

S.31 – Donahue proposals for HHC discussion

Applying “bill of rights” to all inpatient hospital patients

(NEW) Sec. 1. 18 V.S.A. § 1851 is amended to read:

§ 1851. DEFINITIONS

As used in this chapter:

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

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

Financial transparency *(based on S.31 language as passed Senate; needs further discussion)*

Sec. 2. 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.

* * *

(NEW) Sec. 3. 18 V.S.A. § 9417 is added to read:

§ 9417. PRICE TRANSPARENCY

All patients receiving ambulatory surgery services from 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:

- (A) health care prices;
- (B) financial assistance; and
- (C) billing and collections practices.

Limited GMCB oversight of Brattleboro Retreat

(NEW) Sec. 4. 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, except a psychiatric hospital that is conducted, maintained, or operated by the State of Vermont. The data collected and reviewed by the Board 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.

Hospital Bad Debt and Financial Assistance Policy Working Group**(NEW)** Sec. 5. HOSPITAL BAD DEBT AND FINANCIAL ASSISTANCE POLICY

WORKING GROUP; REPORT

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

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

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

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

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

(4) other interested stakeholders.

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

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

(A) the type or cost of services;

(B) payer type, including lack of insurance;

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

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

(E) the patient’s household income; and

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

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

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

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

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

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

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

(f) Meetings.

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

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

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

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