

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill  
3 No. 37 entitled “An act relating to access to legally protected health care  
4 activity and regulation of health care providers” respectfully reports that it has  
5 considered the same and recommends that the bill be amended by striking out  
6 all after the enacting clause and inserting in lieu thereof the following:

7 \* \* \* Definitions \* \* \*

8 Sec. 1. 1 V.S.A. § 150 is added to read:

9 § 150. LEGALLY PROTECTED HEALTH CARE ACTIVITY

10 (a) “Gender-affirming health care services” means all supplies, care, and  
11 services of a medical, behavioral health, mental health, surgical, psychiatric,  
12 therapeutic, diagnostic, preventative, rehabilitative, or supportive nature  
13 relating to the treatment of gender dysphoria and gender incongruence.  
14 “Gender-affirming health care services” does not include conversion therapy as  
15 defined by 18 V.S.A. § 8351.

16 (b)(1) “Legally protected health care activity” means:

17 (A) the exercise and enjoyment, or attempted exercise and  
18 enjoyment, by any person of rights to reproductive health care services or  
19 gender-affirming health care services secured by this State; or

20 (B) any act or omission undertaken to aid or encourage, or attempt to  
21 aid or encourage, any person in the exercise and enjoyment, or attempted

1 exercise and enjoyment, of rights to reproductive health care services or  
2 gender-affirming health care services secured by this State, provided that the  
3 provision of such a health care service by a person duly licensed under the  
4 laws of this State and physically present in this State shall be legally protected  
5 if the service is permitted under the laws of this State, regardless of the  
6 patient’s location; or

7 (C) the provision, issuance, or use of, or enrollment in, insurance or  
8 other health coverage for reproductive health care services or gender-affirming  
9 health care services **secured by that are legal in** this State, or any act to aid or  
10 encourage, or attempt to aid or encourage, any person in the provision,  
11 issuance, or use of, or enrollment in, insurance or other health coverage for  
12 those services, regardless of the location of the insured or individual seeking  
13 insurance or health coverage, if the insurance or health coverage is permitted  
14 under the laws of this State.

15 (2) Except as provided in subdivision (3) of this subsection (b), the  
16 protections applicable to “legally protected health care activity” shall not apply  
17 to a lawsuit, judgment, or civil, criminal, or administrative action that is based  
18 on conduct for which an action would exist under the laws of this State if the  
19 course of conduct that forms the basis for liability had occurred entirely in this  
20 State.





1 (7) Unfair discrimination; arbitrary underwriting action.

2 (A) Making or permitting any unfair discrimination between insureds  
3 of the same class and equal risk in the rates charged for any contract of  
4 insurance, or in the dividends or other benefits payable thereon, or in any other  
5 of the terms and conditions of such contracts.

6 \* \* \*

7 (F)(i) Discriminating against a health care provider, as defined by  
8 18 V.S.A. § 9496, or adjusting or otherwise calculating a health care provider’s  
9 risk classification or premium charges on the basis that:

10 (I) the health care provider provides or assists in the provision  
11 of legally protected health care activity that is unlawful in another state;

12 (II) another state’s laws create potential or actual liability for  
13 that activity;

14 (III) abusive litigation against a provider concerning legally  
15 protected health care activity resulted in a judgement against the provider; or

16 (IV) the license of the provider has been disciplined in any way  
17 by another state based solely on the provider’s provision of legally protected  
18 health care activity.

19 (ii) For purposes of this subdivision (F), it shall not be unfairly  
20 discriminatory nor an arbitrary underwriting action against a health care  
21 provider if the risk classifications, premium charges, or other underwriting

1 ~~considerations are based on the health care provider's claims loss experience or~~  
2 ~~based on underwriting or rate setting criteria related to practices that do not~~  
3 ~~meet the applicable professional standards of care in the provision of legally~~  
4 ~~protected health care services. **For purposes of this subdivision (F), it shall**~~  
5 ~~**not be unfairly discriminatory nor an arbitrary underwriting action**~~  
6 ~~**against a health care provider if the risk classifications, premium charges,**~~  
7 ~~**or other underwriting considerations are based on factors other than**~~  
8 ~~**those listed in subdivision (i) of this subdivision (F).**~~

9 \* \* \*

10 \* \* \* Insurance Coverage \* \* \*

11 Sec. 3. 8 V.S.A. § 4088m is added to read:

12 § 4088m. COVERAGE FOR GENDER-AFFIRMING HEALTH CARE  
13 SERVICES

14 (a) Definitions. As used in this section:

15 (1) “Gender-affirming health care services” has the same meaning as in  
16 1 V.S.A. § 150.

