



# A Human Rights Assessment of H.202/S.57

**Healthcare Is A Human Right Campaign**  
Vermont Workers' Center  
February 17, 2011

# What is the *Healthcare is a Human Right* Campaign?



- The Healthcare Is a Human Right (HCHR) campaign was started by the Vermont Workers' Center to change what is "politically possible" in healthcare reform through grassroots organizing.
- The campaign recognizes healthcare as a basic human right and the healthcare crisis as a human rights emergency.
- We believe that healthcare is a public good, and Vermont's healthcare system should be built around five key human rights principles: universality, equity, accountability, transparency, and participation

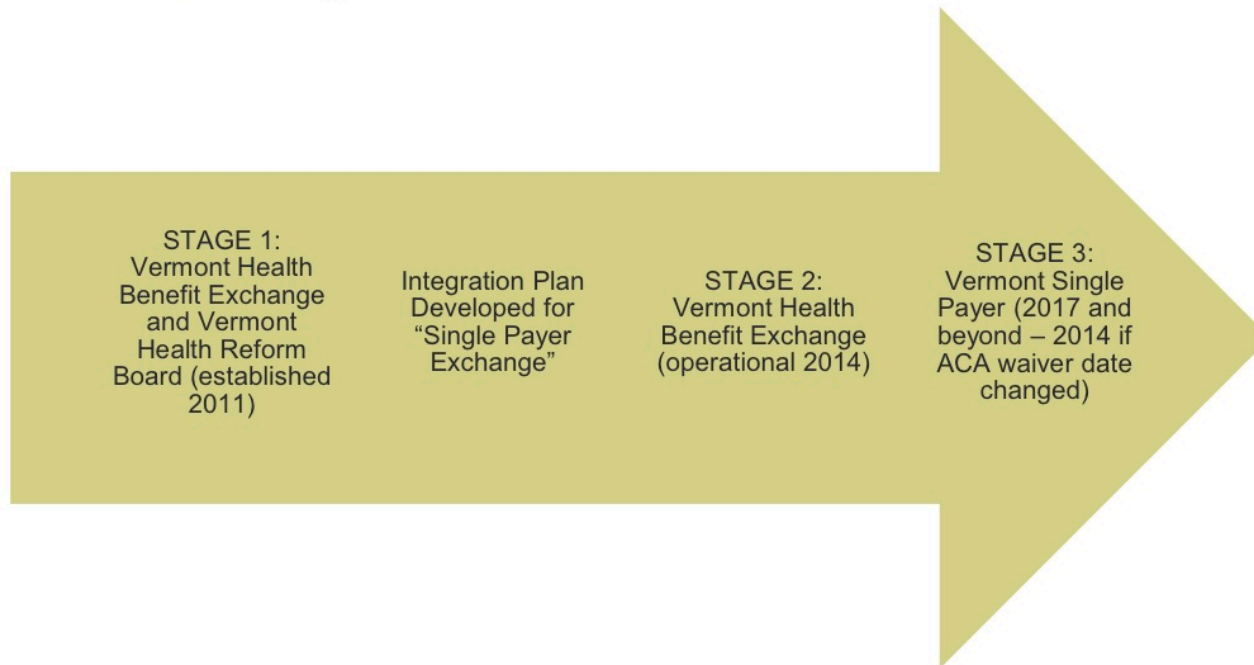
# What is H.202/S.57?

## Vermont's New Universal Healthcare Bill



- H.202/S.57 introduced in the legislature in February 2011
- The Administration calls bill a “road map to a single-payer and unified health care system”
- The bill establishes a five-member Health Reform Board to plan the transition and develop ways to contain costs
- From 2014 Vermonters would buy private insurance in a Health Benefit Exchange (in line with the federal reform law)
- In 2017, the Exchange would turn into a universal “single-payer” system, Green Mountain Care (if a federal waiver is obtained). Private insurance companies would no longer sell coverage for necessary healthcare.

