

Requested by Representative PRUSAK

**PROPOSED AMENDMENTS TO
A-ENGROSSED SENATE BILL 1529**

1 On page 1 of the printed A-engrossed bill, line 3, delete “and 431A.015”
2 and insert “, 431A.015, 750.055, 750.333, section 5, chapter 575, Oregon Laws
3 2015,”.

4 On page 7, after line 8, insert:
5

6 **“ACCESS TO PRIMARY CARE**
7

8 **“SECTION 14. Sections 15 to 17 of this 2022 Act are added to and**
9 **made a part of the Insurance Code.**

10 **“SECTION 15. (1) As used in this section, ‘primary care’ means**
11 **outpatient behavioral health services, nonspecialty medical services**
12 **or the coordination of health care for the purpose of:**

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

15 **“(b) Diagnosis, treatment or management of acute or chronic con-**
16 **ditions caused by disease, injury or illness.**

17 **“(2) An individual or group policy or certificate of health insurance**
18 **that is not offered on the health insurance exchange and that reim-**
19 **burses the cost of hospital, medical or surgical expenses, other than**
20 **coverage limited to expenses from accidents or specific diseases and**
21 **limited benefit coverage, shall, in each plan year, reimburse the cost**

1 of at least three primary care visits for behavioral health or physical
2 health treatment.

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

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

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

8 “(4) An insurer that offers a qualified health plan on the health
9 insurance exchange must offer at least one plan in each metal tier
10 offered by the insurer that provides the coverage described in sub-
11 sections (2) and (3) of this section.

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

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

16 **“SECTION 16. (1) As used in this section:**

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

21 “(b) ‘Patient centered primary care home’ means an entity provid-
22 ing health care services that the authority has found to meet the core
23 attributes established under ORS 413.259 for a patient centered primary
24 care home.

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

29 “(a) Exclude coverage for a behavioral health service or a physical
30 health service on the basis that the behavioral health service and

1 **physical health service were provided on the same day or in the same**
2 **facility.**

3 **“(b) Impose a copayment for physical health services provided by**
4 **an in-network provider in a behavioral health home on the same day**
5 **or in the same facility that a copayment was charged for behavioral**
6 **health services.**

7 **“(c) Impose a copayment for behavioral health services provided by**
8 **an in-network provider in a patient centered primary care home on the**
9 **same day or in the same facility that a copayment was charged for**
10 **physical health services.**

11 **“(d) Require prior authorization for a covered behavioral health**
12 **service provided by a specialist in a behavioral health home or a pa-**
13 **tient centered primary care home.**

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

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

19 **“SECTION 17. (1) As used in this section, ‘primary care provider’**
20 **means an individual licensed or certified in this state to provide out-**
21 **patient, nonspecialty medical services or the coordination of health**
22 **care for the purpose of:**

23 **“(a) Promoting or maintaining mental and physical health and**
24 **wellness; and**

25 **“(b) Diagnosis, treatment or management of acute or chronic con-**
26 **ditions caused by disease, injury or illness.**

27 **“(2) An insurer offering an individual or group policy or certificate**
28 **of health insurance that reimburses the cost of hospital, medical or**
29 **surgical expenses, other than coverage limited to expenses from acci-**
30 **dents or specific diseases and limited benefit coverage, must assign a**

1 beneficiary under the policy or certificate to a primary care provider
2 if the beneficiary or a parent of a minor beneficiary has not selected
3 a primary care provider by the 90th day of the plan year. If the insurer
4 assigns the beneficiary to a primary care provider, the insurer shall
5 provide notice of the assignment to the beneficiary or parent and to
6 the primary care provider.

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

9 “(4) The Department of Consumer and Business Services shall adopt
10 rules prescribing a methodology for assignment and attribution of
11 beneficiaries, to ensure accuracy and agreement between insurers and
12 providers. The rules must prioritize consumer choice, ensure collab-
13 oration between insurers and providers and be consistent with recom-
14 mendations of the primary care payment reform collaborative
15 described in section 2, chapter 575, Oregon Laws 2015.

16 “SECTION 18. Section 19 of this 2022 Act is added to and made a
17 part of ORS chapter 414.

