On Tuesday, March 1, 2016, the U.S. Supreme Court ruled that the State of Vermont cannot impose separate or additional reporting requirements on ERISA (the Employee Retirement Income Security Act of 1974) Plans other than those imposed by the Department of Labor. (The Wall Street Journal)

The Court, voting 6-2, ruled that reporting requirements imposed by the state of Vermont are subject to ERISA's language that pre-empts "any and all State laws insofar as they may now or hereafter relate to any employee benefit plan." The Court held that "ERISA's express pre-emption clause requires invalidation of the Vermont reporting statute as applied to ERISA plans." And that "it is the Secretary of Labor, not the separate States that is authorized to decide whether to exempt plans from ERISA reporting requirements or to require ERISA plans to report data such as that sought by Vermont."

The Vermont law had required all health insurers – which the statute defined as including self-insured organizations as well as "any third party administrator" - to report any "information relating to health care costs, prices, quality, utilization or resources required" provided to any Vermont resident – regardless of whether they are treated in Vermont or out-of-state as well as information about non-Vermont residents treated within the state.

This ruling should provide a welcome relief to self-insurers and their administrators from duplicate reporting and costly paperwork required by some states.