

2026 -- S 3107

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

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A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES

Introduced By: Senators LaMountain, Dimitri, Burke, Felag, McKenney, and Bissailon

Date Introduced: March 13, 2026

Referred To: Senate Judiciary

(Attorney General)

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 27-18-25 of the General Laws in Chapter 27-18 entitled "Accident
2 and Sickness Insurance Policies" is hereby amended to read as follows:

3 **27-18-25. Unfair discrimination prohibited.**

4 ~~Notwithstanding any provision of any policy of insurance, certificate, or service contract~~
5 ~~issued in this state, whenever the insurance policy, certificate, or service contract provides for~~
6 ~~reimbursement for any services that may be legally performed by any person licensed under the~~
7 ~~provisions of chapters 29, 30, 35.1, and 37 of title 5, reimbursement under the insurance policy,~~
8 ~~certificate, or service contract shall be based upon a determination of medical necessity and shall~~
9 ~~not be denied because of race, color, or creed, nor shall any insurer make or permit any unfair~~
10 ~~discrimination against particular individuals or persons licensed under chapters 29, 30, 35.1, and~~
11 ~~37 of title 5.~~

12 (a) For the purposes of this section:

13 (1) "Health-benefit plan" or "health plan" means a policy, contract, certificate, or
14 agreement entered into, offered, or issued by a healthcare entity to provide, deliver, arrange for,
15 pay for, or reimburse any of the costs of healthcare services, and includes individual and group
16 plans.

17 (2) "Healthcare entity" means an insurance company licensed, or required to be licensed,
18 by the state of Rhode Island or other entity subject to the jurisdiction of the commissioner or the
19 jurisdiction of the department of business regulation pursuant to chapter 62 of title 42, that contracts

1 or offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or
2 reimburse any of the costs of healthcare services, including, without limitation: a for-profit or
3 nonprofit hospital, medical or dental service corporation or plan, a health maintenance organization,
4 a health insurance company, or any other entity providing a plan of health insurance, accident and
5 sickness insurance, health benefits, or healthcare services.

6 (3) “Pregnancy, childbirth, or related medical conditions” includes, but is not limited to,
7 childbirth, abortion, miscarriage, fertility, contraception, and lactation.

8 (b) An individual may not be excluded from participation in, be denied benefits of, or
9 otherwise be subject to discrimination under any health-benefit plan on the basis of actual or
10 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex
11 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,
12 or related medical conditions; age; disability; height; weight; or any combination thereof.

13 (c) No healthcare entity may, in offering, providing, or administering a health plan:

14 (1) Deny, cancel, delay, limit, or refuse to issue or renew a health-benefit plan on the basis
15 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,
16 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,
17 childbirth, or related medical conditions; age; disability; height; weight; or any combination
18 thereof;

19 (2) Have or implement marketing practices or benefit designs that discriminate on the basis
20 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,
21 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,
22 childbirth, or related medical conditions; age; disability; height; weight; or any combination
23 thereof;

24 (3) Deny or limit coverage, deny or limit coverage of a claim, or impose additional cost
25 sharing or other limitations or restrictions on coverage, to an individual on the basis of actual or
26 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex
27 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,
28 or related medical conditions; age; disability; height; weight; or any combination thereof;

29 (4) Have or implement a categorical coverage exclusion or limitation for any health
30 services related to gender transition or other gender-affirming health care, or reproductive health
31 care;

32 (5) Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose
33 additional cost sharing or other limitations or restrictions on coverage, for specific health services
34 related to gender transition or other gender-affirming health care services and reproductive health

1 care services if such denial, limitation, or restriction results in discrimination against a member of
2 protected class, as described in subsection (b); or

3 (6) Have or implement benefit designs that do not provide or administer health insurance
4 coverage in the most integrated setting appropriate to the needs of qualified individuals with
5 disabilities, including practices that result in the serious risk of institutionalization or segregation.

6 (d) Nothing in this section requires coverage of any health service where the healthcare
7 entity has a legitimate, nondiscriminatory reason for denying or limiting coverage of the health
8 service or determining that such health service fails to meet applicable coverage requirements,
9 including reasonable medical management techniques such as medical necessity requirements.
10 Such coverage denial or limitation must not be based on unlawful animus or bias, or constitute a
11 pretext for discrimination.

12 (e) The enumeration of specific forms of discrimination in subsection (c) of this section
13 does not limit the general applicability of the prohibition in subsection (b) of this section.

