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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.