

# HOUSE . . . . . No. 4550

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, September 29, 2025.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1190) of Natalie M. Higgins and others relative to fertility diagnostic care, reports recommending that the accompanying bill (House, No. 4550) ought to pass.

For the committee,

JAMES M. MURPHY.

**HOUSE . . . . . No. 4550**

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**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**

An Act relative to modern family building.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           SECTION 1. Section 17T of chapter 32A of the General Laws, as appearing in section 74  
2 of chapter 140 of the acts of 2024, is hereby amended by inserting after the word "processes", in  
3 subsection (b), the following words:- , provided that such storage shall be covered from the date  
4 of cryopreservation until the individual reaches the age of 35, or for a period of not less than five  
5 years, whichever is later.

6           SECTION 2. Said chapter 32A is hereby amended by inserting after section 17Z the  
7 following section:-

8           Section 17AA. (a) For purposes of this section, the following terms shall have the  
9 following meanings unless the context clearly requires otherwise:

10           “Fertility diagnostic care”, procedures, products, genetic testing, medications and  
11 services intended to provide information and counseling about an individual’s fertility, including  
12 laboratory assessments and imaging studies.

13 “Fertility treatment”, procedures, products, genetic testing, medications and services,  
14 including but not limited to in vitro fertilization, intended to achieve a pregnancy that results in a  
15 live birth and that are provided in a manner consistent with established medical practice and  
16 professional guidelines published by the American Society for Reproductive Medicine, its  
17 successor organization, or a comparable organization, including preconception care,  
18 procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue.

19 “Infertility”, any of the following: (i) a licensed physician’s findings, based on a patient’s  
20 medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any  
21 combination of these factors; (ii) the need for medical intervention, including, but not limited to,  
22 the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as  
23 an individual or with a partner; or (iii) the inability to establish a pregnancy after regular,  
24 unprotected sexual intercourse for a period of no more than twelve months for an intended  
25 gestational parent under the age of 35 and of no more than 6 months for an intended gestational  
26 parent who is 35 years of age or older, provided that pregnancy resulting in miscarriage or  
27 stillbirth does not restart said 12-month or 6-month time period, (iv) an individual’s increased  
28 risk, independently or with the individual’s partner, of transmitting a serious, inheritable genetic  
29 or chromosomal abnormality to a child; or (v) as otherwise defined by the American Society of  
30 Reproductive Medicine or its successor organization.

31 (b) The commission shall provide to any active or retired employee of the commonwealth  
32 who is insured under the group insurance commission coverage, to the same extent that benefits  
33 are provided for other pregnancy-related procedures, coverage for fertility diagnostic care and  
34 fertility treatment for individuals residing within the commonwealth diagnosed with infertility as  
35 defined in subsection (a), performed by any licensed medical providers acting within the scope

36 of practice for their profession, including physicians, nurse practitioners, certified nurse-  
37 midwives and licensed certified professional midwives. No conditions, including but not limited  
38 to prior treatment, age, sexual orientation, gender identity or familial status, shall be imposed to  
39 receive benefits under this section.

40 (c) A policy that provides coverage for services required under this section shall cover: (i)  
41 no fewer than four completed oocyte retrievals; (ii) unlimited embryo transfers from retrievals  
42 covered under this section or from any other completed oocyte retrieval; (iii) unlimited cycles of  
43 intrauterine insemination; and (iv) unlimited intracervical insemination. No policy shall be  
44 required to provide coverage for any nonmedical costs relating to the procurement of gametes,  
45 donor embryos, or surrogacy services.

46 (d) Said coverage may not include any of the following: (i) any exclusion, limitation or  
47 other restriction on coverage of fertility medications that are different from those imposed on  
48 other prescription medications; (ii) any exclusion or denial of coverage of any fertility treatment  
49 based on a covered individual's participation in fertility services provided by a third party,  
50 including gestational carriers, surrogates and the donation or use of said third party's genetic  
51 material; and (iii) any deductible, copayment, coinsurance, benefit maximum or other limitation  
52 on coverage for services rendered pursuant to this section that are different from those imposed  
53 upon services not relating to infertility or fertility treatment.

