

-----Original Message-----

From: Gram, David [<mailto:dgram@ap.org>]  
Sent: Wednesday, January 14, 2015 8:26 AM  
To: London, Sarah  
Subject: Re: Your request

Thanks, Sarah

Dave Gram

> On Jan 13, 2015, at 7:40 PM, "London, Sarah" <[Sarah.London@state.vt.us](mailto:Sarah.London@state.vt.us)> wrote:  
>  
> Hi Dave, below and attached is what was sent to other requesters. Hope that's helpful.  
> Thanks,  
> Sarah  
>  
> Please find attached records in response to your public records act request. The attached represent correspondence involving the Governor and those listed below relating to health care, single-payer, Act 48, and the financing plan from January 1, 2014 to December 19, 2014.  
>  
> Liz Miller, Jeb Spaulding, Lawrence Miller, Susan Allen, Scott Coriell, Robin Lunge, Michael Costa, Devon Green, and members of the Governor's Business Advisory Council.  
>  
> The following types of records have been withheld as executive privileged communications pursuant to 1 VSA 317(c)(1) and (c)(4): draft speeches and talking points, weekly reports submitted regularly by the Cabinet to the Governor, and certain policy communications from senior advisors to the Governor.  
>  
> As you know, Governor Shumlin has made clear his desire to provide public access to the calculations and modeling the Administration did for Green Mountain Care. At his request, the Office of Health Care Reform compiled this data and posted over 1000 pages of documents on December 30, 2014.  
>  
> If you feel any records have been withheld in error, you may appeal to the Governor's Chief of Staff at [Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)<<mailto:Elizabeth.Miller@state.vt.us>>.  
>  
> Thank you,  
> Sarah  
>  
> Sarah London  
> Counsel to the Governor  
> 802-828-3333  
> [sarah.london@state.vt.us](mailto:sarah.london@state.vt.us)<<mailto:sarah.london@state.vt.us>>  
>  
> <HC PRA 1-8-15.pdf>

GPS

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**From:** Miller, Elizabeth  
**Sent:** Wednesday, January 01, 2014 12:27 PM  
**To:** GPS; Coriell, Scott; Spaulding, Jeb; Lunge, Robin; Allen, Susan  
**Subject:** Fwd: WCAX Interview

FYI

Sent from my iPhone

Begin forwarded message:

**From:** "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>  
**Date:** January 1, 2014 at 12:25:51 PM EST  
**To:** "Gobeille, Al" <[Al.Gobeille@state.vt.us](mailto:Al.Gobeille@state.vt.us)>  
**Subject:** Re: WCAX Interview

Thanks. Governor may do a health care speech on Monday on this topic. If that looks like a real go I will let CAX know

Sent from my iPhone

On Jan 1, 2014, at 12:03 PM, "Gobeille, Al" <[Al.Gobeille@state.vt.us](mailto:Al.Gobeille@state.vt.us)> wrote:

Fyi

Sent from my iPhone

Begin forwarded message:

**From:** "Bottari, Steve" <[bottari@wcax.com](mailto:bottari@wcax.com)>  
**Date:** January 1, 2014 at 11:01:13 AM EST  
**To:** "[Al.Gobeille@state.vt.us](mailto:Al.Gobeille@state.vt.us)" <[Al.Gobeille@state.vt.us](mailto:Al.Gobeille@state.vt.us)>  
**Subject:** WCAX Interview

Hi Al,

Happy New Year.

We're working on a story looking at how we go from where we are now – with the exchange now up-and-running – to single payer, and the path along the way.

Given your position and expertise, we'd like to chat with you on camera about it to see what the GACB sees as the next step.

Wondering if you have availability this coming Friday or Monday?

Mornings would be best.

Would only need about 25 minutes of your time.

Does one day work better than another?

If phone is easiest – my direct line is [REDACTED]

Look forward to hearing from you AI,

All the Best,  
Steve Bottari

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**STEVE BOTTARI**  
Morning News Anchor  
WCAX-TV | Channel Three News  
802.652.6457  
[bottari@wcax.com](mailto:bottari@wcax.com)  
[@stevebottari](#)

GPS

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**From:** Miller, Elizabeth  
**Sent:** Sunday, January 05, 2014 10:26 AM  
**To:** Wallack, Anya; GPS  
**Subject:** RE: Meeting with Maryland, Massachusetts and Oregon re state cost containment

Thanks! AI mentioned trip to me; appreciate it. Liz

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

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**From:** Wallack, Anya  
**Sent:** Sunday, January 05, 2014 10:24 AM  
**To:** GPS; Miller, Elizabeth  
**Subject:** Meeting with Maryland, Massachusetts and Oregon re state cost containment

It occurred to me I should let you guys know I am representing VT among a "gang of four" states that are pursuing serious health care cost containment. Other states are OR, MA and MD. We are meeting tonight and tomorrow in NYC, hosted by the Milbank Memorial Fund. Chairs of cost containment commissions from the other states and I have been planning the meeting for awhile. I am taking AI since I have transitioned out of the regulator role. We will be working to ID ways in which we can help each other with technical aspects of cost containment and develop a common agenda re federal help. Just thought you should know in case any of the other Goves mention it. We probably have the most affinity with MD, as they are the only other state with legal authority to do much. Summary of their approach is attached, along with the summary I sent others on VT.

Anya

Anya Rader Wallack, Ph.D.  
Chair  
Vermont State Innovation Model (SIM) Core Team

**GPS**

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**From:** Lunge, Robin  
**Sent:** Tuesday, January 07, 2014 4:41 PM  
**To:** GPS; Miller, Elizabeth  
**Subject:** FW: financing presentation to HHC

Mary should check her committee website....

The UMass report is posted on HHC webpage here 1/25/13:

<https://leg2.vermont.gov/sites/legislature/Committees/HCommittees/HealthCare/Witness%20Handouts/Forms/Sorted%20By%20Report.aspx>

Presentation posted here 1/25/13:

<https://leg2.vermont.gov/sites/legislature/Committees/HCommittees/HealthCare/Witness%20Handouts/Forms/By%20Session%20Week.aspx>

GPS

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**From:** Spaulding, Jeb  
**Sent:** Wednesday, January 08, 2014 12:02 PM  
**To:** GPS; Miller, Elizabeth; Lunge, Robin; Larson, Mark; Costa, Michael  
**Subject:** Heads-up

The Legislature has decided to contract with Ken Thorpe for four months to assist them in their analysis and formulation of health care reform. The current plan is for the contract to be signed in the next week, perhaps early next week, so he can get started in the near future. I am not sure what the actual scope of work is going to be. Maybe Robin can find that out.

I don't know much about Thorpe, but expect some of you do. He has done work here before and here is what Wikipedia has on him...

**Kenneth E. Thorpe** is the Robert W. Woodruff Professor of Health Policy at Emory University, the Chair of the Department of Health Policy and Management in the Rollins School of Public Health, and a former Deputy Assistant Secretary at the Department of Health and Human Services (1993–1995). He is also the Executive Director of the Partnership to Fight Chronic Disease and the Emory Institute for Advanced Policy Solutions.

Appointed as Deputy Assistant Secretary in President Bill Clinton's cabinet, he had a central role in coordinating President Clinton's health care reform proposals.<sup>[1]</sup>

It seems like a strong sign that the Legislature plans to fully engage on the subject and that seems like a good thing.

Jeb Spaulding, Secretary of Administration  
State of Vermont  
Pavilion Office Building  
109 State Street  
Montpelier, VT 05609

*People are our greatest asset*

GPS

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**From:** GPS  
**Sent:** Wednesday, January 08, 2014 12:12 PM  
**To:** Spaulding, Jeb  
**Cc:** Miller, Elizabeth; Lunge, Robin; Larson, Mark; Costa, Michael  
**Subject:** Re: Heads-up

Good news.

Sent from my iPhone

On Jan 8, 2014, at 12:01 PM, "Spaulding, Jeb" <[Jeb.Spaulding@state.vt.us](mailto:Jeb.Spaulding@state.vt.us)> wrote:

The Legislature has decided to contract with Ken Thorpe for four months to assist them in their analysis and formulation of health care reform. The current plan is for the contract to be signed in the next week, perhaps early next week, so he can get started in the near future. I am not sure what the actual scope of work is going to be. Maybe Robin can find that out.

I don't know much about Thorpe, but expect some of you do. He has done work here before and here is what Wikipedia has on him...

**Kenneth E. Thorpe** is the Robert W. Woodruff Professor of Health Policy at Emory University, the Chair of the Department of Health Policy and Management in the Rollins School of Public Health, and a former Deputy Assistant Secretary at the Department of Health and Human Services (1993–1995). He is also the Executive Director of the Partnership to Fight Chronic Disease and the Emory Institute for Advanced Policy Solutions.

Appointed as Deputy Assistant Secretary in President Bill Clinton's cabinet, he had a central role in coordinating President Clinton's health care reform proposals.<sup>[1]</sup>

It seems like a strong sign that the Legislature plans to fully engage on the subject and that seems like a good thing.

Jeb Spaulding, Secretary of Administration  
State of Vermont  
Pavilion Office Building  
109 State Street  
Montpelier, VT 05609

*People are our greatest asset*

GPS

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**From:** Miller, Elizabeth  
**Sent:** Saturday, January 18, 2014 2:26 PM  
**To:** GPS; Spaulding, Jeb  
**Subject:** Fwd: fyi

So u can say u reviewed...

Sent from my iPhone

Begin forwarded message:

**From:** Ann Raynolds <[REDACTED]>  
**Date:** January 18, 2014 at 12:56:11 PM EST  
**To:** "Miller, Elizabeth" <[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)>  
**Subject:** fyi

Hi Liz,

Since it does no good to write letters to Peter, because he doesn't answer them, I will just tell you we are mounting a full scale campaign for him or the legislature to find some other "assessment" (a "tax" in sheep's clothing) rather than his idea of taxing health claims to bridge the deficit gap. There are several other unhealthy things he could tax: soda pop coming to mind first, but there are always cigarettes. The most logical one is a small surtax on incomes over \$250,000.00 but we all know he wants to protect the rich. Just an fyi..... I doubt if our displeasure with this is worth giving reasons for -- anyone who cares about providing "affordable" health care knows them. And he is still our hero on the Single Payer issue! Ann

--  
*Ann Raynolds, Psy.D.*  
[REDACTED]

GPS

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From: GPS  
Sent: Saturday, January 18, 2014 2:39 PM  
To: Miller, Elizabeth  
Cc: Spaulding, Jeb  
Subject: Re: fyi

Sweet

Sent from my iPhone

On Jan 18, 2014, at 2:24 PM, "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)> wrote:

So u can say u reviewed...

Sent from my iPhone

Begin forwarded message:

From: Ann Raynolds <[REDACTED]>  
Date: January 18, 2014 at 12:56:11 PM EST  
To: "Miller, Elizabeth" <[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)>  
Subject: fyi

Hi Liz,

Since it does no good to write letters to Peter, because he doesn't answer them, I will just tell you we are mounting a full scale campaign for him or the legislature to find some other "assessment" (a 'tax' in sheep's clothing) rather than his idea of taxing health claims to bridge the deficit gap. There are several other unhealthy things he could tax: soda pop coming to mind first, but there are always cigarettes. The most logical one is a small surtax on incomes over \$250,000.00 but we all know he wants to protect the rich. Just an fyi..... I doubt if our displeasure with this is worth giving reasons for -- anyone who cares about providing "affordable" health care knows them. And he is still our hero on the Single Payer issue! Ann

Ann Raynolds, Psy.D.  
[REDACTED]

GPS

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**From:** Lunge, Robin  
**Sent:** Sunday, January 26, 2014 5:34 PM  
**To:** GPS; Miller, Elizabeth  
**Subject:** Fwd: FYI  
**Attachments:** A3BC27E0-D805-45C9-868A-2F5722B881EA[39].png

I didn't see this one in the clips - illustrates some of dh's work to coord care with smaller hospitals.

Robin Lunge  
Director of Health Care Reform

Sent from my iPad

Begin forwarded message:

**From:** "Deborah G. Kimbell" <[REDACTED]>  
**Date:** January 25, 2014, 11:47:25 AM EST  
**To:** Robin Lunge <[Robin.Lunge@state.vt.us](mailto:Robin.Lunge@state.vt.us)>  
**Subject:** FYI

Thought you/the Gov might be interested in this article from today's Valley News pre our meeting on Monday.

## Alice Peck Day Joins D-H Orbit

By Chris Fleisher  
Valley News Staff Writer  
Saturday, January 25, 2014  
(Published in print: Saturday, January 25, 2014)

Lebanon — Alice Peck Day Memorial Hospital's plan for the future involves closer ties with Dartmouth-Hitchcock as it prepares for potentially radical changes in the health care industry over the next few years.

APD announced Friday that it is pursuing an affiliation with Dartmouth-Hitchcock, becoming the third Upper Valley hospital — and the second this week — to establish formal ties with the region's dominant health care provider.

The details of the affiliation probably won't be finalized until the end of the year, said Sue Mooney, APD's chief executive officer. In the meantime, no changes are expected to existing services provided at the hospital.

When it becomes official, the partnership with Dartmouth-Hitchcock would allow the cross-town institutions to share resources and coordinate patient care.

"We both really share a commitment to figuring out what's the best thing to do for patients and for the community in which we live," Mooney said in an interview Friday morning. "And the reality is that we need to wrestle with the fact that we have this fragmented, disconnected, inefficient health care system and I think both organizations believe that we've got to organize our care around doing what's best for patients. And what's best for patients is to do it together."

The affiliation will not help APD or Dartmouth-Hitchcock negotiate better rates with insurers, said Dartmouth-Hitchcock spokesman Rick Adams. Still, it could improve APD's long-term outlook during a time of rapid change in health care, particularly for community hospitals.

Alice Peck Day finished fiscal year 2013 in the black, but its finances have been strained for years amid declining reimbursements and the looming threat that it could lose its federal designation as a "critical access hospital," which officials estimated would result in a \$7 million hit to APD's \$50 million budget. Facing that possibility, the hospital began work last year on a strategic plan for the future. The affiliation with Dartmouth-Hitchcock emerged as a key part of that plan.

Partnering with Dartmouth-Hitchcock would help the two hospitals streamline care for patients and eliminate redundant costs in the local health care network, officials said. For example, back-office functions, such as billing, could be shared.

It would also prepare APD for the day when health care providers are paid according to how efficiently they care for entire populations of people, rather than the current "fee-for-service" model where doctors are paid according to the volume of services they perform.

For years, Dartmouth-Hitchcock CEO Jim Weinstein has argued that the U.S. health care system needs to move away from fee-for-service. Such a system rewards doctors for doing more tests and treatments, often unnecessarily, and drives up the cost of care. Instead, providers should move to a "population health" model, in which doctors focus on improving the health of a group of patients, and consider the social, political and environmental factors that influence their well-being.

That is where partnerships between providers come into play.

Hospitals need a large population of patients to make such a model work, hospital officials said. In the future, contracts with insurers are likely going to reward health care providers based on how well they improve the health of entire populations of patients. But hospitals could stand to lose money if the patients have a lot of health problems. Having a larger group with a mix of sick and healthy people allows hospitals to spread the risk.

