

Vermont

General Financial & Medical Assistance

The department of social welfare is charged with being the last resort provider of general assistance to eligible individuals.¹ General assistance is defined as financial aid provided for the necessities of life, including food, clothing, shelter, fuel, electricity, and medical care.² Although the statute restricts services to the “necessities of life”, the administrative code restricts the program to meeting “emergency needs only”.³

An eligible applicant will have an emergency need, will be financially needy (income less than AFDC standards), will not be receiving other public assistance sufficient to meet his or her needs, and must be over the age of 65 years, disabled, a non-disabled spouse of a person receiving SSI, or a person who fits two or more special categories having to do with mental illness, illiteracy or lack of education, age, unemployment, and substance abuse treatment.⁴

An otherwise ineligible person having a need arising out of a “catastrophe” may qualify for assistance notwithstanding the aforementioned eligibility rules.⁵ Emergency medical needs, including the repair of accidental injury, the diagnosis and relief of acute pain, the treatment of acute infection, the protection of public health, and the amelioration of illness, which if not immediately diagnosed and treated could lead to disability or death, qualifies as a medical catastrophe.⁶

Physician and dental services, pharmaceuticals, supplies and emergency transportation, if related to an emergency, may be covered under this program.⁷ The definition of emergency as outlined under CVR 13-170-2602, is quite broad.

Notably, hospitalization is neither enumerated as a covered service, nor as a non-covered service. It logically follows, however, that since the department of social welfare is required to provide eligible individuals with the “necessities of life” pursuant to 33 V.S.A. § 2103(a), and that physician services may under certain conditions be a necessity, then hospital services relating to emergent medical conditions, as

¹33 V.S.A. § 2103.

²33 V.S.A. § 2101(4).

³Code of Vermont Rules (CVR) 13-170-2600 A.

⁴33 V.S.A. § 2103, CVR 13-170-2600 B, C.

⁵33 V.S.A. § 2103(a), CVR 13-170-2602.

⁶CVR 13-170-2602.

⁷CVR 13-170-2620.

defined by CVR 13-170-2602, should also be covered, whether enumerated or not. This argument is weakened, however, by 33 V.S.A. § 2106, which gives the department of social welfare discretion as to whether to offer financial assistance for the provision of surgical and medical services to otherwise eligible applicants.

Hospitals

When a transient is sick or injured and must be admitted to a hospital in Vermont, the hospital shall be financially responsible for the person's care until the hospital provides written notice to the department of social welfare.⁸

A person whose income, after adjusting for out of pocket medical expenditures, is less than the federal poverty level is eligible for free hospital care.⁹

Any town or incorporated village may construct and/or maintain a public county hospital, and may appropriate funds for the provision of hospital care to indigents.¹⁰ Towns or incorporated villages exercising either of these options may fund them through bond issues and local taxes.¹¹

Children's Comprehensive Dental Health Program

Vermont residents under the age of eighteen years whose family income is not more than \$12,500/yr (excluding \$1000 per dependent under the age of majority) are eligible for comprehensive services essential for the prevention and control of dental diseases, and the maintenance of oral health.¹² The Secretary of the Agency of Human Services established this program pursuant to its authority under 33 V.S.A. § 3302.

Vermont Health Access Plan for the Uninsured (VHAP)

Pursuant to an 1115 waiver granted Vermont by the Health Care Financing Administration (HCFA), Vermont has expanded its Medicaid program to cover some of the uninsured. HCFA's waiver allows Vermont to require enrollment in managed care as a condition of eligibility for this new coverage group

⁸33 V.S.A. § 2109.

⁹CVR 13-140-020 [referring to Part III, Chapter 9; Subchapter 1-Article 7, amending 3-1024A and 3-1024G(2) (4)].

¹⁰24 V.S.A. §§ 2601, 2.

¹¹24 V.S.A. §§ 2606, 08.

