

STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

IN RE: 2019 VERMONT INDIVIDUAL AND SMALL  
GROUP RATE FILINGS

July 24, 2018  
4:30 p.m.  
-----  
Main Street  
Montpelier, Vermont

Rate Review Public Hearing held before the Green Mountain Care Board, at Montpelier City Hall, Memorial Room, Main Street, Montpelier, Vermont, on July 24, 2018, beginning at 4:30 p.m.

P R E S E N T

BOARD MEMBERS: Kevin Mullin, Chair  
Jessica A. Holmes, Ph.D.  
Robin Lunge, JD, MHCDS  
Maureen Usifer  
Tom Pelham

STAFF: Judy Henkin, Esq., Hearing Officer  
Sebastian Arduengo, Staff Attorney

CAPITOL COURT REPORTERS, INC.  
P.O. BOX 329  
BURLINGTON, VERMONT 05402-0329  
(802/800) 863-6067  
E-mail: [info@capitolcourtreporters.com](mailto:info@capitolcourtreporters.com)

S P E A K E R S

<u>Name</u>	<u>Page</u>
Mark Stanislas	3
Nancy Detra	9
Megan Gardiner	11
John King	12
Christine Smith	13
Avery Book	15
Tev Kelman	17
Kurt Ericksen	20
Manny Mansbach	23
Mary Alice Bisbee	26
Faith Beninson	29
Spool Agave	31
Ellen Schwartz	32
Kevin Wagner	35
Amy Lester	36
Mike Fisher	38, 50
Walter Carpenter	39
Griffin Shumway	40
Alex Fleischer	43
Aliza Hale	45
Keegan Harris	46
Sean Stephens	47
Brett Fisher	49
Laura Wolfe	51

1 MR. MULLIN: So it is 4:30. It is my  
2 understanding the mikes are not working. I'm going  
3 to speak very loudly and I hope anybody speaking  
4 tonight will speak loudly. There are sign-up sheets.  
5 If you're going to speak, please sign up, they are  
6 right in the hallway, and the purpose of tonight's  
7 public hearing is to give the Green Mountain Care  
8 Board an opportunity to hear from the public about  
9 their comments about the QHP filings which are the  
10 exchange health insurance plans, and we're going to  
11 get started right away because we want to make sure  
12 that everybody who wants to speak gets a chance to  
13 speak. Hopefully some more people are signing up.  
14 The first person to sign up was Mark Stanislas.  
15 Mark, if you could step forward and my understanding  
16 is we have been asked for you to say your name and  
17 then spell your last name so it can be accurately  
18 recorded.

19 MS. HENKIN: I'll also add we're trying  
20 to make sure everyone gets heard tonight. So if you  
21 can keep your comments to around three minutes or  
22 under, we would appreciate it. Thank you.

23 MR. STANISLAS: I'm Mark Stanislas  
24 S-T-A-N-I-S-L-A-S from St. Albans, Vermont and I work  
25 for the University of Vermont Health Network.

1 MR. MULLIN: Again, Mark, if you could  
2 use your big voice because the people behind you  
3 can't hear anything.

4 MR. STANISLAS: Anyways there's a  
5 presentation here. I will just stick to the talking  
6 points and see if there's more questions, okay, but  
7 you know very, very high level you know this is about  
8 connecting the dots. This is about connecting the  
9 dots between two separate processes, and if we go to  
10 slide two, okay, the backdrop of this is -- you know  
11 this is more of a conversation of how do we engage in  
12 a starting point here. So that's all this is. You  
13 know the data elements may not be perfect. All of  
14 the data elements are from the Green Mountain Care  
15 Board's processes that are posted on their web site  
16 or information gathered from Green Mountain Care  
17 Board staff or hearings.

18 So basically, you know, where to start.  
19 I picked four areas to start the conversation or to  
20 put out there to start to engage in the conversation,  
21 and made some general observations on each one of  
22 those four areas of focus. Moving on to slide four.  
23 Basically here's the issue at hand. You know that's  
24 the same grid that you saw on the first slide. What  
25 is driving the difference between hospital approved

1                   rates and commercial insurer approved rates. These  
2                   rates have been more in line through 2016 and they  
3                   become -- they start to become a little bit  
4                   distinctively different in 2017 moving forward, and  
5                   it just how do we connect those dots, and there's  
6                   footnotes at the bottom as it relates to those data  
7                   elements. All 2019 rates are based upon submitted  
8                   rates and you know none of those have been approved  
9                   based upon my understanding.

10                  So this whole presentation is about how  
11                  do we connect those dots between those two processes,  
12                  and, you know, where to start. So I'm going to start  
13                  by saying I've been doing this for more than 20  
14                  years, okay, and it's difficult for me to connect  
15                  those dots. So I can just imagine how it is for the  
16                  consumer to connect those dots, you know, between the  
17                  two processes when to the commoner it seems like they  
18                  should be easy to connect, but they are simply not  
19                  today. Okay. So basically I took all of my 20 years  
20                  of experience and I sat down and I just thought about  
21                  this.

22                  Going to slide six, okay, we know  
23                  there's some various talking points there, but I will  
24                  go right to the bottom. It's complicated. It really  
25                  is complicated, okay, and basically what helped me to

1 start connect the dots, and you're going to hear me  
2 use the word start, initial observations because more  
3 people need to be engaged in this conversation to  
4 help improve that connectivity, but basically it took  
5 me three years of rate filings, which is on a later  
6 page, to start to see how we can start to connect  
7 those dots.

8                   So item number one of the four items  
9 that's on slide seven very simplistically the payer  
10 plan process starts in January. The hospital process  
11 starts in October. Okay. Those are two different  
12 starting periods. If we go to initial observations  
13 on slide eight, jumping right to the bottom, okay,  
14 it's going to be very difficult to change either one  
15 of those starting periods. It is highly unlikely.  
16 So the best that I think that we can do is start to  
17 understand what the impact of the differences of  
18 those are and you know start to work better to make  
19 that interpretation from one to the other.

20                   Observation number two is the base  
21 starting period. Commercial insurance process starts  
22 with actual and then they make adjustments from their  
23 projections. The budget review process is budget to  
24 budget. There's definitely an opportunity to better  
25 align those, okay, and it would require a lot of

1 conversations and a lot of people pulling in the same  
2 direction, but I think there's a possibility there.

3 MS. HENKIN: Mark, can I ask you to  
4 speed up? We have a lot of people coming in.

5 MR. STANISLAS: I'm going as fast as I  
6 can.

7 MS. HENKIN: Okay. Finish up.

8 MR. MULLIN: Anything that you don't get  
9 to do obviously you can submit in writing.

10 MS. HENKIN: And these are for us.

11 MR. STANISLAS: I'm trying to go through  
12 these slides too and this will be submitted also.  
13 You know on the core definitions the commercial  
14 process is PMPM change. The hospital review process  
15 focuses on total patient revenue change from period  
16 to period. Initial observation comparing these two  
17 definitions are apples and oranges. You know those  
18 two processes do not talk to each other very well.  
19 So basically is there opportunity to start to  
20 initiate the PMPM process into the budget review  
21 process. It's going to take time to do that. Yes.

22 Number four, okay, there are a number of  
23 items that are outside the Green Mountain Care Board  
24 hospital review process that are included in the  
25 commercial rate filings and it's going to be very

1 critical to understand that. If we go to slide 13  
2 and just speak to some of these initial observations,  
3 based upon the Blue Cross Blue Shield presentation  
4 they said that 53 percent of the medical claims  
5 experience only falls under Green Mountain Care Board  
6 review. There is a little grid down below on slides  
7 13 and how that could be better aligned. I think  
8 this process could start for FY19.

