Primary Care for All Vermonters: Frequently Asked Questions

Every Vermonter needs guaranteed health care for the simple reason that every Vermonter to one degree or another is at risk for being left out by our dysfunctional healthcare system.

Why is primary care a good place to start in making health care a public good (the goal of Act 48)?

- Primary care is most of the care that most people receive, most of the time
- Primary care is inexpensive, averaging $44/person/month
- Primary care, when accessible to an entire population, is the only sector of care repeatedly shown to improve the health of the population, lower system costs, and improve quality of care and outcomes.

Isn't it enough to give more money to Federally Qualified Health Centers (FQHC)?

- Patients in FQHCs still have cost sharing which is a deterrent to patients to receive care in a timely manner. Patients ration their own care, by delaying care or avoiding it altogether.

We have a primary care shortage already; won't this make it worse when all those people get coverage?

- In the short run there may be some backlog. Universal primary care (UPC) will improve working conditions for primary care practitioners and encourage more medical students and nurse practitioners to choose primary care as their specialty, increasing the supply of primary care.

- UPC will improve working conditions when ALL PATIENTS have uniform coverage. Currently primary care offices deal with mountains of paperwork, administrative tasks dealing with a multitude of payers with different rules, regulations and reimbursement rates. One payer, providing guaranteed adequate reimbursement, will improve these working conditions.

How will UPC help people who are uninsured when they still will not have coverage for everything else?

- Everyone will be able to go to their family doctors without losing sleep over how to pay them. Diseases can be detected in earlier stages when they are less expensive to treat. Patients with chronic illness will not have to be anxious about paying for their everyday care.

- While it is true that patients will still need coverage for hospital care, prescriptions and other care, they will be getting most of their care without cost at point of service when they need it.

- Keep in mind this is only the first step. Ultimately we need to phase in other sectors of care and phase out private insurance and other third-party payers.

How will this dovetail with Medicare?

- UPC would be a secondary payer for primary care costs that not covered by Medicare. It would cover any co-insurance payments. UPC will not reduce Medicare benefits. It will only add benefits that not already provided by Medicare.

How prevalent are high out of pocket costs and why should they cause concern?

- In a recent study of 11 Countries high-income countries, the Commonwealth Fund found that, **"adults with lower incomes in the US were far more likely than those in the other high-income nations…to go without needed health care because of costs."** The study continues, "**despite decades of research demonstrating that countries with robust primary care have greater equity, better quality, and lower per capita costs, the US underinvests in primary care"** (*Health Affairs*, 12/9/2020).

- **Almost half of privately insured Vermonters (44%) under age 65 are underinsured.** Their insurance is not sufficient to "cover current medical costs, or their potential future medical expenses should a serious condition or illness develop." (**An additional 3% of Vermonters are uninsured**). (2021 *Vermont Household Health Insurance Survey*).

- A recent NYT article shows that people are avoiding the doctor because of medical care is unaffordable (http://nyti/ms/2N4f9PQ).

- Nationwide, the prevalence of high-deductible health plans within employer-sponsored insurance has more than doubled since the mid-2000s. *(Health Affairs*, 12/2016)**.**

- **In 2018, 47% of privately insured persons under age 65 in the United States were enrolled in high- deductible health plans** *(PNHP Winter 2019 Newsletter*, p.3; Cohen, et al., "Health insurance coverage: Early release of estimates for the National Health Interview Survey, January-March 2018," National Center for Health Statistics, Aug.2018).

- Universal health care, starting with implementation of universal primary care is critical to health care justice, especially in addressing lack of access to health care for disabled, low-income (yet not qualifying for Medicaid), black, indigenous, people of color and other marginalized populations. Racial minority communities are more likely to be uninsured and underinsured. This put them at more risk for developing severe complications during the pandemic. This is a kind of "'double jeopardy.'" (J.Lemon, *Newsweek*, 6/10/20).

But isn't the Accountable Care Organization (ACO) going to fix everything?

- The ACO (One Care) applies only to patients who already have health insurance, or are in Medicaid or Medicare. It does not address lack of insurance or underinsurance. While legislators and Green Mountain Care Board focus on the ACO, Vermonters are still not getting care and costs are rising. The ACO is flailing and failing both financially and in outcomes.

- Over the last 30 years, the legislature has tried one scheme after another: Howard Dean's Health Care Authority, HMOs, VHAP, Catamount, Blueprint, Vermont Health Connect and disease management. None of these efforts provided affordable health care for all Vermonters.

It's time for the legislature to "get real" and pass legislation that guarantees equal access to health care for all Vermonters. Let's start with UNIVERSAL PRIMARY CARE as our first step!