

My name is Michael Scollins. I worked for 35 years as a primary care internist in the Burlington area (first in private practice, then as an employee of UVMMC), and also taught Clinical Pharmacology at the Medical School. While I retired in 2008, I have kept in close touch with developments pertaining to health care access. Indeed, my great frustration when I retired was that our country still lacked a cohesive health care system that offered affordable universal access to care.

When Governor Shumlin expressed support for a state-funded single-payer health care system in his first term, I joined the VPIRG Board to support that initiative. My hope was that if Vermont succeeded, many other states who were eagerly following our efforts, would have followed suit and this ultimately would have become a national policy, with no link to employment, which is so logical and necessary.

Our state's effort failed because we were too small and economically fragmented to meet the necessary start-up costs. Properly this should have been a national rather than a state effort.

Bernie Sanders, with whom I've discussed this issue several times over the years, continues to push for "Medicare for All", clearly the most logical way for our country to get to universal health care, and his movement is attracting more and more supporters of national stature, both legislators and private citizens. This proposal promises by far the best chance for our country (and our State) to achieve an equitable and affordable single-payer (federal government) health care system.

Over the past several years I've admired the dedication of Drs. Deb Richter and Allan Ramsey and the eloquent writings of Professor Ellen Oxfeld from Middleburg College and Dan Barlow from VBSR on the need for full access to affordable health care. S53 is a daring and thought-provoking proposal, but I'm concerned that its implementation will be costly, logistically challenging, and not fully compatible with our ultimate goal of single-payer universal care. It could possibly prove to be a masterful first step, but I think careful study is required before we embark on such a journey. VMS shares these concerns, and its Executive Committee will be meeting later this week to discuss it further. VPIRG, like me, strongly support appropriate steps toward universal care, but want to ensure that what is crafted is a "stepping stone" and not a "detour". VPIRG hasn't yet formally discussed the Bill, but views the intent favorably, and would be happy to work with the crafters to optimize its potential.

Many of us are hoping—and indeed expecting—that the national legislative landscape will undergo a major shift in November's elections, and that this will present the real opportunity for major health care reform at the federal level.

I'm inclined to suggest that we keep our powder dry, await next Fall's elections, and then assess the lay of the land. In the meantime a working group of health care experts, including ideally a Medicare specialist from Senator Sanders' staff, work on fine-tuning S 53 to ensure that it would dovetail with anticipated subsequent federal legislation. If the feds fail us yet again, we could work together for prompt legislative passage in next winter's session. Meantime we should pressure Gov. Scott not to cut down on primary care funding, and try to pass the Family Leave bill.

Neither Medicare nor the ACA significantly address cost curbs, and I would encourage that we seriously <sup>CONSIDER</sup> ~~discuss~~ them in our deliberations.

DR. RAASBY'S SUGGESTION THAT IMPLEMENTATION OF THIS BILL WOULD DRAW PRIMARY CARE PHYSICIANS TO VERMONT, I THINK, IS A REACH. PRESERVATION OF PRIMARY CARE AS AN INSTITUTION IS LIKELY TO REQUIRE TRANSFORMATIVE CHANGES IN COMPENSATION SCHEMES, WHICH WOULD BE DIFFICULT OR IMPOSSIBLE TO ACHIEVE AT THE STATE LEVEL.

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