such as the Standard Bronze plan. This affects our 2) access to care because with higher co-pays (or none at all), I would likely NOT choose to visit the doctor knowing that I will have to pay out of the deductible. Thus, the 3) quality of my health could potentially suffer. I do not see any justice in charging a 12.7% increase when I will be lucky to get a 3% cost-of-living increase to my annual salary so how can I keep up with these annual premium increases that outpace the rate inflation by a remarkably unsustainable amount? I am paid fairly, work hard, and this is a criminal to the working Vermonters like myself who not receive health care benefits from their employers and must purchase health insurance on the exchange.

Submitted on Wednesday, July 19, 2017 - 14:56 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: John Benoit
Affiliation, if applicable:
Address: South Burlington
Comment: One night not long ago, I thought that I was having a heart attack.
My wife brought me to the ER. It turned out to be a panic attack. Later that month I got a bill for $1300.00. I had/have health insurance. With a $1500.00 deductible. Now I am uncertain how long that I will wait before going to the ER, the next time that I am having symptoms of a heart attack. I didn't get a physical this year because of my deductible. I have high blood pressure, high cholesterol and I should be getting yearly PSA tests at my age. I once used to think that I was so lucky to be born in the USA. Now I think that the USA is a barbaric country.

Submitted on Wednesday, July 19, 2017 - 14:57 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Michael Doran
Affiliation, if applicable:
Address: Vergennes
Comment:
Rate hikes are hard to take since there have been so many and our income is not rising as fast to keep up this.
Rate hikes have also negatively affected staffing and programming at the school where I work. More money is going into insurance and in turn, less is going into even the basics.

Submitted on Wednesday, July 19, 2017 - 14:58 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Eesha Williams
Affiliation, if applicable:
Address: Dummerston
Comment: Healthcare Is a Human Right!

Name: Katharine Hikel, MD
Affiliation, if applicable: Lown Institute
Town: Hinesburg
Topic: Health Insurance Rate Review

Please don't allow BCBSVT (my family's insurer) to raise premiums any higher.
My partner is now spending 1/4 to 1/3 of his income - even with contribution from the construction company he works for - on 'health care' with a huge deductible plan that penalizes people for actual preventive care. BCBSVT's 'share' of a covered treatment plan for our daughter just dropped, so we're paying more for that too (though there was no increase in cost from the provider).

Hospital budgets increased nearly 300% during the recent decade of expansion.
BCBSVT's prices have gone up every year, for most subscribers -- whose wages are not increasing proportionately. It is time to downsize the revenue-seeking 'industry' (which produces nothing) and restore health care to the affordable, sustainable public service that it once was.
Patient-centered care means patient-centered economics. We cannot afford to pay these insurers increasing prices for, essentially, nothing.

Indeed, it's the insurers who should be pressing hospitals to slash costs.
That won't happen unless theirs are slashed first.
The people must reshape the corporations; they won't do it themselves; that's why they must be regulated.

SO PLEASE! KEEP GOING!

My best,
Trina

Submitted on July 19, 2017
Name: John Dunham

Hello,
I am writing regarding the proposed rate increase. This is yet another increase that FAR exceeds the increases in our incomes. At some point it will no longer be a choice for us as to whether or not we buy insurance, it will simply be beyond our financial means. The current trend is not sustainable. I urge you to take a look at where this is going and to restrict this and future increases to a level that matches income increases.
Please also consider that the number of individual who, through the chance of their employment, did not end up in the pool to help with cost sharing.
The state needs to lead by example and participate in the exchange with the rest of us. This really should apply to ALL of the businesses who through their size were allowed to remain separate and negotiate their own plans.

John D

Submitted on Wednesday, July 19, 2017 - 14:59 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: charles parent
Affiliation, if applicable:
Address: hinesburg
Comment: The rate hike of 12.7% should be denied. Any rate hike should be denied. It is unconscionable to think that BCBS would need any more money.
Are their top executives on fixed incomes? What is the pay schedule for their top executives? People are dying in this country because they can't afford health insurance. People are waiting to receive medical care when they are sick and end up going to the emergency room because they can't afford health insurance. This increases the cost of health insurance for everyone. Health insurance in this country is too expensive because there is too much paperwork involved in billing and too much greed in the insurance industry, medical equipment manufacturing industry, pharmaceutical industry and on the part of some medical professionals. This country needs a Medicare for all but the wealthy system like the Veterans Administration has. I am retired and on a fixed income and any increase in healthcare costs would have an adverse affect on my mental and physical health.

Submitted on Wednesday, July 19, 2017 - 15:00 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Sam Conant
Affiliation, if applicable:
Address: Milton
Telephone Number:
Email Address: samcvt@gmail.com
Comment: While I'm fully insured by Medicare and TriCare for Life, I have family members and friends who have been covered by ACA regulated coverage.
I've been a mental health provider and a Primary Care business manager for several decades, and was a state and national leader in my professions membership association. Prior to ACA, our health care system was pejorative, and reeked of rationalization because of insurers cherry-picking based on age, prior medical history, and additional profit-centered criteria. ACA is in plac and can be improved.

Submitted on Wednesday, July 19, 2017 - 15:01 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Hayden Smith
Affiliation, if applicable:
Address: Brattleboro
Comment: The Green Mountain Care Board shouldn't allow BCBS and other private insurers to continue raising rates on health care plans that are already unaffordable for too many Vermonters. Insurance company overhead is in large part responsible for our failing health care system, representing money diverted from the provision of care to bureaucratic institutions whose only purpose is to decide who is and is not worthy of coverage. We Vermonters believe that everyone is worthy of coverage, which is why our elected officials passed the health care reform law that created the Green Mountain Care Board in the first place. The continued increases of the cost of healthcare that led BCBS to request this rate increase in the first place are due in large part to the failure of the state government to fully fund and implement Act 48. Also at fault is the disastrous administration currently in Washington, which threatens to further cut the Medicaid funding which so many of our most vulnerable neighbors rely on. The answer to this crisis, however, is not to continue further down the path of raising costs and lowering standards of care. By denying this rate increase, the GMCB can send a message to Montpelier and beyond that healthcare is a human right, not a source of profit.

Submitted on Wednesday, July 19, 2017 - 15:03 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Spoon Agave
Affiliation, if applicable:
Address: Brattleboro
Comment: I am 70 years old. I live largely on $1250/mo Social Security income. That however, although the average SS payout, puts me above the
$14,000 annual income threshold. I get help with Part B Medicare and pay only $15/mo for that. However the gap insurance is $156/mo. Co-pays for drugs and some things that aren't covered bring my constant medical expenses to almost $200/mo. That leaves $1,050/mo for rent, food and all other living expenses.
I have 50% lung capacity due to emphysema and arthritis that has destroyed all the cartilage in both knees. Any increase in health costs is very difficult to bear.

Submitted on Wednesday, July 19, 2017 - 15:04 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Lily Naha
Affiliation, if applicable:
Address: Brattleboro
Comment: I moved to Vermont two years ago, graduated college here, and am currently on Medicaid. I'm lucky enough that Medicaid covers all of my healthcare needs pretty well right now, but if my income goes up above 138% of the federal poverty level, it's quite likely that I'll no longer be able to afford health insurance on top of repaying student loans. Letting insurance companies like Blue Cross Blue Shield demand exorbitant new fees from the public at will makes Vermont much less livable for myself and many other recent gradates, and makes it much more likely that I'll relocate out of the country to continue my career in an environment where I can access better medical care.

Submitted on Wednesday, July 19, 2017 - 15:05 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: LORIE CARTWRIGHT
Affiliation, if applicable:
Address: PUTNEY
Comment: I do not have health insurance. I cannot afford it. This rate increase will make the luxury of health insurance even more unaffordable to me and countless others. I cannot speak about the impact of the rate hike on quality of care because basically I have none.

Submitted on Wednesday, July 19, 2017 - 15:06 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: ed gallagher
Affiliation, if applicable:
Address: st johnsbury
Comment: 1.3 annual percent raise,thats what my USPS union gets me for a annual raise. Teachers get 6-8% raise annually. Take the step to curb medical costs and cap annual increases to 1.3 %

Submitted on Wednesday, July 19, 2017 - 15:08 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Darcy Gingerich
Affiliation, if applicable:
Address: Putney
Comment: I work as a mental health and alcohol and drug abuse counselor at a nonprofit. Since VHap was changed to private carriers, some of my most vulnerable patients were unable to continue their psychotherapy. If this rate hike is accepted, it will surely impact even more of the hardworking people for whom I am honored to provide care. It is unethical for me to stand by and not to speak for people who are doing their very best every day just to take care of themselves and their families. Don't allow this rate hike, please!

Submitted on Wednesday, July 19, 2017 - 15:10 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Sylvia Dodge
Affiliation, if applicable:
Address: Lyndonville
Comment:
I turned 57-years-old a few days ago. My job as a school counselor was eliminated this year at Lyndon Institute (along with the jobs of 14 other people). I will soon be divorced.

I have worked hard all my life, and now face the possibility of having no health insurance at this time in my life as I grow older and may need it. The several other people who lost their jobs at the school due to no fault of their own also face this scary dilemma. In a country as rich as the United States, denying health care security is immoral!

Submitted on Wednesday, July 19, 2017 - 15:11 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Sandra Brutkoski
Affiliation, if applicable:
Address: Brandon
Comment: I am a 71 year old woman with insulin dependent diabetes and on a fixed income. I have been a nurse for 50 years and believe Insurance industries should advocate for the most vulnerable of their customers. I applaud the positive efforts they make in promoting healthy life styles. I don't think they try to be part of a solution to promote health care as a right.

Submitted on Wednesday, July 19, 2017 - 15:12 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Kathy Heitkamp
Affiliation, if applicable:
Address: Weybridge
Comment:
When my husband and I were raising a young family we went 14 years without healthcare. We paid for two pregnancies, a week long stay for a premature newborn a tonsillectomy, stitches and well and sick child visits. We did not have any healthcare options because my husband had his own carpentry business. Our lives were filled with anxiety what if someone really became ill.
I believe that Universal Healthcare will improve the economy. People will be able to become entrepreneurs, rather than being stuck in a job they do not like but do because of healthcare. This will reduce peoples stress and unhappiness and may improve the physical and mental health of the people of Vermont. Children would grow up happier and healthier, we might be able to solve or prevent and increase in our opiate crisis. Our elderly and chronically ill will have the care that they need. In the long run Universal Healthcare will decrease the cost of healthcare in the state.
Sincerely,
Kathy Heitkamp

Submitted on Wednesday, July 19, 2017 - 15:13 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Michael Landis
Affiliation, if applicable:
Address: Guilford
Comment:
Dear Members of the Green Mountain Care Board, Please don't grant Blue Cross/Blue Shield's request for a 12.7% rate increase. As you know, most Vermonters receive 2% or less annual pay increase; many receive significantly less, if anything. Also, as U.N. figures reveal, the U.S. pays approximately twice as much for health care as advanced Western countries (most of which, by the way, have single-payer systems), yet our life expectancy ranks well below these countries. Although I am covered by Medicare, my wife and one of my two daughters, currently a UVM student, are still dependent on my wife's coverage. After 36 years working (on an executive level) for the same agency, she has recently been terminated, and must now pay for coverage through COBRA, which is significantly more.

