Introduced by Representatives Rogers of Waterville, Christensen of Weathersfield, Cordes of Lincoln, Donahue of Northfield, Houghton of Essex, Page of Newport City, and Smith of Derby

Referred to Committee on

Date:

Subject: Health; health care administration; Green Mountain Care Board; hospitals; price transparency

Statement of purpose of bill as introduced: This bill proposes to require hospitals to report to the Green Mountain Care Board their actual charges for health care services delivered to patients without health insurance or other health coverage. It would direct the Green Mountain Care Board to use information from Vermont’s all-payer claims database and the information from the hospitals on their private-pay patient charges to make available to the public information on the average charge for each health care service at each Vermont hospital for insured patients and for private-pay patients.

An act relating to increasing hospital price transparency

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

Sec. 1. 18 V.S.A. § 9410 is amended to read:

§ 9410. HEALTH CARE DATABASE
(a)(1) The Board shall establish and maintain a unified health care database to enable the Board to carry out its duties under this chapter, chapter 220 of this title, and Title 8, including:

(A) determining the capacity and distribution of existing resources;

(B) identifying health care needs and informing health care policy;

(C) evaluating the effectiveness of intervention programs on improving patient outcomes;

(D) comparing costs between various treatment settings and approaches;

(E) providing information to consumers and purchasers of health care; and

(F) improving the quality and affordability of patient health care and health care coverage.

(2) The Board shall use information from the database and the information on hospitals’ private-pay patient charges provided to the Board pursuant to subdivision (c)(2) of this section to make available to the public on the Board’s website information regarding the average actual amounts charged for each health care service or bundle of services at each Vermont hospital for insured patients and for private-pay patients. The Board shall update the information on its website at least annually.
(b) The database shall contain unique patient and provider identifiers and a uniform coding system, and shall reflect all health care utilization, costs, and resources in this State, and health care utilization and costs for services provided to Vermont residents in another state.

(c)(1) Health insurers, health care providers, health care facilities, and governmental agencies shall file reports, data, schedules, statistics, or other information determined by the Board to be necessary to carry out the purposes of this section. Such information may include:

(1)(A) health insurance claims and enrollment information used by health insurers;

(2)(B) information relating to hospitals filed under subchapter 7 of this chapter (hospital budget reviews); and

(3)(C) any other information relating to health care costs, prices, quality, utilization, or resources required by the Board to be filed.

(2) Each hospital shall file with the Board its actual charges for health care services delivered to patients without health insurance or other health coverage, not including any reduced charge amounts for patients who qualify for the hospital’s charity care program.

(d) The Board may by rule establish the types of information to be filed under this section, and the time and place and the manner in which such information shall be filed.
Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2020.