
This act summary is provided for the convenience of the public and members of the General Assembly. It is intended to provide a general summary of the act and may not be exhaustive. It has been prepared by the staff of the Office of Legislative Counsel without input from members of the General Assembly. It is not intended to aid in the interpretation of legislation or to serve as a source of legislative intent.

Act No. 6 (H.80). An act relating to the Office of the Health Care Advocate

Subjects: Health; health insurance; Office of the Health Care Advocate; certificates of need

This act modifies the role and duties of the Office of the Health Care Advocate as they relate to health care regulatory activities, access to information, and providing assistance to Vermonters. The act expands the Office's ability to ask questions about health insurance rate filings and requires the Green Mountain Care Board to make the entire record of a health insurance rate review available to the public after redacting confidential information. It enlarges the roles of the Office of the Health Care Advocate and the Long-Term Care Ombudsman's Office when they intervene in a certificate of need application. The act allows the Office of the Health Care Advocate to be administered by more than one director and expands the scope of the Office's duties beyond health insurance to include affordability and access to health care for all Vermonters. The act requires State agencies to seek input from the Office when developing policies affecting health care access and affordability and to allow the Office access to confidential or proprietary information when appropriate, as long as the Office does not further disclose that information. The act also specifies that the conflict-of-interest policy for the Office would permit an employee to serve as a volunteer on the board of a nonprofit health care entity whose primary regulator is not the State of Vermont.

Effective Date: July 1, 2025