54 SECTION 3. Chapter 112 of the General Laws is hereby amended by inserting after  
55 section 5O the following section:-

56 Section 5P. (a) The bureau of health professions licensure shall, in collaboration with  
57 experts in lesbian, gay, bisexual, transgender and queer, hereinafter LGBTQ, family building,

58 and in coordination with the American Society for Reproductive Medicine or the Society for  
59 Assisted Reproductive Technology, develop or provide for, and make available to the board of  
60 registration in medicine, the board of registration in midwifery, the board of registration in  
61 nursing and any clinical laboratories licensed under 105 CMR 140.000 that collects, stores or  
62 distributes any genetic material for fertility treatment a professional development training  
63 module regarding resources and services available to LGBTQ couples seeking to expand their  
64 families. The goal of the training module shall be to encourage physicians to speak with their  
65 patients, and to increase a physician's competency in having effective discussions with patients  
66 and families in an appropriate manner. The training module shall include information on: (i) the  
67 prevention and elimination of discrimination based on sexual orientation, gender identity and  
68 expression in medical settings; (ii) improving access to services for LGBTQ individuals; and (iii)  
69 options for LGBTQ individuals seeking to start or grow their family.

70 (b) The training module developed shall be accepted by the board of registration in  
71 medicine, the board of registration in midwifery and the board of registration in nursing as up to  
72 2 continuing professional development credits.

73 SECTION 4. Chapter 118E of the General Laws is hereby amended by inserting after  
74 section 10A1/2 the following section:-

75 Section 10AA. The division shall provide coverage for fertility diagnostic care, any  
76 medically necessary ovulation-enhancing drugs and medical services related to prescribing and  
77 monitoring the use of ovulation-enhancing drugs, and intrauterine insemination that is intended  
78 to treat infertility and achieve a pregnancy that results in a live birth that includes at least 3

79 cycles of ovulation-enhancing medication treatment over a medical assistance recipient's  
80 lifetime.

81 SECTION 5. Chapter 175 of the General Laws is hereby amended by striking out section  
82 47H, as appearing in the 2022 Official Edition, and inserting in place thereof the following  
83 section:-

84 Section 47H. (a) For purposes of this section, the following terms shall have the  
85 following meanings unless the context clearly requires otherwise:

86 "Fertility diagnostic care", procedures, products, genetic testing, medications and  
87 services intended to provide information and counseling about an individual's fertility, including  
88 laboratory assessments and imaging studies.

89 "Fertility treatment", procedures, products, genetic testing, medications and services,  
90 including but not limited to in vitro fertilization, intended to achieve a pregnancy that results in a  
91 live birth and that are provided in a manner consistent with established medical practice and  
92 professional guidelines published by the American Society for Reproductive Medicine, its  
93 successor organization, or a comparable organization, including preconception care,  
94 procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue.

95 "Infertility", any of the following: (i) a licensed physician's findings, based on a patient's  
96 medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any  
97 combination of these factors; (ii) the need for medical intervention, including, but not limited to,  
98 the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as  
99 an individual or with a partner; or (iii) the inability to establish a pregnancy after regular,  
100 unprotected sexual intercourse for a period of no more than twelve months for an intended

101 gestational parent under the age of 35 and of no more than 6 months for an intended gestational  
102 parent who is 35 years of age or older, provided that pregnancy resulting in miscarriage or  
103 stillbirth does not restart said 12-month or 6-month time period, (iv) an individual's increased  
104 risk, independently or with the individual's partner, of transmitting a serious, inheritable genetic  
105 or chromosomal abnormality to a child; or (v) as otherwise defined by the American Society of  
106 Reproductive Medicine or its successor organization.

