

**OFFICE OF CONSUMER HEALTH ASSISTANCE**

1999 GENERAL SESSION

STATE OF UTAH

**Sponsor: Peter C. Knudson**

AN ACT RELATING TO INSURANCE; ESTABLISHING THE OFFICE OF CONSUMER HEALTH ASSISTANCE AND ADVISORY COMMITTEE; ESTABLISHING THE DUTIES OF THE OFFICE IN EDUCATING AND ASSISTING HEALTH CARE CONSUMERS; CLARIFYING THE ROLE OF THE COMMISSIONER IN CONSUMER EDUCATION GENERALLY; REQUIRING INSURERS TO INCLUDE A CONSUMER REPRESENTATIVE ON APPEAL BOARDS; EXTENDING RULEMAKING AUTHORITY; AND MAKING CONFORMING AMENDMENTS.

This act affects sections of Utah Code Annotated 1953 as follows:

AMENDS:

**31A-8-401**, as enacted by Chapter 204, Laws of Utah 1986

ENACTS:

**31A-2-215**, Utah Code Annotated 1953

**31A-2-216**, Utah Code Annotated 1953

**31A-4-116**, Utah Code Annotated 1953

*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **31A-2-215** is enacted to read:

**31A-2-215. Consumer education.**

(1) In furtherance of the purposes in Section 31A-1-102, the commissioner may educate consumers about insurance and provide consumer assistance.

(2) Consumer education may include:

(a) outreach activities; and

(b) the production or collection and dissemination of educational materials.

(3) (a) Consumer assistance may include explaining:

(i) the terms of a policy;

(ii) a policy's complaint and grievance procedure; and

(iii) the fundamentals of self-advocacy.

(b) Notwithstanding Subsection (3)(a), consumer assistance may not include testifying or representing a consumer in any grievance, arbitration, judicial, or related proceeding, unless the proceeding is in connection with an enforcement action brought under Section 31A-2-308.

(4) The commissioner may adopt rules necessary to implement the requirements of this section.

Section 2. Section **31A-2-216** is enacted to read:

**31A-2-216. Office of Consumer Health Assistance.**

(1) The commissioner shall establish:

(a) an Office of Consumer Health Assistance before July 1, 1999; and

(b) a committee to advise the commissioner on consumer assistance rendered under this section.

(2) The office shall:

(a) be a resource for health care consumers concerning health care coverage or the need for such coverage;

(b) help health care consumers understand:

(i) contractual rights and responsibilities;

(ii) statutory protections; and

(iii) available remedies;

(c) educate health care consumers:

(i) by producing or collecting and disseminating educational materials to consumers, health insurers, and health benefit plans; and

(ii) through outreach and other educational activities;

(d) for health care consumers that have difficulty in accessing their health insurance policies because of language, disability, age, or ethnicity, provide services, directly or through referral, such as:

(i) information and referral; and

(ii) grievance process initiation;

(e) analyze and monitor federal and state consumer health-related statutes, rules, and regulations; and

(f) summarize information gathered under this section and make the summaries available to the public, government agencies, and the Legislature.

(3) The office may:

(a) obtain data from health care consumers as necessary to further the office's duties under this section;

(b) investigate complaints and attempt to resolve complaints at the lowest possible level; and

(c) assist, but not testify or represent, a consumer in a grievance, arbitration, judicial, or related proceeding, unless the proceeding is in connection with an enforcement action brought under Section 31A-2-308.

(4) The commissioner may adopt rules necessary to implement the requirements of this section.

Section 3. Section **31A-4-116** is enacted to read:

**31A-4-116. Grievance procedures.**

If an insurer has established a complaint resolution body or grievance appeal board, the body or board shall include at least one consumer representative.

Section 4. Section **31A-8-401** is amended to read:

**31A-8-401. Enrollee participation.**

Every organization shall provide a reasonable procedure, consistent with Section 31A-4-116, for allowing enrollees to participate in matters of policy of the organization and for resolving complaints and grievances initiated by enrollees or providers.