9                   There's other areas you know that we  
10 could do in FY19, I can speak to the Board a little  
11 bit later exactly what they are, but I think we can  
12 start to take a look at a very high level at the  
13 actual starting place and understand the change from  
14 FY 2017 actual to 2019 budget and how that compares  
15 some of the previous rate filings.

16                  MS. HENKIN: Mark, I'm going to ask you  
17 if you could close up right now because we have a  
18 number of people here and there's still people coming  
19 in and --

20                  MR. STANISLAS: I have two more slides.  
21 So if you go to slide 14 there, this is just the  
22 attempt of aligning all three of those years together  
23 that help me at least start to connect these dots,  
24 and this is going to be critical connecting those two  
25 pieces, and then if you go to the last slide, you

1 know, slide 16 it just -- this is exactly where we  
2 started. This connectivity isn't there today, and if  
3 it is there, it's not very clear and it's certainly  
4 not clear to me. Somebody that has a vast amount of  
5 experience. So thank you for your time.

6 MR. MULLIN: Thank you, Mark.

7 MS. HENKIN: Next is Nancy Detra and  
8 right after that if we can get Megan Gardiner to be  
9 ready. Is Nancy here?

10 MR. MULLIN: And again for those who  
11 came in late when you come up please state your name  
12 and spell your last name so we can get it accurately  
13 recorded.

14 MS. DETRA: Hi. I'm Nancy Detra  
15 D-E-T-R-A and I'm from Guilford, Vermont. I live  
16 with depression and with good care on my part and the  
17 part of my doctor I've been mostly healthy. Last  
18 summer I fell into a deep depression. I was taking  
19 two anti-depressants which together had kept me  
20 stable for a long time, but I found that those  
21 medicines no longer held the depression at bay even  
22 when my psychiatrist adjusted the dosages. She then  
23 suggested I try transcranial magnetic stimulation or  
24 TMS to control the illness. She believed it was my  
25 best shot at regaining my health. I had Blue Cross

1 Blue Shield as my insurance provider through Vermont  
2 Health Connect until I was told that it would not pay  
3 for TMS. Then I switched to MVP which would pay for  
4 it but only after I had proved that I had reached  
5 rock bottom in my depression. I had to get worse  
6 before they would pay to help me get better. What  
7 should have been a decision between me and my doctor  
8 was dictated by the insurance company.

9                 When I finally got to have the treatment  
10 I did get better and maintenance treatments, which  
11 MVP approved, have kept me healthy, but when I turned  
12 65 in June I went on Medicare parts A and B, medicare  
13 part D through Humana, and a supplemental insurance  
14 through again Blue Cross Blue Shield. In total I'm  
15 paying \$338 per month for health insurance. Because  
16 Medicare will not pay for maintenance TMS I'm paying  
17 an additional \$600 per month for treatments every  
18 other week. If Blue Cross Blue Shield rates go up, I  
19 won't be able to afford both the insurance and the  
20 TMS maintenance treatments. I can almost guarantee  
21 I'll reach a personal health crisis. It's just a  
22 question of when.

23                 This is not health care. It's a lottery  
24 and a very expensive one. I urge the Green Mountain  
25 Care Board to deny rate increases and move to an

1 universal care system as outlined in Act 48. Thank  
2 you.

3 MR. MULLIN: Thank you.

4 MS. HENKIN: Megan Gardiner and after  
5 that is John King.

6 MS. GARDINER: Hello. I don't know if  
7 this is working. My name is Megan Gardiner  
8 G-A-R-D-I-N-E-R. I'll try and keep this short. I'm  
9 here with the Vermont Workers' Center and I'm on the  
10 MVP health care plan. I pay roughly \$80 a month in  
11 my health insurance premium payments which I  
12 recognize is pretty low and therefore covers the bare  
13 minimum. I treat it as preventative care and rarely  
14 go to the doctor for the things that I would go to  
15 the doctor for being mental health assistance because  
16 in the past it's always been you have to pay your  
17 deductible. Well my deductible, because my monthly  
18 payment is so low, is high.

19 I'm a baker by choice. I have a college  
20 degree and I live paycheck to paycheck and that was a  
21 hundred percent my decision. When I was 22 and I  
22 made that choice I didn't think about health  
23 insurance rates and finances and any of that. I  
24 thought about what I wanted to contribute to the  
25 world and what made me happy, and as I've gotten

1 older the having to balance what makes me happy with  
2 what is able to be provided for me and what I can  
3 provide for myself has been a hard concept to  
4 realize.

5 Just to give a brief example I thought I  
6 broke my foot two months ago and had to get an x-ray  
7 and with my insurance cost \$250 which to some people  
8 may not seem like a lot of money, but to me that's a  
9 couple days of work and sidelines a lot of things for  
10 me, and I just ask that the Board acknowledges what a  
11 rate increase would do to a lot of people in the  
12 State of Vermont. An 8 percent I think on that  
13 spreadsheet, it said potentially 10.9 percent for the  
14 MVP, is a drastic change and would affect a lot of  
15 people including myself, and I just ask that you  
16 consider what that will do. Please no more rate  
17 hikes. Health care is a human right and we're  
18 looking for universal health care.

19 MS. HENKIN: John King and after that is  
20 Christine Smith.

21 MR. KING: My name is John King and --  
22 K-I-N-G -- I would just like to acknowledge that I'm  
23 on Medicare and so far I haven't -- I've been okay  
24 with that, but I have a family member who is very --  
25 unemployed, low income, and it's a constant struggle.

1           It's a constant struggle to find money to -- for this  
2           person's health care, and all around me I see people  
3           -- low income people or people, you know, on the  
4           margins who are struggling to have a basic right of  
5           health care. It doesn't feel right. It's already  
6           very difficult for people to afford health care and  
7           now there's another -- yet another raise. It doesn't  
8           make sense. It doesn't feel humane. It doesn't feel  
9           right that people have to suffer so much and become  
10           so strapped in order to pay for their basic health  
11           care. It doesn't feel right. Now the rates are  
12           going up. So I protest that and I think it's  
13           terrible. So that's what I have to say.

14                         MS. HENKIN: Christine Smith and after  
15                         that is Avery Book.

16                         MS. SMITH: My name is Christine Smith  
17                         S-M-I-T-H. I live in Barre. I've been here five  
18                         years and I was at when you guys had the Green  
19                         Mountain Care Board down at City Center last year. I  
20                         don't know if anybody remembers me from there.

21                         MS. LUNGE: Definitely.

22                         MR. SMITH: I've changed a little bit,  
23                         but the ones that stopped outside and spoke to our  
24                         group I want to applaud you. You have heart to know  
25                         what we're going through. I didn't write anything

1 down so I'm just taking this from my brain and what I  
2 can remember.

3                   Last year Blue Cross Blue Shield got  
4 somewhat what they wanted; more money, more hikes.  
5 What's the elderly people supposed to do who cannot  
6 afford it. You guys can't be raising it. Basically  
7 we're all going to go to hell because we can't afford  
8 it.

9                   I'm on disability. I take care of my  
10 mom since I've been 18 and I think a couple of you  
11 remember that I said this last year. I was in high  
12 school when I was taking care of my mom. I just had  
13 surgery this year on my stomach, and if it wasn't for  
14 the insurance I have I would probably be dead or I  
15 would be having more problems than what I am having  
16 now.

