

**Comparison of Health Reform Bills**

	<b>S.88/H.100 Health Care Financing and Universal Access</b>	<b>S. 181 Cost Containment in Hospitals</b>	<b>H.510 Public Health Care Coverage Option</b>	<b>H.372 Vermont Freedom Health Plan</b>	<b>H.512 Vermont hospital security plan</b>	<b>H.491 Single-Payer Health Care System</b>
<b>Coverage Expansion and Benefits</b>						
<b>Benefit Plan</b>	Hospital services covered first; Primary and preventive services second; Full package of essential health services  Details to be determined by the Board	Inpatient Services provided as part of global payment	Coverage for primary care, preventive care, chronic care, acute episodic care, hospital services, palliative care, dental services  Medicaid-eligible individuals get all traditional Medicaid benefits and all Green Mountain Care benefits  No limitations on pre-existing conditions  Presumptive eligibility at point of service	Preventive care and prenatal health services;  Additional services or coverage for qualifying diseases added over time	Health services received in a hospital	Comprehensive primary care, preventive care, chronic care, acute episodic care, and hospital services  Includes acupuncture, dental, vision, medical equipment, and long-term care  Benefits not covered: Health services with no medical benefit; Cosmetic services; Private rooms  No network
<b>Eligible population</b>	Vermont residents	Vermont residents	Vermont residents	Vermont residents	Vermont residents	Vermont residents  Visitors in VT billed;

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						May be extended to nonresidents employed in VT using sliding scale  Presumptive eligibility
<b>Private insurance coverage</b>	Allows wrap-around insurance products. Prohibits products that cover services provided through VermontCare	Current law; reinsurance fee to fund services provided in global payment	See new initiatives below	Not specifically addressed; could compete or wrap-around	Not specifically addressed; could compete or wrap-around	Private insurers may only offer supplemental policies to Ethan Allen Health after October 1, 2011.
<b>Cost-sharing</b>	Not addressed; could be included in benefits package report	Not addressed	Sliding scale deductibles; 20% co-insurance over 100% FPL; co-pays: \$10 office visit, \$25 emergency care in ER, \$75 non-emergency care in ER; out-of-pocket maximums \$800/\$1,500 for individual, \$1,200/\$2,250 for two-person group, \$1,600/\$3,000 for family for in-network/out-of-network services and include prescription drug co-pays  Prescription drugs – no deductible; sliding scale co-	Income sensitive minimal cost-sharing	Considered in revenue study (see below)	None

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			pays  No deductible/co-pays for chronic care management, primary, or preventive care			
<b>Timing</b>	Report on package due February 2, 2011  Hospital services implemented July 1, 2013;  Primary and preventive care July 1, 2012	Hospital fiscal year 2011	October 1, 2011	2011	January 1, 2012	October 1, 2011
<b>Revenue Sources</b>						
<b>Payroll Tax or employer contributions</b>	Not specified	Not included	Implements a 10% payroll tax on employers with five or more employees	Study to provide a proposal to tax gross annual payroll in excess of \$20k; schedule imposes a rate that varies with the range of average annual compensation	Considered in study	Study to provide a proposal for a payroll tax percentage for business
<b>Income Tax</b>	Not specified	Not included	Not included	Study to provide a proposal for increase in tax rate or a surcharge on the tax obligation	Considered in study	Study to provide a proposal for an income tax
<b>Individual</b>	Will be charged; TBD	Current law for	Premiums for individual, two-	Not specified	Considered in study	Study to provide a

