

## Human rights assessment tool

<b>Chart 1 (Universality)</b> <b>Principle in Act 128:</b> <b><i>All Vermonters must have access to comprehensive, quality health care. (Sec.2.1)</i></b>	<b>Three Health Care Models Designed Pursuant to Act 128</b>		
	<b>OPTION # 1</b>	<b>OPTION # 2</b>	<b>OPTION # 3</b>
<b>1. Would the system provide healthcare to all?</b>			
a. Would access to care be easy, continuous, portable, and integrated for everyone?			
b. Would any population group be excluded?			
<b>2. Would the system provide equal access for all?</b>			
a. Would the system eliminate different tiers of access or coverage?			
b. Would the system facilitate access to care on the basis of clinical need, not privilege, payment, immigration status, or other factor?			
c. Would the system regularly and publicly monitor and assess inequities in access?			
<b>3. Would the system ensure that comprehensive healthcare services are accessible to all?</b>			
a. Would everyone be able to get all screening, treatments, therapies, drugs, and services needed to protect their health (including mental health, dental and vision care, prescription drugs, reproductive health, adaptive equipment, long-term and hospice care)?			
b. Would the system ensure that community and patient representatives are adequately represented in a decision making body that determines the specific content of the comprehensive healthcare package?			
<b>4. Would the system reward the provision of quality healthcare to all?</b>			
a. Would provider payments be structured the same for all patients, regardless of their source of coverage?			
b. Would provider payments be linked to quality, coordinated care and to health outcomes, rather than to procedures and volume of care?			
c. Would the system independently and publicly track information, based on publicly agreed criteria, about provider quality performance and health outcomes?			
d. Would the system eliminate disparities in quality of care received by different population groups?			
e. Would the system regularly and publicly monitor disparities to assess their progressive elimination?			

<b>Chart 2 (Equity)</b> <b>Principle in Act 128:</b> <b><i>Systemic barriers must not prevent people from accessing necessary healthcare. (Sec.2.1)</i></b>	<b>Three Health Care Models Designed Pursuant to Act 128</b>		
	<b>OPTION # 1</b>	<b>OPTION # 2</b>	<b>OPTION # 3</b>
<b>1. Would the system eliminate financial barriers to use of needed healthcare services?</b>			
a. Would all prices charged by the private sector (e.g. insurers, providers, pharmacies) be publicly controlled?			
b. Would the system eliminate financial barriers to care, such as deductibles, co-pays or other out-of-pocket costs?			
c. Would payments for health care be collected independently from the actual use of care (to avoid creating a barrier to care)?			
<b>2. Would the system allocate health care resources and infrastructure equitably, according to health needs?</b>			
a. Would the system ensure that there are providers in underserved areas?			
b. Would the system ensure that primary care providers are supported, so that everyone has a regular primary care doctor?			
c. Would the system take into account that some communities and individuals need more care and different services than others?			
d. Would the system provide resources for transportation, interpretation, health education etc. to eliminate access barriers?			
e. Would the system monitor health needs and allocate funds according to those needs?			

<b>Chart 3 (Equity)</b> <b>Principle in Act 128:</b> <b><i>The financing of health care must be sufficient, fair, sustainable, and shared equitably. (Sec.2.6)</i></b>	<b>Three Health Care Models Designed Pursuant to Act 128</b>		
	<b>OPTION # 1</b>	<b>OPTION # 2</b>	<b>OPTION # 3</b>
<b>1. Would the system's costs be shared equitably by all people and businesses?</b>			
a. Would health care services be funded independent of a person's use of those services, so that the burden does not fall unfairly on those who get sick?			
b. Would the system be financed through income-based mechanisms that enhance equity?			
c. Would the system require higher contributions from those who can afford it, in order to subsidize those who are less able to pay?			
d. Would the system reduce costs to most individual Vermonters?			

<b>2. Would people pay for healthcare based on their ability to pay, without regard to other factors such as age, health status, gender, or employment status?</b>			
a. Would the system spread costs and risks across Vermont society as a whole, with risk pools as broad as possible to ensure cross-subsidization and affordability for all?			
b. Would the system ensure that those unable to pay are not required to pay?			
<b>3. Would the system be financed sufficiently and sustainably?</b>			
a. Would the state be able to raise and allocate sufficient revenue to support universal access under this model?			
b. Would the financing of the system be sustainable over time?			

