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This act summary is provided for the convenience of the public and members of the General Assembly. It is intended to provide a general summary of the act and may not be exhaustive. It has been prepared by the staff of the Office of Legislative Counsel without input from members of the General Assembly. It is not intended to aid in the interpretation of legislation or to serve as a source of legislative intent.

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**Act No. 137 (H.489). Health; health insurance; Department of Financial Regulation; No Surprises Act**

**An act relating to miscellaneous provisions affecting health insurance regulation**

This act requires health insurers and health care providers to comply with the requirements of the federal No Surprises Act and directs the Department of Financial Regulation (DFR) to enforce those requirements and to collaborate with other stakeholders to inform health care providers of their responsibilities under the federal Act. DFR may also refer cases of noncompliance to the federal government or to the Office of the Vermont Attorney General. The act updates and further delineates the requirements for an association or trust to be eligible to purchase a group health insurance policy for its members. The act eliminates DFR's role in annual reporting on the use of the Green Mountain Care Board's bill-back authority and clarifies the scope of DFR's rulemaking regarding entities that administer tax-advantaged accounts for health-related expenses. The act specifies that consent to receiving out-of-network services is a health care decision for purposes of the laws governing advance directives.

The act creates the Insurance Parity in Residential Care for Children and Youth Working Group to increase access to appropriate mental health treatment for children and youth who are enrolled in commercial health insurance, with the Working Group's findings and any recommendations for legislative action due to the legislative committees of jurisdiction on or before December 15, 2022. The act also separates the individual and small group health insurance markets for plan year 2023 and requires DFR to convene a working group to look into maintaining separate markets in future plan years in a manner that reduces premiums in the small group market without increasing costs in the individual market. The working group's findings and recommendations are due to the legislative committees of jurisdiction on or before January 15, 2023.

Multiple effective dates, beginning on May 24, 2022