

2024 -- H 7877

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

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A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Representatives Alzate, Felix, Tanzi, Giraldo, Stewart, Kislak, Cruz,
Fogarty, and Boylan

Date Introduced: March 04, 2024

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Sections 27-18-30 and 27-18-52 of the General Laws in Chapter 27-18
2 entitled "Accident and Sickness Insurance Policies" are hereby amended to read as follows:

3 **27-18-30. Health insurance contracts — Infertility.**

4 (a) Any health insurance contract, plan, or policy delivered or issued for delivery or
5 renewed in this state, except contracts providing supplemental coverage to Medicare or other
6 governmental programs, that includes pregnancy-related benefits, shall provide coverage for
7 medically necessary expenses of diagnosis and treatment of infertility ~~for women between the ages~~
8 ~~of twenty five (25) and forty two (42) years, including preimplantation genetic testing (PGT) in~~
9 ~~conjunction with in vitro fertilization (IVF).~~ and for standard fertility-preservation services when a
10 medically necessary medical treatment may directly or indirectly cause iatrogenic infertility to a
11 covered person. To the extent that a health insurance contract provides reimbursement for a test or
12 procedure used in the diagnosis or treatment of conditions other than infertility, the tests and
13 procedures shall not be excluded from reimbursement when provided attendant to the diagnosis
14 and treatment of infertility ~~for women between the ages of twenty five (25) and forty two (42)~~
15 ~~years~~; provided, that a subscriber co-payment not to exceed twenty percent (20%) may be required
16 for those programs and/or procedures the sole purpose of which is the treatment of infertility.

17 (b) For purposes of this section, "infertility" means the condition of an otherwise
18 presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of
19 one year.

1 (c) For purposes of this section, “standard fertility-preservation services” means
2 procedures consistent with established medical practices and professional guidelines published by
3 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or
4 other reputable professional medical organizations.

5 (d) For purposes of this section, “iatrogenic infertility” means an impairment of fertility by
6 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
7 processes.

8 (e) For purposes of this section, “may directly or indirectly cause” means treatment with a
9 likely side effect of infertility as established by the American Society for Reproductive Medicine,
10 the American Society of Clinical Oncology, or other reputable professional organizations.

11 (f) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary,
12 this section shall apply to blanket or group policies of insurance.

13 (g) The health insurance contract may limit coverage to a lifetime cap of one hundred
14 thousand dollars (\$100,000).

15 (h) For purposes of this section, "preimplantation genetic testing" or "PGT" means a
16 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
17 disorders prior to their transfer to the uterus.

18 (i) Nothing in this section shall preclude an individual, or a couple, including a same-sex
19 couple, who is otherwise qualified for reimbursement for a test or treatment of infertility.

20 **27-18-52. Genetic testing.**

21 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans and
22 providers shall be prohibited from releasing genetic information without prior written authorization
23 of the individual. Written authorization shall be required for each disclosure and include to whom
24 the disclosure is being made. An exception shall exist for those participating in research settings
25 governed by the Federal Policy for the Protection of Human Research Subjects (also known as
26 “The Common Rule”). Tests conducted purely for research are excluded from the definition, as are
27 tests for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

28 (b) No individual or group health insurance contract, plan, or policy delivered, issued for
29 delivery, or renewed in this state which provides health insurance medical coverage that includes
30 coverage for physician services in a physician’s office, and every policy which provides major
31 medical or similar comprehensive-type coverage excluding disability income, long term care and
32 insurance supplemental policies which only provide coverage for specified diseases or other
33 supplemental policies, shall:

34 (1) Use a genetic test or request for genetic tests or the results of a genetic test to reject,

1 deny, limit, cancel, refuse to renew, increase the rates of, affect the terms or conditions of, or affect
2 a group or an individual health insurance policy, contract, or plan;

3 (2) Request or require a genetic test for the purpose of determining whether or not to issue
4 or renew an individual's health benefits coverage, to set reimbursement/co-pay levels or determine
5 covered benefits and services;

6 (3) Release the results of a genetic test without the prior written authorization of the
7 individual from whom the test was obtained, except in a format whereby individual identifiers are
8 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
9 of information pursuant to this section may use or disclose this information solely to carry out the
10 purpose for which the information was disclosed. Authorization shall be required for each
11 redisclosure; an exception shall exist for participating in research settings governed by the Federal
12 Policy for the Protection of Human Research Subjects (also known as "The Common Rule").

