

Medicare Supplement Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Jake Fitisemanu

Senate Sponsor:

LONG TITLE

General Description:

This bill amends provisions related to Medicare supplement insurance.

Highlighted Provisions:

This bill:

- ▶ allows an individual under 65 years old and who is eligible for Medicare to enroll in a Medicare supplement insurance plan under certain circumstances.

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 2025, Chapter 376

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.

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

32 (e) "Issuer" [includes] means insurance companies, fraternal benefit societies, health care

33 service plans, health maintenance organizations, and any other entity delivering, or

34 issuing for delivery in this state, Medicare supplement insurance policies or

35 certificates.

36 (f) "Policy form" means the form on which the policy is delivered or issued for delivery

37 by the issuer.

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

39 (i) all Medicare supplement insurance policies delivered or issued for delivery in this

40 state on or after the effective date of this section;

41 (ii) all certificates issued under group Medicare supplement insurance policies, that

42 have been delivered or issued for delivery in this state on or after the effective

43 date of this section; and

44 (iii) policies or certificates that were in force prior to the effective date of this section,

45 with respect to requirements for benefits, claims payment, and policy reporting

46 practice under Subsection (3)(d), and loss ratios under Subsection (4).

47 (b) This section does not apply to a policy of one or more employers or labor

48 organizations, or of the trustees of a fund established by one or more employers or

49 labor organizations, or a combination of employers and labor unions, for employees

50 or former employees or a combination of employees and former employees, or for

51 members or former members of the labor organizations, or a combination of

52 members and former members of labor organizations.

53 (c) This section does not prohibit, nor does it apply to insurance policies or health care

54 benefit plans, including group conversion policies, provided to Medicare eligible

55 persons that are not marketed or held out to be Medicare supplement insurance

56 policies or benefit plans.

57 (3)(a) A Medicare supplement insurance policy or certificate in force in the state may

58 not contain benefits that duplicate benefits provided by Medicare.

59 (b) Notwithstanding any other provision of law of this state, a Medicare supplement

60 policy or certificate may not exclude or limit benefits for loss incurred more than six

61 months from the effective date of coverage because it involved a preexisting

62 condition. The policy or certificate may not define a preexisting condition more

63 restrictively than: "A condition for which medical advice was given or treatment was

64 recommended by or received from a physician within six months before the effective

65 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

99 under a Medicare supplement insurance policy or certificate.

100 (g)(i) Each year, beginning on an enrollee's birthday and ending 60 days later, an
101 issuer shall allow an enrollee that is enrolled in one of the issuer's Medicare
102 supplement insurance plans to choose a different Medicare supplement insurance
103 plan that is:

104 (A) offered by the issuer; and

105 (B) considered a comparable or lower tier plan than the enrollee's current plan.

106 (ii) An issuer may not deny enrollment based on medical underwriting when an
107 enrollee selects a plan in accordance with Subsection (3)(g)(i).

108 (4) Medicare supplement insurance policies shall return to policyholders benefits that are
109 reasonable in relation to the premium charged. The commissioner shall make rules to
110 establish minimum standards for loss ratios of Medicare supplement insurance policies
111 on the basis of incurred claims experience, or incurred health care expenses where
112 coverage is provided by a health maintenance organization on a service basis rather than
113 on a reimbursement basis, and earned premiums in accordance with accepted actuarial
114 principles and practices.

115 (5)(a) To provide for full and fair disclosure in the sale of Medicare supplement
116 insurance, a Medicare supplement insurance policy or certificate may not be
117 delivered in this state unless an outline of coverage is delivered to the applicant at the
118 time application is made.

119 (b) The commissioner shall prescribe the format and content of the outline of coverage
120 required by Subsection (5)(a).

121 (c) For purposes of this section, "format" means style arrangements and overall
122 appearance, including such items as the size, color, and prominence of type and
123 arrangement of text and captions. The outline of coverage shall include:

124 (i) a description of the principal benefits and coverage provided in the policy;
125 (ii) a statement of the renewal provisions, including any reservation by the issuer of a
126 right to change premiums; and disclosure of the existence of any automatic
127 renewal premium increases based on the policyholder's age; and
128 (iii) a statement that the outline of coverage is a summary of the policy issued or
129 applied for and that the policy should be consulted to determine governing
130 contractual provisions.

