

## HOUSE AMENDMENTS TO A-ENGROSSED SENATE BILL 1529

By COMMITTEE ON HEALTH CARE

February 25

1 On page 1 of the printed A-engrossed bill, line 2, after “ORS” delete the rest of the line and  
2 delete lines 3 and 4 and insert “431A.015, 750.055 and 750.333 and section 5, chapter 575, Oregon  
3 Laws 2015, and section 5, chapter 526, Oregon Laws 2019; and declaring an emergency.”.

4 Delete lines 6 through 22 and delete pages 2 through 4.

5 On page 5, delete lines 1 through 18 and insert:

### “EMERGENCY HEALTH CARE PROVIDERS”.

6  
7  
8  
9 In line 19, delete “10” and insert “1”.

10 On page 6, line 33, delete “11” and insert “2” and delete “12” and insert “3”.

11 In line 34, delete “12” and insert “3”.

12 On page 7, line 3, delete “13” and insert “4”.

13 After line 8, insert:

### “ACCESS TO PRIMARY CARE

14  
15  
16  
17 **“SECTION 5. Sections 6 to 8 of this 2022 Act are added to and made a part of the In-**  
18 **urance Code.**

19 **“SECTION 6. (1) As used in this section, ‘primary care’ means outpatient behavioral**  
20 **health services, nonspecialty medical services or the coordination of health care for the**  
21 **purpose of:**

22 **“(a) Promoting or maintaining behavioral and physical health and wellness; and**

23 **“(b) Diagnosis, treatment or management of acute or chronic conditions caused by dis-**  
24 **ease, injury or illness.**

25 **“(2) An individual or group policy or certificate of health insurance that is not offered**  
26 **on the health insurance exchange and that reimburses the cost of hospital, medical or sur-**  
27 **gical expenses, other than coverage limited to expenses from accidents or specific diseases**  
28 **and limited benefit coverage, shall, in each plan year, reimburse the cost of at least three**  
29 **primary care visits for behavioral health or physical health treatment.**

30 **“(3) The coverage under subsection (2) of this section:**

31 **“(a) May not be subject to copayments, coinsurance or deductibles, except as provided in**  
32 **ORS 742.008; and**

33 **“(b) Is in addition to one annual preventive primary care visit that must be covered**  
34 **without cost-sharing.**

35 **“(4) An insurer that offers a qualified health plan on the health insurance exchange must**

1 offer at least one plan in each metal tier offered by the insurer that provides the coverage  
2 described in subsections (2) and (3) of this section.

3 “(5) This section does not apply to health benefit plans offered to public employees by  
4 insurers that contract with the Public Employees’ Benefit Board or the Oregon Educators  
5 Benefit Board.

6 “(6) This section is exempt from ORS 743A.001.

7 “SECTION 7. (1) As used in this section:

8 “(a) ‘Behavioral health home’ means an entity providing behavioral health services that  
9 the Oregon Health Authority has found to meet the core attributes established under ORS  
10 413.259 for a behavioral health home.

11 “(b) ‘Patient centered primary care home’ means an entity providing health care services  
12 that the authority has found to meet the core attributes established under ORS 413.259 for  
13 a patient centered primary care home.

14 “(2) An individual or group policy or certificate of health insurance that reimburses the  
15 cost of hospital, medical or surgical expenses, other than coverage limited to expenses from  
16 accidents or specific diseases and limited benefit coverage, may not:

17 “(a) Exclude coverage for a behavioral health service or a physical health service on the  
18 basis that the behavioral health service and physical health service were provided on the  
19 same day or in the same facility.

20 “(b) Impose a copayment for physical health services provided by an in-network provider  
21 in a behavioral health home on the same day or in the same facility that a copayment was  
22 charged for behavioral health services.

23 “(c) Impose a copayment for behavioral health services provided by an in-network pro-  
24 vider in a patient centered primary care home on the same day or in the same facility that  
25 a copayment was charged for physical health services.

26 “(d) Require prior authorization for a covered behavioral health service provided by a  
27 specialist in a behavioral health home or a patient centered primary care home.

28 “(3) Subsection (2)(a) of this section does not apply to a health benefit plan in which  
29 providers are reimbursed by payment of a fixed global budget, using a value-based payment  
30 arrangement or using other alternative payment methodologies.

31 “(4) This section is exempt from ORS 743A.001.

