

The League of Women Voters of Vermont supports a publicly-funded, single-payer, comprehensive, universal, equitable health care system. Funding should be separated from employment status, and be supported by broad-based taxes on earned and unearned income.

The state of Vermont is way ahead of other states in helping provide care for people, but we have gone as far as we can under the present scheme of patchwork of public/private payers. People are still being left out and still can't afford the care they need

All medically necessary services should be covered, using evidence-based best practices. This should include, beside hospitalization, preventive, chronic, psychiatric, home care, licensed alternative care and dental.

The League supports the establishment of mechanisms to adequately control total system expenditures for health services while maintaining standards of quality care. The League believes that the rate of increase in medical spending can be controlled through savings in administrative costs inherent in a single payer system; efficiencies provided through information technology; emphasis on preventive care; price negotiation for pharmaceuticals; global budgeting for hospitals; and the implementation of evidence-based best practices (the Mayo and Cleveland Clinics cite this last as the most important change in terms of cutting costs).

The League supports making the necessary up-front investment in order to take advantage of the benefits of a coordinated, statewide information technology system. All the proposed solutions for Vermont's health care crisis include coordinated health care information technology. The state's Health Resource Allocation Plan lists the following priorities: electronic health/patient records; chronic disease registry; bar-coded medication administration systems; computerized physician order entry; clinical decision support; telemedicine; picture archiving and communications systems. Technology also has a role to play in billing and purchasing and personnel records, etc. The Vermont Veterans Administration has found their IT system has reduced medical error rates and duplication of care.

This does not have to be an experiment. There are well-established models throughout the world to guide you in your work to establish a real *system* to replace the awkward, complicated programs now

in use to provide medical care.

We don't want more of the same incremental programs that merely tinker around the edges

Any new system must include everyone in the same program

We want you to seriously take up single payer and begin to work on the details of making that happen.

S.88 and H.100 gives you a framework for taking this step.

Thank you.