STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

IN RE: 2020 VERMONT INDIVIDUAL AND SMALL GROUP RATE FILINGS

July 23, 2019
4:30 p.m.
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39 Main Street
Montpelier, Vermont

Rate Review Public Hearing held before the Green Mountain Care Board, at Montpelier City Hall, Memorial Room, 39 Main Street, Montpelier, Vermont, on July 23, 2019, 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

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S P E A K E R S

MR. MULLIN: Good evening everyone. My name is Kevin Mullin. I'm the Chair of the Green Mountain Care Board and I'm going to ask all the Board Members to introduce themselves in just a minute, but I just wanted to make sure that everybody who wishes to speak has had a chance to sign in, and Abigail or Christina will bring me the sheets and I'll call your name, but I'll also call the person's name who is on deck so that you can be ready, and what we're asking, so that we can get a truly good public record of everyone's comments, if you could step up to that mike over here to my right, to your left, and speak into that when you're doing it. That way it will be recorded for prosperity purposes and we'll make sure that we get everybody's comments as part of the permanent record.

So what we're all here today to talk about is two rate filings in the QHP plans which is the Exchange and we know this is not an easy year. These are some pretty high rates and I know that there are going to be some pretty -- I shouldn't say heated opinions, but some very strong opinions. So just keep in mind that Vermont has a great record of doing everything very civilly and we are not the enemy. We're here to try to get to affordable rates

in Vermont. So if you could just come up and really speak from your heart and tell us what you want us to know about the QHP filings, and I think if we do it respectfully, we'll have a great night and hopefully we'll learn a lot from each other.

So again I'm going to call Alicia Moyer to be the first speaker and on deck is going to be Ethan Parke.

MS. BARRETT: Hi. I'm Susan Barrett. I'm the Executive Director of the Green Mountain Care Board.

MR. PELHAM: I'm Tom Pelham. I'm a native of Arlington, Vermont. I now live in Berlin and I've been on the board for about a year and a half.

MS. LUNGE: Hi. I'm Robin Lunge. I'm also a board member. I've been on the board for three years and I grew up in Brattleboro.

MS. HOLMES: I'm Jessica Holmes and I've been on the board about five years and I live in Middlebury.

MR. MULLIN: I'm Kevin Mullin. I grew up in Rutland.

MR. BARBER: I'm Michael Barber. I'm the Board's attorney.

MS. USIFER: I'm Maureen Usifer and I live in Colchester.

MR. MULLIN: Okay. Alicia Moyer. Welcome and thank you for being first.

MS. MOYER: Scary. Thank you. I'm Alicia Moyer and I meet with people daily as a certified health care navigator. Is the mike on?

MR. MULLIN: Is there any way we can get that louder?

MS. MOYER: Hello. Try that again. My name is Alicia Moyer and I meet with people daily as a certified health care navigator. I'm certified through Vermont Health Connect and I see a lot of people struggling to make ends meet. I see people who have been on Medicaid for a period of time and because they have been working so hard or their job has improved they get kicked off Medicaid and then are in the position of selecting a plan. There's so many great plans to select, but often the premiums are high and the deductibles are very high.

I wanted to describe one of the most compelling examples which is of a couple who started a business a few years ago. They have three children and the business is doing so well that this year the children became ineligible for Dr. Dinosaur and they

were in the position of selecting a plan through Vermont Health Connect through the Exchange. They selected the bronze plan which is the least expensive. So they now have a $1200 premium for a family of five, and as I spoke with them they described just being in the position of choosing between their mortgage payment and their health care premium. So I just wanted to describe that as really the -- it's a hard working family. Successful business. They have actually -- I should have mentioned they have eight employees including themselves and they really take seriously putting their employees first, making sure they are paid, and I would just hate to see such high rate hikes for a family like that as an example. So I guess I'll leave it at that. Thank you.

MR. MULLIN: Thank you, Alicia, and I know that at some point I'm going to really badly butcher somebody's name. Please excuse me, but next is Ethan Parke and on deck is Jeannette Hoague I hope. Welcome Ethan.

MR. PARKE: Thank you. I'm Ethan Parke from Montpelier. Citizen. Consumer Reports lists health insurance costs in all 50 states for 2019 citing insurer rate filings and other sources. For

comparison the report just chose one plan which is the lowest -- second lowest cost, silver plan, for a 40-year-old male who doesn't receive financial subsidies. Vermont's example was a HM0 plan with a $620 monthly premium, $1550 annual deductible, out-of-pocket maximum $6650. Total exposure including premiums up to $14,111. The increase for this example from 2018 was 23.2 percent, the highest increase in the U.S. in this Consumer Report comparison. Not only was Vermont the highest, but Vermont and North Dakota were by far the outliers. The other states were far below, including Tennessee that decreased a hefty 26.2 percent from 2018. Now I understand that the Blue Cross and MVP filings are an average of increases on a number of plans, but I have to wonder the Consumer Reports chose this one plan as some kind of indicator so that consumers can tell how affordable health insurance was in the various states.

Another study by United Benefits Advisors found Vermont to have the fourth highest premiums in the U.S. for an individual in 2016, and although our average annual deductible was a little bit lower and somewhat offset these higher rates, we still ranked in the lower half of states in terms of

affordability.

In 2013 here in Vermont we started spending the 45 million dollar federal SIM grant. More federal money was poured into setting up the ACOs and the advent of OneCare was heralded as something that would control costs and improve quality. Neither has occurred. We are now in year two of the all payer model -- excuse me for my tremor -- and I don't think very many people can understand what the all payer model is and I haven't heard a good explanation for it. The public just doesn't know what the heck it is.

I recently heard about a state employee who went to the Waterbury Urgent Care Clinic for an attached tick. The tick was easily removed and the employee was given 200 milligrams of doxycycline. The charge was $1300.

In my view the changes that the Care Board has ushered in with the ACO and so forth is only feeding the monster. The hospital expansion projects, the many new consultants, overpaid administrators and contractors, the new IT systems, OneCare, these changes have resulted in rapid consolidation and monopolization on the provider side which has led to less bargaining power and higher

charges. The Care Board should limit hospital prices to the consumer price index as Rhode Island has done or index hospital prices to Medicare as proposed in North Carolina or hold hospitals to a global budget as Holland has done. The Care Board should also examine why there are huge variations between hospitals and what commercial insurers pay for the exact same services.

We are in danger of losing rural hospitals. We are losing primary care providers in some locations. Independent practices have all but vanished. There's been a decrease in primary care visits among Medicaid recipients in the ACO. There's been a noticeable deterioration in the quality of primary care as clinicians hurry patients in and out, stare at the computer which is all about coding and billing, and practice to the so-called test. The reason for high commercial insurance rates is not the aging population or the cost shift. These are red herrings that are easily debunked.

I would like to leave you an article published yesterday in JAMA that pins the blame for high commercial rates on insurer secrecy and big hospital greed. We have a medical industrial complex that is out of control and will not restrain itself

despite the rhetoric of accountability. The only restraints we have; rate review, CON, and hospital budget reviews are proving inadequate. The Care Board needs to get tough and creative. Thank you.

MR. MULLIN: Thank you, Ethan. Christina, could you raise your hand over here? Right behind Ethan is Christina McLaughlin from our staff, and, Ethan, the comments that you wanted to enter into the record you could give them to Christina. She will make sure they get properly entered, and if anybody else has any written comments they wish to have entered into the record, if you could likewise, after your comments are made, give them to Christina and we'll make sure they are a permanent part of the record.

So Jeannette Hoague and on deck Kristine Smith and please make corrections where I butcher names.

MS. HOAGUE: You did good.

MR. MULLIN: Thank you.

MS. HOAGUE: My name is Jeannette Hoague and I'm here on behalf of my partner. He has worked and paid taxes for over 50 years. He has COPD and emphysema from working in the gasoline industry going inside gas tanks with toxic fumes wearing only a

paper mask. My partner has worked and paid taxes for over 50 years.

AUDIENCE: Can't hear.

MS. HOAGUE: He has COPD and emphysema from working in the gasoline industry going inside gas tanks with toxic fumes.

MR. MULLIN: Maybe turn the mike so you could face them. Just pretend you're Robin Williams in Good Morning Vietnam and belt it out.

