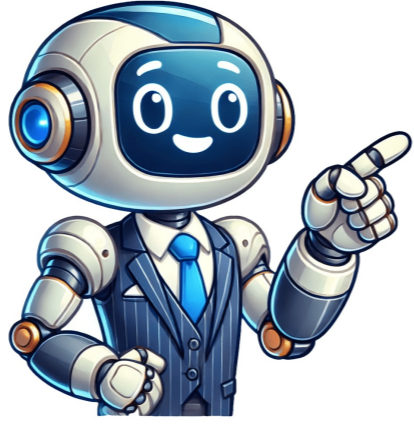


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For example, other rights such as publicity, privacy, or moral rights may limit how you use the material. On June 22, 2010, President Obama announced new interim final regulations, the Patient’s Bill of Rights, that include a set of protections that apply to health coverage starting on or after September 23, 2010, six months after the enactment of the Affordable Care Act. The Departments of Health and Human Services, Labor and Treasury collaborated on the Patient’s Bill of Rights – which will help children (and eventually all Americans) with pre-existing conditions gain coverage and keep it, protect all Americans’ choice of doctors, and end lifetime limits on the care consumers may receive. These new protections create an important foundation of patients’ rights in the private health insurance market that puts Americans in charge of their own health. Share — copy and redistribute the material in any medium or format for any purpose, even commercially. Adapt — remix, transform, and build upon the material for any purpose, even commercially. The licensor cannot revoke these freedoms as long as you follow the license terms. Attribution — You must give appropriate credit , provide a link to the license, and indicate if changes were made . You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use. ShareAlike — If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original. No additional restrictions — You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits. You do not have to comply with the license for elements of the material in the public domain or where your use is permitted by an applicable exception or limitation . No warranties are given. The license may not give you all of the permissions necessary for your intended use. For example, other rights such as publicity, privacy, or moral rights may limit how you use the material. There are 12 key areas related to patient rights when accessing and receiving health care in the United States. They range from the right to privacy established under the Health Insurance Portability and Accountability Act (HIPAA) to, with few exceptions, the right to refuse treatment. This article discusses these patient rights and the foundation for them. It will help you to know what to expect when connecting with medical professionals and how to advocate for your own care, such as seeking a second opinion. 1 Photo by Siri Stafford / Getty Images Access to care means that you can secure the services you need in a timely fashion that will ensure the best possible health outcomes. The Agency for Healthcare Research and Quality in the U.S. says this access includes: Health insurance, removing the barrier to provider care and services Services, with an established primary care provider making it easier to get routine health screenings and prevention services like mammograms Timeliness, to ensure needed services occur without delay Workforce, meaning access depends on qualified and well-trained providers 2 Thomas Barwick / Getty Images The patient’s right to respect, otherwise known as nondiscrimination, is the right to be treated with dignity and respect. Discrimination is not permitted on the basis of: Race, ethnicity, or national origin Age Sex, sexual orientation, or gender identity and expression Veteran or military status Religion Any other basis prohibited by federal, state, or local law This also means that you have the right to be treated humanely and never be subjected to degrading treatment by any healthcare professional. 3 Chris Ryan / Getty Images Healthcare professionals have a responsibility to provide medical treatment to any person with an emergency medical condition. Patients have the right to emergency medical treatment at any emergency room, regardless of their ability to pay. According to EMTALA or the Emergency Medical Treatment & Labor Act, an emergency is defined as any medical condition with acute (sudden) symptoms and severity (including pain) that, without care, could reasonably be expected to: Place the health of an individual or fetus in jeopardyCause serious impairment in bodily functionCause serious dysfunction of bodily organs 4 The most important right that a patient has is the right of informed consent. You should only consent to medical treatment if you have sufficient information about the diagnosis and all treatment options available in terms you can understand. A healthcare provider must make you aware of what their plans or procedures are before they begin them. Don’t hesitate to ask questions or seek more information. 5 Bruce Ayres / Getty Images You have the right to self-determination and can refuse medical treatment, with few exceptions such as certain mental health crises. From an ethical perspective, healthcare providers have the responsibility or duty to protect the life and health of a patient. Ultimately, the patient has the final decision regarding the medical treatment they receive, even when it means they choose to decline such treatment. 