

Medicare Supplement Insurance Amendments

2025 GENERAL SESSION

STATE OF UTAH

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LONG TITLE

General Description:

This bill amends provisions regarding Medicare supplement insurance coverage.

Highlighted Provisions:

This bill:

- defines terms;
- allows enrollees of Medicare supplement insurance plans to select comparable or lower tier plans; and
- does not allow an issuer to deny coverage based on medical underwriting when selecting a comparable or lower tier plan.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

31A-22-620, as last amended by Laws of Utah 2024, Chapter 120

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

Section 1. Section **31A-22-620** is amended to read:

31A-22-620 . Medicare Supplement Insurance Minimum Standards Act.

(1) As used in this section:

(a) "Applicant" means:

(i) in the case of an individual Medicare supplement insurance policy, the person who seeks to contract for insurance benefits; and

(ii) in the case of a group Medicare supplement insurance policy, the proposed certificate holder.

(b) "Certificate" means any certificate delivered or issued for delivery in this state under a group Medicare supplement insurance policy.

(c) "Certificate form" means the form on which the certificate is delivered or issued for delivery by the issuer.

(d) "Enrollee" means an individual enrolled in Medicare supplement insurance.

~~[(d)]~~ (e) "Issuer" includes insurance companies, fraternal benefit societies, health care service plans, health maintenance organizations, and any other entity delivering, or issuing for delivery in this state, Medicare supplement insurance policies or certificates.

~~[(e)]~~ (f) "Policy form" means the form on which the policy is delivered or issued for delivery by the issuer.

(2)(a) Except as otherwise specifically provided, this section applies to:

(i) all Medicare supplement insurance policies delivered or issued for delivery in this state on or after the effective date of this section;

(ii) all certificates issued under group Medicare supplement insurance policies, that have been delivered or issued for delivery in this state on or after the effective date of this section; and

(iii) policies or certificates that were in force prior to the effective date of this section, with respect to requirements for benefits, claims payment, and policy reporting practice under Subsection (3)(d), and loss ratios under Subsection (4).

(b) This section does not apply to a policy of one or more employers or labor organizations, or of the trustees of a fund established by one or more employers or labor organizations, or a combination of employers and labor unions, for employees or former employees or a combination of employees and former employees, or for members or former members of the labor organizations, or a combination of members and former members of labor organizations.

(c) This section does not prohibit, nor does it apply to insurance policies or health care benefit plans, including group conversion policies, provided to Medicare eligible persons that are not marketed or held out to be Medicare supplement insurance policies or benefit plans.

(3)(a) A Medicare supplement insurance policy or certificate in force in the state may not contain benefits that duplicate benefits provided by Medicare.

(b) Notwithstanding any other provision of law of this state, a Medicare supplement policy or certificate may not exclude or limit benefits for loss incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate may not define a preexisting condition more restrictively than: "A condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage."

(c) The commissioner shall adopt rules to establish specific standards for policy provisions of Medicare supplement insurance policies and certificates. The standards adopted shall be in addition to and in accordance with applicable laws of this state. A requirement of this title relating to minimum required policy benefits, other than the minimum standards contained in this section, may not apply to Medicare supplement insurance policies and certificates. The standards may include:

- (i) terms of renewability;
- (ii) initial and subsequent conditions of eligibility;
- (iii) nonduplication of coverage;
- (iv) probationary periods;
- (v) benefit limitations, exceptions, and reductions;
- (vi) elimination periods;
- (vii) requirements for replacement;
- (viii) recurrent conditions; and
- (ix) definitions of terms.

(d) The commissioner shall adopt rules establishing minimum standards for benefits, claims payment, marketing practices, compensation arrangements, and reporting practices for Medicare supplement insurance policies and certificates.