Partnerships also help strip waste out of the system and coordinate care for patients, Weinstein said.

"We just duplicate things that don't really bring value to the population as far as health," Weinstein said Friday. "And if we can help each other in ways we probably haven't even imagined, then I think it will be fantastic for this community."

The proposed affiliation with APD is only the latest step that Dartmouth-Hitchcock has taken to strengthen ties with other health care providers. On Monday, officials at Mt. Ascutney Hospital in Windsor announced it was affiliating with Dartmouth-Hitchcock in an arrangement similar to the one New London Hospital approved last year.

Dartmouth-Hitchcock has partnerships with other hospitals in New Hampshire and Vermont through accountable care organizations, in which they work together to care for Medicare patients. And last September, Elliot Hospital in Manchester and Dartmouth-Hitchcock announced a new partnership with insurer Harvard Pilgrim Health Care called ElevateHealth, which aims to lower patients' insurance premiums by 10 percent.

The affiliations with New London and Mt. Ascutney are not mergers. The community hospitals remain independent with their own boards. But Dartmouth-Hitchcock will have seats on those boards and be involved in major governance decisions.

Details of APD's affiliation will be worked out over the coming months, though hospital officials said it would be similar to the ones with New London and Mt. Ascutney.

"They're going to maintain their identity. They're going to be APD. We don't want to lose that," Weinstein said in an interview Friday. "That's what the community respects and likes. The things they're offering, we need to take advantage of and value, not change."

Mooney discussed the affiliation and APD's strategy for the future with APD employees throughout the day on Friday. During a noontime discussion, APD staffers wondered what the affiliation would mean for individual departments at the hospital as well as the relationships with Mt. Ascutney and New London.

Mooney said she hoped it would help the hospitals collaborate more and would not change existing services for at least a year.

One particular area of concern was APD's birthing center. Alice Peck Day would keep delivering babies for the foreseeable future, Mooney said. Long-term, the affiliation with Dartmouth-Hitchcock could help ensure that expecting mothers end up in the most appropriate place for their care, she said, with APD handling more of the low-risk pregnancies while Dartmouth-Hitchcock would take high-risk cases.

Regardless of what happens, something needs to change, Mooney said. Two "task forces," including one focused on obstetrics, that worked on APD's strategic plan determined that the hospital had to align itself with a larger organization to survive.

"The price of not acting is likely going to be financial failure for the organization in the future," Mooney told a group of around 90 APD employees Friday.

Some employees also have wondered about the fate of APD's emergency department, which loses money. As a critical access hospital, APD is required to have an emergency department, but that requirement would go away if APD loses the federal designation in a couple of years, allowing the hospital to close the ED to save money. Hospital officials assured employees that the emergency department would be around for at least another year.

That, and the affiliation, offered a little bit of comfort to Karen Johnston, an ED nurse.

"I think both hospitals serve vital functions in the community," Johnston said. "And anything that would keep us going at our current status would be great."

Peter Mason, a longtime family physician at APD, also supported the affiliation with Dartmouth-Hitchcock.

"It's a very uncertain world in terms of medical financing," Mason said. "And it's very clear that we're moving toward population-based health care. Unless you're part of a network of providers... you're really on shaky ground."

Mooney acknowledged that it had been a tumultuous year for APD, one in which the "critical access" question forced everyone to consider difficult questions. Federal officials appear to have shelved the critical access issue for the time being, giving APD a bit of breathing room. Still, there are bigger questions facing health care providers, and APD could not be complacent, Mooney said.

"We're very proud of how the organization handled the stress of the last year," Mooney said. "I think that people have a lot of confidence in our board, I think they have confidence in our leadership and I think that they truly understand that we are committed to doing the right thing for the community. I think there's a good mood within the organization."

"Tough year, but we came through it."

Chris Fleisher can be reached at 603-727-3229 or [cfeisher@vnews.com](mailto:cfeisher@vnews.com).



Deborah G. Kimbell  
Senior Communications Advisor

[dartmouth-hitchcock.org](http://dartmouth-hitchcock.org)

phone 603.650-4676 | cell. [REDACTED]

A Culture of Caring

**IMPORTANT NOTICE REGARDING THIS ELECTRONIC MESSAGE**

This message is intended for the use of the person to whom it is addressed and may contain information that is privileged, confidential, and protected from disclosure under applicable law. If you are not the intended recipient, your use of this message for any purpose is strictly prohibited. If you have received this communication in error, please delete the message and notify the sender so that we may correct our records.

## GPS

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**From:** Miller, Elizabeth  
**Sent:** Tuesday, February 04, 2014 6:54 PM  
**To:** GPS; Spaulding, Jeb  
**Subject:** FYI

Sponsors of two year delay of green mountain care bill;

By Reps. Komline of Dorset, Branagan of Georgia, Browning of Arlington, Conquest of Newbury, Goodwin of Weston, Greshin of Warren, Ralston of Middlebury, Scheuermann of Stowe, Till of Jericho and Wilson of Manchester,

Sent from my iPhone

GPS

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**From:** GPS  
**Sent:** Wednesday, February 19, 2014 8:35 AM  
**To:** Millier, Elizabeth  
**Subject:** Fwd: SIM Core Team Vote Today on Health Information Exchange funding

Sent from my iPad

Begin forwarded message:

**From:** "Wallack, Anya" <[Anya.Wallack@state.vt.us](mailto:Anya.Wallack@state.vt.us)>  
**Date:** February 19, 2014 at 6:32:20 AM EST  
**To:** GPS <[gps@state.vt.us](mailto:gps@state.vt.us)>  
**Subject:** FW: SIM Core Team Vote Today on Health Information Exchange funding

This should have gone to you, not Shana!

Anya Rader Wallack, Ph.D.  
Chair  
Vermont State Innovation Model (SIM) Core Team

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**From:** <Wallack>, Anya Rader Wallack <[anya.wallack@state.vt.us](mailto:anya.wallack@state.vt.us)>  
**Date:** Tuesday, February 18, 2014 9:02 PM  
**To:** Liz Miller <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>, "Schedule, Gps" <[GPS.Schedule@state.vt.us](mailto:GPS.Schedule@state.vt.us)>  
**Cc:** Robin Lunge <[robin.lunge@state.vt.us](mailto:robin.lunge@state.vt.us)>, Al Golbeille <[Al.Golbeille@state.vt.us](mailto:Al.Golbeille@state.vt.us)>  
**Subject:** SIM Core Team Vote Today on Health Information Exchange funding

I wanted to be sure you know that the SIM Core team voted today to support a request from the SIM Health Information Exchange Work Group to fund \$3 million in SIM grant expenditures for investments in VITL activities. This is a big accomplishment. The proposal includes three general streams of activity, to be carried out by VITL or VITL subcontractors:

- Connect providers to VITL (continued work on provider interfaces)
- Make information available from VITL to all ACOs, GMCB and others for analytic purposes
- Install and activate an "event notification system" that informs providers of major medical events such as hospital admission, discharge and transfer

The vote in the Core Team was unanimous, we me abstaining to avoid any perception that my vote was influenced by my discussions with Dartmouth about future contract work.

Let me know if you have any questions.

Anya

Anya Rader Wallack, Ph.D.  
Chair



GPS

---

From: Miller, Elizabeth  
Sent: Wednesday, February 19, 2014 11:14 PM  
To: GPS  
Subject: Fwd: drafts

fyi

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

Begin forwarded message:

From: "Spaulding, Jeb" <[Jeb.Spaulding@state.vt.us](mailto:Jeb.Spaulding@state.vt.us)>  
Date: February 19, 2014 at 11:12:51 PM EST  
To: "Costa, Michael" <[Michael.Costa@state.vt.us](mailto:Michael.Costa@state.vt.us)>  
Cc: "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>, "Porter, Louis" <[Louis.Porter@state.vt.us](mailto:Louis.Porter@state.vt.us)>, "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)>, "Lunge, Robin" <[Robin.Lunge@state.vt.us](mailto:Robin.Lunge@state.vt.us)>, "Green, Devon" <[Devon.Green@state.vt.us](mailto:Devon.Green@state.vt.us)>  
Subject: Re: drafts

Fascinating. At least they are engaged. I would not feel pressured to respond very specifically until we have a chance to absorb and discuss their proposals.

Jeb Spaulding, via mobile  
Secretary of Administration  
State of Vermont

On Feb 19, 2014, at 11:03 PM, "Costa, Michael" <[Michael.Costa@state.vt.us](mailto:Michael.Costa@state.vt.us)> wrote:

Please see the attached draft amendments to S.252 from Sen. Ashe to be discussed by Senate Finance tomorrow. They are expanded from the original concept given to us yesterday.

- ? First document highlights
  - o Excludes Medicare and Fed covered folks from GMC
  - o Allows Medicare recipients and fed covered folks to buy back in at a rate set by the GMCS
  - o Requires AHS to report to the General Assembly by 1/15/15 the elements of GMC administration that we intend to contract out
    - ⌘ Requires AHS to award those contracts by 1/1/16
  - o Expands Blueprint for Health payments, funding that expansion with an increase in Employer Assessment
    - ⌘ I don't know enough about Blueprint for Health to make sense of the changes
- ? Second document highlights
  - o Changes the Employer Assessment calculation
    - ⌘ Ends current exemption for firms with fewer than 4 FTEs

- ✗ Ends current assessment calculation, which is based on the price of a target plan in the Exchange
- ✗ Creates tiered structure based on number of uncovered employees
  - ? For employers with 10 or fewer uncovered employees, the annual contribution per employee shall equal 10 percent of the amount of the State's share of the average per member per year expenditure for the adult Medicaid population based on the most recent full-year Medicaid data
  - ? For employers with between 11 and 100 uncovered employees, the annual contribution per employee shall equal 25 percent of the amount of the State's share of the average per member per year expenditure for the adult Medicaid population based on the most recent full-year Medicaid data
  - ? For employers with more than 100 uncovered employees, the annual contribution per employee shall equal 50 percent of the amount of the State's share of the average per member per year expenditure for the adult Medicaid population based on the most recent full-year Medicaid data.
    - o I need to talk to our Medicare folks tomorrow to understand the revenue generation and Dept. of Labor to understand distribution by firm size. No fiscal note yet from JFO.

Best,  
Michael

---

**Sent:** Wednesday, February 19, 2014 10:16 PM  
**To:** Costa, Michael  
**Subject:** Fwd: drafts

Begin forwarded message:

**From:** Jennifer Carbee <[JCarbee@leg.state.vt.us](mailto:JCarbee@leg.state.vt.us)>  
**Date:** February 19, 2014, 5:21:58 PM EST  
**To:** Tim Ashe <[timashe@burlingtontelecom.net](mailto:timashe@burlingtontelecom.net)>  
**Cc:** Noian Langweil <[NLangweil@leg.state.vt.us](mailto:NLangweil@leg.state.vt.us)>  
**Subject:** drafts

Hi Tim,

I haven't had these proofed yet but wanted to get them to you ASAP in case there are changes you want me to make or I've gotten something wrong. I'm putting them in for proofing so they'll be ready for

tomorrow, but I can still make changes. Nolan worked with me on the Medicaid language for your amendment (it may need some refining down the road), and I'm having him cost out the Blueprint expansions so we can fill in the blank in the appropriations section.

Jen

Jennifer G. Carbee, Esq.  
Vermont Legislative Council  
State House  
115 State Street  
Montpelier, VT 05633  
T: 802-828-2231  
F: 802-828-2424

<GENERAL-#297212-v1-S\_252\_Finance\_strike-all\_amendment.DOCX>

<GENERAL-#297400-v1-S\_252\_Ashe\_Employer\_Assessment\_amendment.DOCX>

GPS

---

From: Miller, Elizabeth  
Sent: Tuesday, March 11, 2014 10:03 PM  
To: Wallack, Anya  
Cc: GPS; Coriell, Scott; Allen, Susan  
Subject: Re: for press conf tomorrow

Shouldn't we use Georgia as contact?

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

On Mar 11, 2014, at 9:47 PM, "Wallack, Anya" <[Anya.Wallack@state.vt.us](mailto:Anya.Wallack@state.vt.us)> wrote:

Attached is final version of release. I do not have a "for more info" name on it. You can use me with cell number ([REDACTED]) if you want.

Also attached are TPs for the Gov and a Q&A which is for background only --- I assume you would hand off any such questions to the rest of us. I will do some more work on this in the AM.

Let me know if/where you want to prep. There is a room at Al's place if you want to use it.

Anya

*Anya Rader Wallack, Ph.D.*  
*Chair*  
*Core Team*  
*Vermont Health Care Innovation Project*  
*State Innovation Model*  
<SSP announcement.docx>  
<SSP Q&A.docx>  
<talking points SSP.docx>

GPS

---

From: GPS  
Sent: Wednesday, March 12, 2014 7:12 AM  
To: Wallack, Anya  
Cc: Miller, Elizabeth; Coriell, Scott; Allen, Susan  
Subject: Re: for press conf tomorrow

Thanks. Good work. P

Sent from my iPad

On Mar 11, 2014, at 10:22 PM, "Wallack, Anya" <[Anya.Wallack@state.vt.us](mailto:Anya.Wallack@state.vt.us)> wrote:

You could use her as clearinghouse, she won't be able to answer press questions.

Anya Rader Wallack, PhD  
President  
Arrowhead Health Analytics  
56 North Main Street  
Fall River, MA 02720  
Cell: [REDACTED]

On Mar 11, 2014, at 10:03 PM, "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)> wrote:

Shouldn't we use Georgia as contact?

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

On Mar 11, 2014, at 9:47 PM, "Wallack, Anya" <[Anya.Wallack@state.vt.us](mailto:Anya.Wallack@state.vt.us)> wrote:

Attached is final version of release. I do not have a "for more info" name on it. You can use me with cell number ([REDACTED]) if you want.

Also attached are TPs for the Gov and a Q&A which is for background only -- I assume you would hand off any such questions to the rest of us. I will do some more work on this in the AM.

Let me know if/where you want to prep. There is a room at AI's place if you want to use it.

Anya

*Anya Rader Wallack, Ph.D.*

*Chair*  
*Core Team*  
*Vermont Health Care Innovation Project*  
*State Innovation Model*

<SSP announcement.docx>

<SSP Q&A.docx>

<talking points SSP.docx>

## GPS

---

**From:** Miller, Elizabeth  
**Sent:** Saturday, March 29, 2014 12:08 PM  
**To:** GPS  
**Subject:** NYTimes: Start-Up Health insurer Finds Foothold in New York

<http://nvti.ms/1U0nrV>

Oscar is Silicon Alley's challenge to the staid business of health insurance and is trying to use its tech-world skills to provide an easier experience to consumers.

