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Make sure Shumlin doesn't back down Don't let Shumlin back down

In 2011, Vermont passed Act 48, setting us on the course to have the first universal, publicly financed health care system in the United States. This came about because hundreds of Vermont residents took action: contacting

legislators, packing public hearings, testifying about the debilitating effects of the current health care system on their lives. By bringing their voices forward, these people changed the political landscape. Montpelier insiders who once said universal health care was not "politically possible" started coming out in support of the human right to health care.

Act 48 was a momentous achievement, but there were to be twists in the road ahead. The federal Affordable Care Act mandated that Vermont set up and run a health insurance exchange until at least 2017, a detour which has proven to be an unfortunate step backward for many.

Quite a few of us have had personal experience with Vermont Health Connect plans with high deductibles and co-pays that prevent access to care. A year into the exchange and it's clear that the market-based insurance model cannot meet the health needs of our communities, and that we must continue to move forward toward providing health care as a public good, as Act 48 requires.

We are now at a crossroads with very high stakes. Down one path, we all have access to the care we need. Down the other, we continue with some version of what we currently have, with limits on access to medically necessary care. Down one path, the financing mechanism is equitable. Down the other, working people and small businesses bear an undue share of the cost.

From recent statements in the press, many of us fear the proposal Gov. Peter Shumlin is likely to bring forth this fall will be much different than the human right we have been fighting for all these years. Among the hundreds of people I've talked with about health care, some issues come up over and over: lack of access to dental, vision, hearing, long-term care and complementary medicine, along with premiums, co-pays and deductibles that stand between them and the care they need. Unless thousands of us make our voices heard, it is unlikely that the proposed plan will remedy these critical flaws of the existing insurance system. Unless we act, the proposal for health care benefits may well impose out-of-pocket costs, creating barriers to care. It is likely to continue to exclude the very services that people are saying they need.

Furthermore, Shumlin appears to favor something like a 10 percent flat payroll tax to fund the new system, which would benefit higher-earning workers and larger

companies. In contrast, the Healthcare Is a Human Right Campaign's proposal for equitable financing includes taxes on earned and unearned income, a wealth tax, and a progressive payroll tax for employers only, with exemptions for the smallest businesses. This would replace premiums, deductibles and co-pays.

Not only should we be concerned that the governor seems to be less than serious about financing health care based on ability to pay, but we should be prepared for health care to be pitted against other needs of our communities. Especially after the harmful budget cuts proposed this summer, we can anticipate that there will be an attempt to use health care as an excuse to cut programs vital to the well-being of people across the state.

This year, as we move forward with Act 48, we can take the bold step of creating a health care system designed to keep us healthy, a health care system that makes it possible for people to grow old in place, a health care system in which money no longer stands between people and the care they need. Vermont can get this right, but it will take political courage, especially in the face of doomsday predictions and fear mongering. It will also take all of us whose lives are affected by the decisions made in Montpelier to stand together, to support each other, and to make our voices heard.

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