MS. HOAGUE: Okay. Can you hear me now? He has COPD and emphysema from working in the gasoline industry going inside gas tanks with toxic fumes wearing only a paper mask, a job that now requires people to wear a mask and outside air lines. He gets $1500 a month disability and Medicare which only pays for 80 percent of his medical bills. Once he pays his monthly expenses there is no money left over to pay for supplemental health insurance to cover that extra 20 percent yet he does not qualify for Medicaid. He applied for financial assistance with his regular doctors and hospitals. When he checks in with the receptionist she says oh you have Medicare and you're a welfare patient. Talk about being shamed for being disabled while other medical providers do not offer financial assistance.

Currently he needs supplies for his oxygen machine and his CPAP machine and he cannot get them because he has a pending bill from the company that supplies these items. He has to pick and choose which providers he can send 10 or 20 dollars a month towards his balance so the other providers send his bills to collection agencies.

Vermont needs an universal health care system that fully meets the health care needs of all the people and is quality financed. Your system is not working. If you raise your rates, you will just hinder more people from accessing health insurance and some people may even have to drop their coverage because they can't afford the premium. Thank you.

MR. MULLIN: Thank you. So up next is Kristine Smith and then Elizabeth Clark.

MS. SMITH: Well hello again.

MR. MULLIN: Good to see you again.

MS. SMITH: It's for a third time, ain't it? The first time I was -- can you hear me? All right, Verizon is working. So as you can tell half of the room is from Vermont Workers Center. Wonder why. We all want universal health care. We have been fighting for it. It's passed and what do we get. Blue Cross Blue Shield wants another 15 percent

increase. Wow. Isn't that a miracle. What happens to the people that have to pay $1500 a month just to get insurance, but where does that money go? It doesn't go to the insurance. Does it go to the doctors? Where does it go? I don't know. Maybe to the CEO's pocket where it don't belong.

For me I still take care of my mother. My mother's got dementia. It's now moderate to severe. I have two brothers who don't give a care. I'm the youngest out of three. I do all the hard work at home. I have to change my mother, I have to make sure her food is done, I have to do her laundry, I have to clean house. Does anybody know what it's like? Anybody? Does anybody take care of their parents? Do you take care of your parents?

MS. BARRETT: I did when my father was ill.

MS. SMITH: So you know. How about you?

MR. PELHAM: They are both dead, but when they were alive I did.

MS SMITH: Do you?

MS. LUNGE: My mother is also dead.

MS. SMITH: But you took care of her, did you not? Did you have family?

MS. LUNGE: I'm an only child.

MS. SMITH: So you know. I have two brothers, and God can strike me, they don't give a damn. I talked to one of them last night and all he was worried about was him getting into an accident and not being here. It's very hard. Very hard. So all these increases that everybody wants from these insurance companies really don't need them. If you ask me, they all can go to hell. We're the richest country in the United States or whatever, and all the other countries have universal health care, but, what, we don't. It's not fair. It's not fair. So something needs to be done literally. Thank you.

MR. MULLIN: Thank you, Kristine. Next is Elizabeth Clark and on deck is Graham from Rural Vermont and, Graham, I'm not going to even attempt to say your last name because I know I would butcher it so I'm going to let you introduce yourself when it's your turn. So Elizabeth.

MS. CLARK: Hello. My name is Elizabeth Clark. I am on Green Mountain Care now, but before I was on Blue Cross Blue Shield from '94 until a few years ago. When I was working I could afford to buy proper insurance, but when I lost my job I couldn't afford to pay for it any more. Luckily I qualified for Medicaid and that's what I am on now. Since I'm

disabled I couldn't work. If I didn't qualify, I would never be able to afford private insurance. I can't afford it now. I definitely wouldn't be able to afford private insurance if it was another 15 percent. We have to live on good will food for half of the month as it is because we only get $194 in food stamps and that only covers half of the month for us. Food is not cheap nowadays. So I'm here today to tell you that we need accessible health care for all people because none of us should have to go without.

MR. MULLIN: Thank you, Elizabeth. So next is Graham and after that is Madelin Walker. Graham, if you could start by introducing yourself, then I'll know how to say your last name too.

MR. UNANGST-RUFENACHT: That's fair. My name is Graham UNANGST-RUFENACHT. So I work at Rural Vermont. We're a local non-profit working on small farm advocacy. I'm also a small farmer in the area. I live in Plainfield, Vermont. There's been a general call from farmers nationally and locally to advocate for them in health care processes. We put out an issue survey last fall and over 20 people filled out the survey and surprisingly they all ranked health care as the issue at the top of the

list affecting them, their family, their farms as the issue they are most concerned about.

A national survey in 2017 clearly showed that farmers want the U.S.D.A. to advocate for them on behalf of their health care needs. Rural Vermont feels these proposed rate hikes and ongoing rate hikes on a yearly basis are unaffordable, excessive, and inequitable. Here are some of the statistics from 2017. Health insurance is a national farm policy issue. Health insurance is tied to farm and ranch risk management, farm viability, and economic development. Over half of the households, which is 55 percent of the study, are not all or slightly confident they can pay for the costs of a major illness or injury without going into debt. 22 percent of the farm households have medical or dental debt of over one thousand dollars. Over three fourths, 79 percent, of these households said health insurance was a risk management tool for their business. 72 percent want the U.S.D.A. to represent them in national health insurance policy discussions which I already mentioned. Almost half of farmers and ranchers, 45 percent are concerned that they will have to sell some or all of their farm or ranch assets to address health related costs such as long

term care, nursing home, or in-home health assistance. Just over half of farmers and ranchers, 52 percent, are not confident they can pay the cost of a major illness, heart attack, cancer, or loss of limb without going into debt.

Farmers are particularly vulnerable to health care needs given the average age is close to 60 years old, the type of work is physically demanding. If they are injured, they rarely have people who they can bring on, and there's no paid leave to cover them or their small businesses.

The U.S.D.A. general average national income projected for 2019 is negative $1449. Negative $1449. Vermont farm-to-plate numbers I thought was interesting. From a 2015 report 79 percent of farms under 220 acres, almost 4500 farms, got less than 25 percent of their household income from farming. 67 percent of farms over 260 acres, which is 893 farms which has now dropped substantially, got greater than 25 percent of their household income from farming. What I think is notable is the market here is 25 percent of your household income from your primary form of livelihood.

The general trends in farming and rural

health need to be considered in your deliberations concerning the affordability and access of health care in Vermont. How will rate hikes affect farmers? We have water quality issues in Vermont right now and the farm and water coalition and other groups we know that environmental wellness is directly tied to farm viability and we know that health care is directly related to farm viability. We know the farm itself is compromised. We know that mental health is challenging. Farmers are getting milk checks right now and many of those milk checks are including suicide prevention notices.

We know this will result in worse health care outcomes. They can't afford health care and we absolutely know farmers cannot afford rate hikes which have absolutely no corollary in their livelihood. The proposed rate hike will without a doubt affect the affordability of health care for many Vermonters who are currently struggling to afford the cost of the current health care and the effects of this will ripple out socially and economically and lead to worse physical and health outcomes in our communities.

This morning a representative of Blue Cross Blue Shield said we are quote unquote "on our

way to a more sustainable health care system through this process." This is certainly not true for the public which is currently being asked to afford some of the most expensive health care globally from some of the worst health care outcomes. We know that publicly funded universal health care is the only sustainable path forward and the only path for consumer protection and health care as a human right.

This morning Blue Cross Blue Shield said the solvency for this industry is the most fundamental factor in consumer protection. He said that individual Vermonters may struggle to afford health care, but better to struggle than to lose access and I think these comments really show how out of touch this is with most Vermonters' lives.

I think that most Vermonters would feel relatively repulsed by these sentiments and understand if we do lose access, affordability is access. He said it is so expensive because they must provide rates on a community versus individual basis in Vermont, and I think all of us know here our community members, many of them are struggling to afford their premiums, almost all of them, the deductibles, and insurance regardless of their age. He said they may lose people this coming year and

they are planning on that in their proposed rate hikes. They will lose people because they offer unaffordable inadequate coverage. Most fees suggested over time for not purchasing health care are less expensive than the cost of health care itself.

