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**"COVERING THE UNINSURED: COSTS, BENEFITS, AND POLICY  
ALTERNATIVES FOR NEW ENGLAND"**

**A RESEARCH GUIDE TO ONLINE MATERIALS**

December 5, 2006

**Contents:**

[U.S. & New England](#)

[Connecticut](#)

[Maine](#)

[Massachusetts](#)

[New Hampshire](#)

[Rhode Island](#)

[Vermont](#)

## U.S. & New England

### Government agencies, government sites

#### **State and local government on the Net : state health departments and services.**

<http://www.statelocalgov.net/50states-health.cfm>

The State and Local Government Internet Directory provides convenient one-stop access to the websites of thousands of state agencies and city and county governments.

### Organizations and associations

#### **Families USA**

<http://www.familiesusa.org/>

Families USA is a national nonprofit, non-partisan organization dedicated to the achievement of high-quality, affordable health care for all Americans. Working at the national, state, and community levels, we have earned a national reputation as an effective voice for health care consumers for over 20 years.

#### **Healthcare Leadership Council (HLC)**

<http://www.hlc.org/>

The (HLC) is a not profit policy advocacy organization. The organization's stated mission is "improving the affordability, innovation, and quality of American health care - already the best in the world." See HLC's Honor Roll for Coverage Award Recipients at [http://www.hlc.org/html/healthcare\\_models.html](http://www.hlc.org/html/healthcare_models.html)

#### **National Academy for State Health Policy (NASHP).**

<http://www.nashp.org/>

The NASHP is a non-profit, non-partisan organization dedicated to helping states achieve excellence in health policy and practice. The organization has offices in Portland, Maine, and Washington, DC.

### Reports and statistics

#### **America's health rankings. Minnetonka, Minn. : United Health Foundation.**

2005 report:

[http://www.unitedhealthfoundation.org/shr2005/ahr05\\_email.pdf](http://www.unitedhealthfoundation.org/shr2005/ahr05_email.pdf)

These rankings are intended to provide useful information for creating the environments necessary for optimal health status.

#### **Characteristics of the uninsured : a view from the states. Princeton, N.J. : Robert Wood Johnson Foundation, 2005.**

[http://www.rwjf.org/files/research/Full\\_SHADAC.pdf](http://www.rwjf.org/files/research/Full_SHADAC.pdf)

This report reviews state-level data about adults who work but do not have health insurance coverage.

#### **Health and healthcare in the United States : county and metro area data. Bernan Press.**

Includes data on over 90 different items in four major categories: population characteristics, vital statistics, healthcare resources, and Medicare.

#### **Income, poverty, and health insurance coverage in the United States. U.S. Department of Commerce, Bureau of the Census.**

2005 with 2004 data:

<http://www.census.gov/prod/2005pubs/p60-229.pdf>

Previous editions:

<http://www.census.gov/hhes/www/hlthins/cps.html>

This title is part of the **Current Population Reports** P60 series. This report presents data on income, poverty, and health insurance coverage in the United States based on information collected in the Annual Social and Economic Supplements to the Current Population Survey.

**State health facts online. Henry J. Kaiser Family Foundation.**

<http://statehealthfacts.kff.org/>

This resource contains the latest state-level data on demographics, health, and health policy, including health coverage, access, financing, and state legislation.

## Connecticut



### Current legislation

#### **CT Senate bill 482 : an act concerning health care security.**

[http://cthealth.server101.com/ct\\_senate\\_bill\\_482.htm](http://cthealth.server101.com/ct_senate_bill_482.htm)

The purpose of CT Senate Bill 482 is to establish a single-payer health care system that will provide high quality, universal health care coverage to every resident of the state of Connecticut.

### Organizations and associations

#### **Connecticut Coalition for Universal Health Care.**

<http://cthealth.server101.com/>

The Connecticut Coalition for Universal Health Care was formed in 1999 and represents citizen, labor, political, business, and health care professional organizations. The Web site provides legislative information including bills in full text. Some parts of the site are current while other pages are not.

#### **Connecticut Health Policy Project.**

<http://www.cthealthpolicy.org/>

The Connecticut Health Policy Project is a non-profit, non-partisan research and educational organization dedicated to improving access to affordable, quality health care for all Connecticut residents. The organization publishes a series of **Policymaker Research Briefs** which are available on the site in full text. Also available is the biweekly informational newsletter, **CT Health Notes** which includes research summaries, news, event notices, policy proposals, and other issues.

#### **State of Connecticut Office of Health Care Access.**

<http://www.ct.gov/ohca/site/default.asp>

The mission of the Office of Health Care Access (OHCA) is to ensure that the citizens of Connecticut have access to a quality health care delivery system. The Agency will fulfill its mission by advising policy makers of health care issues; informing the public and the industry of statewide and national trends; and designing and directing health care system development.

