

Vermont Workers' Center - Healthcare Is a Human Right Campaign



Human Rights Assessment of Act 48 (formerly H.202) signed into law on May 26, 2011

Principles	Positive Aspects of Act 48	Negative Aspects of Act 48	Gaps in the Act's Approach	Next Steps
Universality	Green Mountain Care (GMC) will provide "comprehensive, affordable, high-quality, publicly financed health care coverage for all Vermont residents..." from 2017 onwards.	The bill does not set up a new healthcare system but merely sets out a path toward a universal system. Several conditions will have to be met before GMC can be established. No new coverage is added before the 2014 start of the Exchange.	The implementation of universal healthcare is dependent on federal funding and subject to further studies and conditions. The bill does not attempt universal coverage before 2017, and does not have an alternative plan in case federal waivers or funds are not forthcoming. The benefits package for GMC has yet to be decided.	With each study and at each decision point, it must be ensured that Vermont is able to provide more comprehensive benefits to more people as soon as possible. If federal support is not forthcoming, the state must devise an independent system for universal coverage.
Equity - Access	GMC will provide healthcare "in an equitable manner regardless of income, assets, health status..."	The Exchange requires substantial premiums, deductibles, and co-pays. The bill allows multiple private insurers into the Exchange, which will fragment the system and create tiers of access, benefitting wealthier and healthier people. This means that during the Exchange phase some people will get better access to care than others.	It remains to be decided whether GMC will impose cost-sharing, which would pose a barrier to care. The bill leaves open the possibility of a private insurance market outside the Exchange and even after the start of GMC. If the private insurance market would continue outside the Exchange and in GMC, fragmentation and stratification of the system would continue, and people would not receive the same level of care.	Decisions about cost-sharing, a market outside the Exchange and the participation of private insurers in GMC should be made according to human rights principles.
Equity - Financing	The bill requires that the GMC financing plan be developed consistent with the principle of equity.	Until GMC is implemented most people would have to buy private coverage at full or subsidized market rates, so financing would not be equitable.	The bill does not specify a financing mechanism for GMC. It also leaves the door open for cost-sharing, which could burden people who get sick with a greater share of the system's costs than others.	The state must devise an equitable financing mechanism, with contributions based on income, assets, and corporate profits, rather than on the use of needed care.

Transparency and Accountability	The transition process and GMC will be overseen by an independent Board reporting to the legislature and the people of Vermont.	As a marketplace, the Exchange is not fully accountable for operating in the public's interest. GMC's administration would be subcontracted, likely to a private company.	It is unclear whether a private contractor could assume a gatekeeper role, including denying access to care, or have opportunities for misusing public funds.	The Board must be held accountable for each of its decisions, and transparency of its operations and the transition process as a whole must be ensured. All studies and decisions must be transparent, subject to oversight from the people, and must meet human rights principles.
Participation	The Board will provide a process for public input, including with regard to decisions about the GMC financing mechanism and the benefits package.	There is no requirement for a patient or people's representative on the Board.	It is not clear that the bill will enable the people of Vermont to fully participate in and oversee their healthcare system, as owners, not "consumers," of the system.	During the Board nominations process, participation from the people, including from grassroots groups, must be ensured. Public input processes must be meaningful and inclusive, and all studies must be open to participation from the people.
Public Good	The bill recognizes the state's responsibility to ensure all Vermonters have healthcare. It states that GMC will be publicly financed and provide healthcare as a public good.	An Exchange is a marketplace that facilitates the purchase of private coverage. Yet even under GMC, private insurance companies may continue to make profits by selling coverage. Additionally, GMC's administration will be subcontracted, likely to a private company.	It is not clear under which circumstances GMC would only be the secondary insurer. If private insurers could continue offering primary coverage, GMC would only amount to a public option.	In order to provide healthcare as a public good, the transition process must ensure that GMC will provide full and comprehensive coverage to every Vermonter (federal law permitting).

This summary human rights assessment has been prepared using a human rights assessment tool developed by the Vermont Workers' Center and the National Economic and Social Rights Initiative (NESRI). The tool can be downloaded at <http://www.workerscenter.org/assessment>. The Vermont Workers' Center and NESRI can help with adapting the tool to advocates' needs, or train advocates in designing their own human rights tools. We can send trainers and speakers to share the lessons learned by Vermont's Healthcare Is a Human Right Campaign. Please contact us at info@workerscenter.org or info@nesri.org.

www.healthcareisahumanright.org