As Blue Cross Blue Shield pointed out, there are many rising costs in the health care industries from pharmaceutical to hospital executive salaries which affect their rate projections. We recognize those factors and agree they are problematic and absolutely must be addressed, and we feel it's unjust and inequitable to pass along the cost of these problems to the rate paying public. Most of this industry, the health care industry, and players enjoy profits and salaries well above most other industries.

Lastly, we recommend this board suspend the end date of this public period and conduct public hearings across the regions of Vermont outside of normal working hours. This hearing process itself is relatively inaccessible to those who need to work regular hours or travel in order to air their voices and be heard in person. I will submit this testimony tomorrow probably expanded. Thank you for your time.

MR. MULLIN: Thank you. So next up is Madelin Walker and on deck is Pri Sci.

MS. WALKER: Can everyone hear me? All right. My name's Madelin Walker. I am from the White River Junction area and I just wanted to briefly share with you all what it's like to actually be someone with a chronic illness who is struggling with health insurance. I am 20 years old. I have been chronically ill since I was 18. I have an illness that displays itself in chronic pain, muscle weakness, and nausea. So this is something that affects my everyday life.

At the onset of this illness I was seeing multiple doctors a week. I was having multiple surgeries, scans, procedures, and I slowly stopped because even with my health insurance, Blue Cross Blue Shield at the time, it was practically unaffordable. Now I am uninsured looking, trying to get on a plan that is not only affordable for me, a 20-year-old with nothing but a high school education, and covers the treatments I need to function on a daily basis, and it's reached the point where it's a vicious cycle. I need certain treatments to go to work and I need to work to afford those treatments.

I think about health care and my health

insurance every single day. It's not something I think about when I go to the doctor's office or when I have to pick up a prescription. This is something I carry with me every single day, the ability to afford the care I need to function, to give back to my community, to engage with this beautiful state we live in, and I just need you to know that accessible and affordable care is care that someone doesn't have to wake up and wonder if today is the day that they go broke because they have to see their doctor. We need affordable and accessible health care in Vermont and these rate hikes aren't it. Thank you.

MR. MULLIN: Thank you. Before we go to the next person I see Eric here. I'm not sure if Mike is here, but is Mike there with you? Perfect. Raise your hand which is what I wanted. Madelin, if you could talk with Mike in the back or Eric there, they might be able to help you to try to figure out how you might be able to get access to care. They are from the Vermont Health Care Advocate's Office and they work on a daily basis trying to make sure that Vermonters have access to care. So is somebody's car horn going off? Okay. So -- and I'm sure I butchered this one completely. Pri Sci and then Kevin Wagner. Maybe it's Pi. I'm sure I

butchered it badly. Well if I don't call your name by the end of this list, then please raise your hand and we'll make sure that we hear you because we don't want anybody to not have the opportunity. So next is Kevin Wagner and on deck will be Keith Batlek.

MR. WAGNER: Hi. My name is Kevin Wagner. I'm from Bradford, Vermont and I'm on MVP Health Care. I testified here last year and I'm probably still paying down medical debt from doctors' visits I incurred around that time. I'm being treated for hypertension and it definitely affects the amount of care I'm able to seek out. Like every time I go to the doctor it's going to be yet more debt, and I've told this story before and everyone -- a lot of people here have stories just like it, and I have to admit to feeling very frustrated that like we keep having to come tell these stories year after year not just to this Board, but to legislative committees and other forums, and we basically have to plead for our lives, and you know I'm trying to assume best intentions on all of your parts, but like the end result is the same that like people just shrug their shoulders and say well we would like to help you, but I guess there's nothing we can do about it, but you know it's like I've been paying attention

to this issue long enough that I can remember when Vermont Health Connect was presented as a temporary stepping stone on the path to true universal health care, and no progress seems to be being made on that front, and like every year greater rate hikes get proposed and you all end up approving maybe a lesser number than was originally proposed, but the amount we're having to pay for care keeps going up, and I certainly haven't gotten a 10 percent pay increase over the past year, and I'm sure most of the other people in this room haven't, and it's not fair. We need real solutions and we need them now. Thank you.

MR. MULLIN: Thank you. So next is Keith Batlek. On deck is Ellen Schwartz and, Susan, if you could collect the next sheet.

MR. BATLEK: Okay. I would like to ask if I could switch with someone who has to leave and she would really like to speak.

MR. MULLIN: Absolutely.

MR. BATLEK: Okay. Rachel.

MR. MULLIN: Rachel, what's your last name?

MS. NELSON: My name is Rachel Nelson. Thank you for the special treatment today. My name is Rachel Nelson and my husband and I live in Barre,

Vermont. We're some of the lucky ones with gainful employment who are doing well. I'm going to cry. I may or may not have an anxiety attack. I may vomit. You see some of you may have noticed I appear to be pregnant. Last week I was. I'm struggling with morning sickness and one of those things they don't tell you growing up with the idea of having children is that morning sickness doesn't go away when your baby dies. You get to keep that for a while. They also don't tell you that you will have to argue with your insurance company that you still deserve your medical care even though your baby died.

This is something that makes me feel quite insane right about now because I have all the pregnancy hormones and the postpartum hormones and not a baby to hold and it's my third time in a year. Each time the doctor said it was a fluke so they didn't run tests because the insurance doesn't want to pay for tests to find out why my babies keep dying, and we enter the second trimester and things are supposed to be wonderful, and what our insurance does, you see we are on Blue Cross Blue Shield of Vermont, is they cover pregnancy. You don't have to pay co-pays. There are certain fees along with the monthly amount that you have to pay unless your baby

dies. Then it's not pregnancy. It's not prenatal care. Then you have to have a D&C, abortion to remove your dead baby from your body because your body is fighting to hang on to that baby and it sucks. It super-duper sucks, and your insurance says it wasn't a necessary procedure except if you leave a dead baby inside your body, you die. It was a necessary procedure that I had to argue with them for over a month what felt like arguing for my soul a year ago in June. The doctors said it would be okay so we did it again. We were supposed to have a little baby for Christmas and it didn't happen. We were supposed to have a little baby this July and it didn't happen, and we're supposed to have one in January and it didn't happen, and you know what, sometimes life sucks and that happens, but I would love to not have to argue with an insurance company and why instead of healing right now and lying in bed and trying to face this, which I haven't done yet and I haven't said these words out loud because I've been pregnant 42 weeks and I'm not going to hold a baby and now, now that I give up, they will run the test. Now the insurance is okay with that. I'm not. I don't know that I could ever do this again, but the doctors will, the insurance will, my babies -- my

older children are home sad. They were expecting a little brother in January and a little sister in July and we don't even know about the first baby.

I should never have to argue that I was pregnant. I should never have to argue that I deserve as much coverage and as low fees as a woman who gets to hold her baby at the end of this. That's not okay. No woman should have to argue these details out with an insurance company as her heart sinks further into her chest. The last time the woman at the hospital couldn't even take it and she got tired of the arguments and she hated it herself and she decided to write off those charges that I felt like I shouldn't have to pay and I'm so glad for her, but no other woman who doesn't have the strength to come in here to say this, no person should have to fight why their illness, why their problem, why their pain is not something that she should have to argue with somebody who also wishes that we just covered it. Medical care it's needed. Shouldn't have to argue that while your life is falling apart while everything sucks. Thank you.

MR. MULLIN: Thank you, Rachel. So Ellen Schwartz and then Erica Dodge.

MS. SCHWARTZ: I'm Ellen Schwartz from

Brattleboro. It's really hard to speak after that, hearing that story, but I will. I'm sharing this comment on behalf of my grandson Nicholas Algrin (phonetic) who couldn't be here tonight because he's working. Nick graduated from Keene State this spring and in spite of earning a BA he's currently working for $11 an hour. Up until now he was on Dr. Dinosaur when he was a child and then adult Medicaid, both of which provided him with the care that he needed. He's now reporting his new income to Medicaid and he anticipates being informed that he no longer qualifies. He met with Alicia. He spoke with Alicia, the health care navigator, to learn about his options on Vermont Health Connect and fortunately he will qualify for a subsidy. However, I was talking with him after I got home from -- after he had this conversation. My understanding is that the plan that he will get will not include dental or vision and will come with deductibles. So the combination of the premium, which is what we're talking about tonight, but for the person there's also the deductibles and all the things that he's no longer qualifying for like the vision and dental that he has to save money to pay for out of pocket. For him it's like all one expense. It's not just -- those things

aren't separated out. All of that is going to be steep for a person who is earning -- working full time earning $11 an hour and also needs to start payments on over $40,000 of student debt and keep a car running and insurance so he can actually get to his job and earn that $11 an hour.