Although I teach half the year, I do not qualify for coverage through my employer. Hence, a 12.7% increase would, if the rest of my family should opt for BC/BS coverage through Vermont Health Connect would be an even greater hardship. Why do most of the nations of Western Europe pay approximately $6,000/year for health coverage, while we here pay over $11,000/year?
Shouldn't BC/BS be encouraged to more efficiency? After all, they are a non-profit company. Increasing their rates by more than 12% encourages waste and inefficiency.
Thank you for your time and consideration.
Michael N. Landis
Guilford, VT 05301

Submitted on Wednesday, July 19, 2017 - 15:14 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Sylvia Knight
Affiliation, if applicable:
Address: Burlington
Comment:
One issue that concerns me is waste of resources, money and employee time when duplicate insurance cards are sent out usually within 3 or 4 months of each other. I have seen this several years in a row. It does not increase my confidence that BC/BS manages its resources well.
A 16% rate hike represents an additional $16.51 that my husband and I would have to pay per month.
We need a single-payer system.
In 2012 BCBS-VT paid out $2,000,991 for CEO salaries, bonuses, lobbying, board member salaries, and legal fees regarding claims denials!
https://vtdigger.org/2013/03/20/new-disclosures-show-mvp-denied-15-5-percent-of-patient-claims-in-2012-blue-cross-denied-7-6-percent/
I see no plausible rationale for taking additional money from ordinary citizens when over $2million are used for expenses not related to health care.

Submitted on Wednesday, July 19, 2017 - 15:15 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Louise Cadwell
Affiliation, if applicable:
Address: Middlebury
Comment: We are shocked that Blue Cross Blue Shield is asking for a 12.7% rate increase! Just as Vermonters are facing loosing the ACA, BC/BS wants to increase costs by that enormous percentage. We need universal, affordable healthcare for all. This is a blow that is not ethical and not necessary. Please Vermont legislators, do not approve this.

Submitted on Wednesday, July 19, 2017 - 15:38 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: John Cadwell
Affiliation, if applicable:
Address: Middlebury
Comment: WE need universal affordable health care. ABSOLUTELY MUST DENY BC/BS THE RATE HIKE.

Submitted on Wednesday, July 19, 2017 - 15:39 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Caitlin Gildrien
Affiliation, if applicable:
Address: Leicester
Comment: Last week, I cancelled an MRI that my neurologist ordered because I just can't afford it, even with insurance. It is outrageous that an insurance plan that already costs 10% of my income doesn't provide the coverage I need to make important procedures affordable. An increase in rates would also increase the burden on my family as we struggle to pay for our medical care.

Submitted on Wednesday, July 19, 2017 - 15:40 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Samantha Langevin
Affiliation, if applicable:
Address: Bristol
Comment:
I am increasingly frustrated with the level of care I receive for the price I pay. Not only are my choices for health care providers limited, but the ones I do have access to are expensive. Though I do not make much and work two jobs, I don't qualify for much of a subsidy and currently pay a lot for health insurance - 1/4 of my monthly mortgage. A rate hike would make it impossible for me to continue to have health insurance. Though I am young and healthy, that is no reason for me to forego preventative care and access to medical services. The same goes for my partner, who currently works 3 jobs.
One of those jobs, as a self employed farmer, is physically demanding, which makes affordable health care even more necessary. As a state that prides itself on its agriculture, it is reprehensible that we would consider moving access to a doctor even farther from the reach of our rural farmers.

I am in no way against the ACA - it has made health insurance coverage a possibility for me. But I grow more and more confused as to the point of health insurance companies - seems like a scam rather than peace of mind. And a rate hike only serves to emphasize that point

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Submitted on Wednesday, July 19, 2017 - 15:41 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Heather Fuller
Affiliation, if applicable:
Address: Underhill
Comment: I have family who struggle with addiction and mental health issues.
Without good healthcare, the lower classes are left impoverished and sometimes on the street. It is vital to take care of those who are suffering and in need. Wealth should not be what determines someones ability to live as a human being.

Submitted on Wednesday, July 19, 2017 - 15:42 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Neily Jennings
Affiliation, if applicable:
Address: Starksboro
Comment: My son was born in November 2015 and was on Medicaid for the first year of his life. He had excellent medical insurance for a very affordable $60/month. This year, I began working more, and our household income increased just enough that we were no longer eligible for Medicaid. We ended up enrolling him in a catastrophic plan with Blue Cross Blue Shield for $240 per month. We took a gamble on a lower premium plan because our family budget was too tight to justify a more expensive plan. We make do with one car despite living in a rural area, and we have tried to cut other expenses where we can to ensure that we break even each month. A 12.7% increase would be really hard on our family and others like us.

Submitted on Wednesday, July 19, 2017 - 15:44 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Leah Frank
Affiliation, if applicable:
Address: Bennington
Comment: I'm on a fixed income and the expenses are already pushing me against a wall. I do not know how I would be able to meet the needs another rate rise.

Submitted on Wednesday, July 19, 2017 - 15:45 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Andrea Mills
Affiliation, if applicable:
Address: Websterville
Comment: I currently have health insurance through my employer. I have a high deductible plan. My deductible is 2000. At the moment the premium is covered by the employer but in ongoing negotiations the employer is asking us to pay a premium amounting to 400 to 800 dollars a year. Because all of these figures are based on the insurance marketplace I cannot afford to actually use my insurance. I make about 34,000 a year and 2400 to 2800 for something I can't even use seems a significant amount to me. I truly believe health care should be single payer and not marketplace based. Regular people can not

afford to support bloated insurance cost to pay big CEO salaries. I believe that Healthcare is a Human Right. As members of the Green Mountain Care Board, you have a responsibility to reject these unaffordable rate hikes, and do everything possible to move our state towards providing healthcare as a public good for all. A hike of over 12% is unsupportable.

Submitted on Wednesday, July 19, 2017 - 15:50 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Nicholas Ahlgren
Affiliation, if applicable:
Address: Brattleboro
Comment: I currently am going into my junior year at Keene State College. I am currently working for minimum wage for the summer in Brattleboro Vermont so I can afford to go to college. When I go back to college, I will be working less and making less money. I have already taken some loans for my degree program, so I am already in debt. Currently, I have Vermont Medicaid since I make so little money. However, if I were to make more money, I would have to go on the exchange and get a plan. With the proposed rate hike of 12.7%, there would be no way that I could afford that and I would no longer have health care. This is something that always scares me since I have been diagnosed with hypertension since it runs in my family. I am also going to school as an independent student, meaning I cannot go onto a family plan.
This is one of the reasons why I think that Vermont should turn away from for profit health care and go to a universal system.

Submitted on Thursday, July 27, 2017 - 16:54 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Debra Stoleroff
Affiliation, if applicable:
Address: Plainfield
Comment:
As a middle age, single woman with a middle class income I am finding my BCBS health care premiums, deductibles and co-pays have already risen to a point that I have to choose between my personal health and the expenses I have to pay out. A 12.7% hike will make my decisions to be proactive and reactive to my health issues even greater. If I can't attend to my current health issues I a at greater risk for more severe health issues as I age which will then be more costly to me as well as BCBS; clearly this is an unnecessary and, I would say, poorly visioned, viscous cycle! It is antithetical to the reason one has health insurance to begin with.

I believe that Healthcare is a Human Right. As members of the Green Mountain Care Board, you have a responsibility to reject these unaffordable rate hikes, and do everything possible to move our state towards providing healthcare as a public good for all.

Submitted on Thursday, July 27, 2017 - 16:53 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Nancy Detra
Affiliation, if applicable:
Address: Guilford
Comment: I'm not on BC/BS, but I assume, if this rate hike goes through, it will just be a short time before my state sponsored insurance goes up too. My family is already paying more for health insurance since my husband went on Medicare. I'm ready to see VT take Act 48 seriously and design a single payer program for all.

Submitted on Thursday, July 27, 2017 - 16:52 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: jon king
Affiliation, if applicable:
Address: Brattleboro
Comment: vermont, along with the rest of the country continues to make health care out of reach for many citizens. when folks are able to pay for health insurance it becomes a huge burden. i'm talking about everyday working people and middle income people not the wealthy who are doing just fine. while the world passes the united states by in terms of making health care a human right we are mired in a cruel for profit system that is literally killing people for the benefit of hugely wealthy corporations. what is wrong with this country's leaders? tell me.

Submitted on Thursday, July 27, 2017 - 16:51 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Christian Henning
Affiliation, if applicable:
Address: Chester
Comment:
After three years on Medicaid in Vermont, I am working a new job that pays for some of the insurance cost of BCBS plans. I live with HIV, so it's absolutely essential that I have health insurance. I take daily medication for HIV that would cost $2,800 per month without insurance. It's not reasonable for me to have anything less than a Silver plan, and I pay anything above the amount that my employer pays. Thus, these increases will come directly out of my pocket. I have never had an annual wage increase of more than 5%, and often quite a bit less. If BCBS is allowed to increase the rates by this amount, I will take home less money next year than this. BCBS is literally reducing my ability to live a healthy and happy life.

Rather than increase rates, BCBS should put pressure on drug companies to sell HIV and other critical medications for reasonable prices! Pharmaceutical companies should not be making billions on a plague. In fact, health care should not be a for-profit industry at all!

Submitted on Thursday, July 27, 2017 - 13:57 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Sonja Ennis
Affiliation, if applicable:
Address:
Comment: NO to any premium increases! We don't need ANY Health Insurance company to oversee and dictate our health care. We need to disembark the "system" and create Universal Health Care where ALL are covered. The solution is simple. Get rid of FICA, everyone, "everyone" pays in with income caps, an income based co-pay, significantly reduction in prescription medications costs, where body, dental, vision and mental health is included. No preexisting conditions excluded. "Total Universal Health Care!" Corporations can contribute also by paying in, in relation to their profits and based on, per employee. No more Medicaid or Medicare. We all pay in a percentage of our income per week or per quarter or per year.

Submitted on Wednesday, July 26, 2017 - 21:53 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: John Field
Affiliation, if applicable:
Address:
Comment: It is phenomenally unfair for BCBS of VT to request a boost in their rates of 12.7 %. My wife and I are retired, and on a fixed income. We each have a supplemental policy with BCBS and while this extremely profitable company proposes this usurious increase, knowing that even if they are given half (6.4%), they'll still be making a windfall jump in their earnings. The thousands of Vermonters who would be forced to bear the burden of such an increase in premiums, ARE NOT GETTING A PARALLEL BOOST IN OUR INCOMES OF 6 - 12.7%, BUT THERE APPEARS TO BE NO END IN SIGHT to the amount of increases granted to BCBS. GMCB,Please remember you represent us, the citizens of Vermont, and please act responsibly and deny this unfair boost in rates.
Thank you

Submitted on Wednesday, July 26, 2017 - 19:59 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Susan Bonthron
Affiliation, if applicable:
Address:
Comment: Please do not further oppress the exhausted, sick, working people of this state.

