

150 ~~Care Act, Pub. L. No. 111-148 and the Health Care Education Reconciliation Act of 2010, Pub.~~
 151 ~~L. No. 111-152,]~~ the provisions of PPACA and administrative rules adopted by the
 152 commissioner related to regulation of health benefit plans, including:

- 153 (i) lifetime and annual limits;
- 154 (ii) prohibition of rescissions;
- 155 (iii) coverage of preventive health services;
- 156 (iv) coverage for a child or dependent;
- 157 (v) pre-existing condition coverage for children;
- 158 (vi) insurer transparency of consumer information including plan disclosures, uniform
- 159 coverage documents, and standard definitions;
- 160 (vii) premium rate reviews;
- 161 (viii) essential health benefits;
- 162 (ix) provider choice;
- 163 (x) waiting periods; [~~and~~]
- 164 (xi) appeals processes[-];
- 165 (xii) rating restrictions;
- 166 (xiii) uniform applications and notice provisions; and
- 167 (xiv) certification and regulation of qualified health plans.

168 (c) The commissioner shall preserve state control over:

- 169 (i) the health insurance market in the state;
- 170 (ii) qualified health plans offered in the state; and
- 171 (iii) the conduct of navigators, producers, and in-person assisters operating in the state.

171a **§→ (d) If the state enters into an agreement with the United States' Department of**
 171b **Health and Human Services in which the state operates health insurance plan management,**
 171c **the commissioner may:**

- 171d **(i) for fiscal year 2014, hire one temporary and two permanent full-time employees to**
- 171e **be funded through the department's existing budget; and**
- 171f **(ii) for fiscal year 2015, hire two permanent full-time employees funded through the**
- 171g **Insurance Department Restricted Account, subject to appropriations from the Legislature and**
- 171h **approval by the governor. ←§**

172 Section 2. Section 31A-23a-208 is enacted to read:

173 **31A-23a-208. Producer and agency authority in health insurance exchange.**

174 A producer or agency licensed under this chapter, with a line of authority that permits
 175 the producer or agency to sell, negotiate, or solicit accident and health insurance, is authorized

1390 (2) A small employer stop-loss contract shall not:

1391 (a) include lasering; and

1392 (b) pay claims directly to an individual employee, member, or participant.

1393 Section 35. Section **31A-43-302** is enacted to read:

1394 **31A-43-302. Stop-loss restrictions -- Filing requirements.**

1395 (1) A stop-loss insurer shall demonstrate to the commissioner that the ~~H~~→ **rates associated**
1395a **with ~~H~~ specific and**

1396 aggregate attachment points retained by a small employer group under the insurer's stop-loss
1397 plan are actuarially sound.

1398 (2) A stop-loss insurer shall file the stop-loss insurance contract form and rates with
1399 the commissioner pursuant to Sections 31A-2-201 and 31A-2-201.1 before the stop-loss
1400 insurance contract may be issued or delivered in the state.

1401 (3) A stop-loss insurer shall file with the commissioner, annually on or before April 1,
1402 in a form and manner required by the commissioner by administrative rule adopted by the
1403 commissioner:

1404 (a) an actuarial memorandum and certification which demonstrates that the insurer is in
1405 compliance with this chapter; and

1406 (b) the stop-loss insurer's stop-loss experience.

1407 (4) Each insurer shall maintain at its principal place of business:

1408 (a) a complete and detailed description of its rating practices and renewal underwriting
1409 practices, including information and documentation that demonstrate the rating methods and
1410 practices are:

1411 (i) based upon commonly accepted actuarial assumptions; and

1412 (ii) in accordance with sound actuarial principles; and

1413 (b) a copy of the actuarial certification required by Subsection (3).

1414 Section 36. Section **31A-43-303** is enacted to read:

1415 **31A-43-303. Stop-loss insurance disclosure.**

1416 A stop-loss insurance contract delivered, issued for delivery, or entered into shall
1417 include the disclosure exhibit required by the ~~H~~→ [commission] commissioner ~~H~~ through
1417a administrative rule ~~S~~→ [The
1418 **disclosure shall clearly describe] ,which shall include at least the following information ~~S~~ :**

1419 (1) the complete costs for the stop-loss contract;

1420 (2) the date on which the insurance takes effect and terminates, including renewability

1421 provisions:

1422 (3) the aggregate attachment point and the specific attachment point: ~~§~~ → [and] ← ~~§~~

1423 (4) any limitations on coverage ~~§~~ → ;

1423a (5) an explanation of monthly accommodation and disclosure about any monthly
 1423b accommodation features included in the stop-loss contract; and

1423c (6) a description of terminal liability funding, including:

1423d (a) cost of processing claims before and after the termination of the contract; and

1423e (b) maximum claims liability to the employer ← ~~§~~ .