17                   Act 48 needs to be pushed and I hope and  
18 pray that all of you guys have heart and do not give  
19 Blue Cross Blue Shield what they want because the  
20 more we give the more we're out. Period. Think of  
21 the people. Think of the people who don't have  
22 nothing at all, and if you guys have heart and  
23 dignity, you guys won't give them this increase.  
24 Period. Thank you.

25                   MS. HENKIN: Avery Book and the next

1 name is Tev Kelman man after that.

2 MR. BOOK: Hi. My name is Avery Book  
3 B-O-O-K. I live in Plainfield. I'm a member of the  
4 Vermont Workers' Center. I've spent most of my adult  
5 life either uninsured or underinsured and I've  
6 experienced firsthand the way our current health care  
7 system prioritizes profits over human rights.

8 Six years ago I had an operation to  
9 repair an inguinal hernia. I had noticed the hernia  
10 several years before that, but I was uninsured then  
11 so I had to ignore it until I had insurance. In  
12 February of 2012 it became too painful to ignore and  
13 I luckily was insured by my employer at the time.  
14 After the surgery I was left with several weeks of  
15 recovery and \$4,000 worth of deductibles, co-pays,  
16 and various out-of-pocket expenses. That was with  
17 insurance \$4,000.

18 Fast forward to spring of last year. I  
19 was doing my taxes, I was self-employed, and I had  
20 been on Vermont Health Connect for several years at  
21 that point. I was on Blue Cross Blue Shield's bronze  
22 plan, the only one I could afford. Ironically I  
23 avoided getting care when I could because I had a  
24 \$6,000 deductible. I found out at tax time I made  
25 too much that past year in relation to the subsidies

1 I was receiving for my plan and I owed over \$1300. I  
2 couldn't afford to pay that. I would have signed up  
3 for a better plan had I been able to afford that. So  
4 I ended up paying for the next 13 months a tax  
5 payment plan slowly paying that back.

6 Fast forward to this year. In April of  
7 this year I woke up one morning with my right eye red  
8 and swollen. It looked like someone had basically  
9 punched me in the night which obviously had me  
10 concerned so I went to urgent care. They suspected  
11 it was an infection, gave me some antibiotics and a  
12 topical cream. At this point I was now on Medicaid  
13 so I didn't have any out-of-pocket expenses and only  
14 had to pay a dollar for the antibiotics. The  
15 antibiotics didn't do a whole lot so they prescribed  
16 some stronger antibiotics though they didn't work  
17 either. So they finally recommended me to a  
18 specialist who ended up diagnosing it as a meibomian,  
19 the clotting of the oil glands around your eye  
20 lashes, and they did an incision to drain the  
21 swelling. I don't know if you can see from there.  
22 It's not actually completely fixed, but helped a  
23 little bit.

24 Right now I make just under the limit  
25 for Medicaid which is \$1397 per month for a single

1 adult here in Vermont. That's not a lot of money.  
2 That's -- out of that I have to figure out how to pay  
3 for rent, groceries, car insurance, car repairs, my  
4 student loans, utilities, and it's -- probably most  
5 of you know generally the cost of living is going up  
6 in Vermont not the other way around, and on the other  
7 hand I'm pretty terrified about the idea of suddenly  
8 making too much money and going back on Vermont  
9 Health Connect. If I had been dealing with this --  
10 my eye while I was on my old plan, I probably would  
11 be thousands of dollars in debt and those health care  
12 costs would be pushing me back towards the edge and  
13 pushing me back towards poverty, and this is a real  
14 worry for me and thousands of other people in this  
15 state, and I'm basically tired of having to jump out  
16 of one frying pan into another fire. I think we  
17 should have no more rate increases. Health care is a  
18 human right. We need universal health care through  
19 implementation of Act 48. Thank you.

20 MS. HENKIN: Tev Kelman and after that  
21 is Kurt Erickson.

22 MR. KELMAN: Hello. My name is Tev  
23 Kelman K-E-L-M-A-N. I'm a member of the Vermont  
24 Workers' Center. I live in Washington. I also teach  
25 at Randolph Union High School. I'm -- as a teacher I

1 see the health care crisis that we have in this state  
2 everyday in my classroom. I teach in a community  
3 where the proportion of families in poverty has  
4 climbed from 20 to over 50 percent in a little less  
5 than a decade that I've been there, and a tremendous  
6 amount of that is related to the increasing cost of  
7 health care.

8                   This Board has approved rate increases  
9 over the past four years on average of almost 40  
10 percent. My wages have not gone up anywhere close to  
11 40 percent and I can bet that very few of the people  
12 who are sitting in this room have seen anything like  
13 that. So we're seeing this incredible spike in the  
14 unaffordability of something that as you're hearing  
15 should be a basic human right. As a matter of fact,  
16 in our state's law in Act 48 it's defined as a basic  
17 right. I believe that that same law tasks all of you  
18 with moving us toward a system that treats health  
19 care as a public good and a right rather than as a  
20 commodity.

21                   When we instead continue to prop up this  
22 system that allows corporations, you know, financial  
23 solvency to be placed above the ability of working  
24 families to access the care they need it takes a toll  
25 on kids. I myself am lucky enough to have a plan

1 through my job that, you know, I would like to pay  
2 less, but I can afford it and whatever the rate  
3 increase is it's not going to put us out, but my wife  
4 and I recently had a baby and that's an expensive  
5 proposition and had we been in a slightly different  
6 situation we would be in thousands and thousands of  
7 dollars worth of medical debt, and I know this  
8 because the families that I serve are struggling with  
9 that situation, and when families can't access the  
10 care they need or when they struggle to afford their  
11 premiums or fall into Medicaid gap their kids suffer  
12 and their learning suffers, whether that's directly  
13 through unmet medical and mental health needs or  
14 indirectly through the stress that it causes to the  
15 parents trying to make ends meet and pay for these  
16 rise in premiums that we keep seeing.

17 So I would also like to say that with  
18 regard to this particular hearing I teach english and  
19 you all have provided really an object lesson in  
20 irony by denying the public advocate the chance to  
21 speak at this hearing. I think you know this is the  
22 second time I've been, but I know that the Workers'  
23 Center has been sending folks for these hearings for  
24 a long time. We've been saying the same thing. We  
25 can't afford these rate increases. We can't afford

1 any rate increases. We want a publicly funded  
2 universal system that allows everybody to get the  
3 care they need and we wanted it in 2011 when we  
4 passed this law. We can't afford any more rate  
5 hikes. Health care is a human right. Thank you.

6 MS. HENKIN: Kurt Ericksen. After that  
7 is Manny Mansbach.

8 MR. ERICKSEN: My name is Kurt Ericksen  
9 E-R-I-C-K-S-E-N. I'm a resident of Montpelier,  
10 Vermont, veteran of the United States Coast Guard,  
11 and currently general manager of Vermont Compost  
12 Company. At Vermont Compost Company we have 18 full  
13 time employees. Most of them around my age, my  
14 annual salary level. You know we're mostly  
15 supporting local small scale organic agriculture  
16 throughout the northeast and the midwest so we have a  
17 lot of people that are fine making a little bit less  
18 money. You know it's passion driven work. As a  
19 company we don't have the margin to where I can  
20 afford to pay a proper health care plan. So we take  
21 the fine by the state each year, and what I say to my  
22 staff is anyone that wants to go out on the market,  
23 get health care through Vermont Health Connect, we'll  
24 reimburse 50 percent of what that cost is. What I  
25 can say is that with 18 full time staff they look at

1                   the return on that investment just as a poor  
2                   investment. So when they say the cost of what their  
3                   health insurance is compared to the cost they are  
4                   going to be stuck with anyway coming in and out of a  
5                   hospital four people mostly between, you know, 25 and  
6                   42 it's just a poor investment.

