Common Objections to Green Mountain Care: Responses

<u>Don't need it, "almost everybody has insurance now":</u>

VT stats on uninsured (3%)/underinsured (36%)

Underinsured means you aren't really "covered"

Just being "insured" doesn't mean the policy covers the treatment you need

Even if insured, what is it costing you and why does it cost that much (average premium for family coverage under employer-provided plans is now over $22,000; the incredible waste on admin costs)

Even if insured, what is it costing you and why does it cost that much (average premium for family coverage under employer-provided plans is now over $22,000; much of which is wasted on administrative costs

Even if adequately insured right now, will you be in the future, given the annual increases in premiums, deductibles and co-pays [with HC cost increases continually outpacing wage & salary increases]

There's a reason that more and more Americans are travelling to other countries—from Canada to Mexico to Europe to Asia—for treatments they can't afford here.

<u>The cost</u>

Obviously it takes considerable money to fund health care for several hundred thousand people. But we already spend huge amounts of money getting health care under our current fragmented and horrendously complex system. The Green Mountain Care Board calculated Vermont's 2016 health care spending at $5.96 billion, which had increased to $6.5 billion in 2019.
https://gmcboard.vermont.gov/sites/gmcb/files/documents/2019VTHealthCareExpenditureAnalysis_BoardPres_20210512_0.pdf

As Governor Shumlin's 2014 report to the legislature said, Green Mountain Care would cost less than we spend under the current system, even though it would cover more people and provide better care. The GAO concluded the same way back in 1991 when it formally analyzed how the US would fare if it adopted the Canadian system. The same conclusion was reached by a nonpartisan body that analyzed Colorado's proposed single payer system. How can that make it "too expensive?"

The real objection seems to be that GMC would be funded by taxes. That fact doesn't change the reality that it would cost less than we spend under the current system. Health insurance premiums would be zero and payment into the system would be based on ability to pay.

There is nothing unusual or scary about funding programs that benefit the pubic with public funds: Medicare, fire protection, police protection, etc.

The fact is that we have plenty of real world examples that show universal care is more affordable than the overly complex commercial insurance system that continues to soak up huge portions of our wealth. Many other countries—not as wealthy as the U.S.--have had universal care for years and years. Some, like Malta, have even smaller populations than Vermont. If it was unaffordable, wouldn't they be bankrupt? If it was unaffordable, wouldn't they have abandoned it? I think that alone pretty conclusively shows that it is affordable.

Vermont's Green Mountain Care Already Failed

Green Mountain Care was never implemented, so it never had a chance to fail or to succeed. Governor Shumlin simply failed to follow through on what the law required of him. The same financial report relied on to claim it was currently unworkable said that GMC would have saved us $378 million dollars over the first 5 years. Any "failure" of GMC was political.

Single payer creates all the problems that Canada has

This objection is largely the product of deliberate distortion by American opponents of government programs of any kind. These ideological opponents rely heavily on a few select anecdotes about Canadian health care to make it seem like the entire Canadian system is bad. The facts are very different [can refer to the Digger commentary Canadian health care – facts, not fears, https://vtdigger.org/2013/11/01/russ-canadian-health-care-facts-fears/]

Among the many actual facts that belie the sensational claims that Canadian health care is a disaster:

- 75% of Canadian doctors were satisfied or very satisfied with practicing medicine, compared to 64% of American doctors.

American doctors are moving to Canada in droves. The Medical Council of Canada said in an email statement that the number of American doctors creating accounts on physiciansapply.ca, which is "typically the first step" to being licensed in Canada, has increased more than 750%

over the past seven months compared with the same time period last year — from 71 applicants to 615. Separately, medical licensing organizations in Canada's most populous provinces reported a rise in Americans either applying for or receiving Canadian licenses, with at least some doctors disclosing they were moving specifically because of Trump. https://alaskabeacon.com/2025/06/04/american-doctors-are-moving-to-canada-to-escape-the-trump-administration/#:~:text=The%20Medical%20Council%20of%20Canada%20said%20in,year%20%2D%2D%20from%2071%20applicants%20to%20615.

- Canadian people not only are generally happy with their system, they are mystified that Americans believe such nonsense about the Canadian system

- Multinational companies that operate in both the US and Canada have no problems with the Canadian system and employees who have experienced both systems generally prefer the Canadian one

- Insurance restrictions on medications or treatment posed major time concerns for 48% of American doctors, but only 19% of Canadian doctors.

- 58% of American doctors thought their patients often had trouble paying for care, compared to 27% of Canadian doctors.

- 15% of U.S. doctors thought our system needed to be "completely rebuilt," while only 4% of Canadian doctors felt that way about their system

- Hardly any Canadians travel from Canada to the US for the purpose of getting health care (though an increasing number, now over 1 million, travel every year from the US to foreign countries to get affordable health care)

An objective view of the actual evidence is that while Canada's system is not perfect, ours is much, much less perfect. We have the opportunity to make our own publicly financed universal health care system even better than the system in Canada.

We already have health care reform

Vermont has experimented with various "reforms" of the healthcare system. None of them solves the major problems of the current system.

In Single Payer, the government pays providers directly, and gets rid of the multiple "payers" so there is a single set of codes, forms, deductibles (if any) and co-pays (if any).

Administrative costs are drastically reduced by eliminating "profits" & drastically reducing complexity. Single Payer also expands the number of people who are "covered," since everyone is covered. In sum, Single Payer greatly reduces administrative costs directly, while greatly expanding coverage.

Too disruptive to the economy

Any significant change to health care is going to be disruptive to some degree. But it's foolish to look only at the effects of changing; those effects have to be compared to the effects of not changing.

Our current patchwork system is already very disruptive. The high cost of providing health insurance to state and local employees, including teachers, adds significantly to the tax burden. The complexity of the commercial insurance system adds significantly to the cost of practicing medicine. The high cost of health care imposes considerable uncertainty and misery on the people. Many people feel trapped in their jobs if the jobs provide health insurance.

Not suitable for a single, small state

There are several countries with smaller populations than Vermont that have successfully implemented universal care programs. Examples include:

- Lichtenstein, population under 40,000 (despite the fact that many people from surrounding countries work there, and vice versa).

- Monaco, population also under 40,000 (again, despite the fact that many people from surrounding countries work there, and vice versa).

- Iceland, population 334,252

- Malta, population 436,947 (universal care through both a public healthcare system and a private healthcare system).

On top of that, Canada's single payer system started in a single Province (Saskatchewan) and spread to the rest of the country.

Not politically feasible

Nothing is politically feasible until the right people decide that it's feasible and lead the way. Hardly anyone thought GMC could be passed by the legislature, but it was. It could and should have been implemented but for a failure of leadership. The public is being bled dry by a system that clearly does not work and becomes more unaffordable every year.

There is a real opportunity for leaders to step forward and harness that public discontent by explaining that we really do have a better alternative, one that has already been enacted and that has been proven in many places to work much better for everyone.

It's a government takeover of health care

First, we have no control over our health care NOW.   Health care has already been taken over by insurance companies, for-profit hospitals, drug companies, even private equity investment companies. None of those people have our health as their priority; their priority is to make money for the owners. We can't replace the people running these businesses, but we can vote out politicians.

Second, a single payer system like Medicare for All doesn't take over health care. It works like Medicare works: it pays the doctors and hospitals who provide care, but it doesn't tell people which doctors & hospitals to use nor does it tell those health professionals how to practice medicine.