

1 S.31

2 Introduced by Senator Pearson

3 Referred to Committee on

4 Date:

5 Subject: Health; hospitals; patient rights; health insurance; surprise billing

6 Statement of purpose of bill as introduced: This bill proposes to require

7 hospitals to provide certain financial information to patients. It would also

8 prohibit surprise billing for emergency medical services provided out-of-

9 network and require health insurers to maintain up-to-date provider network

10 information on their websites.

11 An act relating to requiring hospitals to provide certain financial  
12 information to patients and prohibiting surprise billing for emergency  
13 medical services

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

15 Sec. 1. 18 V.S.A. § 1852 is amended to read:

16 § 1852. PATIENTS' BILL OF RIGHTS; ADOPTION

17 (a) The General Assembly hereby adopts the "Bill of Rights for Hospital

18 Patients" as follows:

19 \* \* \*

1           (12) The patient has the right to receive an itemized, detailed, and  
2 understandable explanation of charges, regardless of the source of payment,  
3 and to know if a disputed bill will be sent to a collection agency.

4                                   \* \* \*

5           (19) The patient has the right to make informed decisions about the  
6 patient's financial liability, including the right to see a price list for elective  
7 procedures and to be informed of less expensive options if they are available.

8           (20) The patient has the right to be informed of any potential conflicts of  
9 interest that a physician or hospital may have in a test, surgery, procedure, or  
10 other health care service before the test, surgery, procedure, or other service is  
11 ordered or scheduled, including any financial stake that the physician has in  
12 any health care facility in which the test, surgery, procedure, or other service is  
13 to be performed.

14           (21) A patient receiving health care services from a hospital or a  
15 hospital-owned practice has the right to be informed in advance of any facility  
16 fees, in addition to professional fees, that are to be imposed based on or  
17 otherwise related to the location in which the services are to be provided.

18           (b)(1) ~~Failure~~ The failure of a physician to comply with any provision of  
19 this section may constitute a basis for disciplinary action against a physician  
20 under 26 V.S.A. chapter 23. A complaint may be filed with the Board of  
21 Medical Practice.

1           (2) The failure of a hospital to comply with any provision of this section  
2           may constitute a deficiency in violation of the hospital's obligations under  
3           chapter 43 of this title. A complaint may be filed with the licensing agency or  
4           with the Department of Disabilities, Aging, and Independent Living's Division  
5           of Licensing and Protection.

6           (c) A summary of the hospital's obligations under this section, written in  
7           clear language and in easily readable print, shall be distributed to patients upon  
8           admission and posted conspicuously at each nurse's station. Such notice shall  
9           also indicate that as an alternative or in addition to the hospital's complaint  
10          procedures, the patient may directly contact the licensing agency, the  
11          Department of Disabilities, Aging, and Independent Living's Division of  
12          Licensing and Protection, or the Board of Medical Practice. The address and  
13          telephone number of the licensing agency, the Division of Licensing and  
14          Protection, and the Board of Medical Practice shall be included in the notice.

15          Sec. 2. 18 V.S.A. § 9417 is added to read:

16          § 9417. INSUREDS' FINANCIAL RIGHTS

17          (a) If an individual insured under a health insurance plan receives  
18          emergency services from a health care provider that does not participate in the  
19          health insurer's provider network, the plan shall ensure that the insured  
20          individual incurs no greater out-of-pocket costs for the emergency services

1 than the insured would have incurred if the services were provided by a health  
2 care provider that does participate in the health insurer's provider network.

3 (b) A health insurance plan shall maintain up-to-date information on its  
4 website regarding which health care providers participate in its network.

5 Sec. 3. EFFECTIVE DATE

6 This act shall take effect on July 1, 2019.