



The Vermont Universal Health Care Bill

Purpose: to provide, as a public good, comprehensive, affordable, high-quality, publicly financed health care coverage for all Vermont residents. Note: The legislature removed all reference to "single payer" in the bill (except for one, in the opening Statement of Purpose) and replaced them with "universal access."

Three Major Stages over Six (possibly Three) Years:

Green Mountain Care Board (begins July 2011)

- Responsible for all aspects of Vermont's health care system going forward.
- Sets the framework for the Vermont Health Benefit Exchange.
- Determine payment reform aimed to contain cost by moving from fee for service to global capitated payments under a fixed budget approved by the legislature.
- Determine the benefit package for the future single payer system.
- Develop financing plans that should maximize access to federal funds and spread costs.
- Create the superstructure for the single payer system to be called Green Mountain Care,
- Five members, nominated by a new Green Mountain Care nominating committee (over), appointed by the Governor with consent of the Senate.

Vermont Health Benefit Exchange (operational January 2014)

- Provide access for all Vermont resident and all employers to qualified health plans and federal subsidies and tax credits.
- Consolidate and simplify purchasing of health insurance:
- Create a simplified uniform system for administering health benefits.
- Incorporate Medicare and Medicaid benefits, subject to federal waivers

Green Mountain Care (after federal waivers, 2014 or 2017)

- "Provide, as a public good, comprehensive, affordable, high-quality, publicly financed health care coverage for all Vermont residents in a seamless and equitable manner regardless of income, assets, health status, or availability of other health coverage."
- Implemented after a federal waiver allowing elimination of the Exchange and incorporation of Medicare and Medicaid funding.
- Medicare- and Medicaid-eligible residents would receive all benefits for which they are eligible.
- Cost-sharing allowed, but Green Mountain Care should have 87% or greater actuarial value.