### Reports and statistics

#### **Measuring the Uninsured: Variations in Estimation Methods**

<http://www.ct.gov/ohca/lib/ohca/publications/uninsuredestimatesbrieffinalsingle.pdf>

Issue brief discussing estimation methods currently used to inform health policy debates on health care coverage issues, the method's advantages and limitations, and a comparison of their estimates.

#### **Report on Connecticut's Insured and Uninsured. State of Connecticut Office of Health Care Access. April 1998**

<http://www.ct.gov/ohca/lib/ohca/publications/uninsweb.pdf>

This report focuses on the uninsured population as a whole, uninsured children, private insurance and access issues. It is based on an analysis of OHCA's 1995 Connecticut Family Health Care Access Survey. OHCA will readminister this survey in 1999 and subsequent years. The data analysed in this report were collected before Medicaid Managed Care was implemented and prior to the passage of the HUSKY Children's Health Initiative, and thus will serve as baseline data.

#### **The Uninsured in Connecticut: A Supplemental Analysis**

<http://www.ct.gov/ohca/lib/ohca/publications/uninsuredweb.pdf>

## Maine



### Current legislation

#### **Dirigo Health.**

<http://www.dirigohealth.maine.gov/>

Dirigo Health is a set of reform initiatives with a goal of providing all Maine people with access to health care by 2009. Public Law 469, commonly referred to as the **Dirigo Health Reform Act**, is a system-wide health reform law designed to afford access to coverage to every man, woman and child in Maine, to bring down the cost growth of health care in Maine, and to launch initiatives to continually improve the quality of care provided to Maine citizens.

### Government agencies, government sites

#### **Governor's Office of Health Policy and Finance (GOHPF).**

<http://www.maine.gov/governor/baldacci/healthpolicy/>

The GOHPF is charged with developing and implementing health care reforms to ensure access to affordable and quality health care for every man, woman and child in the state of Maine. The site provides a history of reform, information on Dirigo Health, news releases, and various reports.

#### **Maine Department of Professional & Financial Regulation. Bureau of Insurance.**

[http://www.state.me.us/pfr/ins/ins\\_index.htm](http://www.state.me.us/pfr/ins/ins_index.htm)

The Bureau regulates the insurance industry for solvency and consumer protection. The Web site includes information on Dirigo Health.

#### **Maine Department of Health and Human Services (DHHS).**

<http://www.maine.gov/dhhs/index.shtml>

The mission of the Department of Health and Human Services is to provide health and human services to the people of Maine so that all persons may achieve and maintain their optimal level of health and their full potential for economic independence and personal development.

#### **Office of MaineCare Services.**

<http://www.maine.gov/bms/>

The Office of MaineCare Services, formerly the Bureau of Medical Services, was created to administer major health care financing programs and health care benefits. MaineCare Services coordinates the programs and benefits, assures that they operate under consistent policy, and provides accountability necessary to determine that they are administered in an effective and efficient manner. The annual report is provided on the Web site.

### Organizations, associations, other Web sites

#### **Consumers for Affordable Health Care Coalition.**

<http://www.maine cahc.org/coalition/default.htm>

Since 1988, Consumers for Affordable Health Care has led the fight for affordable health care in Maine. It is the largest consumer coalition in Maine. Members include thousands of health care consumers throughout the state, businesses, non-profits, unions, health care providers, associations, and faith-based organizations. Web site provides detailed information on Dirigo Health.

### **Consumers for Affordable Health Care Foundation.**

<http://www.maineahc.org/foundation/default.htm>

Consumers for Affordable Health Care Foundation, a sister organization to Consumers for Affordable Health Care Coalition, is a Maine public charity dedicated to helping Maine people obtain affordable, quality health care. It provides non-partisan research, training and education to the public, government officials, business and organizations. It also offers services directly to health care consumers, including assistance with state programs and private health insurance companies. The Web site provides links to online publications.

### **Maine health care reform debate. Public Broadcasting Service.**

<http://www.pbs.org/now/science/dirigodebate.html#>

This section of the PBS site provides information on Dirigo Health. Included are an online video, pros and cons of the debate on the plan, and links to other sources.

### **Maine People's Alliance (MPA).**

<http://mainepeoplesalliance.org/>

MPA is a non-profit, multi-issue, citizen action organization. MPA's purpose is to involve citizens in democracy and to strengthen individual participation in decision-making processes that affect their lives. MPA is involved in advocacy work for fair and affordable health care.

### **Muskie School of Public Service. Institute for Health Policy.**

[http://muskie.usm.maine.edu/research/research\\_institutes\\_ihp.jsp](http://muskie.usm.maine.edu/research/research_institutes_ihp.jsp)

Through a diverse range of research projects, public service activities, and partnerships, the Institute for Health Policy seeks to increase access to health care, enhance the quality of care, and eliminate disparities in the availability and delivery of services. The Access and Finance Program Area aims to develop, foster, maintain, and communicate an understanding and expertise in policies and practices around the financing, payment, and accessing of health care services. The Web site provides a searchable database of publications.

