

1 H.221

2 Introduced by Representative Lippert of Hinesburg

3 Referred to Committee on

4 Date:

5 Subject: Health; Office of the Health Care Advocate; health insurance; rate
6 review; expenditure analysis

7 Statement of purpose of bill as introduced: This bill proposes to require health
8 insurers to notify affected policyholders of proposed rate increases. It would
9 also expand the role of the Office of the Health Care Advocate in the health
10 insurance rate review process and specify that one of the Office's duties is to
11 advocate for consumers' access to appropriate health care services.

12 An act relating to the role of the Office of the Health Care Advocate and
13 notice to policyholders of proposed health insurance rate increases

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

15 Sec. 1. 8 V.S.A. § 4062 is amended to read:

16 § 4062. FILING AND APPROVAL OF POLICY FORMS AND PREMIUMS

17 * * *

18 (b)(1)(A) In conjunction with a rate filing required by subsection (a) of this
19 section, an insurer shall file a plain language summary of the proposed rate.

20 All summaries shall include a brief justification of any rate increase requested,

1 the information that the Secretary of the U.S. Department of Health and
2 Human Services (HHS) requires for rate increases over 10 percent, and any
3 other information required by the Board. The plain language summary shall be
4 in the format required by the Secretary of HHS pursuant to the Patient
5 Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, as amended
6 by the Health Care and Education Reconciliation Act of 2010, Pub. L.
7 No. 111-152, and shall include notification of the public comment period
8 established in subsection (c) of this section. In addition, the insurer shall post
9 the summaries on its website.

10 (B) An insurer shall send written notice of a proposed rate increase,
11 including the specific change requested, to each policyholder and certificate
12 holder affected by the increase on or before the date the insurer submits its rate
13 filing to the Board. The notice shall prominently include the mailing and
14 website addresses through which a person may contact the insurer to receive
15 additional information about the rate filing. It shall also provide information
16 on how to access the Board's website for the information and public comment
17 process set forth in subsection (c) of this section.

18 * * *

19 (c)(1) The Board shall provide information to the public on the Board's
20 website about the public availability of the filings and summaries required
21 under this section.

1 (2)(A) The Board shall post the rate filings pursuant to subsection (a) of
2 this section and summaries pursuant to subsection (b) of this section on the
3 Board's website within five calendar days following filing. The Board shall
4 also establish a mechanism by which members of the public may request to be
5 notified automatically each time a proposed rate is filed with the Board.

6 (B) The Board shall provide an electronic mechanism for the public
7 to comment on all rate filings. The Board shall accept public comment on each
8 rate filing from the date on which the Board posts the rate filing on its website
9 pursuant to subdivision (A) of this subdivision (2) until 15 calendar days after
10 the Board posts on its website the analyses and opinions of the Department of
11 Financial Regulation and of the Board's consulting actuary, if any, as required
12 by subsection (d) of this section. The Board shall review and consider the
13 public comments prior to issuing its decision.

14 (3)(A) ~~In addition to the public comment provisions set forth in this~~
15 ~~subsection, the Office of the Health Care Advocate established in 18 V.S.A.~~
16 ~~chapter 229, acting on behalf of health insurance consumers in this State, may,~~
17 ~~within 30 calendar days after the Board receives an insurer's rate request~~
18 ~~pursuant to this section, submit to the Board, in writing, suggested questions~~
19 ~~regarding the filing for the Board to provide to its contracting actuary, if any~~
20 The Office of the Health Care Advocate shall have the right to receive copies
21 of all materials related to any insurer's rate request and to ask questions of

1 employees of the Green Mountain Care Board related to the Board's review of
2 health insurance rates. In addition, the Office of the Health Care Advocate
3 may, within 30 calendar days after the Board receives an insurer's rate request
4 pursuant to this section:

5 (i) submit written questions to the Board that the Board will ask of
6 the insurer in advance of any hearing held in conjunction with the Board's rate
7 review;

8 (ii) submit written questions to the Board for the Board to provide
9 to its contracting actuary, if any;

10 (iii) submit written comments for the Board's consideration; and

11 (iv) ask questions and provide testimony in any hearing held in
12 conjunction with the Board's health insurance rate review.

13 ~~(B) The Office of the Health Care Advocate may also submit to the~~
14 ~~Board written comments on an insurer's rate request. The Board shall post the~~
15 ~~comments on its website and shall consider the comments prior to issuing its~~
16 ~~decision. The Office of the Health Care Advocate shall not disclose further any~~
17 ~~confidential or proprietary information provided to the Office pursuant to this~~
18 ~~subdivision (3).~~

19 * * *

20 Sec. 2. 18 V.S.A. § 9603(a) is amended to read:

21 (a) The Office of the Health Care Advocate shall:

1 (1) Assist health insurance consumers with health insurance plan
2 selection by providing information, referrals, and assistance to individuals
3 about means of obtaining health insurance coverage and services. The Office
4 shall accept referrals from the Vermont Health Benefit Exchange and
5 Exchange navigators created pursuant to 33 V.S.A. chapter 18, subchapter 1, to
6 assist consumers experiencing problems related to the Exchange.

7 (2) Assist health insurance consumers to understand their rights and
8 responsibilities under health insurance plans.

9 (3) Advocate for consumers' access to appropriate health care services.

10 (4) Provide information to the public, agencies, members of the General
11 Assembly, and others regarding problems and concerns of health insurance
12 consumers as well as recommendations for resolving those problems and
13 concerns.

14 ~~(4)~~(5) Identify, investigate, and resolve complaints on behalf of
15 individual health insurance consumers, and assist those consumers with filing
16 and pursuit of complaints and appeals.

17 ~~(5)~~(6) Provide information to individuals regarding their obligations and
18 responsibilities under the Patient Protection and Affordable Care Act (Pub. L.
19 No. 111-148).

1 ~~(6)~~(7) Analyze and monitor the development and implementation of
2 federal, State, and local laws, rules, and policies relating to patients and health
3 insurance consumers.

4 ~~(7)~~(8) Facilitate public comment on laws, rules, and policies, including
5 policies and actions of health insurers.

6 ~~(8)~~(9) Suggest policies, procedures, or rules to the Green Mountain Care
7 Board in order to protect patients' and consumers' interests.

8 ~~(9)~~(10) Promote the development of citizen and consumer organizations.

9 ~~(10)~~(11) Ensure that patients and health insurance consumers have
10 timely access to the services provided by the Office.

11 ~~(11)~~(12) Submit to the Governor, the House Committee on Ways and
12 Means, and the House and Senate Committees on Appropriations on or before
13 January 1 of each year a report on the activities, performance, and fiscal
14 accounts of the Office during the preceding calendar year.

15 Sec. 3. EFFECTIVE DATE

16 This act shall take effect on passage.