

1 Introduced by Committee on Economic Development, Housing and General  
2 Affairs

3 Date:

4 Subject: Labor; Executive; workers' compensation; Judiciary Employees Labor  
5 Relations Act; collective bargaining rights

6 Statement of purpose of bill as introduced: This bill proposes to require  
7 workers' compensation insurance carriers to pay for translation services, to  
8 allow workers' compensation claimants to request medical case management  
9 services, and to increase penalties for the late payment of workers'  
10 compensation benefits. This bill also proposes to allow judiciary supervisors  
11 to organize and bargain collectively and to appropriate additional funding to  
12 increase staffing at the Vermont Labor Relations Board.

13 An act relating to workers' compensation and collective bargaining rights

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

15 \* \* \* Workers' Compensation \* \* \*

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

17 § 601. DEFINITIONS

18 As used in this chapter:

19 \* \* \*

1           (31) “Medical case management” means the planning and coordination  
2           of health care services appropriate to achieve the goal of medical  
3           rehabilitation.

4           (A) Medical case management may include medical case assessment,  
5           including a personal interview with the injured employee; assistance in  
6           developing, implementing, and coordinating a medical care plan with health  
7           care providers in consultation with the injured employee and the employees’  
8           family; and an evaluation of treatment results. The goal of medical case  
9           management is to provide the injured employee with reasonable treatment  
10           options to ensure that the injured employee can make an informed choice.

11           (B) Medical case managers shall not provide medical care or adjust  
12           claims.

13           (C) An injured employee shall be entitled to medical case  
14           management services if reasonably supported. Reasonable support includes a  
15           recommendation made by a health care provider or evidence demonstrating the  
16           injured employee’s medical recovery would benefit from the services, or both.

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

18           § 602. PROCESS AND PROCEDURE

19   \* \* \*

20           (d) When an injured employee does not speak English fluently, the  
21           employer shall pay for translation services to ensure the injured employee fully

1 understands the employee’s rights and can effectively participate in the  
2 employee’s medical recovery and the workers’ compensation claims process.

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

4 § 640b. REQUEST FOR PREAUTHORIZATION TO DETERMINE IF  
5 PROPOSED BENEFITS OR SERVICES ARE NECESSARY

6 (a) As used in this section:

7 (1) ~~“benefits”~~ “Benefits” means medical treatment and surgical,  
8 medical, and nursing services and supplies, including prescription drugs and  
9 durable medical equipment.

10 (2) “Services” means medical case management services.

11 \* \* \*

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

15 (1) Authorize the services and notify the injured employee, the  
16 Department, and the treating provider recommending the services, if  
17 applicable.

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

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

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

14           (f) If the insurer fails to authorize or deny the services pursuant to  
15           subsection (e) of this section within 14 days after receiving a request, the  
16           injured employee or the injured employee’s treating provider, if applicable,  
17           may request that the Department issue an order authorizing services. After  
18           receipt of the request, the Department shall issue an interim order within five  
19           days after notice to the insurer, and five days in which to respond, absent  
20           evidence that the entire claim is disputed. Upon request of a party, the

1 Commissioner shall notify the parties that the services have been authorized by  
2 operation of law.

3 (g) If the insurer denies the preauthorization of the services pursuant to  
4 subdivision (e)(2), (3), or (4) of this section, the Commissioner may, on the  
5 Commissioner’s own initiative or upon a request by the injured worker, issue  
6 an order authorizing the services if the Commissioner finds that the evidence  
7 shows that the services are reasonably supported.

8 Sec. 4. 21 V.S.A. § 650 is amended to read:

9 § 650. PAYMENT; AVERAGE WAGE; COMPUTATION

10 \* \* \*

11 (f)(1)(A) When benefits have been awarded or are not in dispute as  
12 provided in subsection (e) of this section, the employer shall establish a  
13 weekday on which payment shall be mailed or deposited and notify the  
14 claimant and the Department of that day. The employer shall ensure that each  
15 weekly payment is mailed or deposited on or before the day established.

16 (B) Payment shall be made by direct deposit to a claimant who elects  
17 that payment method. The employer shall notify the claimant of the claimant’s  
18 right to payment by direct deposit.

19 (2) If the benefit payment is not mailed or deposited on the day  
20 established, or if the payment is not mailed or deposited within five business

1 days following the end of the pay period the payment covers, the employer  
2 shall pay to the claimant a late fee equal to the greater of \$10.00 or:

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

5 (B) 10 percent of the benefit amount for the second payment that is  
6 made after the established day; and

7 (C) 15 percent of the benefit amount for the third and any subsequent  
8 payments that are made after the established day.

9 (3) As used in this subsection, “paid” means the payment is mailed to  
10 the claimant’s mailing address or, in the case of direct deposit, transferred into  
11 the designated account. In the event of a dispute, proof of payment shall be  
12 established by affidavit.

13 \* \* \* Labor Relations \* \* \*

14 Sec. 5. 3 V.S.A. § 1011 is amended to read:

15 § 1011. DEFINITIONS

16 As used in this chapter:

17 \* \* \*

18 (8) “Employee,” means any individual employed and compensated on a  
19 permanent or limited status basis by the Judiciary Department, including  
20 permanent part-time employees and any individual whose employment has  
21 ceased as a consequence of, or in connection with, any current labor dispute or

1 because of an unfair labor practice. “Employee” does not include any of the  
2 following:

3 (A) a Justice, judge, assistant judge, magistrate, or hearing officer;

4 (B) the Court Administrator;

5 (C) a managerial, ~~supervisory~~, or confidential employee;

6 (D) a law clerk, attorney, or administrative assistant or private  
7 secretary to a judge, Justice, or Court Administrator;

8 (E) an individual employed on a temporary, contractual, seasonal, or  
9 on-call basis, including an intern;

10 (F) an employee during the initial or extended probationary period;

11 (G) the head of a department or division;

12 (H) [Repealed.]

13 (I) an attorney for the Supreme Court, for the Court Administrator, or  
14 for any board or commission created by the Supreme Court;

15 (J) an employee paid by the State who is appointed part-time as  
16 county clerk pursuant to 4 V.S.A. § 651 or 691;

17 (K) an employee who, after hearing by the Board upon petition of  
18 any individual, the employer, or a collective bargaining unit, is determined to  
19 be in a position that is sufficiently inconsistent with the spirit and intent of this  
20 chapter to warrant exclusion.

21 \* \* \*

1       Sec. 6. VERMONT LABOR RELATIONS BOARD; APPROPRIATION

2           In fiscal year 2026, \$250,000.00 is appropriated from the General Fund to  
3       the Labor Relations Board to increase staffing.

4       Sec. 7. EFFECTIVE DATE

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