

S.31 – Senator Pearson strike-all amendment proposal

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

2 § 1852. PATIENTS’ BILL OF RIGHTS; ADOPTION

3 (a) The General Assembly hereby adopts the “Bill of Rights for Hospital Patients” as
4 follows:

5 * * *

6 (12) The patient has the right to receive an itemized, detailed, and understandable
7 explanation of charges, regardless of the source of payment, and to know if a disputed bill
8 will may be sent to a collection agency. The patient also has the right to receive a
9 single, consolidated bill from the hospital that reflects the patient’s entire, actual
10 financial obligation related to all of the care and services provided to or on behalf of
11 the patient, and not to receive that bill until the hospital has first reconciled all
12 claims through the patient’s public or private health insurance coverage, if any.

13 * * *

14 (19) The patient has the right to make informed decisions about the patient’s
15 financial liability, including the right to see a price list for elective procedures following
16 the creation of a statewide public price comparison database and to be informed of
17 less expensive options if they are available and known to the patient’s physician.

18 (20) The patient has the right to be informed of any potential conflicts of interest
19 that a physician or hospital may have in a test, surgery, procedure, or other health care
20 service before the test, surgery, procedure, or other service is ordered or scheduled,

1 including any financial stake that the physician has in any health care facility in which the
2 test, surgery, procedure, or other service is to be performed.

3 (21) A patient receiving health care services from a hospital or a hospital-owned
4 practice has the right to be informed in advance of any facility fees, in addition to
5 professional fees, that are to be imposed based on or otherwise related to the location in
6 which the services are to be provided. **The patient has the right to be informed of the**
7 **amount of the facility fees, if known, or, at a minimum, that facility fees will apply.**

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

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

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

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

2 § 9417. INSUREDS' FINANCIAL RIGHTS (align with DFR Rule H-2009- 03?)

3 (a) If an individual insured under a health insurance plan receives emergency services
4 from a health care provider that does not participate in the health insurer's provider
5 network, the plan shall ensure that the insured individual incurs no greater out-of-pocket
6 costs for the emergency services than the insured would have incurred if the services were
7 provided by a health care provider that does participate in the health insurer's provider
8 network.

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

11 (c) A health insurance plan shall provide the American Medical Association's
12 Current Procedural Terminology (CPT) code for each health care service listed on a
13 patient's explanation of benefits or other listing of services for which the plan has
14 processed or is processing claims on the patient's behalf.

15 Sec. 3. 18 V.S.A. § 9574 is added to read:

16 § 9574. ACCESS TO RECORDS

17 An accountable care organization certified pursuant to section 9382 of this title
18 shall make available to the Office of the Auditor of Accounts all records of the
19 accountable care organization, and any affiliated entity, that the Auditor, in his or
20 her discretion and upon his or her request, determines are needed to enable the
21 Office of the Auditor of Accounts to audit the accountable care organization's
22 financial statements, receipt and use of federal and State monies, and performance as
23 set forth in 32 V.S.A. § 163.

1 **Sec. 4.** EFFECTIVE DATE

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