

State health reforms are rarely achieved the first time they are introduced. The passage of Massachusetts's landmark reform and legislative successes in Illinois, Maine and Vermont have encouraged other states to step up efforts to expand coverage. Here are some interesting initiatives under way around the country. They range from studies conducted at the behest of local health foundations to legislation that has already been considered once and is likely to return with some changes in the next session. These potential proposals involve a range of strategies, from market reforms to public insurance expansions.

1. **California** Governor Schwarzenegger has proposed a universal health care plan to cover all Californians. This plan would establish an individual mandate; expand state programs like Medi-Cal and Health Families; establish a state-administered purchasing pool with financial assistance for low income residents; and require guarantee issue; raise Medi-Cal rates. More information on this proposal is available at <http://gov.ca.gov/index.php?/press-release/5057/>
2. **Connecticut** Governor Rell is working with managed care plans to offer low cost plans to uninsured residents for \$250 or less, through a single purchasing pool called Charter Oak Health Plan. The plan would be community rated, assuming that benefits and price can be balanced so as to attract enough healthy participants. The basic plan would include prescription drug benefits, laboratory services, and pre- and post-natal care, and a \$1 Million lifetime cap on benefits. It could be offered without any legislative action. There would be a mandate that applied to all parents, requiring that they show that school-aged children are covered. The state would promote the plan, which would be offered by the private sector.
The legislature is expected to offer proposals including HuskyHealth 2007, which would cover all 75,000 uninsured children.
3. **Illinois** A task force has proposed an individual mandate. Unlike the Massachusetts plan, the initial proposal calls for comprehensive coverage.. The plan would require insurers to community rate, create an employer play or pay situation, expand Medicaid to childless adults up to 100% FPL and subsidies to parents up to 200%, with additional subsidies to help purchase employer coverage for families with incomes up to 400% of FPL. Small employers would also be eligible for financial assistance.
4. **Indiana** Governor's proposal raises cigarette taxes and uses revenues to reduce smoking, immunize children, and cover uninsured working poor Hoosiers earning less than 200% FPL. The plan would create "personal wellness responsibility" (POWER) accounts, jointly funded by state and participant, to combine with a limited benefit insurance plan capped at \$300,000/year, with substantial prevention benefit. Limited number of beneficiaries, depending on size of cigarette tax increase.

5. **Iowa** Legislative initiative would fund universal access with an increase in cigarette tax. Bipartisan commission will be created to identify ways to make coverage more affordable for small business and families and for all Iowans. Meanwhile, safety net programs would be strengthened. Expanded eligibility would allow an additional 20,000 children to enroll in the Healthy and Well Kids in Iowa (HAWK-I) program, and coverage may also be extended to approximately 9,000 parents. Mental health parity, dental home and increased provider payments are also in the legislative package.
6. **Kansas** State of the State message, no details.
7. **Louisiana** The Louisiana Health Care Redesign Collaborative is seeking to improve access to health care in New Orleans and the surrounding area. The plan would establish a Health Insurance Connector to determine Medicaid eligibility or to match individuals with an affordable health insurance plan. All money available to fund coverage, such employer contributions, employee contributions and public funds, would be pooled together in the Connector. Further details of this plan are available at <http://www.dhh.louisiana.gov/offices/news.asp?ID=288&Detail=979> The plan also includes a “medical home” network of providers, reducing reliance on the Charity Hospital System.
8. **Maine** The Blue Ribbon Commission on Dirigo Health will soon make its recommendations to the Governor to control costs and increase access. The legislature is likely to consider these recommendations in the 2007 session. Further details on the Blue Ribbon Commission are available at <http://www.dirigohealth.maine.gov/dhsp07ja.htm>
9. **Maryland** Various organizations and lawmakers are discussing expansions including expanding Medicaid to cover more adults, subsidies for small business, tax breaks, or insurance pools, and an individual coverage mandate. A coalition of consumer groups is campaigning to raise cigarette taxes to fund coverage and other health programs. In November, the Maryland Health Care Commission floated a plan that included a Massachusetts-style insurance exchange including subsidies for low-income workers. There would be an individual but no employer mandate.
10. **Minnesota** In September 2006, Blue Cross released its proposal for universal health care in Minnesota. This plan would establish an individual mandate; require insurers to offer all applicants health coverage; and increase subsidies for the low income. This proposal is estimated to cost \$900 million. More information is available at <http://www.mnmed.org/publications/PA102006.pdf>
11. **Missouri** committed itself to redefining Medicaid when the legislature sunsetted the program in 2008. Governor Blunt wants to expand private coverage by using federal funds to subsidize low income workers in small businesses. The state

