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H.163

Introduced by Representatives Priestley of Bradford, Carris-Duncan of  
Whitingham, Duke of Burlington, Marcotte of Coventry, Olson  
of Starksboro, and White of Bethel

Referred to Committee on

Date:

Subject: Labor; workers' compensation; definitions; translation services;  
preauthorization; penalties

Statement of purpose of bill as introduced: This bill proposes to include health  
insurance benefits in the definition of wages for workers' compensation  
claims; to require carriers to pay for translation services; to allow claimants to  
request medical case management services; and to increase penalties for late  
payments of workers' compensation benefits.

An act relating to workers' compensation

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

Sec. 1. 21 V.S.A § 601 is amended to read:

§ 601. DEFINITIONS

As used in this chapter:

\* \* \*



1 recommendation made by a health care provider or evidence demonstrating the  
2 injured employee's medical recovery would benefit from the services, or both.

3 Sec. 2 21 V.S.A. § 602 is amended to read:

4 § 602. PROCESS AND PROCEDURE

5 \* \* \*

6 (d) When an injured employee does not speak English fluently, the  
7 employer shall pay for translation services to ensure the injured employee fully  
8 understands the employee's rights and can effectively participate in the  
9 employee's medical recovery and the workers' compensation claims process.

10 Sec. 3. 21 V.S.A. 640b is amended to read:

11 § 640b. REQUEST FOR PREAUTHORIZATION TO DETERMINE IF  
12 PROPOSED BENEFITS OR SERVICES ARE NECESSARY

13 (a) As used in this section,

14 (1) "benefits" means medical treatment and surgical, medical, and  
15 nursing services and supplies, including prescription drugs and durable  
16 medical equipment; and

17 (2) "services" means medical case management services.

18 \* \* \*

19 (e) Within 14 days after receiving a request for preauthorization of  
20 proposed medical case management services, the insurer shall do one of the  
21 following, in writing:

1           (1) Authorize the services and notify the injured employee, the  
2           Department, and the treating provider recommending the services, if  
3           applicable.

4           (2) Deny the services because the entire claim is disputed, and the  
5           Commissioner has not issued an interim order to pay benefits. The insurer  
6           shall notify the injured employee, the Department, and the treating provider  
7           recommending the services, if applicable, of the decision to deny benefits.

8           (3) Deny the request if there is not reasonable support for the requested  
9           services. The insurer shall notify the injured employee, the Department, and  
10          the treating provider recommending the services, if applicable, of the decision  
11          to deny benefits.

12          (4) Notify the injured employee, the Department, and the treating  
13          provider recommending the services, if applicable, that the insurer has  
14          scheduled an examination of the injured employee pursuant to section 655 of  
15          this title or ordered a medical record review pursuant to section 655a of this  
16          title. Based on the examination or review, the insurer shall notify the injured  
17          employee and the Department of the decision within 45 days after a request for  
18          preauthorization. The Commissioner may, in the Commissioner's sole  
19          discretion, grant a 10-day extension to the insurer to authorize or deny the  
20          services, and such an extension shall not be subject to appeal.



1 claimant and the Department of that day. The employer shall ensure that each  
2 weekly payment is mailed or deposited on or before the day established.

3 (B) Payment shall be made by direct deposit to a claimant who elects  
4 that payment method. The employer shall notify the claimant of the claimant's  
5 right to payment by direct deposit.

6 (2) If the benefit payment is not mailed or deposited on the day  
7 established, or if the payment is not mailed or deposited within five business  
8 days of the end of the pay period the payment covers, the employer shall pay to  
9 the claimant a late fee equal to the greater of \$10.00 or;

10 (A) five percent of the benefit amount, ~~whichever is greater~~, for each  
11 weekly the first payment that is made after the established day;

12 (B) 10 percent of the benefit amount for the second payment that is  
13 made after the established day;

14 (C) 15 percent of the benefit amount for the third payment that is  
15 made after the established day;

16 (D) 20 percent of the benefit amount for the fourth payment that is  
17 made after the established day; and

18 (E) 25 percent of the benefit amount for the fifth and any subsequent  
19 payments that are made after the established day.

20 (3) As used in this subsection, "paid" means the payment is mailed to  
21 the claimant's mailing address or, in the case of direct deposit, transferred into

1 the designated account. In the event of a dispute, proof of payment shall be  
2 established by affidavit.

3 Sec. 5. EFFECTIVE DATE

4 This act shall take effect on July 1, 2025.