14 (f) No healthcare entity may discriminate with respect to participation under a health-
15 benefit plan or coverage against any healthcare professional who is acting within the scope of that
16 healthcare professional's license or certification under applicable state law, on the basis of that
17 healthcare professional's actual or perceived: race; ethnicity; color; religion; national origin,
18 including language; sex, including sex characteristics, sexual orientation, gender identity, gender
19 expression, and pregnancy, childbirth, or related medical conditions; age; disability; height; weight;
20 or any combination thereof.

21 (g) A healthcare entity shall provide the following information in a notice to enrollees of a
22 health-benefit plan regarding the nondiscrimination requirements of this section:

23 (1) A statement that the health-benefit plan does not discriminate on the basis of any
24 characteristic protected under applicable state law, including this section;

25 (2) Instructions on how an enrollee may file a grievance regarding discrimination;

26 (3) The healthcare entity's internet website where an enrollee may file a grievance, if
27 available; and

28 (4) The healthcare entity's telephone number that an enrollee may use to file a grievance
29 regarding discrimination.

30 (h) A healthcare entity or health-benefit plan found to have violated any provision of this
31 section shall be subject to the penalty and enforcement provisions of chapters 14 and 14.5 of title
32 42, and the regulations promulgated thereunder.

33 SECTION 2. Section 27-19-75 of the General Laws in Chapter 27-19 entitled "Nonprofit
34 Hospital Service Corporations" is hereby amended to read as follows:

1 **27-19-75. Unfair discrimination prohibited.**

2 ~~Notwithstanding any provision of any policy of insurance, certificate, or service contract~~
3 ~~issued in this state, whenever the insurance policy, certificate, or service contract provides for~~
4 ~~reimbursement for any services that may be legally performed by any person licensed under the~~
5 ~~provisions of chapters 29, 30, 35 [repealed], and 37 of title 5, reimbursement under the insurance~~
6 ~~policy, certificate, or service contract shall be based upon a determination of medical necessity and~~
7 ~~shall not be denied because of race, color, or creed, nor shall any insurer make or permit any unfair~~
8 ~~discrimination against particular individuals or persons licensed under chapters 29, 30, 35~~
9 ~~[repealed], and 37 of title 5.~~

10 (a) For the purposes of this section:

11 (1) “Health-benefit plan” or “health plan” means a policy, contract, certificate, or
12 agreement entered into, offered, or issued by a healthcare entity to provide, deliver, arrange for,
13 pay for, or reimburse any of the costs of healthcare services, and includes individual and group
14 plans.

15 (2) “Healthcare entity” means an insurance company licensed, or required to be licensed,
16 by the state of Rhode Island or other entity subject to the jurisdiction of the commissioner or the
17 jurisdiction of the department of business regulation pursuant to chapter 62 of title 42, that contracts
18 or offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or
19 reimburse any of the costs of healthcare services, including, without limitation: a for-profit or
20 nonprofit hospital, medical or dental service corporation or plan, a health maintenance organization,
21 a health insurance company, or any other entity providing a plan of health insurance, accident and
22 sickness insurance, health benefits, or healthcare services.

23 (3) “Pregnancy, childbirth, or related medical conditions” includes, but is not limited to,
24 childbirth, abortion, miscarriage, fertility, contraception, and lactation.

25 (b) An individual may not be excluded from participation in, be denied benefits of, or
26 otherwise be subject to discrimination under any health-benefit plan on the basis of actual or
27 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex
28 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,
29 or related medical conditions; age; disability; height; weight; or any combination thereof.

30 (c) No healthcare entity may, in offering, providing, or administering a health plan:

31 (1) Deny, cancel, delay, limit, or refuse to issue or renew a health-benefit plan on the basis
32 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,
33 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,
34 childbirth, or related medical conditions; age; disability; height; weight; or any combination

1 thereof;

2 (2) Have or implement marketing practices or benefit designs that discriminate on the basis
3 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,
4 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,
5 childbirth, or related medical conditions; age; disability; height; weight; or any combination
6 thereof;

7 (3) Deny or limit coverage, deny or limit coverage of a claim, or impose additional cost
8 sharing or other limitations or restrictions on coverage, to an individual on the basis of actual or
9 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex
10 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,
11 or related medical conditions; age; disability; height; weight; or any combination thereof;

12 (4) Have or implement a categorical coverage exclusion or limitation for any health
13 services related to gender transition or other gender-affirming health care, or reproductive health
14 care;

15 (5) Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose
16 additional cost sharing or other limitations or restrictions on coverage, for specific health services
17 related to gender transition or other gender-affirming health care services and reproductive health
18 care services if such denial, limitation, or restriction results in discrimination against a member of
19 protected class, as described in subsection (b); or

20 (6) Have or implement benefit designs that do not provide or administer health insurance
21 coverage in the most integrated setting appropriate to the needs of qualified individuals with
22 disabilities, including practices that result in the serious risk of institutionalization or segregation.