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

GPS

---

**From:** Miller, Elizabeth  
**Sent:** Tuesday, April 01, 2014 9:43 PM  
**To:** GPS  
**Subject:** Inside the Golden Bubble: Shumlin's reluctance to share details of single payer pains supporters

[vtdigger.org/2014/04/01/golden-bubble-shumlins-reluctance-share?utm\\_medium=referral&utm\\_source=t.co](http://vtdigger.org/2014/04/01/golden-bubble-shumlins-reluctance-share?utm_medium=referral&utm_source=t.co)

Download the official Twitter app [here](#)

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

**From:** Allen, Susan  
**Sent:** Wednesday, April 02, 2014 2:30 PM  
**To:** Allen, Susan  
**Subject:** Gov. Shumlin Announces Health Care "Innovation Grants" to Lower Costs and Improve Care

**Gov. Shumlin Announces Health Care "Innovation Grants" to Lower Costs and Improve Care**

**For Immediate Release**

**April 2, 2014**

Contact: Georgia Maheras, 802-505-5137

**RUTLAND, Vt.** -- As part of Vermont's ongoing health care reform efforts, Governor Peter Shumlin and the leadership of the Vermont Health Care Innovation Project (VHCIP) announced today the award of eight grants totaling more than \$2.6 million to health care innovators around the state. The grants are aimed at reducing health care costs by supporting projects that change how health care providers and their patients work together to prevent illness, manage chronic disease, and improve services.

"Health care reform in Vermont is well underway, and this is an important step toward our ultimate goal of creating a system that saves Vermonters money while covering everyone. Our challenge is to put a stop to skyrocketing health care costs that are hammering Vermont businesses and families. Through this grant program, we are supporting leaders who are working to do just that," said Governor Shumlin.

Anya Rader Wallack, chair of the VHCIP, explained that the grant-supported projects will both reduce costs and improve care. "These projects are all about better health care," Wallack said. "They reflect the best thinking about preventing illness, managing chronic conditions and reducing harm."

The eight projects will test promising innovations and involve unique collaboration across provider groups.

The grants include:

- \$112,063 to a coalition of health care and long-term care providers in the Rutland area to develop a model of care for seriously ill patients with complex health care needs;
- \$176,400 to a coalition of health care and social service providers in the Northeast Kingdom to develop an integrated team approach to caring for "at risk" individuals who have high health care needs;
- \$363,070 to a primary care practice in White River Junction to develop a new approach to patient and provider management of chronic conditions;
- \$250,000 to Burlington Community Health Center, Northern Counties Health Care and the state's employee assistance program to develop a model for reducing stress and preventing chronic disease among workers;

- \$548,829 to the Vermont Medical Society Education and Research Foundation and the Fletcher Allen Health Care Department of Pathology and Laboratory Medicine to implement a statewide program that reduces unnecessary and potentially harmful medical testing;
- \$400,000 each to Bi-State Primary Care and HealthFirst to further develop their “accountable care organizations,” networks of providers who take responsibility for managing health care costs and quality for their patients; and
- \$350,000 to the Vermont Program for Quality in Health Care to support a statewide surgical services collaborative. This is a physician-led partnership to improve the quality of surgical care in Vermont and reduce complications from surgery.

The grants are made possible by federal funding for VHCIP through the “State Innovation Model” (SIM) program administered by the federal Centers for Medicare and Medicaid Services Innovation Center (CMMI). CMMI created the SIM initiative for states that are committed to planning, designing and testing new payment and service delivery models as part of larger health system transformation. CMMI granted Vermont \$45 million over three years to support the Vermont Health Care Innovation Project. This is the first round of sub-grants provided under the project. Wallack said there would be at least one more round during the next two years.

###

GPS

---

From: Miller, Elizabeth  
Sent: Thursday, April 03, 2014 3:22 PM  
To: GPS  
Subject: Fwd: Fasten your seat belt...

Sent from my iPhone

Begin forwarded message:

From: "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)>  
Date: April 3, 2014 at 3:20:54 PM EDT  
To: "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>, "Lunge, Robin" <[Robin.Lunge@state.vt.us](mailto:Robin.Lunge@state.vt.us)>, "Nease, Floyd" <[Floyd.Nease@state.vt.us](mailto:Floyd.Nease@state.vt.us)>  
Subject: Fasten your seat belt...

....it's gonna be a wild ride:

<http://digital.vnr.net/post/sen-campbell-discusses-single-payer-health-care>

Scott Coriell  
Office of the Governor  


## GPS

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**From:** Coriell, Scott  
**Sent:** Thursday, April 03, 2014 7:27 PM  
**To:** 'Anya Rader Wallack'; GPS; Allen, Susan  
**Subject:** RE: <no subject>

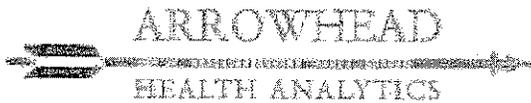
Who knew health care could be so funny!

---

**From:** Anya Rader Wallack [mailto: [REDACTED]]  
**Sent:** Thursday, April 03, 2014 5:33 PM  
**To:** GPS; Coriell, Scott; Allen, Susan  
**Subject:** Fwd: <no subject>

Nice coverage in the Herald. Totally goofy photo.

<http://digital.olivesoftware.com/Olive/ODE/RutlandHerald/default.aspx>



Anya Rader Wallack, Ph.D.  
Arrowhead Health Analytics, LLC  
56 North Main Street, Suite 303, Fall River, MA 02720  
p: 508-567-1375 | e: [REDACTED] [anya@arrowheadaha.com](mailto:anya@arrowheadaha.com)

GPS

---

From: GPS  
Sent: Thursday, April 10, 2014 7:12 AM  
To: <deanhoward [REDACTED]>  
Cc: Allen, Susan; Miller, Elizabeth  
Subject: Re: Your health care team

Great. Thanks for taking the time. Dealing with sick dad but lets talk soon. Best, P

Sent from my iPhone

On Apr 10, 2014, at 3:12 AM, "deanhoward [REDACTED]" <deanhoward [REDACTED]> wrote:

> Is terrific and their work, both substantive and political is really  
> good! We should talk about hoow I can help. Howard sent from my Verizon Wireless BlackBerry

GPS

---

**From:** Miller, Elizabeth  
**Sent:** Thursday, April 24, 2014 7:15 AM  
**To:** GPS  
**Subject:** Fwd: Digger poll results on hc

Sent from my iPhone

Begin forwarded message:

**From:** "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)>  
**Date:** April 23, 2014 at 7:13:01 PM EDT  
**To:** "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>, "Miller, Lawrence" <[Lawrence.Miller@state.vt.us](mailto:Lawrence.Miller@state.vt.us)>  
**Subject:** **Digger poll results on hc**

Actually some positive stuff, although it gets the digger treatment.

<http://vtdigger.org/2014/04/23/vtdiggercastleton-poll-21-percent-seem-confused-term-single-payer/>

GPS

---

From: Miller, Elizabeth  
Sent: Tuesday, May 06, 2014 1:52 PM  
To: Trombley, Shana  
Cc: GPS  
Subject: Re: Sanders' hearing

perfect thanks

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

On May 6, 2014, at 1:46 PM, "Trombley, Shana" <[Shana.Trombley@state.vt.us](mailto:Shana.Trombley@state.vt.us)> wrote:

FYI – the hearing that Sanders was hoping to hold on health care reform has been cancelled – for now. They will let us know if they decide to reschedule. -S

GPS

---

From: GPS  
Sent: Monday, June 16, 2014 5:33 PM  
To: Anya Rader Wallack  
Cc: Coriell, Scott; Miller, Elizabeth; Miller, Lawrence  
Subject: Re: great new data to back up call for health reform

Thanks!

Sent from my iPhone

On Jun 16, 2014, at 11:30 AM, "Anya Rader Wallack" <[anya@arrowheadha.com](mailto:anya@arrowheadha.com)> wrote:

<http://www.washingtonpost.com/news/to-your-health/wp/2014/06/16/once-again-u-s-has-most-expensive-least-effective-health-care-system-in-survey/>

<http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror>

Anya Rader Wallack, Ph.D.  
President  
Arrowhead Health Analytics  
Fall River, MA 02720  
  
[anya@arrowheadha.com](mailto:anya@arrowheadha.com)

<PastedGraphic-1.tif>

GPS

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**From:** Miller, Elizabeth  
**Sent:** Thursday, July 10, 2014 11:08 AM  
**To:** GPS  
**Subject:** GMCB\_Hospital\_Budget\_Submissions.pdf  
**Attachments:** GMCB\_Hospital\_Budget\_Submissions.pdf; ATT00001.txt

great news; lowest aggregate hospital budget filing ever. Total aggregate average of 2.6 percent increase

GPS

---

**From:** Miller, Elizabeth  
**Sent:** Friday, July 18, 2014 1:09 PM  
**To:** GPS  
**Subject:** Fwd: VMS 2014 Physician Survey Summary  
**Attachments:** 2014 VMS Survey Summary.pdf, ATT00001.htm

hey open this up and check it out if you have time; scroll thru q and a's. v. interesting.

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

Begin forwarded message:

**From:** "Miller, Lawrence" <[Lawrence.Miller@state.vt.us](mailto:Lawrence.Miller@state.vt.us)>  
**Date:** July 18, 2014 at 12:46:30 PM EDT  
**To:** EXE - SrStaff <[EXE\\_SrStaff@state.vt.us](mailto:EXE_SrStaff@state.vt.us)>  
**Subject:** FW: VMS 2014 Physician Survey Summary

Some interesting results.

Lawrence Miller  
Senior Advisor, Chief of Health Care Reform  
Office of the Governor, State of Vermont  
Mobile: [REDACTED]  
[lawrence.miller@state.vt.us](mailto:lawrence.miller@state.vt.us)

---

**From:** Paul Harrington [<mailto:pharrington@vtmd.org>]  
**Sent:** Thursday, July 17, 2014 8:42 AM  
**To:** Miller, Lawrence; Lunge, Robin; Suter, Kara; Anya Wallack ([Anya@arrowheadha.com](mailto:Anya@arrowheadha.com)); Slusky, Richard; John K Evans ([jevans@vill.net](mailto:jevans@vill.net)); Jones, Craig; Larson, Mark; Michael Fisher; senatorayer; Gabelle, Al; Ramsay, Allan; Con Hogan; Maheras, Georgia; Hein, Karen; Wallack, Anya  
**Subject:** VMS 2014 Physician Survey Summary

All,

I thought you might be interested in the attached results from the VMS' annual physician survey.

Please let me know if you have any questions or suggestions. Best wishes, Paul

Paul Harrington  
Executive Vice President, Vermont Medical Society  
(802) 223 7898 (w) [REDACTED] cell  
[PHarrington@vtmd.org](mailto:PHarrington@vtmd.org)

## GPS

---

**From:** Miller, Elizabeth  
**Sent:** Monday, August 11, 2014 9:38 PM  
**To:** GPS; Spaulding, Jeb  
**Subject:** 5 28 14JointStatementofPrinciples.docx  
**Attachments:** 5 28 14JointStatementofPrinciples.docx; ATT00001.txt

I had not seen this before but assume that it came up while I was in the desert; just thought I'd pass on, Governor, in the unlikely even this was not on the radar when it came out at the end of May. The Business Advisory Council members have it on their meeting material list for this coming meeting. Just FYI, [Also, I'm not sure on what the \$2.8 billion figure is based, but will check with Lawrence et al]

LAKE CHAMPLAIN REGIONAL CHAMBER OF COMMERCE  
VERMONT BUSINESS ROUNDTABLE

STATEMENT OF PRINCIPLES  
PERTAINING TO HEALTH CARE REFORM

(5/28/14)

**1. Get the numbers right.**

It matters not whose numbers are right; what matters is that the numbers themselves are right. The original cost of Vermont's reformed health care system was \$1.6B, however, today with benefit of additional analysis there is agreement that the number is actually closer to \$2.2B. In fact, new data shows that the number could be closer to \$2.8B. State officials must get the number right and provide clarity for the two distinct phases of affected business populations (<50 and >50 workforce).

**2. Make sure the numbers are sustainable.**

Once the correct numbers have been developed, State officials must ensure that systematic, repeatable cost controls are in place so that high-quality and timely care can be delivered, paid for, and consumed differently, yet in a sustainable fashion.

**3. Do no harm to the economy.**

Even if the numbers are correct and sustainable, State officials must clearly understand, communicate, and moderate any adverse economic impacts as a result of moving from a private to a public health care system. Because this is a highly complex shift in the Vermont landscape, a single dimension for this reform process cannot be effectively evaluated in isolation from the whole. State officials must evaluate the economic impacts from a macro-level that reflects this understanding.

**4. Funding model must be transparent, fair and equitable.**

Development of a funding model for Vermont's health care system must be easily understood and administered, and must be fair and equitable within and between taxpayer groups. For example, what would be the long-term economic impacts of underfunding year 1? What would be the resultant impacts on the employer/employee relationship, on recruitment/retention strategies, and on strategic business decision-making? What are the implications for ERISA plan providers?

GPS

---

From: GPS  
Sent: Wednesday, August 13, 2014 8:48 AM  
To: Miller, Elizabeth  
Cc: Spaulding, Jeb  
Subject: Re: 5 28 14JointStatementofPrinciples.docx

Never seen this before. It's not bad, except the first point should make clear that we're talking about what Vermont spends on health care each year, not what the reformed system would cost.

Sent from my iPhone

On Aug 11, 2014, at 9:38 PM, "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)> wrote:

> I had not seen this before but assume that it came up while I was in the desert; just thought I'd pass on, Governor, in the unlikely even this was not on the radar when it came out at the end of May. The Business Advisory Council members have it on their meeting material list for this coming meeting. Just FYI. [Also, I'm not sure on what the \$2.8 billion figure is based, but will check with Lawrence et al]

>

> <5 28 14JointStatementofPrinciples.docx>

>

>

>

> Elizabeth H. Miller

> [REDACTED] cell

> [elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

GPS

---

From: Miller, Elizabeth  
Sent: Wednesday, August 13, 2014 9:14 AM  
To: Spaulding, Jeb  
Cc: GPS  
Subject: Re: 5 28 14JointStatementofPrinciples.docx

Yep that's the right reaction  
Just thought we should all be aware of the substance and use it in our thinking and responses

Sent from my iPhone

> On Aug 13, 2014, at 9:01 AM, "Spaulding, Jeb" <[Jeb.Spaulding@state.vt.us](mailto:Jeb.Spaulding@state.vt.us)> wrote:

>

> Just to be clear, these principles came through Ernie from the LCRCC and VBRT. Our approach has been, consistent with advice from Coates, is have a low key reaction and not spend any time on them... sort of a yawn, thank you, motherhood and apple pie, and let's move on response.

>

> -----Original Message-----

> From: GPS

> Sent: Wednesday, August 13, 2014 8:48 AM

> To: Miller, Elizabeth

> Cc: Spaulding, Jeb

> Subject: Re: 5 28 14JointStatementofPrinciples.docx

>

> Never seen this before. It's not bad, except the first point should make clear that we're talking about what Vermont spends on health care each year, not what the reformed system would cost.