The premium increases are just one element of a fragmented and dysfunctional health care system. It makes no sense that Nick and other people like him are worse off because they are working than they were as children or students who qualified for Medicaid. We should all have access to what Medicaid offers. It shouldn't be based on whether you qualify or whether you don't qualify. $11 an hour is a low wage, but as a full time worker it's too high for Medicaid so he's actually in a worse position because he took this job. Denying the rate hike request won't fix the broken system, but it will reign in the cost to people who are already on the edge financially. Because the system is so fragmented the rate hike requests are divorced from the reality of people's lives where insurance premiums are just one of the costs of health care and one of the costs of living.

Ultimately what we need is one system

for all of us so that people don't have to jump through hoops in order to get health care or deal with denials like we've heard about tonight or worry about what they are going to do if they are denied. That is the unfulfilled promise of Act 48 and I look forward to the day when we don't have to come to these hearings any more because we have a truly universal system where Nick and thousands of other people in Vermont can rest easy knowing that we all have access to the health care that we need. Please deny these rate requests and do everything within your power to move us to a system that provides health care for everybody. Thank you.

MR. MULLIN: Thank you, Ellen. Next is Erica Dodge and next is Keith Batlek.

MS. DODGE: Hello. I came here today as a small business owner, a mother, and a wife. My husband and I recently chose to settle in Vermont. We're originally New Hampshire natives. I'm a self-employed architect. My husband is a self-employed builder. We live in Morristown and we love our quality of life. We're so lucky to have jobs and live in the beautiful mountains. The rising costs of living in Vermont are not reflected by the wages we make. We are faced with day care, health

care, our mortgage. It just -- the cost of living on the rise cannot be sustained here. We're faced with the difficult decision of did we make the right decision of living in Vermont.

We've lived in highly taxed states. We lived in Maine, California, and we ultimately chose here to settle. We're contemplating whether or not we need to move back to New Hampshire to live closer to family so they can assist with the cost of living. We're very fortunate people to have the support of family. We're in a position where we could potentially provide good jobs to our community, but we're not going to be able to do that if we can't afford to live here ourselves. So I hope that you consider young families like mine who are faced with these high health care costs. My one-year-old daughter had a 105.5 fever three weeks ago and in the back of my mind I didn't want to take her to the emergency room because I didn't want to be faced with a multiple thousand dollar bill. I wasn't even sure how much it would be and I shouldn't have to make those decisions. I should be able to provide my daughter with the best care possible and know that we'll be able to make our mortgage payment. So I ask you to consider young business owners and families

like myself. Thank you.

MR. MULLIN: Thank you. Next is Keith Batlek and on deck is Kelly Cummings.

MR. BATLEK: My name is Keith Batlek. I live in Sheffield. I've been at this for so long. Like many people, as far as health care reform goes, this has been going on for quite a long time. Over a decade and beyond. Every time it seems like we get close to some type of reform which happened in 2011 the plug -- by 2014 the plug was pulled and here we are back again. The more this happens the worse it's going to get. It's like a downward spiral is what this is. The more people can't afford it, the more we're going to be dropped out of the system, it's going to get more expensive, and it is just going to get worse, and my question is as far as people paying a good sum of money to be insured and then they have to bargain or try to wheel and deal with the insurance company to get any type of coverage, I would like to know you're looking -- you're supposedly -- as far as accountability goes these companies you're overseeing what's going on I'm sure behind the scenes, but I would like to know how often does it happen where an insurance company there's bonuses given out if you can deny somebody coverage,

and another good question what's the CEO making. I mean if there's incentives to deny people coverage, there's something is not right here. The bottom line it seems to be the dollar and this is going to keep going on. It's only going to get worse. This isn't sustainable and I hate to see that we're going to be back here next year and a couple years and it's only going to be worse, and I really hope you hold these companies accountable and I don't know do you get to look at their books or anything?

MR. MULLIN: Yes we do.

MR. BATLEK: Okay. Is that still going on where they get incentives to deny people coverage? Bonuses?

MR. MULLIN: It's not incentives to deny coverage, no.

MR. BATLEK: Okay because in the past I know that's happened in other companies, but I'm just curious. It just seems like that happens. Anyway I hope in a couple years people aren't back here again and I hope you will deny these ridiculous increases and thank you for letting me speak.

MR. MULLIN: Thank you. So next is Kelly Cummings and on deck is Bill Coleman.

MS. CUMMINGS: I sure wish I had this

stand working because I've got to turn pages here and I have a small prop, but before I go into my little thing I wrote down I just want to tell everybody who is here thank you again for coming. I know you have been here before. I've been here before. We've been in this room for a very long time. Thank you for telling your stories. They are important and I'm sorry that you have them to tell. I'm very moved. I'm very moved and for y'all I hope -- I don't know you, I don't know you, but I hope that this is more than just a job to you. I hope that you hear their stories and I hope that you really listen because what they are saying is real, and it's their lives and it's all our lives and so I hope it's not just okay next, next, next. That's what I hope. Okay.

I get really nervous at this and every time I continue to speak up because of these people because this is important, but I'm doing it so when I get shaky and a little goofy just bear with me. I know you're with me here. So I've decided to take a little different track. I'm going to start with this. So I've got something to sell you and I've already got the sales contract written up. Let's just pretend this is it. We got it right here. So on it we have a dollar sign, we've got a question

mark, and x for your signature. So there's no need to read it first because there's nothing there to read, but I'm going to need your signatures before you see what you're paying for. So how many of you would feel comfortable signing this contract? I mean anybody? If you're a taker, let me know.

All right. So we don't want to do that either. We don't want to do that. So I can't think of any other consumer transaction in America other than health insurance where we legally commit ourselves to a purchase before we know what we're paying for and how much it's going to cost us. We've heard all the talk about shopping around and comparing prices as if we're buying a TV. That's a myth and everyone in this room knows it's a myth. We also know why the insurance companies tell us they cannot provide a price list because they have got to cut a million different deals with a million different hospitals and doctors' offices. They have intentionally created such a convoluted system for nothing more than to enhance their profits and one example of this is surprise billing. Whee.

So, you know, it's where you go to a hospital that you know is in your network and perhaps to have surgery just to find out when your bill

arrives, unbeknownst to you, you have interacted with all these doctors who are out of network and you're left on the hook because you signed -- remember that contract -- that's legally binding. You're on the hook for it. You signed. So this is absolutely ludicrous. It's ludicrous. We don't do this with any other purchase in America at all. No way. I wouldn't buy a car; here you sign the contract, put it right here on the dotted line, and then we're going to tell you what you're going to get and how much it's going to cost, but when it comes to health care that's it. That's our only option. That's what we have to do. All of us. From the -- there's -- from the highest to the lowest that's our option. It's crazy. It's crazy.

So you know the private free market works for many things, right. We would agree it works for a lot of things, but it is brutally obvious it does not work when it comes to health care. It does not work. So we have no more money to give. We have no more money to give and I'm asking you to decline these rates. We don't have anything more to give. So please, as Jon Stewart so eloquently said, please do your job and protect Vermonters from the insatiable appetite of the insurance companies who

have us on their hook and we are tired of being dinner. Thank you.

MR. MULLIN: Thank you. Next is Bill Coleman and on deck is John King.

MR. COLEMAN: Thank you. I'm Bill Coleman from Newark, Vermont. I'm here to discuss the implications of rate hikes, particularly obviously the Affordable Care Act is under fire from corporate interests and being mischaracterized by corporate media, political candidates who attempt to defend the continuation of the Affordable Care Act are really being mistreated brutally, just clever choices of words, descriptions, the way things are phrased and described influences public responses and in this way influences the outcomes of elections, but when it comes down to it there are billions and billions of dollars being made off of health care. Is this a natural situation that there would be like tens and hundreds of billions of dollars made off of health care, pharmaceuticals, close alliances, and interlocking boards of directors from all these companies or is this just something being permitted to take place because of corporate dominance of government that's already been taking place for a long time.

