

Dear House Health Committee members,

Thank you for making the time to listen to Vermonters discuss the need for a universal primary care system on April 30, 2026. I spoke at the hearing, but, despite the fact that none of you will likely be in the same legislative position again next year, am writing again with hopes that you'll take steps to explore what it would take for VT to restructure health care payments into a universal primary care system.

After watching videos of your Committee meetings, I was appalled to hear that your Chair indicated to your committee and the public last week that a section would be added to S.197 addressing the request for a universal primary care financing and operations study, but then took that off the table, then wasted time with VEHI, and now declaring we are hearing you're out of time. It almost looks like a planned bait and switch.

In my testimony about paying approximately \$34,000/year for health care premiums and all of our other health care needs. When two other mothers spoke after me, I actually felt lucky as their costs were much higher for less coverage (e.g. just catastrophic care). I also realized that collectively, my family and these two other women's families are redirecting over \$100,000/year that used to go into Vermont's economy to insurance company profits. I used to put \$10k - \$12k into retirement each year but cannot do that, which means I'll be less financially independent as I age and risk reliance on Vermont taxpayers later in life.

Yesterday, I heard [this story](#) on National Public Radio that interviewed a Forbes News health care reporter about the impacts of losing ACA health care subsidies. He shared some interesting data:

1. When the health care exchange started, 8 million people signed up; under Biden, Congress enhanced the subsidies and during his administration, enrollment reached 24 million (my family being one of those).
3. When Congress deleted the health care subsidies last fall, their theory was that this would create a big market for health insurance coverage and more competition for insurance companies, and they would move into more markets and sell more insurance so price competition would prevent costs from climbing too high (classic Adam Smith invisible hand of the marketplace economic theory).
4. Instead, insurance companies are leaving the marketplace. CVS/Aetna - a nicely vertically integrated corporation - dropped health insurance. Cigna declared May 1, 2026 that they are leaving the health care exchange marketplace and [only focusing on employer-based care](#). Will Vermont face a BC/BS monopoly with zero price competition?
5. Next, new Medicaid and SNAP work requirements going into effect Jan. 1, 2027 mean that it will be even harder for people with low and zero incomes to sign up for health care. Many people who live on the streets, in shelters, and in subsidized apartments have physical and mental health limitations that prevent them from working. Once they are no longer eligible for Medicaid and SNAP, they will use ER care for their regular health care needs plus their hunger-related health care needs. Hunger is a leading cause of poor

health as a driver for chronic disease, mental illness, and cognitive impairment. "It leads to conditions like diabetes, high blood pressure, and heart disease, while causing developmental delays in children and increasing anxiety, depression, and infections," according to Feeding America.

In Vermont, we are now seeing increasing disparities among those who are insured versus uninsured. In 2024, approximately 30,000 to 32,000 Vermonters were enrolled in ACA (Affordable Care Act) exchange plans through Vermont Health Connect, with over 90% to 95% of them receiving federal subsidies. Those enrolled in the VT exchange declined by 6% by 2026. 25- to 34-year-olds and Northeast Kingdom residents face higher rates of being uninsured.

The Kaiser Family Foundation's CEO said, "we have neither a competitive nor regulated system—we have a fragmented, micromanaged system that inflates costs and makes patients and professionals miserable."

Given the fact that most of you will not be in the same position in the legislature next year, why wouldn't you include an amendment to S.197 to study a universal health care plan?

Thank you,  
Liz

Liz Curry she/her  
Burlington, VT