>

> Sent from my iPhone

>

>> On Aug 11, 2014, at 9:38 PM, "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)> wrote:

>>

>> I had not seen this before but assume that it came up while I was in the desert; just thought I'd pass on, Governor, in the unlikely even this was not on the radar when it came out at the end of May. The Business Advisory Council members have it on their meeting material list for this coming meeting. Just FYI. [Also, I'm not sure on what the \$2.8 billion figure is based, but will check with Lawrence et al]

>>

>> <5 28 14JointStatementofPrinciples.docx>

>>

>>

>>

>> Elizabeth H. Miller

>> [REDACTED] cell

>> [elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

## GPS

---

**From:** Miller, Elizabeth  
**Sent:** Saturday, August 30, 2014 10:50 AM  
**To:** GPS  
**Subject:** August.pdf  
**Attachments:** August.pdf; ATT00001.txt

You should read this.



## POINT OF NO RETURN

*Point of No Return (PNR) is a periodical intended to reflect my thinking on issues of the day based upon my travels and conversations around the state. If you have any feedback, I'd be delighted to hear it. If you wish to be taken off this distribution list, please let me know.*

### ITEM ONE: Appreciative Inquiry

During the past year a series of events have unfolded regarding Vermont's education system that point to a growing crisis in need of attention. As education property taxes continued to increase, more than 30 school budgets were voted down, with the distinct possibility that more will fall this year. H.883 - School Governance (consolidation), which passed the House and died in the Senate, received strong support from the business and education communities. Vermont's school and municipal leadership convened a daylong session this summer that presented startling evidence of education costs and financing challenges that have created nightmares for taxpayers, school boards and municipal managers alike. In the end, the students are the losers as communities force schools to slash budgets and programs; denying students' access to curricula that will prepare them for an uncertain future.

In response, the Roundtable's leadership has reached out to influential co-conveners including Education Secretary Rebecca Holcombe, House Speaker Shap Smith, State Board of Education Chair Stephan Morse, Education leaders Jeff Francis of the Vermont Superintendents Association and Steve Dale of the Vermont School Boards Association, Julie Coffey of Building Bright Futures, Vermont Community Foundation President Stuart Comstock-Gay, VSAC President Scott Giles, and author Bill Schubart, to conduct an Appreciative Inquiry Summit on Education in mid-November. The event, which will run for two days, will result in a commitment to "intentional change" by 200 invited education policy makers, practitioners and parties of interest from many different stakeholder groups.

The overarching goal is to create innovative strategies aimed at: promoting a fact-based understanding of the current state of Vermont's

education system and its relative competitiveness; inspiring courageous leadership to examine necessary and useful system-wide changes; and, creating and reinvigorating cross-sector collaborations that will generate mutually beneficial results for our children, our democracy, and our economy. The event will also identify post-Summit leadership to move the recommendations forward into the appropriate channels for implementation. Watch for informational updates in the weeks leading up to the November 17-18 event.

For a copy of the materials presented at the Vermont School and Municipal Leadership conference, including slides presented by yours truly, click on the [VLCT](#) link here.

### ITEM TWO: Survey Says...

For the second quarter in a row, member responses to the overall question of the state's business climate outlook ranged from mildly optimism to neutral; more than half (54%) shared negative outlooks specifically on the ease of hiring; and, the manufacturing sector had the most optimistic outlook.

When given the chance to share what weighs heavily on their minds, members again expressed concerns with health insurance, health care costs and financing, plus additional issues related to government spending, financing qualified employees, high property taxes, crime/drug addiction, education, and the future of IBM in Vermont.

And in case you were wondering, a majority of Roundtable members cheered for Germany over Argentina in the World Cup and... would rather eat a hamburger than a hotdog, swim in the ocean instead of a lake, drive a Volvo rather than a Subaru, read non- vs. fiction, and overwhelmingly prefer dogs over cats (90% vs. 10%).

### ITEM THREE: In Praise of Superman

Hold on, not the guy with the cape. No, I'm talking about auto mechanics; the guys with a filthy blue rag hanging out of the back pocket of their onesie, a tire pressure gauge in their front pocket, heavy work boots covered with some kind of goo, whose hands are dinged and calloused from years of wrestling with lug nuts that won't budge. They're

the quiet types, like horse whisperers, who use all five senses to determine how to heal the four-wheeled patient.

It doesn't take a psychologist to see why I hold them in such high regard, because my father was an auto mechanic - a really good one. It was a trade he learned at his father's knee (also a mechanic who ran his own shop in Cornwall) and perfected during the Korean War where he worked on all kinds of wheeled vehicles. So when I learned how to drive on our red and white VW Bus, it was much more involved than turning on the key and learning how to use a clutch. I learned how to change a tire, replace fan belts, jump start an engine, change the oil, switch out the fuses, and how to rock out of a snow bank. I daresay there are very few new drivers today who have ever looked under the hood of the cars they drive, much less know how to read an oil gauge.

So the latest act of valor by Superman, I mean, our independent auto mechanic was over a difference of opinion between mechanics. When, in the course of fixing some arcane wiring problem with the convertible hardtop, the mechanic at the Volvo dealership saw that the inspection had expired and, in the course of inspection, declared authoritatively that we needed new brakes which would cost an additional \$900. So, I said I'd like a second option, paid for the hardtop repairs, and drove to see Superman, I mean - you know. Soon thereafter and long story short, he explained clearly why actually no new brakes were needed after all. He charged me for two hours labor to drive it around, take everything off and put it back on, and inspected the car for free.

Like Superman, the only times you really need a mechanic are when there's trouble in paradise. But when you need him, you want him to be honest and upstanding just like Superman. If you want the name of our mechanic, just give me a call!

### ITEM LAST: Policy and Politics

The continuing anxiety expressed by our members over the Shumlin Administration's developing health care model - financing, administration, exchange network - is reflected again in our recent Business Conditions Survey. It is hampering members' ability to plan for the future; to add workers, expand their markets, grow their productivity

and thereby pay more tax revenue through increased economic activity. And with a tepid growth rate, this is precisely what the state should be finding ways to encourage.

Pressure is mounting to deliver a financing model that doesn't kill the economy. The Roundtable's principles are straightforward: 1) make sure the numbers are right; 2) if the numbers are right, make sure that they are sustainable; 3) if they are right and sustainable, make sure that they don't kill the economy; and 4) make sure the funding model is transparent, fair and equitable. This is the screen against which we'll assess any proposals.

The Business Advisory Council for Health Care Financing, chaired by David Coates, and which includes Roundtable members (Garder, Perine, Pomerleau, Millman, Smith, Torti, Ventriss, and Voigt), continues to receive confidential proposals from the Administration's health care team, led by Lawrence Miller. At the same time, another financing plan has been introduced for consideration to a subset of the group by Attorney John Franco (former health care advisor to former Commissioner of Financial Regulation, Steve Kimbell) and former State Senator Jim Leddy, currently with AARP.

In between the Kool-Aid drinkers who would fall over a cliff for "single payer" and those who say "hell no, we won't go" lies a group of people who are intent on finding the best solution with the least amount of economic disruption. That's us. The clock is ticking as the January deadline approaches and there is still a lot of work to do. You'll be hearing more on this next month.

### LISA'S LIST:

- Savor this long weekend. Nothing more.

### HOT DATES:

- Wednesday, October 1<sup>st</sup> ~ Roundtable's Inaugural Executive Leadership Series Breakfast, Sheraton Hotel & Conference Center  
Featuring documentarian Jennifer Siebel Newsom and presented by Green Mountain Power with additional support from Free Press Media, KPMG, National Life Group, BCBSVT, Coldwell Banker

Hickok & Boardman Realty, Comcast, Dinse Knapp and McAndrew, and VEDA. [Click here for information.](#)

- Thursday, January 8<sup>th</sup>, 2015 ~ Roundtable 28<sup>th</sup> Annual Meeting, The Essex. For the election of new officers and board members, and the conduct of other business.

###

GPS

---

**From:** Miller, Elizabeth  
**Sent:** Saturday, September 06, 2014 9:12 AM  
**To:** Spaulding, Jeb  
**Cc:** Miller, Lawrence; GPS  
**Subject:** Re: timing of administration health care proposal

I think for session and leadership trust, we may need to consider a two track approach. We share what we have as close to final as possible in December, and set a timeline with them for legislative roll out.

Sent from my iPhone

On Sep 6, 2014, at 8:44 AM, "Spaulding, Jeb" <[Jeb.Spaulding@state.vt.us](mailto:Jeb.Spaulding@state.vt.us)> wrote:

As you all know, I would much prefer December.

Jeb Spaulding, via mobile  
Secretary of Administration  
State of Vermont

On Sep 6, 2014, at 8:27 AM, "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)> wrote:

Tell him this can be subject of our first mtg..

Sent from my iPhone

On Sep 6, 2014, at 5:22 AM, "Miller, Lawrence" <[Lawrence.Miller@state.vt.us](mailto:Lawrence.Miller@state.vt.us)> wrote:

--  
Lawrence Miller  
Senior Advisor, Chief of Health Care Reform  
Office of the Governor, State of Vermont  
Mobile: [REDACTED]  
[lawrence.miller@state.vt.us](mailto:lawrence.miller@state.vt.us)

Begin forwarded message:

**From:** Tim Ashe  
<[timashe@burlingtontelecom.net](mailto:timashe@burlingtontelecom.net)>  
**Date:** September 5, 2014 at 7:55:29 PM GMT+1  
**To:** "Miller, Lawrence"  
<[Lawrence.Miller@state.vt.us](mailto:Lawrence.Miller@state.vt.us)>  
**Subject:** Re: timing of administration health care proposal

FYI, I'm going to pass on to Janet, Jane and Clare since they were all confused post-HROC meeting

**Tim Ashe**  
State Senator  
Chittenden County  
Chair, Senate Finance Committee

On Sep 5, 2014, at 2:17 PM, Miller, Lawrence wrote:

What had been your expectation?

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Lawrence Miller  
Senior Advisor, Chief of Health Care Reform  
Office of the Governor, State of Vermont  
Mobile [REDACTED]  
[lawrence.miller@state.vt.us](mailto:lawrence.miller@state.vt.us)

"Miller, Lawrence" <[Lawrence.Miller@state.vt.us](mailto:Lawrence.Miller@state.vt.us)> wrote:

I expect no later than the end of January. I am planning for well ahead of that, but that is where I am confident. I have talked to Steve Klein about an education day in December.

There has been a lot of action at the provider, blueprint, hospital, ACO level. First few weeks hearing from industry and GMCB re: payment reform and cost containment may be a good foundation.

I have asked Floyd to set up some meetings starting later this month for logistics.

I

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Lawrence Miller  
Senior Advisor, Chief of Health Care Reform  
Office of the Governor, State of Vermont  
Mobile [REDACTED]  
[lawrence.miller@state.vt.us](mailto:lawrence.miller@state.vt.us)

Tim Ashe <[timashe@burlingtontelecom.net](mailto:timashe@burlingtontelecom.net)> wrote:

Lawrence - Several of us came away confused about something you said at the Health Reform Oversight meeting the other day. Did you say that at least at this point we should expect to see the Administration's health care reform proposal in January?

This is somewhat important for us in terms of planning committee time, and use of resources, so please let me know if the answer is yes or no to that question.

Thanks,  
Tim

**Tim Ashe**  
State Senator  
Chittenden County  
Chair, Senate Finance Committee

GPS

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**From:** Miller, Elizabeth  
**Sent:** Thursday, September 11, 2014 4:26 PM  
**To:** GPS; Spaulding, Jeb  
**Subject:** Fwd: GREEN MOUNTAIN CARE BOARD ANNOUNCES 2015 HOSPITAL BUDGET DECISIONS  
**Attachments:** GMCB FY15 Hospital Budget Decisions.pdf; ATT00001.htm

Sent from my iPhone

Begin forwarded message:

**From:** "Allen, Susan" <[Susan.Allen@state.vt.us](mailto:Susan.Allen@state.vt.us)>  
**Date:** September 11, 2014 at 4:25:02 PM EDT  
**To:** "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>  
**Subject:** FW: GREEN MOUNTAIN CARE BOARD ANNOUNCES 2015 HOSPITAL BUDGET DECISIONS

A little good news.

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**From:** Bassford, Anna  
**Sent:** Thursday, September 11, 2014 4:09 PM  
**To:** Bassford, Anna  
**Subject:** GREEN MOUNTAIN CARE BOARD ANNOUNCES 2015 HOSPITAL BUDGET DECISIONS

**FOR IMMEDIATE RELEASE: September 11, 2014.**  
For more information, contact Anna Bassford (802-828-2130)

**GREEN MOUNTAIN CARE BOARD ANNOUNCES 2015 HOSPITAL BUDGET DECISIONS**

Montpelier, VT – The Green Mountain Care Board (GMCB) today completed its decisions on budget requests from Vermont's hospitals for fiscal year 2015, which begins October 1, 2014. The decisions set the total fiscal year 2015 budget increase for Vermont's hospital system at 3.1 percent, including 0.6 percent that qualifies as investments in health reform. This marks the second year in a row that Vermont's 14 hospitals as a group have kept net patient revenue increases below the target set by the GMCB.

In written guidance issued in March 2013 and reiterated this spring, the GMCB instructed hospitals to hold their FY15 net patient revenue increases to no more than 3 percent plus an allowance of up to an additional 0.8 percentage points for investments in health reform initiatives. Hospitals submitted budget requests in July, starting a two-month review process that included GMCB staff scrutiny of the budgets, open hearings with each hospital in August, a public comment period, input from the Office of the Health Care Advocate, and discussion in GMCB's weekly open meetings.

Although the preliminary budget data, as submitted in July, showed a lower system-wide increase, the GMCB's analysis determined that adjustments had to be made to several hospitals' budget information, yielding the final 3.1 percent increase. While the full 3.8 percent allowance would have added approximately \$83 million in net patient revenue to the system, the approved 3.1 percent increase adds \$67.8 million. Net patient revenue includes payments hospitals receive from patients, government, and

insurers to pay for patient care—but not revenues from other activities such as cafeterias, parking, and philanthropy.

The second key indicator of growth in hospital revenue is the “rate”—the increase in the price a hospital sets for services before negotiating with insurers. The GMCB approved rates ranging from no change to 8.4 percent for Vermont hospitals in fiscal year 2015. (See attachments for details of individual hospital and system-wide revenues and rates.)

“Two years into a three-year plan, it’s good to see the budget review process doing what it is designed to do,” said GMCB Chair Al Gobeille. “As a statewide system, Vermont’s hospitals continue to do the hard work to meet our expectations for restrained budget growth.”

For more information on the GMCB hospital budget review process, including submissions from each hospital and their responses to GMCB questions on those submissions, see the GMCB website: <http://gmcboard.vermont.gov/hospitalbudgets>.