32 “SECTION 8. (1) As used in this section, ‘primary care provider’ means an individual li-  
33 censed or certified in this state to provide outpatient, nonspecialty medical services or the  
34 coordination of health care for the purpose of:

35 “(a) Promoting or maintaining mental and physical health and wellness; and

36 “(b) Diagnosis, treatment or management of acute or chronic conditions caused by dis-  
37 ease, injury or illness.

38 “(2) An insurer offering an individual or group policy or certificate of health insurance  
39 that reimburses the cost of hospital, medical or surgical expenses, other than coverage lim-  
40 ited to expenses from accidents or specific diseases and limited benefit coverage, must assign  
41 a beneficiary under the policy or certificate to a primary care provider if the beneficiary or  
42 a parent of a minor beneficiary has not selected a primary care provider by the 90th day of  
43 the plan year. If the insurer assigns the beneficiary to a primary care provider, the insurer  
44 shall provide notice of the assignment to the beneficiary or parent and to the primary care  
45 provider.

1       “(3) A beneficiary may select a different primary care provider at any time.

2       “(4) The Department of Consumer and Business Services shall adopt rules prescribing a  
3 methodology for assignment and attribution of beneficiaries, to ensure accuracy and agree-  
4 ment between insurers and providers. The rules must prioritize consumer choice, ensure  
5 collaboration between insurers and providers and be consistent with recommendations of the  
6 primary care payment reform collaborative described in section 2, chapter 575, Oregon Laws  
7 2015.

8       “SECTION 9. Section 10 of this 2022 Act is added to and made a part of ORS chapter 414.

9       “SECTION 10. (1) A claim for reimbursement for a behavioral health service or a physical  
10 health service provided to a medical assistance recipient may not be denied by the Oregon  
11 Health Authority or a coordinated care organization on the basis that the behavioral health  
12 service and physical health service were provided on the same day or in the same facility,  
13 unless required by state or federal law.

14       “(2) A coordinated care organization may not require prior authorization for specialty  
15 behavioral health services provided to a medical assistance recipient at a behavioral health  
16 home or a patient centered primary care home unless permitted to do so by the authority.

17       “(3) A coordinated care organization must assign a member of the coordinated care or-  
18 ganization to a primary care provider if the member has not selected a primary care provider  
19 by the 90th day after enrollment in medical assistance. The coordinated care organization  
20 shall provide notice of the assignment to the member and to the primary care provider.

21       “(4) A member may select a different primary care provider at any time.

22       “(5) Subsection (1) of this section does not apply to coordinated care organizations’ pay-  
23 ments to providers using a value-based payment arrangement or other alternative payment  
24 methodology.

25       “SECTION 11. ORS 750.055 is amended to read:

26       “750.055. (1) The following provisions apply to health care service contractors to the extent not  
27 inconsistent with the express provisions of ORS 750.005 to 750.095:

28       “(a) ORS 705.137, 705.138 and 705.139.

29       “(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398  
30 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS  
31 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652,  
32 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

33       “(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not  
34 including ORS 732.582.

35       “(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695  
36 to 733.780.

37       “(e) ORS 734.014 to 734.440.

38       “(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to  
39 742.542.

40       “(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.028,  
41 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417,  
42 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to  
43 743.656, 743.680 to 743.689, 743.788 and 743.790 and section 8 of this 2022 Act.

44       “(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,  
45 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,

1 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,  
2 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,  
3 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and section 2,  
4 chapter 771, Oregon Laws 2013, **and sections 6 and 7 of this 2022 Act.**

5 “(i) ORS 743.025, 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197,  
6 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253,  
7 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310,  
8 743B.320, 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403,  
9 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505,  
10 743B.550, 743B.555, 743B.601, 743B.602 and 743B.800.

11 “(j) The following provisions of ORS chapter 744:

12 “(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance pro-  
13 ducers;

14 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

15 “(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

16 “(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608,  
17 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and  
18 746.690.

19 “(2) The following provisions of the Insurance Code apply to health care service contractors  
20 except in the case of group practice health maintenance organizations that are federally qualified  
21 pursuant to Title XIII of the Public Health Service Act:

22 “(a) ORS 731.485, if the group practice health maintenance organization wholly owns and oper-  
23 ates an in-house drug outlet.

24 “(b) ORS 743A.024, unless the patient is referred by a physician, physician assistant or nurse  
25 practitioner associated with a group practice health maintenance organization.

