

**Why Section 7 and 7a need to be revised**  
**Testimony to House Health Care Committee, Tuesday, April 1<sup>st</sup>**  
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Green Mountain Care is for everyone. When Green Mountain Care is implemented in 2017, it will automatically cover every Vermonter regardless of any other coverage you might hold. If you are on Medicare, for instance, Green Mountain Care will act as a wraparound. It will provide an incredible sense of security for Vermonters to know that we will never lose health care and that their coverage will be seamless. Green Mountain Care will stay with us regardless of our age, income, job situation or other coverage we might hold. Why do I say this? Because it is the law.

Act 48, the legislation passed in 2011 that lays out a road to “single payer” (publicly financed guaranteed health care for all Vermonters) states, “The purpose of Green Mountain Care is to 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.” (33 V.S.A. §1821)

However, Sec 7 and Sec. 7a of S252 cloud this universality of Green Mountain Care. As worded now, individuals who are on Tricare or federal employees will not be included in Green Mountain Care. Instead, they will be considered to be receiving Green Mountain Care by virtue of holding these other plans. This wording needs to be changed. According to Act 48, all Vermonters are included in Green Mountain Care by virtue of their residency in Vermont. This is the case regardless of any other plan one might hold, or if, as in these two cases, Green Mountain Care is likely to function as a wraparound or secondary payer.

Certainly, if Green Mountain Care ends up having a higher actuarial value than Tricare or FEHBP, it is likely to function as a secondary payer. Then, the real issue is to make sure that these individuals do not face a “double tax” issue or “double payment” for their federal or Tricare coverage and Green Mountain Care. We do need to make sure that they only pay into Green Mountain Care for that part that is not covered by their premiums for Tricare and FEHBP.

But there will be ways to take account of the “double payment” issue without carving anyone out of automatic enrollment in Green Mountain Care. For instance, individuals on Tricare and FEHBP can be provided a tax credit for premiums already paid for these programs each year. In this way individuals on Tricare and FEHBP will pay only for the wraparound element of Green Mountain Care, and for that, in accordance with their ability to pay. (A similar approach could be used for those on Medicare).

On the other hand, if federal employees and those on Tricare, or any other category of Vermonter are to be carved out of any parts of the benefit package of the state single payer plan (unless they opt to purchase on an “opt in” basis a separate supplemental plan, then it seems there is a direct

violation of Act 48, which states that all Vermonters are automatically included in Green Mountain Care regardless of any other coverage they may hold. This assumption holds for other public facilities as well. (We don't need to "opt-in" to our local fire or police department). While it is true that Green Mountain Care will function as a secondary payer for some, those people are still automatically in, and should not have to "opt in."

As the legislators get into the details of the financing plan for Green Mountain Care in the 2015 legislative session, they will certainly want to make sure that Medicare recipients are not double-taxed or treated unfairly. But, there will be ways to do this that preserve the universal nature of Green Mountain Care. Further, Green Mountain Care will offer added benefits to those on Medicare.

Green Mountain Care will provide health care security for all Vermonters. We need to make sure that it remains truly universal.