

NATIONAL RECOGNITION OF VERMONT'S HEALTH CARE REFORM

Affordable, comprehensive and quality health care is essential for the well-being of Vermonters. With over 35 specific initiatives, Vermont's health care reform efforts are designed to simultaneously increase access, improve the quality, and contain the costs of health care for Vermonters. Vermont is routinely cited as a national leader due its comprehensive approach to health care reform. Following are just a few examples of this recognition:

Enactment of ambitious health reform laws in Massachusetts and Vermont in the spring of 2006 helped instigate a new wave of state legislative activities to expand coverage to uninsured people and to achieve other health system reforms....As of 31 December 2007, no state other than Massachusetts and Vermont had enacted a comprehensive reform agenda, ... Enacting comprehensive reforms takes longer, substantively and politically, than winning approval for more targeted and incremental reforms.

Health Affairs Journal: A Progress Report On State Health Access Reform, McDonough, Miller and Barber, January 2008.

<http://content.healthaffairs.org/cgi/content/full/27/2/w105?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=McDonough&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>

The Health Care Affordability Act (Act 191) integrated the aim of universal access to health insurance with other initiatives centered on comprehensive coordinated care (especially for people with chronic diseases) and payment reform. With its broad scope, Vermont health care reform effort has taken longer to gain momentum than many physicians and policymakers in the state expected. But with various pilot projects and educational efforts now under way through Blueprint and with Catamount slowly but steadily growing in enrollment, people are starting to appreciate that the state's health care is undergoing system-wide changes. Should the state succeed in its many endeavors, it will transform from its current fragmented, individually provided, fee-for-service health care system to a more collaborative, community-oriented system.

Annals of Internal Medicine: Vermont Health Care Reform Aims for More Coverage, Less Expense, and Better Care, May 2008. <http://www.annals.org/cgi/content/full/148/10/797>

With the problem of the uninsured continuing to grow, states have taken the lead in developing proposals to reform their health care systems with the goal of significantly increasing the number of people with health care coverage. Only three states, Maine, Massachusetts and Vermont, have enacted and are implementing reform plans that seek to achieve near universal coverage of state residents.

The Kaiser Commission on Medicaid and the Uninsured: State Moving Toward Comprehensive Health Care Reform, July 3, 2008. http://www.kff.org/uninsured/kcmu_statehealthreform.cfm

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Maine, Massachusetts, and Vermont forged ahead with ambitious reform programs that aim to provide residents with universal or near-universal coverage. While Massachusetts garnered the most headlines, Maine and Vermont moved forward quietly with ambitious coverage reform agendas of their own. ... Policymakers are watching closely the results of the state's outreach efforts and the success of protections designed to discourage crowd out of employer-based insurance.

AcademyHealth / Robert Wood Johnson Foundation: State of the States Annual Report, January 2008. <http://www.statecoverage.net/pdf/StateofStates2008.pdf>

Top-performing states, such as Iowa and Vermont, have adopted policies to expand children's access to care and improve the quality of care. ...Iowa and Vermont have created children's health care systems that are accessible, equitable, and deliver high-quality care, all while controlling levels of spending and family health insurance premiums. Over the last decade, both states adopted policies to expand children's access to care and improve their quality of care. In particular, Iowa and Vermont expanded SCHIP and mandated that all child health plans and local and regional children's health systems publicly report data on the quality of care. This analysis indicates that such policies make a difference. ...

The Commonwealth Fund: U.S. Variations in Child Health System Performance: A State Scorecard, May, 2008. http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=687113

Only five of the 18 states—Colorado, Indiana, Maine, Minnesota, and Vermont—have a parity or more benefit for substance use disorders in at least one of their programs or proposals for the uninsured. ... The states that are generally viewed as closest to achieving universal coverage provide mental health parity as a component of their healthcare reform effort. ... Maine and Vermont include equal benefits for mental illness and substance use disorders and other health conditions in their programs.

National Alliance on Mental Illness, National Council for Behavioral Healthcare: Coverage for All: Inclusion of Mental Illness and Substance use Disorders in State healthcare Reform Initiatives, June 2008. <http://healthcareforuninsured.org/>

Through the Vermont Blueprint for Health, a public-private initiative to improve chronic care, Vermont is creating a patient registry to track patient medical conditions and treatments, guide chronic care treatment decisions, and measure health outcomes at the group and individual levels. ... The patient registry is one of many health information technology initiatives Vermont is pursuing. The Blueprint for Health is supporting development of a Health Information Exchange with Vermont Information Technology Leaders, the state's Regional Health Information Organization, whereby information from physician office electronic health records (EHRs), hospitals, and other sources will feed into a centralized repository. In addition, the state has established a health information technology fund, which will support EHR adoption in physician practices, among other initiatives.

The Commonwealth Fund: States in Action, Snapshots on Promising Programs, August/September 2008. http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=700662