

1 H.80

2 An act relating to the Office of the Health Care Advocate

3 It is hereby enacted by the General Assembly of the State of Vermont:

4 Sec. 1. 8 V.S.A. § 4062 is amended to read:

5 § 4062. FILING AND APPROVAL OF POLICY FORMS AND PREMIUMS

6 * * *

7 (c)(1) The Board shall provide information to the public on the Board's
8 website about the public availability of the filings and summaries required
9 under this section.

10 * * *

11 (3)(A) In addition to the public comment provisions set forth in this
12 subsection (c), the Office of the Health Care Advocate established in 18 V.S.A.
13 chapter 229, acting on behalf of health insurance consumers in this State, may,
14 within 30 calendar days after the Board receives an insurer's rate request
15 pursuant to this section, submit to the Board, in writing, ~~suggested~~ questions
16 ~~regarding~~ with a substantial relationship to the rate filing for and review
17 criteria that the Board to provide to shall ask the insurer, either directly or
18 through its contracting actuary, if any.

19 (B) The Office of the Health Care Advocate may also submit to the
20 Board written comments on an insurer's rate request. The Board shall post the

1 comments on its website and shall consider the comments prior to issuing its
2 decision.

3 ~~(d)(1) No later than 60 calendar days after receiving an insurer's rate~~
4 ~~request pursuant to this section, the Green Mountain Care Board shall make~~
5 ~~available to the public the insurer's rate filing, the Department's analysis and~~
6 ~~opinion of the effect of the proposed rate on the insurer's solvency, and the~~
7 ~~analysis and opinion of the rate filing by the Board's contracting actuary, if~~
8 ~~any.~~

9 ~~(2) The Board shall post on its website, after redacting any confidential~~
10 ~~or proprietary information relating to the insurer or to the insurer's rate filing:~~

11 ~~(A) all questions the Board poses to its contracting actuary, if any,~~
12 ~~and the actuary's responses to the Board's questions; and~~

13 ~~(B) all questions the Board, the Board's contracting actuary, if any,~~
14 ~~or the Department poses to the insurer and the insurer's responses to those~~
15 ~~questions~~ The Green Mountain Care Board shall post on its website or
16 otherwise make available to the public through a file-sharing platform all
17 materials in the record of a rate review proceeding after redacting any
18 information or other material that the Board determines to be confidential or
19 otherwise subject to protection from disclosure by law.

20 * * *

(c) The application process shall be as follows:

(9)(A) The Office of the Health Care Advocate established under

(B) Once either office files a notice of intervention pursuant to this

(i) ask questions of employees of the Green Mountain Care Board

related to the Board's review of the certificate of need application;

(ii) submit written questions to the Board that the Board will ask
of the applicant in advance of any hearing held in conjunction with the Board's
review of the certificate of need application;

Sec. 3. 18 V.S.A. chapter 229 is amended to read:

CHAPTER 229. OFFICE OF THE HEALTH CARE ADVOCATE

* * *

§ 9602. OFFICE OF THE HEALTH CARE ADVOCATE; COMPOSITION

(a) The Office of the Health Care Advocate is established as an independent voice for Vermonters that is dedicated to promoting access to high-quality, affordable health care for all.

(b) The Agency of Human Services shall maintain the Office of the Health Care Advocate by contract with any nonprofit organization.

(b)(c) The Office shall be administered by one or more directors, one of whom shall be the Chief Health Care Advocate, who shall be an individual with expertise and experience in the fields of health care and advocacy. The Advocate director or directors may employ legal counsel, administrative staff,

1 and other employees and contractors as needed to carry out the duties of the
2 Office.

3 § 9603. DUTIES AND AUTHORITY

4 (a) The Office of the Health Care Advocate shall:

5 (1) Assist ~~health insurance consumers~~ Vermonters with health insurance
6 plan selection by providing information, referrals, and assistance to individuals
7 about means of obtaining and paying for health insurance coverage and
8 services. The Office shall accept referrals from the Vermont Health Benefit
9 Exchange and Exchange navigators created pursuant to 33 V.S.A. chapter 18,
10 subchapter 1, to assist ~~consumers~~ individuals experiencing problems related to
11 the Exchange.

12 (2) Assist ~~health insurance consumers~~ Vermonters to understand their
13 rights and responsibilities under health insurance plans.

14 (3) Provide information to the public, agencies, members of the General
15 Assembly, and others ~~regarding about~~ Vermonters' problems and concerns of
16 regarding health insurance ~~consumers~~ and access to health care, as well as
17 recommendations for resolving those problems and concerns.

18 (4) Identify, investigate, and resolve complaints, questions, and inquiries
19 on behalf of individual Vermonters with respect to issues regarding health
20 insurance ~~consumers~~ or access to health care, and assist those ~~consumers~~
21 Vermonters with filing and ~~pursuit of~~ pursuing complaints and appeals.

1 (5) ~~Provide information to individuals~~ consumer education to
2 Vermonters regarding their ~~obligations~~ rights and responsibilities under ~~the~~
3 ~~Patient Protection and Affordable Care Act (Pub. L. No. 111-148)~~ State and
4 federal laws, rules, and regulations.