### **No Dirigo Tax.**

<http://www.nodirigotax.com/index.html>

"NoDirigoTax.com" was established by a group of concerned Mainers who are not in favor of a new health insurance tax. The Web site provides links to many articles on the topic that appeared in the press.

## **Reports and statistics**

### **The cost of health care in Maine : an analysis of health care costs, factors that contribute to rising costs, and some potential approaches to stabilize costs : report of the Year 2000 Blue Ribbon Commission on Health Care to Governor Angus S. King, Jr. Augusta, Me. : Maine Development Foundation, 2000.**

[http://www.mdf.org/past\\_initiatives/final2000.html](http://www.mdf.org/past_initiatives/final2000.html)

Governor Angus King appointed the Commission to identify the cost elements of Maine's health care system, taking into account the state's demographic profile, to determine the current allocation of costs and cost shifting among participants in the health care delivery system, to recommend potential strategies for stabilizing overall health care costs, and to identify payment options for health care services, including the impacts of such options on costs and utilization. This is the Commission's final report.

### **Designing Maine's DirigoChoice™ benefit plan : striving to improve health at an affordable price / Jill Rosenthal, Cynthia Pernice. Portland, Maine : National Academy for State Health Policy, 2004.**

[http://www.cmwf.org/usr\\_doc/dirigo\\_ib\\_benefitdesign\\_hp.pdf](http://www.cmwf.org/usr_doc/dirigo_ib_benefitdesign_hp.pdf)

A main feature of Maine's Dirigo Health initiative is the DirigoChoice health plan, designed to provide an affordable, high-quality option for health coverage to Maine businesses that have 50 or fewer eligible employees, the self-employed, and individuals. This report examines the challenges Maine faced in crafting the benefit design, the benefit structure for 2005, and various administration and enrollment issues.

**Dirigo Health / Sharon Anglin Treat, Michael Brennan, Ann Woolson. Maine Policy Review, University of Maine, Winter 2003**

<http://www.umaine.edu/mcsc/MPR/Vol12No3/1treat8C.pdf>

This article provides an overview of the components, structure and financing of the program. Also discussed are some of the challenges and opportunities posed in Dirigo Health's implementation, and gives an insider's perspective on the process by which the program was enacted.

**Dirigo Health : help is on the way! Augusta, Me. : Governor's Office of Health Policy and Finance, [2004?].**

[http://mainegov-images.informe.org/governor/baldacci/healthpolicy/dirigo\\_brochure1\\_web.pdf](http://mainegov-images.informe.org/governor/baldacci/healthpolicy/dirigo_brochure1_web.pdf)

This brochure explains the basics of the Dirigo Health plan.

**The Dirigo Health plan : report from focus groups with Mainers about the Dirigo Health plan. / Gene LeCouteur, Michael Perry. Portland, Maine : National Academy for State Health Policy, 2004.**

[http://www.cmwf.org/usr\\_doc/LSPA\\_focusgroup\\_report.pdf](http://www.cmwf.org/usr_doc/LSPA_focusgroup_report.pdf)

This study was initiated to gauge public views on Maine's Dirigo Health initiative, whose goals are to make quality, affordable health care available to every Maine citizen and to initiate new processes for containing costs and improving health care quality.

**Dirigo Health Reform Act : addressing health care costs, quality, and access in Maine / Jill Rosenthal, Cynthia Pernice. Portland, Me. : National Academy for State Health Policy, 2004.**

[http://www.nashp.org/Files/GNL\\_56\\_Dirigo\\_brief.pdf](http://www.nashp.org/Files/GNL_56_Dirigo_brief.pdf) / [http://www.cmwf.org/usr\\_doc/Dirigo.pdf](http://www.cmwf.org/usr_doc/Dirigo.pdf)

The Dirigo Health Reform Act was developed by the Maine Governor's Office of Health Policy and Finance with significant input from health care policy experts and the Health Action Team, a group of key stakeholders appointed by Governor John Baldacci. The Reform Act, Public Law 469, was enacted with bipartisan support and a two-thirds majority in each chamber of the Maine Legislature. Governor Baldacci signed the bill into law on June 18, 2003. The purpose of the Reform Act is to make quality, affordable health care available to every Maine citizen within five years and to initiate new processes for containing costs and improving health care quality. A major premise behind the law is that successful health care reform must address cost, quality, and access simultaneously and with equal vigor. The law is built on the assumption that health reform cannot be done in a piecemeal fashion. If attention is paid only to access, costs will increase. If lowering the cost of care is the primary concern, access will be limited. And if quality is the sole focus, people will remain uninsured and costs will remain high.

