VERMONT MEDICAL SOCIETY
RESOLUTION

Issuing an Annual Progress Report on State Government’s
Compliance with the Act 48 Principles

Adopted October 29, 2011

Whereas, Governor Shumlin’s Health Care Reform Bill was signed into law May 26, 2011 as Act 48; and
Whereas, under Act 48, a five person Green Mountain Care Board was established to oversee cost
containment strategies and the Vermont Health Benefit Exchange was created to help achieve universal
insurance coverage, anticipating the evolution of the Health Benefit Exchange into Green Mountain Care:
the state’s publicly-financed health care system for all Vermonters; and

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

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

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

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

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

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

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

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

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

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

Whereas, under principle (7), individuals have a personal responsibility to maintain their own health and to
use health resources wisely; and
Whereas, under principle (8), the health care system must recognize the primacy of the relationship between patients and their health care practitioners, respecting the professional judgment of health care practitioners and the informed decisions of patients; and

Whereas, under principle (9), Vermont’s health delivery system must seek continuous improvement of health care quality and safety and of the health of the population and promote healthy lifestyles; and

Whereas, under principle (10), Vermont’s health care system must include mechanisms for containing all system costs and eliminating unnecessary expenditures, including by reducing administrative costs; and

Whereas, under principle (11), the financing of health care in Vermont must be sufficient, fair, predictable, transparent, sustainable, and shared equitably; and

Whereas, under principle (12), the system must enable health care professionals to provide, on a solvent basis, effective and efficient health services; and

Whereas, under principle (13), Vermont’s health care system must operate as a partnership between consumers, employers, health care professionals, hospitals, and the state and federal government; and

Whereas, under principle (14), state government must ensure that the health care system satisfies the principles in section 9371; and

Whereas, principle (9) also calls for the regular evaluation of improvements in access, quality, and cost containment and principle (3) calls for public participation in the evaluation, and accountability mechanisms of the health care system; and

Whereas, under Act 58, the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) publishes annual hospital community reports containing information about quality, financial health, costs for services, and other hospital characteristics; and

Whereas, BISHCA also publishes an annual health plan report card on a variety of performance measures that include: experience of care and service, preventive care, acute illness care and chronic illness care; and

Whereas, the AMA’s National Health Insurer Report Card provides physicians and the general public a reliable source of critical metrics concerning the timeliness and accuracy of claims processing by health insurance companies; and

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

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

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

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