

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill
3 No. 31 entitled “An act relating to informed health care financial decision
4 making” respectfully reports that it has considered the same and recommends
5 that the Senate concur in the House proposal of amendment with further
6 proposal of amendment by striking out all after the enacting clause and
7 inserting in lieu thereof the following:

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

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

11 Subchapter 1. Bill of Rights for Hospital Patients

12 § 1851. DEFINITIONS

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

14 (1) “Hospital” means a ~~general~~ hospital required to be licensed under
15 ~~18 V.S.A.~~ chapter 43 of this title.

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

17 § 1852. PATIENTS’ BILL OF RIGHTS; ADOPTION

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19 (12) The patient has the right to receive an itemized, detailed, and
20 understandable explanation of charges regardless of the source of payment and

1 to be provided with information about financial assistance and billing and
2 collections practices.

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4 Subchapter 2. Access to Information

5 § 1854. PUBLIC ACCESS TO INFORMATION

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7 § 1855. AMBULATORY SURGICAL PATIENTS; EXPLANATION OF
8 CHARGES

9 (a) As used in this section:

10 (1) “Ambulatory surgical center” has the same meaning as in section
11 9432 of this title.

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

14 (b) A patient receiving outpatient surgical services or an outpatient
15 procedure at an ambulatory surgical center or hospital shall receive an
16 itemized, detailed, and understandable explanation of charges regardless of the
17 source of payment and shall be provided with information about the
18 ambulatory surgical center’s or hospital’s financial assistance and billing and
19 collections practices.

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

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

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(14) Collect and review data from each psychiatric hospital licensed pursuant to chapter 43 of this title, which 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.

Sec. 3. PRICE TRANSPARENCY; BILLING PROCESSES; REPORT

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

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

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

6 Sec. 4. 18 V.S.A. § 9351 is amended to read:

7 § 9351. HEALTH INFORMATION TECHNOLOGY PLAN

8 (a)(1) The Department of Vermont Health Access, in consultation with the
9 Department's Health Information Exchange Steering Committee, shall be
10 responsible for the overall coordination of Vermont's statewide Health
11 Information Technology Plan. The Plan shall be revised annually and updated
12 comprehensively every five years to provide a strategic vision for clinical
13 health information technology.

14 (2) The Department shall submit the proposed Plan to the Green
15 Mountain Care Board annually on or before November 1. The Green
16 Mountain Care Board shall approve, reject, or request modifications to the Plan
17 within 45 days following its submission; if the Board has taken no action after
18 45 days, the Plan shall be deemed to have been approved.

19 (3)(A) The Department, in consultation with the Steering Committee,
20 shall administer the Plan,~~which shall,~~

1 Health Information Exchange (VHIE), as revised pursuant to Sec. 3 of this act.

2 The implementation strategy shall:

3 (1) include substantial opportunities for public input;

4 (2) focus on the creation of patient education mechanisms and processes

5 that:

6 (A) combine new information on the consent policy with existing
7 patient education obligations, such as disclosure requirements under the Health
8 Insurance Portability and Accountability Act of 1996 (HIPAA);

9 (B) aim to address diverse needs, abilities, and learning styles with
10 respect to information delivery;

11 (C) clearly explain:

12 (i) the purpose of the VHIE;

13 (ii) the way in which health information is currently collected;

14 (iii) how and with whom health information may be shared using
15 the VHIE;

16 (iv) the purposes for which health information may be shared
17 using the VHIE;

18 (v) how to opt out of having health information shared using the
19 VHIE; and

20 (vi) how patients can change their participation status in the
21 future; and

1 (D) enable patients to fully understand their rights regarding the
2 sharing of their health information and provide them with ways to find answers
3 to associated questions, including providing contact information for the Office
4 of the Health Care Advocate;

5 (3) identify the mechanisms by which Vermonters will be able to easily
6 opt out of having their health information shared through the VHIE and a
7 timeline identifying when each mechanism will be available, which shall begin
8 in advance of the February 1, 2020 change to the consent policy;

9 (4) include plans for developing or supplementing consent management
10 processes at the VHIE to reflect the needs of patients and providers;

11 (5) include multisector communication strategies to inform each
12 Vermonters about the VHIE, the consent policy, and their ability to opt out of
13 having their health information shared through the VHIE; and

14 (6) identify a methodology for evaluating the extent to which the public
15 outreach regarding the VHIE, consent policy, and opt-out processes has been
16 successful.

17 (b)(1) The Department of Vermont Health Access shall provide updates on
18 the stakeholder engagement process and the consent policy implementation
19 strategy to the House Committee on Health Care, the Senate Committee on
20 Health and Welfare, the Health Reform Oversight Committee, and the Green
21 Mountain Care Board on or before August 1 and November 1, 2019.

1 (2) The Department of Vermont Health Access shall provide a final
2 report on the outcomes of the stakeholder engagement process and the consent
3 policy implementation strategy to the House Committee on Health Care, the
4 Senate Committee on Health and Welfare, and the Green Mountain Care Board
5 on or before January 15, 2020.

6 Sec. 6. EFFECTIVE DATES

7 (a) Secs. 1 (18 V.S.A. chapter 42), 2 (18 V.S.A. § 9375(b)), and 3 (price
8 transparency; billing processes; report) shall take effect on July 1, 2019.

9 (b) Sec. 4 (18 V.S.A. § 9351) shall take effect on February 1, 2020.

10 (c) Sec. 5 (Vermont Health Information Exchange; opt-out consent policy;
11 implementation) and this section shall take effect on passage.

12 and that after passage the title of the bill be amended to read: “An act
13 relating to informed health care financial decision making and the consent
14 policy for the Vermont Health Information Exchange”

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18 (Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE