

Testimony on S- 120

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I offer my support for S-120. I would like to highlight several proposals within the legislation.

1. In the findings there is mention of seeking opportunities for waivers with the Biden administration. I believe there will be real opportunities with the Biden administration. We should be talking to them about how to merge the Global Commitment Waiver and All Payer Model into one initiative that provides expanded, affordable universal care to all Vermonters. There is some concern that the Global Commitment Waiver renewal proposal needs to be submitted this summer when the legislature will not be in session. With the last renewal I believe the state did not take full advantage of the potential opportunity for flexibility and innovation in the Global Commitment Waiver. We should not make that same mistake again. I have attached as part of this testimony my comments to DVHA on the renewal.
2. The proposal to study the efficacy of the ACO model is critical. We are spending too much money to the exclusion of other efforts for a failing model. I hope the committee also looks at alternatives, because cheaper, more effective person centered-options exist. I believe we can achieve universal, affordable care without a duplicative ACO.
3. I fully support exploring a public option. I support the concept of Medicare for All, but it is not likely to happen anytime soon. A public option holds the most promise for effective health coverage for the many Vermonters who continue to be uninsured or underinsured. In the mean time we can be getting ready, and ensuring all the necessary elements of such a system, e.g., having enough primary care doctors, are in place. I have attached as part of this testimony a proposal for addressing the crisis in primary care.
4. I fully support the idea of a commission to study affordability. What Vermonters need and want in their health care system diverges tremendously from what Vermont is currently pursuing. Average Vermonters know they pay too much, but don't understand much about the extremely complex system we have built. The complexity is a large part of why it is so expensive. The unnecessary and failing ACO is a prime example. A series of public hearings as proposed in the bill would give Vermonters the opportunity to ask for what they and clarify for lawmakers what our health reform efforts should focus on.

What would an alternative look like?

Strengthened primary care so every Vermonter can see a physician without worrying about co-pays and deductibles. We should aggressively increase our efforts at recruitment and retention instead of funding a failing ACO that does nothing to increase access to care or address the

shortage of primary care physicians. We can and should build on our terrific system of Federally Qualified Health Centers to expand access to primary care.

Strengthened mental health so we can address trauma, and conditions such as depression and anxiety, all of which cause or exacerbate chronic illness.

More prevention and early intervention by addressing the non-medical determinants of health such as housing, poverty and hunger.

More home health and community nursing. Our whole health system should have a public health focus.

Avoid hospitalizations and institutionalizations and move funding to the above from unnecessary high end services.

Fully explore every possible opportunity to reduce prescription drug costs.

Contain the growth in hospital spending.