17 (2) “Health insurance plan” means Medicaid and any other public health  
18 care assistance program, any individual or group health insurance policy, any  
19 hospital or medical service corporation or health maintenance organization  
20 subscriber contract, or any other health benefit plan offered, issued, or renewed  
21 for any person in this State by a health insurer as defined by 18 V.S.A. § 9402.

1 For purposes of this section, health insurance plan shall include any health  
2 benefit plan offered or administered by the State or any subdivision or  
3 instrumentality of the State. The term shall not include benefit plans providing  
4 coverage for a specific disease or other limited benefit coverage, except that it  
5 shall include any accident and sickness health plan.

6 (b) Coverage.

7 (1) A health insurance plan shall provide coverage for gender-affirming  
8 health care services that:

9 (A) are medically necessary and clinically appropriate for the  
10 individual's diagnosis or health condition;

11 (B) are included in the State's essential health benefits benchmark  
12 plan; and

13 (C) that meet generally accepted practice standards, such as  
14 recommendations and guidelines issued by the World Professional Association  
15 for Transgender Health, its successor, or a comparable organization identified  
16 by the Department of Financial Regulation.

17 (2) Coverage provided pursuant to this section:

18 (A) may be subject to a prior authorization requirement under the  
19 health insurance plan concerning the amount, frequency, and duration of  
20 treatment; and

1           (B) for commercial health insurance plans, shall be provided in  
2           compliance with rules and guidance issued by the Department of Financial  
3           Regulation regarding gender-affirming health care services; and

4           (C) for Medicaid or any other public health care assistance program,  
5           shall comply with all federal requirements imposed by the Centers for  
6           Medicare and Medicaid Services.

7           (3) Nothing in this section shall prohibit a health insurance plan from  
8           providing greater coverage for gender-affirming health care services than is  
9           required under this section.

10          (c) Cost sharing. The coverage required by this section shall not be subject  
11          to any co-payment, deductible, coinsurance, or other cost-sharing requirement  
12          or additional charge. A health insurance plan shall not impose greater  
13          coinsurance, co-payment, deductible, or other cost-sharing requirements for  
14          coverage of gender-affirming health care services than apply to the diagnosis  
15          and treatment of any other physical or mental condition under the plan.

16          Sec. 4. 8 V.S.A. § 4099e is added to read:

17          § 4099e. COVERAGE FOR ABORTION AND ABORTION-RELATED

18                   SERVICES

19          (a) Definitions. As used in this section:



1           (1) “Abortion” means any medical treatment intended to induce the  
2           termination of, or to terminate, a clinically diagnosable pregnancy except for  
3           the purpose of producing a live birth.

4           (2) “Health insurance plan” means Medicaid and any other public health  
5           care assistance program, any individual or group health insurance policy, any  
6           hospital or medical service corporation or health maintenance organization  
7           subscriber contract, or any other health benefit plan offered, issued, or renewed  
8           for any person in this State by a health insurer as defined by 18 V.S.A. § 9402.  
9           For purposes of this section, health insurance plan shall include any health  
10           benefit plan offered or administered by the State or any subdivision or  
11           instrumentality of the State. The term shall not include benefit plans providing  
12           coverage for a specific disease or other limited benefit coverage, except that it  
13           shall include any accident and sickness health plan.

14           (b) Coverage. **Subject to requirements under federal law, A** health  
15           insurance plan shall provide coverage for abortion and abortion-related care.

16           **(c) Cost sharing. The coverage required by this section shall not be subject**  
17           **to any co-payment, deductible, coinsurance, or other cost-sharing requirement**  
18           **or additional charge.**

19           Sec. 5. STATE PLAN AMENDMENT

20           The Agency of Human Services shall seek a state plan amendment from the  
21           Centers for Medicare and Medicaid Services or federal authorities if needed to

1 allow Vermont’s Medicaid program to provide coverage consistent with this  
2 act.

3 \* \* \* Professional Regulation \* \* \*

4 Sec. 6. 3 V.S.A. § 129a is amended to read:

5 § 129a. UNPROFESSIONAL CONDUCT

6 \* \* \*

7 (f) Health care providers. Notwithstanding subsection (e) of this section or  
8 any other law to the contrary, no health care provider shall be subject to  
9 professional disciplinary action by a board or the Director, nor shall a board or  
10 the Director take adverse action on an application for certification, registration,  
11 or licensure of a qualified health care provider, based solely on:

12 (1) the health care provider providing or assisting in the provision of  
13 legally protected health care activity; or

14 (2) a criminal or civil action or disciplinary action against the health care  
15 provider by a licensing board of another state based solely on the provider  
16 providing or assisting in the provision of legally protected health care activity.