Submitted on Wednesday, July 26, 2017 - 18:36 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Rolf Parker-Houghton
Affiliation, if applicable:
Address:
Comment:

Please, please, please. Do not approve this rate increase. People cannot afford increases like this,

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Submitted on Wednesday, July 26, 2017 - 17:24 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Ellen Schwartz
Affiliation, if applicable:
Address: Brattleboro
Comment:
I am on Medicare so I benefit from a publicly funded system that recognizes that older folks and people with disabilities should be able to access healthcare. Medicare isn't perfect, especially if you can't afford a supplement or, if, as I do, you need expensive dental care. It's not perfect, but it's something.

I'm concerned about the effect of the proposed rate increases on people who have no choice but to buy individual insurance on the marketplace or to do without. I still remember—45 years later—what it was like to end up in the ER delirious with fever because I had pneumonia and no health insurance.
It was a Saturday night, and I got lost in the shuffle of a busy and understaffed Boston emergency room. I would not wish this experience—or any of the myriad other ways people cope with lack of access to healthcare—on anyone.

The promise of Act 48 was that Vermont would have a universal publicly financed healthcare system. Every year I come to these hearings and listen to people who are struggling to meet their fundamental human need for healthcare. Some navigate a complex web of systems, others do without care, and still others patch together some of what they need. This is frankly immoral, especially in a country as rich as ours. We don't need to be subsidizing 6-figure salaries for insurance company executives, while at the other end of the spectrum people are foregoing care or going into medical debt.

I implore you to recommit yourselves to Act 48, the law that created the Board on which you sit. If you haven't recently read the law, please do. It sets forth a vision for healthcare in Vermont that is both humane and achievable. Among other things, it states:

"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."

And…

"The health care system must be transparent in design, efficient in operation, and accountable to the people it serves."

And…

"… all Vermont residents shall be eligible for Green Mountain Care, a universal health care program that will provide health benefits through a single payment system."

I am still waiting for Green Mountain Care to be implemented. That—rather than annual premium hikes and a marketplace with high deductible plans that provide insurance but limit healthcare—is the solution to the spiraling healthcare crisis that is eroding the health of people in our communities. Please reject the rate increases and, instead, work on the full implementation of Act 48 and our human right to healthcare.

Submitted on Wednesday, July 26, 2017 - 13:56 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Virginia Goodman
Affiliation, if applicable:
Address: Brattleboro
Comment:
I am lucky enough to have health care through my employer but do pay for my husband's deductible. The ongoing rising costs make paying off the bills incurred to meet the deductible ever more difficult. As a non union teacher--I pay all of our deductible and and his premium. Rate hikes almost guarantee that we never get ahead and are always treading water--which is not a way to live. We then have to choose to go to the doctor or not--as we believe we can afford it.

Submitted on Wednesday, July 26, 2017 - 13:54 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Victoria Senni
Affiliation, if applicable:
Address: Brattleboro
Comment:
Affordability is not just a problem for low-income Vermonters-- it is a universal issue.
I work for a wonderful nonprofit and I am covered by BCBS. My husband and I are struggling significantly to pay for our healthcare with a deductible of
$5,000 and a high premium, even if I contribute the maximum allowable amount to my HSA and use that to pay my bills.
It's an enormous burden, and my husband and I are only 35 and 36 years old.
We are struggling to stay in Vermont, a place where he grew up and I would like to continue growing our family and careers.
Rate hikes are too much to ask of Vermonters right now. It would be bad for families, communities, and our economy.
Can we please focus on coverage of preventive care rather that further burdening us with higher healthcare costs?
After paying my premiums last year and meeting my deductible in December (just before it starts at zero again), I am responsible for nearly $9,000! I can't imagine having that much money, and will therefore be paying it off for years. This further hinders me from paying student loan debt, putting food on the table, paying rent, buying gas... and forget the idea of home ownership.
Please, please do not hike the rates of our insurance premiums. We can't afford it.

Name: Linda Bailey
Affiliation, if applicable:
Address: Brattleboro
Comment: Our current premiums pay for a policy that is essentially catastrophic coverage - even though it is called a bronze package. Luckily we are mostly healthy, since the deductible is so high. A very few things are covered as preventative, but never all of the tests that the doctor recommends ('Oh, that's not on the federally required list'), particularly as we fall into the 'over 55 years old' category. Raising the premiums further for coverage that provides so little will make it even harder to pay the money to a company that generates so much paperwork for everyone but provides no direct care.

Submitted on Wednesday, July 26, 2017 - 13:52 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Griff Radulski
Affiliation, if applicable:
Address: Burlington
Comment: I get insurance through my job. Luckily my employers contribute
$2000 to an FSA to cover most of their employees' $2500 deductible. I pay $50/month for insurance for just me and I don't cost the insurance company a thing because I never go above my deductible. This great rate is also subsidized by my employer. The company I work for is small and doing just ok.
My bosses have enough to worry about without paying more to BCBS ... For what? We are paid to do some good in the world. They are paid to argue claims. If my employer and me between us had to come up with 12% more, something would give. A lower FSA or even elimination might be what gives, and then I would be paying $120 for a doctor's appointment ... No way! I'd rather go without care. And in my old age, who would pay for my neglect of my body? Not Blue Cross! The great state of Vermont. I'd rather pay Vermont to take care of me now, so the state could negotiate lower rates by kicking out the insurance middlemen. Single payer care for all!

Submitted on Wednesday, July 26, 2017 - 13:51 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Denise Glover
Affiliation, if applicable:
Address: Brattleboro
Comment: Both my son and I already have trouble affording health insurance.
We both have to manage anxiety and depression, and meds are expensive, as are psychiatrist visits and therapy. Please don't raise rates again. It's hard enough to find a doctor that can see you in a timely manner and is a decent doctor that listens.

Submitted on Wednesday, July 26, 2017 - 13:49 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Cassie Willner
Affiliation, if applicable:
Address:
Comment: I wish I got a 12.7% raise this year. Then maybe I could afford that kind of rate hike for my Blue Cross silver plan that I purchase through the Vermont Health Connect. But no--I get a humble 3% COLA that is certainly better than nothing. I work at a good job at a small nonprofit that isn't able to offer health insurance to its employees. That kind of rate hike will be noticed in my family, and we would likely have to switch to the bronze plan in order to keep the monthly premium payments to a similar cost. That means I won't get as good as coverage and won't go to the doctor when I'm sick because of the office visit costs. All in all, this is a very disappointing scenario in an already discouraging system where the health insurance premiums are too high.

Submitted on Wednesday, July 26, 2017 - 13:47 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Colin Gunn
Affiliation, if applicable:
Address: Montpelier
Comment:
I have a steady and good income and the state pays for a portion of my health care premiums and I still have the worst health insurance plan I have seen and am paying more for it than I ever have before. When I do my yearly budgeting I always look at what the penalty would be for letting it go; it has become such a significant expense that paying the penalty and taking on the risk of an illness or injury bankrupting me is nearly worth it.

If I feel the impact of the current health insurance system this severely, then there are others who are having a much harder time of it than I. Rate hikes will only exasperate that. It feels as if Blue Cross Blue Shield is taking advantage of the fact that we are forced to buy insurance from them or MVP in order to ratchet premiums up and squeeze as much money out of us as possible, not as if they are actually concerned about delivering good care to as many people as possible.

I urge you to decline requests for rate hikes, to be a bulwark for VT citizens, to allow only reasonable growth in rates, or none, or demand reductions. I urge you to pursue single-payer health care, or another model that does not include such terrific expenses that must be paid directly from citizens to third-party companies.

Thank you for your work, and for your time, Colin Gunn

Submitted on Wednesday, July 26, 2017 - 13:45 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Candy Jones
Affiliation, if applicable:
Address: Rutland
Comment:
Hi,
I am a self-employed, sole proprietor of a small business. I am dependent on Vt. Health Connect for coverage with BC/BS as my provider. I qualify for subsidized premium assistance.
One of the things that really bothers me about this system is that there are not rewards for choosing healthy lifestyles. If I were 40 years younger, I would be in the category of the "indestructibles/immortals" that characterize young people that the health care system needs in the insurance pool to help cover for the non-healthy people.
I rarely use the allopathic medical system at all. My yearly annual exams are basically a meet and greet with my Primary Care Physician. I have never had
HPV- the precursor for cervical cancer. I do monthly breast exams. This year I am due (after 10 years) for a colonoscopy: hardly considered a major medical procedure. I have very little alarming family medical history.
Yet my total premiums for coverage are exactly the same as everyone else - those who use the system extensively, moderately, or occasionally. I realize that there needs to be low risk people in the pool to

make the whole thing work, but if we, as a State, or collectively as a society, are truly interested in HEALTH, and want to keep costs down, and encourage less dependence on medical intervention and prescription drugs, then there needs to be some incentives for good health. Is there a way to accomplish this without being punitive to those with unavoidable medical conditions?
As we move forward towards universal health care coverage, we have to consider health education as a major part of the equation.
Personally, because I rarely use the the allopathic system for my health care needs, a rate increase of 12.7% would make me consider dropping out altogether. I may decide to risk it for the next 6 years until I am eligible for Medicare. I could use those extra few hundred dollars a month to pay for additional supportive naturopathic treatments such as acupuncture, massage and chiropractor services. This would remove me altogether from the insurance pool, and potentially put me at great financial risk were anything catastrophic to happen to me.
Thank you for your time.

Submitted on Wednesday, July 26, 2017 - 13:44 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Stephanie Machado
Affiliation, if applicable:
Address: Springfield
Comment: The cost to insure just my husband and I is ridiculous. We have the silver standard plan. I still have to make payment plans with hospitals because the deductible for services is too high. Meanwhile BC/BS spends a huge amount of money on marketing and other programs. We have no other option. The insurance companies are benefiting and the consumer is suffering.
This has to stop now.

Submitted on Wednesday, July 26, 2017 - 13:43 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Charlie Murphy
Affiliation, if applicable:
Address: Bennington
Comment: Dear GMC Board: I am writing this testimony because I believe that Health Care is a Human Right! I feel that the current system where insurance companies base what they provide to the public as a product is not sustainable. As was pointed out by Michael Fisher the BC/BS and MPV rate increases as requested will force people to pay higher premiums to the point that some will not get a subsidy to compensate for the increase. People will lose their health insurance. In turn, if the insurance companies do not get their rate increase then their business model is threatened and their sustainability. In my opinion, sooner or later, something has to give. We need to treat health care as a public good and not as a commodity.

