
OVERVIEW: LEGISLATIVE INTERIM COMMITTEE REVIEW OF HEALTH INSURANCE MANDATES

The following overviews requirements of Utah Code Ann. § 36-12-5(2) for the review of health insurance mandates. This is not a comprehensive analysis of the review process. For further information, please contact the Office of Legislative Research and General Counsel.

Key Terminology

Health insurance mandate:

a mandatory obligation with respect to coverage, benefits, or providers that, but for Title 31A, Insurance Code, would not be required for a health insurance policy.

Review committee: Business and Labor Interim Committee or Health and Human Services Interim Committee.

direction of the Legislative Management Committee

- review the selected health insurance mandate(s).

Purpose of Review

The purpose of a review is to determine whether a health insurance mandate should be continued, modified, or repealed.

Insurance Department

The Insurance Department shall:

- provide in its annual report a list of the health insurance mandates
- assist in a review if requested by a review committee.

Past Reviews

Reviews previously conducted by the Health and Human Services Committee include:

- Diabetes related coverage (Reviewed 2003)
 - Minimum adoption indemnity coverage (Reviewed 2003)
 - Catastrophic coverage of mental health conditions (Reviewed 2004).
- Reviews begun, but not completed, include:
- Dependent coverage to age 26
 - Dietary products for inborn metabolic errors.

Basic Process

A review committee is to annually:

- identify health insurance mandates that as of May 1:
 - are in effect for five or more years
 - have not been reviewed during the previous ten years
- select which of the health insurance mandate(s) to review, subject to the

Scope of Review

A review shall include:

- the estimated fiscal impact of the health insurance mandate on state and private health insurance
- the purpose and effectiveness of the health insurance mandate.

Statutory Language

Utah Code Ann. § 36-12-5(2) provides:

"(2) (a) As used in this Subsection (2):

(i) "Health insurance" is as defined in Section 31A-1-301.

(ii) "Health insurance mandate" means a mandatory obligation with respect to a coverage, benefit, or provider that, but for Title 31A, Insurance Code, would not be required for a policy of health insurance.

(iii) "Review committee" means:

(A) the Business and Labor Interim Committee; and

(B) the Health and Human Services Interim Committee.

(b) In addition to the duties established pursuant to Subsection (1), annually each review committee shall:

(i) identify the one or more health insurance mandates listed under Subsection (2)(d) that:

(A) are in effect for five or more years as of May 1; and

(B) have not been reviewed during the previous ten years as of May 1;

(ii) select which of the one or more health insurance mandates identified under Subsection (2)(b)(i) that the review committee elects to review, subject to the direction of the Legislative Management Committee; and

(iii) review a health insurance mandate selected under Subsection (2)(b)(ii) to determine whether the health insurance mandate should be continued, modified, or repealed.

(c) The review under this Subsection (2) shall include:

(i) the estimated fiscal impact of the health insurance mandate on state and private health insurance; and

(ii) the purpose and effectiveness of the health insurance mandate.

(d) The Insurance Department shall:

(i) provide a list of the health insurance mandates in this state in its annual report; and

(ii) assist in a review if requested by a review committee."