**How well is it working? : a vision, goals and performance indicators for Maine's health care system : a preliminary report of the Maine Health Care Performance Council. Augusta, Me. : Maine Development Foundation, 2003.**

[http://www.mdf.org/past\\_initiatives/prelim2003.html](http://www.mdf.org/past_initiatives/prelim2003.html)

Maine's health care system of providers, payers and consumers is one of the state's largest and most important enterprises. As this report demonstrates, the Council has some data on various elements of the system, and it has anecdotal information from its own experience. But there is no comprehensive annual measure of the system's performance that captures its complexity, interdependence, and importance. This is the Council's preliminary report. It contains the Council's vision and goals for Maine's health care system, and performance indicators to measure Maine's success in achieving the vision and goals.

**Policy briefs and presentations : health care and Maine's economy : prepared for the Legislators' Forum, Wednesday, January 29, 2003 / Portland, Me. : Edmund S. Muskie School of Public Service, 2003.**

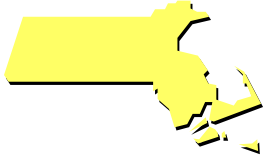
These briefs address the key issues and strategies involved with health care costs, health care access, and long term care. Also included is a presentation on Maine's economic forecast.

**Tough choices in health care : final report : Grant 2005F1004. Augusta, Me. : Governor's Office of Health Policy and Finance, 2005.**

<http://www.dirigohealth.maine.gov/Tough%20Choices%20Final%20Report%20-%20November%202005.pdf>

Tough Choices brought Maine people together and gave them the opportunity to voice their views about health and the health care system and to learn about the views of others like them. The Tough Choices effort provided important guidance to the Governor's Office of Health Policy and Finance and its Advisory Council in formulating the State Health Plan. Importantly, Tough Choices is the beginning of a long-term public dialogue to identify and make the necessary changes to achieve Maine's goal of becoming the healthiest state in the country.

## Massachusetts



### Current legislation

**Press release of April 12, 2006 announcing health insurance reform bill. Boston, Mass. : Commonwealth of Massachusetts, Executive Department.**

[http://www.mass.gov/?pageID=pressreleases&agId=Agov2&prModName=gov2pressrelease&prFile=gov\\_pr\\_060412\\_Healthcare\\_signing.xml](http://www.mass.gov/?pageID=pressreleases&agId=Agov2&prModName=gov2pressrelease&prFile=gov_pr_060412_Healthcare_signing.xml)

This press release announces that Governor Romney signed the landmark health insurance reform bill which, through private market reforms, means that all Massachusetts citizens will be insured by 2009.

### Government agencies, government sites

**Massachusetts Executive Office of Health and Human Services (EOHHS).**

<http://www.mass.gov/?pageID=eohhs2homepage&L=1&LO=Home&sid=Eeohhs2>

EOHHS is the largest Commonwealth secretariat. From ensuring safe drinking water to important health care research and from programs for children to services for the elderly, EOHHS makes Massachusetts a better place to live. Web site provides links to health insurance surveys.

**Massachusetts Executive Office of Health and Human Services. Division of Health Care Finance and Policy (DHCFP).**

<http://www.mass.gov/?pageID=eohhs2agencylanding&L=4&LO=Home&L1=Government&L2=Departments+and+Divisions&L3=Division+of+Health+Care+Finance+%26+Policy&sid=Eeohhs2>

The mission of the DHCFP is to improve the delivery and financing of health care by providing information, developing policies, and promoting efficiencies that benefit the people of Massachusetts. The Web site provides news releases, notices of proposed amendments and public hearings, policy analysis, and links to online publications many of which include statistical data.

### Organizations and associations

**Blue Cross Blue Shield Foundation (BCBSMA Foundation)**

<http://www.bcbsmafoundation.org/foundationroot/index.jsp>

The BCBSMA Foundation was founded in 2001 with an initial endowment of \$55 million, funded by BCBSMA over a four-year period. BCBSMA's own 17-member Board of Directors governs the Foundation, which operates separately from the company. It is one of the largest private health philanthropies in the state.

**Health Care For All (HCFA).**

<http://www.hcfama.org>

HCFA is dedicated to making quality, affordable health care accessible to everyone, regardless of income, social or economic status. It seeks to empower Massachusetts consumers to know more about their health care system and to become involved in changing it. Its work combines policy analysis, information referral, personal and legal advocacy, community organizing and public education. Web site provides reports in full text online plus local health care news.

**Massachusetts Health Policy Forum (MHPF).**

<http://sihp.brandeis.edu/MHPF/default.htm>

MHPF was created to bring public and private health care leaders together to engage in focused discussion on critical health policy challenges facing Massachusetts. Publications are available in full text online.



**Access and Affordability Monitoring Project (AAMP). Boston University School of Public Health.**

<http://dcc2.bumc.bu.edu/hs/accessandaffordability.htm>

AAMP analyzes health care coverage and cost problems in Massachusetts. The site provides an extensive chronological bibliography with links to the full text of reports, testimony, and newspaper articles online.