Anna Bassford  
Executive Assistant to the Chair  
Green Mountain Care Board  
(802) 828-2130  
(802) 477-3669  
89 Main Street, Montpelier, VT 05620

<http://gmcboard.vermont.gov/>

GPS

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**From:** Lunge, Robin  
**Sent:** Wednesday, September 17, 2014 6:56 PM  
**To:** GPS; Miller, Elizabeth  
**Subject:** Fwd: Thank you

Thought you'd be interested in the feedback from dr. DeSalvo

Robin Lunge  
Director of Health Care Reform

Sent from my iPad

Begin forwarded message:

**From:** "John K. Evans" <[jevans@viti.net](mailto:jevans@viti.net)>  
**Date:** September 17, 2014, 10:39:46 AM EDT  
**To:** "Amy Putnam ( [REDACTED] )" < [REDACTED] >, "Andrea Lott (Northeastern Vt Regional Hospital)" < [REDACTED] >, "Bea Grause ( [REDACTED] )" < [REDACTED] >, "Bruce Bullock MD ( [REDACTED] )" < [REDACTED] >, "Don George ( [REDACTED] )" < [REDACTED] >, "Lunge, Robin" <[Robin.Lunge@state.vt.us](mailto:Robin.Lunge@state.vt.us)>, Paul Harrington <[pharrington@vtmd.org](mailto:pharrington@vtmd.org)>, Ron Keen < [REDACTED] >, "[toleno@leg.state.vt.us](mailto:toleno@leg.state.vt.us)" <[toleno@leg.state.vt.us](mailto:toleno@leg.state.vt.us)>  
**Subject:** FW: Thank you

I wanted to share the feedback we received from Dr. Karen DeSalvo following the VITL Summit, thanks.

John

John K. Evans MHA, FACHE | President/CEO | [jevans@viti.net](mailto:jevans@viti.net) | 802-839-1935 (Direct) | Vermont Information Technology Leaders (VITL) | [www.viti.net](http://www.viti.net) | 802-223-4100 (VITL Main) | 802-923-1598 (Fax)

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**From:** DeSalvo, Karen (OS/ONC) [<mailto:Karen.DeSalvo@hhs.gov>]  
**Sent:** Sunday, September 14, 2014 5:09 PM  
**To:** John K. Evans; [ckulczyk@viti.net](mailto:ckulczyk@viti.net); Rob Gibson; Mike Gagnon  
**Cc:** Dinkler, Ayame N. (OS/ONC); Boone, Edna (OS/ONC) (CTR)  
**Subject:** Thank you

John, Rob and Carol:

Thank you for inviting me to keynote at this year's VITL summit and for all of your efforts to make this an insightful visit. I truly enjoyed my brief time in Burlington and hope to visit again and spend more time there.

John, under your leadership, VITL has expanded greatly, and earned the respect of stakeholders across Vermont. It is no surprise that VITL has become the largest health care event in the state given this. I look forward to continuing to work with you and learn from Vermont's efforts.

Rob and Carol, your attention to detail and professionalism before and throughout the Summit was impressive. It was a pleasure working with both of you.

Michael, thank you for attending the listening session in the afternoon. As I hope you shared with your team at VITL, it was a productive conversation and I walked away understanding how advanced in the health IT spectrum the community in Vermont really is.

As I travel across the country I conduct listening sessions when I can, and can tell you that Vermont is an aspirational model that I will refer back to and hope other states can learn from. Your accomplishments and challenges as a state are quite unique. Thank you for giving me the opportunity to hear about this firsthand, and for an overall memorable visit.

Best,  
kd

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## GPS

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**From:** Miller, Elizabeth  
**Sent:** Tuesday, September 23, 2014 2:03 PM  
**To:** GPS; Spaulding, Jeb; Miller, Lawrence; Lunge, Robin; Nease, Floyd; Allen, Susan  
**Subject:** Analysis: Vermont Health Connect | Vermont Public Radio

[digital.vpr.net/post/analysis-vermont-health-connect](http://digital.vpr.net/post/analysis-vermont-health-connect)

Download the official Twitter app [here](#)

Worth a listen to whole thing

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

## GPS

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**From:** Miller, Elizabeth  
**Sent:** Wednesday, September 24, 2014 7:21 AM  
**To:** GPS  
**Subject:** Fwd: BCBSVT OP-ED by Don George  
**Attachments:** image001.png; ATT00001.htm; 2014dongeorgeopedcostshift.docx; ATT00002.htm

Fyi

Sent from my iPhone

Begin forwarded message:

**From:** Kathy Parry <[Parryk@bcbsvt.com](mailto:Parryk@bcbsvt.com)>  
**Date:** September 24, 2014 at 7:15:56 AM EDT  
**To:** "[jeb.spaulding@state.vt.us](mailto:jeb.spaulding@state.vt.us)" <[jeb.spaulding@state.vt.us](mailto:jeb.spaulding@state.vt.us)>, "[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>, "[lawrence.miller@state.vt.us](mailto:lawrence.miller@state.vt.us)" <[lawrence.miller@state.vt.us](mailto:lawrence.miller@state.vt.us)>, "[robin.lunge@state.vt.us](mailto:robin.lunge@state.vt.us)" <[robin.lunge@state.vt.us](mailto:robin.lunge@state.vt.us)>  
**Subject:** BCBSVT OP-ED by Don George

Hello. I have attached an OP-ED for your interest and information.

Thank you.

Kathy Parry  
Coordinator, External Affairs  
Blue Cross and Blue Shield of Vermont  
P.O. Box 186 • Montpelier, VT 05601-0186  
[parryk@bcbsvt.com](mailto:parryk@bcbsvt.com)  
(802) 371-3205

## GPS

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**From:** Miller, Elizabeth  
**Sent:** Sunday, September 28, 2014 3:36 PM  
**To:** GPS; Spaulding, Jeb; Miller, Lawrence; Chen, Harry  
**Subject:** ICYMI

See you tomorrow at 8 a.m.

Just ran across this when checking Ham Davis's blog, fyi and in case you missed it; he posted it last week apparently:

Governor Peter Shumlin's single payer health care reform initiative, which was born in the winter of 2011, will crest in January when the administration brings its financing and operating proposals for a radically reconfigured delivery system into the legislature.

The last three years have been something of a wild ride, owing mainly to the difficulties with the federally-financed insurance Exchange. But those difficulties pale into insignificance compared with the challenges involved in rebuilding the health care delivery system and shifting all or most of its financing to the state.

The most important thing for the legislature and the public to understand is that the proposal for a new system is not yet complete—it is still very much a work in progress. And there isn't much time left, probably less than three months, assuming that it will take some time just to clean up the details once the final decisions have been made.

Most of the final design work will be done off stage, without much public notice, but the Shumlin team is now stretched to the maximum extent possible. Every member of the team, including the governor himself, will have to perform at a higher level than they ever have if the project is to succeed.

Here are the basic problems they face:

Financing:

The approximate cost of shifting to the Shumlin version of a single payer has been estimated at \$2 billion. That would not be new money. The people of the state and many employers are paying it now in the form of private insurance premiums and out-of-pocket payments. The point of the shift to state financing is to begin to repair the inequities in the way the burden of these costs is shared by Vermonters.

Nevertheless, the sheer size of the money-raising bill that the legislature will have to pass if it wants the Shumlin single payer is unprecedented. There's lots of speculation in policy circles that this number—I call it the BN, the big number—will sink the reform effort by itself. That could happen, but I believe the financing issue is more complex.

For one thing, no one so far has seen the financing design now being developed by Michael Costa, Shumlin's tax expert, who has been working on the problem for the last two years. The components of the financing scheme are certain to include some sort of employer tax along with contributions from individuals based on their ability to pay. Costa has shared some of these potential sources with some key legislators and key insiders, but there is no actual plan as yet.

The reason is that the political impact of the financing plan will rest not only on the BN, but on how its burden is distributed across the state. Some Vermonters will see their health care costs go down, others will see it go up. The system now is grossly unfair, but people are used to it. So the legislative decision is likely to be affected by how compelling the burden-sharing plan turns out to be.

Moreover, there could be pressure from the left to take the BN even higher, to as much as \$2.7 or \$3 billion, so as to eliminate problems with out-of-pocket costs that will increase the complexity of the system. There is no chance, however, that such a shift will come out of the fifth floor—Governor Shumlin thoroughly dislikes first-dollar coverage. But there is no way to predict how such a proposal would fare in the legislature.

There is already some confusion about the Costa work. The opponents of single payer have accused the administration of developing a “secret” plan and hiding it from the public for political reasons. The reality, however, is that while Costa obviously has a pretty good idea about how to fashion a financing mechanism, he has no way to tell how the people affected would react to those changes.

For that reason, the administration contracted with Jonathan Gruber of MIT, one of the leading national experts on health care reform, to build a model that would allow Costa to run test scenarios of the various financing options. The model will not be available until mid fall.

The press got tangled over the issue, reporting in the summer that Costa had hired Gruber to “help design” the financing plan and then reporting, just a few days later, that Costa had shared the financing plan with key legislators. Gruber is good, but he’s not that good...

In any event, a coherent financing plan should be available by January. There is no way to tell, given the BN, what the response will be, but two things appear clear.

The first is that the BN is indeed huge and many observers are writing off Shumlin’s project for that reason alone. They could turn out to be right, of course, but it’s my view that the legislature could buy into the plan if the rest of the project looks rock solid.

Which right now is a huge problem. The administration is already at a confidence deficit owing to the problems with the federally financed insurance Exchange, which still isn’t fully operational after two years of work. The Exchange issue got worse earlier this week when the Shumlin team had to shut it down until November to install the latest fixes.

Shumlin has moved, even if too slowly, to remedy that problem; he has installed new leadership at the state bureaucracy that now runs the Medicaid program and it’s reasonable to expect that the Exchange should be in working shape over the next several months.

The biggest gap in my view is what I call reorganization, building the governance and infrastructure to run a program of this magnitude. There hasn’t been much discussion about this aspect of the reform project in recent months, but in my view it amounts to the heart of the matter.

#### Reorganization:

If you ask the basic question: what does a single payer actually *do*, you get a deceptively simple answer: it pays doctors, hospitals and other providers of health care. In fact, there is an ocean of hideously complex problems tied up inside that formulation, and after three years of work by the Shumlin team there is no definitive answer yet as to how a refashioned delivery system would work.

As a way of looking at this problem, let’s assume the legislature has taken a huge collective breath and voted to raise \$2 billion for single payer, and the money is now flowing into a bucket in Montpelier. Who manages the bucket?

In the early stages of the campaign, many people assumed that the manager of the bucket would be the Department of Vermont Health Access in the Agency of Human Services, which has a long history of paying the Medicaid bills for lower income Vermonters.

The mess with the Exchange exposed that proposition as a fantasy, and if there was any doubt about it, Governor Shumlin assured anyone who was listening that the state was not about to build its own insurance company. It is clear to everyone now, since the Governor turned over control of health reform to Lawrence Miller, formerly his secretary of commerce, and followed that up by firing Doug Racine, his secretary of AHS.

If not the Medicaid bureaucracy, then who? Or what?

One way to start thinking about this problem is to divide it into two domains—the issue of *governance and authority*, much the more difficult, and the very difficult but ultimately more manageable one of *operations*.

## Governance and Authority

Governance and authority is so difficult because it is so fundamental: it asks the question how does our society—the people of Vermont—want to structure the health care delivery system that plays literally a life and death role in their lives and in the process consumes one out of every five dollars they earn.

How should the societal decisions about health care be made? How much of our resources should we devote to health care? How do we decide that? And how should that money be spent? Who speaks for all of us?

Well, there are choices available. The place to start is the legislature and no matter how the rest of the structure-building plays out, its role will be very large. But there are very large constraints on it also: legislators can make policy, but they are absolutely terrible at running anything.

A second option is the executive branch of state government. It *operates* the government. And it already manages the payment for Medicaid, a major piece of the health care revenue. Even more important in that line is the federal government, which runs the Medicare program. Medicare and Medicaid together pay for roughly half the health care system now and have for nearly 50 years.

A third option is that the legislature can delegate critical powers to entities it creates and we now have one—the Green Mountain Care Board. The legislature set up the board under Act 48, which it enacted in 2011.

The GMC board now regulates hospital budgets, along with the premiums that insurance carriers such as Vermont Blue Cross can charge to enrollees in the Exchange. It also has the responsibility for overseeing the restructuring of the delivery system, including shifting the payment mechanism for doctors and hospitals.

The GMC board is an obvious place to locate even more responsibility for overseeing the system, but the legislature would have to decide whether both regulatory authority and major policy judgments are too much for one body.

In which case, it could establish some new authority to deal with some of the decision-making. Or it could retain for itself a direct role in the governance and operation of the system.

What are the decisions involved? Even a partial list would include:

- How much money needs to be raised? Even more important is how much year-over-year inflation it will permit. On any big program, the legislature can do the first year right. It's how fast the program grows that is troublesome. What if the costs of system regularly outstrip the financing source?
- Will the legislature agree to insulate the flow of money to doctors and hospitals from the vagaries of state financing? The absence of any such machinery would be a huge threat to the whole enterprise because doctors and hospitals almost certainly would refuse to function under such a system.
- There will have to be some way for the payer--the state, in the Shumlin initiative--to negotiate with care providers over the total expenditures in the system, as well as at least some operational aspects of the delivery system. No such plan has yet been settled on.
- How comprehensive should the program be? What benefits will be available and will there continue to be out-of-pocket or premium costs to some Vermonters? One of the few certainties is that there will be fierce lobbying over that question, as there will be over every important pressure point.
- Assuming an adequate amount of money flows to the delivery system, how does the money get distributed through the system? The way this happens now is so tangled and inefficient that it hurts to think about it. Nonetheless, there is no way that you can achieve a financially sustainable system without a dramatic increase in the operational efficiency in the system. The principal tool here is to shift from fee-for-service financing to some sort of group-based payment that shifts financial risk from payers to providers. Achieving that is a huge challenge.
- If the previous issues weren't knotty enough, the Vermont structure will have to figure how to manage the places where Vermont authority intersects with other sources of authority, such as the federal managers of Medicare and Medicaid.

Operations

Once you decide on the big issues of the flow of authority and money to doctors and hospitals, you still have to build machinery to make that actually happen, day after day.

Who determines eligibility and enrolls people? Who actually writes the checks to doctors and hospitals? Who in the executive branch oversees all this *stuff*?

One major decision that has already been made, albeit implicitly, is that the paperwork dimensions of the Shumlin plan—the actual writing of checks and the processing of claims—will be managed by Vermont Blue Cross and Blue Shield, with possible participation by the New York-based carrier MVP.

Still, there would be very complex negotiations around this issue, both for the state and for the two carriers.

One of the routes to at least a partial solution to all of this tangle would be the maturation of OneCare, the state's most important Accountable Care Organization. OneCare is comprised of all the state's hospitals and two third of its doctors; it includes Dartmouth-Hitchcock Medical Center, which delivers tertiary care to much of the eastern Vermont population.

The importance of OneCare lies in the implacable reality that no team of reform designers, including the very good one that Shumlin now has in place, is competent to decide what medical resources need to be in place at what location and how much those individuals should be paid.

If this reasoning is valid, it makes sense that something like the Green Mountain Care Board should represent the interests of the people of the state, for both affordable costs and necessary services. And that OneCare, or something like it, that is to say, an entity that can credibly decide just what medical resources are available and whether the services they deliver are of high quality and cost effective, be empowered to negotiate with the board.