I contend this is a very unnatural situation and that the rate hikes being requested at this point by Blue Cross Blue Shield are an effort to really drive a wedge between middle income wage earners and those who are currently receiving Medicare, people receiving Green Mountain Care, and things of that nature. They know they can really fuel resentment. The higher the rates go the more the middle income workers who are forced to pay these very high rates are going to resent the people who are low income people receiving Medicare for free. So do they really not have an intent, obvious conflict of interest, in any information that they provide, and how closely this is really able to be scrutinized. They come up with it. They bring it forward to the board and their word is probably taken to be fairly honest and accurate.

We've got a federal government that believes that industries are pretty much capable of self regulating. So the problems come from the top down. We've got 80,000 toxins that have been permitted on to the market by manufacturers of all sorts of petrochemicals and herbicides, pesticides, and things of this nature, and they are right at the root of cancer that people are getting. Cancer

problems end up in the health care system and we're ending up with people. So it's an unregulated chemical industry that's polluting the air and water, end up entering people's bodies, and then they end up in our health care system having to pay if they randomly become a victim of PCBs or PFOAs. They are here in the health care system because the system wasn't regulated previously by the Department of Agriculture, the FDA or whatever regulatory bodies there were, but your decision making level when it comes to the insurance we really have to think about this deliberate likelihood of the conflict of interest of this driving a wedge between the middle income workers and those receiving benefits of Green Mountain Care, can we be permitted to just go higher and higher? Is this really anything resembling a health care system that would normalize the idea of projects being made at this level and a class of people who can just live such extravagant lifestyles while there is such an increasingly bad level of suffering taking place on the part of an increasingly large population that the wealthy people in this country never see.

The populations of wealthy people live in economically segregated communities. Sometimes

they are in gated communities around this country. They have little or no contact with people of low income who are suffering the most under this system. They go to country clubs. They know other country club members, the places where they go, the restaurants they go to, places where economic elites are congregating, but we have an increasingly suffering population that aren't able to even articulate for themselves the extent of their suffering, and it's all because of profits being permitted to take place in an unregulated economic system in a really grotesque manner.

So it's time to really put a stop to this game that's played and to severely question the credibility of any request for further rate hikes from this for profit health care system. Beyond that we need to really think about what the implications are, if this is going to continue to go on in a run away fashion, is this not going to destabilize the entire country at the rate it's going with the economic inequality, people's deteriorating health, and we know the population is for the first time dying at a younger and younger age. For years longevity had been increasing in this country. That's no longer the case. People are dying now at

younger ages and it's very likely to continue without some sort of checks and accountability being brought to the corporations that are increasingly dominating the government and manipulating the outcomes of every conceivable decision making board and put the brakes on the corruption that is permeating the entire system.

MR. MULLIN: Thank you, Bill. Next on deck is Paula Schramm. Is John King here? Okay. Then we'll go to Paula Schramm and on deck will be Walter Carpenter.

MS. SCHRAMM: I'm Paula Schramm. I'm from Enosburg Falls. I'm here to read a letter from my friend Carolyn Bronze also from Enosburg who wasn't able to be here. She's writing on behalf of her sister who is -- she wrote this up for her sister. Her sister is currently involved in the midst of something. She's recovering from surgery so Carolyn wrote about her case.

I'm writing on behalf of my sister who is recovering from a serious surgery. She is a respiratory therapist at a local hospital and has the BCBS gold plan. Here is her story. I saw a doctor on April 30th for unexplained abdominal pain. He ordered a CT scan with and without contrast which

needed a blood draw to check for kidney function. The CT scan was scheduled but was denied as not medically necessary on May 10th. The doc had to have a face-to-face talk with the company that Blue Cross Blue Shield has hired as a watchdog, AIM Specialty Health. The doc told me it was difficult to get this done as they were not available to him when he called, but it eventually was allowed and I had the CT scan done on June 4th. I had to have a repeat blood draw for the kidney function before the scan. The scan revealed a something, mass or lesion, on my rib and my doc ordered the MRI and tried to get me in to see the cardiothoracic surgeon. The surgeon wanted the MRI done before he saw me. On June 14th I received the first denial from Blue Cross Blue Shield for the MRI. The reason, the doc couldn't identify it as cancer. However, of course, it couldn't be identified as cancer until the MRI was done. Quite a Catch-22.

We kept trying to get the scan approved. It was a frustrating series of many phone calls, paperwork, mistakes made by the Blue Cross Blue Shield reps, papers misfiled, lost, then the MRI was denied a second time on June 21st. I called Blue Cross Blue Shield on June 25th to file a grievance

and talked to my personnel department on June 28th. My personnel department emailed them and we were both stonewalled. So Carolyn continues.

Finally my sister's PC went out of the box and contacted the surgeon and showed the CT scan to him. The surgeon stepped in to require an immediate MRI to be done and the next day she had it. Reviewing the scan the surgeon scheduled surgery as soon as possible which happened Wednesday on July 17th. Remember this all started in April. We are waiting for biopsy results and next steps for this rare condition with uncertain prognosis if the scan had been done in April as it should have been if Blue Cross Blue Shield had approved the doctor's order in a timely fashion rather than stonewalling and obstructing.

We don't know what the outcome of the situation will be, but it is outrageous that she had to wait to spend hours fighting and advocating along with others on her medical team only to be blocked time and again. We vehemently oppose a rate hike for this insurance company until they undergo a thorough review of exactly what is their mission. What is their protocol for working with the medical professionals who know what their patients need. Why

are they hiring another company as a watchdog? Why do they deny a scan that not only could save a life but also save money by being done in time so that a condition does not get worse by waiting? Carolyn ends by saying this system is broken. Do not put more money into it without an overhaul.

MR. MULLIN: If you will please pass on our thanks to Carolyn as well. Walter and on deck is Karen Saunders.

MR. CARPENTER: I'll try to be brief which is probably refreshing for the Board Members who know me -- who are cursed to know me, but one of the -- I had a testimony all written, but I'm going to discard that because I've been listening to the hearings and the common theme here seems to be the timeliness.

The first time I went to a public hearing was in 2009 after I had had to bargain for the price of my own life. The insurance company was not Blue Cross Blue Shield. The CEO of that insurance company made 13 million dollars that year. Now it probably would be 50 million, 60 million for one CEO.

The CEOs of Blue Cross Blue Shield and MVP are all in the 6 and 7 figure salaries. They

have lavish benefits. They have nice retirements. If I remember right, one was sent off into retirement with 7.25 million dollars. We subsidize these companies to the tune of millions of dollars every month; premiums, taxes, Medicare advantage plans. All the rest of them. We're being double taxed too because we pay the state taxes for Blue Cross Blue Shield because they are not paying state taxes because they are a non-profit. I do not know if that's true for MVP, but I'm certain that it's probably the same or similar story.

We also pay for the lobbying efforts that they use at the State House to keep single payer at bay and to keep health care costs very high. I think it's time to think about that and to think about the ultimate question is whether or not we really need these insurance companies to do something that we could do ourselves just as easily. We already do it. Over 50 percent of our population is insured either with Medicaid, Medicare, VA, or some public form of health insurance so why do we need the other 50 percent of that. They consume a vast amount of our health care resources and a rate like this -- a rate increase like this is pretty outlandish although typical.

I remember last year we were at a hearing what was 10. something or other and next year we're going to be here again. Excuses will be the same. You know pharma costs are higher, our reserves are low, we need to supplement our reserves. The actuaries say our costs are too -- the patients need more health care than we thought. You know on and on and on. Year after that we're going to be here for another rate hearing. Year after that. I've been at these hearings for ten years. I'll probably be at them for another ten years.

The question that's laying underneath all of this is do we really need these companies? The answer is no. We could do it ourselves just as easily. We don't need to pay millions of dollars every month to subsidize CEO salaries and to subsidize taxes that we pay for deductibles, co-pays, and all the rest of it. The last raise I got was 50 cents an hour. I'm 63. I work in the Vermont tourist business which brought in 2.8 billion dollars last year and paid 3.90 million in state taxes. The last raise I got was 50 cents an hour and that was begrudgingly. Out of that I have to subsidize 11 percent for MVP and 15 percent for Blue Cross Blue Shield whether I'm an insured person or not. Every

Vermonter, all 630,000 of us, are paying for these two companies in some way or another and it's time to assess what we are paying for. We're going to hear these stories again next year and the year after that because that's what we're getting for all that money that we're subsidizing. Thank you very much for holding the hearing.