7                   I personally am paying \$386 a month for  
8                   a plan because I'm like -- you know well especially  
9                   coming from the Coast Guard I like understand the  
10                  value and the sort of the pressure that you don't  
11                  have in your life by knowing that you have those  
12                  costs covered, but when I look at rate increases and  
13                  I think about the fact that I can be spending \$400,  
14                  \$450, \$500 a month in comparison to what my needs are  
15                  on any given basis, the fact that I have a whole  
16                  staff that's like health insurance is a bad return on  
17                  investment, I'm just not seeing it. It's taking 7  
18                  years, 10 years, 12 years before there's a bad enough  
19                  incident or there's something terrible enough in my  
20                  life where to -- where it is worth it for me to put  
21                  this money out each month.

22                  So when I look at rate increases it's  
23                  not, you know, should they do it or should they not,  
24                  should it be universal health care. Just from a  
25                  practical standpoint there's -- the return on

1 investment at the current price isn't there. You  
2 know like there's just not enough benefit. So to  
3 think that that can be increased and then you know  
4 when you couple that with some of the ridiculous  
5 charges that people are getting coming out of the  
6 hospitals it's pretty much everybody -- my entire  
7 staff is disgusted with the whole health care system  
8 right now, and whether it's Act 48 or another method  
9 I don't know what the answer is, but I just know they  
10 are disgusted, and if Vermont is concerned about  
11 keeping people in that age bracket with decent  
12 insurance, they have got to do something about it and  
13 allowing rate increases is not -- it's not going to  
14 help. You're going to -- I will guarantee you that  
15 the number of insured individuals between 25 and 45  
16 is going to drop and that's a problem. I'm sure  
17 everyone is aware of the risk and people getting  
18 under debt and all of that. Sorry. I'm a poor  
19 public speaker, so --

20 MR. MULLIN: You're doing fine.

21 MR. ERICKSEN: Anyway so -- and the  
22 other thing is as a small business you know when I  
23 hear about Act 48 and the support for that what I  
24 think about as a small business the most beneficial  
25 thing out there is decent health care coverage at a

1 reasonable cost. You know so if I have the ability  
2 to provide better health care for employees, I would  
3 be a whole lot better at recruiting talent and it's a  
4 huge obstacle and right now the state is failing.  
5 Thank you.

6 MS. HENKIN: Manny Mansbach after that  
7 is Mary Alice Bisbee.

8 MR. MANSBACH: Good afternoon. I'm  
9 Manny Mansbach M-A-N-S-B-A-C-H. I live in Athens,  
10 Vermont. Can you hear me? In 2012 at age 52 with a  
11 very good health history and many more good health  
12 habits than bad ones I found myself in and out of the  
13 hospital three times in five weeks. Through no fault  
14 of my own I had contracted a common virus that led to  
15 a dangerous, if untreated, inflammation of the sac  
16 that surrounds the heart known as pericarditis. I  
17 was able to receive very helpful life saving  
18 emergency and followup care, and I came out more or  
19 less okay in this situation and was told I would have  
20 no greater chance of developing heart disease than  
21 the average person.

22 I was fortunate to have lived at that  
23 time in Massachusetts and had I not been enrolled in  
24 Massachusetts health at that time, in addition to my  
25 medical problems I would have been in a world of hurt

1 financially as the ordeal involved a number of very  
2 expensive procedures in addition to the cost of  
3 several days in the hospital. So now I'm concerned  
4 that as Congress and the administration in Washington  
5 seek to destroy Medicaid and other aspects of our  
6 social contract that if I become ineligible for  
7 medication because I make a few dollars too much,  
8 that Vermont health care plans will be exorbitant and  
9 like people have been talking about eat up hefty  
10 chunks of my resources and the resources of other  
11 Vermonters.

12 I'm confident that this Board  
13 understands that Vermonters aren't getting wealthier  
14 in proportion to the increases that Blue Cross and  
15 MVP request annually including this year, and as  
16 someone else mentioned I think it's a great injustice  
17 that these companies didn't think that they could  
18 count on their own arguments and data to get the  
19 hikes they want but felt it was also necessary to  
20 employ fancy legal maneuvers to file to silence Mr.  
21 Fisher, an important, in this context essential,  
22 voice of advocacy for the people affected by these  
23 rates. I think this is shameful and sleezy and shows  
24 the desperation that those who are managing our  
25 health care system will go to get their way. If you

1 don't like the message silence the messenger or call  
2 it fake news in bold caps on Twitter.

3 As a health care professional -- a  
4 mental health care professional for almost 30 years  
5 I'm very aware of the stressors that contribute to  
6 people's disease. It breaks my heart to witness that  
7 in this, the wealthiest country in the history of the  
8 planet, anxiety about difficulty accessing health  
9 care is rapidly growing as a stressor in and of  
10 itself that undermines good health. It's a vicious  
11 cycle. As a large segment of the very rich get still  
12 richer and commit themselves to undermining the  
13 social safety net that I believe should be a given  
14 for all, not only are people finding it difficult to  
15 access effective health care, but the worry about  
16 this is itself becoming a factor that makes well  
17 being more elusive.

18 While I imagine that some members of  
19 this Board sincerely believe that you're serving the  
20 public good as best you can, I suspect and frankly  
21 hope that somewhere in some part of your mind you  
22 know that when you more or less rubber stamp most of  
23 what the insurance companies ask for you're  
24 participating in an exercise that amounts to little  
25 more than rearranging the deck chairs on the Titanic.

1 To that each year in these hearings you're deciding  
2 not whether or how health care should be available to  
3 folks, but to what degree you're going to continue  
4 the trend under this Republican Administration of  
5 saying to decent hard working people you're sick, too  
6 bad, good luck as you continue to make it harder for  
7 people to afford health care. If you continue in  
8 this vein without doing the hard work of working to  
9 enact Act 48, which is the law of the state, then I  
10 think you're really not serving the public good.  
11 Ordinary Vermonters insist that you help fulfill the  
12 promise of Act 48 and work to develop a system that  
13 treats health care as a fundamental right for every  
14 Vermonter no matter who they are or how privileged  
15 they are or aren't. Please do your real job.

16 MS. HENKIN: Mary Alice Bisbee and after  
17 that is Grace Beninson.

18 MS. BISBEE: Hi. I'm Mary Alice Bisbee,  
19 and as some of you know I sat for the first part of  
20 the Blue Cross Blue Shield hearing the other --  
21 yesterday and couldn't stand any more when you left  
22 for 15 minutes for lunch. I decided that was all I  
23 could take.

24 My name is Mary Alice, common spelling,  
25 Bisbee B-I-S-B-E-E. I'm a native Vermonter, seventh

1 generation Vermonter, and the only person I remember  
2 seeing that I know is Robin from the Green Mountain  
3 Care Board. The whole board has changed politically  
4 I think in this atmosphere. So I have been an  
5 advocate for universal care, single payer health care  
6 for so long. Since the 1960's I believe. I'm 81  
7 years old. I've seen a lot of changes. I've gone  
8 through a lot of changes and when I was 34 years old,  
9 was a young mother with two children, my ex-husband,  
10 an MIT graduate, decided to move back to Vermont  
11 after we had been all over the country and I had a  
12 nervous breakdown after smoking one joint of  
13 marijuana and a week later I had a psychotic break.  
14 It threw my life into turmoil. As most of you know I  
15 now live in subsidized housing. I'm very grateful  
16 for Three Squares. They give me \$15 a month, and I  
17 get a few other services, but I will not take Blue  
18 Cross Blue Shield or MVP. I have United Health Care  
19 and I've been grandfathered in and I know people will  
20 say that's ridiculous, they are terrible, but they  
21 have grandfathered me in so that if I go in the  
22 hospital and need to be in rehab and get any kind of  
23 home health or rehab services, I pay no deductible,  
24 no co-pay, and this is all due to the -- what  
25 different people have changed in the legislation that

1 you have brought about here.

