

Submitted on Monday, December 10, 2018 - 5:06pm

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Topic: ACOs

Comment:

I appreciate the opportunity to comment on the OneCare Vermont FY19 ACO Budget. After researching OneCare Vermont, and ACOs in general, I highly recommend that you do not grant OneCare Vermont their proposed \$903 million (which is an increase of \$257 million) for its 2019 budget.

The premise of ACOs is that overspending on healthcare in our country is a result of Fee for Service and overuse of healthcare, but study after study (as well as simple observation of economic reality) shows that overspending comes from exorbitant overpricing (particularly on the part of pharmaceutical corporations) and waste (primarily overspending on administration).

There is a further premise that coordination of care, along with analytics, leads to decreased costs. But this has not been proven to be true. OneCare Vermont has not decreased spending. It actually has increased healthcare costs, mainly because of more bureaucracy.

Back in 2011, the Vermont legislature passed Act 48, mandating universal healthcare. Act 48 recognizes that healthcare is a public good. An ACO, as you know, is a private corporation that gets prepayments from Medicare, Medicaid, and private insurers and then pays the doctors and hospitals, based on the number of patients they care for who are "attributed" or assigned to the ACO. Thus, ACOs such as OneCare, in changing the way in which providers are paid, add another layer of wasteful bureaucracy. They are a step away from providing healthcare as a universal public good.

Given this, and given the role of the GMCB in potentially holding OneCare Vermont accountable to the people of Vermont, I urge you to scrutinize OneCare's budget carefully, and to refuse to give them more public monies.

Perhaps that extra \$257 million in public funds that OneCare is asking for could be used instead for actual healthcare expenses, in a step toward truly treating healthcare as a public good.