13 (4) Request or require information as to whether an individual has ever had a genetic test,
14 or participated in genetic testing of any kind, whether for clinical or research purposes.

15 (c) For the purposes of this section, "genetic testing" is the analysis of an individual's DNA,
16 RNA, chromosomes, proteins and certain metabolites in order to detect heritable disease-related
17 genotypes, mutations, phenotypes or karyotypes for clinical purposes. Those purposes include
18 predicting risk of disease, identifying carriers, establishing prenatal and clinical diagnosis or
19 prognosis. Prenatal, newborn and carrier screening, as well as testing in high risk families may be
20 included provided there is an approved release by a parent or guardian. Tests for metabolites are
21 covered only when they are undertaken with high probability that an excess of deficiency of the
22 metabolite indicates the presence of heritable mutations in single genes. "Genetic testing" does not
23 mean routine physical measurement, a routine chemical, blood, or urine analysis or a test for drugs
24 or for HIV infections.

25 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
26 renewed in this state, except contracts providing supplemental coverage to Medicare or other
27 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
28 expenses of diagnosis and treatment of infertility, including preimplantation genetic testing (PGT)
29 in conjunction with in vitro fertilization (IVF). For purposes of this section:

30 (1) "Preimplantation genetic testing" or "PGT" means a technique used in conjunction with
31 in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer to the
32 uterus;

33 (2) "Infertility" means the condition of an individual who is unable to cause, conceive or
34 sustain a pregnancy during a period of one year.

1 SECTION 2. Sections 27-19-23 and 27-19-44 of the General Laws in Chapter 27-19
2 entitled "Nonprofit Hospital Service Corporations" are hereby amended to read as follows:

3 **27-19-23. Coverage for infertility.**

4 (a) Any nonprofit hospital service contract, plan, or insurance policies delivered, issued for
5 delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare
6 or other governmental programs, that includes pregnancy-related benefits, shall provide coverage
7 for medically necessary expenses of diagnosis and treatment of infertility ~~for women between the~~
8 ~~ages of twenty five (25) and forty two (42) years, including preimplantation genetic testing (PGT)~~
9 in conjunction with in vitro fertilization (IVF), and for standard fertility-preservation services when
10 a medically necessary medical treatment may directly or indirectly cause iatrogenic infertility to a
11 covered person. To the extent that a nonprofit hospital service corporation provides reimbursement
12 for a test or procedure used in the diagnosis or treatment of conditions other than infertility, those
13 tests and procedures shall not be excluded from reimbursement when provided attendant to the
14 diagnosis and treatment of infertility ~~for women between the ages of twenty five (25) and forty~~
15 ~~two (42) years~~; provided, that a subscriber copayment, not to exceed twenty percent (20%), may
16 be required for those programs and/or procedures the sole purpose of which is the treatment of
17 infertility.

18 (b) For purposes of this section, "infertility" means the condition of an otherwise
19 presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of
20 one year.

21 (c) For purposes of this section, "standard fertility-preservation services" means
22 procedures consistent with established medical practices and professional guidelines published by
23 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or
24 other reputable professional medical organizations.

25 (d) For purposes of this section, "iatrogenic infertility" means an impairment of fertility by
26 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
27 processes.

28 (e) For purposes of this section, "may directly or indirectly cause" means treatment with a
29 likely side effect of infertility as established by the American Society for Reproductive Medicine,
30 the American Society of Clinical Oncology, or other reputable professional organizations.

31 (f) The health insurance contract may limit coverage to a lifetime cap of one hundred
32 thousand dollars (\$100,000).

33 (g) For purposes of this section, "preimplantation genetic testing" or "PGT" means a
34 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic

1 [disorders prior to their transfer to the uterus.](#)

2 [\(h\) Nothing in this section shall preclude an individual, or a couple, including a same-sex](#)
3 [couple, who is otherwise qualified for reimbursement for a test or treatment of infertility.](#)

4 **27-19-44. Genetic testing.**

5 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans, and
6 providers shall be prohibited from releasing genetic information without prior written authorization
7 of the individual. Written authorization shall be required for each disclosure and include to whom
8 the disclosure is being made. An exception shall exist for those participating in research settings
9 governed by the federal policy for the protection of human research subjects (also known as “The
10 Common Rule”). Tests conducted purely for research are excluded from the definition, as are tests
11 for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

12 (b) No nonprofit health service corporation subject to the provisions of this chapter shall:

13 (1) Use a genetic test or request for a genetic test or the results of a genetic test or other
14 genetic information to reject, deny, limit, cancel, refuse to renew, increase the rates of, affect the
15 terms or conditions of, or affect a group or an individual’s health insurance policy, contract, or
16 plan;