**Mass-Care : Massachusetts Campaign for Single Payer Health Care.**

<http://www.masscare.org/>

Massachusetts Campaign For Single Payer Health Care (MASS-CARE) is a coalition of 90 organizations which are dedicated to working for universal single payer health care in Massachusetts. MASS-CARE was organized in 1995. Web site provides legislative updates plus links to related sites.

### **Reports and statistics**

**An association health plan in Massachusetts : Rx for small business / David G. Tuerck, John Barrett, Douglas Giuffre. Boston, Mass. : Beacon Hill Institute, 2005.**

<http://www.beaconhill.org/BHIStudies/AHPFinal62805.pdf>

By permitting small businesses to purchase insurance through association health plans, the Commonwealth could reduce the number of uninsured persons by almost 25,000 and get more than 4,000 firms to offer insurance to their employees. By permitting small firms to join an AHP, the state would help close this gap and expand health care coverage.

**Association health plans (AHPs) : the wrong prescription for small business : an analysis of Senate bill 560 / Nancy Turnbull, Robert Seifert. [s.l.] : [s.n.], [2005].**

<http://www.mahp.com/news/AHPReport091605.pdf>

This report explains the effect that passage of S. 560 would likely have on the health insurance market for small businesses in Massachusetts. The authors conclude that the bill would fragment and destabilize the small group market, resulting in higher health insurance premiums for most small businesses, and likely increase the number of people without insurance in the state.

**Building the roadmap to coverage : policy choices and the cost and coverage implications / Linda J. Blumberg, John Holahan, Alan Weil... [et al.]. Boston, Mass. : Blue Cross Blue Shield of Massachusetts Foundation, 2005.**

[http://www.bcbsmafoundation.org/foundationroot/en\\_US/documents/roadmapTocoverage.pdf](http://www.bcbsmafoundation.org/foundationroot/en_US/documents/roadmapTocoverage.pdf)

The "Roadmap to Coverage" is an initiative to inform the debate about how to provide health coverage for the uninsured in Massachusetts and generate a practical roadmap for achieving that goal. In November 2004, the Foundation released the first report of the Roadmap initiative. The report, **Caring for the Uninsured in Massachusetts, What Does it Cost, Who Pays, and What Would Full Coverage Add to Medical Spending?**, found that Massachusetts is already spending more than \$1 billion a year for health care for the uninsured. This report presents options for expanding coverage to everyone in the Commonwealth and analyzes the cost and coverage implications for each option. The analysis indicates that Massachusetts could achieve universal health coverage by building on a current mix of employer and government sponsored coverage, and by making coverage more affordable for low-wage workers and small employers. The analysis concludes that Massachusetts could cover all of the uninsured for between \$700 and \$900 million in new government spending, which would produce \$1.5 billion in economic and social benefits due to improved health as well as other positive effects on the state's economy. The Foundation will be releasing the "Roadmap"—a practical, phased-in implementation plan to expand coverage to most, if not all, residents of the Commonwealth.

**Caring for the uninsured in Massachusetts : what does it cost, who pays and what would full coverage add to medical spending? / John Holahan, Randall Bovbjerg, Jack Hadley... [et al.]. Boston, Mass. : Blue Cross Blue Shield of Massachusetts Foundation, 2004.**

[http://www.bcbsmafoundation.org/foundationroot/en\\_US/documents/roadmapReport.pdf](http://www.bcbsmafoundation.org/foundationroot/en_US/documents/roadmapReport.pdf)

This report by the Urban Institute analyzes all of the medical care provided to uninsured patients by hospitals, community health centers, and physicians in Massachusetts. This report is the first product of the BCBSMA Foundation's **Roadmap to Coverage** initiative.

**Crisis in health coverage : a call to leadership. Burlington, Mass. : Massachusetts Hospital Association, 2004.**

<http://www.mhalink.org/public/news/2004/attach/news-03-16-2.pdf>

For many years, Massachusetts health care leaders have warned of a crisis—a crisis that threatens everyone in the commonwealth, not just hospitals or the uninsured. All those who rely on a stable health care system for their health, or their job, or their quality of life should be concerned. Those with insurance, as well as those without insurance or those worried about losing their insurance are affected. Those who are facing rising health insurance premiums, as well as those who face crowded hospital emergency departments are affected. Those who are worried about losing their jobs, as well as those who are worried about losing hospital services are affected too. It is a time for Massachusetts leaders to step up and address the crisis before it becomes a catastrophe.

**Employers who have 50 or more employees using public health assistance. Boston, Mass. : Executive Office of Health and Human Services, Division of Health Care Finance and Policy, 2006.**

Report: <http://www.mass.gov/Eeohhs2/docs/dhcfp/pdf/50+ ee 2006 report.pdf>

List: <http://www.mass.gov/Eeohhs2/docs/dhcfp/pdf/50+ ee 2006 table.pdf>

Section 304 of Chapter 149 of the Acts of 2004 requires the Executive Office of Health and Human Services to produce a list of employers who have 50 or more employees using public health assistance each year. This brief report provides the results of the annual analysis completed by the Division of Health Care Finance and Policy in collaboration with staff from the Office of Medicaid.