107 (b) Any blanket or general policy of insurance, except a blanket or general policy of  
108 insurance which provides supplemental coverage to medicare or other governmental programs,  
109 described in subsections (a), (c) or (d) of section 110 that provides hospital expense or surgical  
110 expense insurance that includes pregnancy-related benefits and is issued or subsequently  
111 renewed by agreement between the insurer and the policyholder, within or without the  
112 commonwealth, while this provision is effective, or any policy of accident and sickness  
113 insurance as described in section one hundred and eight that provides hospital expense or  
114 surgical expense insurance that includes pregnancy-related benefits and is delivered or issued for  
115 delivery or subsequently renewed by agreement between the insurer and the policyholder in the  
116 commonwealth while this provision is effective, or any employees' health and welfare fund that  
117 provides hospital expense and surgical expense benefits that includes pregnancy-related benefits  
118 and is promulgated or renewed to any person or group of persons in the commonwealth while  
119 this provision is effective shall provide, to the same extent that benefits are provided for other  
120 pregnancy-related procedures, coverage for fertility diagnostic care and fertility treatment for  
121 individuals residing within the commonwealth diagnosed with infertility as defined in subsection  
122 (a), performed by any licensed medical providers acting within the scope of practice for their

123 profession, including physicians, nurse practitioners, certified nurse-midwives and licensed  
124 certified professional midwives.

125 (c) A policy that provides coverage for services required under this section shall cover: (i)  
126 no fewer than four completed oocyte retrievals; (ii) unlimited embryo transfers from retrievals  
127 covered under this section or from any other completed oocyte retrieval; (iii) unlimited cycles of  
128 intrauterine insemination; and (iv) unlimited intracervical insemination. No policy shall be  
129 required to provide coverage for any nonmedical costs relating to the procurement of gametes,  
130 donor embryos, or surrogacy services.

131 (d) Said coverage may not include any of the following: (i) any exclusion, limitation or  
132 other restriction on coverage of fertility medications that are different from those imposed on  
133 other prescription medications; (ii) any exclusion or denial of coverage of any fertility treatment  
134 based on a covered individual's participation in fertility services provided by a third party,  
135 including gestational carriers, surrogates and the donation or use of said third party's genetic  
136 material; and (iii) any deductible, copayment, coinsurance, benefit maximum or other limitation  
137 on coverage for services rendered pursuant to this section that are different from those imposed  
138 upon services not relating to infertility or fertility treatment.

139 SECTION 6. Section 47VV of said chapter 175, as appearing in section 145 of chapter  
140 140 of the acts of 2024, is hereby amended by inserting after the word "tissue", in subsection (b),  
141 the following words:- , provided that coverage for such storage shall extend until the individual  
142 reaches the age of 35, or for a period of 5 years, whichever is later

143 SECTION 7. Chapter 176A of the General Laws is hereby amended by striking section  
144 8K, as appearing in the 2022 Official Edition, and inserting in place thereof the following:-

145 Section 8K. (a) For purposes of this section, the following terms shall have the following  
146 meanings unless the context clearly requires otherwise:

147 “Fertility diagnostic care”, procedures, products, genetic testing, medications and  
148 services intended to provide information and counseling about an individual’s fertility, including  
149 laboratory assessments and imaging studies.

150 “Fertility treatment”, procedures, products, genetic testing, medications and services,  
151 including but not limited to in vitro fertilization, intended to achieve a pregnancy that results in a  
152 live birth and that are provided in a manner consistent with established medical practice and  
153 professional guidelines published by the American Society for Reproductive Medicine, its  
154 successor organization, or a comparable organization, including preconception care,  
155 procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue.

156 “Infertility”, any of the following: (i) a licensed physician’s findings, based on a patient’s  
157 medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any  
158 combination of these factors; (ii) the need for medical intervention, including, but not limited to,  
159 the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as  
160 an individual or with a partner; or (iii) the inability to establish a pregnancy after regular,  
161 unprotected sexual intercourse for a period of no more than twelve months for an intended  
162 gestational parent under the age of 35 and of no more than 6 months for an intended gestational  
163 parent who is 35 years of age or older, provided that pregnancy resulting in miscarriage or  
164 stillbirth does not restart said 12-month or 6-month time period, (iv) an individual’s increased  
165 risk, independently or with the individual’s partner, of transmitting a serious, inheritable genetic

166 or chromosomal abnormality to a child; or (v) as otherwise defined by the American Society of  
167 Reproductive Medicine or its successor organization.

