To: Colorado Commission on Affordable Health Care

Dear Sirs:

I am a nurse who attended your meeting in Greeley. I made several recommendations for action items, some of which could use some elaboration.

1.) **Sane Nurse/Patient Ratios**, established according to patient acuity, should be a priority, to lower errors, accidents, nurse fatigue and early retirement, and lower unsafe "float" staff. Since California mandated ratios, there 13,000 more nurses in the state's workforce and mortality rates have gone down. Instead of building needless new facilities, hospitals could more wisely use some of those funds for safe levels of nurse staffing.

National Nurses United for Safe Patient Ratios:

...2010 University of Pennsylvania study showed that the California law [mandating safe ratios] *saves thousands of patient lives; surgical units in New Jersey hospitals would have 14 percent fewer deaths and Pennsylvania 11 percent fewer deaths if they matched California's 1:5 ratios.*
http://nurses.3cdn.net/f0da47b347e41bb03a_z1m6vl1sd.pdf
http://www.nationalnursesunited.org/pages/ratios-assessment

2.) **Outlawing gag clauses in medical device purchasing contracts** — recommended by the Robert Wood Johnson Foundation as the first step for states that want to address transparency in medical costs and pricing:

2013 Robert Wood Johnson Summit: Five Takeaways from the National Transparency Summit:

Fostering greater transparency will be a long process, but there could be relatively quick "wins." *Many contracts between health insurers and providers contain "gag clauses" that bar both parties from disclosing claims data or prices paid for care. The clauses appear to serve both parties' interests—helping to protect health plans' proprietary interests in the provider networks they've established, and providers' desire not to disclose how little they are willing to be paid. California has outlawed such clauses in health plan contracts [bill language], and many conference attendees agreed that other states should follow suit.*

From Curtis Rooney is president of the Healthcare Supply Chain Association:

...Recent reports show that many medical device manufacturers, including Medtronic, have inserted confidentiality agreements – so-called "gag clauses" – into hospital contracts for medical devices. ***They also successfully sued to enforce these clauses. Gag clauses prevent hospitals from discussing the prices of medical devices with third parties such as GPOs, other hospitals, and even their own physicians.*** *There is not another industry in America in which consumers purchase goods without having any pricing information or without any ability to compare the prices of products or services. Imagine trying to purchase a television without knowing the price before it was paid for. Without GPO benchmarking, Medtronic has left hospitals in isolation to negotiate with device makers that will now be able to charge whatever local markets will bear. Hospitals will be unable to share non-proprietary data and validate that*

they are receiving a fair price on the products they buy. They may also lose non-price terms and conditions concerning recalls and other important service provisions directly affecting patients. ***The problem will be even more extreme in small, rural markets, where community hospitals have few resources to leverage against a $16 billion corporation.***

The ***$200 billion medical device industry*** *will be able to leverage its army of salespeople to drive unnecessary utilization and further enforce contractual gag clauses to keep prices a secret.* ***This will give device makers a virtually unchecked ability to drive up costs for hospitals and Medicare.*** *These actions demonstrate one simple fact – the physician-preference-item market is broken. We expect that Medtronic's decision will bring renewed scrutiny from all healthcare stakeholders – including Congress and the General Accountability Office – of the medical device industry's use of gag clauses. If Congress is serious about healthcare cost containment, then the transparency issue has to be more than a threat lobbed at political opponents.* ***Transparency needs to begin in the supply chain, particularly in the physician-preference-item marketplace****. Suppliers that thrive on pricing opacity and use secrecy to drive up their own profits do so at the expense of hospitals, taxpayers and Medicare*. http://www.jhconline.com/higpa-secrecy-as-public-policy.html

3.) **Outlaw "direct-entry midwives" (DEMs) in Colorado**.

Colorado's DEMs are lay midwives, i.e. no formal education is required of them to practice. To renew their annual registration, DEMs must provide practice data to DORA. That data shows their perinatal mortality rate (PNMR) from 2009 to 2014 to be 12.4 deaths per thousand planned home births – compared to hospital PNMR of ≤1 per thousand for the same population of women with low risk pregnancies. The DEMs' RNMR suggest an equally high rate of injuries, typically neurological, which can result in cases of life-long disability, each of which can cost millions to manage. The DEMs and lay psychotherapists are the only health care practitioners in the state not required to carry liability insurance.

4.) **We need to address low vaccination rates** of Colorado school children. Everyone agrees we are a disaster waiting to happen, but in recent years, bills introduced in the Colorado legislature have not suggested effective solutions to raise the vaccination rates. It appears abundently clear that Colorado needs to follow the example of Mississippi and West Virginia, states that have not allowed personal belief exemptions (philosophical or religious) for decades and consequently have vaccination rates >99%.

Even small outbreaks can be extremely expensive. A small outbreak of measles in Arizona in 2008 cost hospitals nearly $800,000 — or approximately $100,000 to $160,000 per case, not counting the cost of tracking the outbreak by public health departments.

"Colorado kindergartners have lowest measles vaccination rate in the nation" (Denver Post, 2015)

...In Colorado, less than 82 percent of kindergartners are fully vaccinated.

"Measles Outbreak in Dollars and Cents: It Costs Taxpayers Bigtime" (Forbes, 2015)

...In 2011, the cost of 107 cases spread across 16 outbreaks cost local and state health departments an estimated $2.7 million to $5.3 million. Because measles is so contagious, infecting 90 percent of susceptible individuals and remaining airborne up to two hours after an infectious person has left the area, the number of contacts a single case

can generate grows exponentially once an outbreak begins. The cases in 2011 involved contacting somewhere between 8,900 and 17,450 individuals, which required 42,000 to 83,000 personnel hours.

I hope you find this information helpful.
Thank you for your time and attention.

Linda Rosa, RN

Fellow, Institute for Science in Medicine
Exec.Director, Advocates for Children in Therapy
Member, Colorado Citizens for Science in Medicine
Member, Coloradans for Medical Pricing Transparency (in formation)
Loveland, CO
970-667-7313