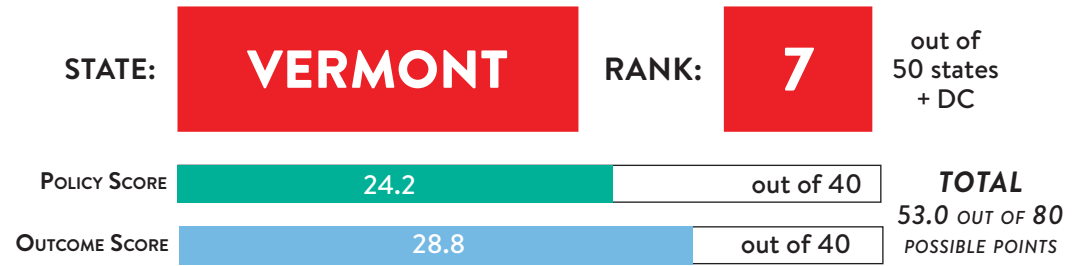
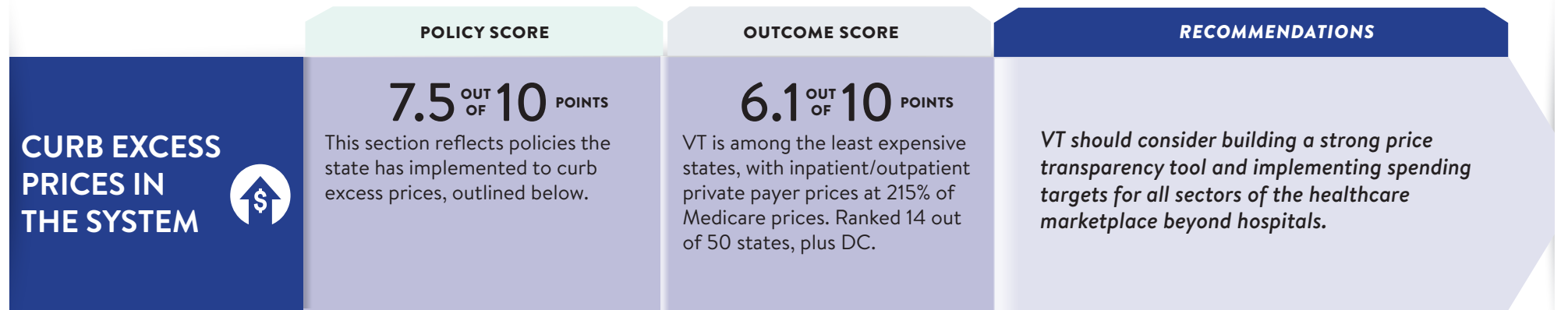


2022 Healthcare Affordability State Policy Scorecard

This Scorecard looks at both policies and related outcomes across four affordability-related areas that were implemented as of Dec. 31, 2021. Lawmakers, regulators, consumer advocates and the public can use the Scorecards to understand how their state performs when it comes to healthcare affordability policies and outcomes relative to other states and identify opportunities to improve.



According to SHADAC, 18% of Vermont adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in Vermont grew 18% between 2013 and 2021, totaling \$8,859 in 2021. Please note some of the outcome measures in this Scorecard include data from 2020, which may have been impacted by the COVID-19 pandemic.



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization Vermont's all-payer claims database (APCD), the Health Care Uniform Reporting and Evaluation System, includes medical and pharmacy claims for 90% of commercially insured Vermonters and 100% of Medicaid and Medicare enrollees. The Green Mountain Care Board publishes reports such as expenditure analysis, and public use files are available to external groups, who have used the data extensively, including to conduct healthcare price variation research.
	Create a permanently convened health spending oversight entity Vermont has a permanently convened health spending oversight entity that targets all spending.
	Create all-payer healthcare spending and quality benchmarks for the state Vermont's spending benchmarks are voluntary, but all hospitals participate. Providers participating in Vermont's All-Payer ACO model are subject to spending benchmarks but those outside the model are not.
	Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices Vermont did not have a tool that met the criteria to receive credit. To receive credit, a state's tool has to be public-facing, searchable by specific procedure and hospital and show the negotiated rate paid by insurance plans/patients (not chargemaster rate).

KEY: = implemented by state = not implemented by state = the state has implemented policies, but could be enhanced

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/Vermont

Healthcare Affordability State Policy Scorecard

STATE:

VERMONT

RANK:

7

out of 50 states + DC

POLICY SCORE

0.5 OUT OF **10** POINTS

VT has not yet measured the extent of low-value care being provided. They have not enacted meaningful patient safety reporting. 86% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

3.6 OUT OF **10** POINTS

18% of Vermont residents have received at least one low-value care service, placing them in the middle range of states. Ranked 27 out of 50 states, plus DC.

RECOMMENDATIONS

VT should consider using claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it.

