

Side-by-Side Comparison of S.247 (as Introduced) and Existing Law

February 15, 2022

Section	V.S.A. Section	Existing Law	Language as Proposed by S.247 as Introduced
1	18 V.S.A. § 9331	§ 9331. DEFINITIONS For purposes of this chapter: * * * (6) “Genetic information” means the results of genetic testing contained in any report, interpretation, evaluation, or other record thereof. * * *	§ 9331. DEFINITIONS For purposes of As used in this chapter: * * * (6) “Genetic information” means: (A) the results of genetic testing related to an individual or a family member of the individual contained in any report, interpretation, evaluation, or other record thereof; or (B) the manifestation of a disease or disorder in a family member of the individual. * * *
2	18 V.S.A. § 9334	§ 9334. GENETIC TESTING AS A CONDITION OF INSURANCE COVERAGE (a) No policy of insurance offered for delivery or issued in this State shall be underwritten or conditioned on the basis of: (1) any requirement or agreement of the individual to undergo genetic testing; or (2) the results of genetic testing of a member of the individual’s family. * * *	§ 9334. GENETIC TESTING AS A CONDITION OF INSURANCE COVERAGE (a) No policy of insurance offered for delivery or issued in this State shall be underwritten or conditioned on the basis of: (1) any requirement or agreement of the individual to undergo genetic testing; or (2) genetic information of the individual that may be associated with a potential genetic condition in that individual but that has not resulted in a diagnosed condition in the individual; or (3) the results of genetic testing of genetic information of a member of the individual’s family. * * *

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3	8 V.S.A. § 3702	<p>§ 3702. OTHER PROHIBITED PRACTICES</p> <p>A life insurance company doing business in the State or an agent thereof shall not:</p> <ol style="list-style-type: none"> 1) issue a policy of insurance or make an agreement other than that plainly expressed in the policy issued to the insured; 2) pay or allow, or offer to pay or allow, as an inducement to insurance, a rebate or premium payable on the policy; 3) grant a special favor or advantage in the dividends or other benefits to accrue thereon; or 4) provide any valuable consideration or inducement not specified in the policy. 	<p>§ 3702. OTHER PROHIBITED PRACTICES</p> <p>A life insurance company doing business in the State or an agent thereof shall not do any of the following:</p> <ol style="list-style-type: none"> (1) issue Issue a policy of insurance or make an agreement other than that plainly expressed in the policy issued to the insured; (2) pay Pay or allow, or offer to pay or allow, as an inducement to insurance, a rebate or premium payable on the policy; (3) grant Grant a special favor or advantage in the dividends or other benefits to accrue thereon; or (4) provide Provide any valuable consideration or inducement not specified in the policy. <p>(5)(A) Condition insurance rates, the provision or renewal of insurance coverage or benefits, or other conditions of insurance for any individual on:</p> <ol style="list-style-type: none"> (i) any requirement or agreement of the individual to undergo genetic testing; (ii) genetic information of the individual that may be associated with a potential genetic condition in that individual but that has not resulted in a diagnosed condition in the individual; or (iii) genetic information of a member of the individual’s family. <p>(B) As used in this subdivision (5), “genetic testing” and “genetic information” have the same meaning as in 18 V.S.A. § 9331.</p> <p>(C) Notwithstanding subdivisions (A) and (B) of this subdivision (5), a life insurance company or its agent may condition insurance rates, the provision or renewal of insurance coverage or benefits, or other conditions of insurance for an individual on the individual’s family medical history, including the manifestation of a disease or disorder in one or more family members of the individual, provided that there is a relationship between the individual’s family medical history and the cost of the insurance risk that the insurer would assume by insuring the individual. In demonstrating the relationship, the insurer can rely on actual or reasonably anticipated experience.</p> <p>(6) Request, require, purchase, or use information obtained from an entity providing direct-to-consumer genetic testing without the informed written consent of the individual who has been tested.</p>

