



Vermont Workers' Center Healthcare Is a Human Right campaign talking points for the public listening sessions on Green Mountain Care financing (for distribution to organizing committees)

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Our vision for financing Green Mountain Care:

- Financing must ensure **universal** access to comprehensive, appropriate care. Healthcare resources must match our health needs, not the other way around. The financing plan must be focused on care, not on saving money. Vermonters have a right to receive all medically necessary care.
- The principle of **equity (of finance)** requires that the costs of financing the system be shared equitably, which means that richer people — and more profitable companies — should pay proportionally more into the healthcare system than poorer people. The most equitable and sustainable way of financing healthcare is through a general tax on income, profits and wealth, with no insurance premiums, deductibles or co-pays.
- The principle of **equity (in access)** requires that everyone get the care they need when they need it, with no barriers to access created by co-pays, deductibles, premiums or a limited package of “benefits”.

1. Act 48 sets out the human rights **principles** that must be complied with in implementing any part of the act — including financing. The law states (18 V.S.A. § 9371) that our healthcare system must be:

- Universal — everybody in, nobody out. Everyone must be able to access comprehensive care, based on his or her medical needs.
- Equitable — people pay according to their ability, not according to their use of care; financial obstacles to the use of care must be eliminated.
- Participatory — everyone must have the opportunity to take part in decisions on how the system is designed and works.
- Accountable — the system must be accountable to the Vermonters it serves (which is all of them).
- Transparent — the healthcare system must operate in a transparent way.
- A Public Good — healthcare is a public good and must be financed publicly so that services are available based on health needs, not based on payment.

Specifically on financing, Act 48 says that “the financing of health care in Vermont must be sufficient, fair, predictable, transparent, sustainable, and shared equitably.”

These are the principles, stated unequivocally in the law, that the financing plan must comply with. No other principles should be applied.

2. Healthcare financing must be **based on the health needs** of Vermonters. We must develop a financing plan that meets those needs.

- The financing plan must accommodate and prioritize Vermont’s healthcare needs, rather than focus on cost containment or other unrelated economic goals.
- We do not decide for other public goods how much we want to pay and then limit access. Healthcare must be treated in the same way as other public goods. For example:
 - When we budget for fire departments, we do not limit the number and types of fires that firefighters are allowed to put out.
 - When we budget for our schools, we do not limit the number of students we will educate and turn away other children.

- When we budget for responding to EMS calls, we do not limit the number of calls that may be made
- The present lack of universal financing, combined with severe financial barriers to care, hurts Vermonters in many ways and ends up costing us much more. For example, our prisons are filled with those who, if they had mental health or substance abuse treatment available through universal care, would not be in prison; and we could save the hundreds of dollars per person per day that we pay for incarcerating someone.
- Vermont has more than enough money for universal healthcare. We already pay for healthcare (much more than countries with universal healthcare), so we do not need new money. Instead, we need to allocate (or use) this money differently and make the financing equitable, which it is not now.
- In order for the system to be universal and equitable, Vermonters must be able to access the healthcare they need when they need it, not only if they can afford it.

3. The most equitable way of financing healthcare is a general **tax on income and wealth**, so that there are no longer any insurance premiums, deductibles or co-pays.

- The principle of equity in Act 48 demands that Vermonters pay according to their ability. An income tax would ensure that people pay based on their income and wealth, and that companies also contribute to the system according to their income. The private insurance premiums that currently burden individuals and businesses would disappear.
- Companies that are more profitable would pay more. High earning or wealthy individuals would pay proportionally more than those with small incomes or no wealth.
- If we were to opt for an employment tax (“payroll tax”) or if we maintained the current insurance premium payment system, we would fail to meet the Act 48 requirement of equitable public financing.
 - Act 48 states that healthcare must be decoupled from employment — an employment or payroll tax does not meet this requirement.
 - If only workers were taxed, people who live off of investments (who would also be covered by universal healthcare) would not pay as much (or nothing at all) as those who were working for wages.
 - We would also lose millions of dollars by letting those who are independently wealthy avoid paying their fair share.
- Using taxes for financing healthcare is more equitable than each person paying his or her own insurance premium because it pools all payments and is based on a person’s ability to pay, with those having more income or wealth paying proportionally more so that all have equal access to the care they need.

4. Act 48 states that **cost must not be a barrier** to accessing healthcare.

- Out-of-pocket fees (such as co-pays, deductibles or other forms of “cost-sharing”) must be eliminated because they shift the costs of the system onto those who are sick and keep some people from getting needed care.
- Evidence shows that cost-sharing leads to inequality in access to care, is a barrier to getting needed care and produces poorer health outcomes, without achieving any cost savings.
- We must not finance our healthcare system on the backs of people who fall ill, or on the backs of those who can least afford to pay.