1	S.79
2	Introduced by Senator Fox
3	Referred to Committee on
4	Date:
5	Subject: Health; health insurance; consumer protection
6	Statement of purpose of bill as introduced: This bill proposes to create an
7	Office of Health Care Consumer Protection to represent the interests of the
8	public in matters relating to health care, including health insurers, health
9	insurance plans, public health benefit programs, and the activities of the Green
10	Mountain Care Board.

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

Sec. 1. PURPOSE

The purpose of this act is to create a comprehensive Office of Health Care

Consumer Protection to represent the interests of the public in matters relating

to health care, including health insurers, health insurance plans, public health

benefit programs, and the activities of the Green Mountain Care Board.

An act relating to the Office of Health Care Consumer Protection

1	Sec. 2. 18 V.S.A. chapter 229 is added to read:
2	CHAPTER 229. CONSUMER PROTECTION
3	§ 9601. DEFINITIONS
4	As used in this chapter:
5	(1) "Green Mountain Care Board" or "Board" means the Board
6	established in chapter 220 of this title.
7	(2) "Health insurance plan" means a policy, service contract, or other
8	health benefit plan offered or issued by a health insurer and includes
9	beneficiaries covered by the Medicaid program unless they are otherwise
10	provided with similar services.
11	(3) "Health insurer" shall have the same meaning as in section 9402 of
12	this title.
13	§ 9602. OFFICE OF HEALTH CARE CONSUMER PROTECTION;
14	COMPOSITION
15	(a) The Office of Health Care Reform in the Agency of Administration
16	shall establish the Office of Health Care Consumer Protection by contract with
17	any nonprofit organization.
18	(b) The Office shall be administered by the Director of Health Care
19	Consumer Protection, who shall be an individual with expertise and experience

in the fields of health care and advocacy. The Director may employ legal

2013
------

1	counsel, administrative staff, and other employees and contractors as needed to
2	carry out the duties of the Office.
3	§ 9603. DUTIES AND AUTHORITY
4	(a) The Office of Health Care Consumer Protection shall:
5	(1) Assist health insurance consumers with health insurance plan
6	selection by providing information, referrals, and assistance to individuals
7	about means of obtaining health insurance coverage and services. The Office
8	shall accept referrals from the Vermont Health Benefit Exchange and
9	Exchange navigators created pursuant to 33 V.S.A. chapter 18, subchapter 1, to
10	assist consumers experiencing problems related to the Exchange.
11	(2) Assist health insurance consumers to understand their rights and
12	responsibilities under health insurance plans.
13	(3) Provide information to the public, agencies, members of the General
14	Assembly, and others regarding problems and concerns of health insurance
15	consumers as well as recommendations for resolving those problems and
16	concerns.
17	(4) Identify, investigate, and resolve complaints on behalf of individual
18	health insurance consumers and assist those consumers with filing and pursuit
19	of complaints and appeals.

1	(5) Provide information to individuals and employers regarding their
2	obligations and responsibilities under the Patient Protection and Affordable
3	Care Act (Public Law 111-148).
4	(6) Analyze and monitor the development and implementation of
5	federal, state, and local laws, rules, and policies relating to patients and health
6	insurance consumers.
7	(7) Facilitate public comment on laws, rules, and policies, including
8	policies and actions of health insurers.
9	(8) Represent the interests of the people of the state in all cases requiring
10	a hearing before the Green Mountain Care Board established in chapter 220 of
11	this title.
12	(9) Suggest policies, procedures, or rules to the Green Mountain Care
13	Board in order to protect patients' and consumers' interests.
14	(10) Promote the development of citizen and consumer organizations.
15	(11) Ensure that patients and health insurance consumers have timely
16	access to the services provided by the Office.
17	(12) Submit to the General Assembly and the Governor on or before
18	January 1 of each year a report on the activities, performance, and fiscal
19	accounts of the Office during the preceding calendar year.
20	(b) The Office of Health Care Consumer Protection may:

