

28 after which the coverage provided by the policy is not effective, and if that date falls within a
29 period for which a premium is accepted by the insurer or if the insurer accepts a premium after that
30 date, the coverage provided by the policy continues in force, subject to any right of cancellation,
31 until the end of the period for which the premium was accepted. This Subsection (3) does not
32 apply if the acceptance of premium would not have occurred but for a misstatement of age by the
33 insured.

34 (4) Any provision dealing with preexisting conditions shall be consistent with Subsections
35 31A-22-605(9)(a) and 31A-22-609(2), and any applicable rule adopted by the commissioner.

36 (5) (a) If an insured is otherwise eligible for maternity benefits, a policy may not contain
37 language which requires an insured to obtain any additional preauthorization or preapproval for
38 customary and reasonable maternity care expenses or for the delivery of the child after an initial
39 preauthorization or preapproval has been obtained from the insurer for prenatal care. A
40 requirement for notice of admission for delivery is not a requirement for preauthorization or
41 preapproval, however, the maternity benefit may not be denied or diminished for failure to provide
42 admission notice. The policy may not require the provision of admission notice by only the
43 insured patient.

44 (b) This Subsection (5) does not prohibit an insurer from:

45 (i) requiring a referral before maternity care can be obtained;

46 (ii) specifying a group of providers or a particular location from which an insured is
47 required to obtain maternity care; or

48 (iii) limiting reimbursement for maternity expenses and benefits in accordance with the
49 terms and conditions of the insurance contract so long as such terms do not conflict with
50 Subsection (5)(a).

51 (6) An insurer may only represent that a policy:

52 (a) offers a vision benefit if the policy:

53 (i) charges a premium for the benefit; and

54 (ii) provides reimbursement for materials or services provided under the policy; and

55 (b) covers laser vision correction, whether photorefractive keratectomy, laser assisted
56 in-situ keratomelusis, or related procedure, if the policy:

57 (i) charges a premium for the benefit; and

58 (ii) the procedure is at least a partially covered benefit.

59 (7) (a) Except as provided in Subsection (7)(b), a health insurance policy or health
60 maintenance organization contract that provides coverage for outpatient prescription drugs shall
61 also offer to cover, subject to the same policy conditions or contract terms and any additional
62 premiums:

63 (i) contraceptive articles; and

64 (ii) outpatient services for contraceptive articles.

65 (b) A religious organization may, at its option, request that the coverage required by
66 Subsection (7)(a) be excluded from a policy or contract purchased by or otherwise offered through
67 the organization for the benefit of the organization's employees.

68 (c) As used in this Subsection (7):

69 (i) "Contraceptive article" means:

70 (A) any prescription drug, medicine, mixture, preparation, instrument, article, or device
71 of any nature that is:

72 (I) approved by the federal Food and Drug Administration to prevent a pregnancy; and

73 (II) prescribed by a licensed health care provider for use to prevent a pregnancy; or

74 (B) any hormonal compound that is taken orally and that is approved by the federal Food
75 and Drug Administration for use to prevent a pregnancy.

76 (ii) "Contraceptive article" does not include any drug, medicine, mixture, preparation,
77 instrument, article, or device of any nature that is prescribed by a licensed health care professional
78 for use in terminating a pregnancy.

79 **Section 2. Effective date.**

80 This act takes effect on July 1, 2002.

Legislative Review Note

as of 7-26-01 8:08 AM

A limited legal review of this legislation raises no obvious constitutional or statutory concerns.

Office of Legislative Research and General Counsel