

Healthcare Is A Human Right Assessment of H.202/S.57

Summary Chart

Principles	Positive Aspects of H.202/S.57	Negative Aspects of H.202/S.57	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 health care for all Vermont residents at the earliest possible date. It should explicitly state that its purpose is to achieve universal access through a public single-payer system. It should also outline a state-based path to GMC, independent of ACA 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	N/A	Until 2017 most people would have to buy private coverage at market rates, so financing would not be equitable. The bill does not specify the financing for GMC. Due to cost-sharing, 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, with contributions based on income, assets, and corporate profits.
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	The Board would include representatives from providers, patients, and employers.	The Board includes only one representative from the people, yet it has far-reaching responsibilities. There is no process for providing public input.	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 greater participation from the people, including from grassroots groups, and a public input process.
Public Good	The bill recognizes the state's responsibility to ensure all Vermonters have healthcare. Under GMC, private insurance companies would be prohibited from selling coverage for needed healthcare.	The bill does not say that healthcare will be a public good. An Exchange is a marketplace that facilitates the purchase of private coverage. GMC's administration would likely be contracted out to a private company.	The new system should be based on the human rights principles in Act 128, which must become enforceable conditions for implementation. The bill should state that healthcare is a public good, and that the health system should be financed and administered accordingly, without private companies as gatekeepers.