

Healthcare Is A Human Right Assessment of H.202/S.57 as Passed by House

Principles	Positive Aspects of H.202	Negative Aspects of H.202	HCHR Recommendations
Universality	Green Mountain Care (GMC) would “provide comprehensive, affordable, high-quality health care coverage for all Vermont residents in a seamless manner...” from 2017 onwards.	No commitment to guaranteeing universal access as soon as possible. The bill only adds some new coverage in 2014 when the Exchange becomes operational. No attempt at universal coverage until 2017.	The bill should guarantee access to comprehensive healthcare for all at the earliest possible date. It should state that its purpose is to provide universal access through a publicly financed system, without private insurance companies. The bill should outline a state-based path to GMC, independent of federal financing, that begins as soon as possible.
Equity - Access	GMC would provide healthcare for every person “regardless of income, assets, health status...”	The Exchange would require substantial premiums, deductibles, and co-pays. Some people would get better access to care than others. Even in GMC cost-sharing could pose a barrier to accessing care.	The bill should devise a healthcare system in which everyone gets access to the same comprehensive level of care, without cost-sharing, so that everyone is treated equitably, regardless of how much care they need.
Equity - Financing	The bill does not yet specify a financing mechanism for GMC, but it requires that financing plans be developed in consistency with the principle of equity.	Until 2017 most people would have to buy private coverage at market rates, so financing would not be equitable. The bill does not say how GMC would be financed. If cost-sharing were imposed, people who get sick would bear a greater burden of the system's costs than others.	The bill should devise an equitable way to finance the new system publicly, 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 would be overseen by an independent Board.	As a marketplace, the Exchange is not fully accountable for operating in the public's interest. GMC's administration would likely be left to a private subcontractor, and it is unclear whether they could deny access to care, or mismanage funds.	Market-based health plans should be phased out as soon as possible to increase public oversight, and no private contractors should have any type of gatekeeper role, or opportunities for misusing public funds.
Participation	There would be a public process with regard to two key decisions: the GMC financing mechanism and, on an ongoing basis, the benefits package.	The Board would be appointed on recommendations by a nominating committee, which is primarily made up of political and provider appointees. It is unclear whether a people's representative could be appointed to the Board, as criteria for membership emphasize specific areas of expertise.	The bill should enable the people of Vermont to participate in and oversee their healthcare system, as owners, not “consumers,” of the system. The Board should include participation from the people, including from grassroots groups. The public input process should be expanded to include all decisions.
Public Good	The bill recognizes the state's responsibility to ensure all Vermonters have healthcare. It states that GMC will 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. GMC would then only be a secondary insurer, a public option. Additionally, GMC's administration would be contracted out to a private company.	The bill must avoid contradictory statements. Since it commits to providing healthcare as a public good, it should state that GMC will be financed and administered publicly, without private companies as gatekeepers. Private insurers should only be able to offer coverage that is supplemental to GMC.