

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;

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 that are legal in this State, or any act to aid or encourage,  
10 or attempt to aid or encourage, any person in the provision, issuance, or use of,  
11 or enrollment in, insurance or other health coverage for those services,  
12 regardless of the location of the insured or individual seeking insurance or  
13 health coverage, if the insurance or health coverage is permitted under the laws  
14 of this State.

15 (2) Except as provided in subdivision (3) of this subsection, 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 **claim, settlement, or** judgement  
16 against the provider; or

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

20 (ii) purposes of this subdivision (F), it shall not be unfairly  
21 discriminatory nor an arbitrary underwriting action against a health care

1 provider if the risk classifications, premium charges, or other underwriting  
2 considerations are based on factors other than those listed in subdivision (i) of  
3 this subdivision (F).

4 \* \* \*

5 \* \* \* Insurance Coverage \* \* \*

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

7 § 4088m. COVERAGE FOR GENDER-AFFIRMING HEALTH CARE

8 SERVICES

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

10 (1) “Gender-affirming health care services” has the same meaning as in  
11 1 V.S.A. § 150.

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

1        (b) Coverage.

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

4            (A) are medically necessary and clinically appropriate for the  
5 individual’s diagnosis or health condition; and

6            (B) are included in the State’s essential health benefits benchmark  
7 plan; and

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

12            (2) Coverage provided pursuant to this section:

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

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

19            (C) for by Medicaid or any other public health care assistance  
20 program shall comply with all federal requirements imposed by the Centers for  
21 Medicare and Medicaid Services.

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

4           (c) Cost sharing. A health insurance plan shall not impose greater  
5           coinsurance, co-payment, deductible, or other cost-sharing requirements for  
6           coverage of gender-affirming health care services than apply to the diagnosis  
7           and treatment of any other physical or mental condition under the plan.

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

9           § 4099e. COVERAGE FOR ABORTION AND ABORTION-RELATED

10                   SERVICES

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

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

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



1 instrumentality of the State. The term shall not include benefit plans providing  
2 coverage for a specific disease or other limited benefit coverage, except that it  
3 shall include any accident and sickness health plan.

4 (b) Coverage. A health insurance plan shall provide coverage for abortion  
5 and abortion-related care.

6 (c) Cost sharing. The coverage required by this section shall not be subject  
7 to any co-payment, deductible, coinsurance, or other cost-sharing requirement  
8 or additional charge-, **except:**

9 **(1) to the extent such coverage would disqualify a high-deductible**  
10 **health plan from eligibility for a health savings account pursuant to 26**  
11 **U.S.C. § 223; and**

12 **(2) for coverage provided by Medicaid.**

13 Sec. 5. STATE PLAN AMENDMENT

14 The Agency of Human Services shall seek a state plan amendment from the  
15 Centers for Medicare and Medicaid Services or federal authorities if needed to  
16 allow Vermont’s Medicaid program to provide coverage consistent with this  
17 act.

18 \* \* \* Professional Regulation \* \* \*

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

20 § 129a. UNPROFESSIONAL CONDUCT

21 \* \* \*



1 for certification, registration, or licensure of a qualified health care provider,

2 based solely on:

3 (A) the health care provider providing or assisting in the provision of  
4 legally protected health care activity; or

5 (B) a criminal or civil action or disciplinary action against the health  
6 care provider by a licensing board of another state based solely on the provider  
7 providing or assisting in the provision of legally protected health care activity.

8 (2) Definitions. As used in this subsection:

9 (A) “Health care provider” has the same meaning as in 18 V.S.A.  
10 § 9496.

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

13 \* \* \* Pregnancy Centers \* \* \*

14 Sec. 8. 9 V.S.A. chapter 63, subchapter 11 is added to read:

15 Subchapter 11. Pregnancy Services Center Fraud

16 **§ 2491. FINDINGS; LEGISLATIVE INTENT**

17 **(a) Findings. The General Assembly finds that:**

18 **(1) Centers that seek to counsel clients against abortion, often**  
19 **referred to as crisis pregnancy centers or limited-services pregnancy**  
20 **centers, have become common across the country, including in Vermont.**  
21 **Honest information about the services that a limited-services pregnancy**

1 center performs, in addition to forthright acknowledgement of its  
2 limitations, is essential to enable pregnant individuals in this State to make  
3 informed decisions about their care.

4 (2) Although some limited-services pregnancy centers openly  
5 acknowledge in their advertising, on their websites, and at their facilities  
6 that they neither provide abortions nor refer clients to other providers of  
7 abortion services, others provide confusing and misleading information to  
8 pregnant individuals contemplating abortion by leading those individuals  
9 to believe that their facilities offer abortion services and unbiased  
10 counseling. Many limited-services pregnancy centers have promoted  
11 patently false or biased medical claims about abortion, pregnancy,  
12 contraception, and reproductive health care providers.