17 (2) Request or require a genetic test for the purpose of determining whether or not to issue
18 or renew a group, individual health benefits coverage, to set reimbursement/copay levels, or
19 determine covered benefits and services;

20 (3) Release the results of a genetic test without the prior written authorization of the
21 individual from whom the test was obtained, except in a format by which individual identifiers are
22 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
23 of information pursuant to this section may use or disclose the information solely to carry out the
24 purpose for which the information was disclosed. Authorization shall be required for each
25 redisclosure. An exception shall exist for participation in research settings governed by the federal
26 policy for the protection of human research subjects (also known as “The Common Rule”); or

27 (4) Request or require information as to whether an individual has ever had a genetic test,
28 or participated in genetic testing of any kind, whether for clinical or research purposes.

29 (c) For the purposes of this section, “genetic testing” is the analysis of an individual’s DNA,
30 RNA, chromosomes, proteins, and certain metabolites in order to detect heritable disease-related
31 genotypes, mutations, phenotypes, or karyotypes for clinical purposes. These purposes include
32 predicting risk of disease, identifying carriers, establishing prenatal and clinical diagnosis or
33 prognosis. Prenatal, newborn, and carrier screening, as well as testing in high-risk families, may be
34 included provided there is an approved release by a parent or guardian. Tests for metabolites are

1 covered only when they are undertaken with high probability that an excess of deficiency of the
2 metabolite indicates the presence of heritable mutations in single genes. “Genetic testing” does not
3 mean routine physical measurement, a routine chemical, blood, or urine analysis, or a test for drugs
4 or for HIV infection.

5 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
6 renewed in this state, except contracts providing supplemental coverage to Medicare or other
7 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
8 expenses of diagnosis and treatment of infertility, including preimplantation genetic testing (PGT)
9 in conjunction with in vitro fertilization (IVF). For purposes of this section:

10 (1) "Preimplantation genetic testing" or "PGT" means a technique used in conjunction with
11 in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer to the
12 uterus;

13 (2) "Infertility" means the condition of an individual who is unable to cause, conceive or
14 sustain a pregnancy during a period of one year.

15 SECTION 3. Sections 27-20-20 and 27-20-39 of the General Laws in Chapter 27-20
16 entitled "Nonprofit Medical Service Corporations" are hereby amended to read as follows:

17 **27-20-20. Coverage for infertility.**

18 (a) Any nonprofit medical service contract, plan, or insurance policies delivered, issued for
19 delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare
20 or other governmental programs, that includes pregnancy-related benefits, shall provide coverage
21 for the medically necessary expenses of diagnosis and treatment of infertility ~~for women between~~
22 ~~the ages of twenty five (25) and forty two (42) years, including preimplantation genetic testing~~
23 (PGT) in conjunction with in vitro fertilization (IVF), and for standard fertility-preservation
24 services when a medically necessary medical treatment may directly or indirectly cause iatrogenic
25 infertility to a covered person. To the extent that a nonprofit medical service corporation provides
26 reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than
27 infertility, those tests and procedures shall not be excluded from reimbursement when provided
28 attendant to the diagnosis and treatment of infertility ~~for women between the ages of twenty five~~
29 ~~(25) and forty two (42) years;~~ provided, that subscriber copayment, not to exceed twenty percent
30 (20%), may be required for those programs and/or procedures the sole purpose of which is the
31 treatment of infertility.

32 (b) For purposes of this section, “infertility” means the condition of an otherwise
33 presumably healthy individual who is unable to conceive or sustain a pregnancy during a period of
34 one year.

1 (c) For purposes of this section, “standard fertility-preservation services” means
2 procedures consistent with established medical practices and professional guidelines published by
3 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or
4 other reputable professional medical organizations.

5 (d) For purposes of this section, “iatrogenic infertility” means an impairment of fertility by
6 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
7 processes.

8 (e) For purposes of this section, “may directly or indirectly cause” means treatment with a
9 likely side effect of infertility as established by the American Society for Reproductive Medicine,
10 the American Society of Clinical Oncology, or other reputable professional organizations.

11 (f) The health insurance contract may limit coverage to a lifetime cap of one hundred
12 thousand dollars (\$100,000).

13 (g) For purposes of this section, "preimplantation genetic testing" or "PGT" means a
14 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
15 disorders prior to their transfer to the uterus.