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<b>Premiums</b>		health benefit plans	<p>person, and family plans</p> <p>Income increments based on 50 percentage point segments of federal poverty level (FPL)</p> <p>No premiums under 100% FPL; premiums range from 1.5% of income at 100% FPL up to 10% of income, with premiums not to exceed full per member per month cost of Green Mountain Care</p> <p>Income to be reported either on tax return or last two months' income; no reporting needed for changes of less than 10% or fewer than 45 days</p> <p>Explore possibility of allowing employees to pay premiums with pre-tax dollars</p>			proposal for an equitable, affordable, progressive sliding-scale premium structure based on aggregate costs
<b>Medicaid</b>	Incorporated into new plan with CMS approval	Incorporated into global payment to hospital	Incorporated into new plan with CMS approval	Wraps around services provided by new plan	Waiver sought to include	Incorporated into the new plan with CMS approval
<b>Other sources</b>	Revenue sources not specified in the bill, but would include premiums paid by	Hospital Services Insurance Fee on insurers' per capita share of the global	<p>Implements a candy and soda tax</p> <p>Directs revenues from the</p>		Study to provide a proposal which could include the above sources or a value-added tax, a	Study will proposal one or more of above revenue sources

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	beneficiaries.	hospital payments; paid quarterly	cigarette tax that currently go to Catamount Fund to the Green Mountain Care trust fund		sales tax, or an annual fee or other consumption tax.	
<b>Report Timing</b>	Not specified	N/A	n/a	January 1, 2010	January 1, 2011	January 15, 2011
<b>Delivery and Payments</b>						
<b>Hospital Budget</b>	<p>Develop global budget for each hospital considering the health resource allocation plan, unified health care budget, hospital budget reviews and global hospital payment, and all other revenue received by the hospital (e.g., out-of-state users of hospital)</p> <p>Establish budget adjustment criteria and process</p> <p>Develop three-year global budget process for future</p> <p>Global budget shall</p>	<p>Global hospital budget for each hospital considering:</p> <ul style="list-style-type: none"> <li>• Whether area has limited or excessive hospital resources</li> <li>• HRAP</li> <li>• Unified health care budget</li> <li>• Global hospital payment</li> <li>• Hospital payment paid by Medicaid and waiver programs</li> <li>• Estimated revenue</li> </ul>	<p>Global hospital budget for the state, with growth limited annually to CPI + 3%,</p> <p>Individual budgets for each hospital</p>	Current law	Global hospital budget for the state, with growth limited annually to CPI + 3%, but capital investments may be funded through charitable contributions	<p>Annual budgets – operating &amp; capital; Periodic capital investment plan;</p> <p>Maintains current hospital budget approval process</p>

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	serve as spending cap and growth shall be limited to CPI plus 3% (until HFY 2008, growth rate is target)	First year anticipates reduction in administrative costs  3 year global budget  Hospitals provide information to BISCHA				
<b>Hospital Payment</b>	Department to negotiate global hospital payment for each hospital to cover health services to Vermonters under VermontCare	Statewide global hospital payment for inpatient hospital services provided to Vermont residents	Agency of human services to pay each hospital a capitated payment for health services for Green Mountain Care enrollees and a negotiated payment on behalf of private insurers for their enrollees  Vermont hospital security trust fund to pay for health services provided by hospitals to all Vermonters, including those enrolled in Green Mountain Care	Annual budget allocations	Agency of human services to pay each hospital a capitated payment for health services and a negotiated payment on behalf of private insurers for their enrollees  Vermont hospital security trust fund to pay for health services provided by hospitals to all Vermonters	Pursuant to budget
<b>Other institutional payers</b>	Not addressed	N/A	Not addressed	Annual budget allocations	n/a	Same as hospitals
<b>Health Care Professionals payment</b>	Payment methods established by Board by rule after	N/A	Agency of human services to identify methods for provider payments	Payment methods may include uniform reimbursement (fee for	n/a	Negotiated rates; May pay for care coordination for

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	<p>consultation with health care professionals</p> <p>Board to consider at least capitated payments, incentive payments based on performance standards, fee supplements for specialized services if necessary, fee for service</p> <p>Payment Amounts - Intent to ensure reasonable payments and eliminate cost-shift due to low Medicaid reimbursement rates</p> <p>Department to negotiate rates with health care professionals using criteria</p> <p>Allows health care</p>		<p>Medicare rates + 10% for primary, preventive, and chronic care services; Medicare rates for all other services</p>	<p>service with volume controls); reference pricing reimbursement mechanisms; limits on specialists</p> <p>Negotiated</p>		<p>patients with chronic illness &amp; complex medical needs</p>