Submitted on Wednesday, July 26, 2017 - 13:42 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Joyce Werntgen
Affiliation, if applicable:
Address: Montpelier
Comment: I am a senior citizen on Medicare with BC/BS Medigap insurance. I pay $168.62 a month for this coverage along with $43.10 a month for Part D drug coverage in addition to the $109 taken out of my social security monthly payments for Medicare. How many per cent age increases will be allowed to BC/BS before it is enough and before I have little left from my hard earned social security amount. I started working when I was 18 and retired at 74.....enough is enough! Please do not agree to any further rate increases.
I believe Healthcare is a Human Right. Your Board has a responsibility to reject these unaffordable rate hikes and do everything possible to move our state towards providing healthcare as a public good for all. We critically need a publicly financed system for Vermont as laid out in Act 48.

Submitted on Wednesday, July 26, 2017 - 13:40 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Ann Zimmerman
Affiliation, if applicable:
Address: Guilford
Comment:
I attended the rate hike hearing at the statehouse on July 20th, and when it came time for public comment, after about 6 hours of listening to Blue Cross/Blue Shield's number crunchers, an alternative number cruncher, and then the insurance industries "expert witnesses", and after many who came to testify had to leave, my name was finally called. While hurriedly trying to say my piece in less than 2 minutes, after having taken the day off of work and traveled 2 hours to be there, a board member attempted to cut me off, and I did not get to state my main point clearly, which is this:

Low-income people in Vermont, and I count myself among them, are already under an inordinate amount of stress to meet their basic needs. Adding to this stress by allowing the cost of one of life's necessities, access to health care, to be raised significantly is the opposite of what the Green Mountain Care Board was created to do. It's well established that stress is detrimental to people's health and, as I said, poor people have a lot of it.
This board was created to oversee the implementation of Act 48, our universal health care law which established that we would have a single-payer system, the purpose of which was to ensure the equal access to healthcare of all Vermonters regardless of income, employment status, and health history. I heard an awful lot about the health of insurance companies, and not one word about the health of Vermonters during the part of the hearing that was given the most time and attention. It was only during public comments, which were conducted in a rushed and perfunctory way, that that subject even came up.

It's time we understood that the model we are working with is failing us. I know barely anyone who could add 12% to what they are paying for health coverage without shortchanging or eliminating some other essential thing, yet this happens year after year. Our healthcare system needs to be workable for people, not insurance companies, the concerns of which include attracting "top talent" with six figure

salaries and absurd bonus packages while "maintaining profitability". It's absurd to attempt to reconcile these two constituencies. They are utterly opposed.

Submitted on Wednesday, July 26, 2017 - 13:38 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Victoria Greenia
Affiliation, if applicable:
Address: Eden
Comment:
I am just one of many Vermonters (and North Americans) where budgeting is tight. We are a one-income household because I have a chronic condition that makes it difficult for me to work. We have three kids, and right now the insurance takes a large chunk of our money.

Even with my chronic illness, I do my best to avoid going to the doctors because I don't like the pharmaceutical-driven outlook. Insurance doesn't cover mind-bogglingly wonderful care like massage or qi gong which would alleviate so much pain and prevent accidents! I only get 10 acupuncture appointments a year. All these things have studies behind them that show efficiency and work to fix problems, not band-aid them, unlike the incredibly over-priced pharmaceuticals insurance happily covers.

I cannot make the meetings so I cannot learn the reasons behind the proposed increase, although I have heard that the CEO makes half a million every year.
It makes me wonder how much money is being mismanaged elsewhere while I have insurance that is not interested in helping me stay well.

Submitted on Wednesday, July 26, 2017 - 13:37 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Laura Asermily
Affiliation, if applicable:
Address: Middlebury
Comment: I can't bare a rate increase. I lost my VT public school teaching job in 2007 due to declining enrollment. In my 50s with 10 years of experience to recognize, I couldn't get another public school teaching job in a county where education employment is contracting and budget stresses require schools to make harder choices in employing those who are more affordable. So I have been patching things together ever since. I'm resilient, work hard, smart and contribution intensively to my community as a volunteer. I'm barely managing the premium I pay and that's subsidized.
Please help us contain insurance costs.

Submitted on Wednesday, July 26, 2017 - 13:35 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Elizabeth Jesdale
Affiliation, if applicable:
Address: Berlin
Comment:
I am going to be vulnerable and tell you all about parts of my life that many around me don't know about. The reason I am choosing to share my story is because I believe so strongly that our healthcare system is not sustainable and needs to change.
About 20 years ago I was struggling with a place to live and ended up in a tent in the woods for a little bit while working a full time job.
I was without healthcare at the time and looking back on it I can see it was one of my first bouts with undiagnosed and untreated depression, an illness I still struggle with managing.
In 2013 I was in a bad car accident, and thank my lucky stars I walked away from the accident, though to this day I struggle with a traumatic brain injury which impacts every part of my life. It has changed my relationships with family and friends, heartbreakingly so. Fortunately at the time of the accident I had (and still have now) a unionized job, so I have been able to maintain my healthcare and paycheck from my job. It took me three years of physical therapy, occupational therapy, and work with the neurology clinic at Dartmouth Hitchcock hospital to climb my way back to a 40 hour work week.
If I did not have a union job, the chances are very high I would have been laid off and been one of many Vermonters to slip through the cracks into homelessness as maintaining a support network with a brain injury is just about impossible.
Instead I leave work exhausted every day, and have somehow persevered against all the odds and have added going back to school to get a master's degree on top of my continuing healing process as I do not want to let this brain injury take away my living a fulfilling life. Even though school is incredibly challenging it gives me a goal to work towards and stay focused on when other parts of my life are difficult in ways that other people can't see.
When I see that there is to be a rate hike of over 12%, to a medical system that is already making huge profits and overpaying its top executives, I implore the Green Mountain Care board to step in and say enough is enough.
Healthcare needs to be accessible to all of Vermont's residents, it needs to be taken out of the grips of the insurance companies and become a public good for all Americans. I believe that Vermont can lead the way, and I will continue to push for healthcare for all of the Vermonters who are not fortunate enough to have a unionized job and a voice to fight for access to healthcare through their workplace.
We all should have the right to an equal playing field.
Elizabeth Jesdale

Submitted on Wednesday, July 26, 2017 - 13:34 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Elizabeth Medina
Affiliation, if applicable:
Address: Montpelier
Comment: While I won't be directly affected by this hike since my employer provides me with health insurance, I know some of my friends and neighbors will be. I know that if I am struggling with my employer-provided BCBS healthcare plan that is, in many ways, more affordable and comprehensive

than the Silver standard option on the exchanges, then my friends and neighbors with BCBS plans available on Vermont Health Connect must be treading water.
Raising premiums may look like a financial gain to insurers in the short-term, but in the long-term, it means their customers will ration, delay, or avoid getting the care they need which leads to the need for more catastrophic (read more expensive) care down the road. With premiums becoming increasingly unaffordable, most folks, myself included, just can't afford that premium AND another visit to the doctor. I know, I've been there. And I have seen how a more functional healthcare system can work. For two years, I lived in London and was covered by the NHS. For two years, I didn't have to take a gamble with my own life when something felt wrong. We spend nearly double on health care than the UK as percentage GDP and have worse health outcomes. Several years ago, Vermont stood up as a leader for economic and moral sense by passing Act 48, which called for a universal and unified health care system. A universal health care system is the only way to ensure we don't return, year after year, to debate the degree to which we will allow private health insurers to harm and exploit our community. We need more than a lower rate hike, we need universal healthcare now!

Submitted on Wednesday, July 26, 2017 - 13:33 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Abigail Mnookin
Affiliation, if applicable:
Address: Brattleboro
Comment:
I'm writing to express my disapproval at the exorbitant proposed rate hike.
I'm married and I have two young children. Although my family is not currently on one of the affected healthcare plans, last fall my family was, and we could easily end up on one of these plans again in the future (i.e. if Medicaid were cut or I no longer qualified for Medicaid, or if my spouse's employer benefits were cut). These rate hikes, as well as the high deductibles, would price me and my family out of being able to access healthcare when we needed it.
Our healthcare system should be about maximizing health in our communities.
It’s not acceptable that anyone is priced out of access to healthcare, which is something that all of us need.
Perhaps most importantly, healthcare should not be in the private market, it should not be treated as a commodity, and people / medical conditions should not be relegated to risk pools, which is how insurance works. Vermont needs to fulfill the promise of Act 48 by designing and implementing our universal publicly funded healthcare system so that none of us — including me and my wife— experiences anxiety about loss of access to healthcare.
Thank you for hearing my testimony, and for NOT approving these unreasonable and discriminatory rate hikes.

Submitted on Wednesday, July 26, 2017 - 13:31 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Mica McDonald
Affiliation, if applicable:
Address: Burlington
Comment: I have cystic fibrosis, a chronic genetic disease affecting the lungs and digestion. I've needed extensive medical intervention throughout my life including frequent antibiotics, hospitalizations, surgeries, and many daily medications. Without affordable health care my life would be unbearable. Privatized health insurance is inhumane and unaffordable. As a child my parents had to constantly switch health insurances depending on what medications were or were not covered, the affordability of the premiums and deductibles, and any time my mother switched jobs, we had to start an entirely new health insurance plan with a new company. I cannot say how many companies we used, but it was probably close to a dozen. At certain points my health insurance lapsed between my mother's jobs, and I had to go on COBRA, which is outrageously expensive. This caused a huge amount of stress for my whole family. Because my health insurance was so expensive, we were never able to afford health insurance for my sister or my father. My sister had never been able to afford health care until she was able to be covered under Medicaid 2 years ago. We need to switch to a single payer system where health care is considered a human right, provided by the government. Any rate hike of any insurance company is unacceptable. They are already making enormous sums of money at the expense of human health. We need to focus on providing medicaid and medicare for all people. When I was old enough to be covered by Medicaid entirely, it was clear that it was absolutely the best insurance I have ever used. I am now on both medicaid and medicare and all of my medications, hospitalizations, and procedures are covered at no cost to me.
Everyone deserves to have the amazing health insurance that I do. Please deny BCBS's request for a rate hike.

Submitted on Wednesday, July 26, 2017 - 13:30 Submitted by anonymous user: [172.30.78.110]
Submitted values are:

Name: Kegan Refalo
Affiliation, if applicable:
Address: brattleboro
Comment: At the current rates access to healthcare is a challenge when navigating high deductibles, prescription co-pays and high max-out-of-pocket limits. I routinely leave health concerns unaddressed because I can not afford to see the specialist my PCP has referred me to with my current insurance plan. My story is repeated among my community, folks that make just enough to not qualify for medicaid but not enough to access affordable, quality healthcare. An increase in rates would result in folks having less money for all of the out-of-pocket costs required to access the care that they need forcing more people to wait until they are experiencing a health crisis to seek medical assistance.