**Insuring the healthy or insuring the sick? : the dilemma of regulating the individual health insurance market : findings from a study of seven states / Nancy C. Turnbull, Nancy M. Kane. Boston, Mass. : Commonwealth Fund, 2005.**

[http://www.cmwf.org/usr\\_doc/771\\_Turnbull\\_insuring\\_healthy\\_or\\_sick\\_findings.pdf](http://www.cmwf.org/usr_doc/771_Turnbull_insuring_healthy_or_sick_findings.pdf)

The market for people who buy their own coverage has long been a troubled segment of the health insurance industry. Individual policies frequently are unavailable to those with preexisting health conditions, premiums are expensive, and benefits are limited. Many states have attempted to reform their individual health insurance market by requiring carriers to sell coverage to all applicants regardless of age or health; creating high-risk pools for those with preexisting conditions; and placing limits on the extent to which premiums can vary by age, sex, or health status. Massachusetts is one of the seven states covered in this report.

**\$1 Billion per week is enough : a report submitted as testimony on S. 755, an act to establish the Massachusetts Health Care Trust / Alan Sager and Deborah Socolar. Boston, Mass. : Health Reform Program, Boston University School of Public Health, 2005.**

<http://dcc2.bumc.bu.edu/hs/Mass%20Univ%20Coverage%20Testimony%20%20Tues%2020%20July%2005%20Sager-Socolar.pdf>

As health care spending in Massachusetts has soared to \$1 billion per week, 18.5 percent of personal income, the numbers of people uninsured and underinsured have grown. The challenge is to use today's vast resources to cover everyone well. But proposals that enjoy good political currency would fail to do so.

**Massachusetts Health Reform Law Summary. Boston, Mass. : BCBSMA Foundation, 2006**

[http://www.bcbsmafoundation.org/foundationroot/en\\_US/documents/MassHCReformLawSummary.pdf](http://www.bcbsmafoundation.org/foundationroot/en_US/documents/MassHCReformLawSummary.pdf)

The BCBSMA Foundation developed this summary of the Massachusetts health reform law, formally known as Chapter 58 of the Acts of 2006, to explain what the legislation includes and how it intends to expand access to care for the people of Massachusetts.

**Proposed health reform in Massachusetts : net gain for the business community. Washington, D.C. : Families USA, 2006.**

<http://www.familiesusa.org/assets/pdfs/Mass-health-reform-Jan-2006.pdf>

This report examines the health reform bill passed by the Massachusetts House of Representatives, which is designed to expand coverage to the state's uninsured. It finds that, overall, the bill would result in a net benefit for the state's business community.

**Roadmap to coverage : synthesis of findings / John Holahan, Linda J. Blumberg, Alan Weil... [et al.]. Boston, Mass. : Blue Cross Blue Shield of Massachusetts Foundation, 2005.**

[http://www.roadmaptocoverage.org/pdfs/Roadmap\\_Synthesis.pdf](http://www.roadmaptocoverage.org/pdfs/Roadmap_Synthesis.pdf)

The Roadmap to Coverage is an initiative designed to inform the debate about how to provide health coverage for the uninsured in Massachusetts and generate a practical roadmap for achieving that goal. This final report synthesizes all of the research and analytic work of the Roadmap initiative. It describes three policy approaches that would achieve universal health insurance coverage in the Commonwealth and describes the steps that would need to be taken and issues that would need to be addressed in order to successfully implement the Roadmap options.

**Setting a Standard of Affordability for Health Insurance Coverage in Massachusetts /John Holahan, Jack Hadley, Linda Blumberg. Boston, Mass.: Blue Cross Blue Shield of Massachusetts Foundation, 2006.**

[http://www.bcbsmafoundation.org/foundationroot/en\\_US/documents/affordability-aug06-FINAL.pdf](http://www.bcbsmafoundation.org/foundationroot/en_US/documents/affordability-aug06-FINAL.pdf)

This paper looks at affordability and defines it by identifying the amount of money that people are actually spending health care. Using national data, they examine the share of family income that is spent on health insurance premiums and out-of-pocket expenses at various income levels. This approach has the strength of showing the current reality of what people actually spend for health coverage and health care, and so reflects the purchasing decisions that individuals are willing and able to make, albeit in the context of a voluntary health insurance system.

**Solutions for Massachusetts health care : white paper. Boston, Mass. : Massachusetts Business Roundtable Health Care Task Force, 2002.**

<http://www.maroundtable.com/news/healthcare06102002/healthcarewhitepaper.pdf>

To improve health care delivery and reduce medical plan cost, businesses and government must make a number of changes in the way they provide for health care in Massachusetts.

