

1 VERMONT MEDICAL SOCIETY
2 RESOLUTION
3

4 **Issuing an Annual Progress Report on State Government's**
5 **Compliance with the Act 48 Principles**

6
7 *Adopted October 29, 2011*

8 Whereas, Governor Shumlin's Health Care Reform Bill was signed into law May 26, 2011 as Act 48; and

9 Whereas, under Act 48, a five person Green Mountain Care Board was established to oversee cost
10 containment strategies and the Vermont Health Benefit Exchange was created to help achieve universal
11 insurance coverage, anticipating the evolution of the Health Benefit Exchange into Green Mountain Care;
12 the state's publicly- financed health care system for all Vermonters; and

13 Whereas, under 18 V.S.A. § 9371 of the Act, 14 principles are adopted as the framework for reforming health
14 care in Vermont; and

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16 Whereas, under section 9375(a), the Green Mountain Care Board is directed to execute its duties consistent
17 with the principles expressed in section 9371; and

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19 Whereas, the Board is further directed to review and approve Vermont's statewide health information
20 technology plan to ensure that the necessary infrastructure is in place to enable the state to achieve the
21 principles expressed in section 9371; and

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23 Whereas, annually the Board is required to submit a report of its activities to the general assembly
24 identifying how the work of the board comports with the principles expressed in section 9371; and

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26 Whereas, sections 721 and 9377(a) addressing payment reform both state that it is the intent of the general
27 assembly to achieve the principles stated in section 9371; and

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29 Whereas, under principle (1) of section 9371, the state of Vermont must ensure universal access to and
30 coverage for high-quality, medically necessary health services for all Vermonters; and

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32 Whereas, under principle (2), overall health care costs must be contained and growth in health care spending
33 in Vermont must balance the health care needs of the population with the ability to pay for such care; and

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35 Whereas, under principle (4), primary care must be enhanced so that Vermonters have care available to them
36 and the educational and research missions of the state's academic medical center, the nonprofit missions of
37 the community hospitals, and the critical access designation of rural hospitals must be supported in such a
38 way that all Vermonters have access to necessary health services and that these health services are
39 sustainable; and

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41 Whereas, under principle (5), every Vermonter should be able to choose his or her health care providers; and

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43 Whereas, under principle (6), Vermonters should be aware of the costs of the health services they receive and
44 they should be transparent and easy to understand; and

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46 Whereas, under principle (7), individuals have a personal responsibility to maintain their own health and to
47 use health resources wisely; and
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1 Whereas, under principle (8), the health care system must recognize the primacy of the relationship between
2 patients and their health care practitioners, respecting the professional judgment of health care practitioners
3 and the informed decisions of patients; and
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5 Whereas, under principle (9), Vermont’s health delivery system must seek continuous improvement of health
6 care quality and safety and of the health of the population and promote healthy lifestyles; and
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8 Whereas, under principle (10), Vermont’s health care system must include mechanisms for containing all
9 system costs and eliminating unnecessary expenditures, including by reducing administrative costs; and
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11 Whereas, under principle (11), the financing of health care in Vermont must be sufficient, fair, predictable,
12 transparent, sustainable, and shared equitably; and
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14 Whereas, under principle (12), the system must enable health care professionals to provide, on a solvent
15 basis, effective and efficient health services; and
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17 Whereas, under principle (13), Vermont’s health care system must operate as a partnership between
18 consumers, employers, health care professionals, hospitals, and the state and federal government; and
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20 Whereas, under principle (14), state government must ensure that the health care system satisfies the
21 principles in section 9371; and
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23 Whereas, principle (9) also calls for the regular evaluation of improvements in access, quality, and cost
24 containment and principle (3) calls for public participation in the evaluation, and accountability mechanisms
25 of the health care system; and
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27 Whereas, under Act 53, the Department of Banking, Insurance, Securities and Health Care Administration
28 (BISHCA) publishes annual hospital community reports containing information about quality, financial
29 health, costs for services, and other hospital characteristics; and
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31 Whereas, BISHCA also publishes an annual health plan report card on a variety of performance measures
32 that include: experience of care and service, preventive care, acute illness care and chronic illness care; and
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34 Whereas, the AMA’s National Health Insurer Report Card provides physicians and the general public a
35 reliable source of critical metrics concerning the timeliness and accuracy of claims processing by health
36 insurance companies; and

37 Whereas, many of the Act 48 principles lend themselves to annual measurement based on a baseline and
38 appropriate metrics; and

39 Whereas, independent review of results is the cornerstone of scientific accountability; now therefore be it

40 **Resolved, the Vermont Medical Society will facilitate the publication of an annual progress report on**
41 **the success of state government in achieving the Act 48 section 9371 principles; and be it further**

42 **Resolved, the Vermont Medical Society will actively seek the involvement and support of other**
43 **independent organizations in developing and disseminating the annual Act 48 principles progress**
44 **report.**