Submitted on Tuesday, July 25, 2017 - 16:25 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Christine Boudreau
Affiliation, if applicable: Wright Construction Co Inc
Address:
Comment: As a small employer we can't keep affording to offering our valued employees health insurance. We do not agree with these constant 2 digit rate increases every year. This is hurting every business in the state, how can companies afford to keep doing business in Vermont, if this keeps up. It's hard enough to find good employees and offer good benefits, if we start having to increase health benefits every year we are going to lose these employees, because they can't afford the huge increases anymore.We request this request be denied.

Submitted on Tuesday, July 25, 2017 - 12:58 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Sarah O Donnell
Affiliation, if applicable:
Address: Burlington
Comment: I urge the Green Mountain Care Board to take into consideration the very likely result that a rate increase will cause young, healthy people drop their coverage. As a young healthy person already struggling to pay my monthly premiums, a rate increase could very likely price me out of any health coverage and dropping my healthcare would become a viable option; one I would very much like to avoid. Vermonters are already struggling, and this added burden will in no way help alleviate our financial stresses.

Submitted on Tuesday, July 25, 2017 - 08:14 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Kathryn A Blume
Affiliation, if applicable:
Address:
Comment:
I really have no idea how BCBS can justify their rate increase at all - though as a for profit company, I guess they're looking to maximize profits.
Which I find reprehensible. Nobody should be profiting off someone else's pain. Nevertheless, that's our reality. Medical costs are out of control. And it bites.

My husband and I have a profoundly mediocre plan with them. The plan is valued at over $800/mo, though it's partially subsidized by the Affordable Care Act (for now). It's supposed to cover the basics like annual checkups, but it didn't even cover the standard lab work my physician ordered. We have a $15,000 deductible, which means that I pay for general wellness maintenance (like chiropractic) completely out of pocket. It doesn't cover vision or dental (eyes and teeth are still part of your body, aren't they?).

Why we haven't moved over to single payer is a complete mystery to me. But until then, could you please try and rein this thing in?

Thank you.

Submitted on Sunday, July 23, 2017 - 12:18 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Ian Bender
Affiliation, if applicable:
Address: Richmond
Comment: The current annual premium I pay for my family is about $15,000 and we have a $13,000 deductible. The high deductible makes us reluctant to seek treatment. We have been lucky so far and have also chosen not to seek treatment in some cases when we probably should have. I would put it upon the care board to impose cost or budgetary constraints on the providers and the insurers. Those who have been able to "afford" to pay, have reached a breaking point.

Submitted on Friday, July 21, 2017 - 20:27 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Hess Belanger
Affiliation, if applicable: BCBS of VT member/subscriber
Address:
Comment: I object to the rate increase requested by BCBS. As a relatively well-educated and aware citizen, it's hard not to reach the conclusion that private insurance rates are out of control in Vermont. If UVMMC, which has a near-monopoly on medical care requested its lowest rate increase in years (and walked away with a massive surplus last year), it stands to reason that insurance rates should also increase at a lower rate this year. Furthermore, with the recent birth of my child at UVMMC, I have personally witnesssd BCBS's refusal to question or pursue wasteful billing practices on the part of UVMMC. Consumers are trapped. Please help us.

Submitted on Friday, July 21, 2017 - 17:13 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Cindy Morgan
Affiliation, if applicable:
Address:
Comment: My husband and I buy a policy from VT Blue Cross Blue Shield that covers our family of four. As it is there are only 2 insurance companies to choose from and the available plans show almost no range of price. We currently pay over $2000/month and have a high deductible. Raising our premiums another 12% is absurd. We are fairly healthy, use our rx drug benefit, physical therapy, annual physicals and an occasional visit to a specialist. This is costing us $25k/year plus copays. At this point we are

seriously contemplating a move out of state--this is asking too much of families with mid-level incomes. Please work at cost controls and profit cuts first.

Submitted on Friday, July 21, 2017 - 10:26 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Michael Kramer
Affiliation, if applicable:
Address:
Comment: It does not seem logical, nor sustainable, to increase insurance premium rates at greater than inflation and/or average COLA rates. Every year, it seems like insurance companies are requesting very large percentage increases in rates. Where are the efforts to cut costs and lower premiums? Lowering premiums should show a negative sign in front of the proposed premium rate. While I applaud the board for enabling us to see the rate increases more broadly than our own individual premiums, I find that the board seems ineffective in providing any kind of cost containment protection for the customers.

Submitted on Friday, July 21, 2017 - 06:47 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Jennifer Moore
Affiliation, if applicable:
Address: manchester center
Comment:
I am writing to urge the Board to keep BCBS premium increases to a minimum. I have BCBS insurance for my children and myself through my employer. Currently, I pay a very reasonable amount in premiums ($325 a month), however the deductibles and out of pocket maximums are astronomical.
If we were to max out because of unexpected medical costs, I would have to pay almost $15k a year under my current plan. It is simply not reasonable for BCBS to request a 12.5% increase in premiums. What other business raises its prices so much in a single year? BCBS is a fiscally healthy company and should be forced to look at its own internal fiscal efficiencies before passing along those costs to consumers for an essential service.

Submitted on Thursday, July 20, 2017 - 16:32 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Peter B. Smith
Affiliation, if applicable: retired teacher
Address: Belmont
Comment:
As retired teachers, apart from medicare, my wife and I have insurance through Blue Cross and Blue Shield for which we pay a monthly premium. While we did recently receive a 2% premium reduction that didn't come close to matching the 8% increase in 2016. Now BCBS wants another 12%.

increase. When we get a 12 % increase in either our social security or state retirement pension we'll be glad to pay that increase. Until then, this current request for a premium increase is completely out of line and must be denied unless the 8% increase in 2016 is rolled back. The medical establishment is completely out of line and greedy beyond imagination. DHMC recently billed me $186. for my Medicare funded Annual Wellness Visit. We're
currently arguing over that. It is time for a change, time for someone in
the regulatory business to stand up for all of us being held hostage to constantly higher premiums.

Submitted on Thursday, July 20, 2017 - 10:50 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Beth Stern
Affiliation, if applicable: Central Vermont Council on Aging
Address:
Comment: Every year the health care rates for my struggling non-profit increase. We have to choose whether we "eat" the extra cost or pass it on to employees who already have low wages. With a 12.9% increase, our agency would be responsible for approximately an additional $23,000 and staff responsible for approximately an additional $7700. Nothing in my revenues goes up 12.9% EVER. Rent, utilities and other costs may go up 3-5%, but not 12.9%. Health insurance costs are eating away at our ability to do our job, hire staff, pay them competitive wages, and support older Vermonters. I urge the GMCB to reject this rate increase request and decrease it to something in the low single digits. Thank you.

Submitted on Thursday, July 20, 2017 - 10:15 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Mary Alice Bisbee
Affiliation, if applicable: consumer advocate
Address:
Comment:
The rates you are now setting may soon be a moot point, as no one knows what will happen nationally to health care. With that said, as an elder receiving Medicare, I don't believe that MVP even affects elders, only younger folks.
And why do we need competition anyway?
As for BC/BS which is not my choice as a Medicare Supplement, their rates are much too high. They need to cut administrative costs by lowering the salaries and benefits of top executives. Those Golden Parachutes are huge!
My whole take is that we need to get rid of the insurance companies all together, or at least, just have one entity to deal with. Competition in health care does not work. It is also the high cost of lobbyists working on these issues, for unions as well as for the insurance companies that drive up costs. How about getting rid of the insurance companies all together? And freeing employers from having to provide health "insurance" to their employees? Progressive income taxation is a much better way to pay for health care than any insurance policy. People's health is not a "thing" like other things we usually insure. Taxes should replace insurance premiums to share the risk equitably among all citizens, not corporations or any other organizations.

Your job is not an easy one but we look to the GMCB to serve us, the patients/consumers of health care in this state. You need to choose another progressive primary care M.D. like Deb Richter to add some balance to your board! Medicare for All is what we need in Vermont to serve ALL the people!

Submitted on Thursday, July 20, 2017 - 10:15 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Robert Locicero
Affiliation, if applicable:
Address:
Comment: What is Blue Cross doing to *lower* their costs? I am an independent, self-employed person who pays 100% of his health insurance (no subsidies). I have seen my health insurance costs go up every single year. It is my largest household expense -- even more than my mortgage payment. I cannot raise the rates I charge my customers every single year. This is completely unacceptable. What is BCBS doing to CONTROL cost and LOWER cost?
Have they reduced staff? Have they kept pay rates for employees the same? Has their "profit" been reduced to zero? (I know they are a non-profit, so are they *really* NON-profit??). Until BCBS has kept their employee salaries the same, cut staff and reduced surpluses to 0, they should not get ANY increase.
I would push this further and have them run a deficit, which would force them to actually work for lower costs. Using 2014 BCBS pay $2.5 MILLION for 7 people. This is completely ridiculous. Cut those salaries. Cut those bonuses to 0 until costs are lowered.

Submitted on Wednesday, July 19, 2017 - 17:34 Submitted by anonymous user: [172.30.78.110] Submitted values are:

Name: Gahlord Dewald
Affiliation, if applicable:
Address:
Comment:
Hello, I am a Vermont resident. I live in Winooski.

Please do not increase my health care bill by 12%. In my case, that would be nearly $1000. I guess I'm fortunate that I can go chase down more customers to try to pay the increase, but I know many people who are not. There are many many hours of creative, useful work in the community--volunteering, music and arts making, mentoring--that will not be done because people will have to generate this much more income just to pay for health care. The end result will be that Vermont will be a poorer place, not just financially, but in many other ways as well. That $1000/yr is a real opportunity cost for us all.

From: Ken Libertoff
Sent: Wednesday, July 26, 2017 8:33:11 PM

Subject: Blue Cross and Blue Shield Rate Request - Ken Libertoff

I wish I had more constructive insights in the quest to address the Blue Cross Blue Shield (BCBS) proposed rate hikes.

Blue Cross and Blue Shield has basically been our major health insurer for decades and as a *near monopoly*, their power is both huge and magnified - - and magnified way beyond their performance and value.

Over decades, they have successfully used their trump card - - whenever actions or decisions about rates and policy are not acceptable to the company, they have raised the notion that unfavorable decisions (from the legislature and/or state regulatory agencies) would *threaten their solvency*. In turn, they implied that they might have to reduce their role or even fold their tent in the Green Mountain state. This latter strategy was most pronounced during the 1980's, the '90's and into the next decade. In the end, it did influence decision makers in favor of the insurance industry. Frankly their power has been and is enormous and they have been largely successful in securing healthy rate hikes.

Sadly, Obamacare failed to build real cost containment into federal law. The big three - - the insurance industry, hospitals and the pharmacuedical industry including device makers, guided and crafted the legislation in a way that eliminated many proposed cost containment measures and frankly the GMCB is a *victim* of this profound shortcoming. In fact, each of these powerful industries secured major concessions. The insurance industry, for example, was able to change the method of establishing administrative costs which in turn, has been of great advantage in a producing a modest (administrative) cost profiles here and in many states.