6 Jim Craigmyle / Getty Images Physicians and hospitals often refer patients to specialists, home health care, long-term facilities or other healthcare professionals for further care outside of their expertise or ability to provide continuity of care. These decisions can sometimes violate the right to choose the provider of your choice. All people have the right to choose the provider who renders healthcare services to them. 7 Jochen Sands / Getty Images One of the most basic rights that a patient has is the right to privacy. Patients have the right to decide when, where, and to what extent their private individually identifiable health information is disclosed. Legal protections extend to information about but not limited to: For patients, a lack of privacy could lead to personal embarrassment, public humiliation, and discrimination. 8 iStockPhoto You have the right to decide what you want to happen if you face life-threatening injury or illness and cannot speak on your own behalf. This self-determination can be achieved through advance directive planning. Advance directives include: A living will, to communicate your wishes about cardiopulmonary resuscitation (CPR), artificial ventilation, feeding tubes, and other measuresDurable power of attorney for health care, which identifies someone you’ve chosen to make decisions for you if you cannot make them yourself 9 Jose Luis Pelaez Inc / Getty Images Healthcare providers have an obligation to relieve pain and suffering, as affirmed by the American Medical Association and other global healthcare organizations. Pain management is viewed by many professionals as a human right, and alleviating chronic pain is seen as an ethical and legal obligation. There are exceptions, especially with concerns over the opioid crisis. Access to pain management does not necessarily mean you can demand a specific type of drug or therapy. Patient rights do have limits and healthcare providers have rights, too. 10 You may find that you want to be treated at a different hospital or by a different provider; you also may insist on refusing such a transfer when a provider is the one planning the transfer of care. The right to transfer means that the first provider will make information available about the necessity or risks involved with any change, and honor the decision of a patient requesting (or disputing) transfer of care. If a provider is transferring care, they are obligated to ensure continuity of care with a new provider and facility. 11 PhotoAlto / Frederic Cirou / Getty Images You have the right to a fair review or appeal of any complaint against physicians, hospitals, or any other healthcare provider. The right to appeal includes complaints regarding: Adequacy of treatmentActions of healthcare personnelWait timesOperating hoursBilling and payment issues You also have the right to ask about any potential conflicts of interest involving a healthcare provider, such as those that may affect a facility where you receive a procedure or a prescribed medication. 12 Caiimage / Rafal Rodzoch / Getty Images Patients have a number of responsibilities to the medical office including active participation in their treatment plan, timely resolution of their financial obligation and respectful interaction with all staff. People receiving medical care have rights that protect their autonomy and decision making, their health records, and their relationships with healthcare providers. Some of these rights are established by law, while others are determined by medical organizations and their members on the basis of ethics and morality. Don’t hesitate to speak up for yourself or ask questions about your rights. A patient advocate also can help you with concerns about your patient rights. Keep in mind that as a patient, you also have responsibilities as a partner in your health care. In March of 1997, President Clinton appointed the Advisory Commission on Consumer Protection and Quality in the Health Care Industry (Commission) to advise him on changes occurring in the health care system. He asked the Commission to recommend measures necessary to promote and assure health care quality and value, and protect consumers and workers in the health care system. The Commission was comprised of 34 members, selected from the private sector. Members included representatives of consumers, institutional health care providers, health care professionals, other health care workers, health care insurers, health care purchasers, State and local government representatives, and experts in health care quality, financing, and administration. The President asked the Commission to develop a “Consumer Bill of Rights” in health care and to provide him with recommendations to enforce those rights at the Federal, State, and local level. The Commission gave the President a report entitled the Consumer Bill of Rights (Patients’ Bill of Rights) in November of 1997. The President then asked the Office of Personnel Management (OPM), the Department of Labor, the Department of Health and Human Services, the Department of Veterans Affairs, and the Department of Defense to assess the level to which their health care programs were in compliance with the Patients’ Bill of Rights (PBR). After this compliance assessment, the President directed these agencies by Executive Memorandum to adopt any measures necessary to come into full compliance with the PBR. This Executive Memorandum required the FEHB Program to be in full contractual compliance with the PBR by the end of 1999. OPM worked with health carriers throughout 1998 and 1999 to fully implement the PBR. The FEHB Program is now in full compliance with the President’s Patients’ Bill of Rights. Objectives of the Patients’ Bill of Rights and Responsibilities The Patients’ Bill of Rights and Responsibilities has three major objectives: First, to strengthen consumer confidence by assuring the health care