REDUCE LOW-VALUE CARE



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

 **Analyze claims and electronic health records data to understand how much is spent on low- and no-value services**

Vermont did not measure the provision of low-value care as of Dec. 31, 2021.

 **Require validated patient-safety reporting for hospitals**

Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Vermont does not mandate any patient safety reporting or validation for CLABSI/CAUTI.

 **Universally implement antibiotic stewardship programs using CDC's 7 Core Elements**

Improper use of antibiotics is another type of low-value care. Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients, and states were scored on what share of their hospitals follow the CDC's stewardship program. 86% of Vermont hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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POLICY SCORE

8.2 OUT OF **10** POINTS

VT Medicaid coverage for childless adults extends to 138% of FPL. Only lawfully residing immigrant children/pregnant women can access state coverage options. VT uses premium subsidies and a Medicaid buy-in to reduce costs in the non-group market. Private payer rates are subject to affordability review.

OUTCOME SCORE

9.1 OUT OF **10** POINTS

VT is among the states with the least uninsured people, still 4% of VT residents are uninsured. Ranked 4 out of 50 states, plus DC.

RECOMMENDATIONS

VT should consider offering coverage options for undocumented adults and pursuing a Public Option. VT might also consider consumer affordability concerns in its rate review process.

EXTEND COVERAGE TO ALL RESIDENTS



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	Expand Medicaid to cover adults up to 138% of the federal poverty level
	Vermont has expanded Medicaid.
	Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies
	Vermont funds premium subsidies and cost-sharing reductions, as well as a Medicaid Buy-In option for uninsured children in families with household incomes between 225-300% of FPL.
	Provide options for immigrants that don't qualify for the coverage above
	Vermont offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait. The state offers no coverage options for undocumented, non-pregnant adults. Looking Ahead: Effective July 1, 2022, children and pregnant people, regardless of their immigration status, are eligible for health coverage following the passage of H.430.
	Conduct strong rate review of fully insured, private market options
	Vermont has incorporated some affordability criteria into the rate review process. Vermont law requires its Green Mountain Care Board to determine whether proposed rates are affordable and promote the quality of, and access to, healthcare prior to being approved. Vermont is also an 'active purchaser,' which helps keep premiums down on the exchange.

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POLICY SCORE

8.0 OUT OF **10** POINTS

VT has banned or heavily regulated short-term, limited-duration health plans and has partial protections against surprise medical bills and No Surprises Act loopholes. VT caps cost-sharing for some high-value services and provides patient-centered, standard plan designs on their exchange.

OUTCOME SCORE

10 OUT OF **10** POINTS

VT ranked 1 out of 50 states, plus DC on affordability burdens but 18% of adults faced an affordability burden: not getting needed care due to cost (7%), delaying care due to cost (6%), changing medication due to cost (sample size too small), problems paying medical bills (11%) or being uninsured due to cost (sample size too small).

RECOMMENDATIONS

VT should consider implementing surprise medical bill protections not addressed by the federal No Surprises Act.

MAKE OUT-OF-POCKET COSTS AFFORDABLE



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



Limit the availability of short-term, limited-duration health plans

Vermont has heavily regulated short-term, limited duration health plans (STLDs) to the point that no plans are offered. Some people choose STLD health plans for their lower monthly premiums compared to ACA-compliant plans. However, they offer poor coverage, can discriminate against people with pre-existing conditions and pose financial risks for consumers. States received credit depending on how much they limit these plans.



Protect patients from inadvertent surprise out-of-network medical bills

Vermont has partial protections against surprise medical bills (SMBs), plus additional protections for ground ambulance bills not covered by the federal No Surprises Act. 'Comprehensive' protections include emergency departments and hospitals, apply to all insurance types, hold consumers harmless/prevent balance billing and adopt adequate payment standard or dispute resolution process. States with only some of these policies have 'partial' protections. The federal No Surprises Act prohibits SMBs in most plans effective January 2022. However, it does not cover ground ambulances. States can still implement protections in this area—64% of ground ambulance rides in VT charged to commercial insurance plans had the potential for SMBs (2021). (VT had a small sample size [302] compared to other states, so interpret percentage with caution.)



Waive or reduce cost-sharing for high-value services

Standardized benefit plans include the following pre-deductible services with low to moderate copay amounts, including: non-preventive primary care; specialty care; mental health and substance use disorder treatment; urgent care; and generic prescription drugs. Routine pediatric care such as eye exams and dental exams are also available pre-deductible with little or no copayments. Vermont mandates separate prescription drug deductibles to lower financial barriers to needed medication.



Require insurers in a state-based exchange to offer evidence-based standard plan designs

Vermont has a state-based exchange with standard plan design. Standard plan design makes cost-sharing the same across plans within metal tiers, making it easier for consumers to compare plans. They also help regulators and exchanges negotiate or set rates with insurance carriers, which may translate to lower prices for consumers.

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