**Solutions for Massachusetts health care, 2006 / Robert E. Mechanic. Boston, Mass. : Massachusetts Business Roundtable, 2006.**

<http://www.maroundtable.com/news/documents/MBRHealthCareReport2006.pdf>

This updated report is designed to help guide the formation and implementation of today's reform measures in the months and years to come.

**The uninsured in Massachusetts : an opportunity for leadership / Robert J. Blendon, Catherine M. DesRoches, Elizabeth Raleigh... [et al.]. Boston, Mass. : Harvard School of Public Health, October 2003.**

[http://www.bcbsmafoundation.org/foundationroot/en\\_US/documents/blendonReport.pdf](http://www.bcbsmafoundation.org/foundationroot/en_US/documents/blendonReport.pdf)

A report on the results of a new survey which finds that most people in the Commonwealth strongly believe that everyone in the state should be able to get the health care they need.

**You can get there from here : implementing the roadmap to coverage / Alan Weil. Boston, Mass. : Blue Cross Blue Shield of Massachusetts Foundation, 2005.**

[http://www.roadmaptocoverage.org/pdfs/Roadmap\\_Implement.pdf](http://www.roadmaptocoverage.org/pdfs/Roadmap_Implement.pdf)

The Roadmap to Coverage is an initiative designed to inform the debate about how to provide health coverage for the uninsured in Massachusetts and generate a practical roadmap for achieving that goal. This report, the third in the series, provides an overview of the steps that would need to be taken to successfully implement the Roadmap coverage expansion options and the sequence and timeframe for completing them. It summarizes six reports which provide extensive detail on each of the following topics: expanding eligibility for MassHealth; creating a purchasing pool; creating a system of publicly financed reinsurance; developing tax credits to subsidize the cost of coverage; enforcing individual and employer mandates; and approaches to cost containment.

## New Hampshire



### Government agencies, government sites

#### **New Hampshire Department of Health and Human Services (DHHS).**

[http://www.dhhs.nh.gov/DHHS/DHHS\\_SITE/default.htm](http://www.dhhs.nh.gov/DHHS/DHHS_SITE/default.htm)

The DHHS is an agency that helps people in partnership with families, community groups, private providers, other governmental agencies and many thousands of foster parents, neighbors, and citizens. DHHS is responsible for many of the regulatory, programmatic, and financial aspects of NH's health care system and plays a key role in the planning, delivery and financing of health care.

### Organizations and associations

#### **Endowment for Health.**

<http://www.endowmentforhealth.org>

The Endowment for Health is a tax-exempt foundation that funds efforts to improve the health and well-being of New Hampshire residents, especially those who are most vulnerable and currently underserved. Web site provides reports in full text online.

### Reports and statistics

#### **Stepping up to the future : a healthier health care system for New Hampshire : a report to New Hampshire. Concord, N.H. : Endowment for Health, 2004.**

<http://www.endowmentforhealth.org/docs/59.pdf>

<K:\Research\Library\Electronic Files\BOOKS\Stepping Up To The Future.pdf>

The members of the Citizens Roundtable were called together by the Endowment for Health to look at the many challenges facing the health care system and make recommendations that would strengthen the health care system in New Hampshire.

## Rhode Island



### Government agencies

#### **Rhode Island Department of Health.**

<http://www.health.ri.gov/>

The primary mission of the Rhode Island Department of Health is to prevent disease and to protect and promote the health and safety of the people of Rhode Island. Web site provides a link to the **Rhode Island Health Interview Survey** that collects and analyzes data for all members of contacted households on a variety of health topics including health care utilization and health care coverage. Links to a number of reports on health insurance are also provided.

### Reports and statistics

#### **Disparities in health insurance coverage among adults in Rhode Island. Providence, R.I. : Rhode Island Department of Health, 2002.**

<http://www.health.ri.gov/publications/hpb0201.pdf>

This report provides statistics on the uninsured in Rhode Island.

## Vermont



### Current Legislation

#### **Catamount Health Care Bill**

<http://www.leg.state.vt.us/docs/legdoc.cfm?URL=/docs/2006/bills/passed/H-861.HTM>

On May 25, 2006, the Governor signed the Catamount Health Care Bill into law. The bill provides premium assistance for people with incomes under 300 percent of the federal poverty level to help them pay for either employer-sponsored insurance or the new Catamount Health Plan. The bill also reduces cost-sharing for people in the state's Medicaid and SCHIP programs.

#### **Vermont 2006 Legislative Action on Health Care**

<http://www.leg.state.vt.us/HealthCare/2006LegAction.htm>

Information provided on the Health Care Affordability Act, includes an overview of the Act and a legislative history.