OneCare is now in the early stages of building its systems, but it is nowhere near ready to come up to full speed in the next few months. Which is one of the factors that are pressuring the design team getting ready for January of 2015.

If you have read this far, you may be tempted to conclude that it can't be as complicated as all that. In fact, the above survey is just the surface, the highlights. The complexity underlying it is even more formidable...

The Shumlin initiative is hugely ambitious: it proposes nothing less than a template for a new American health care system. Neither the federal government nor any other state government so clearly aims at the stars. Not even the gods of politics and political life can know the outcome, but if it is a magnificent effort and, in one way or another, all Vermonters will be part of it.

Elizabeth H. Miller

cell

[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

## GPS

---

**From:** Lunge, Robin  
**Sent:** Tuesday, September 30, 2014 9:31 AM  
**To:** Miller, Elizabeth; GPS  
**Subject:** FW: Article on VAHHS meeting & financing - clarification

See below for Biddle exchange. I've emailed him again just now asking for an ETA on the online version correction.

In case it's helpful, the Valley News got it right & attributed the 12.5% to the Hsaio report.

Robin J. Lunge  
Director of Health Care Reform,  
Agency of Administration  
(802) 505 0626

Visit Governor Shumlin's Online Resources:  
[Website](#) | [Facebook](#) | [Twitter](#) | [YouTube](#)

-----Original Message-----

**From:** Biddle Duke [mailto:   
**Sent:** Saturday, September 27, 2014 1:05 PM  
**To:** Lunge, Robin  
**Subject:** Re: Article on VAHHS meeting & financing - clarification

Robin,  
I am halfway through a 70 mile bike ride on the side of the road checking emails. The answer is yes we can make that correction online. I'll get it done as quickly as poss.  
Thanks for your email and your patience with the public and reporters' slow grasp of the details.  
Not a simple process and not a simple process to explain and sell to the public.  
Biddle

Grammatical mistakes and weird abbreviations courtesy of my iPhone

> On Sep 27, 2014, at 12:09 PM, Lunge, Robin <Robin.Lunge@state.vt.us> wrote:

>

> Hi Mr. Duke -

> I will also give you a call today, but I wasn't sure what was the best way to contact you over the weekend. I wanted to reach out to clarify an issue in a recent article about Green Mountain Care, related to financing and the presentation at the VAHHS meeting. The full article is below. The article indicates "Costa said the state is eyeing a 12.5 percent payroll tax to help fund Vermont's Green Mountain Care health insurance system. He said the rest of the money needed to fund the system is "right there in the middle of the room," in the high amount of money Vermonters already pay for private insurance." I believe the reporter might have gotten confused by either a questioner who asked about the Hsaio report and attributed the 12.5% payroll tax to that report or by an analogy of today's spending to a payroll tax - which is actually about 15% (if you take today's private spending on health care and convert it to a payroll tax it's about 15%). Michael definitely didn't say we were eyeing a 12.5% payroll tax - he did indicate that we are considering a number of sources from both business and individuals - which could include a payroll tax, but that the trick to the numbers is getting the balance between multiple sources right. This part of the discussion was confusing, because it skipped around between tax financing, benefit design, old reports on ways to do both in a new system, and what people actually pay today.

>

> Would it be possible to get a clarification or correction to the on-line version of the story? I'm concerned since we are not actually at a point of eyeing one particular % yet for the business or the individual/family contributions and these obviously interact. we are working on the economic modeling with Jon Gruber now & the results of this modeling will continue change & refine the numbers as we learn more.

>  
> Feel free to give me a shout on my cell - [REDACTED]

>  
>  
>

> Details still the hang-up on Vermont health system By Tommy Gardner

>  
> Two state officials tried last Friday to sell a room full of hospital executives on the state's pending universal health insurance system by appealing to its fairness, while offering scant details on how the state would raise the \$2 billion to fund it.

>  
> Their remarks came during a panel discussion at the annual meeting of the Vermont Association of Hospitals and Health Systems, held at Stowe Ski Resort in Stowe.

>  
> "There are only two types of taxes: simple taxes and fair taxes," said Michael Costa, deputy director of health care reform. "Everyone should have skin in the game."

>  
> Costa said the state is eyeing a 12.5 percent payroll tax to help fund Vermont's Green Mountain Care health insurance system. He said the rest of the money needed to fund the system is "right there in the middle of the room," in the high amount of money Vermonters already pay for private insurance.

>  
> New taxes are never popular, but that setup would be far more transparent than the way health care is financed now, said Robin Lunge, the state's director of health care reform.

>  
> "We've funded health care in such convoluted ways, we don't know what we're paying for," she said.

>  
> Lunge said Green Mountain Care has a long way to go before its possible implementation in 2017, with action still needed from the Legislature, the administration and the Green Mountain Care board. The administration won't release its proposed coverage plan until December, and its financial proposal until January, two full years after the original financial framework deadline set by Act 48, Vermont's health care reform law that was passed in 2011.

>  
> Mel Patashnick, CEO of Copley Health Systems, which oversees Copley Hospital in Morristown, thinks Costa's and Lunge's status update is consistent with previous information from Montpelier.

>  
> He said health care providers are all on the same page: Bring health care costs down and make sure everyone is covered, based on their ability to pay.

>  
> "I think they tried to tell us their current thinking, and I think we really need to wait until it's more developed, and it'll be possible then to deal with the plan as presented," Patashnick said. "It's easier to address the concepts."

>  
> Bea Grause, CEO and president of the Vermont Association on Hospitals and Health Systems, noted the impatience some feel about just how universal health care would be financed.

>  
> "What's most interesting to Vermont's health care leaders is that there is a clear consensus around the core principles of reform — lower cost, universal access and patient rights — but growing concern about the many questions that have not yet been answered," Grause said after the meeting.

>  
> Green Mountain funding

- >
- > Despite the lack of concrete details, Lunge and Costa were able to offer some general morsels of what Green Mountain Care might taste like.
- >
- > Costa says the Green Mountain Care architects envision a public-private system, with the public portion coming from a 12.5 percent payroll tax. Costa said there is a possibility the law could give small businesses a few years to save, and prepare to pay the 12.5 percent, or whatever it ends up being.
- >
- > Bram Kleppner, CEO of Danforth Pewter in Middlebury, said he would gladly pay the 12.5 percent payroll tax, since he already spends 15 percent of his payroll providing insurance for his 50 employees through the private sector.
- >
- > He said no amount of soda tax, "no matter how high you set it," will pay for health care. And, he said, the state health system would take a burden off him.
- >
- > "We know how to make pretty things, not how to administer health care," Kleppner said.
- >
- > Lunge said much of Green Mountain Care is based on essential health requirements laid out in the federal Affordable Care Act, signed into law in 2010 by President Obama. According to Healthcare.gov, those requirements include benefits from at least 10 categories:
- >
- > • Ambulatory patient services
- >
- > • Emergency services
- >
- > • Hospitalization
- >
- > • Maternity and newborn care
- >
- > • Mental health and substance-use disorder services
- >
- > • Prescription drugs
- >
- > • Rehabilitative services and devices
- >
- > • Laboratory services
- >
- > • Preventive and wellness services and chronic disease management
- >
- > • Pediatric services, including oral and vision care.
- >
- > Lunge said patients insured through Green Mountain Care would still have some out-of-pocket expenses. And Medicare recipients will keep their federal benefits, with Vermont's system offering secondary coverage.
- >
- > The state is going to go down the path toward universal health care no matter what, predicted William Sayre, an economist formerly with the Federal Reserve, a director of the Ethan Allen Institute, and a commentator for "Common Sense Radio" aired on WDEV.
- >
- > Sayre said Gov. Peter Shumlin has a "political dilemma" — though the health system is having problems, he has to proceed because so much of his legacy rests on that issue. While Shumlin has been openly disappointed in progress, Sayre thinks businesses are wrong to assume the governor will scrap the initiative.
- >
- > "Many businesses will be surprised, because they expect the plug to be pulled," Sayre said.

## GPS

---

**From:** Miller, Elizabeth  
**Sent:** Tuesday, September 30, 2014 9:32 AM  
**To:** Lunge, Robin  
**Cc:** GPS  
**Subject:** Re: Article on VAHHS meeting & financing - clarification

Good that is very helpful

Sent from my iPhone

> On Sep 30, 2014, at 9:30 AM, Lunge, Robin <Robin.Lunge@state.vt.us> wrote:

>

> See below for Biddle exchange. I've emailed him again just now asking for an ETA on the online version correction.

>

> In case it's helpful, the Valley News got it right & attributed the 12.5% to the Hsaio report.

>

> Robin J. Lunge

> Director of Health Care Reform,

> Agency of Administration

> (802) 505 0626

>

> Visit Governor Shumlin's Online Resources:

> Website | Facebook | Twitter | YouTube

>

>

> -----Original Message-----

> From: Biddle Duke [mailto:████████████████████]

> Sent: Saturday, September 27, 2014 1:05 PM

> To: Lunge, Robin

> Subject: Re: Article on VAHHS meeting & financing - clarification

>

> Robin,

> I am halfway through a 70 mile bike ride on the side of the road checking emails. The answer is yes we can make that correction online. I'll get it done as quickly as poss.

> Thanks for your email and your patience with the public and reporters' slow grasp of the details.

> Not a simple process and not a simple process to explain and sell to the public.

> Biddle

>

> Grammatical mistakes and weird abbreviations courtesy of my iPhone

>

>> On Sep 27, 2014, at 12:09 PM, Lunge, Robin <Robin.Lunge@state.vt.us> wrote:

>>

>> Hi Mr. Duke -

>> I will also give you a call today, but I wasn't sure what was the best way to contact you over the weekend. I wanted to reach out to clarify an issue in a recent article about Green Mountain Care, related to financing and the presentation at the VAHHS meeting. The full article is below. The article indicates "Costa said the state is eyeing a 12.5 percent payroll tax to help fund Vermont's Green Mountain Care health insurance system. He said the rest of the money needed to fund the system is "right there in the middle of the room," in the high amount of money Vermonters already pay for private insurance." I believe the reporter might have gotten confused by either a questioner who asked about the Hsaio report and attributed the 12.5% payroll tax to that report or by an analogy of today's spending to a payroll tax - which is actually

about 15% (if you take today's private spending on health care and convert it to a payroll tax it's about 15%). Michael definitely didn't say we were eyeing a 12.5% payroll tax - he did indicate that we are considering a number of sources from both business and individuals - which could include a payroll tax, but that the trick to the numbers is getting the balance between multiple sources right. This part of the discussion was confusing, because it skipped around between tax financing, benefit design, old reports on ways to do both in a new system, and what people actually pay today.

>>

>> Would it be possible to get a clarification or correction to the on-line version of the story? I'm concerned since we are not actually at a point of eyeing one particular % yet for the business or the individual/family contributions and these obviously interact. We are working on the economic modeling with Jon Gruber now & the results of this modeling will continue change & refine the numbers as we learn more.

>>

>> Feel free to give me a shout on my cell - [REDACTED]

>>

>>

>>

>> Details still the hang-up on Vermont health system By Tommy Gardner

>>

>> Two state officials tried last Friday to sell a room full of hospital executives on the state's pending universal health insurance system by appealing to its fairness, while offering scant details on how the state would raise the \$2 billion to fund it.

>>

>> Their remarks came during a panel discussion at the annual meeting of the Vermont Association of Hospitals and Health Systems, held at StoweLake Resort in Stowe.

>>

>> "There are only two types of taxes: simple taxes and fair taxes," said Michael Costa, deputy director of health care reform. "Everyone should have skin in the game."

>>

>> Costa said the state is eyeing a 12.5 percent payroll tax to help fund Vermont's Green Mountain Care health insurance system. He said the rest of the money needed to fund the system is "right there in the middle of the room," in the high amount of money Vermonters already pay for private insurance.

>>

>> New taxes are never popular, but that setup would be far more transparent than the way health care is financed now, said Robin Lunge, the state's director of health care reform.

>>

>> "We've funded health care in such convoluted ways, we don't know what we're paying for," she said.

>>

>> Lunge said Green Mountain Care has a long way to go before its possible implementation in 2017, with action still needed from the Legislature, the administration and the Green Mountain Care board. The administration won't release its proposed coverage plan until December, and its financial proposal until January, two full years after the original financial framework deadline set by Act 48, Vermont's health care reform law that was passed in 2011.

>>

>> Mel Patashnick, CEO of Copley Health Systems, which oversees Copley Hospital in Morristown, thinks Costa's and Lunge's status update is consistent with previous information from Montpelier.

>>

>> He said health care providers are all on the same page: Bring health care costs down and make sure everyone is covered, based on their ability to pay.

>>

>> "I think they tried to tell us their current thinking, and I think we really need to wait until it's more developed, and it'll be possible then to deal with the plan as presented," Patashnick said. "It's easier to address the concepts."

>>

>> Bea Grause, CEO and president of the Vermont Association on Hospitals and Health Systems, noted the impatience some feel about just how universal health care would be financed.

>>

>> "What's most interesting to Vermont's health care leaders is that there is a clear consensus around the core principles of reform — lower cost, universal access and patient rights — but growing concern about the many questions that have not yet been answered," Graise said after the meeting.

>>

>> Green Mountain funding

>>

>> Despite the lack of concrete details, Lunge and Costa were able to offer some general morsels of what Green Mountain Care might taste like.

>>

>> Costa says the Green Mountain Care architects envision a public-private system, with the public portion coming from a 12.5 percent payroll tax. Costa said there is a possibility the law could give small businesses a few years to save, and prepare to pay the 12.5 percent, or whatever it ends up being.

>>

>> Bram Kleppner, CEO of Danforth Pewter in Middlebury, said he would gladly pay the 12.5 percent payroll tax, since he already spends 15 percent of his payroll providing insurance for his 50 employees through the private sector.

>>

>> He said no amount of soda tax, "no matter how high you set it," will pay for health care. And, he said, the state health system would take a burden off him.

>>

>> "We know how to make pretty things, not how to administer health care," Kleppner said.

>>

>> Lunge said much of Green Mountain Care is based on essential health requirements laid out in the federal Affordable Care Act, signed into law in 2010 by President Obama. According to Healthcare.gov, those requirements include benefits from at least 10 categories:

>>

- >> • Ambulatory patient services
- >>
- >> • Emergency services
- >>
- >> • Hospitalization
- >>
- >> • Maternity and newborn care
- >>
- >> • Mental health and substance-use disorder services
- >>
- >> • Prescription drugs
- >>
- >> • Rehabilitative services and devices
- >>
- >> • Laboratory services
- >>
- >> • Preventive and wellness services and chronic disease management
- >>
- >> • Pediatric services, including oral and vision care.
- >>

>> Lunge said patients insured through Green Mountain Care would still have some out-of-pocket expenses. And Medicare recipients will keep their federal benefits, with Vermont's system offering secondary coverage.

>>

>> The state is going to go down the path toward universal health care no matter what, predicted William Sayre, an economist formerly with the Federal Reserve, a director of the Ethan Allen Institute, and a commentator for "Common Sense Radio" aired on WDEV.