MR. MULLIN: Thank you, Walter. Next up is Karen Saunders and on deck is Amy Lester.

MS. SAUNDERS: Hi. I'm Karen Saunders. I live in Brattleboro. I spent many years as a teacher and when you're a teacher you have this huge extended family and it's their story that I'm here to tell you about. You know the 10 and 11-year-olds that I spent a lot of years with generally had good health care because we have Dr. Dinosaur here in Vermont, right, and that was great, but often their parents didn't have good health care and all you adults in the room know that you worry about your kids. What you might not know is that your kids worry about you, and when your kids are worried they are not learning very well.

Funny thing what anxiety does. So I would call parents and say what's up. Your child is having a hard time all of a sudden. Oh well I've

been really sick, I can't afford to go to the doctor, and I know she's worrying about me or I know he's worrying about me, or more than once in a parent teacher conference I would hear this, the insurance rate hikes we had to drop our health insurance and now I can't keep going to the doctor.

So I recently read that in the last five years the cumulative rate hikes for Blue Cross Blue Shield here amounted to 40 percent, a 40 percent rate hike. Can you imagine a 40 percent raise in your pay? Most of us can't imagine and those parents never got it. So it isn't working. Person after person before said this is a broken system. It would be so wonderful to come back here -- I know you have been hearing about coming back here and saying the same story year after year. It would be so cool if we could come back here and say thank you for working with us and using your oversight and regulatory abilities to make sure that our universal publicly funded health care system is working for us the way we intended it to, and that the financial plan is and we've got a good one, we've got more than one good financial plan that's been submitted over the years, and that's been working, imagine all of these people coming here and saying thank you. That's what we

hope to do in a couple of years instead of continuing these stories.

MR. MULLIN: Thank you, Karen. Amy Lester and then Jim Pircher.

MS. LESTER: Thank you for listening to us tonight. Good afternoon. Good evening almost. My name is Amy Lester. I'm a mother, a small business owner in Central Vermont, and a member of the Vermont Workers Center. I'm currently a Medicaid recipient with a strong likelihood I'll earn more next quarter and will no longer qualify for Medicaid and will be turning to Vermont Health Connect for health insurance through a private provider. A rate hike increase will destroy any chance of expanding my business to provide employment to Central Vermonters and will most likely provide me with less take home income. There's also a possibility I may choose to be uninsured which is a risk this 52-year-old may have to take.

I applaud your courage to stand up to the health insurance lobbyists and ask that you look at a zero percent increase. I hope there comes a time when these hearings are focused on what's best for Vermonters, all Vermonters, not insurance and hospital executives. When Act 48 is financed and all

Vermonters have access to quality affordable health insurance that is uncoupled from their work and jobs, these hearings will be looking at fine tuning health care for Vermonters. That's what this board is supposed to be doing. Not increasing rates that surely go to very few.

Imagine a world where everyone in this room had access to health care, then Vermont would truly be one of the greatest states in this country. Thank you.

MR. MULLIN: Thank you, Amy. Jim Pircher and then Anders Aughey.

MR. PIRCHER: Well I wonder what -- can you hear me now? I wonder what the Green Mountain Care Board could do to impress upon the Legislature and what other powers that be. Obviously we're here complaining about a rate hike by Blue Cross Blue Shield of 15 percent. What could you also do about putting a rate hike cap on Blue Cross Blue Shield in light of the testimonies given today. It's obvious that they are super wealthy, super powerful, and they don't need one more dollar from us. I would say a 20 year cap on a rate hike for Blue Cross Blue Shield would be a good start. If it works out to the benefit of the insured, then let's go for 50 years.

Thank you.

MR. MULLIN: Thank you, Jim. Anders Aughey.

MR. AUGHEY: My Name is Anders Aughey and I live in Northfield. I currently have health insurance through MVP and before that I had a policy with Blue Cross Blue Shield. A year and a half ago I was hired for a new position within my company, although really I got more hours. There I went from part-time to full time and I should be there right now by the way, but I'm not. I'm here instead, and that pay increase that came with that made me ineligible for Medicaid. Since that company doesn't offer health insurance benefits, and I don't see how they could with what they bring in, I bought a plan on the Exchange. I haven't been to a doctor once since buying insurance through the Exchange. Part of that is the co-pays are a barrier and also I'm scared. A few months ago a friend shared her story with me and her situation completely encapsulates my anxiety about my health care and health insurance. She works part-time on a farm while she's parenting and her partner works full time. At the beginning of the season she got a doctor's bill that equalled what she was going to make for the summer. Like her total

take home pay. It wasn't an emergency or a crisis. She was just getting something -- like a problem checked out. How scary is that.

I feel really scared that something similar will happen to me. With both MVP and Blue Cross Blue Shield I chose a bronze plan because it was a monthly premium that -- because the monthly premium was something I could pay. After bills, food, and gas I have about $300 left over in a month. That's not nothing, but also I'm not in a place where I can give up a third of my discretionary income for a silver or gold plan. I think I would be much better off to save that, and I know with the bronze plan I know I'll go into thousands of dollars of debt to meet my deductible if I ever have a medical event or need to start seeing a doctor regularly. That's where my fear in seeing a doctor lies, and besides the deductible I know I'll need to pay co-pays every time, but what other option do I have. I could go with a lower deductible plan that would eat up all my extra money in the premium and that's not a solution.

I don't understand how MVP or Blue Cross Blue Shield could be asking for another rate hike. My wages won't go up 15.6 percent or 11 percent over the next year. I'll be lucky to get 2 percent

because of inflation and I'm already struggling. In April I overdrafted while paying my premium and that was embarrassing and upsetting. Not long before that I got my tax return back and it was a fifth of what I expected. I had miscalculated when signing up for the Exchange how much money I would make in the year and nearly all of my tax refund was taken back to repay the insurance subsidies that I received over the previous year.

So I make too much for Medicaid and I can't afford the premium on decent health insurance even with assistance. I'm shelling out money every month for health insurance that provides me zero security. My story and that of my friend that I mentioned are not unique. I can name dozens of people that I know are in similar spots. It's wrong that paying premiums causes us financial stress and it's wrong that when we need health care we can't afford to use insurance or pay our deductibles, and I wonder what Green Mountain Care Board is going to do in response to this affordability crisis. I ask that you do not raise rates and also I wonder what else you can do. Thank you.

MR. MULLIN: Thank you, Anders. Next is Eric LaMontagne and on deck is Christina Pasnick.

MR. LAMONTAGNE: Well you actually got the last name pretty close, but the first name is Eric. Usually it's the other way around, but well done. So good afternoon. My name is Eric LaMontagne. I'm a 32 year Vermont resident of South Burlington and the Executive Director of Campaign for Vermont. Thank you for the opportunity for coming here -- for letting us come here and make these comments. Thank you to you folks who -- thank you to you folks who came up and shared some of the amazing personal stories. It was really impressive to see the bravery that was demonstrated here tonight.

I'm going to speak to something a little bit differently. I'm going to speak to the core of transparency and accountability. Blue Cross Blue Shield, MVP are here. They are asking us for more money. They are asking to take more money out of the pockets of hard working Vermonters. This is not something that should be supported at this time. Nothing has led us to believe that the accountability and the transparency exists so that we as Vermonters can have confidence that our best interests are being held in mind, that our money is being well spent, and that all is being done to mitigate the need for future increases. So to that extent we pose the

following questions. What is -- what has been done to hold the medical institutions accountable for the upward pressure on insurance premiums? What is being done to mitigate the need for these annual increases and have other avenues been explored? What do we get for our extra money? How does this cost increase improve the health of Vermonters? What or who should we look to so that we can trust that our money is being used responsibly? And, finally, are these increases absolutely necessary for the continued well being for the state; and, if so, in direct terms why? And what are the consequences for not implementing these increases?