168 (b) Any contract, except contracts providing supplemental coverage to medicare or other  
169 governmental programs, between a subscriber and the corporation under an individual or group  
170 hospital service plan which is delivered, issued for delivery or renewed in the commonwealth  
171 while this provision is effective and that provides pregnancy-related benefits shall provide as a  
172 benefit for all individual subscribers or members within the commonwealth and all group  
173 members having a principal place of employment within the commonwealth, to the same extent  
174 that benefits are provided for other pregnancy-related procedures, coverage for fertility  
175 diagnostic care and fertility treatment for individuals residing within the commonwealth  
176 diagnosed with infertility as defined in subsection (a), performed by any licensed medical  
177 providers acting within the scope of practice for their profession, including physicians, nurse  
178 practitioners, certified nurse-midwives and licensed certified professional midwives.

179 (c) A policy that provides coverage for services required under this section shall cover: (i)  
180 no fewer than four completed oocyte retrievals; (ii) unlimited embryo transfers from retrievals  
181 covered under this section or from any other completed oocyte retrieval; (iii) unlimited cycles of  
182 intrauterine insemination; and (iv) unlimited intracervical insemination. No policy shall be  
183 required to provide coverage for any nonmedical costs relating to the procurement of gametes,  
184 donor embryos, or surrogacy services.

185 (d) Said coverage may not include any of the following: (i) any exclusion, limitation or  
186 other restriction on coverage of fertility medications that are different from those imposed on  
187 other prescription medications; (ii) any exclusion or denial of coverage of any fertility treatment

188 based on a covered individual’s participation in fertility services provided by a third party,  
189 including gestational carriers, surrogates and the donation or use of said third party’s genetic  
190 material; and (iii) any deductible, copayment, coinsurance, benefit maximum or other limitation  
191 on coverage for services rendered pursuant to this section that are different from those imposed  
192 upon services not relating to infertility or fertility treatment.

193 SECTION 8. Section 8WW of said chapter 176A, as appearing in section 148 of chapter  
194 140 of the acts of 2024, is hereby amended by inserting after the word “tissue”, in subsection (b),  
195 the following words:- , provided that coverage for such storage shall extend until the individual  
196 reaches the age of 35, or for a period of 5 years, whichever is later

197 SECTION 9. Chapter 176B of the General Laws is hereby amended by striking out  
198 section 4J, as appearing in the 2022 Official Edition, and inserting in place thereof the following  
199 new section:-

200 Section 4J. (a) For purposes of this section, the following terms shall have the following  
201 meanings unless the context clearly requires otherwise:

202 “Fertility diagnostic care”, procedures, products, genetic testing, medications and  
203 services intended to provide information and counseling about an individual’s fertility, including  
204 laboratory assessments and imaging studies.

205 “Fertility treatment”, procedures, products, genetic testing, medications and services,  
206 including but not limited to in vitro fertilization, intended to achieve a pregnancy that results in a  
207 live birth and that are provided in a manner consistent with established medical practice and  
208 professional guidelines published by the American Society for Reproductive Medicine, its

209 successor organization, or a comparable organization, including preconception care,  
210 procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue.

211 “Infertility”, any of the following: (i) a licensed physician’s findings, based on a patient’s  
212 medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any  
213 combination of these factors; (ii) the need for medical intervention, including, but not limited to,  
214 the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as  
215 an individual or with a partner; or (iii) the inability to establish a pregnancy after regular,  
216 unprotected sexual intercourse for a period of no more than twelve months for an intended  
217 gestational parent under the age of 35 and of no more than 6 months for an intended gestational  
218 parent who is 35 years of age or older, provided that pregnancy resulting in miscarriage or  
219 stillbirth does not restart said 12-month or 6-month time period, (iv) an individual’s increased  
220 risk, independently or with the individual’s partner, of transmitting a serious, inheritable genetic  
221 or chromosomal abnormality to a child; or (v) as otherwise defined by the American Society of  
222 Reproductive Medicine or its successor organization.

223 (b) Any subscription certificate under an individual or group medical service agreement,  
224 except certificates which provide supplemental coverage to medicare or other governmental  
225 programs, which is delivered, issued for delivery or renewed in the commonwealth while this  
226 section is effective shall provide as a benefit for all individual subscribers or members within the  
227 commonwealth and all group members having a principal place of employment within the  
228 commonwealth, to the same extent that benefits are provided for other pregnancy-related  
229 procedures and subject to the other terms and conditions of the subscription certificate, coverage  
230 for fertility diagnostic care and fertility treatment for individuals residing within the  
231 commonwealth diagnosed with infertility as defined in subsection (a), performed by any licensed

232 medical providers acting within the scope of practice for their profession, including physicians,  
233 nurse practitioners, certified nurse-midwives and licensed certified professional midwives.