16 (h) Nothing in this section shall preclude an individual, or a couple, including a same-sex
17 couple, who is otherwise qualified for reimbursement for a test or treatment of infertility.

18 **27-20-39. Genetic testing.**

19 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans, and
20 providers shall be prohibited from releasing genetic information without prior written authorization
21 of the individual. Written authorization shall be required for each disclosure and include to whom
22 the disclosure is being made. An exception shall exist for those participating in research settings
23 governed by the federal policy for the protection of human research subjects (also known as “The
24 Common Rule”). Tests conducted purely for research are excluded from the definition, as are tests
25 for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

26 (b) No nonprofit health insurer subject to the provisions of this chapter shall:

27 (1) Use a genetic test or request for a genetic test or the results of a genetic test to reject,
28 deny, limit, cancel, refuse to renew, increase the rates of, affect the terms or conditions of, or affect
29 a group or individual’s health insurance policy, contract, or plan;

30 (2) Request or require a genetic test for the purpose of determining whether or not to issue
31 or renew health benefits coverage, to set reimbursement/copay levels, or determine covered
32 benefits and services;

33 (3) Release the results of a genetic test without the prior written authorization of the
34 individual from whom the test was obtained, except in a format by which individual identifiers are

1 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
2 of information pursuant to this section may use or disclose the information solely to carry out the
3 purpose for which the information was disclosed. Authorization shall be required for each
4 redisclosure. An exception shall exist for participation in research settings governed by the federal
5 policy for the protection of human research subjects (also known as “The Common Rule”); or

6 (4) Request or require information as to whether an individual has ever had a genetic test,
7 or participated in genetic testing of any kind, whether for clinical or research purposes.

8 (c) For the purposes of this section, “genetic testing” is the analysis of an individual’s DNA,
9 RNA, chromosomes, proteins, and certain metabolites in order to detect heritable disease-related
10 genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Those purposes include
11 predicting risk of disease, identifying carriers, establishing prenatal and clinical diagnosis or
12 prognosis. Prenatal, newborn, and carrier screening, as well as testing in high-risk families, may be
13 included provided there is an approved release by a parent or guardian. Tests for metabolites are
14 covered only when they are undertaken with high probability that an excess or deficiency of the
15 metabolite indicates the presence of heritable mutations in single genes. “Genetic testing” does not
16 mean routine physical measurement, a routine chemical, blood, or urine analysis, or a test for drugs
17 or for HIV infections.

18 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
19 renewed in this state, except contracts providing supplemental coverage to Medicare or other
20 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
21 expenses of diagnosis and treatment of infertility, including preimplantation genetic testing (PGT)
22 in conjunction with in vitro fertilization (IVF). For purposes of this section:

23 (1) "Preimplantation genetic testing" or "PGT" means a technique used in conjunction with
24 in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer to the
25 uterus;

26 (2) "Infertility" means the condition of an individual who is unable to cause, conceive or
27 sustain a pregnancy during a period of one year.

28 SECTION 4. Sections 27-41-33 and 27-41-53 of the General Laws in Chapter 27-41
29 entitled "Health Maintenance Organizations" are hereby amended to read as follows:

30 **27-41-33. Coverage for infertility.**

31 (a) Any health maintenance organization service contract plan or policy delivered, issued
32 for delivery, or renewed in this state, except a contract providing supplemental coverage to
33 Medicare or other governmental programs, that includes pregnancy-related benefits, shall provide
34 coverage for medically necessary expenses of diagnosis and treatment of infertility ~~for women~~

1 ~~between the ages of twenty-five (25) and forty-two (42) years, including preimplantation genetic~~
2 ~~testing (PGT) in conjunction with in vitro fertilization (IVF),~~ and for standard fertility-preservation
3 services when a medically necessary medical treatment may directly or indirectly cause iatrogenic
4 infertility to a covered person. To the extent that a health maintenance organization provides
5 reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than
6 infertility, those tests and procedures shall not be excluded from reimbursement when provided
7 attendant to the diagnosis and treatment of infertility ~~for women between the ages of twenty-five~~
8 ~~(25) and forty-two (42) years;~~ provided, that subscriber copayment, not to exceed twenty percent
9 (20%), may be required for those programs and/or procedures the sole purpose of which is the
10 treatment of infertility.

11 (b) For purposes of this section, “infertility” means the condition of an otherwise healthy
12 individual who is unable to conceive or sustain a pregnancy during a period of one year.

13 (c) For purposes of this section, “standard fertility-preservation services” means
14 procedures consistent with established medical practices and professional guidelines published by
15 the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or
16 other reputable professional medical organizations.

