

Effective 5/10/2016

31A-22-627 Coverage of emergency medical services.

- (1) A health insurance policy or health maintenance organization contract:
 - (a) shall provide, at a minimum, coverage of emergency services as required in 29 C.F.R. Sec. 2590.715-2719A; and
 - (b) may not:
 - (i) require any form of preauthorization for treatment of an emergency medical condition until after the insured's condition has been stabilized; or
 - (ii) deny a claim for any covered evaluation, covered diagnostic test, or other covered treatment considered medically necessary to stabilize the emergency medical condition of an insured.
- (2) A health insurance policy or health maintenance organization contract may require authorization for the continued treatment of an emergency medical condition after the insured's condition has been stabilized. If such authorization is required, an insurer who does not accept or reject a request for authorization may not deny a claim for any evaluation, diagnostic testing, or other treatment considered medically necessary that occurred between the time the request was received and the time the insurer rejected the request for authorization.
- (3) For purposes of this section:
 - (a) "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of medicine and health, would reasonably expect the absence of immediate medical attention at a hospital emergency department to result in:
 - (i) placing the insured's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
 - (ii) serious impairment to bodily functions; or
 - (iii) serious dysfunction of any bodily organ or part; and
 - (b) "hospital emergency department" means that area of a hospital in which emergency services are provided on a 24-hour-a-day basis.
- (4) Nothing in this section may be construed as:
 - (a) altering the level or type of benefits that are provided under the terms of a contract or policy; or
 - (b) restricting a policy or contract from providing enhanced benefits for certain emergency medical conditions that are identified in the policy or contract.
- (5) Notwithstanding Section 31A-2-308, if the commissioner finds an insurer has violated this section, the commissioner may:
 - (a) work with the insurer to improve the insurer's compliance with this section; or
 - (b) impose the following fines:
 - (i) not more than \$5,000; or
 - (ii) twice the amount of any profit gained from violations of this section.

Amended by Chapter 295, 2016 General Session