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H.890

Introduced by Representatives Houghton of Essex Junction, McFaun of Barre
Town, and Black of Essex

Referred to Committee on

Date:

Subject: Health; health insurance; claims processing; claims edits

Statement of purpose of bill as introduced: This bill proposes to delay
implementation of certain health insurance claims processing requirements
related to claims edits for one year, until January 1, 2026.

An act relating to delaying implementation of certain health insurance
claims editing requirements

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

1 review process for certain services shall have until not later than January 1,
2 2026 to come into compliance with the provisions of Sec. 4 as to those
3 services.

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

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

11 Sec. 2. EFFECTIVE DATE

12 This act shall take effect on passage.