17 (3) Definitions. As used in this subsection:

18 (A) “Health care provider” has the same meaning as in 18 V.S.A.  
19 § 9496.

20 (B) “Legally protected health care activity” has the same meaning as  
21 in 1 V.S.A. § 150.





1           (6) “Pregnancy services center” means a facility, including a mobile  
2           facility, where the primary purpose is to provide services to individuals who  
3           are or may be pregnant and that either offers obstetric ultrasounds, obstetric  
4           sonograms, or prenatal care to pregnant individuals or has the appearance of a  
5           medical facility. A pregnancy services center has the appearance of a medical  
6           facility if two or more of the following factors are present:

7                   (A) The center offers pregnancy testing or pregnancy diagnosis, or  
8                   both.

9                   (B) The center has staff or volunteers who wear medical attire or  
10                  uniforms.

11                  (C) The center contains one or more examination tables.

12                  (D) The center contains a private or semiprivate room or area  
13                  containing medical supplies or medical instruments.

14                  (E) The center has staff or volunteers who collect health information  
15                  from clients.

16                  (F) The center is located on the same premises as a State-licensed  
17                  medical facility or provider or shares facility space with a State-licensed  
18                  medical provider.

19           (7) “Premises” means land and improvements or appurtenances or any  
20           part thereof.

21           § 2492. UNFAIR AND DECEPTIVE ACT

1       (a) It is an unfair and deceptive act and practice in commerce and a  
2 violation of section 2453 of this title for any limited-services pregnancy center  
3 to disseminate or cause to be disseminated to the public any advertising about  
4 the services or proposed services performed at that center **if the management**  
5 **of the center knows or, by the exercise of reasonable care, ought to know it**  
6 **that** is untrue or clearly designed to mislead the public about the nature of  
7 services provided. Advertising includes representations made directly to  
8 consumers; marketing practices; communication in any print medium, such as  
9 newspapers, magazines, mailers, or handouts; and any broadcast medium, such  
10 as television or radio, telephone marketing, or advertising over the Internet  
11 such as through websites and web ads.

12       (b) **The medical director of a pregnancy services center, or the individual**  
13 **charged with supervising health care services provided by center staff or**  
14 **volunteers at a pregnancy services center, shall be responsible, legally and**  
15 **professionally, for the activities of staff and volunteers performing duties for**  
16 **and on behalf of the pregnancy services center. The medical director or**  
17 **individual shall ensure that the staff of the pregnancy services center, including**  
18 **the medical director or individual, and any volunteers providing health care**  
19 **services maintain a level of supervision, training, and practice consistent with**  
20 **legal requirements established under Vermont law, including those set forth in**  
21 **Title 26, and professional standards of practice. **Failure to conduct or to****

1 **ensure that health care services are conducted in accordance with state**  
2 **law and professional standards of practice may constitute unprofessional**  
3 **conduct under 3 V.S.A. § 129a and 26 V.S.A. § 1354.**

4 **(c) [PLACEHOLDER – Notice/Disclosure Requirement?]**

5 **(d) The Attorney General or State’s Attorney has the same authority to**  
6 **make rules, conduct civil investigations, and bring civil actions with respect to**  
7 **violations of subsection (a) of this section as provided under subchapter 1 of**  
8 **this chapter. For purposes of this chapter, advertising or the provision of**  
9 **services by a limited-services pregnancy center is an act in commerce.**

10 **The Attorney General or State’s Attorney has the power to issue**  
11 **subpoenas in connection with an investigation conducted pursuant to this**  
12 **subchapter.**

13 \* \* \* Reports; Interstate Compacts \* \* \*

14 Sec. 9. **AGENCY OF HUMAN SERVICES; GREEN MOUNTAIN CARE**  
15 **BOARD; ACCESS TO REPRODUCTIVE HEALTH AND GENDER-**  
16 **AFFIRMING CARE SERVICES**

17 **On or before January 15, 2024, the Department of Health and the Green**  
18 **Mountain Care Board shall, following consultation with relevant stakeholders,**  
19 **submit a report to the House Committee on Health Care and the Senate**  
20 **Committee on Health and Welfare identifying areas of the State in which**  
21 **people do not have access to abortion or birth care or gender affirming health**

1 care services within a 50-mile radius, including recommendations to facilitate  
2 access to those services in the identified areas.

