History of Vermont health care reform efforts
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- **1983**
  - Hospital Data Council – cost-containment effort

- **1987**
  - Vermont implements a Home- and Community-Based Services waiver to provide Medicaid coverage for people in their homes instead of in nursing homes

- **1989**
  - Dr. Dynasaur created as a state-funded program to increase coverage for pregnant women up to 200% FPL and children under age 7 up to 225% FPL
  - VScript created as a state-funded Rx program for elderly and individuals with disabilities up to 175% FPL

- **1990**
  - Medicaid eligibility for children ages 1-5 increased to 133% FPL (from 100% FPL)

- **1992**
  - HIV/AIDS Insurance Assistance Program created
  - Act 160
    - Created the Health Care Authority
    - Called for a report that included one single-payer plan and one multi-payer plan
    - Legislature to decide between the two
    - Lots of other initiatives, including insurance reform

- **1995**
  - Act 14 authorizes VHAP, a Section 1115 Medicaid waiver permitting coverage of low income uninsured Vermonters and a pharmacy program for low income elderly and disabled. Financed with increase in cigarette tax.
  - Home- and Community-Based Services waiver approved for Traumatic Brain Injury patients

- **1996**
  - VHAP and VHAP-Rx implemented

- **1998**
  - Increased Medicaid and SCHIP eligibility for children up to 300% of FPL
• **1999**
  – VHAP eligibility increases to 185% FPL for parents and caretakers of eligible children.

• **2002**
  – Increased VHAP and Rx program cost-sharing.
  – Elimination of benefits, including vision care, dentures, chiropractic, & elective surgery

• **2003**
  – Adult eyewear coverage suspended indefinitely.
  – Premiums established in VHAP and Rx programs

• **2004**
  – Pharmaceutical marketers must disclose name of gift recipients and average wholesale price (AWP) of drugs marketed; reports made to the office of the Attorney General
  – Public programs must cover over-the-counter drugs
  – Vermonters can fill prescriptions by mail from pharmacies in Europe and Canada (I-SaveRx)
  – Long-term care partnership program established pending federal approval
  – Legislative approval for Section 1115 Medicaid waiver for home- and community-based services (Choices for Care; implemented in 2005)

• **2005**
  – VPharm created to provide wrap-around coverage to the Medicare Part D benefit
  – Vermont Information Technology Leaders group established to work toward a state-wide health information technology plan
  – Chronic care coordination program developed in Medicaid to control costs
  – Green Mountain Health bill vetoed by Governor
    • GMH established a publicly funded health plan for uninsured Vermont residents with a limited benefit, which would be expanded over time to a universal, complete benefit

• **2006**
  – Catamount Health and Catamount Health Assistance Program created for uninsured Vermonters, to be implemented Oct. 1, 2007
  – Employer-sponsored insurance premium assistance program created for VHAP/Catamount-eligibles with access to ESI when that is more cost-effective to the state, to be implemented Oct. 1, 2007
  – Blueprint for Health chronic care initiative codified (program began 2003)
  – Employer assessment implemented – administered through DOL
    • Employers that don’t offer insurance
• Non-eligible employees of employers who offer
• Uninsured employees of employers who offer
• Does not include seasonal or part-time employees in some instances

• 2007
  – VHAP and Dr. Dynasaur beneficiary premiums reduced
  – Catamount Health and Catamount Health Assistance Program implemented
  – Employer-Sponsored Insurance Premium Assistance Program implemented
  – Blueprint for Health – chronic conditions pilots begin
  – Electronic Medical Record pilots begin

• 2008
  – Focus on reducing obesity and healthy living
  – Small increases in Catamount Health eligibility (high-deductible plan exception; pregnancy not a preexisting condition)
  – Catamount preexisting condition amnesty (June 10 – November 1, 2008)
  – Health information technology fund and health information technology reinvestment fee created

• 2009
  – Small increases in Catamount Health eligibility (high-deductible threshold reduced, self-employment exception, depreciation as business expense)
  – Health information technology focus to access newly available federal funds
  – Studies on reform to health care delivery system to be performed during the interim
  – Increase in cost-sharing in VPharm and some reductions in benefits in Medicaid
  – Pharmaceutical manufacturer gift ban enacted
  – VPharm therapeutic equivalency pilot program created
  – CMS approval sought to reduce Catamount waiting period from 12 to 6 months and to provide federal funds for 200% - 300% FPL

• 2010
  – Consultant to design three options for health care system, to include single payer and public option
  – Payment reform pilot projects for insurers, Medicaid, Medicare
  – Expanded authority to BISHCA commissioner to limit hospital and insurer rate increases
  – Medicaid Clinical Utilization Review Board created
  – Blueprint expansions for primary care providers
  – Blueprint – health insurers required to participate as of January 1, 2011
  – Blueprint – hospitals required to participate as of July 1, 2011