

Testimony about H812-

Thank you for inviting me to testify on the role of universal primary care in Vermont and how we can move forward with such a proposal.

The major health reforms now in motion - the All Payer model and the One Care ACO are heavily dependent on a vital and viable primary care sector in order to provide high quality care at lower cost to Vermonters.

In fact , the ACO "One Care" first order of business- is to shore up the primary care workforce and make primary care readily accessible to all of its patients. This is a good thing, not a bad thing, because simply put- primary care is the foundation to any successful health care system. Primary care provides most of the care to most of the people most of the time. It's inexpensive (representing less than 5% of the total health care dollar) yet is the only sector of health care shown to improve the general health of the whole population. Numerous studies have shown that when primary care is accessible, it increases life expectancy, reduces infant mortality , improves quality of care, while lowering overall health care costs.

Primary care is preventive medicine for the health care system. And prevention saves money and it saves lives. I can give you examples.

There is a mountain of evidence to back this up which I have presented to this committee earlier in the session.

<http://legislature.vermont.gov/assets/Documents/2016/WorkGroups/Senate%20Health%20and%20Welfare/Universal%20Primary%20Care/W~Dr.%20Deborah%20Richter~Universal%20Primary%20Care%20Presentation~1-21-2016.pdf>

<http://legislature.vermont.gov/assets/Documents/2016/WorkGroups/Senate%20Health%20and%20Welfare/Universal%20Primary%20Care/W~Dr.%20Deborah%20Richter~References%20for%20Primary%20Care%20Testimony~1-21-2016.pdf>

While it is laudable that the ACO intends to expand primary care - unfortunately it intends to do so only for those insured by with Medicare, Medicaid or private insurance.

This violates the principle universality embodied in Act 48.

<http://www.leg.state.vt.us/docs/2012/Acts/ACT048.pdf>

With that in mind and with the impending development of the ACO, supporters of Act 48 propose moving forward with publicly funded universal primary care for all Vermonters (which by existing state statute, includes mental health and substance abuse services).

A study of what it would cost, with and without cost sharing, was performed last year with results released in December 2015.

<http://legislature.vermont.gov/assets/Legislative-Reports/Universal-Primary-Care-Study-Act-54-Sec-16-19-Dec-16-2015.pdf>

We now know what it would cost to provide primary care to all Vermonters. You heard testimony on that study in January from JFO, and the Administration.

But further analysis needs to be done to enable legislators to make a fully informed decision before they invest in a universal primary care health care system and to explain the benefits to their constituents.

The analyses are as follows:

- 1) cost savings of a universal primary care system over time to the whole system,
- 2) menu of tax package options to fund universal primary care.

The above 2 studies won't require any additional funding.

- 3) implementation plan which would determine the amount of risk based capitated payments to primary care providers, and
- 4) the impact such a proposal on health insurance premiums,

There are studies being proposed for the current budget on another health proposal--to determine the economic impact of the extension of Dr Dynasaur up to the age of 27.

We know that there will be economies of scale to studying Dr D2 and universal primary care at the same time. Collecting the health and economic data and building a model should be done once. It doesn't make sense to "run the same tests twice." That is

the very thing we are currently trying to avoid in our health care system. We should employ the same principle in our analyses.

Last year the state, while recognizing the value of primary care to our health care system , invested in the first set of universal primary care studies. Let's not waste that effort. Now we need to complete the necessary studies to finish the job.

Because doing this requires mining the data, building a model and doing some projections that any other proposals requiring a similar study This is the most efficient and economic way to evaluate both proposals for comparative purposes.

The most important study that requires funding is the impact on premiums. Need to know the immediate effect on health insurance premiums.

We suggest the following language changes. See proposed changes to H.812.