3 **(a) The Agency of Human Services shall include access to reproductive**  
4 **health care services and access to gender-affirming health care services as**  
5 **indicators for equitable access to health care in its Community Profiles of**  
6 **Health and Well-Being analysis.**

7 **(b) The Green Mountain Care Board shall include reproductive health**  
8 **care service and gender-affirming health care service needs in the Health**  
9 **Resource Allocation Plan analysis pursuant to 18 V.S.A. § 9405.**

10 Sec. 10. BOARD OF MEDICAL PRACTICE; OFFICE OF PROFESSIONAL  
11 REGULATION; INTERSTATE COMPACTS; REPORT;

12 On or before November 1, 2024, the Office of Professional Regulation, in  
13 consultation with the Board of Medical Practice, in consultation with the  
14 Office of Professional Regulation, shall submit a report to the House  
15 Committee on Health Care and the Senate Committee on Health and Welfare  
16 with findings and recommendations for legislative action to address any  
17 concerns regarding the State’s participation, or contemplated participation,  
18 in interstate licensure compacts as a result of the provisions of this act,  
19 specifically including the State’s participation in the Nurse Licensure



1 Compact pursuant to 26 V.S.A. chapter 28, subchapter 5 and the Interstate  
2 Medical Licensure Compact pursuant to 26 V.S.A. chapter 23, subchapter 3A.

3 **Sec. 10a. 26 V.S.A. chapter 56 is amended to read: [NEW SECTION]**

4 **Chapter 56. OUT-OF-STATE TELEHEALTH LICENSURE &**  
5 **REGISTRATION AND INTERSTATE COMPACTS**

6 **Subchapter 1. Out-of-State Telehealth Licensure And Registration**

7 \* \* \*

8 **Subchapter 2. Interstate Compacts; Legally Protected Health Care**  
9 **Activity**

10 **§ 3071. LEGALLY PROTECTED HEALTH CARE ACTIVITY;**

11 **DIRECTION TO VERMONT REPRESENTATIVES**

12 **(a) The General Assembly finds that a state's prohibition on or**  
13 **limitation of legally protected health care activity, as defined by 1 V.S.A.**  
14 **§ 150, prohibits health care providers from following health care best**  
15 **practices and is a failure on the part of the state to provide health care**  
16 **services that are medically necessary and clinically appropriate for its**  
17 **residents. Therefore, it is the General Assembly's intent to protect the**  
18 **ability of professionals licensed, certified, or registered in Vermont, and**  
19 **applicants from other member states seeking to practice a profession in**  
20 **Vermont pursuant to an interstate compact or agreement, to have the**  
21 **benefit of compacts and agreements while at the same time engaging in,**

1 **providing, or otherwise facilitating, personally or professionally, legally**  
2 **protected health care activity.**

3 **(b) Vermont’s representative or delegate for an interstate compact or**  
4 **agreement related to health care shall seek an amendment or exception to**  
5 **compact language, rules, or by-laws, as necessary, to recognize and permit**  
6 **the provision of legally protected health care activity in states which are**  
7 **participating in the compact or agreement.**

8 \* \* \* Emergency Contraception \* \* \*

9 Sec. 11. 26 V.S.A. chapter 36, subchapter 1 is amended to read:

10 Subchapter 1. General Provisions

11 \* \* \*

12 § 2022. DEFINITIONS

13 As used in this chapter:

14 \* \* \*

15 (22) “Emergency contraception” means any drug approved by the U.S.  
16 Food and Drug Administration as a contraceptive method for use after sexual  
17 intercourse, whether provided over the counter or by prescription.

18 § 2023. CLINICAL PHARMACY; PRESCRIBING

19 \* \* \*

20 (b) A pharmacist may prescribe in the following contexts:

21 \* \* \*

1 (2) State protocol.

2 (A) A pharmacist may prescribe, order, or administer in a manner  
3 consistent with valid State protocols that are approved by the Commissioner of  
4 Health after consultation with the Director of Professional Regulation and the  
5 Board and the ability for public comment:

6 \* \* \*

7 (ix) emergency prescribing of albuterol or glucagon while  
8 contemporaneously contacting emergency services; ~~and~~

9 (x) tests for SARS-CoV for asymptomatic individuals or related  
10 serology for individuals by entities holding a Certificate of Waiver pursuant to  
11 the Clinical Laboratory Amendments of 1988 (42 U.S.C. § 263a); and

12 (xi) emergency contraception.