2                   We need universal primary care first and  
3 I've fought for that at the State House. Nobody  
4 listened. Nobody listened. We need universal care  
5 around the country, and to think that we're the  
6 richest country in the world and we do not have this  
7 is ridiculous and I feel terrible. I know most of  
8 you earn over \$80,000 a year just to sit on this  
9 board. What are they doing? What are you doing to  
10 help us? I don't see anything being done. It's  
11 going up 6.9 percent. I listened to that hearing the  
12 other day. His name was Jay Angoff talking about  
13 what is affordability. Nobody can even define it,  
14 right? We don't know what affordability is. I've  
15 got my notes here. 63 million dollars is supposed to  
16 be coming back to Blue Cross Blue Shield and they  
17 didn't even put that into their -- the person who  
18 spoke -- Mr. Schultz I think his name was -- said  
19 that they couldn't even put that in because they  
20 hadn't received it yet, and that Vermont has these  
21 horrible rules about that age -- people that are  
22 younger people have to pay the same as older people  
23 and all these wonderful rules that we put in are now  
24 coming back to haunt us because the insurance  
25 companies -- and the insurance companies blame the

1                   hospitals for the high rates. The hospitals blame  
2                   the insurance companies and what about the consumers.  
3                   I'll let it go at that, but I'm also a member of -- I  
4                   don't pay my dues because I don't have much money,  
5                   but I'm with rights and democracy too and I'm with  
6                   health care for all and a lot of other groups that  
7                   are working to find something in our state that will  
8                   meet up to our goals and our heart. Thank you.

9                   MS. HENKIN: Faith Beninson and after  
10                  that is Spoon Agave.

11                  MS. BENINSON: Good afternoon everyone.  
12                  My name is Grace Beninson. Last name  
13                  B-E-N-I-N-S-O-N. In 2014 after working for the same  
14                  company for almost 20 years I suffered a massive  
15                  stroke and the result -- what resulted in that stroke  
16                  was because I had a high deductible insurance plan  
17                  and I wasn't able to afford to go to the doctor and  
18                  they didn't diagnose that I was prediabetic, and I  
19                  had this massive infection that caused my blood sugar  
20                  to sky rocket that caused the stroke, and as a result  
21                  of that stroke I no longer am able to work and be a  
22                  contributing member of society. So I put my efforts  
23                  into helping other people who can be in the same  
24                  position and trying to let people know that if you're  
25                  not paying attention to what's going on around you,

1 everything that you think is yours is not really  
2 yours. You're going to lose it. I lost my house. I  
3 lost my job. The only thing I didn't lose is my  
4 desire to fight for better health care and reasonable  
5 accommodations for people. I'll keep fighting for  
6 that for the rest of my life, and I'm terrified that  
7 if I get sick again for some reason, I have Medicare  
8 and every cent of my resources are gone. I have  
9 nothing left. I get a small amount of disability  
10 every month which is not enough to keep me and able  
11 to have an apartment or anything. So I'm fortunate  
12 enough to be able to live with friends and the  
13 kindness of my friends is what pulled me through all  
14 of this, and the people who are here from Vermont  
15 Workers' Center have been a huge part of that and the  
16 other people in the Brattleboro area who understand  
17 what happens to people when they have a catastrophe  
18 like this, and I have no redress to the insurance  
19 company. They won't say to me we're sorry, Grace,  
20 that you lost everything that you worked for, for  
21 your whole life because you couldn't afford to go to  
22 the doctor. So nobody's going to say they are sorry  
23 to me and I don't expect them to, but what they can  
24 expect from me is that I'm going to keep fighting  
25 against rate increases and high deductibles for human

1           beings so they can survive in the world. Thank you  
2           very much for your time.

3                         MS. HENKIN: Spoon Agave and after that  
4                         is Ellen Schwartz. Go ahead.

5                         MR. AGAVE: I'm Spoon Agave A-G-A-V-E.  
6                         I'm going to approach this from two angles. One is  
7                         as a school board member in Brattleboro I deal with  
8                         all the other members and everybody else there  
9                         adversely every meeting with issues related to  
10                         poverty because we see them as issues with the kids.  
11                         We have I think about the lowest average household  
12                         income in the state in Brattleboro. So we have a  
13                         very high rate of poverty. So anything that happens  
14                         that puts even more stress on these families  
15                         reverberates to more problems with the kids, more  
16                         expenses in the schools. We've gone to a point where  
17                         every school has to have a social worker in it. Soon  
18                         we're going to be hiring social workers that know a  
19                         little bit about teaching, and it's just real serious  
20                         and it's so obvious that so much of these -- many of  
21                         these special needs are coming out of poverty and  
22                         health care. The cost of health care is a huge  
23                         contributor to that poverty, and then the second way  
24                         that I want to approach my concerns about health care  
25                         is as a retired person my income is \$1244 a month

1 from Social Security, which is just about the average  
2 across the country for people receiving that, and  
3 fortunately I still have enough health to pick up a  
4 little under the table work and I have a little bit  
5 of savings so I'm managing okay. Nevertheless,  
6 between my supplementary or gap insurance I get some  
7 help. I get some Medicaid. Through that I think I  
8 get help from the VPHARM program and something that  
9 helps me pay some of my part B, but I have the gap  
10 insurance. I have part of the part B and I have some  
11 co-pays and I have co-pays on my drugs for my  
12 emphysema. I put out about \$200 a month on average  
13 or a little less out of my official income of \$1274 a  
14 month, and that the -- in the near future within I  
15 don't know -- I hope not as soon as, but if I lose  
16 that extra income and my savings are gone I'm in  
17 trouble. So for me I'm just -- I'm like probably a  
18 very large slice of the population that sits in  
19 retirement and right on the edge. Thank you.

20 MS. HENKIN: Ellen Schwartz and after  
21 that is Kevin Wagner.

22 MS. SCHWARTZ: Hi. My name is Ellen  
23 Schwartz S-C-H-W-A-R-T-Z. I'm from Brattleboro and  
24 I'm a member of the Vermont Workers' Center. I'm on  
25 Medicare which means that I am not directly impacted

1 by these proposed increases though I do remember a  
2 time in my younger years when I was uninsured and I  
3 remember how scary that was. In this country if  
4 you're old like me you're deemed worthy of access to  
5 health care. Well at least at 80 percent of the  
6 cost.

7                   I'm speaking today because I cannot sit  
8 in silence just because I have the good fortune to  
9 benefit from a public health care program while  
10 others are priced out of the health care marketplace.  
11 That is our current reality and these increases, if  
12 granted, will only intensify and extend the damage.  
13 The real problem is that we have a health care  
14 marketplace at all. Health care shouldn't be treated  
15 as a consumer good accessible to some but not to  
16 others. It's a need that we all have by virtue of  
17 being human. I'm guessing that those of you on the  
18 board like me can access care when you need it.