23 (d) Nothing in this section requires coverage of any health service where the healthcare
24 entity has a legitimate, nondiscriminatory reason for denying or limiting coverage of the health
25 service or determining that such health service fails to meet applicable coverage requirements,
26 including reasonable medical management techniques such as medical necessity requirements.
27 Such coverage denial or limitation must not be based on unlawful animus or bias, or constitute a
28 pretext for discrimination.

29 (e) The enumeration of specific forms of discrimination in subsection (c) of this section
30 does not limit the general applicability of the prohibition in subsection (b) of this section.

31 (f) No healthcare entity may discriminate with respect to participation under a health-
32 benefit plan or coverage against any healthcare professional who is acting within the scope of that
33 healthcare professional's license or certification under applicable state law, on the basis of that
34 healthcare professional's actual or perceived: race; ethnicity; color; religion; national origin,

1 including language; sex, including sex characteristics, sexual orientation, gender identity, gender
2 expression, and pregnancy, childbirth, or related medical conditions; age; disability; height; weight;
3 or any combination thereof.

4 (g) A healthcare entity shall provide the following information in a notice to enrollees of a
5 health-benefit plan regarding the nondiscrimination requirements of this section:

6 (1) A statement that the health-benefit plan does not discriminate on the basis of any
7 characteristic protected under applicable state law, including this section;

8 (2) Instructions on how an enrollee may file a grievance regarding discrimination;

9 (3) The healthcare entity's internet website where an enrollee may file a grievance, if
10 available; and

11 (4) The healthcare entity's telephone number that an enrollee may use to file a grievance
12 regarding discrimination.

13 (h) A healthcare entity or health-benefit plan found to have violated any provision of this
14 section shall be subject to the penalty and enforcement provisions of chapters 14 and 14.5 of title
15 42, and the regulations promulgated thereunder.

16 SECTION 3. Section 27-20-71 of the General Laws in Chapter 27-20 entitled "Nonprofit
17 Medical Service Corporations" is hereby amended to read as follows:

18 **27-20-71. Unfair discrimination prohibited.**

19 ~~Notwithstanding any provision of any policy of insurance, certificate, or service contract~~
20 ~~issued in this state, whenever the insurance policy, certificate, or service contract provides for~~
21 ~~reimbursement for any services that may be legally performed by any person licensed under the~~
22 ~~provisions of chapters 29, 30, 35 [repealed], and 37 of title 5, reimbursement under the insurance~~
23 ~~policy, certificate, or service contract shall be based upon a determination of medical necessity and~~
24 ~~shall not be denied because of race, color, or creed, nor shall any insurer make or permit any unfair~~
25 ~~discrimination against particular individuals or persons licensed under chapters 29, 30, 35~~
26 ~~[repealed], and 37 of title 5.~~

27 (a) For the purposes of this section:

28 (1) "Health-benefit plan" or "health plan" means a policy, contract, certificate, or
29 agreement entered into, offered, or issued by a healthcare entity to provide, deliver, arrange for,
30 pay for, or reimburse any of the costs of healthcare services, and includes individual and group
31 plans.

32 (2) "Healthcare entity" means an insurance company licensed, or required to be licensed,
33 by the state of Rhode Island or other entity subject to the jurisdiction of the commissioner or the
34 jurisdiction of the department of business regulation pursuant to chapter 62 of title 42, that contracts

1 or offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or
2 reimburse any of the costs of healthcare services, including, without limitation: a for-profit or
3 nonprofit hospital, medical or dental service corporation or plan, a health maintenance organization,
4 a health insurance company, or any other entity providing a plan of health insurance, accident and
5 sickness insurance, health benefits, or healthcare services.

6 (3) “Pregnancy, childbirth, or related medical conditions” includes, but is not limited to,
7 childbirth, abortion, miscarriage, fertility, contraception, and lactation.

8 (b) An individual may not be excluded from participation in, be denied benefits of, or
9 otherwise be subject to discrimination under any health-benefit plan on the basis of actual or
10 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex
11 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,
12 or related medical conditions; age; disability; height; weight; or any combination thereof.

