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Topic

Hospital Budgets

Comment

So it is time once again to stare down the barrel of huge hospital fee submissions. As a single-payer health care activist, I have constantly been told by the experts that single-payer (better known as Medicare-for-All) is too expensive, that it is inefficient, has long wait times, that it will give worse health care for our dollars, and all the rest of it. We cannot do UPC (Universal Primary Care for all Vermonters), for example, because it is too expensive. Well, now we have seem to have a perfect example of the hypocrisy of these arguments in that here we are, once again, looking at yet more double-digit rate increases.

Under this system, it's always going to cost more, not less. The system as it is now will continually gobble up whatever it can from us and leave those who cannot pay behind to fend for themselves or die if they cannot do that. The billions that Vermonters have spent on OneCare, or "value-based care," have not saved us a single dime or have improved our access to health care in any conceivable way. It's just a way to pass of Medicare/Medicaid into private hands, which is what Liz Fowler at CMS is going for. She will no doubt get a lucrative job in the private sector as a reward for doing this after her tenure at CMS is over.

I have read the public comments here. I take umbrage at one letter that said Medicaid recipients are responsible and we must hold the poor accountable. I am a former Medicaid recipient, now Medicare (traditional and not the rip-off of Advantage programs) and I've been working for 55 years. I am still working, and will be working until I cannot walk anymore or they shovel me under. The fault is not Medicaid, but how the American system deliberately enhances poverty. Rather than fault poverty, which America seems to enjoy, we should look at the stratospheric salaries of what a woman wrote in a Vtdigger letter, "hugely inflated salaries of UVMMC's executive monarchy (https://vtdigger.org/letters_to_editor/corporate-profiteering-health-care/). These salaries come off of our backs in premiums and the weekly taxes deducted from our paychecks. These salaries do nothing for our health care. Medicaid at least does something. It saved my life.

One excuse cited for the rate increases is the cost of travelers. I will not debate this here, but defer to another public comment which talked about how hiring travelers is cheaper in the long run as they can then skimp on employee salaries, benefits, the housing problem, and so on. There must be a reason why unions at UVMMC have felt the need to go on strike. While this, of course, is typical American corporate culture (I have been a victim of this), we Vermonters should not be forced to subsidize it through constantly raising fees. If this is so, then UVM must deal with it themselves and not pass the costs onto

us who are already subsidizing them to the tune of millions of dollars and who are barely hanging on with having to subsidize everything else that is also rising dramatically as well on our finite wages.

I do not envy the GMCB members having to face these requests, not just from UVM, but from all the hospitals, and have to balance them against Vermonters ability to absorb more and more and more rate increases because we treat health care as a capitalist enterprise and not as a public good. This is a thankless job.

Yet, there is a way. The same comment that criticized Medicaid also suggested that we look to the Scandinavian countries and how “they manage their health care systems.” I fully agree with this statement. In short, these countries take “the market” out of health care and do not treat health care as a consumer product. While no health care system is absolute nirvana, they do not have hospitals and insurance companies with such highly paid CEOs requesting double-digit rate increases on us every year to make up for their deficiencies or corporate decisions.

We need to revisit Act 48 and summon the moral and political courage to take “the market” out of our health care.

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