



LINDA JOY SULLIVAN: FEDS AN UNRELIABLE PARTNER IN HEALTH CARE

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Editor's note: This commentary is by Rep. Linda Joy Sullivan, of Dorset, a Democrat who represents the Bennington-Rutland district in the Vermont House of Representatives.

It's time to revisit single-payer. At a minimum, we in Vermont need to have a serious conversation about alternative health care payment approaches.

After the administration's decision to line up with Syria against the world on the climate change front, you

have to question whether the federal government remains a reliable partner. Federal policy seemed driven in that instance more by a desire to undo an Obama administration accomplishment than by anything else.

The same appears true on the health care front.

The disavowal of the Paris climate accords prompted an interesting and thought-provoking response. A number of states, including California and New York, announced that they would chart their own course in protecting the environment. On the environmental front, then, those responsible at the state level for a large segment of our U.S. population considered the “feds” as having too narrow a view of our mutual well-being and decided to resort to self-help.

We are now, of course, all asking what’s in store for us in the next several years in terms of the federal commitment to our health care programs. Even if we can in the short-term get past the current plan to scuttle Obamacare, can we truly trust the feds to do the right thing in the coming years? Given the apparent appetite by our federal partners to curtail the guaranty of basic health care for those most in need of help, we should be discussing right now whether we have options that would help immunize us from unwise policy choices made in Washington, D.C., by others not so much focused on the well-being of Vermonters.

If not attained this year through the repeal of the Affordable Care Act, we will face a continuing threat during this administration of not only deep cuts to federal health care spending but substantial reductions in the federal commitment to help fund essential social services.

The proposal voiced during last year’s presidential campaign to allow those approaching retirement to “buy in” to Medicare really struck a chord with many. Gradual expansion of the federal health guaranty for the aged to those who would agree to help bear the cost of expansion made a lot of sense. The Medicare program works well. Offering a buy-in option to persons approaching their retirement years would have allowed us to try out a model that would inch us closer to universal health care. Delivery systems could be tested. Costs could be assessed. The effects on tax rates and the extent of the need to rely on public funding could be measured.

Unfortunately, we may be past the time where we can resort to incremental approaches. If not attained this year through the repeal of the Affordable Care Act, we will face a continuing threat during this administration of not only deep cuts to federal health care spending but substantial reductions in the federal commitment to help fund essential social services. That’s why we’ve planned to have our legislators called

back to Montpelier for a rare October session — we need to be ready immediately to lessen the negative effects to Vermonters of impending federal spending cuts.

The better vision, of course, is not to be left to simply wait and react year after year to federal budget cuts but to start to come up with our own forms of long-term self-help.

We in Vermont undertook a study a few years ago of the feasibility of launching an “all in” single-payer model. Single-payer, like the Medicare buy-in option, has captured the imagination of many. Single-payer is consistent with health care models adopted by compassionate governments around the world. It works, but at a cost. While the Shumlin administration ultimately determined the financial challenges too great to overcome, it’s time either to give the proposal renewed consideration or to devise another approach entirely.

Under our current system, we are spending Vermont health care dollars to providers who are being paid through a patch quilt of funding sources – from the hundreds of millions we give to a largely disjointed local community mental health delivery system, to the private-insurance-funded provider networks, to the now at risk “expanded Medicaid”/ACA system, to the brand new, complicated and entirely untested “all-payer model” we agreed to with the federal government in the last months of the Obama administration. While this latter initiative, the “all-payer” approach, represents a solid, cutting-edge health care payment reform measure, it can by law be terminated by the feds – that suddenly most unreliable of partners – if the Trump administration finds that the model does not serve adequately to achieve budget neutrality objectives.

We should consider anew whether we can chart a better Vermont approach to health care delivery. The concept of blending Medicare payments, Medicaid funding, private insurance dollars and any necessary public subsidies into one payment fund administered by a “single payer” is ambitious, to say the least. Some say emphatically that it’s economically unworkable because it would require an unacceptable increase in taxes. Admittedly, it might not work. But the health care policy landscape has changed for the worse since we last had the discussion. Single-payer is an option that should at least be part of a larger conversation, and renewed consideration, of innovative approaches to providing health care that will work for Vermonters over the long term.

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