234 (c) A policy that provides coverage for services required under this section shall cover: (i)  
235 no fewer than four completed oocyte retrievals; (ii) unlimited embryo transfers from retrievals  
236 covered under this section or from any other completed oocyte retrieval; (iii) unlimited cycles of  
237 intrauterine insemination; and (iv) unlimited intracervical insemination. No policy shall be  
238 required to provide coverage for any nonmedical costs relating to the procurement of gametes,  
239 donor embryos, or surrogacy services.

240 (d) Said coverage may not include any of the following: (i) any exclusion, limitation or  
241 other restriction on coverage of fertility medications that are different from those imposed on  
242 other prescription medications; (ii) any exclusion or denial of coverage of any fertility treatment  
243 based on a covered individual's participation in fertility services provided by a third party,  
244 including gestational carriers, surrogates and the donation or use of said third party's genetic  
245 material; and (iii) any deductible, copayment, coinsurance, benefit maximum or other limitation  
246 on coverage for services rendered pursuant to this section that are different from those imposed  
247 upon services not relating to infertility or fertility treatment.

248 SECTION 10. Section 4WW of said chapter 176B, as appearing in section 149 of chapter  
249 140 of the acts of 2024, is hereby amended by inserting after the word "tissue", in subsection (b),  
250 the following words:- , provided that coverage for such storage shall extend until the individual  
251 reaches the age of 35, or for a period of 5 years, whichever is later

252 SECTION 13. (a) The office of health equity shall investigate, analyze and study the  
253 affordability, accessibility and practicality of the resources and services available to lesbian, gay,

254 bisexual, transgender and queer, hereinafter LGBTQ, individuals and couples seeking to expand  
255 their families and to make recommendations to improve access to benefits and services where  
256 necessary. The office shall: (i) examine availability of assisted reproduction providers in rural  
257 and geographically isolated areas; (ii) assess the funding and programming needed to enhance  
258 services to the growing population LGBTQ parents; (iii) examine the feasibility of developing  
259 statewide training curricula to improve provider competency in the delivery of health and social  
260 support services to LGBTQ parents; (iv) examine the extent to which out-of-pocket cost  
261 associated with becoming a parent is impacted by sexual orientation and gender identity; (v)  
262 examine policies and practices used by cryobanks related to known donors for non-traditional  
263 families and LGBTQ donors; (vi) recommend best practices for increasing access to services and  
264 eliminating disparities; (vii) make recommendations to improve resources available to LGBTQ  
265 individuals relative to parentage, including but not limited to adoption, surrogacy and assistive  
266 reproductive technology; and (viii) make recommendations relative to education for providers of  
267 care and services to increase cultural competency and referrals to relevant resources.

268 (b) The office, in formulating its recommendations, shall take into account the best  
269 policies and practices in other states and jurisdictions. The office may consult experts, hold  
270 regular public meetings, fact-finding hearings and other public forums as it considers necessary.

271 (c) The study may be conducted by an entity with a demonstrated capacity to deliver  
272 research results passing an academic peer-review process in analyzing both quantitative and  
273 qualitative data and to communicate study results in an accessible manner.

274 (d) The office shall receive data to complete the charge of this study under memorandums  
275 of understanding with the center for health information and analysis established under chapter

276 12C of the General Laws, the group insurance commission established under chapter 32A of the  
277 General Laws and MassHealth established under chapter 118E of the General Laws,  
278 respectively.

279 (e) The office shall submit the findings of the study to clerks of the senate and house of  
280 representatives, the joint committee on public health, the joint committee on health care  
281 financing, the joint committee on children, youth, and families and the house and senate  
282 committees on ways and means not later than December 31, 2026.

