

**No. 185. An act relating to delaying implementation of certain health insurance claims editing requirements.**

(H.890)

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

Sec. 1. 2024 Acts and Resolves No. 111, Sec. 9 is amended to read:

Sec. 9. EFFECTIVE DATES

(a) Secs. 6 (prior authorization; insurer impact reports) and 7 (prior authorization; provider impact reports) and this section shall take effect on passage.

(b) Sec. 4 (18 V.S.A. § 9418b(g)(4); prior authorization time frames) shall take effect on January 1, 2025, except that a health plan that must modify its technology in order to continue administering its own internal utilization review process for certain services shall have until not later than January 1, 2026 to come into compliance with the provisions of Sec. 4 as to those services.

(c) Sec. 2 (18 V.S.A. § 9418a) shall take effect on January 1, 2026, except that subsections (e) (prepayment coding validation edit review) and (m) and (n) (claims edit working group) shall take effect on January 1, 2025.

(d) The remaining sections shall take effect on January 1, 2025 and shall apply to all health plans issued on and after that date, to all health care provider contracts entered into or renewed on and after that date, and to all claims processed on and after that date.

No. 185  
2024

Page 2 of 2

Sec. 2. EFFECTIVE DATE

This act shall take effect on passage.

Date Governor signed bill: June 28, 2024