

Effective 5/12/2015

31A-22-644 Denial of coverage under a health benefit plan because of life expectancy or terminal condition.

- (1) As used in this section:
 - (a) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
 - (b) "Terminal condition" means an irreversible condition:
 - (i) caused by disease, illness, or injury; and
 - (ii) if:
 - (A) the irreversible condition will result in imminent death within a six-month period after the date the condition is diagnosed; and
 - (B) the application of life-sustaining treatment only prolongs the process of dying.
- (2) This section applies to a health benefit plan under:
 - (a) this part; or
 - (b) Chapter 8, Health Maintenance Organizations and Limited Health Plans.
- (3) Except as provided by law, and subject to the other provisions of this section, a health benefit plan may not deny coverage for medically necessary treatment if the medically necessary treatment is:
 - (a) prescribed by a physician;
 - (b) agreed to:
 - (i) by a person who is:
 - (A) insured under the health benefit plan; and
 - (B) fully informed regarding the person's life expectancy or diagnosis with a terminal condition; or
 - (ii) if the person described in Subsection (3)(b)(i) lacks legal capacity to consent, by another person who:
 - (A) has legal authority to consent on behalf of the person described in Subsection (3)(b)(i); and
 - (B) is fully informed regarding the life expectancy or diagnosis with a terminal condition of the person described in Subsection (3)(b)(i); and
 - (c) denied solely because:
 - (i) of the life expectancy of the person described in Subsection (3)(b)(i); or
 - (ii) the person has been diagnosed with a terminal condition.
- (4) A denial of coverage described in Subsection (3) for medically necessary treatment is a violation of this section.
- (5) Whether treatment is considered to be medically necessary treatment is determined by the defined standards and policies of the health benefit plan.
- (6) This section may not be interpreted to:
 - (a) require an insurer to offer a particular benefit or service as part of a health benefit plan; or
 - (b) alter the clinical policies of a health benefit plan regarding the appropriate location for services.
- (7) This section does not create a new or additional private right of action.

Enacted by Chapter 375, 2015 General Session