26 “(3) For the purposes of this section, health care service contractors are insurers.

27 “(4) Any for-profit health care service contractor organized under the laws of any other state  
28 that is not governed by the insurance laws of the other state is subject to all requirements of ORS  
29 chapter 732.

30 “(5)(a) A health care service contractor is a domestic insurance company for the purpose of  
31 determining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

32 “(b) A health care service contractor’s classification as a domestic insurance company under  
33 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510  
34 to 734.710.

35 “(6) The Director of the Department of Consumer and Business Services may, after notice and  
36 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025  
37 and 750.045 that are necessary for the proper administration of these provisions.

38 “**SECTION 12.** ORS 750.055, as amended by section 21, chapter 771, Oregon Laws 2013, section  
39 7, chapter 25, Oregon Laws 2014, section 82, chapter 45, Oregon Laws 2014, section 9, chapter 59,  
40 Oregon Laws 2015, section 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws  
41 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470, Oregon Laws 2015, section  
42 30, chapter 515, Oregon Laws 2015, section 10, chapter 206, Oregon Laws 2017, section 6, chapter  
43 417, Oregon Laws 2017, section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon  
44 Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151, Oregon Laws 2019,  
45 section 5, chapter 441, Oregon Laws 2019, and section 85, chapter 97, Oregon Laws 2021, is amended

1 to read:

2 “750.055. (1) The following provisions apply to health care service contractors to the extent not  
3 inconsistent with the express provisions of ORS 750.005 to 750.095:

4 “(a) ORS 705.137, 705.138 and 705.139.

5 “(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398  
6 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS  
7 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652,  
8 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

9 “(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not  
10 including ORS 732.582.

11 “(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695  
12 to 733.780.

13 “(e) ORS 734.014 to 734.440.

14 “(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to  
15 742.542.

16 “(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.028,  
17 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417,  
18 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to  
19 743.656, 743.680 to 743.689, 743.788 and 743.790 **and section 8 of this 2022 Act.**

20 “(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044,  
21 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,  
22 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,  
23 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,  
24 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 **and sections 6  
25 and 7 of this 2022 Act.**

26 “(i) ORS 743.025, 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197,  
27 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253,  
28 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310,  
29 743B.320, 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403,  
30 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505,  
31 743B.550, 743B.555, 743B.601, 743B.602 and 743B.800.

32 “(j) The following provisions of ORS chapter 744:

33 “(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance pro-  
34 ducers;

35 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

36 “(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

37 “(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608,  
38 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and  
39 746.690.

40 “(2) The following provisions of the Insurance Code apply to health care service contractors  
41 except in the case of group practice health maintenance organizations that are federally qualified  
42 pursuant to Title XIII of the Public Health Service Act:

43 “(a) ORS 731.485, if the group practice health maintenance organization wholly owns and oper-  
44 ates an in-house drug outlet.

45 “(b) ORS 743A.024, unless the patient is referred by a physician, physician assistant or nurse

1 practitioner associated with a group practice health maintenance organization.

2 “(3) For the purposes of this section, health care service contractors are insurers.

3 “(4) Any for-profit health care service contractor organized under the laws of any other state  
4 that is not governed by the insurance laws of the other state is subject to all requirements of ORS  
5 chapter 732.

6 “(5)(a) A health care service contractor is a domestic insurance company for the purpose of  
7 determining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

8 “(b) A health care service contractor’s classification as a domestic insurance company under  
9 paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510  
10 to 734.710.

11 “(6) The Director of the Department of Consumer and Business Services may, after notice and  
12 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025  
13 and 750.045 that are necessary for the proper administration of these provisions.

14 “**SECTION 13.** ORS 750.333 is amended to read:

15 “750.333. (1) The following provisions apply to trusts carrying out a multiple employer welfare  
16 arrangement:

17 “(a) ORS 705.137, 705.138 and 705.139.

18 “(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328,  
19 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484,  
20 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.804, 731.808 and 731.844 to  
21 731.992.

22 “(c) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

23 “(d) ORS 734.014 to 734.440.

24 “(e) ORS 742.001 to 742.009, 742.013, 742.016, 742.061 and 742.065.