These are questions that must be answered before Vermont is asked to shoulder yet another financial burden. I'm willing to bet that very few people in here saw their income increase 15 percent or 11 percent, the amount that we're being asked to increase our monthly spending. This is real money impacting real people in real ways. It is going to force real Vermonters to make real decisions. People are going to have to make real sacrifices as to where and how they allocate their limited financial income -- limited financial resources. This is what is being asked of us. So

far neither transparency nor accountability to all Vermonters has been demonstrated whatsoever. Until that is done this rate increase must not go forward.

MR. MULLIN: Thank you, Eric. Next is Christina Pasnick and on deck is Rachel Desilets.

MS. PASNICK: I'm here on behalf of the National Association of Social Workers Vermont Chapter and I'm speaking out of concern for my clients and their families, my colleagues, and also for myself and my own family. I don't think I need to say much about the urgent need for affordable and accessible care for all people in our state and the unnecessary tedious exhausting process of jumping through hoops while they are sick just to get your medical treatment covered. I don't need to say much about the greed of insurance companies and pharmaceuticals in the U.S. or the imperative need for universal health care because I think others here have said so very nicely today. Thank you for that.

I am a recipient of Blue Cross Blue Shield and I have chronic autoimmune disease so I've personally experienced previous rate increases. Many other social workers and mental health providers in our state are also Blue Cross Blue Shield recipients. Our work is very rewarding, but can also be very

challenging and in our daily work we do our very best to provide care and support for others, and we deserve to be able to access affordable care when we need to.

The average social worker in Vermont is making 9 percent less than what the national average is and it's about the same for other mental health providers. Between what I pay and what my employer pays for my medical coverage, not including dental and a less than stellar vision plan, my medical insurance costs more than 25 percent of what I actually make. I'm not getting a 10 percent raise this year. My colleagues aren't getting an 8 to 10 percent raise this year and my clients are certainly not getting that raise either. With the rising cost of living, student loan debt, and fairly low pay when compared to national average, we almost certainly cannot afford the rising health care costs that are being proposed so please say no to these rate increases. Thank you.

MR. MULLIN: Thank you, Christina. Rachel Desilets and on deck is Karen Hart.

MS. DESILETS: I hadn't planned to talk today because I'm on Medicare which I have paid for throughout my -- all of my working years. They say

I'm elderly. I thought I had it made. Foolish me. I paid into Medicare I thought I would be covered. I thought I would be all set. I worked as a social worker in the non-profit field most of my life. I retired at 68 not 62 with no pension living on Social Security and qualified for VHAP with Social Security income. When I turned 70 and a half I no longer qualified for VHAP. I spent four months, lots of time every single week examining different policies, scrutinizing vocabulary. No one uses the same vocabulary. They all mean the same and different things so that I could compare apples-to-apples.

I decided to go with Blue Cross Blue Shield. I took a chance because the information I was receiving was inconsistent from one navigator to another. My premiums from VHAP to Blue Cross Blue Shield increased five times equivalent to 25 percent of my Social Security income, and we all know that Social Security falls short in meeting any monthly expenses. In addition, even though I have coverage I continue to gather information from insurance providers trying to understand why the insurance is not covering expenses which is the most frustrating thing. Lastly, I am not looking forward to October when I will have to once again research the different

insurance options and what they offer and what it will cost. Hopefully the language, the jargon, won't change. Not how I envisioned spending my retirement time.

MR. MULLIN: Thank you, Rachel. Next up is Karen Hart.

MS. HART: Hi. My name is Karen Hart and this is my first time at a hearing like this and I'm a little bit nervous. I'm going to do my best. I'm here not to talk about personal struggle even though I could as one who has a 10-year long chronic illness. I'm here because I represent an animal hospital here. It's a small business in Vermont that employs 29 employees and we are very busy and we are barely able to afford our costs as it is. I'm here to speak what it's like to run a small business and also what it's like to be a hospital, and an animal care hospital is very different from a human care hospital. There are a lot of differences involved. That being said, I know what it's like to deal with the rising costs. I know what it's like to deal with the rising costs of medication, of drugs that you need for your patients. Every time we get a new order in it seems we have something that's gone up in price and sometimes it's by as much as five or ten

dollars a CC for a drug that you need to use multiple CC's of in a patient. Sometimes it's medication that has doubled in cost.

We are lucky in the animal health care field because we get a lot of things secondhand from the human health care field. A lot of these things have gone through human health care and there's a generic by the time it gets to us, but we are still dealing with rising costs and I understand that. I understand why Blue Cross Blue Shield is having these issues and wanting to raise the cost because it is hard. That being said, we do everything in our power to keep our prices to our clients as low as we possibly can because we know how difficult it is to have an animal and not be able to afford the care that they need.

Again, I'm sorry, I am nervous, and as a small business in Vermont who does employ just under 30 employees it is very important to me and to the business owner to support our employees, and I really, really, really wish we could give everybody a 10 percent raise, but we cannot afford that. Not only can we barely afford the subsidies that we provide for health care for our employees, but with a decent amount of subsidizing we still have employees

who can't afford their portion of the health insurance and these are people who work full time in a field that requires them to be very technically skilled. It's also very important to us to support our community which is why we do try to keep our prices as reasonable as we possibly can in the face of rising costs which is why I wonder why this can't be done in the human health care field as well.

I think the final point that I would like to make is that with all of these rising costs and with trying our hardest to improve the lives of our employees and of my co-workers and I am -- I know that I am lucky to have the insurance that I do have and to make a whopping $35,000 a year, and again like I said I am one of the lucky ones, I still blew through my $5,000 deductible very early on this year with one illness and I am an otherwise healthy 30-year-old. It is very, very important to me and to the woman who runs the business with me that we are able to provide for our employees and keep this business local to Vermont and it gets increasingly difficult every year to do that. Thank you.

MR. MULLIN: Thank you, Karen. So those are the names that I have. Is there anyone else who has not spoken? Yes, come right up front, and I did

butcher one name real bad so if it's yours, I'm really sorry.

MS. HAY: No. I wasn't signed up.

MR. MULLIN: Okay.

MS. HAY: Hi. My name an Ellen Hay. I live in Barre and I've also lived in southern Vermont for about 20 years before that. I spoke with a family member today who is on a medication that they need to take every single day and if they don't, they have some withdrawal symptoms and it's not pleasant. It's scary actually. It can happen pretty quickly. The pharmacy that she went to said she has to have these pills in two different -- I don't know all the technical words, but she has like this many milligrams in this bottle and this many in the other and is supposed to take them in combination. Well the insurance company said she could only have a 30 day supply of one of the sizes and a 90 of the other. So what she's doing now, and a pharmacist gave her this advice because this has happened before, is she's taking a different amount on the two days to even it out. Right. I mean she told me this today on my way to this hearing. This is to me a company and a whole industry that is only about profit. It's not about health care. It's a good way to make a lot

of money, and if they could do it selling widgets they would have been doing that, but they are not. They are exploiting our need for health care so that an insurance company who doesn't give a damn about people's health can intervene and say no, no she can't have that supply of pills. Where is the morality here? They are only making money off of us. That's all, and I just want to point out something that is glaringly obvious here. Have any citizens stood up and defended the rate hike? No. What a surprise. This is really unbalanced. In my opinion that is all you need to see. All you need to understand is that one side is doing something for profit and the entire rest of the state I would imagine opposes it and we're the people who live here. So are you going to intervene on our behalf or are you going to help these insurers make more profit out of the people who live here. That is what I'm going to leave you with. Thank you.

MR. MULLIN: Thank you, Ellen. Would anybody else wish to speak? So as you can see -- come forward. As she's coming forward I just want to say that as you can see health care is a very emotional -- it's a very personal thing, it affects us all, and I really am so thankful to everyone here

for being so respectful to the speakers. So thank you.

MS. BRAND: My name is Rose Brand and I live in Barre. I help out with my church's soup kitchen and I see a lot of poor homeless people and some people are trying to get jobs and a lot of the jobs are part-time jobs like McDonald's and stuff, and I think of people that don't make a lot of money and I see a lot of children and I think of a 15 percent rate hike, and I think if that comes out of their pay is that somebody's children are not going to get vegetables or nutritious foods while they are trying to pay the insurance at the rate hike or is it somebody's car is not going to get fixed and they can't get to work because it's a lot of money and they will pay the insurance and it will come out of somewhere else and maybe they won't get to keep their job because they paid the insurance and they can't afford the insurance anyway and they will go back on Medicaid. I don't know. I just think it's a lot of money. I just think it's a lot of money where they might have kept their insurance if it wasn't so high and kept their job because a lot of kids when they go to school they don't eat the vegetables because if they don't have it in their home, they are not going

to eat it at school. Maybe they are eating vegetables now or good food and the increase of insurance they won't get the good food. A lot of people shop at the Dollar Store for food.