(e) The commissioner may adopt rules to conform Medicare supplement insurance policies and certificates to the requirements of federal law and regulations, including:

- (i) requiring refunds or credits if the policies do not meet loss ratio requirements;

- (ii) establishing a uniform methodology for calculating and reporting loss ratios;
- (iii) assuring public access to policies, premiums, and loss ratio information of issuers of Medicare supplement insurance;
- (iv) establishing a process for approving or disapproving policy forms and certificate forms and proposed premium increases;
- (v) establishing a policy for holding public hearings prior to approval of premium increases;
- (vi) establishing standards for Medicare select policies and certificates; and
- (vii) nondiscrimination for genetic testing or genetic information.
- (f) The commissioner may adopt rules that prohibit policy provisions not otherwise specifically authorized by statute that, in the opinion of the commissioner, are unjust, unfair, or unfairly discriminatory to any person insured or proposed to be insured under a Medicare supplement insurance policy or certificate.
- (g)(i) Each year, beginning on an enrollee's birthday and ending 60 days later, an issuer shall allow an enrollee that is enrolled in one of the issuer's Medicare supplement insurance plans to choose a different Medicare supplement insurance plan that is:
- (A) offered by the issuer; and
- (B) considered a comparable or lower tier plan than the enrollee's current plan.
- (ii) An issuer may not deny enrollment based on medical underwriting when an enrollee selects a plan in accordance with Subsection (3)(g)(i).
- (4) Medicare supplement insurance policies shall return to policyholders benefits that are reasonable in relation to the premium charged. The commissioner shall make rules to establish minimum standards for loss ratios of Medicare supplement insurance policies on the basis of incurred claims experience, or incurred health care expenses where coverage is provided by a health maintenance organization on a service basis rather than on a reimbursement basis, and earned premiums in accordance with accepted actuarial principles and practices.
- (5)(a) To provide for full and fair disclosure in the sale of Medicare supplement insurance, a Medicare supplement insurance policy or certificate may not be delivered in this state unless an outline of coverage is delivered to the applicant at the time application is made.
- (b) The commissioner shall prescribe the format and content of the outline of coverage required by Subsection (5)(a).

- 124 (c) For purposes of this section, "format" means style arrangements and overall
125 appearance, including such items as the size, color, and prominence of type and
126 arrangement of text and captions. The outline of coverage shall include:
- 127 (i) a description of the principal benefits and coverage provided in the policy;
 - 128 (ii) a statement of the renewal provisions, including any reservation by the issuer of a
129 right to change premiums; and disclosure of the existence of any automatic
130 renewal premium increases based on the policyholder's age; and
 - 131 (iii) a statement that the outline of coverage is a summary of the policy issued or
132 applied for and that the policy should be consulted to determine governing
133 contractual provisions.
- 134 (d) The commissioner may make rules for captions or notice if the commissioner finds
135 that the rules are:
- 136 (i) in the public interest; and
 - 137 (ii) designed to inform prospective insureds that particular insurance coverages are
138 not Medicare supplement coverages, for all accident and health insurance policies
139 sold to persons eligible for Medicare, other than:
 - 140 (A) a Medicare supplement insurance policy; or
 - 141 (B) a disability income policy.
- 142 (e) The commissioner may prescribe by rule a standard form and the contents of an
143 informational brochure for persons eligible for Medicare, that is intended to improve
144 the buyer's ability to select the most appropriate coverage and improve the buyer's
145 understanding of Medicare. Except in the case of direct response insurance policies,
146 the commissioner may require by rule that the informational brochure be provided
147 concurrently with delivery of the outline of coverage to any prospective insureds
148 eligible for Medicare. With respect to direct response insurance policies, the
149 commissioner may require by rule that the prescribed brochure be provided upon
150 request to any prospective insureds eligible for Medicare, but in no event later than
151 the time of policy delivery.
- 152 (f) The commissioner may adopt reasonable rules to govern the full and fair disclosure
153 of the information in connection with the replacement of accident and health policies,
154 subscriber contracts, or certificates by persons eligible for Medicare.
- 155 (6) Notwithstanding Subsection (1), Medicare supplement insurance policies and
156 certificates shall have a notice prominently printed on the first page of the policy or
157 certificate, or attached to the front page, stating in substance that the applicant has the

right to return the policy or certificate within 30 days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the applicant is not satisfied for any reason. Any refund made pursuant to this section shall be paid directly to the applicant by the issuer in a timely manner.

(7) Every issuer of Medicare supplement insurance policies or certificates in this state shall provide a copy of any Medicare supplement insurance advertisement intended for use in this state, whether through written or broadcast medium, to the commissioner for review.

(8) The commissioner may adopt rules:

(a) ~~[-]~~to conform Medicare and Medicare supplement insurance policies and certificates to the marketing requirements of federal law and regulation~~[-]~~ ; or

(b) to implement Medicare supplement insurance open enrollment as described in Subsection (3)(g).

Section 2. **Effective Date.**

This bill takes effect on May 7, 2025.