¹²CVR 13-140-006.

and to limit the scope of services provided to VHAP recipients.¹³

As of July 1, 1996, an eligible applicant would not have Medicare or private insurance, and would have a family income less than 100% of the federal poverty line. Otherwise-eligible individuals earning less than 125% will be covered as of July 1, 1997, and as of July 1, 1998, otherwise-eligible individuals earning less than 150% of the federal poverty line will be covered. CVR 13-170-015 40001.84. For the purposes of this program, resource tests for individuals aged 18 or over are eliminated.¹⁴

Up to 1,000 persons may be accepted into the VHAP program each month. The percent of the federal poverty line limits may be lowered when enrollment is at the maximum per month, or obligated expenditures reach ninety percent of the state appropriation. Conversely, the limit may be raised if enrollment and obligated expenditures are behind schedule.¹⁵

Persons enrolled in this program are required to pay a premium of up to \$40/year, co-payments of \$2 per outpatient visit, and sixty percent of prescription costs. Coinsurance payments are limited to a calendar year maximum of \$750 for a single person and \$1500 for families. Pregnant women, or women in the 60 day post-partum period, are free under this program from having to meet the financial obligations of co-payments or coinsurance.¹⁶ The scope of benefits available under this program parallel those available under Vermont's Medicaid program.¹⁷

The pharmaceutical benefit provision under this program is not very good. There are additional benefits offered to the elderly and to the disabled under the Vermont Health Access Plan for Pharmaceutical Benefits, described below.

Vermont Health Access Plan for Pharmaceutical Benefits

This law, signed on April 12, 1995, requires the department of social welfare to provide prescription medications, diabetic supplies, and drugs, devices and supplies used for the purpose of contraception, to those Vermont residents who are either over the age of 65 years, or under the age of 65 years and disabled.¹⁸ A disabled person is defined as a person entitled to disability insurance benefits under the federal Social Security Act.¹⁹

¹³CVR 13-170-015 4000.

¹⁴33 V.S.A. § 1972, CVR 13-170-015 4000.

¹⁵ *Id.*

¹⁶CVR 13-170-015 40001.9, CVR 13-170-015 4001.92.

¹⁷CVR 13-170-015 4003.

¹⁸18 V.S.A. § 251, *et seq.*, CVR 13-170-014, 15.

¹⁹18 V.S.A. § 251(2), CVR 13-170-014-2.

Applicants' family incomes, after appropriate adjustment, must be less than 100% of the federal poverty line if applying before July 1, 1996, less than 125% of the federal poverty line if applying after July 1, 1996, and less than 150% of the federal poverty line if applying after July 1, 1998.²⁰

A co-payment is required from all recipients for each prescription (original or refill) and covered diabetic supply. Effective May 15, 1996, the co-payment is \$1.00 for each prescription or diabetic supply having a usual and customary charge of \$29.99 or less, and \$2.00 for each prescription or diabetic supply having a usual and customary charge of \$30.00 or more.²¹

HIV/AIDS Health Insurance Assistance H.937 (1992)

Any state resident who is too ill with an HIV-related illness to continue to work a sufficient number of hours to qualify for employment provided health insurance, or who is unable to afford to pay the health insurance premiums on his or her own, is eligible under this plan if the following criteria are met: (1) the applicant was enrolled in a health insurance plan prior to the reduction or termination of his or her hours of employment; (2) the Department has determined that paying the applicant's premiums will be less costly to the state than other alternatives; (3) the applicant's adjusted gross household income level does not exceed 200 percent of the federal poverty line, and; (4) the applicant's resources do not exceed \$10,000.00.²²

Individuals found eligible for this program are eligible for payment of their health insurance premium, including payment for family coverage if that is what the individual had prior to reducing/terminating employment, until such time as the funds appropriated by the Vermont General Assembly have been exhausted, or until the individual becomes eligible for Medicaid or Medicare.²³ This program will not pay the premium for a new insurance policy, nor will it cover insurance deductibles or coinsurance.²⁴

Dr. Dinosaur

Prenatal and children's benefits.²⁵ OBRA provided states the option to extend Medicaid coverage for pregnancy related services to pregnant women whose family income was between certain percentages of the federal poverty line. Vermont took up that option and went further by extending prenatal Medicaid coverage to pregnant women between 185% and 200% of the federal poverty line who were not

²⁰CVR 13-170-014-11.

²¹CVR 13-170-014-13.

²²CVR 13-170-012.

²³CVR 13-170-012-3, 4.

²⁴CVR 13-170-012-3.