13 \* \* \*

14 Sec. 11a. 26 V.S.A. § 2077 is added to read:

15 § 2077. EMERGENCY CONTRACEPTION; VENDING MACHINES

16 (a) A retail or institutional drug outlet licensed under this chapter may  
17 make over-the-counter emergency contraception and other nonprescription  
18 drugs or articles for the prevention of pregnancy or conception available  
19 through a vending machine or similar device.

20 (b) The Board may adopt rules in accordance with 3 V.S.A. chapter 25 to  
21 regulate the location, operation, utilization, and oversight of the vending

1 machines and similar devices described in subsection (a) of this section in a  
2 manner that balances consumer access with appropriate safeguards for theft  
3 prevention and safety.

4 \* \* \* Higher Education; Health Care Services \* \* \*

5 Sec. 12. 16 V.S.A. chapter 78 is added to read:

6 CHAPTER 78. ACCESS TO REPRODUCTIVE AND GENDER-

7 AFFIRMING HEALTH CARE SERVICES

8 § 2501. DEFINITIONS

9 As used in this chapter:

10 (1) “Gender-affirming health care readiness” means each institution’s  
11 preparedness to provide gender-affirming health care services to students or  
12 assist students in obtaining gender-affirming health care services, including  
13 having in place equipment, protocols, patient educational materials,  
14 informational websites, and training for staff; provided, however, that gender-  
15 affirming health care readiness may include the provision of gender-affirming  
16 health care services.

17 (2) “Gender-affirming health care services” has the same meaning as in  
18 1 V.S.A. § 150.

19 (3) “Institution” means the University of Vermont or a college in the  
20 Vermont State College system.

1           (4) “Medication abortion” means an abortion provided by medication  
2           techniques.

3           (5) “Reproductive health care services” has the same meaning as in 1  
4           V.S.A. § 150 and includes medication abortion.

5           (6) “Reproductive health care readiness” means each institution’s  
6           preparedness to provide reproductive health care services to students or assist  
7           students in obtaining reproductive health care services, including having in  
8           place equipment, protocols, patient educational materials, informational  
9           websites, and training for staff; provided, however, that reproductive health  
10           care readiness may include the provision of reproductive health care services.

11           **(7) “Telehealth” has the same meaning as in 26 V.S.A. § 3052.**

12           § 2502. GENDER-AFFIRMING HEALTH CARE AND REPRODUCTIVE  
13           HEALTH CARE READINESS; REPORTS

14           (a) Each institution shall report to the Department of Health annually, on or  
15           before November 1, on the current status of its gender-affirming health care  
16           and reproductive health care readiness, including:

17           **(1) whether the institution has an operational health center on campus;**

18           **(2) whether the institution employs health care providers on campus;**

19           **(3) the types of gender-affirming health care services and**

20           **reproductive health care services that the institution offers to its students**

1 **on campus and the supports that the institution provides to students who**  
2 **receive those services;**

3 **(4) the institution’s efforts to assist students with obtaining gender-**  
4 **affirming health care services and reproductive health care services from**  
5 **licensed health care professionals through telehealth;**

6 **(5) the institution’s proximity to a hospital, clinic, or other facility that**  
7 **provides gender-affirming health care services or reproductive health care**  
8 **services, or both, that are not available to students on campus;**

9 **(6) the referral information that the institution provides regarding**  
10 **facilities that offer gender-affirming health care services and reproductive**  
11 **health care services that are not available to students on campus,**  
12 **including information regarding the scope of the services that are**  
13 **available at each such facility; and**

14 **(7) the availability, convenience, and cost of public transportation**  
15 **between the institution and the closest facility that provides gender-affirming**  
16 **health care services or reproductive health care services, or both.**

17 **(b) On or before January 31 of each year, the Department of Health shall**  
18 **compile the materials submitted pursuant to subsection (a) of this section and**  
19 **report to the House Committees on Education, on Health Care, and on Human**  
20 **Services and the Senate Committees on Education and on Health and Welfare**

1 on the status of gender-affirming health care and reproductive health care  
2 readiness at Vermont’s institutions.

3 Sec. 13. GENDER-AFFIRMING HEALTH CARE AND REPRODUCTIVE  
4 HEALTH CARE READINESS; IMPLEMENTATION

5 Each institution shall submit its first report on the status of its gender-  
6 affirming health care and reproductive health care readiness as required under  
7 16 V.S.A. § 2502(a) to the Department of Health on or before November 1,  
8 2023, and the Department provide its first legislative report on or before  
9 January 31, 2024.