18 “SECTION 19. (1) A claim for reimbursement for a behavioral
19 health service or a physical health service provided to a medical as-
20 sistance recipient may not be denied by the Oregon Health Authority
21 or a coordinated care organization on the basis that the behavioral
22 health service and physical health service were provided on the same
23 day or in the same facility, unless required by state or federal law.

24 “(2) A coordinated care organization may not require prior author-
25 ization for specialty behavioral health services provided to a medical
26 assistance recipient at a behavioral health home or a patient centered
27 primary care home unless permitted to do so by the authority.

28 “(3) A coordinated care organization must assign a member of the
29 coordinated care organization to a primary care provider if the mem-
30 ber has not selected a primary care provider by the 90th day after en-

1 **rollment in medical assistance. The coordinated care organization**
2 **shall provide notice of the assignment to the member and to the pri-**
3 **mary care provider.**

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

6 **“(5) Subsection (1) of this section does not apply to coordinated care**
7 **organizations’ payments to providers using a value-based payment ar-**
8 **rangement or other alternative payment methodology.**

9 **“SECTION 20. ORS 750.055 is amended to read:**

10 **“750.055. (1) The following provisions apply to health care service con-**
11 **tractors to the extent not inconsistent with the express provisions of ORS**
12 **750.005 to 750.095:**

13 **“(a) ORS 705.137, 705.138 and 705.139.**

14 **“(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,**
15 **731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as pro-**
16 **vided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509,**
17 **731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731,**
18 **731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.**

19 **“(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and**
20 **732.517 to 732.596, not including ORS 732.582.**

21 **“(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to**
22 **733.680 and 733.695 to 733.780.**

23 **“(e) ORS 734.014 to 734.440.**

24 **“(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to**
25 **742.162 and 742.518 to 742.542.**

26 **“(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022,**
27 **743.023, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109,**
28 **743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498, 743.522,**
29 **743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680 to 743.689,**
30 **743.788 and 743.790 and section 17 of this 2022 Act.**

1 “(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036,
2 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060,
3 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070,
4 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104,
5 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148,
6 743A.150, 743A.160, 743A.168, 743A.170, 743A.175, 743A.185, 743A.188,
7 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 and section 2, chapter
8 771, Oregon Laws 2013, **and sections 15 and 16 of this 2022 Act.**

9 “(i) ORS 743.025, 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130,
10 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225,
11 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,
12 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,
13 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347,
14 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452,
15 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602
16 and 743B.800.

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

18 “(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation
19 of insurance producers;

20 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance con-
21 sultants; and

22 “(C) ORS 744.700 to 744.740, relating to the regulation of third party ad-
23 ministrators.

24 “(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605,
25 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660,
26 746.668, 746.670, 746.675, 746.680 and 746.690.

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

1 “(a) ORS 731.485, if the group practice health maintenance organization
2 wholly owns and operates an in-house drug outlet.

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

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

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

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

14 “(b) A health care service contractor’s classification as a domestic insur-
15 ance company under paragraph (a) of this subsection does not subject the
16 health care service contractor to ORS 734.510 to 734.710.

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

21 **“SECTION 21.** ORS 750.055, as amended by section 21, chapter 771,
22 Oregon Laws 2013, section 7, chapter 25, Oregon Laws 2014, section 82,
23 chapter 45, Oregon Laws 2014, section 9, chapter 59, Oregon Laws 2015, sec-
24 tion 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws
25 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470,
26 Oregon Laws 2015, section 30, chapter 515, Oregon Laws 2015, section 10,
27 chapter 206, Oregon Laws 2017, section 6, chapter 417, Oregon Laws 2017,
28 section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon
29 Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151,
30 Oregon Laws 2019, section 5, chapter 441, Oregon Laws 2019, and section 85,

1 chapter 97, Oregon Laws 2021, is amended to read:

2 “750.055. (1) The following provisions apply to health care service con-
3 tractors to the extent not inconsistent with the express provisions of ORS
4 750.005 to 750.095:

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

6 “(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,
7 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as pro-
8 vided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509,
9 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731,
10 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

11 “(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and
12 732.517 to 732.596, not including ORS 732.582.

13 “(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to
14 733.680 and 733.695 to 733.780.

15 “(e) ORS 734.014 to 734.440.

16 “(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to
17 742.162 and 742.518 to 742.542.