17 (d) For purposes of this section, “iatrogenic infertility” means an impairment of fertility by
18 surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or
19 processes.

20 (e) For purposes of this section, “may directly or indirectly cause” means treatment with a
21 likely side effect of infertility as established by the American Society for Reproductive Medicine,
22 the American Society of Clinical Oncology, or other reputable professional organizations.

23 (f) The health insurance contract may limit coverage to a lifetime cap of one hundred
24 thousand dollars (\$100,000).

25 (g) For purposes of this section, "preimplantation genetic testing" or "PGT" means a
26 technique used in conjunction with in vitro fertilization (IVF) to test embryos for specific genetic
27 disorders prior to their transfer to the uterus.

28 (h) Nothing in this section shall preclude an individual, or a couple, including a same-sex
29 couple, who is otherwise qualified for reimbursement for a test or treatment of infertility.

30 **27-41-53. Genetic testing.**

31 (a) Except as provided in chapter 37.3 of title 5, insurance administrators, health plans, and
32 providers shall be prohibited from releasing genetic information without prior written authorization
33 of the individual. Written authorization shall be required for each disclosure and include to whom
34 the disclosure is being made. An exception shall exist for those participating in research settings

1 governed by the federal policy for the protection of human research subjects (also known as “The
2 Common Rule”). Tests conducted purely for research are excluded from the definition, as are tests
3 for somatic (as opposed to heritable) mutations, and testing for forensic purposes.

4 (b) No health maintenance organization subject to the provisions of this chapter shall:

5 (1) Use a genetic test or request for genetic test or the results of a genetic test to reject,
6 deny, limit, cancel, refuse to renew, increase the rates of, affect the terms or conditions of, or affect
7 a group or an individual’s health insurance policy contract, or plan;

8 (2) Request or require a genetic test for the purpose of determining whether or not to issue
9 or renew an individual’s health benefits coverage, to set reimbursement/copay levels, or determine
10 covered benefits and services;

11 (3) Release the results of a genetic test without the prior written authorization of the
12 individual from whom the test was obtained, except in a format where individual identifiers are
13 removed, encrypted, or encoded so that the identity of the individual is not disclosed. A recipient
14 of information pursuant to this section may use or disclose the information solely to carry out the
15 purpose for which the information was disclosed. Authorization shall be required for each re-
16 disclosure. An exception shall exist for participation in research settings governed by the federal
17 policy for the protection of human research subjects (also known as “The Common Rule”); or

18 (4) Request or require information as to whether an individual has ever had a genetic test,
19 or participated in genetic testing of any kind, whether for clinical or research purposes.

20 (c) For the purposes of this section, “genetic testing” is the analysis of an individual’s DNA,
21 RNA, chromosomes, protein, and certain metabolites in order to detect heritable inheritable
22 disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Those
23 purposes include predicting risk of disease, identifying carriers, establishing prenatal and clinical
24 diagnosis or prognosis. Prenatal, newborn, and carrier screening, and testing in high-risk families
25 may be included provided there is an approved release by a parent or guardian. Tests for metabolites
26 are covered only when they are undertaken with high probability that an excess or deficiency of the
27 metabolite indicates the presence of heritable mutations in single genes. “Genetic testing” does not
28 mean routine physical measurement, a routine chemical, blood, or urine analysis or a test for drugs
29 or for HIV infections.

30 (d) Any health insurance contract, plan, or policy delivered or issued for delivery or
31 renewed in this state, except contracts providing supplemental coverage to Medicare or other
32 governmental programs, that includes pregnancy-related benefits, shall provide coverage for the
33 expenses of diagnosis and treatment of infertility, including preimplantation genetic testing (PGT)
34 in conjunction with in vitro fertilization (IVF). For purposes of this section:

1 (1) "Preimplantation genetic testing" or "PGT" means a technique used in conjunction with
2 in vitro fertilization (IVF) to test embryos for specific genetic disorders prior to their transfer to the
3 uterus;

4 (2) "Infertility" means the condition of an individual who is unable to cause, conceive or
5 sustain a pregnancy during a period of one year.

6 SECTION 5. This act shall take effect on January 1, 2025.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

1 This act would mandate all insurance contracts, plans or policies provide insurance
2 coverage for the expense of testing and treating infertility, including preimplantation genetic testing
3 (PGT) in conjunction with in vitro fertilization (IVF).

4 This act would take effect on January 1, 2025.

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