>>

>> Sayre said Gov. Peter Shumlin has a "political dilemma" — though the health system is having problems, he has to proceed because so much of his legacy rests on that issue. While Shumlin has been openly disappointed in progress, Sayre thinks businesses are wrong to assume the governor will scrap the initiative.

>>

>> "Many businesses will be surprised, because they expect the plug to be pulled," Sayre said.

GPS

---

**From:** Spaulding, Jeb  
**Sent:** Wednesday, October 08, 2014 10:03 AM  
**To:** GPS; Miller, Elizabeth  
**Subject:** Pollina

Just wanted to make sure you saw/heard this...

<http://digital.vpr.net/post/key-single-paver-advocate-says-vsea-health-plan-perfect-model>

Jeb Spaulding, via mobile  
Secretary of Administration  
State of Vermont

GPS

---

From: Miller, Elizabeth  
Sent: Wednesday, October 08, 2014 10:09 AM  
To: Spaulding, Jeb  
Cc: GPS  
Subject: Re: Pollina

yup

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

> On Oct 8, 2014, at 10:03 AM, "Spaulding, Jeb" <[Jeb.Spaulding@state.vt.us](mailto:Jeb.Spaulding@state.vt.us)> wrote:  
>  
> Just wanted to make sure you saw/heard this...  
>  
> <http://digital.vpr.net/post/key-single-payer-advocate-says-vsea-health-plan-perfect-model>  
>  
> Jeb Spaulding, via mobile  
> Secretary of Administration  
> State of Vermont  
>

GPS

---

**From:** Miller, Elizabeth  
**Sent:** Saturday, October 11, 2014 8:28 AM  
**To:** GPS  
**Subject:** Fwd: Visible pricing of health care

interesting fyi

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

Begin forwarded message:

**From:** "Gobeille, Al" <[Al.Gobeille@state.vt.us](mailto:Al.Gobeille@state.vt.us)>  
**Date:** October 11, 2014 at 7:02:47 AM EDT  
**To:** "Miller, Lawrence" <[Lawrence.Miller@state.vt.us](mailto:Lawrence.Miller@state.vt.us)>, "Lunge, Robin" <[Robin.Lunge@state.vt.us](mailto:Robin.Lunge@state.vt.us)>, "Wallack, Anya" <[Anya.Wallack@state.vt.us](mailto:Anya.Wallack@state.vt.us)>, "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>, "Allen, Susan" <[Susan.Allen@state.vt.us](mailto:Susan.Allen@state.vt.us)>, "Spaulding, Jeb" <[Jeb.Spaulding@state.vt.us](mailto:Jeb.Spaulding@state.vt.us)>  
**Subject:** RE: Visible pricing of health care

Good morning,

Just a very quick reminder of GMCB efforts on the subject of price transparency. The Board is currently reviewing applicants for VHCURES 2.0, and one component in our RFP was for the applicant to display the capability to bring transparency to this difficult subject. In June, the Board applied for and received a \$1.2 mil cycle four rate review grant from the Feds to improve price transparency. This is a priority for the Board. That said, this is a difficult subject and the belief that patients will use this data to make informed purchases remains a belief. Patient use of these sites has remained below 2%, and often providers use these sites to justify increasing their rates. Defending our opaque pricing system is not an option, but spending a ton of money to build a website that is not used is not a good plan either.

Still working on this,

Al Gobeille  
Chair, Green Mountain Care Board  
89 Main St.  
Montpelier, Vt 05602  
(802) 363-4053

-----Original Message-----

**From:** Miller, Lawrence  
**Sent:** Friday, October 10, 2014 9:30 AM  
**To:** Lunge, Robin; Wallack, Anya; Gobeille, Al; Miller, Elizabeth; Allen, Susan; Spaulding, Jeb  
**Subject:** Visible pricing of health care

[http://commonhealth.wbur.org/2014/10/mass-first-price-tags-health-care?google\\_editors\\_picks=true](http://commonhealth.wbur.org/2014/10/mass-first-price-tags-health-care?google_editors_picks=true)

--

Lawrence Miller

Senior Advisor, Chief of Health Care Reform Office of the Governor, State of Vermont

Mobile: [REDACTED]

[lawrence.miller@state.vt.us](mailto:lawrence.miller@state.vt.us)

GPS

---

From: Miller, Elizabeth  
Sent: Friday, October 31, 2014 3:52 PM  
To: GPS; Allen, Susan; Miller, Lawrence  
Subject: Fwd: October PNR  
Attachments: October.pdf; ATT00001.htm

you all should review. timing suspect of course but it is what it is. I have back up info if you are interested in survey

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

Begin forwarded message:

From: Lisa Ventriss <[Lisa@vtroundtable.org](mailto:Lisa@vtroundtable.org)>  
Date: October 31, 2014 at 3:20:32 PM EDT  
To: undisclosed-recipients;;  
Subject: October PNR

Happy PNR Friday!

---

Lisa Ventriss, MPA, President  
Vermont Business Roundtable  
30 Kimball Avenue, Suite 300, South Burlington, VT 05403  
802.865.0410 office  
[REDACTED] cell  
[lisa@vtroundtable.org](mailto:lisa@vtroundtable.org)  
[www.vtroundtable.org](http://www.vtroundtable.org)

*Making Vermont the best place in America to do business, be educated and live life.*

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GPS

---

From: Miller, Elizabeth  
Sent: Friday, October 31, 2014 4:50 PM  
To: GPS; Spaulding, Job; Miller, Lawrence  
Subject: federal SHOP/small biz

up and running it seems; from HHS:

The Federally-Facilitated Small Business Health Options Program (SHOP) Marketplace Early Access launched in Delaware, Illinois, Missouri, New Jersey and Ohio. The SHOP Marketplace helps small businesses provide health coverage to their employees and is open to employers with 50 or fewer full-time equivalent employees. "SHOP Early Access" will allow small businesses, agents, and brokers to try out new online pre-enrollment SHOP features, and help set the stage for the full online debut on November 15.

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

GPS

---

**From:** Miller, Elizabeth  
**Sent:** Wednesday, November 12, 2014 12:52 PM  
**To:** GPS; Miller, Lawrence  
**Cc:** Spaulding, Jeb; Allen, Susan  
**Subject:** RE: VHC Deployment Update

The gruber comments:

"This bill was written in a tortured way to make sure CBO did not score the mandate as taxes," he said during a panel discussion at the University of Pennsylvania in October, 2013. "Lack of transparency is a huge political advantage. And basically, call it the 'stupidity of the American voter' or whatever, but basically that was really, really critical to getting the thing to pass."

---

**From:** GPS  
**Sent:** Wednesday, November 12, 2014 12:51 PM  
**To:** Miller, Lawrence  
**Cc:** Spaulding, Jeb; Miller, Elizabeth; Allen, Susan  
**Subject:** Re: VHC Deployment Update

Sweet

Sent from my iPhone

On Nov 12, 2014, at 12:31 PM, "Miller, Lawrence" <[Lawrence.Miller@state.vt.us](mailto:Lawrence.Miller@state.vt.us)> wrote:

All continues to go as planned and no unexpected events.

---  
Lawrence Miller  
Senior Advisor, Chief of Health Care Reform  
Office of the Governor, State of Vermont  
Mobile [REDACTED]  
[lawrence.miller@state.vt.us](mailto:lawrence.miller@state.vt.us)

GPS

---

From: Miller, Elizabeth  
Sent: Friday, November 28, 2014 8:38 AM  
To: GPS; Nease, Floyd; Allen, Susan; Miller, Lawrence  
Subject: Fwd: Supporting Single Payer

Sent from my iPhone

Begin forwarded message:

From: <[REDACTED]>  
Date: November 28, 2014 at 8:04:13 AM EST  
To: <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>  
Subject: Supporting Single Payer

Liz,

I want Gov. Shumlin to know that I am still a strong supporter of a single payer health insurance plan and hope he continues to aggressively pursue that goal.

Rep. Tommy Walz  
Washington-3

GPS

---

**From:** Coriell, Scott  
**Sent:** Tuesday, December 02, 2014 2:07 PM  
**To:** Miller, Elizabeth; GPS  
**Subject:** FW: single payer

Gov, do you want to call Lisa on this one? Seems like a good opportunity to say you're still in. If you'd rather not I can write up something short to give her. Let me know and I'll set it up.

---

**From:** Rathke, Lisa [<mailto:lrathke@ap.org>]  
**Sent:** Tuesday, December 02, 2014 2:05 PM  
**To:** Coriell, Scott  
**Cc:** Allen, Susan  
**Subject:** single payer

Hi, Scott.

I'm told you're out sick but available by email. I've copied in Sue if you'd rather have her respond.

I attended a press conference held today by single-payer advocates urging the governor and Legislature to move forward with Green Mountain Care.

Is the governor moving forward with the plan? Has his commitment changed since the election? If so, why?

Thanks for your help.

Lisa Rathke  
Reporter  
The Associated Press  
535 Stone Cutters Way  
Montpelier, Vt. 054602  
[REDACTED]

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[IP\_US\_DISC]

msk dccc60c6d2c3a6438f0cf467d9a4938

GPS

---

**From:** Miller, Elizabeth  
**Sent:** Tuesday, December 02, 2014 2:11 PM  
**To:** GPS  
**Subject:** Fwd: WCAX report on single payer presser:

Sent from my iPhone

Begin forwarded message:

**From:** "Allen, Susan" <[Susan.Allen@state.vt.us](mailto:Susan.Allen@state.vt.us)>  
**Date:** December 2, 2014 at 2:03:25 PM EST  
**To:** "Nease, Floyd" <[Floyd.Nease@state.vt.us](mailto:Floyd.Nease@state.vt.us)>, "Miller, Lawrence" <[Lawrence.Miller@state.vt.us](mailto:Lawrence.Miller@state.vt.us)>, "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)>  
**Cc:** "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>  
**Subject:** WCAX report on single payer presser:

### **Advocates continue push for single-payer health care**

MONTPELIER, Vt. (AP) - Supporters of a plan for Vermont to become the first state in the country to enact a single-payer health care system are urging the governor and Legislature to move forward with the plan.

Sixteen groups, including the state employees and teachers union, said Tuesday that the election was not a call to abandon the move to Green Mountain Care, a universal publicly funded system.

Gov. Peter Shumlin has been ambivalent about his continued support for single-payer. His administration is scheduled next month to release a funding plan for that effort.

Dan Barlow of the Vermont Businesses for Social Responsibility says delinking insurance from employment will allow businesses to expand and create jobs while providing coverage to uninsured Vermonters will reduce health care costs by reducing emergency room visits.

GPS

---

**From:** Coriell, Scott  
**Sent:** Tuesday, December 02, 2014 2:18 PM  
**To:** GPS  
**Cc:** Miller, Elizabeth  
**Subject:** RE: single payer

Great. Let me know when a good time is for you and I will loop her in.

---

**From:** GPS  
**Sent:** Tuesday, December 02, 2014 2:17 PM  
**To:** Coriell, Scott  
**Cc:** Miller, Elizabeth  
**Subject:** Re: single payer

I will call

Sent from my iPhone

On Dec 2, 2014, at 2:07 PM, "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)> wrote:

Gov. do you want to call Lisa on this one? Seems like a good opportunity to say you're still in. If you'd rather not I can write up something short to give her. Let me know and I'll set it up.

---

**From:** Rathke, Lisa [<mailto:lrathke@ap.org>]  
**Sent:** Tuesday, December 02, 2014 2:05 PM  
**To:** Coriell, Scott  
**Cc:** Allen, Susan  
**Subject:** single payer

Hi, Scott.

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Is the governor moving forward with the plan? Has his commitment changed since the election? If so, why?

Thanks for your help.

Lisa Rathke  
Reporter  
The Associated Press  
535 Stone Cutters Way  
Montpelier, Vt. 054602  
[REDACTED]

GPS

---

**From:** GPS  
**Sent:** Tuesday, December 02, 2014 2:17 PM  
**To:** Coriell, Scott  
**Cc:** Miller, Elizabeth  
**Subject:** Re: single payer

I will call

Sent from my iPhone

On Dec 2, 2014, at 2:07 PM, "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)> wrote:

Gov. do you want to call Lisa on this one? Seems like a good opportunity to say you're still in. If you'd rather not I can write up something short to give her. Let me know and I'll set it up.

---

**From:** Rathke, Lisa [<mailto:lrathke@ap.org>]  
**Sent:** Tuesday, December 02, 2014 2:05 PM  
**To:** Coriell, Scott  
**Cc:** Allen, Susan  
**Subject:** single payer

Hi, Scott.

I'm told you're out sick but available by email. I've copied in Sue if you'd rather have her respond.

I attended a press conference held today by single-payer advocates urging the governor and Legislature to move forward with Green Mountain Care.

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Lisa Rathke  
Reporter  
The Associated Press  
535 Stone Cutters Way  
Montpelier, Vt. 054602  
[REDACTED]

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[IP\_US\_DISC]

msk dccc60c6d2c3a6438f0cf467d9a4938

## GPS

---

**From:** GPS  
**Sent:** Tuesday, December 02, 2014 2:27 PM  
**To:** Coriell, Scott  
**Cc:** Miller, Elizabeth  
**Subject:** Re: single payer

Done.

Sent from my iPhone

On Dec 2, 2014, at 2:17 PM, "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)> wrote:

Great. Let me know when a good time is for you and I will loop her in.

---

**From:** GPS  
**Sent:** Tuesday, December 02, 2014 2:17 PM  
**To:** Coriell, Scott  
**Cc:** Miller, Elizabeth  
**Subject:** Re: single payer

I will call

Sent from my iPhone

On Dec 2, 2014, at 2:07 PM, "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)> wrote:

Gov, do you want to call Lisa on this one? Seems like a good opportunity to say you're still in. If you'd rather not I can write up something short to give her. Let me know and I'll set it up.

---

**From:** Rathke, Lisa [<mailto:lrathke@ap.org>]  
**Sent:** Tuesday, December 02, 2014 2:05 PM  
**To:** Coriell, Scott  
**Cc:** Allen, Susan  
**Subject:** single payer

Hi, Scott.

I'm told you're out sick but available by email. I've copied in Sue if you'd rather have her respond.

I attended a press conference held today by single-payer advocates urging the governor and Legislature to move forward with Green Mountain Care.

Is the governor moving forward with the plan? Has his commitment changed since the election? If so, why?

Thanks for your help.

Lisa Rathke

Reporter  
The Associated Press  
535 Stone Cutters Way  
Montpelier, Vt, 054602  
[REDACTED]

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[IP\_US\_DISC]

msk dccc60c6d2c3a6438f0cf467d9a4938

GPS

---

From: Coriell, Scott  
Sent: Wednesday, December 03, 2014 8:35 AM  
To: GPS; Miller, Elizabeth  
Subject: press release

Gov, here's the press release. The idea is to make this an open press conference where you highlight briefly at the top a video the Office of Health Care Reform is releasing later in the day. Here are TPs:

I'm mostly here to answer your questions.

