

1
2
3
4
5
6
7
8

9
10
11
12
13
14
15
16
17
18
19

H.812

Introduced by Representatives Lippert of Hinesburg and Pearson of Burlington

Referred to Committee on

Date:

Subject: Health; accountable care organizations; consumer protection

Statement of purpose of bill as introduced: This bill proposes to establish
consumer protection guidelines and principles in the context of accountable
care organizations.

An act relating to consumer protections for accountable care organizations

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 18 V.S.A. chapter 221, subchapter 3 is added to read:

Subchapter 3. Accountable Care Organizations

§ 9425. ACCOUNTABLE CARE ORGANIZATIONS; CONSUMER

PROTECTIONS

As Vermont moves toward new models of health care, it is essential to
ensure that the rights and interests of consumers and patients are considered
and protected. In the context of accountable care organizations, the General
Assembly adopts the following guidelines and principles to safeguard the
health and wellbeing of Vermont residents:

1 (1) Consumer representation.

2 (A) An accountable care organization's governing body should
3 include at least three consumer members, including one Medicaid beneficiary,
4 one Medicare beneficiary, and one beneficiary of a commercial health
5 insurance plan.

6 (B) An accountable organization's governing body should include at
7 least one consumer advocate with training or professional experience in
8 advocating for the rights of consumers.

9 (C) Each entity developed or administered through an accountable
10 care organization or the Blueprint for Health for the purpose of collaboration
11 and sharing information among providers regarding best practices should
12 include at least two consumer representatives residing in the region the entity
13 serves.

14 (2) Consumer advisory board. An accountable care organization should
15 have a regularly scheduled process for inviting and considering consumer input
16 regarding the accountable care organization's policy, including a consumer
17 advisory board with membership drawn from the community the accountable
18 care organization serves. The consumer advisory board should include
19 patients, their families, and caregivers, as well as beneficiaries of Medicaid,
20 Medicare, and commercial insurance plans.

1 (3) Governance; transparency. The accountable care organization's
2 governing body should have a transparent governing process and open
3 meetings.

4 (4) Accountability for access, quality, and health outcomes.

5 (A) An accountable care organization should measure progress
6 toward improving access to care, quality of care, and health outcomes. The
7 accountable care organization should be responsible for reporting its measures
8 at least quarterly to the Department of Vermont Health Access, the Green
9 Mountain Care Board, and participating commercial payers. Medicaid and
10 participating commercial payers should incorporate these measures into their
11 contracts with an accountable care organization to hold the organization
12 responsible for quality of care, access to care, and health outcomes, as well as a
13 positive patient experience.

14 (i) In order to ensure that Vermonters' access to health care is
15 improved by the accountable care organization and that the accountable care
16 organization does not underserve its patients, measurement should include
17 metrics of access to and use of primary care, specialty care, inpatient care,
18 substance use disorder treatment, and mental health treatment services.

19 (ii) In order to ensure that the quality of care provided to Vermont
20 residents is improved by the accountable care organization, measurement
21 should evaluate the patient experience and include metrics of the quality of

1 primary care, specialty care, inpatient care, substance use disorder treatment,
2 and mental health treatment services.

3 (iii) In order to ensure that the health of Vermonters is improved
4 by the accountable care organization, measurement should include metrics of
5 outcomes related to primary care, specialty care, inpatient care, substance use
6 disorder treatment, and mental health treatment services.

7 (B) An accountable care organization should be required to meet
8 specific quality, access, and outcome thresholds in order to participate in
9 alternative payment methodologies such as capitated payments, shared savings,
10 and global budgets. The Green Mountain Care Board should enforce these
11 thresholds.

12 (5) Grievances and appeals. The Green Mountain Care Board should
13 adopt rules to protect against wrongful denial of services and to address
14 grievances of patient attributed to an accountable care organization. The rules
15 should provide for internal and external review processes.

16 (6) Provider choice. Patients should be allowed to identify their own
17 primary care provider through an attestation process as the primary method of
18 attribution. An accountable care organization should not interfere in any way
19 with the ability of a patient to receive services from any provider of his or her
20 choice.

1 (7) Consumer protection.

2 (A) An accountable care organization should provide each patient
3 attributed to the organization with written notice explaining that his or her
4 provider is participating with an accountable care organization and that he or
5 she has been attributed to that organization. The notice should include
6 information about the accountable care organization and explain the patient's
7 rights, including the right to choose and change providers regardless of their
8 affiliation with the accountable care organization and an explanation of the
9 grievance and appeal process.

10 (B) Attribution of a patient to an accountable care organization
11 should not result in increased patient costs, including cost-sharing increases or
12 penalties, regardless of the patient's patterns of care and choice of providers.

13 (8) Integrated care. An accountable care organization should
14 collaborate with providers of services not included in the accountable care
15 organization's financial model, if any, which may include providers of mental
16 health and substance use disorder services, long-term services and supports,
17 and dental care.

18 Sec. 2. EFFECTIVE DATE

19 This act shall take effect on passage.