13 (3) False and misleading advertising by centers that do not offer or  
14 refer clients for abortion is of special concern to the State because of the  
15 time-sensitive and constitutionally protected nature of the decision to  
16 terminate a pregnancy. When a pregnant individual is misled into  
17 believing that a center offers services that it does not in fact offer or  
18 receives false or misleading information regarding health care options, the  
19 individual loses time crucial to the decision whether to terminate a  
20 pregnancy and may lose the option to choose a particular method or to  
21 terminate a pregnancy at all.

1           **(4) Telling the truth is how trained health care providers**  
2           **demonstrate respect for patients, foster trust, promote self-determination,**  
3           **and cultivate an environment where best practices in shared decision-**  
4           **making can flourish. Without veracity in information and communication,**  
5           **it is difficult for individuals to make informed, voluntary choices essential**  
6           **in fulfilling autonomy-based obligations.**

7           **(5) Advertising strategies and educational information about health**  
8           **care options that lack transparency, use misleading or ambiguous**  
9           **terminology, misrepresent or obfuscate services provided, or provide**  
10           **factually inaccurate information are a form of manipulation that**  
11           **disrespects individuals, undermines trust, broadens health disparity, and**  
12           **can result in patient harm.**

13           **(b) Intent.**

14           **(1) It is the intent of the General Assembly to ensure that the public**  
15           **is provided with accurate, factual information about the types of health**  
16           **care services that are available to pregnant individuals in this State. The**  
17           **General Assembly respects the constitutionally protected right of each**  
18           **individual to personal reproductive autonomy, which includes the right to**  
19           **receive clear, honest, and non-misleading information about the**  
20           **individual's options and to make informed, voluntary choices after**  
21           **considering all relevant information.**

1           **(2) The General Assembly respects the right of limited-services**  
2           **pregnancy centers to counsel individuals against abortion, and nothing in**  
3           **this subchapter should be construed to regulate, limit, or curtail such**  
4           **advocacy.**

5           § ~~2491~~ **2492**. DEFINITIONS

6           As used in this subchapter:

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

10          (2) “Client” means an individual who is inquiring about or seeking  
11          services at a pregnancy services center.

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

15          (4) “Health information” means any oral or written information in any  
16          form or medium that relates to health insurance or the past, present, or future  
17          physical or mental health or condition of a client.

18          (5) “Limited-services pregnancy center” means a pregnancy services  
19          center that does not directly provide, or provide referrals to clients, for  
20          abortions or emergency contraception.

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.

1     § ~~2492~~ **2493**. UNFAIR AND DECEPTIVE ACT

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

14           (b) The medical director of a pregnancy services center, or the individual  
15           charged with supervising health care services provided by center staff or  
16           volunteers at a pregnancy services center, shall be responsible, legally and  
17           professionally, for the activities of staff and volunteers performing duties for  
18           and on behalf of the pregnancy services center. The medical director or  
19           individual shall ensure that the staff of the pregnancy services center, including  
20           the medical director or individual, and any volunteers providing health care  
21           services maintain a level of supervision, training, and practice consistent with



1 legal requirements established under Vermont law, including those set forth in  
2 Title 26, and professional standards of practice. Failure to conduct or to ensure  
3 that health care services are conducted in accordance with State law and  
4 professional standards of practice may constitute unprofessional conduct under  
5 3 V.S.A. § 129a and 26 V.S.A. § 1354.

6 (c) The Attorney General or State's Attorney has the same authority to  
7 make rules, conduct civil investigations, and bring civil actions with respect to  
8 violations of subsection (a) of this section as provided under subchapter 1 of  
9 this chapter. For purposes of this chapter, advertising or the provision of  
10 services by a limited services pregnancy center is an act in commerce. The  
11 Attorney General or State's Attorney has the power to issue subpoenas in  
12 connection with an investigation conducted pursuant to this subchapter.

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

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

17 (a) The Agency of Human Services shall include access to reproductive  
18 health care services and access to gender-affirming health care services as  
19 indicators for equitable access to health care in its Community Profiles of  
20 Health and Well-Being analysis.



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

3 Sec. 10a. 26 V.S.A. chapter 56 is amended to read:

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 Activity~~

9 **Health Care Provider Compacts**

10 § 3071. **LEGALLY PROTECTED HEALTH CARE ACTIVITY HEALTH**  
11 **CARE PROVIDER COMPACTS; DIRECTION TO**

12 **VERMONT REPRESENTATIVES**

13 (a) The General Assembly finds that a state’s prohibition of or limitation on  
14 legally protected health care activity **the provision of gender-affirming**  
15 **health care services or reproductive health care services, or both,** as  
16 defined by 1 V.S.A. § 150, prohibits health care providers from following  
17 health care best practices and is a failure on the part of the state to provide  
18 health care services that are medically necessary and clinically appropriate for  
19 its residents. Therefore, it is the General Assembly’s intent to protect the  
20 ability of professionals licensed, certified, or registered in Vermont, and  
21 applicants from other member states seeking to practice a profession in

1 Vermont pursuant to an interstate compact or agreement, to have the benefit of  
2 compacts and agreements while at the same time engaging in, providing, or  
3 otherwise facilitating, personally or professionally, **legally protected health**  
4 **care activity gender-affirming health care and reproductive health care**  
5 **services.**