### Government agencies

#### **Office of Vermont Health Access (OVHA).**

<http://www.ovha.state.vt.us/>

The OVHA is the state office responsible for the management of Medicaid, the State Children's Health Insurance Program, and other publicly funded health insurance programs in Vermont. Web site provides links to studies, reports, facts, and figures.

#### **State of Vermont Health Care Administration (HCA). Department of Banking, Insurance, Securities & Health Care Administration.**

<http://www.bishca.state.vt.us/hcadiv/hcdefault.htm>

HCA administers or directs the creation of numerous health care databases to support analyses of Vermont health care expenditures, Vermont's health insurance market, hospital utilization and budgets, certificate of need applications, access to insurance coverage, hospital effectiveness and efficiency and other health care topics. HCA supports numerous work groups and initiatives that pertain to health care quality, cost and access.

#### **Vermont Department of Health.**

<http://healthvermont.gov/>

The vision for the department is to have the nation's premier system of public health, enabling Vermonters to lead healthy lives in healthy communities. The Department continues a long tradition of public health service in Vermont, and is the state's lead agency for public health policy and advocacy.

### Organizations and associations

#### **Vermont Health Care for All.**

<http://www.vthca.org/>

Vermont Health Care for All provides information, news and analysis for understanding the critical problems confronting health care in Vermont. Problems of cost, access and quality can be remedied by health care reforms. Just what kind of reforms is of great and lasting importance to all Vermonters. Vermont Health Care for All's presentation of the complexities and analysis of reform proposals is meant to be as fair and objective as possible. Links to legislative news are provided on the Web site.

## **Vermont Program for Quality in Health Care (VPQHC).**

<http://www.vpqhc.org/>

VPQHC works to: improve the quality, efficiency, and cost effectiveness of Vermont's health care system; define health care quality, working with health care providers and others to develop legitimate standards of care and indicators of quality; measure health care quality through data collection and analysis; and improve health care quality by providing information and education to practitioners and consumers. The Web site provides an archive of online reports.

### **Reports and statistics**

#### **Expansion of health insurance coverage to uninsured Vermonters : interim final report : revised : HRSA state planning grant report to the Secretary. Waterbury, Vt. : Vermont Agency of Human Services, 2001.**

<http://www.statecoverage.net/statereports/vt.pdf>

The purpose of this report is to describe the activities conducted to research the characteristics of uninsured Vermonters and the state of the insurance, employer, and health care provider marketplaces in order to identify methods to extend coverage.

#### **Frequently asked questions about the health insurance market in Vermont. Montpelier, Vt. : Vermont Department of Banking, Insurance, Securities and Health Care Administration, Division of Health Care Administration, 2005.**

[http://www.bishca.state.vt.us/HcaDiv/Data\\_Reports/healthinsurmarket/FAQs\\_healthinsuracemarket.pdf](http://www.bishca.state.vt.us/HcaDiv/Data_Reports/healthinsurmarket/FAQs_healthinsuracemarket.pdf)

The purpose of this issue brief is to answer frequently asked questions about the Vermont health insurance market.

#### **Health insurance coverage profile of Vermont residents, 1997-2004. Montpelier, Vt. : Vermont Division of Health Care Administration, 2005.**

[http://www.bishca.state.vt.us/HcaDiv/Data\\_Reports/healthinsurmarket/profile\\_1997to2004.pdf](http://www.bishca.state.vt.us/HcaDiv/Data_Reports/healthinsurmarket/profile_1997to2004.pdf)

This document contains statistics on private insurance, government insurance, and the uninsured.

#### **Report of the Agency of Human Services and the Department of Banking, Insurance, Securities and Health Care Administration to the Vermont General Assembly. Waterbury, Vt. Vermont Agency of Human Services, 2001.**

<http://www.ahs.state.vt.us/publs/docs/0101HealthCareHealthIns.pdf>

This report is in response to the Legislature's request for recommendations for "workable designs, including a cost-benefit analysis for each, for health care plan purchasing pools or other benefit plans that could offer lower cost health care coverage in order to help Vermont employers provide affordable health care coverage to their employees, with a particular focus on the needs of small businesses, nonprofit organizations and the adjunct faculty of the Vermont State College system."

#### **Vermont family health insurance survey : preliminary results. Montpelier, Vt. : Vermont Division of Health Care Administration, 2006.**

[http://www.bishca.state.vt.us/HcaDiv/Data\\_Reports/healthinsurmarket/2005\\_VHHIS\\_PreliminaryReport033106\\_rev.pdf](http://www.bishca.state.vt.us/HcaDiv/Data_Reports/healthinsurmarket/2005_VHHIS_PreliminaryReport033106_rev.pdf)

The purposes of the survey included: 1) measuring the health insurance coverage status of Vermont residents including the number of Vermont residents who are uninsured; 2) identifying duration of uninsured spell, prior coverage source and reasons for lack of coverage; and 3) analyzing characteristics of the uninsured including demographics, income, employer characteristics, health/functional status.