18 “(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022,
19 743.023, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109,
20 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498, 743.522,
21 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680 to 743.689,
22 743.788 and 743.790 **and section 17 of this 2022 Act.**

23 “(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036,
24 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060,
25 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070,
26 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104,
27 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148,
28 743A.150, 743A.160, 743A.168, 743A.170, 743A.175, 743A.185, 743A.188,
29 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 **and sections 15 and 16**
30 **of this 2022 Act.**

1 “(i) ORS 743.025, 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130,
2 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225,
3 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,
4 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320,
5 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347,
6 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452,
7 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602
8 and 743B.800.

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

10 “(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation
11 of insurance producers;

12 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance con-
13 sultants; and

14 “(C) ORS 744.700 to 744.740, relating to the regulation of third party ad-
15 ministrators.

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

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

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

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

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

30 “(4) Any for-profit health care service contractor organized under the

1 laws of any other state that is not governed by the insurance laws of the
2 other state is subject to all requirements of ORS chapter 732.

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

6 “(b) A health care service contractor’s classification as a domestic insur-
7 ance company under paragraph (a) of this subsection does not subject the
8 health care service contractor to ORS 734.510 to 734.710.

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

13 **“SECTION 22.** ORS 750.333 is amended to read:

14 “750.333. (1) The following provisions apply to trusts carrying out a mul-
15 tiple employer welfare arrangement:

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

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

21 “(c) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680
22 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,
26 743.028, 743.029, 743.053, 743.405, 743.406, 743.524, 743.526 and 743.535 **and**
27 **section 17 of this 2022 Act.**

28 “(g) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.024, 743A.034,
29 743A.036, 743A.040, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060,
30 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070,

1 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104,
2 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148,
3 743A.150, 743A.160, 743A.168, 743A.170, 743A.175, 743A.180, 743A.185,
4 743A.188, 743A.190, 743A.192, 743A.250, 743A.252 and 743A.260 **and sections**
5 **15 and 16 of this 2022 Act.**

6 “(h) ORS 743B.001, 743B.003 to 743B.127 (except 743B.125 to 743B.127),
7 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225,
8 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257,
9 743B.258, 743B.310, 743B.320, 743B.321, 743B.330, 743B.340, 743B.341, 743B.342,
10 743B.343, 743B.344, 743B.345, 743B.347, 743B.400, 743B.403, 743B.407, 743B.420,
11 743B.423, 743B.451, 743B.453, 743B.470, 743B.505, 743B.550, 743B.555 and
12 743B.601.

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

14 “(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation
15 of insurance producers;

16 “(B) ORS 744.602 to 744.665, relating to the regulation of insurance con-
17 sultants; and

18 “(C) ORS 744.700 to 744.740, relating to the regulation of third party ad-
19 ministrators.

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

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

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

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

26 “(c) Contributions are premiums.

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

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

1 **“SECTION 23.** Section 17 of this 2022 Act is amended to read:

2 **“Sec. 17.** (1) As used in this section, ‘primary care provider’ means an
3 individual licensed or certified in this state to provide outpatient, nonspe-
4 cialty medical services or the coordination of health care for the purpose of:

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

7 “(b) Diagnosis, treatment or management of acute or chronic conditions
8 caused by disease, injury or illness.

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

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

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

27 **“SECTION 24.** Section 5, chapter 575, Oregon Laws 2015, as amended by
28 section 8, chapter 26, Oregon Laws 2016, and section 19, chapter 489, Oregon
29 Laws 2017, is amended to read:

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

1 on December 31, 2027.

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

4 “(3) **The amendments to section 17 of this 2022 Act by section 23 of**
5 **this 2022 Act become operative on December 31, 2027.**

6

7

“APPLICABILITY DATE

8

9 **“SECTION 25. Sections 15, 16 and 17 of this 2022 Act and the**
10 **amendments to ORS 750.055 and 750.333 by sections 20 to 22 of this 2022**
11 **Act apply to policies or certificates of insurance issued, renewed or**
12 **extended on or after October 1, 2023, for coverage during the 2024 plan**
13 **year.**

14

15

“OPERATIVE DATE

16

17 **“SECTION 26. Section 19 of this 2022 Act becomes operative on**
18 **January 1, 2024.”**

19 In line 12, delete “14” and insert “27”.

20 In line 18, delete “15” and insert “28”.

21