19                   As you consider the rate hike request I  
20 implore you to think about the people in your lives,  
21 people that you know and that you love and ask  
22 yourselves which of those people deserves not to have  
23 health care. To which of those people would you say  
24 sorry the premium's too high or too bad you can only  
25 afford a high deductible plan. I hope that you would

1 never relegate that someone you care about to that  
2 fate, and that as a public board you would take  
3 seriously your obligation to all Vermont residents.

4 I also have serious concerns about how  
5 independent the board is of the insurance companies.  
6 The Green Mountain Care Board is established under  
7 Act 48 as an independent board. I've been attending  
8 these meetings -- these hearings since they began,  
9 and this year for the first time the Office of the  
10 Health Care Advocate has been blocked from weighing  
11 in. So how independent is the board of the insurance  
12 companies. It looks to me like they get to call the  
13 shots about who counts and who doesn't. The only  
14 voice that people of Vermont have is the testimonies  
15 that you receive from people like us here tonight,  
16 which if I remember from last year's hearing we were  
17 told they don't actually count since none of us have  
18 party status.

19 Until this year we were also represented  
20 by the Office of the Health Care Advocate and now  
21 that voice has also been removed. So from where I  
22 sit it looks like the Board is not independent of the  
23 insurance companies. You're supposed to be a  
24 regulatory body, but how can you fulfill that  
25 function if the only testimony that counts comes from

1                   the very companies that you're regulating. According  
2                   to Act 48, which established the Green Mountain Care  
3                   Board, the Board's first aim is to improve the health  
4                   of the population. That same law states that  
5                   systemic barriers such as cost must not prevent  
6                   people from accessing necessary health care. That's  
7                   actually a quote from the law. Your board has both a  
8                   moral and legal imperative to ensure that premiums do  
9                   not stand between people in need of care.

10                  Ultimately the solution as spelled out  
11                  in Act 48 is a universal publicly funded health care  
12                  system. I urge you to reject the rate increases and  
13                  to do all within your power to move us to the full  
14                  implementation of Act 48 with the promise of Green  
15                  Mountain Care Board not as Medicaid but as a public  
16                  system for every Vermont resident so people never  
17                  again have to come before this Board pleading for the  
18                  basic human right to health care. Thank you.

19                  MS. HENKIN: Kevin Wagner followed by  
20                  Amy Lester.

21                  MR. WAGNER: Hi. My name is Kevin  
22                  Wagner W-A-G-N-E-R. I'm from Bradford, and I get  
23                  health insurance through Vermont Health Connect  
24                  through MVP, and I'm starting to reach an age when  
25                  I'm not as healthy as I used to be and health care is

1 becoming an increasing concern for me and for my  
2 wife, and because of the high deductibles we pay for  
3 our plan like every time we need care it's a matter  
4 of we're going to be paying for it for months in the  
5 future, and that's -- it's definitely a barrier for  
6 us and it does cause us to like restrict the care  
7 that we seek, and it's -- and we're fortunate in that  
8 we don't have anything truly serious afflicting us at  
9 the moment, but it's seriously anxiety inducing  
10 knowing that if something serious does occur what are  
11 we going to do, how are we going to continue to live  
12 dignified lives, and I hear a lot of discussion from  
13 and around the board over what's the financial  
14 viability of the insurance companies and -- but Blue  
15 Cross Blue Shield and MVP you know they don't have a  
16 right to live. People have a right to live. Health  
17 care should be treated as a human right, a public  
18 good for all. Thank you.

19 MS. HENKIN: Amy Lester followed by  
20 Walter Carpenter.

21 MS. LESTER: Amy L-E-S-T-E-R, Adamant,  
22 Vermont. Rate hikes. I'm very familiar with rate  
23 hikes. I first became familiar in 2004 when I was a  
24 school teacher in Barre and Blue Cross Blue Shield  
25 hiked our rates at 6 percent. We went on strike the

1 next year. It's 2018 and I believe that this issue  
2 of rate hikes and teachers and paying public workers  
3 is still a big issue. It's still happening.

4 In 2005 health care is a human right  
5 campaign first began. It's 13 years later and we're  
6 still here. The Blue Cross Blue Shield CEO is still  
7 making more and more money and we are making less and  
8 less money and more people are without insurance,  
9 underinsured, dealing with huge gaps.

10 I'm now a small business owner and I  
11 recognize that the differences that these hikes make  
12 not only affect me personally and my colleagues, but  
13 also the taxpayers and also the folks that I could  
14 potentially be hiring, but I can't afford to. Can I  
15 increase my services to clean homes and do  
16 residential painting to keep up with these costs?

17 I'm going to lose bids. I'm going to lose  
18 businesses. I feel fortunate that I can pay. I  
19 think that I want to be able to pay into a system and  
20 that's what universal health care is all about. If I  
21 make less money, then I might go down in my tax  
22 bracket or go down in the levels and I'll be possibly  
23 eligible for Medicaid. I believe that all -- we're  
24 all in and it's an equitable, fair, transparent  
25 health care system that we need. Act 48 is a start,

1 but we really need an expanded Medicaid plan that's  
2 for all health care for all. No more rate increases  
3 and health care is a basic human right. Thank you.

4 MR. MULLIN: Before you go to Walter I  
5 understand the Health Care Advocate is by the door  
6 and I don't want him to leave without giving him an  
7 opportunity.

8 MR. FISHER: Can I have 30 seconds?

9 MR. MULLIN: That would be great because  
10 there seems to be a big misconception here and if you  
11 could explain that your office has been involved in  
12 the beginning.

13 MR. FISHER: Good afternoon. I just  
14 want to take two seconds to say I'm Mike Fisher. I'm  
15 the Health Care Advocate and let people know I was  
16 able to speak today at the MVP hearing. I just  
17 thought people should know that when they are getting  
18 up to speak and you guys are doing great.

19 MR. MULLIN: And it's more than just  
20 getting an opportunity to speak. What his office has  
21 done is they have party status to the hearings and  
22 they have been involved in asking questions from the  
23 first date that the filing was made, and Mike  
24 deserves that round of applause you just gave him and  
25 more for the hard work that he's been doing.

1                   MS. HENKIN: Walter Carpenter then  
2 Griffin Shumway.

3                   MR. CARPENTER: Hello. My name is  
4 Walter Carpenter C-A-R-P-E-N-T-E-R. I am a health  
5 activist with Dr. Deb Richter. Dr. Deb Richter and  
6 Vermont Health Care For All and I thank the Care  
7 Board for hosting this public hearing. It's  
8 something that I know is rare for me in that the  
9 board members who know me might be shocked by I do  
10 not have much to add to the testimony you have heard  
11 and will hear tonight.

12                  MR. MULLIN: We are shocked, Walter.

13                  MR. CARPENTER: So am I actually. Many  
14 years ago long before the Green Mountain Care Board  
15 was a gleam in our eyes I had Blue Cross Blue Shield  
16 insurance through an employer. In 23 -- 2003 I had  
17 my gallbladder taken out of me after a massive  
18 gallbladder attack. The co-pay was \$50. A year  
19 later it was the turn of a colonoscopy. Great fun  
20 that was. The co-pay suddenly jumped to \$250. When  
21 I inquired of my insurer they said our costs went up.  
22 My wages did not go up to meet your costs I replied.  
23 It's your problem.

24                  Several years later one of their CEO's  
25 retired with a seven plus million dollar golden

1           parachute. That, however, is not what I want to say  
2           here. According to an article in Seven Days Blue  
3           Cross Blue Shield collects millions from Vermonters  
4           each month. It's also a non-profit. Also according  
5           to the Seven Days Blue Cross Blue Shield does not pay  
6           state taxes. This means that we the people pay state  
7           taxes that they do not pay.