- would contain costs using prevention, technology and price competition, including “health care home coordinators” including providers and health coaches to help individuals make the best use of the system. The proposal is estimated to serve less than 20% of the 100,000 beneficiaries cut from Medicaid on 2006. Blunt’s proposal may be found at www.dss.mo.gov
12. **New Jersey** A group of lawmakers, policy experts, and others are currently working on a proposal for universal health care. Although it is still being drafted, this proposal would create a state-sponsored plan for residents who do not have access to employer-based coverage – with low income residents’ contributions based upon a sliding scale of income. This plan would also establish an individual mandate. More information is available at <http://www.insurancejournal.com/news/east/2006/12/26/75408.htm>
 13. **New Mexico** The Health Coverage for New Mexicans Committee has been charged with providing recommendations to the Governor and the legislature to reduce the number of uninsured in New Mexico. The Committee has selected three models of providing universal health care: the Health Security Act (close to a single payer system), the New Mexico Health Choices (based on government subsidized vouchers), and the Build on the Existing System (a compilation of various universal coverage ideas). Further details of the Committee’s work is available online at <http://insurenwemexico.state.nm.us/HCNMC.html> or at http://www.hsd.state.nm.us/pdf/HCNMC_Models_Picked_NR.pdf
 14. **New York** Governor Spitzer plans to cut uninsurance by half by enrolling everyone who is eligible for existing programs, and all 500,000 uninsured children. Simplified paperwork will be used to enroll 900,000 eligible adults, many of whom now fail to renew even though they are eligible. About 2/3 of uninsured children are eligible for Medicaid or SCHIP but not enrolled. The *Blueprint for Coverage in New York* is a proposal of the United Hospital Fund and The Commonwealth Fund to bring universal coverage to New York. This plan would expand eligibility the Family Health Plus and provide subsidies for moderate income residents to buy into the program. This proposal would create a new purchasing entity for individuals to obtain health insurance at group rates and would establish an individual mandate. In addition, this plan would assess employers \$400 per employee per year would establish an 8% payroll tax. More information on this proposal is available at http://www.uhfnyc.org/usr_doc/Blueprint_for_Universal_Coverage.pdf
 15. **North Carolina** In collaboration with the state’s Department of Health and Human Services, the Department of Insurance, the North Carolina Institute of Medicine as well as a number of other organizations, the North Carolina Task Force on Covering the Uninsured developed five policy recommendations for the state’s legislature in April 2006. The recommendations included expansion of the state’s health care safety net; the promotion of healthy lifestyle strategies,

expansion of Medicaid for low-income parents; the development of a subsidized health insurance plan for small employers; and the development of a high risk pool in the state. While these recommendations were ultimately not adopted by the state legislature, collaborative efforts to develop policy options continue. Further details on the Task Force's efforts are available online at <http://www.nciom.org/projects/uninsured/uninsuredreport.html>

- 16. Pennsylvania** Rendell is expected to propose coverage for about 1 million uninsured residents and lowered costs through reduced hospital infections (Pennsylvania has been a leader) and expanded roles for nurse practitioners including ER staffing. The plan would include income-based sliding scale for premiums but not a Massachusetts-type pool.
- 17. South Carolina** State of the State message, no details.
- 18. Utah** Governor Huntsman's working group for the uninsured is expected to offer plans to improve coverage for 70,000 uninsured children and employees of small business through a health insurance exchange, which would provide a clearinghouse for public and private providers to offer affordable insurance. It would likely include a mandate that all parents provide coverage for their children.
- 19. Washington** State of the State message, no details.
- 20. Wisconsin** Governor Doyle and the Wisconsin Health Council propose a series of reform that would cover 174,000 of 272,000 uninsured through expansions to public programs, and encourage employers to offer more coverage. A \$1/pack increase in the cigarette tax would reduce youth smoking as well as help pay for state-supported insurance for about 61,000 additional people-low income adults who do not otherwise qualify for Medicaid. A reinsurance pool would make insurance more affordable for small business by covering catastrophic claims. \$100 million subsidy would lower premiums for more than 100,000 people by at least 25%. All children would have coverage through BadgerCare Plus, if a federal waiver is approved.
 - * Wisconsin had considered three other approaches to health care reform in 2006. [Assembly Bill 1140](#) (to be introduced in January 2007) would provide all Wisconsin resident under 65 with health coverage, unless they have resided in the state for less than 6 months, are institutionalized or are federal employees. Eligible residents will be able to purchase health insurance using a "Premium Credit," and will be given a Health Savings Account. [Senate Bill 698](#) establishes an employer mandate. This bill would establish the Wisconsin Health Care Partnership Plan and would require employers to contribute a flat rate of \$340 per employee per month. The self-employed would also be able to buy into this plan. Finally, [Senate Bill 388](#) would establish universal coverage through a public health insurance program. Further details with pros and cons of the three approaches are available online at

http://www.greatermadisonchamber.com/documents/Government/Notes_july262006.pdf