From my perspective, during its relatively short tenure, the Green Mountain Care Board has not taken strong enough actions to confront the reality that *health care in Vermont costs too much.* The Board has perhaps been able to bend the cost curve *but the level has been modest* - - and a modest level is not good enough to make our system sustainable. There are indeed federal drivers of increase healthcare costs (and BCBS has indentified several in their rate increase request) but unless and until there is more thoughtful and more restrictive oversight on the future impact of hospital facility costs and expansion, the pressure will continue to drive insurance upward and upward with vigor.

Last year BCBS was granted more than a 7% increase for customers of Vermont Health Connect. Consumers cannot handle this level of increase which not only makes insurance unaffordable but with ever increasing high deductibles and co-pays, *having insurance is not really the same as being able to use it*.

BCBS as an organization has shown improvement since Don George took the reins. The work of BCBS in the area of mental health and substance abuse was a disaster prior to Mr. George's arrival and improvements have been made. But much of the improvement in my opinion is in better public relations and more skillful communication, not to mention, self promotion. When I heard Don George in his recent presentation before the GMCB, I actually thought I was in the wrong meeting. It sounded like the kind of talk that the leader of a community based organization, say the United Way, might deliver. What I heard was the term non-profit referred to as if it was a key to being a "white knight" and the stated devotion to "Vermonters" was moving and impressive. Reality only hit the next afternoon when it was reported that BCBS was requesting a 12.7% rate increase.

Adding to the problem, in my opinion, has been a lack of public transparency and information about BCBS. Perhaps the current review will set a new and better standard. There has been over the years very little public evaluation about the performance and the financial operations of this vital insurer. I actually thought this might change when it was revealed that the outgoing CEO of BCBS received a secret $7 million golden parachute payment after he departed in 2008. There was outrage but in the end, very little change in regulation. For the record, I did testify in relevant legislative committees in 2008 and 2009 that disclosure and transparency should be part of the public record. I asked that there should be closer review of the full balance sheet including the level of fiscal reserves held by our major insurer. And I did suggest that the salaries of the ten top administrators be published as one indicator of a new level of openness about their fiscal operations.

The GMCB now sits and considers a 12.9% increase. Sadly there is *no good outcome* likely for those who are consumers and purchasers of health care. With our cost of living rate of 2%, let me not mince words. The options before you reflect cost increases (whether they be 7% or 9% or higher) that indicate an unsustainable healthcare system.

It is unknown whether or not the ACO experiment will be successful and the answer will not be known for several years. In the meantime, I recommend that the GMCB create a new level of effort to rein in the cost of healthcare in Vermont. This means a major focus on our 14 hospitals. The past four or five years has seen a wave of new (hospital) construction projects and service upgrades and while quality care is important, the Board must more carefully assess the fiscal cost of this growth. Whether it is accurate or not, many of the projects will result in excessively attractive physical beds and clinics but they will also be future "cost drivers" when they come on line.

The lack of transparency hinders this campaign. Vermonters still have little access to the cost of care and procedures although the issue has been kicked around for five years. Until chairperson Mullin recently indicated a willingness to have administrative costs be part of the public record, the issue has been hidden the basement. And as the hospital budget review begins, there is still no listing for public review. I have asked several times , for example, for there to be a public review of the amount of money our hospital system spends annually on advertising but there has been little or no response. I presume this cost is ultimately part of hospital expenses. In all likelihood, it is the consumer who really foots the bill. These are all cost drivers - they deserve public disclosure and scrutiny

Thank you in advance for taking the time to review this note. Your assignment is not an easy one.

Ken Libertoff

On Jul 25, 2017, at 7:03 AM, dale hackett wrote:

as to rates, i'm not going into depth of detail. The general rate increase is un affordable. (that spell check thing it decides how a word shall be written) both bcbs and mvp.

segments of the request for rate increase, is just basic good business practice, good housekeeping so can't really be tweaked without consequences if not now, in future. I saw some or the request on both sides as debatable.. especially around risk assessments. example the growth for mvp and what is risk assessment of that population?

so i'm seeing two issues, the rate itself and the analytics of the details, and then the general overview of , can consumers afford this on a annual basis as these rate increases are becoming the average, income is not going up. so this is hitting as inflation. extreme inflation.

i would guess regardless what you pass, people will get less healthcare services, quality of healthcare services will go down.. yet costs go up.. some will lose all healthcare services as, while they don't want the penalty, they can't afford the cost, so it doesn't matter there is a penalty.

penalty for what is un-affordable doesn't make sense.

second topic, seeing articles suggesting our devices, tablets, cell phones need to start having free access to weather related news. due to extreme weather events and increase frequency of them, this is also true for health warnings such as, locations where west nile virus has been detected, areas that seem to be higher than normal frequency of lyme disease from ticks, etc. flood watches and warnings along with severe storm alerts.. right now those with most basic plans, and lack of twenty four hour wi fi connections cannot get these warnings. etc. so it effects disproportionately the poor or low income. elderly.

this is very valuable information for children, teenagers etc.

Comments

Beth Kamhi replied on Thu, 2017-07-13 07:31

Please deny or greatly reduce the BCBS requested rate increase of 12.7%. I am one of the people in the middle class who essentially lost access to health insurance I can use since the Affordable Care Act. My income is just above the level for any premium assistance, and my small employer stopped offering health insurance when the ACA started, so I am now 62 years old, with limited ability to increase my income and buying on the individual market. If this increase goes through the premium will be 14% of my take home pay for a base level plan with deductibles and copays that make insurance un-useable for me. Thank goodness I am in good health and don't need medical care. If this increase goes through I will have to consider going uninsured and just take my chances until I reach medicare age. I don't understand how these increases are necessary when they are so much larger than cost of living increases and any growth in wages. Thank you for considering this.

Jennifer Mintze... replied on Thu, 2017-07-13 08:53

BCBS of VT rate increase. Our family is already pay check to pay check. Currently, we do receive a CSR but I believe that will be ending in the near future which will increase our out of pocket premiums. Not only will we be paying just under $1500 a month, but you can add in dental (which does not cover orthodontics and both of my children will require braces, one as soon as we can gather the $5450 for them), taxes, insurances (car & home), a mortgage - I can't reduce, two car payments (because we live in rural VT) and this does not include the day to day expenses (food, gas, childcare, summer camps, maintenance to our cars and home - tires, shocks, struts & breaks, replacement windows, and the list goes on....) The cost of healthcare is outrageously expensive, unfortunately we may have to go without. We can not keep increasing the expenses. We can not even put money aside for our children's' upcoming college educations. I keep hearing "we want the younger generations to stay in VT", it's too expensive to stay, live and work here. We can not continue on this path. On another note - I am frustrated in general with the Vermont Health Care system.

David Keen replied on Thu, 2017-07-13 09:56

The rise in the premiums that BCBSVT has proposed would make health insurance unaffordable for both of our adult children and grandchildren. They currently buy insurance on the Vermont Health Connect site but have done the calculations and would not be able to buy any health insurance if the premiums are increased by the amount proposed. We may be able to help them with a small amount of money but not enough to make a difference.
I realize that in the current political climate the insurance companies are in a difficult position with premium costs

Anonymous replied on Thu, 2017-07-13 09:57

The proposed increase in health insurance premiums sought by BCBSVT will make health insurance unaffordable for our daughter, son-in-law, and their 3 children (ages 15,13,11). Our son-in-law owns a business that employs 11 people. We had to give our daughter a total of $15,000 between Jan. and June to make their mortgage payments. The proposed premium increase will cause them to become increasingly dependent on us to survive.

Rev. Robin Junk... replied on Fri, 2017-07-14 10:05

It is time for Vermont to take a stand! Lower the salaries of the BCBS executives and help support the working people of Vermont! We have got to be courageous and determined in our efforts to reform a system that favors profit over the health of our people. We can do this. Please do not increase premium rates for people who are already unable to pay an already exorbitant monthly bill! Take a stand and speak out about the inequity embedded in a rigged system!

Thomas Dettre replied on Fri, 2017-07-14 16:01

Regarding BCBSVT's requested rate increases of 12%+ for Vermont Health Connect plans:
My spouse and I are small business owners who obtain a Vermont Health Connect BCBSVT two person Silver plan directly from BCBSVT, without subsidies. I feel the strong need to express my concern regarding the 12%+ rate increase filed by BCBSVT on exchange plans. An increase of this magnitude would cost us approximately $1,500 per year, a significant cost burden that we would not be able to pass along with higher pricing in our businesses...so we would need to absorb much or all of the increase.
Annual increases of this size over just a short or medium term time frame would very likely have a detrimental impact on our business growth, development, and viability. Other small business owners I talk to strongly echo these sentiments.
I can't help but question the need for BCBSVT to request rate increases of more than three times the Vermont all-payer model 3.5% annual increase in health care cost growth target. I have worked in the finance side of the health care industry for more than 20 years, and I have some understanding of what can drive premium increases. One big question mark for me is what specific actions BCBSVT has taken or plans to take to manage the populations they serve, and specifically the exchange populations. I have to believe there is significant opportunity for them to do more to manage the quality, outcomes, and costs of these populations.
From a consumer perspective, I would welcome an accounting of such actions, and I may even suggest to the GMCB that BCBSVT be required to concretely demonstrate their population health efforts...what they do as an organization, and in collaboration/partnership with providers and provider-driven organizations such as ACOs...as support for any rate increases, and particularly increases of the magnitude requested for 2018.
Thank you for the opportunity to comment on this matter.

Lindsay Hart replied on Fri, 2017-07-14 20:38

The rate increase BC/BS have asked for seems very excessive. Wages and salaries have not gone up to anything like this extent. How can they justify demanding such an increase? Please make every effort to turn this organization from being greedy; and instead encourage them to consider the people they are supposed to serve and moderate their request.

Anonymous replied on Fri, 2017-07-14 20:48

With a rare genetic disease, this increase will literally mean a death sentence for me and my family inflicted. It is unconscionable that those who are wealthy want to make choices about those of us who are not and are given bad luck in life. I can barely work as is and would have to take up another job to pay for this rate increase, and without insurance I couldn't receive the treatment for the genetic disease I suffer from that costs me $75,000 monthly. Please don't raise these rates.

Michel E. Kabay... replied on Wed, 2017-07-19 18:01

As a user of the BCBSVT medical insurance service, I oppose the requested rate hike on principle.

Although Don George's salary of about $600,000 or more is much more reasonable than those of other BCBS executives in other states,[1] the costs of for-profit health-care insurers across the US are scandalous. For example, the eight highest-paid executives of health-insurance carriers in the US for the 2014-2016 period racked up a total of $129,000,000 -- that's for EIGHT PEOPLE.[2]

The for-profit, private, multi-company health-care system in the USA is consistently ranked the LOWEST IN THE DEVELOPED WORLD in a wide range of metrics.[3] Having grown up in Canada, I remember when I had a physical exam upon arriving at Dartmouth College in 1972 for my doctorate; after the exam, I was handed a piece of paper with dollar amounts. "Oh how interesting," I thought; "they tell us how much it would have cost." The receptionist called after me in alarm as I was leaving: "Excuse me! You haven't PAID," she said. I remember distinctly turning around wide-eyes in astonishment. "You -- you PAY for medical care?!?" I blurted.