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	professional bargaining groups					
<b>Payments to out of state providers &amp; treatment of out of state residents</b>	<p>Department to contract with out-of-state hospitals that treat a sufficient volume of Vermonters (e.g., Dartmouth-Hitchcock) and for specialized treatments not available in Vermont</p> <p>Department to pay amount charged for out-of-state emergency services or services by referral and to offer reference pricing system for non-emergency services to allow an individual to pay the difference in cost to go out of state for a service that could be received in state</p>	<p>Negotiate individual global payments to out-of state hospitals that regularly treat a sufficient volume of Vermonters</p> <p>Out-of-state referrals or emergency services based on charges</p> <p>Reference pricing system developed for nonemergency inpatient hospital services</p>	<p>Agency of human services to contract with frequently used out-of-state hospitals to provide services to Green Mountain Care enrollees</p> <p>Provides payments to out of state hospitals for Vermont residents</p> <p>Collects payments for services at Vermont hospitals provided to out of state residents</p>	Not addressed	<p>Provides payments to out of state hospitals for Vermont residents</p> <p>Collects payments for services at Vermont hospitals provided to out of state residents</p>	<p>Residents out of state - emergency care at local rates; and non-emergency care at in-state rates</p> <p>Payments to retirees are at the in-state rate</p>
<b>Enforcement of budget</b>	Not addressed.	Superior court and administrative	Not addressed.	Not addressed.	Not addressed.	Not addressed

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		penalties on existing enforcement authority				
<b>Health Resource Planning</b>	Current law.	HRAP recommendations ensure access  CON approvals will be consistent with maintaining budget	Current law	Current law	Current law	Maintains certificate of need process, and health resource allocation plan.
<b>Care coordination</b>	Current law.	Current law	Current law	Current law	Current law	Each individual must have a care coordinator (primary care or specialist)
<b>Prescription Drugs</b>	Uses Medicaid prescription drug cost-containment initiatives in current statute	N/A	Moves Medicaid prescription drug provisions to Green Mountain Care chapter	Current law	N/A	Uses Medicaid prescription drug cost-containment initiatives in current statute
<b>Blueprint for Health</b>	Participation	Not addressed	Participation	Not addressed	Not addressed	Participation
<b>Other cost containment</b>	Cost containment targets for each sector	n/a	Medicare participation in the Blueprint for Health	n/a	n/a	Aggressive public health measures, early intervention and preventive care and promotion of personal health improvement

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						<p>Improve efficiency and improve quality</p> <p>Minimize administrative costs</p> <p>Reduce excess capacity in system</p> <p>Collects from collateral sources if another coverage source</p>
<b>Governance and Administration</b>						
<b>New Agency or Board Structures</b>	<p>Health care board</p> <ul style="list-style-type: none"> <li>• 3 part-time members; serving 3-year terms</li> <li>• Develops essential benefits package, payment methods, and payment rates for</li> </ul>	None	None	<p>Vermont Freedom Health Plan Board – 3 members</p> <p>Powers of a nonprofit</p> <p>Develops specific benefit coverage, payment methods and amounts</p> <p>Administers new plan through an RFP</p>	None	<p>Ethan Allen Health Board</p> <p>15 members ( 5 reps. from health planning boards; 2 consumers; 1 employer; 1 union rep; 6 providers)</p> <p>Administers health plan, fund, and cost containment</p> <p>Office of Health</p>

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	<p>VermontCare</p> <p>Acts as the regulatory and judicial board; Board to hear contested cases July 1, 2011</p> <p>Department of health care administration for administration of services, includes health quality unit</p>					<p>Quality and Planning – recommendations to the Board on improving quality, efficiency, and access to care</p>
<b>Regional Planning</b>	<p>Integrated systems of care; community health boards</p> <ul style="list-style-type: none"> <li>• Goal is to have communities integrate the delivery of care in Vermont and act to assess, prioritize and define the community's needs</li> <li>• Plan to be developed to establish a</li> </ul>	n/a	n/a	n/a	n/a	<p>Creates 5 health planning regions (Chittenden County and four others) with a board</p> <p>Members of the board are elected one per county, except Chittenden County will elect 3 members.</p>