system is fair and responsive to consumers’ needs, provides consumers with credible and effective mechanisms to address their concerns, and encourages consumers to take an active role in improving and assuring their health. Second, to reaffirm the importance of a strong relationship between patients and their health care professionals. Third, to reaffirm the critical role consumers play in safeguarding their own health by establishing both rights and responsibilities for all participants in improving health status. Eight Principle Areas of Rights and Responsibilities I. Information Disclosure Patients have the right to receive accurate, easily understood information to help them make informed decisions about their health plans, professionals and facilities. The FEHB Program provides extensive information about benefits, customer satisfaction, delivery systems, health plan operating procedures and review rights through enrollment guides, plan brochures, and on the OPM website. Your FEHB plans make even more information available to you through their websites, provider directories, telephone numbers, or information sheets. Your plan may also refer you to plan providers or facilities for some information. However, if you are unable to get the information, the plan will assist you. So that you can make informed health care decisions, your plan will make available to you, or aid you in obtaining, the following information: About the Plan and Care Management: Accreditation status Compliance with State or Federal licensing, certification, or fiscal solvency requirements, if applicable, including the date the requirements were met. Disenrollment rate (FEHB Open Season losses / Dec 31 enrollment = % ) Years in existence (corporate) Corporate form (profit/non-profit, private/public) Compliance with standards (State, Federal, and private accreditation) that assure confidentiality of medical records and orderly transfer to caregivers Methods of compensation, ownership or interest in health care facilities. Disclosure of the credentials of the person, or persons, involved in reviewing the patient’s appeal. Experimental/investigational determination process Customer satisfaction measures Preauthorization and utilization review procedures used to approve care Clinical protocols, practice guidelines and utilization review standards being used to direct a patient’s care Mandatory or voluntary disease management programs or programs for persons with disabilities and significant benefit differentials if any Formulary drug inclusion and exception process Whether a patient’s medication is included in the plan’s formulary, and if not, how the patient can request a waiver to allow coverage for the particular medication at preferred cost-sharing levels About Networks and Providers: Number of primary care and specialty providers Name, education, board certification status and geographic location of all contracting primary and specialty care providers; whether they are accepting new patients; language(s) spoken and availability of interpreters (for non-English speaking and those with communication disabilities); and whether their facilities are accessible to the disabled Provider compensation, including base payment method (e.g., capitation, salary, fee schedule) and additional financial incentives (e.g., bonus, withhold, etc.) About All Professional Providers: Corporate form of provider practice Names of hospitals where physicians have admitting privileges Years in practice as a physician and as a specialist if so identified Accreditation status Cancellation, suspension, or exclusion from participation in Federal programs or sanctions from Federal agencies; any suspension or revocation of medical licensure, Federal controlled substance license, or hospital privileges Experience with performing certain medical or surgical procedures (e.g., volume of care/services delivered), adjusted for case mix and severity Consumer satisfaction, clinical quality and service performance measures About Facilities: Names, accreditation status, and geographic location of hospitals, home health agencies, rehabilitation and long-term care facilities; whether they are accepting new patients; language(s) spoken, and availability of interpreters (for non-English speaking and those with communication disabilities), and whether they are accessible to the disabled Corporate form Consumer satisfaction, clinical quality and service performance measures Whether facility specialty programs meet guidelines established by specialty societies or other bodies Complaint procedures Whether facility has been excluded from any Federal health programs Volume of certain procedures performed Numbers and credentials of providers of direct patient care Whether the facility’s affiliation with a provider network would make it more likely that a consumer would be referred to health professionals or other organizations in that network. Back to top II. Choice of Providers and Plans Consumers have the right to a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care. With almost 300 plans with delivery systems that include managed fee-for-service, preferred provider organizations, health maintenance organizations and point-of-service products, FEHB enrollees can choose among a broad range of health plans and providers. In implementing the Bill of Rights, we have assured that all participating carriers have the appropriate procedures in place to ensure access to high-quality health care. For