

Opinion: Need more than Obamacare ruling

Kate Kanelstein 2:20 p.m. EDT July 1, 2015



(Photo: Jacquelyn Martin/AP)

Last week the U.S. Supreme Court upheld subsidies for buying private health insurance through federally-run marketplaces or exchanges.

The court's decision has been an enormous relief for the millions of people who have lost health coverage had the subsidies been revoked, and is seen as a vindication of Obama's approach to health care issues. Millions of people are asking whether it's time to move beyond the current system — in which subsidies ultimately flow to the big private insurance companies — and our public dollars go towards meeting the needs of our families and communities.

As in many other states, here in Vermont the rollout of the Affordable Care Act's health care exchange has only increased the continuing health care crisis, with the failure of private contractors to make the Vermont Health Connect website work reliably and unaffordable costs for tens of thousands of people in Vermont.

Our frustrations should be directed at CGI and Optum, the private, for-profit contractors hired by the state to roll out the Shumlin administration for failing to hold these contractors accountable.

But we risk missing the forest for the trees if we don't acknowledge that the roots of the flawed VHC rollout lie in fact in the Affordable Care Act, with its insurance industry-guided design, complete with tiers of coverage and eligibility restrictions. In an era of treating health care as a right and a public good for all, the ACA has enshrined a fundamentally unjust market-based system of unequal insurance products, different and unequal prices for health services, and different and unequal access to care.

If we are serious about universal health care, providing public subsidies for the purchase of private insurance products is an inequitable financing of health care that contributes directly to the largest concentration of wealth in our country since the 19th century. Inequality since the late 1970s. Even with subsidies, low-income people pay proportionally much more for health care plans that rarely meet all of our needs. One in three people in the U.S. struggle with medical bills, while insurance executives receive compensation packages.

In Vermont, many of us are bracing for another round of rate hikes, with Blue Cross/Blue Shield requesting an 8.4 percent increase for Vermont Health Connect plans. Meanwhile, BCBS is paying its CEO, Don George, many times the average Vermont resident (many of their other executives) at the top of the state's 1 percent.

It's no big news to say that the healthcare system fails to meet our needs. But the long and short of it is that addressing the problem takes more than fine-tuning the VHC website, or switching to Connecticut's exchange or the federal exchange. Thankfully, with the fiasco of implementing Obamacare, Vermont already has a clear path forward towards an equitably-financed, non-profit system: Green Mountain Care. It is time for our state to start walking that path.

As the 2016 election season approaches, we can count on politicians to make all sorts of promises about how they'll address the needs of our communities. But for those of us with health care horror stories, or who've lost family members because they were denied care, we know that we can't afford to sit back and rely on politicians to do what's right. It's up to us to organize and ensure that we pass Act 48 and pass equitable financing for a universal, publicly-financed healthcare system that treats health care as a public good.

Kate Kanelstein of Burlington is lead organizer for the Vermont Workers' Center.

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