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	<p>community health board in each region, no less than 3 regions</p> <ul style="list-style-type: none"> <li>• Create community needs assessment, budget, and evaluation of delivery systems</li> </ul>					
<b>Impact on Current Health Care Administration</b>	<p>Reorganizes Office of Vermont Health Access, Health Care Administration (part of BISHCA) and the division of rate setting (AHS) into one department</p> <p>Continues current functions of these entities (e.g., CON, hospital regulation, Medicaid, etc.)</p>	Not addressed	Uses current agency structure.	Not addressed	Uses current agency structure	<p>January 15, 2011, Ethan Allen Health Board shall propose consolidating government administration of health care to improve efficiency and reduce administrative costs;</p> <p>Board takes on Div. of HC Authority duties</p>

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	Establishes health care quality unit in the commissioner's office					
<b>Payers Included</b>	Waivers sought to include Medicare; Does not include Medicare and other federal payers	Medicaid payments included in global payment	All payments to hospitals; Waivers sought to include Medicaid and Medicare	Waiver sought to include Medicaid	All payments to hospitals; waivers sought to include Medicare and Medicaid	Waiver sought to include Medicaid, Medicare, and other federal payers to administer all funds and benefits through Ethan Allen Health
<b>Medicaid Impacts</b>	Consolidated into new plan	Payment for hospital services part of global payment	Consolidated into new plan  Maintains current premiums and cost-sharing for beneficiaries with incomes over 100% FPL whose benefits are funded through Medicaid waiver	Consolidated for services provided; wrap for all other existing services	Payment for hospital services part of global payment	Consolidated into new plan
<b>Other Provisions</b>						
<b>Medical Malpractice</b>	n/a	n/a	n/a	n/a	Implements mandatory arbitration in medical malpractice cases and admission of practice guidelines as passed in 1992. (implementation on July 1, 2010)	Implements mandatory arbitration in medical malpractice cases and admission of practice guidelines as passed in 1992. (implementation on

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						July 1, 2010)
<b>Individual Responsibility Requirement</b>	None	None	<p>Starting April 1, 2012, all Vermont residents must have a health plan that covers preventive services and is at least actuarially equivalent to Green Mountain Care</p> <p>New residents have 63 days to get coverage</p> <p>Must indicate coverage on income tax return unless claim religious exemption</p> <p>If no coverage, no indication on return, or insufficient coverage, subject to penalty of up to 50% of monthly Green Mountain Care premium for each month affected</p> <p>Penalty paid for through withholding of tax refund; if not enough, then Tax Department will bill for remainder</p>	None	None	None
<b>Coverage for dependents and young adults</b>	n/a	n/a	Requires private health insurance plans to cover adult children up to age 27 on parent's plan; no requirement	n/a	n/a	n/a

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			that employer contribute for dependent coverage			
<b>Small group and individual health insurance plans</b>	n/a	n/a	Requires small group and nongroup carriers to have minimum loss ratio of 90%  Prohibits preexisting condition exclusions  Allows purchase of nongroup insurance even if eligible for employer's plan	n/a	n/a	n/a
<b>Loan forgiveness program</b>	n/a	n/a	Appropriates \$500,000 in FY2012 to the AHEC loan forgiveness program for health care providers and health care educators	n/a	Appropriates \$500,000 in FY2012 to a new AHEC loan forgiveness program for hospitalists (physician or advance practice nurse who treats solely hospital patients)	n/a
<b>Rate Transparency</b>	n/a	n/a	n/a	n/a	Requires insurers to provide BISCHA with information about their negotiated rates with providers; BISHCA to report on its website	n/a