example, all plans in the FEHB Program provide: Direct access to women’s health care providers for routine and preventative health care services. Direct access to a qualified specialist within your network of providers if you have complex or serious medical conditions that need frequent specialty care. Authorizations, when required by a plan, will be for an adequate number of direct access visits under an approved treatment plan. Transitional care. If you have a chronic or disabling condition and your health plan terminates your provider’s contract (unless the termination is for cause), you may be able to continue seeing your provider for up to 90 days after the notice of termination. If you are in the second or third trimester of pregnancy, you may continue seeing your OB/GYN until the end of your postpartum care. If you have a chronic or disabling condition or are in your second or third trimester of pregnancy and your health plan drops out of the FEHB Program, you may be able to continue seeing your provider if you enroll in a new FEHB plan. You may continue to see your current specialist after your old enrollment ends, even if he or she is not associated with your new plan, for up to 90 days after you receive the termination notice or through the end of postpartum care, and pay no greater cost than if your old enrollment had not ended. Back to top III. Access to Emergency Services Consumers have the right to access emergency health care services when and where the need arises. Health plans use a “prudent layperson” standard in determining eligibility for coverage of emergency services. Coverage of emergency department services are available without authorization if you have reason to believe your life is in danger or you would be seriously injured or disabled without immediate care. Back to top IV. Participation in Treatment Decisions Consumers have the right and responsibility to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators. Back to top V. Respect and Nondiscrimination Consumers have the right to considerate, respectful care from all members of the health care system at all times and under all circumstances. An environment of mutual respect is essential to maintain a quality health care system. Consumers must not be discriminated against in the delivery of health care services consistent with the benefits covered in their policy or as required by law. Consumers who are eligible for coverage under the terms and conditions of a health plan or program or as required by law must not be discriminated against in marketing and enrollment practices based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment. FEHB statute and regulations prohibit discriminatory practices in the FEHB Program. Back to top VI. Confidentiality of Health Information Consumers have the right to communicate with health care providers in confidence and to have the confidentiality of their individually identifiable health care information protected. Consumers also have the right to review and copy their own medical records and request amendments to their records. The privacy provisions already in place ensure that patient confidentiality is protected under the FEHB Program. We have ensured that carriers arrange with all their contracting providers so that you can review, copy, and request amendment to your medical records. Back to top VII. Complaints and Appeals All consumers have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review. The FEHB Program has had an external review process in place for the last 20 years. Our disputed claims process ensures an independent review of disputes between participating carriers and our enrollees. Back to top VIII. Consumer Responsibilities In a health care system that protects consumers’ rights, it is reasonable to expect and encourage consumers to assume reasonable responsibilities. Greater individual involvement by consumers in their care increases the likelihood of achieving the best outcomes and helps support a quality improvement, cost-conscious environment. You as a consumer can make a significant contribution in these key areas: Maximize healthy habits e.g., exercising, not smoking, and eating healthy diet. Become involved in care decisions. Work collaboratively with providers in developing and carrying out agreed-upon treatment plans. Disclose relevant information and clearly communicate wants and needs. Use the FEHB Program disputed claims process when there is a disagreement between you and your health plan. The process is described in your plan brochure. Become knowledgeable about coverage and health plan options, including covered benefits, limitations, and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and process to appeal coverage decisions. This information is in your plan brochure. Show respect for other patients and health workers. Make a good-faith effort to meet financial obligations. Report wrongdoing and fraud to appropriate resources or legal authorities. The OPM Fraud Hot Line number is 877-499-7295. FEHB enrollees should educate themselves with respect to specifics of benefit coverage and to learn how to access health care and services by using the information provided in FEHB enrollment information, plan brochures, and on the OPM website. Back to top A Patient Bill of Rights helps define what people can expect in certain health related situations. Sometimes these are called patient rights and responsibilities. A number of organizations have a Patient Bill of