5 (6) Analyze and monitor the development and implementation of
6 federal, State, and local laws, rules, and policies relating to ~~patients and health~~
7 ~~insurance consumers~~ health insurance and health care, with a special focus on
8 patients' rights and eligibility for State and federal health care programs.

9 (7) ~~Facilitate~~ Ensure policymakers hear directly from Vermonters by
10 facilitating public comment on health care-related laws, rules, processes, and
11 policies, including policies and actions of health insurers.

12 (8) Suggest to the Green Mountain Care Board, the Department of
13 Financial Regulation, and other entities in State government policies,
14 procedures, or rules ~~to the Green Mountain Care Board in order to~~ that protect
15 ~~patients' and consumers'~~ and promote the interests of Vermonters in matters
16 related to health insurance and access to health care.

17 (9) ~~Promote the development of~~ Collaborate with other health care- and
18 health policy-related citizen and consumer organizations to promote affordable
19 and accessible health care for Vermonters.

20 (10) Ensure that ~~patients and health insurance consumers~~ all Vermonters
21 have timely access to the services provided by the Office.

1 (11) Submit to the Governor; the House Committees on Health Care, on
2 Ways and Means, and on Appropriations; and the Senate Committees on
3 Health and Welfare, on Finance, and on Appropriations, on or before January 4
4 15 of each year, a report on the activities, performance, and fiscal accounts of
5 the Office during the preceding calendar year.

6 (b) The Office of the Health Care Advocate may:

7 (1) ~~Review the health insurance records of a consumer who has~~
8 ~~provided written consent. Based on the written consent of the consumer or his~~
9 ~~or her guardian or legal representative, a health insurer shall provide the Office~~
10 ~~with access to records relating to that consumer. [Repealed.]~~

11 (2) Pursue administrative, judicial, and other remedies on behalf of any
12 individual ~~health insurance consumer~~ or group of ~~consumers~~ individuals
13 experiencing problems with health insurance or access to health care.

14 (3) Represent the interests of the people of the State ~~in cases requiring a~~
15 ~~hearing before~~ of Vermont in matters involving health care and health
16 insurance at the Green Mountain Care Board established in chapter 220 of this
17 ~~title, the Department of Financial Regulation, or other State agencies.~~

18 (4) Adopt policies and procedures necessary to carry out the provisions
19 of this chapter.

20 (5) Take any other action necessary to fulfill the purposes of this
21 chapter.

1 (c) The Office of the Health Care Advocate shall be able to speak to
2 Vermonters and on behalf of the interests of Vermonters in health care-
3 and health insurance consumers insurance-related matters and to carry out all
4 duties prescribed in this chapter without being subject to any retaliatory action;
5 provided, however, that nothing in this subsection shall limit the authority of
6 the Agency of Human Services to enforce the terms of the contract.

7 (d) Health care providers and health insurers shall cooperate with the
8 Office of the Health Care Advocate by providing relevant records and
9 information when an individual or the individual's guardian or legal
10 representative has authorized the Office to act on the individual's behalf.

11 § 9604. DUTIES OF STATE AGENCIES

12 (a) In developing State policy affecting health care access and affordability,
13 State agencies shall seek input from the Office of the Health Care Advocate.

14 (b) All State agencies shall ~~comply~~ facilitate the Office's meaningful
15 participation in health care policymaking by complying with reasonable
16 requests from the Office ~~of the Health Care Advocate~~ for information ~~and,~~
17 assistance, and access. A request shall be considered reasonable if it relates to
18 the Office's statutory duties and authority.

19 (1) When appropriate, State agencies shall allow the Office to access
20 confidential or proprietary information that is otherwise exempt from public
21 inspection and copying under the Public Records Act and to participate in

1 meetings, deliberations, and proceedings in which confidential or proprietary
2 information is discussed; provided, however, that nothing in this section shall
3 require a State agency to provide or disclose information that is prohibited
4 from disclosure by State or federal law or that would cause the provider or
5 discloser to violate any statutory or common law privilege.

6 (2) The Office shall not further disclose any confidential or proprietary
7 information provided to the Office.

8 (c) The Agency of Human Services may adopt rules necessary to ensure the
9 cooperation of State agencies under this section.

10 § 9605. CONFIDENTIALITY

11 ~~In the absence of written consent by a complainant or an individual using~~
12 ~~the services of the Office or by his or her guardian or legal representative or~~
13 ~~the absence of a court order, the Office of the Health Care Advocate, its~~
14 ~~employees, and its contractors shall not disclose the identity of the complainant~~
15 ~~or individual~~ The Office of the Health Care Advocate shall maintain the
16 confidentiality of information related to individuals using its services in
17 accordance with all applicable State and federal laws, rules, regulations, and
18 policies.

19 § 9606. CONFLICTS OF INTEREST

20 (a) The Office of the Health Care Advocate, its employees, and its
21 contractors shall not have any conflict of interest relating to the performance of

1 Sec. 4. EFFECTIVE DATE

2 This act shall take effect on July 1, 2025.