283 SECTION 11. Section 400 of chapter 176G, as appearing in section 150 of chapter 140  
284 of the acts of 2024, is hereby amended by inserting after the word “tissue”, in subsection (b), the  
285 following words:- , provided that coverage for such storage shall extend until the individual  
286 reaches the age of 35, or for a period of 5 years, whichever is later

287 SECTION 12. Chapter 176G of the General Laws is hereby amended by inserting after  
288 section 4VV the following section:-

289 Section 4WW. (a) For purposes of this section, the following terms shall have the  
290 following meanings unless the context clearly requires otherwise:

291 “Fertility diagnostic care”, procedures, products, genetic testing, medications and  
292 services intended to provide information and counseling about an individual’s fertility, including  
293 laboratory assessments and imaging studies.

294 “Fertility treatment”, procedures, products, genetic testing, medications and services,  
295 including but not limited to in vitro fertilization, intended to achieve a pregnancy that results in a  
296 live birth and that are provided in a manner consistent with established medical practice and

297 professional guidelines published by the American Society for Reproductive Medicine, its  
298 successor organization, or a comparable organization, including preconception care,  
299 procurement, cryopreservation and storage of gametes, embryos or other reproductive tissue.

300 “Infertility”, any of the following: (i) a licensed physician’s findings, based on a patient’s  
301 medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any  
302 combination of these factors; (ii) the need for medical intervention, including, but not limited to,  
303 the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as  
304 an individual or with a partner; or (iii) the inability to establish a pregnancy after regular,  
305 unprotected sexual intercourse for a period of no more than twelve months for an intended  
306 gestational parent under the age of 35 and of no more than 6 months for an intended gestational  
307 parent who is 35 years of age or older, provided that pregnancy resulting in miscarriage or  
308 stillbirth does not restart said 12-month or 6-month time period, (iv) an individual’s increased  
309 risk, independently or with the individual’s partner, of transmitting a serious, inheritable genetic  
310 or chromosomal abnormality to a child; or (v) as otherwise defined by the American Society of  
311 Reproductive Medicine or its successor organization.

312 (b) Any health maintenance contract shall provide, to the same extent that benefits are  
313 provided for other pregnancy-related procedures and subject to the other terms and conditions of  
314 the subscription certificate, coverage for fertility diagnostic care and fertility treatment for  
315 individuals residing within the commonwealth diagnosed with infertility as defined in subsection  
316 (a), performed by any licensed medical providers acting within the scope of practice for their  
317 profession, including physicians, nurse practitioners, certified nurse-midwives and licensed  
318 certified professional midwives.

319 (c) A policy that provides coverage for services required under this section shall cover: (i)  
320 no fewer than four completed oocyte retrievals; (ii) unlimited embryo transfers from retrievals  
321 covered under this section or from any other completed oocyte retrieval; (iii) unlimited cycles of  
322 intrauterine insemination; and (iv) unlimited intracervical insemination. No policy shall be  
323 required to provide coverage for any nonmedical costs relating to the procurement of gametes,  
324 donor embryos, or surrogacy services.

325 (d) Said coverage may not include any of the following: (i) any exclusion, limitation or  
326 other restriction on coverage of fertility medications that are different from those imposed on  
327 other prescription medications; (ii) any exclusion or denial of coverage of any fertility treatment  
328 based on a covered individual's participation in fertility services provided by a third party,  
329 including gestational carriers, surrogates and the donation or use of said third party's genetic  
330 material; and (iii) any deductible, copayment, coinsurance, benefit maximum or other limitation  
331 on coverage for services rendered pursuant to this section that are different from those imposed  
332 upon services not relating to infertility or fertility treatment.

333 SECTION 14. SECTION 2 shall take effect one year following enactment of the  
334 legislation.

335 SECTION 15. The training curriculum established pursuant to SECTION 14 shall be  
336 completed within 9 months of enactment of the legislation.

337 SECTION 16. SECTION 4 shall take effect one year following enactment of the  
338 legislation.

339 SECTION 17. SECTION 5 shall take effect one year following enactment of the  
340 legislation.

341 SECTION 18. SECTION 7 shall take effect one year following enactment of the  
342 legislation.

343 SECTION 19. SECTION 9 shall take effect one year following enactment of the  
344 legislation.

345 SECTION 20. SECTION 12 shall take effect one year following enactment of the  
346 legislation.