25 “(f) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.023, 743.028, 743.029,  
26 743.053, 743.405, 743.406, 743.524, 743.526 and 743.535 **and section 8 of this 2022 Act.**

27 “(g) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.024, 743A.034, 743A.036, 743A.040,  
28 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066,  
29 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105,  
30 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.170,  
31 743A.175, 743A.180, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 **and**  
32 **sections 6 and 7 of this 2022 Act.**

33 “(h) ORS 743B.001, 743B.003 to 743B.127 (except 743B.125 to 743B.127), 743B.195, 743B.197,  
34 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253,  
35 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.310, 743B.320, 743B.321, 743B.330, 743B.340,  
36 743B.341, 743B.342, 743B.343, 743B.344, 743B.345, 743B.347, 743B.400, 743B.403, 743B.407, 743B.420,  
37 743B.423, 743B.451, 743B.453, 743B.470, 743B.505, 743B.550, 743B.555 and 743B.601.

38 “(i) The following provisions of ORS chapter 744:

39 “(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance pro-  
40 ducers;

41 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

42 “(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

43 “(j) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

44 “(2) For the purposes of this section:

45 “(a) A trust carrying out a multiple employer welfare arrangement is an insurer.

1 “(b) References to certificates of authority are references to certificates of multiple employer  
2 welfare arrangement.

3 “(c) Contributions are premiums.

4 “(3) The provision of health benefits under ORS 750.301 to 750.341 is the transaction of health  
5 insurance.

6 “(4) The Department of Consumer and Business Services may adopt rules that are necessary to  
7 implement the provisions of ORS 750.301 to 750.341.

8 “**SECTION 14.** Section 8 of this 2022 Act is amended to read:

9 “**Sec. 8.** (1) As used in this section, ‘primary care provider’ means an individual licensed or  
10 certified in this state to provide outpatient, nonspecialty medical services or the coordination of  
11 health care for the purpose of:

12 “(a) Promoting or maintaining mental and physical health and wellness; and

13 “(b) Diagnosis, treatment or management of acute or chronic conditions caused by disease, in-  
14 jury or illness.

15 “(2) An insurer offering an individual or group policy or certificate of health insurance that  
16 reimburses the cost of hospital, medical or surgical expenses, other than coverage limited to ex-  
17 penses from accidents or specific diseases and limited benefit coverage, must assign a beneficiary  
18 under the policy or certificate to a primary care provider if the beneficiary or a parent of a minor  
19 beneficiary has not selected a primary care provider by the 90th day of the plan year. If the insurer  
20 assigns the beneficiary to a primary care provider, the insurer shall provide notice of the assignment  
21 to the beneficiary or parent and to the primary care provider.

22 “(3) A beneficiary may select a different primary care provider at any time.

23 “(4) The Department of Consumer and Business Services shall adopt rules prescribing a meth-  
24 odology for assignment and attribution of beneficiaries, to ensure accuracy and agreement between  
25 insurers and providers. The rules must prioritize consumer choice[,] **and** ensure collaboration be-  
26 tween insurers and providers [*and be consistent with recommendations of the primary care payment*  
27 *reform collaborative described in section 2, chapter 575, Oregon Laws 2015*].

28 “**SECTION 15.** Section 5, chapter 575, Oregon Laws 2015, as amended by section 8, chapter 26,  
29 Oregon Laws 2016, and section 19, chapter 489, Oregon Laws 2017, is amended to read:

30 “**Sec. 5.** (1) Sections 1 to 4, chapter 575, Oregon Laws 2015, are repealed on December 31, 2027.

31 “(2) Section 3 [*of this 2017 Act*], **chapter 489, Oregon Laws 2017**, is repealed on December 31,  
32 2027.

33 “(3) **The amendments to section 8 of this 2022 Act by section 14 of this 2022 Act become**  
34 **operative on December 31, 2027.**

35  
36 “**APPLICABILITY DATE**

37  
38 “**SECTION 16.** Sections 6, 7 and 8 of this 2022 Act and the amendments to ORS 750.055  
39 and 750.333 by sections 11 to 13 of this 2022 Act apply to policies or certificates of insurance  
40 issued, renewed or extended on or after October 1, 2023, for coverage during the 2024 plan  
41 year.

42  
43 “**OPERATIVE DATE**

44  
45 “**SECTION 17.** Section 10 of this 2022 Act becomes operative on January 1, 2024.”

1 In line 12, delete "14" and insert "18".

2 In line 18, delete "15" and insert "19".

3

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