8                         Since we subsidize Blue Cross Blue  
9           Shield with our premiums and so on we are also  
10           subsidizing them with the state taxes that we do pay  
11           on their behalf. In essence we are being double  
12           taxed to support Blue Cross Blue Shield. No matter  
13           how you cut it the premium is a form of tax.

14                         The thought I want to leave here was  
15           spoken by Dr. Deb Richter of Vermont Health Care For  
16           All in that Seven Days article on Blue Cross. Dr.  
17           Richter posed a rhetorical question about the purpose  
18           of Blue Cross versus us. Do they exist for our  
19           benefit or do we exist for their's? This is the  
20           ultimate question we need to ask ourselves. Thanks  
21           again.

22                         MS. HENKIN: Griffin Shumway followed by  
23           Alex Fleischer.

24                         MR. SHUMWAY: I'm going to read my own  
25           testimony as well as a friend of a friend who is a

1 teacher in Springfield. I'm going to start with  
2 Amanda Frank, a teacher in Springfield.

3 Hello. My name is Amanda Frank. I live  
4 in Belmont, Vermont and teach in Springfield. Having  
5 my master's degrees and ten years of teaching  
6 experience I take home \$1811 every two weeks. My  
7 husband is a stay-at-home dad so we are in a one  
8 income family, high deductibles, and the flawed  
9 mantra of more skin in the game are threatening my  
10 family's already precarious financial situation.

11 A rate hike would not only cause further  
12 financial strain, but also put the health of my  
13 family members at risk. Despite having both a FSA  
14 and HRA I must pay upfront for prescriptions and wait  
15 several weeks for the claim to be processed by Blue  
16 Cross Blue Shield and the third party administrator  
17 before I'm reimbursed. Currently I'm waiting to be  
18 reimbursed for prescriptions from June and July  
19 \$1063, 35 percent of my monthly take home pay. One  
20 of my family members has a chronic condition. So far  
21 we've been able to continue filling all  
22 prescriptions, but an increase in premium cost will  
23 push us closer to having to make the unthinkable  
24 choice which prescriptions to fill and which to go  
25 without I'm sure some of my colleagues have already

1 had to make. This is why we're saying today health  
2 care is a human right. No more rate hikes.  
3 Universal health care now.

4 Now for my own testimony. Hello. My  
5 name is Griffin Shumway. That's my real name  
6 S-H-U-M-W-A-Y. I live in Wilder and I'm a member of  
7 the Vermont Workers' Center. This is the third year  
8 I've been to this testimony to speak to you all.  
9 This is the third year that my wages haven't raised  
10 at the same rate that Blue Cross Blue Shield and MVP  
11 are asking their wages to be raised or their rates to  
12 be raised. I hate to say this, but I plan to be here  
13 next year because CEO pay will rise and my wages  
14 won't and I still won't be able to see a doctor.  
15 This is true not just for me, but for people all  
16 across the state.

17 In 2011 the Green Mountain Care Board  
18 was tasked with figuring out universal health care  
19 and this rate increase. Guess what. Not universal  
20 health care. This is in fact a giveaway to the CEOs  
21 of Blue Cross Blue Shield and MVP. We know that  
22 because their spokespeople who spoke to you yesterday  
23 and today actually advocated -- made a motion I  
24 believe it's called -- to have the public advocate  
25 not speak. He got to speak. That's great, but we

1 know that the CEO is interested only in raising rates  
2 and not in our livelihoods because the people that  
3 are representing us were asked not to speak.

4 I'm here to tell you that I'm going to  
5 be back. I'll be back next year. I'll be back the  
6 year after that. I'll be there. I'll be here until  
7 you all figure out what your job is which in Act 48  
8 is to implement universal health care. That's why  
9 I'm saying no more rates -- no more rate hikes.  
10 Health care is a human right. Universal health care  
11 now. Thank you very much.

12 MS. HENKIN: Alex Fleischer and after  
13 that is Aliza Hale.

14 MR. FLEISCHER: Hi. My name is Alex  
15 Fleischer F-L-E-I-S-C-H-E-R. I'm a student at  
16 Middlebury College and I have an internship here in  
17 Montpelier this summer. I have had the honor of  
18 hearing Professor Holmes speak before. I just want  
19 to start off you guys know a lot more than we do.  
20 You're very technical and you know the details, but  
21 we do know the morals. You have heard the stories  
22 today and you really -- please try to take that into  
23 account.

24 Blue Cross Blue Shield has -- is trying  
25 to raise rates as you know 7.5 percent this year and

1           36 percent since 2014. This is at the same time  
2           their holding company, Anthem, is a public for profit  
3           corporation. I just looked it up. Five years ago  
4           their stock price was 84.79. Today their stock price  
5           is 246.08. That's a 290 percent increase. Has  
6           anyone here made any of that money? All they have  
7           seen is their rates increase. To be precise 36  
8           percent since 2014. Probably more than that if you  
9           go back five years.

10           So the real question is should  
11           Vermonters be able to pay for insurance or should for  
12           profit corporations make more and more money to  
13           benefit only their shareholders, and I just want to  
14           say everything you do is political. You're trying to  
15           be an apolitical body, but if you take a stand and  
16           say no, no more rate hikes, what will happen. Maybe  
17           we'll make the news. Maybe nothing will happen, but  
18           you will have at least a spark in funding Act 48 so  
19           everyone here can have insurance and every Vermonter  
20           can get the health care they need. Everything you do  
21           is political so please take a stand. You are on an  
22           incredible pedestal and please use that power. Thank  
23           you and thank you for listening to us.

24           MS. HENKIN: And that is all the names I  
25           have. Is there anyone who has not signed up?

1 There's one more I believe. Please let Agatha, who  
2 is out by the door, know.

3 MS. HALE: Hi. My name is Aliza Hale  
4 H-A-L-E. I live in Washington, Vermont and I --  
5 recently I had a baby this past spring in May and at  
6 the time that she was born -- so I have the fortune  
7 being on my husband's health insurance through his  
8 work. He's a school teacher, and at the time that  
9 our daughter was born the complications with their  
10 health care provider were underway and there was a  
11 blackout period having to do with the HRA that's in  
12 charge of handling a lot of our claims. So we had  
13 the delight of getting all the bills from the  
14 hospital before they had been processed, and it  
15 really made me realize just how much it costs to have  
16 a child and that's just -- that's just the first --  
17 the first piece. That's just the birth. It has  
18 nothing to do with all the costs that come down the  
19 road. It's probably the most expensive health care  
20 item that any family can have is having a new member,  
21 and there's nothing like having a baby I think that  
22 makes you kind of think about the future and about  
23 the state of things and how the world will be when  
24 your baby comes to a point in their lives where they  
25 might want to have a child, and at the rate the

1           increases are going -- the rate hikes are going I  
2           don't think my daughter will ever have a chance to  
3           have a child because of how much it costs.

4                         So I just think that it's worth  
5                         investigating how your body can do more to improve  
6                         the lives of everyone especially those of our  
7                         children and our children's children. Thank you.

8                         MS. HENKIN: Keegan Harris and after  
9                         that is Sean Stephens.

10                        MR. HARRIS: Good afternoon. My name is  
11                         Keegan Harris. I live in North Thetford, Vermont.  
12                         Sorry. Last name H-A-R-R-I-S. I work as a  
13                         Springfield school teacher. You heard one of my  
14                         colleague's testimonies earlier. I'm pretty  
15                         routinely struck in conversations that I had with my  
16                         colleagues, both teachers and support staff in the  
17                         school, and then most tragically with my students and  
18                         their families about how they can't afford health  
19                         care and I can't afford health care.