My wife, a US citizen, was a practicing physician in Canada from 1978 through 1998, when she accepted a position here in Vermont at the Central Vermont Medical Center in Berlin. She remains appalled by the inefficiencies of having to comply with many different private insurers' rules -- and their frequent obstruction of her professional medical decisions.

Contrary to beliefs of the frightful cabal of ultra-rightwing nut-cases devoted to destroying public services (take education, environmental protection, and regulation of predatory lenders as recent examples), the notion of for-profit medical insurance is counter-productive. We already know that people at the lower end of the economic range use emergency rooms at hospitals as a substitute for the primary care they can't afford.[4] The costs of these interventions are spread across the users of the hospitals instead of being spread across the entire population as they should be.

Insurance works properly when the entire affected population contributes according to actuarial data; it does NOT work when healthy people take the risks of not enrolling in care plans, leaving unhealthier people to shoulder the burden. As a result of our appallingly bad health-care system, the USA's costs for medical interventions are consistently well above those in developed countries where universal coverage funded through taxation
ensure proper preventative care throughout life.[5]

We need universal health care organized with single-payer efficiency. Strike a blow against continued expansion of the profit-driven healthcare industry by refusing BCBSVT request for an extraordinarily high rate increase -- far above any reasonable inflation-based request.

Healthcare is a human right![6]

References:

[1] "Blues CEOs Banked $110 Million In 2015, Most From Bonuses, Other Compensation." AIS Report on Blue Cross and Blue Shield Plans (2016). < https://aishealth.com/archive/nblu1016-01 >

[2] Small, L. (2017). "Highest-paid health insurance CEO earned $22M in 2016." FireceHealthcare. < http://www.fiercehealthcare.com/payer/health-insurance-ceo-pay-tops-out-... >

[3] Fox, M. (2016). "United States Comes in Last Again on Health, Compared to Other Countries." NBC News. < http://www.nbcnews.com/health/health-care/united-states-comes-last-again... >

[4] National Center for Health Statistics (2017). "Emergency Department Visits." Centers for Disease Control and Prevention. < https://www.cdc.gov/nchs/fastats/emergency-department.htm >

[5] PBS NEWSHOUR (2017). "Why the U.S. pays more for health care than the rest of the world." Public Broadcasting System. < http://www.pbs.org/newshour/bb/u-s-pays-health-care-rest-world/ >

[6] World Health Organization (2015) "Health and human rights." Fact sheet No. 323. < http://www.who.int/mediacentre/factsheets/fs323/en/ >

Kai Forlie replied on Wed, 2017-07-19 23:53

I am writing to urge the board to approve BCBS's requested rate increase. The more rates are increased in order to fatten profit margins, the closer we as a state and country will be to finally enacting Medicare for all.

David Jaacks replied on Mon, 2017-07-24 09:11

Healthcare should be viewed as a utility. Rates have ballooned because they have been allowed to. Now that they have reached unsustainable cost levels the insurers have a captive market. A young family should not be paying more then a mortgage for healthcare they use infrequently because they have fear of losing their house due to an accident. The board should vote no to raises in expenditures by not allowing cost increase. A product should be designed that can be afforded by regular people. Like ultra high deductible that makes the monthly payment closer to a car payment opposed to house payment or more then house payment.

Emma Zavez replied on Tue, 2017-07-25 19:52

Dear Members of the Green Mountain Care Board,

I am a resident of Burlington, Vermont and am writing to express my strong opposition to BCBS of VT's proposed rate hike of 12.7% and the Board's actuary's recommendation of 12.6%. Health insurance is already outrageously expensive in Vermont - many Vermonters are uninsured and those who are able to purchase insurance often aren't able to use it due to high deductibles and cost-sharing. While "preventive care" is supposed to be free under the Affordable Care Act, hospitals and insurance

companies routinely charge individuals if they discuss any health care concerns, or if a doctor writes a prescription during the annual wellness visit. When an individual is sick and needs to see a specialist or needs medicine to get well, they cannot afford it.

I am 30 years old and have managed a chronic disease since I was 9 years old. I was lucky to have insurance through my employer this past year, but if I didn't, the subsidies (advanced premium tax credit and vermont premium assistance) would NOT be enough for me to afford insurance. By running my salary through the online subsidy calculator on Vermont Health Connect's website, I was quickly able to determine that the cost of buying and actually using my health insurance, AFTER applying premium tax credits, would be approx. $600/month. This would be just slightly less than what I pay in rent each month - this is while living with two other people who are unrelated to me (we share an apartment because this is the only way we can afford housing). If I hadn't had insurance through my employer, I would definitely have to leave Vermont.

I do not want to leave Vermont. I want to work hard and raise a family here. I want to be a productive member of society, and to do that, I need to manage my chronic health condition.

The Board is supposed to consider affordability and access to care. Please take your charge seriously - to implement a universal health care system that covers everyone. Every other developed country in the world has decided that this cannot be done with multiple payers and cannot be accomplished while companies are trying to make money off of illness. Health care is a human right.

Sincerely,

Emma Zavez
Burlington, VT

P.S. I hope that the Board will take public comment more seriously in the future. I was horrified by the way that the Board's general counsel treated the members of the public who had taken time off of work and sat patiently through hours of testimony. Treating the public in this fashion hurts the Board's credibility and makes an already disillusioned public less likely to participate in democracy in the future.

Barbara Nielsen replied on Wed, 2017-07-26 14:58

VERMONT MENTAL HEALTH COUNSELORS ASSOCIATION

56 East State Street
Montpelier, VT 05602
www.vtmhca.org
(802) 229-9902

July 26, 2017
From: Vermont Mental Health Counselors Association
To: Green Mountain Care Board

Comments on BCBS VT rate hike request of 12.7% for 2018

On July 20th the Green Mountain Care Board took testimony on a 12.7% rate hike request by BCBS. In a state that cannot find funds to help families with young kids, funds to help our college aged kids afford tuition, or significant funds to help increase pay for mental healthcare workers, do we really want to ask Vermonters to find funds to help BCBS?

Industry-wide, insurance company profits have soared since the passage of the ACA. Family income has not. So we need to examine their requests carefully. These increases would affect 70,000 Vermonters. Given the many needs that we are told that we cannot afford to meet, and given that Gov. Scott promised no new taxes because Vermonters cannot afford any increases, how can the GMCB justify what amounts to a new tax on these 70,000?

Our clients are already financially stressed. Real median income for Vermont, while slowly increasing for the past few years, remains lower than it was in 2007-2009, and has barely increased since 2011. At the same time, Vermont has seen yearly increases in premiums on the exchanges, along with increases in deductibles and copays, as well as the overall cost of living. Adding stress compromises both mental and physical health, and runs counter to improving the health of the population, and reducing per capita rate of growth.

More personally, our members can attest to the struggles our clients have in paying for mental health care with increasingly high deductibles. Many reduce sessions, or terminate, because the BCBS insurance that they pay for applies thousands of dollars to deductibles, leaving them to cover their costs out-of-pocket. Since effective psychotherapy typically involves weekly sessions, our clients are already being asked to pay up to $328 per month, on top of premiums.

VTMHCA believes that affordable mental health care is one of the best ways to increase the overall health of Vermonters while reducing overall costs. For those getting care through bronze and silver plans, these costs are often prohibitive.

So as the Green Mountain Care Board considers the 12.7% rate increase, and assesses what BCBS needs to remain solvent, we ask that they consider the effects on the people of our state, and their need to stay solvent in their families and their small businesses. BCBS VT was given an opportunity with the passage of the ACA and their almost monopolistic place within Vermont Health Connect. Perhaps they need to join the rest of us in being creative in making ends meet, and solving predictable issues, such as utilization and needs of an older population, rather than simply passing on their costs.

Michelle Fay replied on Wed, 2017-07-26 22:55

Submitted on behalf of Voices for Vermont's Children:

Vermonters are consistently ranked among the healthiest people in the United States. Our low uninsured rates and strong environmental and community indicators such as low child poverty rates and high air quality put us ahead of most of the country. But these rankings are threatened by the unsustainable increases in health care costs. The choices we make as a state today will impact whether we continue as leaders in child and family wellbeing in the years to come. Voices for Vermont’s Children urges the Green Mountain Care Board to consider the cost of health care within the context of overall family economic security, and reject insurer rate increases that threaten famiiles’ ability to afford basic needs like housing and nutrition.

Increasingly, public health experts stress the importance of social determinants of health (SDOH), or nonmedical factors that influence health, including knowledge, behaviors, and upstream environmental contexts such as social disadvantage and inequity. Housing, nutrition, and other social factors have an outsized impact on health, compared to actual health care which is a small, but exponentially more expensive factor in health outcomes. As a state, we must look at the social determinants of health in order to tackle the rising health-care costs that are driving up insurance rates. Given the fact that families are continuing to be asked to do more with less, we believe that the rate hike proposed by Blue Cross Blue Shield will push too many families to impossible decisions around which basic need will be ignored.

According to Vermont Legal Aid's Office of the Health Care Advocate, the cumulative impact of premium increases since 2014, including the current proposal, represents a 38 percent rate hike. This is untenable in an economic climate where median incomes have actually decreased for Vermont families. While we applaud Vermont for covering 99% of our children, we need to ensure that their parents receive the care they need as well. People without insurance miss needed care, and families face added financial stress. Health insurance protects family economic stability and it protects access to preventative care. More must be done to rein in unsustainable increases in health care costs. On behalf of Vermont's children and families, we ask the Green Mountain Care Board to reject BCBS's rate increase and redouble your efforts to design a health care system that works for all Vermonters.

Michelle Fay, MPA
Associate Director
Voices for Vermont's Children
www.voicesforvtkids.org

Testimony to Green Mountain Care Board
July 20th, 2017

Hi my name is Bekah Mandell. I grew up down the road in Middlesex. My husband and I recently bought the house where I grew up and moved back to Central Vermont from Burlington.

Two years ago, I stood before this board with my infant son in my arms and almost $10,000 in medical debt from his birth -- on top of our premiums of more than $1,000/month with the BCBS Silver Plan.

Today, I'm here with my 3 month old daughter. This time we owe just over $2,000 for her birth. Why so little this time? Because we are paying nearly $2,000/month in health insurance premiums.

Last fall, when we found out we were going to be parents again, my husband and I got out our calculators and crunched numbers over and over again -- how could we avoid going $10,000 in debt if our second child's birth was complicated and she needed to be in the NICU like our son?

We decided that the best course of action would be to go on one of the higher premium plans so that we would be protected from the potential of a financial catastrophe. We didn't want to worry about medical bills if our daughter ended up in the NICO -- which she did.

I am self employed and my husband owns a small business. Our healthcare premium is the single largest line item in our family's budget -- significantly larger than the mortgage on our house.

