Presentation to the Health Industry Forum

Vermont’s Health Benefit Exchange: Foundation for a Single Payer

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July 13, 2011
Major components of Act 48 (Vermont Health Reform Bill of 2011)

- Green Mountain Care Board
- Vermont Health Benefit Exchange
- Detailed Planning for Green Mountain Care (single payer)
The Shumlin Administration’s version of the Exchange

- All non-group and small group coverage sold through the Exchange
- Small group defined as <100 employees
- Tightly integrated with Medicaid
- Serves public employees to the extent allowed under federal law
- Vehicle for administrative simplification and modernization (with federal $)
- Vehicle for covering the uninsured (with federal $)
- Transition to single payer
The finish line

- Health care is a right – all Vermonters are covered
- Health care costs are sustainable – closer to our rate of economic growth
- Providers are paid fairly
- Everybody pays their fair share
- Vermont is the best place to do business
- Vermont is the best place to practice medicine

We see the Exchange as one tool for getting where we want to go...
My fears about Exchanges

- We may not be able to marry social program and private market functions
- Feds are providing lots of resources, but they go mostly to contractors, and not to making states smarter or more capable in a sustained manner
- We have no clue about the potential “gaming” of the system – very difficult to evaluate the likely market, pricing, risk selection*

* See Rick Curtis, 1990s – the issues are still the same!