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VERMONT MEDICAL SOCIETY RESOLUTION

Reaffirming VMS principles of health reform & statement of need for universal coverage

Submitted by Glen Neale, M.D. for adoption at VMS Annual Meeting on November 7, 2020

WHEREAS, since 1992, the Vermont Medical Society has supported all Vermonters having access to universal and comprehensive health coverage that includes a basic package of benefits;¹ and

WHEREAS, in 2003, VMS Adopted a Resolution “Improvement of Vermont’s Health Care System,” outlining the priorities VMS will pursue to improve Vermont’s health care system, including universal coverage, eliminating the under-reimbursement of health care practitioners and maximizing the percent of health care dollars that support the direct provision of patient care;² these principles were further defined in the 2005 Resolution “Steps for the Improvement of Vermont’s Health Care System;”³ and

WHEREAS, on January 21, 2020, the American College of Physicians (ACP) published an article entitled “Envisioning a Better U.S. Health Care System for All: Health Care Delivery and Payment System Reforms”⁴ in which the ACP stated its support for universal access to high-quality health care in the United States, and

WHEREAS, the United States is the only wealthy industrialized country without universal health coverage; spending more on health care than its peers with health care spending continuing to increase at an unsustainable rate; care remaining unaffordable for many Americans (including insured persons) and health outcomes lagging behind those of countries with universal coverage,ⁱ and

WHEREAS, the ACP policy paper maintains specific recommendations are necessary to reform national, state and local health care systems of payment, delivery, and information technology in order to achieve a national universal health coverage system for all Americans, and

WHEREAS, the ACP's recommendationsⁱⁱ include:

- a. increased investment in primary care;
- b. alignment of financial incentives to achieve better patient outcomes, lower costs, reduce inequities in health care, and facilitate team-based care;
- c. freeing patients and physicians of inefficient administrative and billing tasks and documentation requirements;
- d. and development of health information technologies that enhance the patient–physician relationship, and

¹ <http://vtmd.org/sites/default/files/VMS%20Policy%20Book%20Updated%202018%20-%20Final%20%281%29.pdf> (page 46)

² <http://vtmd.org/sites/default/files/VMS%20Policy%20Book%20Updated%202018%20-%20Final%20%281%29.pdf><http://www.vtmd.org/sites/all/themes/vms/documents/policies/2003/2003HealthCareSystemsResolution.pdf>

³ <http://vtmd.org/sites/all/themes/vms/documents/policies/2005/2005%20Health%20Care%20Reform.pdf>

⁴ [Shari M. Erickson, MPH, Brian Outland, PhD, Suzanne Joy, MPP, Brooke Rockwern, MPH, Josh Serchen, BA, Ryan D. Mire, MD, Jason M. Goldman, MD, for the Medical Practice and Quality Committee of the American College of Physicians https://doi.org/10.7326/M19-2407](https://doi.org/10.7326/M19-2407)

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WHEREAS, the ACP states that a government-funded, single-payer strategy is one way to achieve universal coverage, but maintains adoption of a single-payer system would be “highly disruptive and could lead to price controls that would perpetuate flaws in the current Medicare payment system, including the undervaluation of primary care;” and

WHEREAS, the ACP states that a “public option” is another strategy that could achieve universal coverage, but maintains that public option proposals also have “disadvantages such as complexities that could require price controls and lower reimbursement rates that undervalue primary care;” and

WHEREAS, investing in more patient-centered, comprehensive primary care can mean more short-term costs on the front end but generate significant savings down the road in the form of better health outcomes and reduced hospitalizations or services in acute care settings,ⁱⁱⁱ and

WHEREAS, the COVID 19 pandemic and drop off in in-person health care services has highlighted the need for more consistent, predictable payments for health care services, especially primary care;⁵ therefore be it

RESOLVED that the Vermont Medical Society reaffirms its support as stated in 1992, 2003 and 2005 for universal access to comprehensive, affordable, high-quality health care centered on an increased investment in primary care, reduced administrative burden and public health interventions that address the social determinants of health and be it further

RESOLVED that the Vermont Medical Society recommends that any national, universal health coverage system, including a single-payer health program or a government-sponsored public option, be designed to satisfy the following principles and will determine its support for a national universal health coverage system based on meeting these criteria:

- a. **Must provide equitable access to essential benefits and emphasize evidence-based, high value care for all;**
- b. **Cost sharing must not undermine access to evidence-based, high-value and essential care, particularly for low-income patients and patients with certain defined chronic diseases and catastrophic illnesses. Critical healthcare needs must be covered without causing financial insolvency;**
- c. **Medical payments and reimbursement for care must be sufficient to ensure access to necessary care, especially primary care, and must expand beyond current Medicare rates;**
- d. **Must include an automatic and mandatory enrollment mechanism and provide relief from burdensome administrative and regulatory requirements;**
- e. **Payments and charges must be transparent and predictable in order to make it easier for patients to navigate and receive necessary care;**
- f. **Health information technologies must enhance the patient-physician relationship, facilitate communication across the care continuum, and support improvements in patient care.**

RESOLVED that the Vermont Medical Society continues to support state-based health reforms in Vermont that meet the criteria VMS established for state-based health reform in 2003 and 2005, including participation in the All-Payer Model; and be it further

⁵ <https://www.latimes.com/politics/story/2020-06-17/coronavirus-change-how-you-go-to-doctor>

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RESOLVED that the VMS also supports continued improvements in the current pluralistic system, including the ACA and the current employer-based system, even as the United States transitions to new approaches to achieve universal coverage.

ⁱ *Papanicolas I, Woskie L, Jha A. Health care spending in the United States and other high-income countries. The Commonwealth Fund. 13 March 2018. Accessed at www.commonwealthfund.org/publications/journal-article/2018/mar/health-care-spending-united-states-and-other-high-income on 17 June 2019.*

ⁱⁱ *Shari M. Erickson, MPH, Brian Outland, PhD, Suzanne Joy, MPP, Brooke Rockwern, MPH, Josh Serchen, BA, Ryan D. Mire, MD, Jason M. Goldman, MD, for the Medical Practice and Quality Committee of the American College of Physicians <https://doi.org/10.7326/M19-2407>*

ⁱⁱⁱ *Health Care Cost Institute. 2016 health care cost and utilization report. 19 June 2018. Accessed at www.healthcostinstitute.org/research/annual-reports/entry/2016-health-care-cost-and-utilization-report/ on 2 December 2019.*