

1 VERMONT MEDICAL SOCIETY RESOLUTION

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3 Support of a single-payer, national health program

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5 *As adopted at the VMS Annual Meeting on November 7, 2020*

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8 **BE IT RESOLVED** that the Vermont Medical Society express its support for
9 universal access to comprehensive, affordable, high-quality health care through a
10 single-payer national health program; and be it further

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12 **RESOLVED** that the Vermont Medical Society will support a national health
13 program provided it meets these core criteria and principles:

- 14 a) Promotes universal, equitable coverage for all US residents (regardless of
15 immigration status);
- 16 b) Provides comprehensive and high quality coverage for all medically necessary
17 or appropriate services, including inpatient and outpatient hospital care,
18 primary and preventive care, long-term care, mental health and substance use
19 disorder treatment, dental, vision, audiology, prescription drug and medical
20 devices, comprehensive reproductive care (including maternity and newborn
21 care, and abortion),
- 22 c) Prioritizes affordability for all, including: no cost sharing (no premiums,
23 copays or deductibles), a ban on investor-owned health care facilities, and
24 prescription drug prices to be negotiated directly with manufacturers;
- 25 d) Reimburses physicians and health care practitioners in amounts that are
26 sufficient, fair, predictable, transparent and sustainable, while incentivizing
27 primary care;
- 28 e) Allows for collective participation by physicians and other practitioners in
29 negotiating rates and program policies;
- 30 f) Promotes global operating budgets for hospitals, nursing homes and other
31 providers. Continues to move away from fee-for-service reimbursement
32 models to more flexible payment models that incentivize better outcomes and
33 more coordinated care;
- 34 g) Allocates capital funds for hospitals separately from operating budgets;
- 35 h) Eliminates the role of private health insurance companies, thereby greatly
36 reducing administrative costs and burdens on clinicians;
- 37 i) Allocates funding for graduate medical education that assures adequate
38 supply of generalists and specialists
- 39 j) Reforms medical school costs to reduce the amount of debt recent graduates
40 face;
- 41 k) Protects the rights of healthcare and insurance workers with guaranteed
42 retraining and job placement;
- 43 l) Provides high quality software (EMRs) developed in public sector and
44 provided free to all practitioners;
- 45 m) Creates a legal environment that fosters high quality patient care and relieves
46 clinicians from practicing defensive medicine; and
- 47 n) Is funded through a publicly financed system, based on combining
48 administrative savings and the current sources of public funding, with modest
49 new taxes based on individual's ability to pay