

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

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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 Ericksen.

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 sleazy 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.)
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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.

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

Dated at Burlington, Vermont, this 25th day of July, 2018.

JoAnn Q. Carson
Registered Merit Reporter
Certified Real Time Reporter