1	(1) Bring proceedings on its own motion before the Green Mountain
2	Care Board with respect to any matter within the Board's jurisdiction.
3	(2) Review the health insurance records of a consumer who has
4	provided written consent. Based on the written consent of the consumer or his
5	or her guardian or legal representative, a health insurer shall provide the Office
6	with access to records relating to that consumer.
7	(3) Pursue administrative, judicial, and other remedies on behalf of any
8	individual health insurance consumer or group of consumers.
9	(4) Adopt policies and procedures necessary to carry out the provisions
10	of this chapter.
11	(5) Take any other action necessary to fulfill the purposes of this
12	chapter.
13	(c) The Office of Health Care Consumer Protection shall be able to speak
14	on behalf of the interests of health care and health insurance consumers and to
15	carry out all duties prescribed in this chapter without being subject to any
16	disciplinary or retaliatory action; provided, however, that nothing in this
17	subsection shall limit the authority of the Director of Health Care Reform to
18	enforce the terms of the contract.
19	§ 9604. DUTIES OF STATE AGENCIES
20	All state agencies shall comply with reasonable requests from the Office of
21	Health Care Consumer Protection for information and assistance. The Agency

2013
------

1	of Administration may adopt rules necessary to ensure the cooperation of state
2	agencies under this section.
3	§ 9605. CONFIDENTIALITY
4	In the absence of written consent by a complainant or an individual using
5	the services of the Office or by his or her guardian or legal representative or
6	the absence of a court order, the Office of Health Care Consumer Protection,
7	its employees, and its contractors shall not disclose the identity of the
8	complainant or individual.
9	§ 9606. CONFLICTS OF INTEREST
10	The Office of Health Care Consumer Protection, its employees, and its
11	contractors shall not have any conflict of interest relating to the performance of
12	their responsibilities under this chapter. For the purposes of this chapter, a
13	conflict of interest exists whenever the Office of Health Care Consumer
14	Protection, its employees, or its contractors or a person affiliated with the
15	Office, its employees, or its contractors:
16	(1) has a direct involvement in the licensing, certification, or
17	accreditation of a health care facility, health insurer, or health care provider;
18	(2) has a direct ownership interest or investment interest in a health care
19	facility, health insurer, or health care provider;
20	(3) is employed by or participating in the management of a health care
21	facility, health insurer, or health care provider; or

I	(4) receives or has the right to receive, directly or indirectly,
2	remuneration under a compensation arrangement with a health care facility,
3	health insurer, or health care provider.
4	Sec. 3. 18 V.S.A. § 9374(f) is amended to read:
5	(f) In carrying out its duties pursuant to this chapter, the board Board shall
6	seek the advice of the state health care ombudsman established in 8 V.S.A.
7	§ 4089w from the Office of Health Care Consumer Protection. The state
8	health care ombudsman Office shall advise the board Board regarding the
9	policies, procedures, and rules established pursuant to this chapter. The
10	ombudsman Office shall represent the interests of Vermont patients and
11	Vermont consumers of health insurance and may suggest policies, procedures,
12	or rules to the board Board in order to protect patients' and consumers'
13	interests.
14	Sec. 4. 18 V.S.A. § 9377(e) is amended to read:
15	(e) The board Board or designee shall convene a broad-based group of
16	stakeholders, including health care professionals who provide health services,
17	health insurers, professional organizations, community and nonprofit groups,
18	consumers, businesses, school districts, the state health care ombudsman
19	Office of Health Care Consumer Protection, and state and local governments,
20	to advise the board Board in developing and implementing the pilot projects

