

There is a Solution for Vermont's Healthcare Crisis!

In Fact, It's Already Part of Our Law

Affordable, accessible care is what Vermonters need and what Vermont law already says we must have! Here are our principles from state statute:

18 V.S.A. § 9371. Principles for health care reform

The General Assembly adopts the following principles as a framework for reforming health care in Vermont:

(1) The State of Vermont must ensure universal access to and coverage for high-quality, medically necessary health services for all Vermonters.

Systemic barriers, such as cost, must not prevent people from accessing necessary health care. All Vermonters must receive affordable and appropriate health care at the appropriate time in the appropriate setting.

(2) Overall health care costs must be contained, and growth in health care spending in Vermont must balance the health care needs of the population with the ability to pay for such care.

It is time to implement our own principles. Health care should be a public good, providing everyone access to the care they need. It is time to implement publicly financed health care for all! **We could implement this in stages, starting with universal primary care, or universal hospital care.**

Remember that Single-Payer Health Care Did Not Fail in Vermont: It was [simply never implemented, never given a chance to work](#)! We do not need to start from scratch! We can pick up from where we paused on implementing Act 48 in December 2014. We need:

- A financing plan.
- A bill creating a commission to do this work.

We have a state legislature for a reason. It has a responsibility to enact legislation that helps Vermonters!

Providing everyone in Vermont with comprehensive care would not cost any more than the \$6.5 billion we already spend on health care. The hundreds of millions of dollars we waste on [unnecessary administrative costs](#) can be redirected to pay for everyone's care.

Almost every national or state study ever conducted shows that single payer will give people more coverage and reduce out of pocket costs (i.e. [CBO 2021](#); [PLOS 2020 Medicine review of](#)

[studies](#); [Lancet 2020](#); and in [Vermont JFO, 2011](#)). We pay for health care through taxes, premiums, deductibles and co-pays. **One-third of all that money goes to [administrative overhead](#) in our privatized fragmented system.**

Would we rather spend our money on exorbitant insurance company executive salaries and endless dickering over what is and is not covered by a policy or on health care for Vermonters?

Many effective reforms in American history began at the state level. When they were successful, these reforms helped create momentum for national reform. Several countries no bigger than Vermont (i.e. Iceland, Malta, and Montenegro) have the equivalent of single payer health care.

If What We Are Doing Now in Health Care Worked, We Would Not Be Having All These Problems!

People say we are already fixing our problems by implementing the ACO and exploring other experiments in “payment reform.” BUT:

There is [no evidence that the ACO has fixed any problems](#). [We have more underinsured people than when the ACO started](#), and [the costs are rising beyond peoples’ ability to pay for care](#). This experiment has failed!

We have spent millions of dollars on this current system, and are proposing spending millions more. Why keep wasting money on the same thing or another variation of the same thing?

There is no reason to think that the “all payer model” and its "ACO" device, or the newly proposed “value based care” model, will ever get Vermonters the affordable, accessible care that we need. These approaches are just more **middlemen managing our care**, meaning the less care you get the more money they make.

As Albert Einstein [reportedly said](#), “Insanity is doing the same thing over and over and expecting different results.”