13 (c) No healthcare entity may, in offering, providing, or administering a health plan:

14 (1) Deny, cancel, delay, limit, or refuse to issue or renew a health-benefit plan on the basis
15 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,
16 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,
17 childbirth, or related medical conditions; age; disability; height; weight; or any combination
18 thereof;

19 (2) Have or implement marketing practices or benefit designs that discriminate on the basis
20 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,
21 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,
22 childbirth, or related medical conditions; age; disability; height; weight; or any combination
23 thereof;

24 (3) Deny or limit coverage, deny or limit coverage of a claim, or impose additional cost
25 sharing or other limitations or restrictions on coverage, to an individual on the basis of actual or
26 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex
27 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,
28 or related medical conditions; age; disability; height; weight; or any combination thereof;

29 (4) Have or implement a categorical coverage exclusion or limitation for any health
30 services related to gender transition or other gender-affirming health care, or reproductive health
31 care;

32 (5) Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose
33 additional cost sharing or other limitations or restrictions on coverage, for specific health services
34 related to gender transition or other gender-affirming health care services and reproductive health

1 care services if such denial, limitation, or restriction results in discrimination against a member of
2 protected class, as described in subsection (b); or

3 (6) Have or implement benefit designs that do not provide or administer health insurance
4 coverage in the most integrated setting appropriate to the needs of qualified individuals with
5 disabilities, including practices that result in the serious risk of institutionalization or segregation.

6 (d) Nothing in this section requires coverage of any health service where the healthcare
7 entity has a legitimate, nondiscriminatory reason for denying or limiting coverage of the health
8 service or determining that such health service fails to meet applicable coverage requirements,
9 including reasonable medical management techniques such as medical necessity requirements.
10 Such coverage denial or limitation must not be based on unlawful animus or bias, or constitute a
11 pretext for discrimination.

12 (e) The enumeration of specific forms of discrimination in subsection (c) of this section
13 does not limit the general applicability of the prohibition in subsection (b) of this section.

14 (f) No healthcare entity may discriminate with respect to participation under a health-
15 benefit plan or coverage against any healthcare professional who is acting within the scope of that
16 healthcare professional's license or certification under applicable state law, on the basis of that
17 healthcare professional's actual or perceived: race; ethnicity; color; religion; national origin,
18 including language; sex, including sex characteristics, sexual orientation, gender identity, gender
19 expression, and pregnancy, childbirth, or related medical conditions; age; disability; height; weight;
20 or any combination thereof.

21 (g) A healthcare entity shall provide the following information in a notice to enrollees of a
22 health-benefit plan regarding the nondiscrimination requirements of this section:

23 (1) A statement that the health-benefit plan does not discriminate on the basis of any
24 characteristic protected under applicable state law, including this section;

25 (2) Instructions on how an enrollee may file a grievance regarding discrimination;

26 (3) The healthcare entity's internet website where an enrollee may file a grievance, if
27 available; and

28 (4) The healthcare entity's telephone number that an enrollee may use to file a grievance
29 regarding discrimination.

30 (h) A healthcare entity or health-benefit plan found to have violated any provision of this
31 section shall be subject to the penalty and enforcement provisions of chapters 14 and 14.5 of title
32 42, and the regulations promulgated thereunder.

33 SECTION 4. Section 27-41-88 of the General Laws in Chapter 27-41 entitled "Health
34 Maintenance Organizations" is hereby amended to read as follows:

1 **27-41-88. Unfair discrimination prohibited.**

2 ~~Notwithstanding any provision of any policy of insurance, certificate, or service contract~~
3 ~~issued in this state, whenever the insurance policy, certificate, or service contract provides for~~
4 ~~reimbursement for any services that may be legally performed by any person licensed under the~~
5 ~~provisions of chapters 29, 30, 35, and 37 of title 5, reimbursement under the insurance policy,~~
6 ~~certificate, or service contract shall be based upon a determination of medical necessity and shall~~
7 ~~not be denied because of race, color, or creed, nor shall any insurer make or permit any unfair~~
8 ~~discrimination against particular individuals or persons licensed under chapters 29, 30, 35, and 37~~
9 ~~of title 5.~~

10 (a) For the purposes of this section:

11 (1) “Health-benefit plan” or “health plan” means a policy, contract, certificate, or
12 agreement entered into, offered, or issued by a healthcare entity to provide, deliver, arrange for,
13 pay for, or reimburse any of the costs of healthcare services, and includes individual and group
14 plans.

