

Creating a Washington State Health Consumer Assistance or Ombuds Program

Health Care Reform requires states to designate an independent office of health insurance consumer assistance or ombudsman. States may apply for some of the \$30 million available in funding for this year.

The duties of this office are described in §1002 of the Patient Protection and Affordable Care Act:

(c) Duties- The office of health insurance consumer assistance or health insurance ombudsman shall—

(1) assist with the filing of complaints and appeals, including filing appeals with the internal appeal or grievance process of the group health plan or health insurance issuer involved and providing information about the external appeal process;

(2) collect, track, and quantify problems and inquiries encountered by consumers;

(3) educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage;

(4) assist consumers with enrollment in a group health plan or health insurance coverage by providing information, referral, and assistance; and

(5) resolve problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986.

The Washington State Health Insurance Consumer Assistance or Ombudsman Program should meet the following principles:

- **Independence** – The program should be provided through a private non-profit agency so that it is completely independent from all insurance companies and third-party payors, including governmental payors.
- **Advocacy** – The program should be able to directly represent consumers in grievances, appeals and litigation, and refer consumers to appropriate legal representation.
- **Education** – The program should be able to educate the public -- including public agencies and the Legislature -- regarding systemic issues identified through its advocacy efforts.

The model for the program should be the successful Washington State Long-Term Care Ombudsprogram. The LTC Ombudsprogram was established by the federal Older Americans Act. Originally, Washington State placed the Office within the Washington Department of Social and Health Services. The Legislature soon learned that in order to be effective, the program had to be truly independent. In 1989, the Legislature removed the Ombudsprogram from state government and placed it in a private nonprofit agency.

In 2009, the LTC Ombudsprogram had 30 paid staff in regional offices and 400 trained, certified volunteers around the state. In 2008, the LTC Ombudsprogram handled approximately 6,200 complaints.

If you agree with these principles and support this effort, please contact Lori Buchsbaum or Janet Varon at Northwest Health Law Advocates, 206-325-6464, nohla@nohla.org .