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4	8 V.S.A. § 4724	<p>§ 4724. UNFAIR METHODS OF COMPETITION OR UNFAIR OR DECEPTIVE ACTS OR PRACTICES DEFINED</p> <p>The following are hereby defined as unfair methods of competition or unfair or deceptive acts or practices in the business of insurance:</p> <p align="center">* * *</p> <p>(7) Unfair discrimination; arbitrary underwriting action.</p> <p align="center">* * *</p> <p>(D) Making or permitting any unfair discrimination against any individual by conditioning insurance rates, the provision or renewal of insurance coverage, or other conditions of insurance based on medical information, including the results of genetic testing, where there is not a relationship between the medical information and the cost of the insurance risk that the insurer would assume by insuring the proposed insured. In demonstrating the relationship, the insurer can rely on actual or reasonably anticipated experience. As used in this subdivision, “genetic testing” shall be defined as the term is defined in 18 V.S.A. § 9331(7).</p> <p align="center">* * *</p> <p>(22) Genetic testing.</p> <p>(A) Conditioning insurance rates, the provision or renewal of insurance coverage or benefits or other conditions of insurance for any individual on:</p> <p>(i) any requirement or agreement of the individual to undergo genetic testing; or</p> <p>(ii) the results of genetic testing of a member of the individual’s family unless the results are contained in the individual’s medical record.</p> <p>(B) As used in this subdivision, “genetic testing” shall be defined as the term is defined in 18 V.S.A. § 9331(7).</p>	<p>§ 4724. UNFAIR METHODS OF COMPETITION OR UNFAIR OR DECEPTIVE ACTS OR PRACTICES DEFINED</p> <p>The following are hereby defined as unfair methods of competition or unfair or deceptive acts or practices in the business of insurance:</p> <p align="center">* * *</p> <p>(7) Unfair discrimination; arbitrary underwriting action.</p> <p align="center">* * *</p> <p>(D) Making or permitting any unfair discrimination against any individual by conditioning insurance rates, the provision or renewal of insurance coverage, or other conditions of insurance based on medical information, including the results of genetic testing, where there is not a relationship between the medical information and the cost of the insurance risk that the insurer would assume by insuring the proposed insured. In demonstrating the relationship, the insurer can rely on actual or reasonably anticipated experience. As used in this subdivision, “genetic testing” shall be defined as the term is defined in 18 V.S.A. § 9331(7).</p> <p align="center">* * *</p> <p>(F)(i) Making or permitting any unfair discrimination against any individual by conditioning insurance rates, the provision or renewal of insurance coverage, or other conditions of insurance on:</p> <p>(I) any requirement or agreement of the individual to undergo genetic testing;</p> <p>(II) genetic information of the individual that may be associated with a potential genetic condition in that individual but that has not resulted in a diagnosed condition in the individual; or</p> <p>(III) genetic information of a member of the individual’s family.</p> <p>(ii) As used in this subdivision (7)(F), “genetic testing” and “genetic information” have the same meaning as in 18 V.S.A. § 9331.</p> <p align="center">* * *</p> <p>(22) Genetic testing.</p> <p>(A) Conditioning insurance rates, the provision or renewal of insurance coverage or benefits, or other conditions of insurance for any individual on:</p> <p>(i) any requirement or agreement of the individual to undergo genetic testing; or</p> <p>(ii) genetic information of the individual that may be associated with a potential genetic condition in that individual but that has not resulted in a diagnosed condition in the individual; or</p> <p>(iii) the results of genetic testing genetic information of a member of the individual’s family unless the results are contained in the individual’s medical record.</p>

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			(B) As used in this subdivision (22), “genetic testing” shall be defined as the term is defined and “genetic information” have the same meaning as in 18 V.S.A. § 9331(7) 9331.
5	8 V.S.A. § 5115	<p>§ 5115. DUTY OF NONPROFIT HEALTH MAINTENANCE ORGANIZATIONS</p> <p>Any nonprofit health maintenance organization subject to this chapter shall offer nongroup plans to individuals in accordance with section 4080b of this title without discrimination based on age, gender, industry, and medical history, except as allowed by subdivisions 4080a(h)(2)(B) and 4080b(h)(2)(B) of this title.</p>	<p>§ 5115. DUTY OF NONPROFIT HEALTH MAINTENANCE ORGANIZATIONS</p> <p>(a) Any nonprofit health maintenance organization subject to this chapter shall offer nongroup plans to individuals in accordance with section 4080b of this title without discrimination based on age, gender, industry, genetic information, and medical history, except as allowed by subdivisions 4080a(h)(2)(B) and 4080b(h)(2)(B) of this title pursuant to 33 V.S.A. § 1811(f)(2)(A).</p> <p>(b) As used in this section, “genetic information” has the same meaning as in 18 V.S.A. § 9331.</p>
6	8 V.S.A. § 8086	<p>§ 8086. PREEXISTING CONDITIONS</p> <p align="center">* * *</p> <p>(b) No long-term care insurance policy or certificate may exclude coverage for a loss or confinement which is the result of a preexisting condition, unless such loss or confinement begins within six months following the effective date of coverage of an insured person.</p> <p align="center">* * *</p>	<p>§ 8086. PREEXISTING CONDITIONS; GENETIC TESTING</p> <p align="center">* * *</p> <p>(b)(1) No long-term care insurance policy or certificate may exclude coverage for a loss or confinement which that is the result of a preexisting condition, unless such the loss or confinement begins within six months following the effective date of coverage of an insured person.</p> <p>(2)(A) No long-term care insurance policy or certificate may condition insurance rates, the provision or renewal of insurance coverage or benefits, or other conditions of insurance for any individual on:</p> <p>(i) any requirement or agreement of the individual to undergo genetic testing;</p> <p>(ii) genetic information of the individual that may be associated with a potential genetic condition in that individual but that has not resulted in a diagnosed condition in the individual; or</p> <p>(iii) genetic information of a member of the individual’s family.</p> <p>(B) As used in this subdivision (2), “genetic testing” and “genetic information” have the same meaning as in 18 V.S.A. § 9331.</p> <p align="center">* * *</p>

