

Comparison of Health Care Reform in Maine, Massachusetts & Vermont

Massachusetts and Vermont recently passed comprehensive health care reform legislation to provide affordable, quality coverage to every state resident. Maine passed similar legislation three years ago. These states offer important lessons as Connecticut policymakers consider universal health care coverage options.

| | Maine | Massachusetts | Vermont |
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| Precipitating conditions that led to reform | High health care costs High utilization rates High chronic illness rates Grassroots political pressure for universal health care | Potential loss of \$385 million federal funds Ballot question re. payroll tax for health care Strong political commitment from both legislative and executive branches Grassroots political pressure for universal health care | High Medicaid caseloads New Medicaid waiver allowing coverage of the uninsured High costs of chronic illness Grassroots political pressure for universal health care |
| History of health care reform | Long political history re. universal health care | Long political history re. universal health care | Long political history re. universal health care |
| When passed | June 2003 | April 2006 | May 2006 |
| Name of new plan | Dirigo Health Plan | Commonwealth Care Health Insurance Program | Catamount Health |
| Structure | Public-private pool for small business, individuals and self-employed Sliding scale premiums Part of a broader reform addressing cost, quality and access to care | State regulated private pool for all, esp. individuals & small business Assistance for low income residents | State regulated private insurance options for uninsured Sliding scale premiums Limited mainly to people who've been uninsured for 12 mon.s |

| | Maine | Massachusetts | Vermont |
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| Key features | Completely voluntary State Health Plan - broad input, resists fragmentation Disease management Health promotion | Allows all workers to pay for premiums with pre-tax dollars, for up to 30% savings Medicaid hospital rate increases dependent on quality performance | Strong emphasis on managing chronic illness No deductibles or copays for preventive or chronic care Creation of a uniform hospital uncompensated care policy |
| How is it funded | Premiums Started with state/federal \$ Sustained by insurance assessments = to savings from program | Premiums Employer payments General Fund Federal funds | Premiums Employer payments Increase tobacco taxes Federal funds |
| Employer mandate/fees? | No, there is an assessment on insurers and administrators of self-insured plans equal to savings due to program | Yes, employers who do not cover workers will pay \$295 per FTE and reimburse state for part of their workers' uncompensated care costs | Yes, employers who do not cover workers will pay \$365 per FTE; that fee will increase at the same rate as premiums in Catamount Health |
| Individual mandate? | No | Yes, if affordable coverage is available | No, may revisit in future |
| Cost saving measures | Voluntary budget limits on hospitals, insurers, providers CON program strengthened Price transparency Mandated electronic billing | Savings from covering the uninsured Cost and Quality Council to develop cost control measures | Significant public health and chronic care initiatives Assistance to carriers to reduce individual premiums by 5% Price transparency |

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| Changes to insurance regulation | Begin rate regulation of small group market | Merges individual and small group markets saving individual consumers up to 28% | Healthy Lifestyle Insurance Discounts |
| Quality measures | Maine Quality Forum - watchdog, evidence-based medicine, consumer wellness education, health IT | Cost and Quality Council to develop and monitor quality measures Health Disparities Council to monitor quality for underserved populations Hospital rate increases tied to quality performance | Free immunizations for all Blueprint for Health - create a chronic care infrastructure Medicaid chronic care management program Medical event reporting Health IT coordination Loan repayment program for health care professionals |
| Changes to Medicaid | Expanded - parents to 200% FPL, other adults to 125% FPL | Expanded - children to 300% FPL, all adults to 100% FPL Restores prior benefit cuts Expanded premium assistance to 300% FPL | Reduces premiums Increases reimbursements to doctors, hospitals, clinics |
| Savings to date | \$44 million first year | To begin July 1st | To begin October 2007 |
| Enrolled to date | 10,111 members, including 2,321 businesses | | |
| More information/ Sources | www.dirigohealth.com | http://www.mass.gov/legis/summary.pdf | http://www.leg.state.vt.us/HealthCare/catamount.htm |