| 1 | H.31 |
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| 2 | An act relating to claim edit standards and prior authorization requirements |
| 3 | It is hereby enacted by the General Assembly of the State of Vermont: |
| 4 | Sec. 1. 18 V.S.A. § 9418a is amended to read: |
| 5 | § 9418a. PROCESSING CLAIMS, DOWNCODING, AND ADHERENCE |
| 6 | TO CODING RULES |
| 7 | * * * |
| 8 | (c) Adherence to the edit standards in subsection (b) of this section is not |
| 9 | required: |
| 10 | (1) when necessary to comply with State or federal laws, rules, |
| 11 | regulations, or coverage mandates; or |
| 12 | (2) for edits that the payer determines are more favorable to providers |
| 13 | than the edit standards in subsection (b) of this section or to address new codes |
| 14 | not yet incorporated by a payer's edit management software, provided the edit |
| 15 | standards are: |
| 16 | (A) developed with input from the relevant Vermont provider |
| 17 | community and national provider organizations; |
| 18 | (B) clearly supported by nationally recognized standards, guidelines, |
| 19 | or conventions approved by the Commissioner of Financial Regulation; and |
| 20 | (C) available to providers on the plan's websites and in its |
| 21 | newsletters or equivalent electronic communications; or |

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| 1 | (3) when adjudicating claims for health care services that were delivered |
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| 2 | outside the State of Vermont, unless the payer and the out-of-state provider |
| 3 | agree that one or more of the edit standards set forth in subsection (b) of this |
| 4 | section will apply. |
| 5 | * * * |
| 6 | Sec. 2. 18 V.S.A. § 9418b is amended to read: |
| 7 | § 9418b. PRIOR AUTHORIZATION |
| 8 | * * * |
| 9 | (c)(1)(A) Except as provided in subdivision (B) of this subdivision (1), a |
| 10 | health plan shall not impose any prior authorization requirement for any |
| 11 | admission, item, service, treatment, or procedure ordered by a primary care |
| 12 | provider. |
| 13 | (B) The prohibition set forth in subdivision (A) of this subdivision |
| 14 | (1) shall not be construed to prohibit prior authorization requirements for |
| 15 | prescription drugs or for an admission, item, service, treatment, or procedure |
| 16 | that is provided out-of-network. |
| 17 | (2) As used in this subsection, "primary care provider" has the same |
| 18 | meaning as is used by the Vermont Blueprint for Health means a health care |
| 19 | provider who is contracted and enrolled with the health plan as a primary care |
| 20 | provider. |

| 1 | Sec. 3. EFFECTIVE DATES |
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| 2 | (a) Sec. 1 (18 V.S.A. § 9418a) shall take effect on January 1, 2026. |
| 3 | (b) Sec. 2 (18 V.S.A. § 9418b) shall take effect on passage and shall be |
| 4 | implemented by all health plans as soon as reasonably practicable after tha |
| 5 | date, but in no event later than January 1, 2026. |
| 6 | (c) This section shall take effect on passage. |