20                         It is distressing to see the cost of  
21                         insurance provide a barrier to accessing the sorts of  
22                         services that human beings need in order to sustain  
23                         their lives. Health care costs and in particular  
24                         insurance costs both provide those barriers and also  
25                         drive us either into or deeper into poverty, and

1 working in the community that I do I see the effects  
2 of that pretty firsthand. Our health care is a human  
3 right that is being denied us by the current system,  
4 and as has been frequently and eloquently portrayed  
5 by persons giving testimony before me your board was  
6 created to see its transition to universal health  
7 care system by July 1st of last year. So I'm calling  
8 on you to refuse these rate hikes and do the job for  
9 which the Board was created. Give us universal  
10 health care now. Thank you.

11 MS. HENKIN: Sean Stephens There's no  
12 one else on the list so if anyone wants to speak, we  
13 can call you after Mr. Stephens.

14 MR. STEPHENS: Hi. Good afternoon. I'm  
15 Sean Stephens S-T-E-P-H-E-N-S. I live in Montpelier  
16 here. I find it hard to hear from back there. I  
17 don't know if anyone has access to an amplifier that  
18 could get turned up a little bit, but the people at  
19 the back might appreciate it.

20 I have -- I am a speech and language  
21 pathologist. I work for a little non-profit  
22 organization. Between the premiums that I pay and my  
23 little non-profit organization pays to Blue Cross  
24 Blue Shield we pay about \$14,000 a year. So since I  
25 started there in 2013 we have paid Blue Cross Blue

1           Shield \$68,000 and in return for that I have received  
2           a physical. That's all I've received. One single  
3           physical, and I say that to set the stage for an  
4           incident that happened a year and a half ago on my  
5           son's birthday when I bought him a bow, an archery  
6           bow which has a fancy stringer, and this bow -- I'll  
7           keep this short. It sounds long, but it will be  
8           short.

9                         With a stringer with a modern bow you  
10          step on the stringer and pull up on the bow to put  
11          the bow string on to the tips of the bow, but the  
12          stringer slipped off and the bow came up and hit me  
13          on the forehead above my eye and it cracked this bone  
14          and it punctured my eye and I fell on the floor  
15          bleeding from the eye socket and worried that I had  
16          cracked my skull, and my son asked me should I call  
17          911, and as I was writhing around in a pool of my own  
18          blood I had to tell him no don't call 911. We can't  
19          afford it.

20                         I feel like I never want to have other  
21          parents be in that situation. I don't want to have  
22          other children be in that situation, and so I would  
23          ask that we try to figure out some way to get around  
24          the situation that we're in right now. Thank you.

25                         MR. MULLIN: So it appears we have gone

1 through everyone that signed up. I just want to make  
2 sure that everyone has an opportunity if they haven't  
3 spoken to come on down and speak. Come on down.

4 MS. FISHER: Hi. My name is Brett  
5 Fisher. F-I-S-H-E-R. I'll keep it very brief. I  
6 would ask the Board to consider the factors that are  
7 driving up the rates as you make this decision. It's  
8 a pretty simple question; what is more important,  
9 growing the profits of the insurance companies year  
10 after year or providing health care and ensuring the  
11 health and safety of Vermonters.

12 Under Governor Shumlin's own plan to  
13 finance Act 48 we saw that there was enough money to  
14 fund health care for all in Vermont. This choice is  
15 a moral one make no mistake. The function of the  
16 Green Mountain Care Board is to ensure the adequate  
17 provision of health care in Vermont and to ensure the  
18 transition to an universal health care system.

19 We sit here today in a room far away  
20 from the hospitals, from nurses who are fighting for  
21 safe staffing, from people who are dying. That is  
22 the consequence of your decision tonight and over the  
23 course of these hearings. Please don't forget that.  
24 Thank you.

25 MR. MULLIN: So just want to one more

1 time give somebody -- well, Mike, come on forward.

2 MR. FISHER: It dawns on me that I  
3 shouldn't miss an opportunity to do a quick public  
4 service announcement about a whole other aspect of  
5 the Health Care Advocate's office and that's that in  
6 addition to being a party status to issues like  
7 whether the insurance company should raise their  
8 rates, we also have a call center so that people who  
9 are having issues for themselves or their families  
10 managing this very complex, often unfair health care  
11 financing system that they have an advocate that they  
12 can call, and I'll just read the number real quick.  
13 800-917-7787. You think I would have that committed  
14 to memory and -- but you can also look us up on the  
15 web. I've got a great dedicated staff of incredible  
16 advocates who are there everyday working hard for  
17 people.

18 MS. DETRA: One more time with the  
19 number.

20 MR. FISHER: 800-917-7787.

21 MR. MULLIN: Thank you, Michael.

22 MS. BISBEE: How do we e-mail if we do  
23 written testimony?

24 MR. MULLIN: So the best e-mail address,  
25 Christina?

1                   MS. McLAUGHLIN: Gmcb.board@vermont.gov.  
2                   It's also on our web site and all the information --  
3                   there's a phone number and e-mail and you can find  
4                   any of the other emails on our web site.

5                   MR. MULLIN: So again it was gmcb.org --

6                   MS. HENKIN: Vermont.gov.

7                   MR. MULLIN: Does anyone else wish to  
8                   speak? Yes.

9                   MS. WOLFE: Hi. Laura Wolfe W-O-L-F-E  
10                  and I met you outside today and I shook your hand and  
11                  I said yes we will be -- we will all be testifying, a  
12                  lot of us. I wasn't going to, but I thought I should  
13                  come up and say --

14                  MR. MULLIN: We're glad you did.

15                  MS. WOLFE: I hope you heard everything  
16                  they said. It's really important. That's it.  
17                  Health care is a human right. Get with it. Thank  
18                  you.

19                  MR. MULLIN: So unless someone else  
20                  wishes to say anything else -- I don't know, Mark, if  
21                  you wanted to elaborate further on what you were  
22                  saying earlier or do you just want to leave the  
23                  written record as is or --

24                  MR. STANISLAS: I can e-mail it, you  
25                  know, to the Board Chair and I think it would be

1 useful to have a more in depth conversation, you  
2 know, with the Board to understand those elements  
3 because I think there are some clear opportunities  
4 where at least we can start to connect those  
5 processes.

6 MR. MULLIN: Thank you, Mark, and we  
7 will stay until 6:30 in case someone comes in late.  
8 We do understand that it's not often easy for people  
9 working in Vermont to get to these meetings and so we  
10 will continue to be here until 6:30 because that's  
11 what it was advertised at and we don't want anyone to  
12 drive a long distance and be denied.

13 (Recess 5:50 p.m.)

14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

C E R T I F I C A T E

I, JoAnn Q. Carson, do hereby certify that  
I recorded by stenographic means the Green Mountain Care  
Board public hearing re: 2019 Vermont Individual and Small  
Group Rate Filings, at the Montpelier City Hall, Memorial  
Room, Main Street, Montpelier, Vermont, July 24, 2018,  
beginning at 4:30 p.m.

I further certify that the foregoing  
testimony was taken by me stenographically and thereafter  
reduced to typewriting, and the foregoing 52 pages are a  
transcript of the stenograph notes taken by me of the  
evidence and the proceedings, to the best of my ability.

15 I further certify that I am not related to  
16 any of the parties thereto or their Counsel, and I am in  
17 no way interested in the outcome of said cause.

JoAnn Q. Carson

## Registered Merit Reporter

## Certified Real Time Reporter