131 (d) The commissioner may make rules for captions or notice if the commissioner finds
132 that the rules are:

133 (i) in the public interest; and

134 (ii) designed to inform prospective insureds that particular insurance coverages are

135 not Medicare supplement coverages, for all accident and health insurance policies

136 sold to persons eligible for Medicare, other than:

137 (A) a Medicare supplement insurance policy; or

138 (B) a disability income policy.

139 (e) The commissioner may prescribe by rule a standard form and the contents of an

140 informational brochure for persons eligible for Medicare, that is intended to improve

141 the buyer's ability to select the most appropriate coverage and improve the buyer's

142 understanding of Medicare. Except in the case of direct response insurance policies,

143 the commissioner may require by rule that the informational brochure be provided

144 concurrently with delivery of the outline of coverage to any prospective insureds

145 eligible for Medicare. With respect to direct response insurance policies, the

146 commissioner may require by rule that the prescribed brochure be provided upon

147 request to any prospective insureds eligible for Medicare, but in no event later than

148 the time of policy delivery.

149 (f) The commissioner may adopt reasonable rules to govern the full and fair disclosure

150 of the information in connection with the replacement of accident and health policies,

151 subscriber contracts, or certificates by persons eligible for Medicare.

152 (6) [Notwithstanding Subsektion (1),] Medicare supplement insurance policies and

153 certificates shall have a notice prominently printed on the first page of the policy or

154 certificate, or attached to the front page, stating in substance that the applicant has the

155 right to return the policy or certificate within 30 days of its delivery and to have the

156 premium refunded if, after examination of the policy or certificate, the applicant is not

157 satisfied for any reason. Any refund made pursuant to this section shall be paid directly

158 to the applicant by the issuer in a timely manner.

159 (7) Every issuer of Medicare supplement insurance policies or certificates in this state shall

160 provide a copy of any Medicare supplement insurance advertisement intended for use in

161 this state, whether through written or broadcast medium, to the commissioner for review[.] .

162 (8)(a) Every issuer in this state shall allow an individual who is under 65 years old and

163 becomes eligible for Medicare due to disability or end stage renal disease to enroll in

164 a Medicare supplement insurance plan if the individual submits an application for a

165 Medicare supplement insurance plan within 180 days from the day on which the

166 applicant enrolls for benefits under Medicare.

167 (b) An issuer shall offer a plan described in Subsection (8)(a) to individuals who are
168 younger than 65 years old at the same premium rate charged to an individual 65 years
169 old.

170 (c) During an enrollment period, an issuer may not:

171 (i) deny or condition the issuance or effectiveness of a Medicare supplement
172 insurance policy or certificate that the issuer offers and is available for issuance in
173 this state;

174 (ii) subject an applicant to medical underwriting or discriminate in the price of a
175 Medicare supplement insurance policy or certificate because of the applicant's
176 health status, claims experience, receipt of health care, or medical condition; or

177 (iii) impose an exclusion of benefits based on an applicant's preexisting condition.

178 (d) Notwithstanding Subsection (8)(a), an issuer shall allow an individual who is
179 younger than 65 years old and is enrolled in Medicare Part B due to disability or end
180 stage renal disease to enroll in a Medicare supplement insurance plan:

181 (i) subject to Subsection (8)(d)(ii), beginning on June 1, 2026, and ending on
182 December 1, 2026; or

183 (ii) if an application for enrollment is not available by June 1, 2026, for a six month
184 period beginning on the day the application becomes available.

185 [8) (9) The commissioner may adopt rules:

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

188 (b) to implement Medicare supplement insurance open enrollment as described in
189 Subsection (3)(g)[.] ; or

190 (c) to implement the offering of Medicare supplement insurance plans to people under
191 65 years old in accordance with Subsection (8).

192 **Section 2. Effective Date.**

193 This bill takes effect on May 6, 2026.