6 (b) Vermont’s representative or delegate for an interstate compact or  
7 agreement related to health care shall seek an amendment or exception to **the**  
8 compact **or agreement** language, rules, or bylaws, as necessary, **to recognize**  
9 **and permit the provision of legally protected health care activity in states**  
10 **that are participating in the compact or agreement so that if a licensee is**  
11 **disciplined by another state solely for providing or assisting in the**  
12 **provision of gender-affirming health care services or reproductive health**  
13 **care services that would be legal and meet professional standards of care**  
14 **if provided in Vermont, the compact or agreement does not require that**  
15 **Vermont take professional disciplinary action against the licensee.**

16 \* \* \* Emergency Contraception \* \* \*

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

18 Subchapter 1. General Provisions

19 \* \* \*

20 § 2022. DEFINITIONS

21 As used in this chapter:

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

§ 2023. CLINICAL PHARMACY; PRESCRIBING

\* \* \*

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

\* \* \*

(2) State protocol.

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

\* \* \*

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

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

(xi) emergency contraception.

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

§ 2077. EMERGENCY CONTRACEPTION; VENDING MACHINES

(a) A retail or institutional drug outlet licensed under this chapter **or a postsecondary school, as defined in and subject to 16 V.S.A. § 176,** may make over-the-counter emergency contraception and other nonprescription drugs or articles for the prevention of pregnancy or conception available through a vending machine or similar device.

(b) The Board may adopt rules in accordance with 3 V.S.A. chapter 25 to regulate the location, operation, utilization, and oversight of the vending machines and similar devices described in subsection (a) of this section in a manner that balances consumer access with appropriate safeguards for theft prevention and safety.

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

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

CHAPTER 78. ACCESS TO REPRODUCTIVE AND GENDER-  
AFFIRMING HEALTH CARE SERVICES

§ 2501. DEFINITIONS

As used in this chapter:

(1) “Gender-affirming health care readiness” means each institution’s preparedness to provide gender-affirming health care services to students or

1 assist students in obtaining gender-affirming health care services, including  
2 having in place equipment, protocols, patient educational materials,  
3 informational websites, and training for staff; provided, however, that gender-  
4 affirming health care readiness may include the provision of gender-affirming  
5 health care services.

6 (2) “Gender-affirming health care services” has the same meaning as in  
7 1 V.S.A. § 150.

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

10 (4) “Medication abortion” means an abortion provided by medication  
11 techniques.

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

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

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

21 § 2502. GENDER-AFFIRMING HEALTH CARE AND REPRODUCTIVE

1                    HEALTH CARE READINESS; REPORTS

2                    (a) Each institution shall report to the Department of Health Agency of  
3                    Human Services annually, on or before November 1, on the current status of  
4                    its gender-affirming health care and reproductive health care readiness,  
5                    including:

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

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

8                    (3) the types of gender-affirming health care services and reproductive  
9                    health care services that the institution offers to its students on campus and the  
10                   supports that the institution provides to students who receive those services;

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

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

17                   (6) the referral information that the institution provides regarding  
18                   facilities that offer gender-affirming health care services and reproductive  
19                   health care services that are not available to students on campus, including  
20                   information regarding the scope of the services that are available at each such  
21                   facility; and





1 (a) As used in this section:

2 (1) “Business associate” has the same meaning as in 45 C.F.R.

3 § 160.103.

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

5 § 160.103.

6 (3) “Legally protected health care activity” has the same meaning as in

7 1 V.S.A. § 150.

8 ~~(2)(4)~~ (4) “Protected health information” ~~shall have~~ has the same meaning

9 as in 45 C.F.R. § 160.103.

10 (b) A covered entity or business associate shall not disclose protected

11 health information unless the disclosure is permitted under the Health

12 Insurance Portability and Accountability Act of 1996 (HIPAA).

13 (c) In order to protect patients and providers who engage in legally

14 protected health care activity, a covered entity or business associate shall not

15 disclose protected health information related to a legally protected health care

16 activity for use in a civil or criminal action; a proceeding preliminary to a civil

17 or criminal action; or a probate, legislative, or administrative proceeding unless

18 the disclosure meets one or more of the following conditions:

19 (1) The disclosure is authorized by the patient; or the patient’s

20 conservator, guardian, or other authorized legal representative; or, if the patient

21 is a minor, the patient’s parent or legal guardian.



1 and 10 (reports), **Sec. 11a (emergency contraception; vending machines),**  
2 Secs. 12 and 13 (gender-affirming health care and reproductive health care  
3 readiness; reports), and Sec. 14 (prohibition on disclosure of protected health  
4 information) shall take effect on passage.

5 (b) Secs. 3 and 4 (insurance coverage) shall take effect on January 1, 2024  
6 and shall apply to all health insurance plans issued on and after January 1,  
7 2024 on such date as a health insurer offers, issues, or renews the health  
8 insurance plan, but in no event later than January 1, 2025.

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

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

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

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3 (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

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FOR THE COMMITTEE