Every month before our health insurance premium is due, we spend hours trying to figure out how we are going to pay it. Can we take money that's earmarked for childcare and try to pay it back before that bill is due? What if we can't get it paid back in time? Can we take a loan from the business? Do we pull money that we'd put aside to pay our tax bill instead? It's stressful. I am constantly worried about how we will pay our insurance bill.

Last year, when we weren't expecting a baby, we went on the Bronze Plan, to try to save money. Instead of paying $2,000/month in premiums, we paid a little less than a $1,000 -- but that was stressful too because the co-pays and deductible were so high.

When my son was sick, I would try to figure out if he was "really" sick -- like did he really need to go to the doctor? Trying to calculate if your kid is sick enough to warrant an expensive trip to the doctor really makes you feel like you are a horrible mother.

This dance that my husband and I are doing, trying out different insurance plans, trying to find the money to pay our premiums each month, weighing the cost of co-pays against our children's health, feels like rearranging deck chairs on the Titanic. It's time for it to end. As new

parents, we shouldn't be spending all our energy on the health insurance dance, we should be focusing on our kids, our careers, and our community. As many of you know, being new parents is hard enough without the added worry of financial stress from unaffordable insurance premiums.

Healthcare is a Human Right. As members of the Green Mountain Care Board, you have a responsibility to put the best interest of Vermonters above all. On behalf of all of us, I urge you to reject these unaffordable rate hikes, and do everything possible to move our state toward a system that treats health care as a public good for all.

Green Mountain Health Board

My name is Peter Kelman. ~~I am 74 years old and~~ My wife + I are both retired + live in Montpelier. She is ~~a~~ BCBS individual subscriber. I am not because I am 74 + eligible for Medicare.

[~~After sitting for hours listening to the testimony + questions regarding,~~]

It seems to me that discussing rate increases for BCBS of Vermont or any other Health Insurance Company is akin to ~~arguing~~ debating about which silverware to put out on the Captain's table of the Titanic as the ship is about to go down.

simply underscores

It is absurd and irresponsible. Instead, we should all be ACTING to avoid the icebergs, which in this case are the so-called Health Insurance Companies, who clearly are draining billions of dollars away from the actual Health Care of tens of millions of Americans in order to provide these companies with the ever-increasing profits demanded by the stock market.

Allow me to provide just one egregious example of this diversion of taxpayer dollars to the insurance behemoths, based on my own experience as a Medicare-eligible senior for the past eight years, during which I ~~have had the class privilege of having my~~ Health Care has been covered by an AARP-branded, United Health Care-run Medicare Complete Plan.

What "Complete" means here is ~~quite simple and~~ really quite extraordinary: I have been covered for all parts of Medicare including Drug Prescriptions and Medigap, plus benefits unavailable through basic Medicare; with coverage in and out of network & almost anywhere I travel, all for little or no charge to me over and above my monthly Medicare payments. This is a privilege that I enjoy, simply by virtue of my age, ~~the~~ where I live, + my class opportunity.

And Who pays for this generous policy? The American Taxpayer. The giant "insurors" like UHC (and BCBS) are paid by Medicare to offer these and other plans at a substantial profit, while costing the Government more money than it would have paid to provide Basic Medicare benefits.

As public servants, you as a board need to recognize that BCBS of Vermont is no different from these or any other for-profit entities; their rate increases will just keep coming, as yet another aspect of the massive transfer of wealth from the American taxpayer to the stockholders and executives of these giant corporations.

I urge you to stop the charade now; the icebergs that threaten to catastrophically damage the Health Care of Americans ARE the giant health insurance companies. It is past time to get them out of the way and use the money saved to provide true health insurance, a government-run single-payer system, starting right here in Vermont where we already have a law on the books to do so.

truly affordable

I am a Blue Cross / Blue Shield insured retiree. BC/BS is my supplemental insurance. I feel that a 12% increase is not a fair increase for retired people, or single payers or families. Please take this information into consideration.

June Babel
Barre Town, VT. 05641

Hello, I live in Miller

my name is Griffin Stumy, and I'm a member of the UWC. These rate Hikes will negatively impact this community, it will hurt poor and working families already struggling to afford the cost of life's expenses and a pattern of these increases is a tacit and proof that the State supports a ~~[illegible]~~ ~~[illegible]~~ ~~[illegible]~~

start at 9:00

20 July 2017 11:15 arrival

UWC member from Hardwick, VT

Turning out to provide testimony is a significant burden for working ~~people~~ and poor people in VT.

Healthcare coverage is a necessity to live a fruitful life for

This year, my partner spent several months between jobs. That meant a significant financial stress on our family as she struggled to decide ~~which to gamble to bet on high co-pay~~ whether to gamble on high co-pays, or high deductibles. ~~These gam~~

Gambling on one's own or ones family's health is already inhumane, and the financial stakes are already higher than many of us can afford. Raising rates will make this worse.

Healthcare is a human right. As members of the AHCB, you have a responsibility to the people of VT to reject these unaffordable rate hikes and do everything

GMCB Testimony:

To Whom It May Concern,

My name is Maggie Belensz and I am a member of the Vermont Workers Center and a registered nurse here in Vermont. Every day I see the direct implications that the current healthcare crisis is having on the people of Vermont.

I have had patients who have been forced to leave against medical advice while in the hospital because of the resulting financial burden and debt that healthcare bills will have on them. It is not unusual to have patients readmitted after having to leave, as their health worsens- resulting in them coming back time and time again. I had a patient who had brought all of her medications from home organized into a pill sorter for each day because of how much her own medications alone cost her when going through the hospital pharmacy during her last admission. She told me about how that healthcare bill changed her quality of life and that she had to go without in order to pay it off. It was frustrating to have to explain to her that we have to through our pharmacy, as is hospital policy- while she sat their thinking about how she was going to foot her next grocery bill once she was discharged. Privatized insurance coverage is not working for her financially, as it is not for many of the people here in Vermont.

I am concerned for my patients, co-workers, family and friends looking forward at the system we have in place today. The excessive amount of money that goes into the healthcare system continues to go into the big business that is insurance companies, continuing to fill up the pockets of those higher up, rather than going towards what really matters which is the human right to healthcare. Year after year GMCB approves ~~improves~~ rate increases for private insurance companies year after year making healthcare less and less affordable, while money to improve the quality of care in the system is still severely lacking. Healthcare dollars should be going toward better wages for Nurses and LNAs and education and job opportunities to chip away at the remarkable staffing shortage.

For example: It was just this past Sunday night at work, that we were so drastically understaffed on our unit that nurses were filling in for all LNA duties because there just wasn't enough people. On a floor with every bed full, we had to call for resource travel nurses to assist us and even then there wasn't a single LNA on the floor to answer bed alarms, call bells, take vital signs and turn patients. This is not an uncommon occurrence. This chronic understaffing trend leads to unsafe conditions for patients and workers, along with burnout of healthcare professionals.

We need to take action towards abolishing the current privatized insurance system. Instead of lining the pockets of insurance companies, finances need to be directed into a universal system for all, where everyday working class people will see benefits. No matter your background- We are all patients; you, your family, your friends, the person that delivers your paper each morning.

Let us focus on that and join together in this fight towards a universal system for all people.

I believe that Healthcare is a Human Right. As members of the Green Mountain Care Board, you have a responsibility to reject these unaffordable rate hikes, and do everything possible to move our state towards providing healthcare as a public good for all.

I am on Medicare so I benefit from a publicly funded system that recognizes that older folks and people with disabilities should be able to access healthcare. Medicare isn't perfect, especially if you can't afford a supplement or, if, as I do, you need expensive dental care. It's not perfect, but it's something.

I'm concerned about the effect of the proposed rate increases on people who have no choice but to buy individual insurance on the marketplace or to do without. I still remember—45 years later—what it was like to end up in the ER delirious with fever because I had pneumonia and no health insurance. It was a Saturday night, and I got lost in the shuffle of a busy and understaffed Boston emergency room. I would not wish this experience—or any of the myriad other ways people cope with lack of access to healthcare—on anyone.

The promise of Act 48 was that Vermont would have a universal publicly financed healthcare system. Every year I come to these hearings and listen to people who are struggling to meet their fundamental human need for healthcare. Some navigate a complex web of systems, others do without care, and still others patch together some of what they need. This is frankly immoral, especially in a country as rich as ours. We don't need to be subsidizing 6-figure salaries for insurance company executives, while at the other end of the spectrum people are foregoing care or going into medical debt.

I implore you to recommit yourselves to Act 48, the law that created the Board on which you sit. If you haven't recently read the law, please do. It sets forth a vision for healthcare in Vermont that is both humane and achievable. Among other things, it states:

"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."

And…

"The health care system must be transparent in design, efficient in operation, and accountable to the people it serves."

And…

"… all Vermont residents shall be eligible for Green Mountain Care, a universal health care program that will provide health benefits through a single payment system."

I am still waiting for Green Mountain Care to be implemented. That—rather than annual premium hikes and a marketplace with high deductible plans that provide insurance but limit healthcare—is the solution to the spiraling healthcare crisis that is eroding the health of people in our communities. Please reject the rate increases and, instead, work on the full implementation of Act 48 and our human right to healthcare.

Ellen Schwartz
135 S. Main St, apt. 2
Brattleboro 05301

Personal Statement about BCBS rate hike request:

I am speaking today as a member of The Vermont Workers Center. I could also speak as a consumer on the exchange, as a medical provider who sees patients whose insurance is available through the exchange, and as father and household provider balancing medical expenses with college tuition payments, property tax payments-all the costs of daily life that haven't gone down, with an income (partly based on BCBS reimbursement rates that have increased less than .05 % over the past 5 years) that hasn't gone up.

If all of the people of Vermont pooled our resources, we have plenty to cover everyone. But, with the private insurance model, the pool gets split and segregated into a hierarchy, more rewarding to some, more burdensome to others. Asking 70,000 Vermonters to pay a 12.7% increase is, in its essence, a new tax on lower-income Vermonters, entrepreneurs, those working part time jobs and jobs that do not offer health insurance benefits. Our Governor stipulated that we could not afford any new taxes-so we could not afford to help families with small children afford childcare. We could not help our mentally ill in crisis with sufficient beds so they did not wait weeks in emergency rooms. We put a band aid on the needs of mental health workers to earn a living wage. We offered no help for our college aged kids buried under the cost of a college education.

BCBS has had a major role in creating and implementing health insurance, nationally and within the state. They support and lobby for the current system. I believe that they need to take full responsibility for the financial health of their organization, rather than dip, once again, into the pockets of Vermonters who have absorbed the increasing deductibles, copays, and premiums of the system the BCBS's of the world created.

I believe that if it is a human need, such as clean air, water, safety, and healthcare, then we need to insist that it is a human right. Human right, such as healthcare, should not be available based on ability to pay. Instead of asking more of Vermonters for this divided and inefficient system, BCBS should be responsible for their own financial decisions while the GMCB works to make health care accessible to all in an equitable and universal manner.

Thank you,

Scott Earisman

Essex, VT