Rights. They are designed to: Help people take an active role in improving their health, including making informed decisions and having the right to an advance directive. Help people build stronger relationships with their health care providers. Define peoples’ rights when dealing with insurance companies and other groups about health coverage and payment of services. Define people’s rights to respectful care without discrimination and protection of their health information. The American Hospital Association (AHA) The AHA developed one of the first patient bill of rights. Theirs is now called the Patient Care Partnership. It outlines what people should be able to expect when they have to be in the hospital. It addresses several aspects of being in the hospital such as the quality of care, protection of patient rights, safety, and privacy, and help with insurance claims. Patient Rights and the Affordable Care Act In 2010, a Patient Bill of Rights was created to support the Affordable Care Act (ACA). The bill was designed to give protections to people who are dealing with private health insurance companies. Here are some of the protections that apply to health plans under the ACA. People will be able to get health insurance even if they have pre-existing health conditions (medical problems they had before applying for or changing insurance). And people with pre-existing condition can’t be charged more. Insurance plans are not allowed to set yearly and lifetime limits on what they will pay for essential services. Examples of essential services are doctor visits, emergency services, hospitalization, preventive and wellness services, and prescriptions. Health insurance companies must help applicants understand what their plans pay for. Young adults must be offered more insurance options, including allowing them to stay on their parent’s policy until they are 26 years old. Insurance companies must cover the cost of certain preventive screenings without making people on the plan pay extra fees or co-pays. Insurance companies have to be able to justify any increases in rates of more than 15%. People have the right to appeal the payment decisions of private health plans (called an internal appeal). You also have the right to a review by an independent group (called an outside review) if the company still doesn’t want to pay. Insurance companies can’t cancel your insurance just because you make a mistake on your application or if you get sick. There are exceptions to some of these rights. These rules apply to plans issued or renewed on or after September 23, 2010. Plans issued before that date are “grandfathered” and these rules don’t apply to them. You’ll need to check your plan’s materials or ask your employer or benefits person to find out if your health plan has to follow these rules. Besides the grandfathered plans, there are other ways insurance companies can get around some of the rules. So, you’ll still have to check with each plan to find out exactly what they do and don’t do. Other Patient Bill of Rights Many states, insurance plans, and health care facilities have their own patient bill of rights or list of rights and responsibilities. Check with your insurance plan or health care provider to see if there’s one for you to review. Need more information? Along with the American Cancer Society, other sources of information and support include: US Department of Health and Human Services Website: www.healthcare.gov/how-does-the-health-care-law-protect-me This site explains patient rights with regard to health insurance under the Affordable Care Act. American Hospital Association Toll-free number: 1-800-242-2626 (this is the customer service/publication order line) Website: www.aha.org/AHA’s Patient Care Partnership brochure teaches patients about rights and responsibilities in regard to their hospital stay. (It comes in English, Arabic, Chinese, Russian, Spanish, Tagalog, and Vietnamese.) The brochure is sold in bulk orders only and there’s a fee for non-members. You can read it online for free, in any of the languages, at www.aha.org/aha/issues/Communicating-With-Patients/pt-care-partnership.html. National Library of Medicine Website: www.nlm.nih.gov/medlineplus/patientrights.html This site has information on patient rights along with many links to other sources of related information. Medicare Rights Center (for those with Medicare) Toll-free number: 1-800-333-4114 Website: www.medicareriights.org This service can help you understand your rights and benefits, work through the Medicare system, and get quality care. They have newsletters, fact sheets, and a place to submit questions. They can also help you find programs that help reduce your costs for prescription drugs and medical care, and guide you through the appeals process if Medicare denies coverage for drugs or care you need. \*Inclusion on this list does not imply endorsement by the American Cancer Society, American Hospital Association (AHA), The patient care partnership, Aha.org. Accessed at on July 7, 2023. Centers for Medicare & Medicaid Services (CMS), Affordable Care Act Implementation FAQs - Set 2. Accessed from on September 6, 2023. Centers for Medicare & Medicaid Services (CMS). Patient’s bill of rights. Cms.gov. Accessed at on July 7, 2023. HealthCare.gov. Rights and protections. Accessed at on July 7, 2023. Medicare.gov. Your Rights. Accessed at on July 13, 2023. U.S. Office of Personnel Management. Patients’ Bill of Rights. Accessed at on September 6, 2023.