

H.433 - Publicly Financed Universal Primary Care

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My patient, let's call him Brian Lussier, had been sick for a few days and was getting worse. His dad's job at the local mill didn't provide health insurance and the family paid out of pocket. Their financial situation was difficult. They were a proud Vermont family, always paying their bills. Brian's mom was trying to treat him at home but finally called me with her concerns. Could I just send in a prescription for Amoxicillin, she asked.

Her description of Brian's condition alarmed me, and I convinced her to bring Brian in right away. He had meningitis. Had I seen him just 1 or 2 days earlier, I could have treated him successfully and he'd be a normal boy. But it was late in the course of his illness, and he suffered severe brain damage.

"Mrs. Lussier." It was hard to ask this question, but I had to know. "Did you wait because of the money?"

She nodded and took another tissue.

"Is that why he's behind on his shots?"

She nodded again.

Today, many of the 187,800 underinsured Vermonters with high annual deductibles of \$4,000 or more, like Mrs. Lussier, don't see a doctor because they simply can't afford to pay the out-of-pocket fees. No family in America should have to defer medical care because they can't afford it.

America is the outlier among all industrialized countries in our failure to provide publicly financed, universal health care as a human right. We continue to rely on a system where insurance companies, which provide NO CARE, take 30% of our health care dollars and erect barriers to care. The Duke University Hospital system employs 1,300 billing clerks. By contrast, the Toronto Hospital system, with national health insurance, employs less than 10.

On Town Meeting Day this year, March 3rd, voters in at least 7 Vermont towns (Middlebury, Bristol, Weybridge, Salisbury, Cornwall, Brandon, and Putney) will vote on the following resolution:

Shall the voters of [TOWN NAME] call upon the General Assembly to discuss, take testimony, and vote on H.433 during the 2026 session? H.433, an Act Relating to Incremental Implementation of Green Mountain Care, would establish publicly financed universal primary care, mental health services, and substance use treatment as a first step in phasing in universal health care for all Vermont residents.

H.433 has been languishing in the House Health Committee and our resolution will encourage legislators to move it onto the floor for debate and consideration. If passed, primary care will no longer be mediated by insurance companies and people's health care costs will decline significantly. We already have Medicaid (Dr. Dynosaur) and Medicare as models of public financing of health care and both systems work very well.

We can do this for Vermont as a stepping stone to universal care. As a model, we look to the Canadian province of Saskatchewan which in 1947 implemented publicly funded hospital care as a prelude to comprehensive universal health care. With the success of the Saskatchewan model, Canada embarked on a nation-wide publicly funded health care system.

We in Vermont and in the U.S. continue to pursue failed models of care and financing that rely on private insurance companies. We've had HMOs (Health Maintenance

Organizations) and ACOs (Accountable Care Organizations) and the cost of care continues to rise steeply. We are doing the same thing over and over and expecting a different result.

The second highest cost for school budgets is health care. We cannot stem the rising costs of school budgets without getting health care costs under control.

But most important of all, our profit driven system continues to exclude people from care and that is unacceptable. Health care is a human right, not a marketplace.

Please call your legislator and urge them to help move H.433 out of committee and onto the floor for debate and consideration.

Winston Churchill once famously said, "The Americans always do the right thing, after they've tried everything else."

It's time to give up on the failed model of private insurance as the bedrock of our failing healthcare system.

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