

1 S.31

2 Introduced by Senator Pearson

3 Referred to Committee on Health and Welfare

4 Date: January 18, 2019

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.~~

*An act relating to informed health care financial decision making and the  
consent policy for the Vermont Health Information Exchange*

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~~  
9 ~~of interest that a physician or hospital may have in a test, surgery, procedure,~~  
10 ~~or other health care service before the test, surgery, procedure, or other service~~  
11 ~~is 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 ~~that 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.~~

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

~~§ 1852. PATIENTS' BILL OF RIGHTS; ADOPTION~~

~~(a) The General Assembly hereby adopts the "Bill of Rights for Hospital Patients" as follows:~~

~~\*\*\*~~

~~(12) The patient has the right to receive an itemized, detailed, and understandable explanation of charges, regardless of the source of payment, and to be provided with information about:~~

~~(A) health care prices;~~

~~(B) financial assistance; and~~

~~(C) billing and collections practices.~~

~~\*\*\*~~

~~Sec. 2. PRICE TRANSPARENCY; BILLING PROCESSES; REPORT~~

~~(a) Building on its efforts pursuant to 2015 Acts and Resolves No. 54, Sec. 21, the The Green Mountain Care Board, in consultation with interested stakeholders, shall examine health care price transparency initiatives in other states to identify possible options for making applicable health care pricing information readily available to consumers of health care services in this State to help inform their health care decision making.~~

~~(b) The Green Mountain Care Board, in consultation with interested stakeholders, shall consider and provide recommendations regarding potential financial procedures for health care services that would coordinate processes between hospitals and payers without requiring the patient's involvement and would provide patients who receive hospital services with a single, comprehensive bill that reflects the patient's entire, actual financial obligation.~~

~~(c) On or before November 15, 2019, the Green Mountain Care Board shall provide its findings and recommendations pursuant to subsections (a) and (b) of this section to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, and the Health Reform Oversight Committee.~~

*Sec. 3. EFFECTIVE DATE*

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

*Sec. 1. 18 V.S.A. chapter 42 is amended to read:*

*CHAPTER 42. BILL OF RIGHTS FOR HOSPITAL PATIENTS AND  
PATIENT ACCESS TO INFORMATION*

*Subchapter 1. Bill of Rights for Hospital Patients*

*§ 1851. DEFINITIONS*

*As used in this ~~chapter~~ subchapter:*

*(1) "Hospital" means a ~~general~~ hospital required to be licensed under ~~18 V.S.A. chapter 43~~ of this title.*

*(2) "Patient" means a person admitted to a hospital on an inpatient basis.*

*§ 1852. PATIENTS' BILL OF RIGHTS; ADOPTION*

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*(12) The patient has the right to receive an itemized, detailed, and understandable explanation of charges regardless of the source of payment and to be provided with information about financial assistance and billing and collections practices.*

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*Subchapter 2. Access to Information*

*§ 1854. PUBLIC ACCESS TO INFORMATION*

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*§ 1855. AMBULATORY SURGICAL PATIENTS; EXPLANATION OF CHARGES*

*(a) As used in this section:*

*(1) "Ambulatory surgical center" has the same meaning as in section 9432 of this title.*

(2) "Hospital" means a hospital required to be licensed under chapter 43 of this title.

(b) A patient receiving outpatient surgical services or an outpatient procedure at an ambulatory surgical center or hospital shall receive an itemized, detailed, and understandable explanation of charges regardless of the source of payment and shall be provided with information about the ambulatory surgical center's or hospital's financial assistance and billing and collections practices.

Sec. 2. 18 V.S.A. § 9375(b) is amended to read:

(b) The Board shall have the following duties:

\* \* \*

(14) Collect and review data from each psychiatric hospital licensed pursuant to chapter 43 of this title, which may include data regarding a psychiatric hospital's scope of services, volume, utilization, discharges, payer mix, quality, coordination with other aspects of the health care system, and financial condition. The Board's processes shall be appropriate to psychiatric hospitals' scale and their role in Vermont's health care system, and the Board shall consider ways in which psychiatric hospitals can be integrated into systemwide payment and delivery system reform.

Sec. 3. PRICE TRANSPARENCY; BILLING PROCESSES; REPORT

(a) The Green Mountain Care Board, in consultation with interested stakeholders, shall examine health care price transparency initiatives in other states to identify possible options for making applicable health care pricing information readily available to consumers of health care services in this State to help inform their health care decision making.

(b) The Green Mountain Care Board, in consultation with interested stakeholders, shall consider and provide recommendations regarding potential financial procedures for health care services that would coordinate processes between hospitals and payers without requiring the patient's involvement and would provide patients who receive hospital services with a single, comprehensive bill that reflects the patient's entire, actual financial obligation.

