

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred Senate Bill No. 31  
3 entitled “An act relating to informed health care decision making” respectfully  
4 reports that it has considered the same and recommends that the House propose  
5 to the Senate that the bill be amended by striking out all after the enacting  
6 clause and inserting in lieu thereof the following:

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

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

10 Subchapter 1. Bill of Rights for Hospital Patients

11 § 1851. DEFINITIONS

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

13 (1) “Hospital” means a ~~general~~ hospital required to be licensed under  
14 ~~18 V.S.A.~~ chapter 43 of this title.

15 (2) “Patient” means a person admitted to a hospital on an inpatient basis.

16 \* \* \*

17 Subchapter 2. Access to Information

18 § 1854. PUBLIC ACCESS TO INFORMATION

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1     § 1855. AMBULATORY SURGICAL PATIENTS; EXPLANATION OF  
2             CHARGES

3             (a) As used in this section:

4                 (1) “Ambulatory surgical center” has the same meaning as in section  
5             9432 of this title.

6                 (2) “Hospital” means a hospital required to be licensed under chapter 43  
7             of this title.

8             (b) A patient receiving outpatient surgical services or an outpatient  
9             procedure at an ambulatory surgical center or hospital shall receive an  
10            itemized, detailed, and understandable explanation of charges regardless of the  
11            source of payment.

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

13             (b) The Board shall have the following duties:

14                                             \* \* \*

15             (14) Collect and review data from each psychiatric hospital licensed  
16             pursuant to chapter 43 of this title, except a psychiatric hospital that is  
17             conducted, maintained, or operated by the State of Vermont. The data  
18             collected and reviewed by the Board may include data regarding a psychiatric  
19             hospital’s scope of services, volume, utilization, discharges, payer mix, quality,  
20             coordination with other aspects of the health care system, and financial  
21             condition. The Board’s processes shall be appropriate to psychiatric hospitals’

1 scale and their role in Vermont’s health care system, and the Board shall  
2 consider ways in which psychiatric hospitals can be integrated into systemwide  
3 payment and delivery system reform.

4 Sec. 3. PRICE TRANSPARENCY; BILLING PROCESSES; REPORT

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

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

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

1       Sec. 4. HOSPITAL BAD DEBT AND FINANCIAL ASSISTANCE POLICY  
2                   WORKING GROUP; REPORT

3           (a) Creation. There is created the Hospital Bad Debt and Financial  
4           Assistance Policy Working Group to develop recommendations on ways to  
5           protect Vermont consumers from bankruptcy and unreasonable financial  
6           hardship as a result of seeking needed medical care.

7           (b) Membership. The Working Group shall be composed of the following  
8           members:

9                   (1) the Chair of the Green Mountain Care Board or designee;

10                   (2) a representative of hospitals, selected by the Vermont Association of  
11           Hospitals and Health Systems;

12                   (3) the Chief Health Care Advocate from the Office of the Health Care  
13           Advocate or designee; and

14                   (4) other interested stakeholders.

15           (c) Powers and duties. The Working Group shall develop  
16           recommendations for potential changes to hospital bad debt and financial  
17           assistance policies, with the goal of reducing consumer bad debt and  
18           improving access to financial assistance for eligible Vermonters. The Working  
19           Group's considerations may include:

1           (1) evaluating the primary causes of hospital bad debt, which may  
2           include determining whether there exist any patterns in one or more of the  
3           following:

4                   (A) the type or cost of services;

5                   (B) payer type, including lack of insurance;

6                   (C) high-deductible health insurance plans versus standard health  
7           insurance plans;

8                   (D) reoccurrence of significant household medical debt over multiple  
9           years;

10                  (E) the patient’s household income; and

11                  (F) the ratio of debt to patient household income;

12           (2) considering whether the State should require hospitals to screen all  
13           patients for eligibility for the hospital’s financial assistance policy before  
14           sending an unpaid bill or bills to a collections agency;

15           (3) evaluating Vermonters’ actual ability to pay based on income and  
16           medical debt;

17           (4) considering the appropriateness of a debt forgiveness structure for  
18           hospitals’ financial assistance policies, including considering a cap on the ratio  
19           of medical debt to patient income, that reasonably incorporates the Working  
20           Group’s evaluation of the primary causes of medical debt and Vermonters’  
21           ability to pay; and

1           (5) exploring solutions to the challenges facing Vermont residents who  
2           may be ineligible for a Vermont hospital’s financial assistance policy because  
3           the resident lives outside of the hospital’s service area.

4           (d) Assistance. The Working Group shall have the administrative,  
5           technical, and legal assistance of the Green Mountain Care Board.

6           (e) Report. On or before January 15, 2020, the Working Group shall  
7           provide its findings and recommendations to the House Committees on Health  
8           Care and on Ways and Means and the Senate Committees on Health and  
9           Welfare and on Finance.

10          (f) Meetings.

11           (1) The Chair of the Green Mountain Care Board or designee shall call  
12           the first meeting of the Working Group to occur on or before September 1,  
13           2019.

14           (2) The Working Group shall select a chair from among its members at  
15           the first meeting.

16           (3) A majority of the membership shall constitute a quorum.

17           (4) The Working Group shall cease to exist on January 15, 2020.

18          Sec. 5. EFFECTIVE DATE

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

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(Committee vote: \_\_\_\_\_)

\_\_\_\_\_

Representative \_\_\_\_\_

FOR THE COMMITTEE