## Three Stages of Vermont Health Reform



Source: Summary of H.202 by Anya Rader Wallack, Ph.D. Special Assistant to the Governor

# How did we get here?

- Single Payer advocacy campaigns over many decades
- 2008: Grassroots human rights campaign begins
- Built people's power through human rights hearings, testimonials, sharing stories, May 1<sup>st</sup> rallies
- People's Team pressed legislators to take up health reform
- 2010: Passed Act 128, a law that commits Vermont to design a health system based on human rights principles
- 2011: Three options for a new health system were presented to the legislature by Dr. Hsiao



# What's in the bill?



- H.202/S.57 draws on Dr. Hsiao's recommendation for a public-private single payer system
- HCHR found that Dr. Hsiao's proposal met some but not all human rights standards
- H.202/S.57 focuses on getting federal funds by setting up an Insurance Exchange - a marketplace to buy coverage
- H.202/S.57 includes some - but not all - of Act 128's human rights principles for guidance
- H.202/S.57 proposes to set up Green Mountain Care in 2017 but does not say how it would be financed

# H.202/S.57: Taking steps toward the human right to healthcare



## Public Good

- The bill recognizes the state's responsibility to ensure all Vermonters have healthcare.
- The bill proposes a universal healthcare program to provide care to all.
- Under Green Mountain Care, private insurance companies would be prohibited from selling coverage for needed healthcare.



# H.202/S.57: Taking steps toward the human right to healthcare



## Universality

- Green Mountain Care would “provide comprehensive, affordable, high-quality health care coverage for all Vermont residents in a seamless manner...” from 2017 onwards.



# H.202/S.57: Taking steps toward the human right to healthcare



## Equity

- Green Mountain Care would provide healthcare for every person "regardless of income, assets, health status..."

# H.202/S.57: Taking steps toward the human right to healthcare



## **Accountability, Transparency, and Participation**

- The transition process and Green Mountain Care would be overseen by an independent Board
- The Board would include representatives from providers, patients, and employers

# H.202/S.57: Where the bill falls short



## Human Rights Principles

- The primary focus of H.202/S.57 is cost-containment, not protecting Vermonters' health.
- The bill's principles are not adequately reflected in the plans and designs for the new system.

# H.202/S.57: Where the bill falls short



## Public Good

- The bill does not explicitly say that healthcare will be a public good.
- An Exchange is a marketplace that facilitates the purchase of private coverage.
- The administration of Green Mountain Care would likely be contracted out to a private party.

# H.202/S.57: Where the bill falls short



## Universality

- The bill would not expand coverage until 2014.
- From 2014, some Vermonters would buy private coverage through the Exchange, at different benefit and cost levels.
- Only in 2017 would all residents be covered, but co-pays would be required for accessing care.

# H.202/S.57:

## Where the bill falls short



### Equity

- Financial barriers to care would continue during the transition process and in the Exchange.
- In the Exchange, people would pay substantial premiums, deductibles, and co-pays. Some people would get better access to care than others.
- People who get sick would bear a greater burden of the system's costs than others.
- The bill does not specify the financing of Green Mountain Care, so it is unclear whether it would be equitable or not.

# H.202/S.57:

## Where the bill falls short



### Accountability, Transparency, and Participation

- The governance board includes only one representative from the people, yet it has far-reaching responsibilities.
- The administration of Green Mountain Care would likely be left to a private subcontractor.
- It is unclear whether this contractor would be in a position to deny Vermonters access to care, or to mismanage funds.



# Improving H.202/S.57: HCHR Proposals



## Human Rights Principles

- Decisions about the new healthcare system should be based on the human rights principles in Act 128.
- These principles must become enforceable conditions for implementation of the bill.
- The bill should state that its purpose is to achieve universal access to care through a public single-payer system. It should state that an Exchange will only be set up if it can improve the transition to Green Mountain Care.
- The bill should state an alternative path to Green Mountain Care, beginning immediately.

# Improving H.202/S.57: HCHR Proposals



## Public Good

- The bill should state that healthcare is a public good, and that the health system should be financed and administered accordingly.
- No private contractor should have any type of gatekeeper role, or opportunities for misusing public funds.

# Improving H.202/S.57: HCHR Proposals



## Universality

- The bill should guarantee access to *comprehensive* health care for all Vermont residents at the earliest possible time.

# Improving H.202/S.57: HCHR Proposals



## Equity

- The bill should devise a healthcare system without cost-sharing, so that everyone contributes regardless of how much care they need.
- The bill should devise an equitable way to finance the new system, with contributions based on income, assets, and corporate profits.

# Improving H.202/S.57: HCHR Proposals



## Accountability, Transparency, and Participation

- The bill should enable the people of Vermont to participate in and oversee their healthcare system, as owners - not “consumers” - of the system.
- The Board should include greater participation from the people, including from grassroots groups.

# Our Call To Action



- This legislative session, Vermont can get a universal healthcare system that works for everyone.
- We urge Vermont's legislators to pass a bill that establishes, without delay, a universal, equitable healthcare system that includes everyone.
- Join the *Healthcare is a Human Right* campaign. Have your say!



# Healthcare Is a Human Right

[www.workerscenter.org](http://www.workerscenter.org)

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