But first I want to highlight this web video the office of health care reform will be releasing later today

It's the first in step in a weeks-long effort that will try to explain the inequities in the current health care financing system

In the coming weeks, we will be discussing our Green Mountain Care benefits recommendations and will be presenting my financing plan.

We plan to release the financing plan as soon as we can. We're shooting for December 29<sup>th</sup> or 30<sup>th</sup>

Let's take a look at the video and then I'll answer any questions you have on this or anything else.

**FOR IMMEDIATE RELEASE**  
**December 3, 2014**

Contact: Robin Lunge  
[Robin.lunge@state.vt.us](mailto:Robin.lunge@state.vt.us)

### **Office of Health Care Reform Releases First Video to Highlight Unfair Health Care Financing System**

MONTPELIER, Vt. – The Office of Health Care Reform today released the first in a series of web videos designed to highlight the often unfair, complex and hidden way in which health care is currently funded in Vermont. This will launch a weeks-long conversation about the inequities in the current health care financing system and ways to improve it. Before the legislature convenes in January, the Governor will release his proposed benefits and public-financing proposals for Green Mountain Care, a universal, publicly-financed health care system for Vermont.

"Access to quality, affordable health care is a something all Vermonters need. But how we pay for it today is not simple or fair," said Robin Lunge, Vermont's Director of Health Care Reform. "Fulfilling Act 48's goals of a universal, publicly-financed health care system in Vermont would allow all Vermonters to receive health care based upon ability to pay."

The video released today shows how under current health care system, two Vermont individuals with the same job and the same salary can end up paying vastly different amounts – to the tune of thousands of dollars per year – for the same health care plan depending on whether or not their employer contributes to that plan.

Governor Shumlin announced the video release at his weekly press conference. “In the coming weeks, we will be discussing our Green Mountain Care benefits recommendations with the Green Mountain Care Board and will be presenting to Vermonters our proposal for moving Vermont to a universal, publicly financed health care system,” he said. “I know that we will have a chance for detailed discussion and analysis to make sure any changes benefit Vermonters and our state’s economy, and I look forward to it.”

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GPS

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From: GPS  
Sent: Wednesday, December 03, 2014 8:55 AM  
To: Coriell, Scott  
Cc: Miller, Elizabeth  
Subject: Re: press release

Thanks

Sent from my iPhone

On Dec 3, 2014, at 8:35 AM, "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)> wrote:

Gov, here's the press release. The idea is to make this an open press conference where you highlight briefly at the top a video the Office of Health Care Reform is releasing later in the day. Here are TPs:

I'm mostly here to answer your questions.

But first I want to highlight this web video the office of health care reform will be releasing later today

It's the first in step in a weeks-long effort that will try to explain the inequities in the current health care financing system

In the coming weeks, we will be discussing our Green Mountain Care benefits recommendations and will be presenting my financing plan.

We plan to release the financing plan as soon as we can. We're shooting for December 29<sup>th</sup> or 30<sup>th</sup>

Let's take a look at the video and then I'll answer any questions you have on this or anything else.

**FOR IMMEDIATE RELEASE**  
**December 3, 2014**

Contact: Robin Lunge  
[Robin.lunge@state.vt.us](mailto:Robin.lunge@state.vt.us)

**Office of Health Care Reform Releases First Video to Highlight Unfair Health Care Financing System**

MONTPELIER, Vt. – The Office of Health Care Reform today released the first in a series of web videos designed to highlight the often unfair, complex and hidden way in which health care is currently funded in Vermont. This will launch a weeks-long conversation about the inequities in the current health care financing system and ways to improve it. Before the legislature convenes in January, the Governor will release his proposed benefits and public-financing

proposals for Green Mountain Care, a universal, publicly-financed health care system for Vermont.

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GPS

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From: Miller, Elizabeth  
Sent: Wednesday, December 10, 2014 10:06 PM  
To: GPS; Spaulding, Jeb; Miller, Lawrence  
Subject: Large Employers Grow Wary Of Single-Payer Plan | Vermont Public Radio

[digital.vpr.net/post/large-employers-grow-wary-single-payer-plan](http://digital.vpr.net/post/large-employers-grow-wary-single-payer-plan)

Download the official Twitter app [here](#)

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

GPS

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**From:** Spaulding, Jeb  
**Sent:** Wednesday, December 10, 2014 10:26 PM  
**To:** Miller, Elizabeth  
**Cc:** GPS; Miller, Lawrence  
**Subject:** Re: Large Employers Grow Wary Of Single-Payer Plan | Vermont Public Radio

And, I expect we all saw Graff's column in Vermont Business Magazine.

Job Spaulding, via mobile

On Dec 10, 2014, at 10:05 PM, "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)> wrote:

[digital.vpr.net/post/large-employers-grow-wary-single-payer-plan](http://digital.vpr.net/post/large-employers-grow-wary-single-payer-plan)

Download the official Twitter app [here](#)

Elizabeth H. Miller

[REDACTED] cell

[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

GPS

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From: Miller, Elizabeth  
Sent: Saturday, December 13, 2014 3:17 PM  
To: GPS; Miller, Lawrence  
Subject: Fwd: letter or op/edit

Elizabeth H. Miller  
[REDACTED] cell  
[elizabeth.miller@state.vt.us](mailto:elizabeth.miller@state.vt.us)

Begin forwarded message:

From: "Allen, Susan" <[Susan.Allen@state.vt.us](mailto:Susan.Allen@state.vt.us)>  
Date: December 13, 2014 at 2:21:11 PM EST  
To: "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>, "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)>  
Subject: FW: letter or op/edit

FYI.

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From: Jim Masland [[mailto:\[REDACTED\]](mailto:[REDACTED])]  
Sent: Saturday, December 13, 2014 11:03 AM  
To: Jim Masland; Allen, Susan  
Subject: Fwd: letter or op/edit

Susan,

I've sent this to the bigger papers, but could modify it if necessary before sending in around to the smaller ones.

Be well,

Jim Masland  
Thetford Center, VT  
[REDACTED]

Quirky words courtesy of iPad autocorrect

Begin forwarded message:

From: Jim Masland <[\[REDACTED\]](mailto:[REDACTED])>  
Date: December 10, 2014 at 9:27:20 PM EST  
To: "[forum@vnews.com](mailto:forum@vnews.com)" <[forum@vnews.com](mailto:forum@vnews.com)>  
Subject: letter or op/edit  
Reply-To: Jim Masland <[\[REDACTED\]](mailto:[REDACTED])>

VNews folks,

Below is a piece that I think would be suitable as an opinion/editorial. Or it could run as a long letter. There won't be much left of it if it's cut down to regular letter size.

be well,

Jim Masiand  
Thetford Center, VT  
[REDACTED]

To the Editor:

The Vermont legislature is poised to begin the task of reviewing and evaluating the advisability a financing plan proposed by the administration for Green Mountain Care, a publicly funded universal health care system. Green Mountain Care is the statutory name for what is more commonly referred to as single payer. Opponents are grasping at each piece of negative press as another reason to scrap it.

Following the November election, Vermont Republican leadership's Dustin Degree described the election as a referendum on single payer. More recently, Chris Graff has suggested that, for political reasons, Governor Shumlin should shelve the idea, at least for a while. Further undermining confidence in government's role in health care reform, it did not help that Jonathan Gruber, the MIT economist and architect of Obamacare, stated that the federal law's passage was due to the stupidity of the American voter.

However cynical and outrageous Gruber's comments, however misleading Dustin Degree's and however limiting Chris Graff's, what they have in common is that none of them actually has much to do with Green Mountain Care. True, the roll-out of the on-line marketplace, Connect Vermont, has been frustrating for many and nearly a train wreck in extreme cases. Exchanges in other states and the Federal site have experienced similar problems. But remember, it was the on-line website technology that failed, not the health care policies themselves. That's a key difference. The exchange is not Green Mountain Care, either in conception or implementation. It was never intended to be.

There are numerous reasons why health care reform can't wait. The present fee for service system is financially unsustainable, too convoluted to deliver quality care, and too bureaucratic to ever bend the curve to contain costs. Examples abound. Doctors who maintain their own practices are reimbursed at one rate, while those employed by a hospital are payed at a much higher rate for providing the same service. Medicare and Medicaid underpayments, bad debt, and free care for those who cannot pay are costs that are shifted to those who pay with insurance premiums. This shift costs Vermonters some \$384 million annually. The black box that coughs out prices for pharmaceuticals and determines what different hospitals are paid for the same procedures is so convoluted to be

unintelligible. All of this contributes mightily to back office administrative costs and inefficiencies and does not deliver quality care, particularly to those who need it most.

From an employer's perspective, the pre-Obamacare system led to predictable double digit annual premium increases and great uncertainty as insurance companies truncated coverage and shifted expenses to higher out of pocket costs in an effort to keep premium increases from going through the roof. Uncertainty of this magnitude makes it very hard for businesses to keep their budgets under control and diverts them from concentrating on production and innovation. It's clear we cannot return to that model.

No one is promising that Green Mountain Care will solve all the bureaucratic nightmares in one fell swoop, but it is clear that it will provide tools with which fair minded people will be able to address these issues in a timely manner. What's more, all Vermonters will receive health care regardless of income or social status. Hence, the first order of business for the new legislature is to develop the financing that will make it work. It will not be easy by any means. None of us should run headlong to vote for a bill regardless of the expense, but we should to commit to honestly wrestling with the administration's proposal, evaluating how such a change would impact Vermonters' access to care and determining how the change would impact the economy on all levels.

The task seems daunting, but skeptics should remember the old adage that says, "every truly great accomplishment started as an impossibility." The groundwork has been laid by those who have worked with the Governor to devise his version on a financing plan. It's high time for the legislature to take the next step.

Representative Jim Masland  
Thetford Center  
[REDACTED]

GPS

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**From:** Allen, Susan  
**Sent:** Wednesday, December 17, 2014 4:35 PM  
**To:** GPS; Miller, Elizabeth; Coriell, Scott  
**Subject:** FW: GMCB Chair Gobeille's Statement on Governor Peter Shumlin's press release

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**From:** Bassford, Anna  
**Sent:** Wednesday, December 17, 2014 4:34 PM  
**To:** Bassford, Anna  
**Subject:** GMCB Chair Gobeille's Statement on Governor Peter Shumlin's press release

Dear All,

Please see the following statement from Al Gobeille on Governor Peter Shumlin's press conference and news release today.

"The Governor has made a judgment that it is not feasible to fund Green Mountain Care at this time. He also has made clear that he wants to continue addressing the problems in Vermont's health care system through activities and oversight of the Green Mountain Care Board. I agree that we cannot abandon our efforts to control health care cost growth, reduce complexity, increase transparency and improve Vermonter's experience in our health care system. These efforts are not easy and are not a full solution to what ails our health care system, but they are necessary and the Green Mountain Care Board stands ready to continue this important work."

Thank you,

Anna Bassford  
Executive Assistant to the Chair  
Green Mountain Care Board  
(802) 828-2130  
(802) 477-3669  
89 Main Street, Montpelier, VT 05620

<http://gmcbboard.vermont.gov/>

GPS

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From: Coriell, Scott  
Sent: Wednesday, December 17, 2014 5:31 PM  
To: GPS; Miller, Elizabeth; Allen, Susan  
Subject: Tim Ashe statement

@GovPeterShumlin made a tough call today. He's endured a tough couple years on health care because he truly believes in need for change. Cynical observers will draw all sorts of conclusions and reduce this to a political winners and losers discussion. But the Gov rode out quite a bit of political abuse to see if he could come up with a viable plan. With his decision today, we still need to reign in health care spending and get everyone covered. That work needs to continue. And a final word, that the gov's business and consumer advisory groups plugged away so long is a sign of good faith efforts all around. I look forward to hearing about their best ideas for moving forward.

Scott Coriell  
Office of the Governor  


GPS

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From: GPS  
Sent: Wednesday, December 17, 2014 5:49 PM  
To: Coriell, Scott  
Cc: Miller, Elizabeth; Allen, Susan  
Subject: Re: Tim Ashe statement

Nice

Sent from my iPhone

On Dec 17, 2014, at 5:31 PM, "Coriell, Scott" <[Scott.Coriell@state.vt.us](mailto:Scott.Coriell@state.vt.us)> wrote:

@GovPeterShumlin made a tough call today. He's endured a tough couple years on health care because he truly believes in need for change. Cynical observers will draw all sorts of conclusions and reduce this to a political winners and losers discussion. But the Gov rode out quite a bit of political abuse to see if he could come up with a viable plan. With his decision today, we still need to reign in health care spending and get everyone covered. That work needs to continue. And a final word, that the gov's business and consumer advisory groups plugged away so long is a sign of good faith efforts all around. I look forward to hearing about their best ideas for moving forward.

Scott Coriell  
Office of the Governor  


GPS

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**From:** Miller, Elizabeth  
**Sent:** Wednesday, December 17, 2014 6:24 PM  
**To:** Coriell, Scott; GPS  
**Subject:** Fwd: single payer react

Sent from my iPhone

Begin forwarded message:

**From:** Oliver Olsen <[REDACTED]>  
**Date:** December 17, 2014 at 5:31:23 PM EST  
**To:** Lawrence Miller <[lawrence.miller@state.vt.us](mailto:lawrence.miller@state.vt.us)>, "Miller, Elizabeth" <[Elizabeth.Miller@state.vt.us](mailto:Elizabeth.Miller@state.vt.us)>  
**Subject:** Fwd: single payer react

fyi

----- Forwarded message -----  
**From:** Oliver Olsen <[REDACTED]>  
**Date:** Wed, Dec 17, 2014 at 5:30 PM  
**Subject:** Re: single payer react  
**To:** Mike Faher <[mfaher@reformer.com](mailto:mfaher@reformer.com)>

Hi Mike,

I have long considered the promise of single-payer to be unrealistic in a small state like Vermont, and never expected it to gain traction in the upcoming legislative session.

While the single-payer model is achievable, rational, and realistic at a national level, the cost and complexity of integrating single-payer into a national multi-payer system would be have been difficult to overcome. The initial analysis demonstrates this reality in stark terms. A 11.5% payroll tax on job creators and up to a 9.5% income tax surcharge on individuals would have devastated our local economy.

I commend Governor Shumlin for having the courage to pull the plug on his signature initiative. I also thank him and his administration for putting the analysis on the table, so that others can draw their own conclusions. With single-payer off the table, my hope is that the legislature can focus its efforts on pragmatic and achievable solutions to make healthcare more affordable and accessible, while simultaneously addressing the need to reform our education finance and governance system.

Oliver

On Wed, Dec 17, 2014 at 3:32 PM, Mike Faher <[mfaher@reformer.com](mailto:mfaher@reformer.com)> wrote:  
Everyone -

Given the governor's big announcement this afternoon that he will not seek a single-payer health care program at this time, I'd like to put together a story for the weekend featuring some thoughts from Windham County's legislators.

Would you have time to send along a few brief comments? Disappointed? Relieved? Something in between?

Thanks, as always, for your time.

Mike Faher  
Brattleboro Reformer  
[mfaher@reformer.com](mailto:mfaher@reformer.com)  
802-254-2311, ext. 275

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Oliver Olsen

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Oliver Olsen