- and to advise the Green Mountain Care board Board in setting overall policy goals.
- Sec. 5. 18 V.S.A. § 9410(a)(2) is amended to read:
  - (2)(A) The program authorized by this section shall include a consumer health care price and quality information system designed to make available to consumers transparent health care price information, quality information, and such other information as the commissioner Commissioner determines is necessary to empower individuals, including uninsured individuals, to make economically sound and medically appropriate decisions.
  - (B) The commissioner Commissioner shall convene a working group composed of the commissioner of mental health, the commissioner of Vermont health access Commissioner of Mental Health, the Commissioner of Vermont Health Access, health care consumers, the office of the health care ombudsman Office of Health Care Consumer Protection, employers and other payers, health care providers and facilities, the Vermont program for quality in health care Program for Quality in Health Care, health insurers, and any other individual or group appointed by the commissioner Commissioner to advise the commissioner Commissioner on the development and implementation of the consumer health care price and quality information system.

20 \*\*\*

1

2

4

5

6

7

8

9

10

11

		Sec. 6.	18	V.S.A.	8	9440(	(c)	is is	amended	to	read
--	--	---------	----	--------	---	-------	-----	-------	---------	----	------

(c) The application process shall be as follows:

3 \*\*\*

- (9) The health care ombudsman's office Office of Health Care

  Consumer Protection established under 8 V.S.A. chapter 107, subchapter 1A

  chapter 229 of this title or, in the case of nursing homes, the long term care

  ombudsman's office Long-Term Care Ombudsman's Office established under

  33 V.S.A. § 7502, is authorized but not required to participate in any

  administrative or judicial review of an application under this subchapter and shall be considered an interested party in such proceedings upon filing a notice of intervention with the board Board.
- 12 Sec. 7. 18 V.S.A. § 9445(b) is amended to read:
- 13 (b) In addition to all other sanctions, if any person offers or develops any 14 new health care project without first having been issued a certificate of need or 15 certificate of exemption therefore for the project, or violates any other 16 provision of this subchapter or any lawful rule or regulation promulgated 17 thereunder adopted pursuant to this subchapter, the board Board, the commissioner Commissioner, the state health care ombudsman Office of 18 19 Health Care Consumer Protection, the state long-term care ombudsman State 20 Long-Term Care Ombudsman, and health care providers and consumers 21 located in the state shall have standing to maintain a civil action in the superior

court of the county wherein in which such alleged violation has occurred, or
wherein in which such person may be found, to enjoin, restrain, or prevent
such violation. Upon written request by the board Board, it shall be the duty of
the attorney general of the state Vermont Attorney General to furnish
appropriate legal services and to prosecute an action for injunctive relief to an
appropriate conclusion, which shall not be reimbursed under subdivision (a)(2)
of this subsection section.
Sec. 8. 33 V.S.A. § 1805 is amended to read:
§ 1805. DUTIES AND RESPONSIBILITIES
The Vermont health benefit exchange Health Benefit Exchange shall have
the following duties and responsibilities consistent with the Affordable
Care Act:
* * *
(16) Referring consumers to the office of health care ombudsman Office
of Health Care Consumer Protection for assistance with grievances, appeals,
and other issues involving the Vermont health benefit exchange Health Benefit
Exchange.
* * *
Sec. 9. 33 V.S.A. § 1807(b) is amended to read:
(b) Navigators shall have the following duties:
* * *

1	(4) Provide referrals to the office of health care ombudsman Office of
2	Health Care Consumer Protection and any other appropriate agency for any
3	enrollee with a grievance, complaint, or question regarding his or her health
4	benefit plan, coverage, or a determination under that plan or coverage;
5	* * *
6	Sec. 10. REPEAL
7	8 V.S.A. § 4089w (Health Care Ombudsman) is repealed.
8	Sec. 11. APPROPRIATION
9	The sum of \$2,000,000.00 is appropriated from the General Fund in fiscal
10	year 2014 to the Agency of Administration for the purposes of contracting with
11	a nonprofit organization to carry out the purposes of this act.
12	Sec. 12. EFFECTIVE DATE
13	This act shall take effect on July 1, 2013.