

S. 60 Payment of medical exams for crime victims
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4.24.15

The Center administers two programs that cover the medical costs incurred by crime victims. The first is the Victim Compensation Program (Title 13, §5351) that covers crime-related medical and counseling expenses for all types of crime victims. This program requires the victim to report to law enforcement and the victim must use his/her health insurance and then the program covers any out-of-pocket expenses such as co-pays and deductibles or if the victim is uninsured. The program is authorized by statute to pay 70% of billed charges for uninsured victims and the providers cannot bill the victim for the balance.

The second program allows a rape victim to obtain a rape exam without reporting to law enforcement and requires the state to pay for those exams (Title 32, §1407). This program is also authorized to pay 70% of the billed charges. Several years ago, the Center developed a billing exception form for the hospitals to use giving the victim the choice to have their insurance billed or let the state pay for the exam. Most victims opt for the state to pay because they don't want a family member finding out he or she was raped. For example, many college students are covered by their parent's health insurance and they are fearful of their parent finding out through the EOB or because the cost of the exam would be applied to the family's deductible.

Two years ago the legislature formed a study committee to look at restructuring Center programs in an effort to become more cost-effective because of declining revenue to the Center's special funds. Revenue to the special funds is generated through surcharges on civil fines (traffic tickets) and criminal convictions. Revenue from traffic tickets has been steadily declining due to less tickets being issued by law enforcement coupled with lower collection rates by the Judicial Bureau. The legislature passed H. 795 last session which implemented a number of cost saving measures recommended by the study committee.

Two outstanding issues that required more study was billing the victim's health insurance for rape exams while at the same time protecting the victim's privacy and adjusting the reimbursement rate used by the Center with health care providers and facilities when the victim is uninsured. Senate Judiciary asked the Center, VT insurance carriers, the hospital association and the VT Network Against Domestic & Sexual Violence to work on these issues and come back with a recommendation. As a short gap measure, H.795 reduced the 70% reimbursement rate the Center was authorized to use to 50% for a one year period. S. 60 represents the recommendation of the group which should reduce the cost of these programs for the Center.

S. 60 changes the statute to require the victim's insurance to be billed for rape exams. The state will only pay when the victim does not have health coverage or if their insurance does not cover

the entire cost of the exam. For uninsured victims, the program would reimburse at 60% of billed charges, a reduction from 70%.

To address the privacy concerns of rape victims, the bill does two things. First, for those plans governed by VT law, a health insurer cannot impose a co-pay or deductible so the cost of the exam would be covered. Since this would not apply to high deductible plans regulated by the federal government, the bill allows for the Center and insurers to develop a MOU to address how to handle the high deductible plans. The second concern of the EOB from the rape exam will also be addressed in the MOU by allowing a victim of sexual assault to do a change of address at the time of the exam and can redirect the EOB to another address or have it sent to the Center to protect their privacy.

S. 60 also authorizes the Victim Compensation Program to reimburse health care providers and facilities at 60% of billed charges when the victim is uninsured, a reduction from 70%.

A key piece to S. 60 is the MOU where we will work out the details of how to bill the insurance companies while protecting a victim's privacy and making sure the Center gets billed when the victim has a high deductible plan where the deductible has not been met. To ensure a smooth transition, the bill sets benchmarks for the MOU to be completed by August 1st and implementation of the new billing procedures on October 1st. This will give the stakeholders the time needed to train the appropriate staff at the hospitals and insurance companies.