(c) On or before November 15, 2019, the Green Mountain Care Board shall provide its findings and recommendations pursuant to subsections (a) and (b) of this section to the House Committee on Health Care, the Senate Committees on Health and Welfare and on Finance, and the Health Reform Oversight Committee.

*Sec. 4. 18 V.S.A. § 9351 is amended to read:*

*§ 9351. HEALTH INFORMATION TECHNOLOGY PLAN*

*(a)(1) The Department of Vermont Health Access, in consultation with the Department's Health Information Exchange Steering Committee, shall be responsible for the overall coordination of Vermont's statewide Health Information Technology Plan. The Plan shall be revised annually and updated comprehensively every five years to provide a strategic vision for clinical health information technology.*

*(2) The Department shall submit the proposed Plan to the Green Mountain Care Board annually on or before November 1. The Green Mountain Care Board shall approve, reject, or request modifications to the Plan within 45 days following its submission; if the Board has taken no action after 45 days, the Plan shall be deemed to have been approved.*

*(3)(A) The Department, in consultation with the Steering Committee, shall administer the Plan, ~~which shall~~.*

*(B) The Plan shall include the implementation of an integrated electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payers, and patients. The Plan shall provide for each patient's electronic health information that is contained in the Vermont Health Information Exchange to be accessible to health care facilities, health care professionals, and public and private payers to the extent permitted under federal law unless the patient has affirmatively elected not to have the patient's electronic health information shared in that manner.*

*(C) The Plan shall include standards and protocols designed to promote patient education, patient privacy, physician best practices, electronic connectivity to health care data, access to advance care planning documents, and, overall, a more efficient and less costly means of delivering quality health care in Vermont.*

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*Sec. 5. VERMONT HEALTH INFORMATION EXCHANGE; OPT-OUT CONSENT POLICY; IMPLEMENTATION*

*(a) The Department of Vermont Health Access, in consultation with its Health Information Exchange Steering Committee, shall administer a robust stakeholder process to develop an implementation strategy for the consent policy for the sharing of patient health information through the Vermont Health Information Exchange (VHIE), as revised pursuant to Sec. 4 of this act. The implementation strategy shall:*

(1) include substantial opportunities for public input;

(2) focus on the creation of patient education mechanisms and processes that:

(A) combine new information on the consent policy with existing patient education obligations, such as disclosure requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA);

(B) aim to address diverse needs, abilities, and learning styles with respect to information delivery;

(C) clearly explain:

(i) the purpose of the VHIE;

(ii) the way in which health information is currently collected;

(iii) how and with whom health information may be shared using the VHIE;

(iv) the purposes for which health information may be shared using the VHIE;

(v) how to opt out of having health information shared using the VHIE; and

(vi) how patients can change their participation status in the future; and

(D) enable patients to fully understand their rights regarding the sharing of their health information and provide them with ways to find answers to associated questions, including providing contact information for the Office of the Health Care Advocate;

(3) identify the mechanisms by which Vermonters will be able to easily opt out of having their health information shared through the VHIE and a timeline identifying when each mechanism will be available, which shall begin at least one month prior to the March 1, 2020 change to the consent policy;

(4) include plans for developing or supplementing consent management processes at the VHIE to reflect the needs of patients and providers;

(5) include multisector communication strategies to inform each Vermonter about the VHIE, the consent policy, and their ability to opt out of having their health information shared through the VHIE; and

(6) identify a methodology for evaluating the extent to which the public outreach regarding the VHIE, consent policy, and opt-out processes has been successful.



(b)(1) The Department of Vermont Health Access shall provide updates on the stakeholder engagement process and the consent policy implementation strategy to the House Committee on Health Care, the Senate Committee on Health and Welfare, the Health Reform Oversight Committee, and the Green Mountain Care Board on or before August 1 and November 1, 2019.

(2) The Department of Vermont Health Access shall provide a final report on the outcomes of the stakeholder engagement process and the consent policy implementation strategy to the House Committee on Health Care, the Senate Committee on Health and Welfare, and the Green Mountain Care Board on or before January 15, 2020.

*Sec. 6. EFFECTIVE DATES*

(a) Secs. 1 (18 V.S.A. chapter 42), 2 (18 V.S.A. § 9375(b)), and 3 (price transparency; billing processes; report) shall take effect on July 1, 2019.

(b) Sec. 4 (18 V.S.A. § 9351) shall take effect on March 1, 2020.

(c) Sec. 5 (Vermont Health Information Exchange; opt-out consent policy; implementation) and this section shall take effect on passage.