MR. MULLIN: Thank you, Rose. Yes.

MS. FISHER: Hi. My name is Brita Fisher. Last year I told my story and reminded you that this is a moral decision and I didn't think that I was going to get up and make a statement tonight, but I felt like I couldn't let the hearing end without drawing attention to the irony of the behavior by our own facilitator tonight.

Earlier we heard commentary from someone who has a chronic illness and cannot afford the care she needs and the suggestion was to direct her to the Office of the Health Care Advocate. I actually work at Vermont Legal Aid which is where the HCA is housed and can personally attest how helpful they are and what great individuals they are. However, I see a pretty large blind spot that's necessary for someone on this board specifically created to transition to universal health care and to help the public hold insurance companies accountable to suggest that HCA as an avenue to navigating a broken system that it has taken the responsibility to help us fix. It is

the job of this board to facilitate a transition to a system where people, like the person who spoke earlier, can afford health care. Since that is not what you are working on the one area where we can ask you to help is with the insurance premiums. By allowing rate increases you are turning your backs on us choosing to prioritize the profits of Blue Cross Blue Shield and MVP over the ability of people in Vermont to pay for the services they need to keep themselves healthy.

If you think the hard story we heard earlier of the person who had to fight with Blue Cross Blue Shield to cover her miscarriage, the care her miscarriage required, and the other stories that we've heard tonight, are not related to the insurance premiums, think -- I encourage you to think about it again. First, using that example if she had been able to afford the monthly premiums, maybe, maybe you could argue that it was ethical to allow -- to try to make her pay out of pocket for those services despite having insurance, though I would argue against that.

Second, as you approve the rate hikes you need to know that while the insurance companies are saying rate hikes are necessary to providing care, if that's an argument that you choose to

believe, then I hope you listened as person after person told stories of their own fights to get care approved by those same companies -- sorry -- non-profits who let down people at their most vulnerable everyday. The goalpost of the private health insurance companies is to maximize profits.

Earlier, Mr. Mullin, you attested there were no bonuses for denying care, however, if there are incentives to save money for the company and money can only be saved by denying coverage, then I would argue that there are incentives for denying care. I am testifying not to ask you to fix this broken system alone. In fact, I think there are many of us in this room who are eager to do that work with you and I resent the commentary at the beginning of asking us for civility. I am angry. I am upset. People are dying. Just because we are in a city hall removed from the sites of care where that is happening doesn't mean we can forget about the real world impact.

While the testimony from the insurance companies has to do with their increased profits, the people impacted by the decisions you make have to stand up and tell their most intimate and their most devastating stories in the hopes they will be able to

make you care enough to make a decision in our favor. What I'm asking you to remember is that every percent increase you agree to you are affirmatively and actively sending a message that people in Vermont deserve to have to make the choice between food and care or housing and care. You are supporting the increasing profits of a company that prevents people from accessing life saving care. You are supporting them as they deny care to people who have had miscarriages, who have chronic illnesses, and who are fighting for their lives, and I hope you remember all of our faces as you make that choice.

MR. MULLIN: Thank you very much. Is there anyone else that would like to speak? Yes. Come forward.

MS. ROGAY: Hi. My name is Priscilla Rogay and I am from Barre. I would like to ask Green Mountain Care Board a question. I have a chronic illness. If you raise the rates of health care, what is a senior citizen as well as myself to do? I'm a diabetic type two. With the rising cost of insulin we have to decide do we pay for our health care or do we go without our essential medication, and I thank you for listening to me.

MR. MULLIN: Thank you. Is there anyone

else? If not, I want to thank you very much for coming out. It's really good to put the human face behind health care. I can tell you that this Board tries very hard everyday to make the right decisions. Sometimes we get it right, sometimes we don't, but we continue to try. Thank you.

AUDIENCE MEMBER: She asked a question of the Board and if you're not going to answer it, please say you're not going to answer it at this time. Some response.

MS. LUNGE: So these insurance rates that we're currently considering don't impact Medicare or Medicaid. So I would need to know more about her insurance to know specifically how it would impact her and I'm happy to speak with her afterwards. So it depends. Like this is a very limited rate filing, but hopefully if she's on Medicare or Medicaid, then this specific filing shouldn't impact her.

MR. MULLIN: And unfortunately the lines get blurred in health care and I know that there are many passionate stories. What we're dealing with in this decision making process strictly relates to the Exchange product. So it doesn't affect Medicaid or Medicare or insurance that is part of the self

insurance program or large group program. This is the individual market and small group market, but it's important to hear everyone's stories anyways because we're all in this together and everyone should be able to seek care in Vermont and know they are getting quality care and that they will never be turned away.

AUDIENCE MEMBER: So are you saying that, I'm on Medicare and I have Blue Cross Blue Shield as a supplemental, that that 15 percent increase if it goes through will not --

MR. MULLIN: That's a different product.

MS. LUNGE: It won't impact you because Medicare supplemental we actually don't review. That's reviewed by the Department of Financial Regulation.

MR. MULLIN: This is strictly the individual and small group plans of the Exchange.

AUDIENCE MEMBER: Why do they keep increasing it? They want -- last year was like 12.7. Now it's like 14. The only people that can afford that are the rich people. We in this room are all poor people. We are not rich. Majority of us are on Medicaid and Medicare.

MR. MULLIN: So there are a number of

factors that have caused them to not be able to break even. There's a trend on prescription drugs, especially on specialty drugs. These are drugs that can really help someone, especially someone with cancer or leukemia, but they are very, very expensive and that trend alone is about half of what they have requested in their rates, and there's a number of other things. It's utilization. There are a lot of strong actuarial arguments that they have posed and what the Board wants to do now is try to figure out a way to follow what is our statutory charge because we have to follow the law as well. So we have to make decisions to make sure these rates not only are trying to protect the consumer, but we also have to make a decision that would not allow the insurance company to go insolvent because we certainly would not want our only Vermont insurance company to be out of business.

AUDIENCE MEMBER: I think they should because they raise their rates too much.

MR. MULLIN: Except who would be left to provide the coverage.

AUDIENCE MEMBER: Universal health care can take care of everybody that's in this room plus everybody in the State of Vermont.

MR. MULLIN: But unfortunately this Board cannot put in place universal health care. That would have to be a legislative decision approved by the Governor.

AUDIENCE MEMBER: Well the Governor don't want to do anything except put 2 million dollars on the State House and go run his car instead of trying to help all the poor people and everybody with universal health care. So it's actually on him, but you know Blue Cross Blue Shield -- the medicine that you're talking about some people who have that some of their medicines are four or five hundred dollars. That comes out of their own pockets and what is Blue Cross Blue Shield doing. 20 percent. Come on. My mom used to work for Blue Cross Blue Shield. I know how it is. I'm not dumb. She's not dumb. She's right now sitting in a rehab. She's got maybe two months to two years to live. Me and you have talks before.

MR. MULLIN: Yes.

AUDIENCE MEMBER: I'm not very happy. I am very angry because all Blue Cross Blue Shield wants is money, money, money, money, and I know probably the CEO is sitting in here, and if he is, he gets to put it in his pocket and goes sits on his

little boat. People can laugh.

MR. MULLIN: Nobody is laughing.

AUDIENCE MEMBER: But it's okay. I say what I feel like I say. If no one likes what I say, you know there's the door.

MR. MULLIN: Thank you for that. Have a good night everyone.

(Whereupon, the proceeding was adjourned at 6:25 p.m.)

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 hearing re: 2020 Rate Review Public Hearing, at the Montpelier City Hall, 39 Main Street, Montpelier, Vermont, on July 23, 2019, 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 73 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 26th day of July, 2019.

_____

JoAnn Q. Carson
Registered Merit Reporter
Certified Real Time Reporter