



Vermont Workers' Center
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Burlington, VT 05401

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Task Force on Affordable, Accessible Health Care

Sen. Virginia “Ginny” Lyons

Sen. Kesha Ram

Sen. Richard Westman

Rep. William Lippert, Jr.

Rep. Lori Houghton

Rep. Anne Donahue

Labor and Community Organizations Call on Health Care Task Force to Prioritize Human Rights

Dear Task Force Members,

We, the undersigned organizations representing Vermont residents from all walks of life, support the goals of the “Task Force on Affordable, Accessible Health Care” and would like to offer recommendations drawn from our values and our experience: to finance Act 48, commission an independent evaluation of the All-Payer model and hold public hearings.

Lack of access to affordable health care constitutes a serious human rights crisis in Vermont. Too many people are uninsured, while tens of thousands are forced to delay or skip medical care every year. Thankfully, clear and workable policy solutions are available to address this crisis. We encourage Task Force members to take up and champion these human rights solutions, advancing health care as a universal, equitable and democratically controlled public good for all Vermont residents.

A Universal System

In 2011 Vermont passed Act 48, which directed the state “to provide, as a public good, comprehensive, affordable, high-quality, publicly financed health care coverage for all Vermont residents.” The financing plan for Act 48 put forward by the Shumlin administration would have extended comprehensive health coverage to everyone in the

state, covered 94 percent of the average resident’s health care costs, and simultaneously raised net incomes for nine out of ten Vermont families.¹

Today, Vermont should implement the publicly financed health care system laid out in Act 48—a system which is not only possible, but economically advantageous for the vast majority of Vermont residents. To do so, existing payments need to be more equitably shared among residents and businesses so that the wealthy and big businesses pay their share and no one is asked to pay more than they can afford. Such a change cannot be made successfully in a piecemeal fashion, as all components of a health care system are interconnected.

Advancing Equity

Everyone in Vermont has a human right to health care, but not every individual or every community has identical health needs. Poor and working-class people—especially Black, Indigenous and other people of color, immigrants, women, LGBTQ people, elders, people with disabilities, and incarcerated people—have been egregiously underserved by our current health care system.

Public financing must steer health care resources to where they are most needed, addressing disparities through targeted investment in areas such as cultural competency for health care workers, home- and community-based health services, and health clinics in rural regions. State government must undertake proactive efforts to ensure those of us impacted by long patterns of political exclusion and marginalization are empowered to make decisions about our care, including working with the Office of Health Equity to center the needs, rights and leadership of communities who unjustly experience health inequities.

Democratic Control

The mandate of the Task Force is to make health care more affordable, but this cannot be done without addressing the power of hospital corporations and other companies to drive up prices and ration care.

Born to support the goals of Act 48, the state’s All-Payer model has instead become a vehicle for corporate consolidation, giving a small number of executives and board members enormous power to set prices, squeeze health care workers, and decide how

¹ “Green Mountain Care: A Comprehensive Model for Building Vermont’s Universal Health Care System”, p. 3. <https://hcr.vermont.gov/sites/hcr/files/pdfs/GMC%20FINAL%20REPORT%20123014.pdf>

Medicaid money and other health care dollars get spent—all with very little accountability.

Members of the Green Mountain Care Board (GMCB) charged with regulating the model have repeatedly promoted the interests of UVM Health Network and its affiliate, OneCare Vermont. Former GMCB Chairs Al Gobeille and Anya Rader Wallack and former Medicaid Director Cory Gustafson have all taken senior positions with UVM Health Network. This revolving door undermines public trust in government.

Despite these concerns, state officials are moving to expand the All-Payer model, risking further monopolization of health care by large hospital systems and erosion of community-based care. We call for a health care system that is democratic and accountable to the people who use it, beginning with public hearings that enable people to speak directly to public officials.

Recommendations

Fundamental changes are needed to ensure that health care financing and delivery systems serve the people of Vermont, realize their right to health and advance equity.

In pursuance of its goal to make health care more affordable, we ask the Task Force to:

1. Recommend the legislature fulfill its obligations under Act 48 to finance universal, publicly financed health care. Review and cite Shumlin administration and Vermont Workers' Center/Partners for Dignity & Rights findings that universal health care would increase net incomes for 93 percent of Vermont families² and could be equitably financed through wealth, income and payroll taxes.³
2. Call for an independent evaluation of the All-Payer model and a pause on the renegotiation process. Review and cite the findings of State Auditor Doug Hoffer on the All-Payer model's role in driving up health care costs for Vermont residents.⁴
3. Hold public hearings to enable the public to speak directly to the Task Force. Early versions of the Task Force legislation contained provisions for up to eight

² “Green Mountain Care: A Comprehensive Model for Building Vermont’s Universal Health Care System”, p. 54, Table 19. <https://hcr.vermont.gov/sites/hcr/files/pdfs/GMC%20FINAL%20REPORT%20123014.pdf>

³ “Equitable Financing Plan for Vermont’s Universal Healthcare System,” <https://www.workerscenter.org/financingplan>.

⁴ “The Growing Cost of Healthcare in Vermont: It’s Time to Reel it In”, <https://auditor.vermont.gov/sites/auditor/files/documents/Health%20Care%20Expenditures%20final%208-15-20.pdf>

public hearings held across the state. Regrettably, these were not included in the final legislation.

As legislators tasked with making health care more affordable, you can end the ongoing health care crisis in our communities. It is time to move towards a system that ensures access and affordability and prioritizes the health and participation of Vermont's residents over the financial interests of unaccountable hospitals and health care companies.

Respectfully,

AFT-Vermont

Brattleboro Solidarity

Education Justice Coalition of Vermont

Green Mountain Self Advocates

Migrant Justice

Out in the Open

People's Kitchen

Rights & Democracy

The Root Social Justice Center

Rural Vermont

United Food and Commercial Workers (UFCW) Local 1459

Vermont AFL-CIO

Vermont Center for Independent Living

Vermont Coalition for Disability Rights

Vermont Health Care for All

Vermont Interfaith Action

Vermont Workers' Center