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7	8 V.S.A. § 4588	<p>§ 4588. ANNUAL REPORT TO COMMISSIONER</p> <p>Annually, on or before March 1, a medical service corporation shall file with the Commissioner of Financial Regulation a statement sworn to by the president and treasurer of the corporation showing its condition on December 31, which shall be in such form and contain such matters as the Commissioner shall prescribe. To qualify for the tax exemption set forth in section 4590 of this title, the statement shall include a certification that the medical service corporation operates on a nonprofit basis for the purpose of providing an adequate medical service plan to individuals of the State, both groups and nongroups, without discrimination based on age, gender, geographic area, industry, and medical history, except as allowed by subdivisions 4080a(h)(2)(B) and 4080b(h)(2)(B) of this title.</p>	<p>§ 4588. ANNUAL REPORT TO COMMISSIONER</p> <p>(a) Annually, on or before March 1, a medical service corporation shall file with the Commissioner of Financial Regulation a statement sworn to by the president and treasurer of the corporation showing its condition on December 31, which shall be in such form and contain such matters as the Commissioner shall prescribe. To qualify for the tax exemption set forth in section 4590 of this title, the statement shall include a certification that the medical service corporation operates on a nonprofit basis for the purpose of providing an adequate medical service plan to individuals of the State, both groups and nongroups, without discrimination based on age, gender, geographic area, industry, genetic information, and medical history, except as allowed by subdivisions 4080a(h)(2)(B) and 4080b(h)(2)(B) of this title pursuant to 33 V.S.A. § 1811(f)(2)(A).</p> <p>(b) As used in this section, “genetic information” has the same meaning as in 18 V.S.A. § 9331.</p>
8	8 V.S.A. § 4516	<p>§ 4516. ANNUAL REPORT TO COMMISSIONER</p> <p>Annually, on or before March 1, a hospital service corporation shall file with the Commissioner of Financial Regulation a statement sworn to by the president and treasurer of the corporation showing its condition on December 31. The statement shall be in such form and contain such matters as the Commissioner shall prescribe. To qualify for the tax exemption set forth in section 4518 of this title, the statement shall include a certification that the hospital service corporation operates on a nonprofit basis for the purpose of providing an adequate hospital service plan to individuals of the State, both groups and nongroups, without discrimination based on age, gender, geographic area, industry, and medical history, except as allowed by subdivisions 4080a(h)(2)(B) and 4080b(h)(2)(B) of this title.</p>	<p>§ 4516. ANNUAL REPORT TO COMMISSIONER</p> <p>(a) Annually, on or before March 1, a hospital service corporation shall file with the Commissioner of Financial Regulation a statement sworn to by the president and treasurer of the corporation showing its condition on December 31. The statement shall be in such form and contain such matters as the Commissioner shall prescribe. To qualify for the tax exemption set forth in section 4518 of this title, the statement shall include a certification that the hospital service corporation operates on a nonprofit basis for the purpose of providing an adequate hospital service plan to individuals of the State, both groups and nongroups, without discrimination based on age, gender, geographic area, industry, genetic information, and medical history, except as allowed by subdivisions 4080a(h)(2)(B) and 4080b(h)(2)(B) of this title pursuant to 33 V.S.A. § 1811(f)(2)(A).</p> <p>(b) As used in this section, “genetic information” has the same meaning as in 18 V.S.A. § 9331.</p>
9	33 V.S.A. § 101	<p>§ 101. POLICY</p> <p>It is the policy of the State of Vermont that:</p> <p align="center">* * *</p> <p>(3) Assistance and benefits shall be administered promptly, with due regard for the preservation of family life, and without restriction of individual rights or discrimination on account of race, religion, political affiliation, or place of residence within the State.</p>	<p>§ 101. POLICY</p> <p>It is the policy of the State of Vermont that:</p> <p align="center">* * *</p> <p>(3) Assistance and benefits shall be administered promptly, with due regard for the preservation of family life, and without restriction of individual rights or discrimination on account of race, religion, political affiliation, genetic information, or place of residence within the State.</p> <p align="center">* * *</p>
10	Effective Date	N/A	N/A