²⁵CVR 13-170-009.

otherwise eligible for Medicaid or any other form of public or private health insurance²⁶ coverage.²⁷

OBRA also required state Medicaid programs to provide full scope Medicaid coverage to children from poor families. Again, in 1989 Vermont went further than Congress by extending full-scope Medicaid coverage to children below the age of seven years whose family income is within 225 percent of the federal poverty line, who are not otherwise eligible for any other form of public or private health insurance coverage.²⁸

In 1992, with the passage of H.733, Vermont extended children's coverage to all persons under the age of 18 years whose family income is within 225% of the federal poverty line, so long as they are not otherwise eligible for any other form of public or private health insurance coverage.²⁹

Cancer Treatment

This is a very limited program. The State board of health "may" provide diagnostic and treatment services for persons who have either been diagnosed, or are suspected of having cancer, and who are financially unable to provide themselves with care.³⁰ Benefits provided may not exceed one-half of the patient's medical bills, and may not exceed \$500 per year.³¹ There is no indication in the administrative code, however, that the board has used its discretion to enact such a program.

Children with Special Needs

The state department of health "may" provide treatment for children suffering from such chronic diseases as cystic fibrosis.³² There is no indication in the administrative code, however, that the department has used its discretion to enact such a program.

Communicable Disease Control

²⁶A woman will be considered uninsured if she has insurance but its coverage does not extend to prenatal benefits. CVR 13-170-009 3001.4.

²⁷H.378 (1989), CVR 13-170-009 3000(1).

²⁸H.378 (1989), CVR 13-170-009 3001(2).

²⁹CVR 13-170-009 3000, 3001.22, 3001.3.

³⁰18 V.S.A. § 202.

³¹*Id.*

³²18 V.S.A. § 115a, 116(a).

Towards the end of preventing, diagnosing, and treating communicable disease, the state department of health is authorized to provide free vaccines, antibiotics, and any other appropriate agent.³³

Tuberculosis

The state department of health has the discretion to provide treatment in designated facilities to persons with tuberculosis or other respiratory diseases, who are without the means to obtain adequate care and treatment.³⁴ It is arguable that the department of health must provide prevention, diagnosis and treatment services where the public's health would be endangered by not so doing. That may account for a code provision which requires the department to maintain a tuberculosis clinic in Barre, which is funded by the state to provide diagnostic and treatment services for tuberculosis.³⁵

Sexually Transmitted Diseases (STDs)

The state board of health must provide, at state expense, free laboratory testing for STDs.³⁶ The board shall also provide treatment, including hospitalization, at cost or without charge to those patients whom the board deems entitled to such aid.³⁷ An open question is whether HIV-AIDS diagnostic and treatment services are also provided for by this program.

Immunizations

With some exceptions, all children must have been immunized in order to attend any Vermont public or private school.³⁸ The state department of health is authorized to provide physicians with such vaccines as may be necessary for the prevention of infectious and communicable diseases.³⁹ There is no indication in the administrative code, however, that vaccines are being administered without charge to school aged children.

It is arguable that since the department has the overall responsibility for public health, and that vaccinating most children is necessary to preserve it, vaccinations must be provided without charge, or on an ability-to-pay schedule to all children whose parents or guardian so requests.

³³18 V.S.A. § 1008(a).

³⁴18 V.S.A. §§ 1047, 1048, 1051, 1053.

³⁵18 V.S.A. § 1054.

³⁶18 V.S.A. § 1098.

³⁷18 V.S.A. § 1098.

³⁸18 V.S.A. § 1121.

³⁹18 V.S.A. § 1008.

School Health Services

The board of school directors may provide such medical, dental services, and foodstuffs, as may be necessary to improve the health of the child of indigent parents.⁴⁰ The board may so spend an amount equal to three percent of the amount of their annual operating budget.⁴¹

⁴⁰16 V.S.A. § 1386.

⁴¹16 V.S.A. § 1386. It may be arguable that the budget limit is 3% of the annual appropriation for the school health budget, as opposed to 3% of the school's budget. See 16 V.S.A. § 1386, which reads, "not to exceed three percent of that year's school budget for current expense for such health service activities as may be necessary to provide for the improvement of the physical efficiency of children of indigent parents."