1424 Section 37. Section **31A-43-304** is enacted to read:

1425 **31A-43-304. Administrative rules.**

1426 The commissioner may adopt administrative rules in accordance with Title 63G,

1427 Chapter 3, Utah Administrative Rulemaking Act, to:

1428 (1) implement this chapter;

1429 (2) assure that differences in rates charged are reasonable and reflect objective

1430 differences in plan design;

1431 (3) define lasering practices that are prohibited by this chapter;

1432 (4) establish the form and manner of the actuarial certification and the annual report on
 1433 stop-loss experience required by Section 31A-43-302;

1434 (5) establish the form and manner of the disclosure required by Section 31A-43-303;

1435 (6) assure the ~~Ĥ~~ → [levels of] rates associated with the ← ~~Ĥ~~ specific attachment points and
 1435a aggregate attachment points

1436 ~~Ĥ~~ → [retained by the small employer plans] ← ~~Ĥ~~ are actuarially sound and are not against the public
 1437 interest; and

1438 (7) assure that stop-loss contracts include provisions to cover incurred and unpaid

1439 claims if a small employer plan terminates.

1440 Section 38. Section **63I-2-231 (Superseded 07/01/13)** is amended to read:

1441 **63I-2-231 (Superseded 07/01/13). Repeal dates, Title 31A.**

1442 Title 31A, Chapter 42, Defined Contribution Risk Adjuster Act, is repealed July 1,

1443 [~~2013~~] 2015.

1444 Section 39. Section **63I-2-231 (Effective 07/01/13)** is amended to read:

1445 **63I-2-231 (Effective 07/01/13). Repeal dates, Title 31A.**

1446 (1) Section 31A-22-315.5 is repealed July 1, 2016.

1447 (2) Title 31A, Chapter 42, Defined Contribution Risk Adjuster Act, is repealed July 1,

1448 [~~2013~~] 2015.

1449 Section 40. Section **63M-1-2505.5** is amended to read:

1450 **63M-1-2505.5. Reporting on federal health reform -- Prohibition of individual**

1451 mandate.

1483 after March 1, 2010,] PPACA unless, prior to implementation, the department or agency
1484 reports in writing, and ~~H→~~ **, if practicable,** ~~←H~~ in person if requested, to the Legislature's Business
1484a and Labor Interim
1485 Committee [~~and if authorized~~], the Health Reform Task Force, ~~H→~~ **[and] or** ~~←H~~ the legislative
1485a Executive
1486 Appropriations Committee in accordance with Subsection (2)~~(c)~~(d).
1487 ~~(b)~~ (c) The Legislature may pass legislation specifically authorizing or prohibiting the
1488 state's compliance with, or participation in~~], federal health care reform]~~ provisions of PPACA.
1489 ~~(c)~~ (d) The report required under Subsection (2)~~(a)~~(b) shall include:
1490 (i) the specific federal statute or regulation that requires the state to implement a
1491 ~~federal reform]~~ provision of PPACA;
1492 (ii) whether ~~the reform provision]~~ PPACA has any state waiver or options;
1493 (iii) exactly what ~~the reform provision]~~ PPACA requires the state to do, and how it
1494 would be implemented;
1495 (iv) who in the state will be impacted by adopting the federal reform provision, or not
1496 adopting the federal reform provision;
1497 (v) what is the cost to the state or citizens of the state to implement the federal reform
1498 provision; ~~and]~~
1499 (vi) the consequences to the state if the state does not comply with ~~the federal reform~~
1500 provision:] PPACA;
1501 ~~(3) For purposes of this section, "federal health care reform" means federal legislation~~
1502 or federal regulation that:]
1503 ~~(a) mandates an individual to purchase health insurance;]~~
1504 ~~(b) mandates a small employer to provide health insurance coverage for employees;]~~
1505 ~~(c) imposes penalties on small employers who do not provide health insurance for~~
1506 their employees;]
1507 ~~(d) expands the eligibility for the Medicaid program or the Children's Health~~
1508 Insurance Program, and passes the cost of that expansion to the state;]
1509 ~~(e) creates new insurance coverage mandates; or]~~
1510 ~~(f) creates a new government run, public insurance program:]~~
1511 (vii) the impact, if any, of the PPACA requirements regarding:
1512 (A) the state's protection of a health care provider's refusal to perform an abortion on