10 \* \* \* Prohibition on Disclosure of Protected Health Information \* \* \*

11 Sec. 14. 18 V.S.A. § 1881 is amended to read:

12 § 1881. DISCLOSURE OF PROTECTED HEALTH INFORMATION  
13 PROHIBITED

14 (a) As used in this section:

15 (1) “Business associate” has the same meaning as in 45 C.F.R.  
16 § 160.103.

17 (2) “Covered entity” ~~shall have~~ has the same meaning as in 45 C.F.R. §  
18 160.103.

19 (3) “Legally protected health care activity” has the same meaning as in 1  
20 V.S.A. § 150.

1           (4) “Protected health information” ~~shall have~~ has the same meaning as  
2           in 45 C.F.R. § 160.103.

3           (b) A covered entity or business associate shall not disclose protected  
4           health information unless the disclosure is permitted under the Health  
5           Insurance Portability and Accountability Act of 1996 (HIPAA).

6           (c) In order to protect patients and providers who engage in legally  
7           protected health care activity, a covered entity or business associate shall not  
8           disclose protected health information related to a legally protected health care  
9           activity for use in a civil or criminal action, a proceeding preliminary to a civil  
10           or criminal action, or a probate, legislative, or administrative proceeding **that is**  
11           **adverse to a patient or to a patient’s health care provider** unless the disclosure  
12           meets one or more of the following conditions:

13           (1) The disclosure is authorized by the patient; **or** the patient’s  
14           conservator, guardian, or other authorized legal representative; **or, if the**  
15           **patient is a minor, the patient’s parent or legal guardian.**

16           (2) The disclosure is specifically required by federal law, Vermont law,  
17           or rules adopted by the Vermont Supreme Court.

18           (3) The disclosure is ordered by a court **of competent jurisdiction**  
19           pursuant to federal law, Vermont law, or rules adopted by the Vermont  
20           Supreme Court. An order compelling disclosure under this subdivision shall



1 include the court’s determination that good cause exists to require disclosure of  
2 the information related to legally protected health care activity.

3 (4) The disclosure is to be made to a person designated by the covered  
4 entity or business associate and will be used solely in the defense of the  
5 covered entity or business associate against a claim that has been made, or  
6 there is a reasonable belief will be made, against the covered entity or business  
7 associate in a civil or criminal action, a proceeding preliminary to a civil or  
8 criminal action, or a probate, legislative, or administrative proceeding.

9 (5) The disclosure is to **the Vermont’s** Board of Medical Practice or **the**  
10 Office of Professional Regulation, as applicable, in connection with a bona fide  
11 investigation **in Vermont** of a licensed, certified, or registered health care  
12 provider.

13 \* \* \* Effective Dates \* \* \*

14 Sec. 15. EFFECTIVE DATES

15 (a) This section, Sec. 1 (definitions), Sec. 2 (medical malpractice), Secs. 6–  
16 7 (unprofessional conduct), Sec. 8 (pregnancy services centers), Sec. 9–10  
17 (reports), Sec. 12–13 (gender-affirming health care and reproductive health  
18 care readiness; reports), and Sec. 14 (prohibition on disclosure of protected  
19 health information) shall take effect on passage.

20 (b) Secs. 3–4 (insurance coverage) shall take effect on January 1, 2024 and  
21 shall apply to all health insurance plans issued on and after January 1, 2024 on

1 such date as a health insurer offers, issues, or renews the health insurance plan,  
2 but in no event later than January 1, 2025.

3 (c) Sec. 5 (state plan amendment) shall take effect on January 1, 2024,  
4 except that the Agency of Human Services shall submit its request for approval  
5 of Medicaid coverage of the services prescribed in Sec. 4 of this act, if needed,  
6 to the Centers for Medicare and Medicaid Services on or before July 1, 2023,  
7 and the Medicaid coverage shall begin on the later of the date of approval or  
8 January 1, 2024.

9 **(d) Sec. 10a (interstate compacts; state representatives) shall take**  
10 **effect on July 1, 2023.**

11 (e) Sec. 11 (emergency contraception) shall take effect on or before  
12 September 1, 2023, on such date as the Commissioner of Health approves the  
13 State protocol.

14

15

16

17

18 (Committee vote: \_\_\_\_\_)

19

\_\_\_\_\_

20

Senator \_\_\_\_\_

21

FOR THE COMMITTEE