15 (2) “Healthcare entity” means an insurance company licensed, or required to be licensed,
16 by the state of Rhode Island or other entity subject to the jurisdiction of the commissioner or the
17 jurisdiction of the department of business regulation pursuant to chapter 62 of title 42, that contracts
18 or offers to contract, or enters into an agreement to provide, deliver, arrange for, pay for, or
19 reimburse any of the costs of healthcare services, including, without limitation: a for-profit or
20 nonprofit hospital, medical or dental service corporation or plan, a health maintenance organization,
21 a health insurance company, or any other entity providing a plan of health insurance, accident and
22 sickness insurance, health benefits, or healthcare services.

23 (3) “Pregnancy, childbirth, or related medical conditions” includes, but is not limited to,
24 childbirth, abortion, miscarriage, fertility, contraception, and lactation.

25 (b) An individual may not be excluded from participation in, be denied benefits of, or
26 otherwise be subject to discrimination under any health-benefit plan on the basis of actual or
27 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex
28 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,
29 or related medical conditions; age; disability; height; weight; or any combination thereof.

30 (c) No healthcare entity may, in offering, providing, or administering a health plan:

31 (1) Deny, cancel, delay, limit, or refuse to issue or renew a health-benefit plan on the basis
32 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,
33 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,
34 childbirth, or related medical conditions; age; disability; height; weight; or any combination

1 thereof;

2 (2) Have or implement marketing practices or benefit designs that discriminate on the basis
3 of actual or perceived: race; ethnicity; color; religion; national origin, including language; sex,
4 including sex characteristics, sexual orientation, gender identity, gender expression, and pregnancy,
5 childbirth, or related medical conditions; age; disability; height; weight; or any combination
6 thereof;

7 (3) Deny or limit coverage, deny or limit coverage of a claim, or impose additional cost
8 sharing or other limitations or restrictions on coverage, to an individual on the basis of actual or
9 perceived: race; ethnicity; color; religion; national origin, including language; sex, including sex
10 characteristics, sexual orientation, gender identity, gender expression, and pregnancy, childbirth,
11 or related medical conditions; age; disability; height; weight; or any combination thereof;

12 (4) Have or implement a categorical coverage exclusion or limitation for any health
13 services related to gender transition or other gender-affirming health care, or reproductive health
14 care;

15 (5) Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose
16 additional cost sharing or other limitations or restrictions on coverage, for specific health services
17 related to gender transition or other gender-affirming health care services and reproductive health
18 care services if such denial, limitation, or restriction results in discrimination against a member of
19 protected class, as described in subsection (b); or

20 (6) Have or implement benefit designs that do not provide or administer health insurance
21 coverage in the most integrated setting appropriate to the needs of qualified individuals with
22 disabilities, including practices that result in the serious risk of institutionalization or segregation.

23 (d) Nothing in this section requires coverage of any health service where the healthcare
24 entity has a legitimate, nondiscriminatory reason for denying or limiting coverage of the health
25 service or determining that such health service fails to meet applicable coverage requirements,
26 including reasonable medical management techniques such as medical necessity requirements.
27 Such coverage denial or limitation must not be based on unlawful animus or bias, or constitute a
28 pretext for discrimination.

29 (e) The enumeration of specific forms of discrimination in subsection (c) of this section
30 does not limit the general applicability of the prohibition in subsection (b) of this section.

31 (f) No healthcare entity may discriminate with respect to participation under a health-
32 benefit plan or coverage against any healthcare professional who is acting within the scope of that
33 healthcare professional's license or certification under applicable state law, on the basis of that
34 healthcare professional's actual or perceived: race; ethnicity; color; religion; national origin,

1 including language; sex, including sex characteristics, sexual orientation, gender identity, gender
2 expression, and pregnancy, childbirth, or related medical conditions; age; disability; height; weight;
3 or any combination thereof.

4 (g) A healthcare entity shall provide the following information in a notice to enrollees of a
5 health-benefit plan regarding the nondiscrimination requirements of this section:

6 (1) A statement that the health-benefit plan does not discriminate on the basis of any
7 characteristic protected under applicable state law, including this section;

8 (2) Instructions on how an enrollee may file a grievance regarding discrimination;

9 (3) The healthcare entity's internet website where an enrollee may file a grievance, if
10 available; and

11 (4) The healthcare entity's telephone number that an enrollee may use to file a grievance
12 regarding discrimination.

13 (h) A healthcare entity or health-benefit plan found to have violated any provision of this
14 section shall be subject to the penalty and enforcement provisions of chapters 14 and 14.5 of title
15 42, and the regulations promulgated thereunder.

16 SECTION 5. This act shall take effect upon passage.

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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 amend unfair discrimination statutes to encompass more protected
- 2 categories and protect against additional forms of discrimination.
- 3 This act would take effect upon passage.

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