<b>Chart 4 (Transparency &amp; Accountability)</b> <b>Principle in Act 128:</b> <b><i>The healthcare system must be transparent in design, efficient in operation, and accountable to the people it serves. (Sec.2.2)</i></b>	<b>Three Health Care Models Designed Pursuant to Act 128</b>		
	<b>OPTION # 1</b>	<b>OPTION # 2</b>	<b>OPTION # 3</b>
<b>1. Could Vermonters hold the system accountable for meeting their health needs and improving their health?</b>			
a. Would public and private enforcement mechanisms and remedies be available to people denied quality, comprehensive health care, denied equal access, required unfairly to pay for services, and otherwise denied protection of their right to health?			
b. Would the system ensure that people have adequate information to navigate the health system easily?			
c. Would the system include a participatory process to publicly monitor and evaluate universal access, equity, quality, comprehensiveness and affordability?			
d. Would the monitoring and evaluation results trigger concrete changes to the system if deficiencies were found?			
<b>2. Would the system use money effectively?</b>			
a. Would the system ensure that resources are used to progressively improve health care and health outcomes for all Vermonters?			
b. Would the system invest in communities whose health has not kept up with that of the rest of the population?			

c. Would the system include a participatory and public process for monitoring the effective use of resources?			
<b>3. Would the system use money efficiently?</b>			
a. Would the system be financed in such a way as to minimize administrative costs and eliminate other unnecessary indirect costs, such as payments to intermediaries, multiple bureaucratic layers, or incentives unrelated to health protection?			
b. Would the system publicly monitor, regulate and control all funds, public and private, expended for healthcare in Vermont, including those expended by insurers, providers, and manufacturers?			
c. Would the monitoring and evaluation of all relevant private sector costs and financing be fully transparent and made available to the public?			
d. Would the system automatically enroll all Vermonters in one comprehensive health care package?			
e. Would the system be governed by one governmental agency with one set of rules applicable to all healthcare in Vermont?			
f. What is the cost per capita for each model?			

<b>Chart 5 (Participation)</b> <b>Principle in Act 128:</b> <i>The state must ensure public participation in the design, implementation, evaluation, and accountability mechanisms in the health care system. (Sec.2.2)</i>	<b>Three Health Care Models Designed Pursuant to Act 128</b>		
	<b>OPTION # 1</b>	<b>OPTION # 2</b>	<b>OPTION # 3</b>
a. Would the system ensure that communities are involved in determining how their health needs are met?			
b. Would the system include a participatory monitoring and evaluation mechanism to track its implementation?			
c. Would the system set up enforceable standards and public accountability mechanisms for all of its components (payer, provider, manufacturer etc.)			
d. Would the system ensure that people are able to participate in health system decision-making, including the oversight of financing structures?			

<b>Chart 6 (Public Good)</b> <b>Principle in Act 128:</b> <b>Healthcare is a public good for all Vermonters (Sec. 8 a)</b>	<b>Three Health Care Models Designed Pursuant to Act 128</b>		
	<b>OPTION # 1</b>	<b>OPTION # 2</b>	<b>OPTION # 3</b>
a. Would the system treat healthcare as a public good that is free to all at the point of service (like K-12 education, fire services etc.)?			
b. Would the system ensure that people contribute financially as they are able, in an equitable manner, and that all benefit from this public good, based on their needs?			
c. Would the system be publicly financed and administered, so that access and services are not restricted by market forces?			

**Summary Chart**

<b>Principles in Act 128</b>	<b>Design Option 1</b>	<b>Design Option 2</b>	<b>Design Option 3</b>
<b>1. Universal access</b>	 <small>[sample checkmark]</small>		
<b>2. No systemic barriers</b>			
<b>3. Equitable, sustainable financing</b>			
<b>4. Accountability, transparency, efficiency</b>			
<b>5. Participation</b>			
<b>6. Public Good</b>			