



To: The House Health Care Committee
From: Falko Schilling, Esq., Consumer Protection Advocate, VPIRG
Date: April 2nd, 2014
Re: S.252 an Act Relating to Financing for Green Mountain Care

For the record, my name is Falko Schilling and I am the Consumer Protection Advocate at Vermont Public Interest Research Group (VPIRG). VPIRG is the state's largest nonprofit consumer and environmental advocacy organization with more than 30,000 members and supporters across Vermont. One of VPIRG's core missions is to help provide access to high quality affordable health care to all Vermonters. We are firmly in support of Act 48, and believe that S.252 can begin to lay the necessary groundwork for Vermont to transition to a publicly financed universal health care system. We have reviewed S.252 as passed by the Senate and suggest a language change to section 8. This proposed language change is supported by Vermont Businesses for Social Responsibility, Vermont Health Care For All and Vermont Worker's Center.

Sec. 8. 33 V.S.A. § 1825 Health Benefits

S.252 section 8 as passed by the Senate states "The benefits for Green Mountain Care shall include primary care, preventive care, chronic care, acute episodic care, and hospital services and shall consist of the benefits available in the benchmark plan for the Vermont Health Benefit Exchange." We suggest changing this language in order to make it clear that the benefits package for Green Mountain Care will consist of at least the benefits available in the benchmark plan for the Vermont Health Benefit Exchange, and to clarify the role of the Green Mountain Care Board to approve the Green Mountain Care benefits package.

We agree with the Senate that the benefits package for Green Mountain Care must cover at least those services included in the Exchange benchmark plan, but this language appears to limit the possibility of including services that are above and beyond what is included in the benchmark plan. We suggest amending the language to read "The benefits for Green Mountain Care shall include primary care, preventive care, chronic care, acute episodic care, and hospital services and shall consist of at least the benefits available in the benchmark plan for the Vermont Health Benefit Exchange."

This change in language would also clarify the role of the Green Mountain Care Board in determining what services are available in the Green Mountain Care benefits package. 33 V.S.A. § 1825. (a)(6) states "The Green Mountain Care board shall approve the benefit package and present it to the General Assembly as part of its recommendations for the Green Mountain Care budget." The language passed by the Senate seems to conflict with current law because it would determine the covered services for Green Mountain Care without the approval of the Green Mountain Care Board. We suggest adopting the above language in order to clarify that the Green Mountain Care Board will approve the Green Mountain Care benefits package through a public deliberative process.