

1 **PROMOTION OF PREVENTATIVE HEALTH**
2 **CARE**

3 2003 GENERAL SESSION
4 STATE OF UTAH

5 **Sponsor: Paula F. Julander**

6 **This act amends provisions related to Health Insurance. The act requires health**
7 **insurance policies and health maintenance contracts to provide coverage for preventative**
8 **health care services. The act requires coverage for the cost of bone density measurement**
9 **and prescriptive osteoporosis treatment, prostate cancer screening, breast cancer**
10 **screening, cervical cancer screening, and prescriptive contraceptives. This act provides a**
11 **religious exemption for coverage of prescriptive contraceptives.**

12 This act affects sections of Utah Code Annotated 1953 as follows:

13 ENACTS:

14 **31A-22-630.5**, Utah Code Annotated 1953

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

16 Section 1. Section **31A-22-630.5** is enacted to read:

17 **31A-22-630.5. Preventative health care coverage.**

18 (1) A health insurance policy or health maintenance contract shall provide coverage,
19 with consultation from the physician and the patient, for the following preventative health care:

20 (a) bone density measurements, drugs, and devices approved by the Food and Drug
21 Administration or the United States Government or generic equivalents as approved as
22 substitutes;

23 (b) (i) mammography screening for occult breast cancer as follows:

24 (A) upon the recommendation of a physician, a mammogram at any age for covered
25 persons having a prior history of breast cancer or who have a first degree relative with a prior
26 history of breast cancer;

27 (B) a single base-line mammogram for covered persons aged 35 through 39;



28 (C) a mammogram every two years or more frequently upon the recommendation of a
29 physician, for covered persons aged 40 through 49; and

30 (D) an annual mammogram for covered persons aged 50 and older; and

31 (ii) for purposes of this Subsection (1)(b), mammography screening means an X-ray
32 examination of the breast using dedicated equipment, including X-ray tube, filter, compression
33 device, screens, films, and cassettes, with an average glandular radiation dose less than 0.5 rem
34 per view per breast;

35 (c) (i) annual cervical cytology screening for cervical cancer and its precursor states for
36 women aged 18 and older; and

37 (ii) for purposes of this Subsection (1)(c), cervical cytology screening shall include an
38 annual pelvic examination, collection and preparation of a Pap smear, and laboratory and
39 diagnostic services provided in connection with examining and evaluating the Pap smear; and

40 (d) (i) prostate cancer screening for men age 50 or older or earlier for men at high risk
41 for prostate cancer, as recommended by a physician; and

42 (ii) for purposes of Subsection (1)(d), prostate cancer screening shall include a blood
43 test for prostate specific antigen and a digital rectal exam.

44 (2) (a) Except as provided in Subsection (2)(b), a health insurance policy or health
45 maintenance contract which provides coverage for outpatient prescription drugs shall cover to
46 the same extent and subject to the same policy terms:

47 (i) contraceptive articles; and

48 (ii) outpatient services for contraceptive articles.

49 (b) Notwithstanding any other provision of this section, a religious employer may
50 request a health insurance policy or health maintenance contract without coverage for
51 prescriptive contraceptive articles or methods that are contrary to the religious employer's
52 religious tenets. If requested, a health insurance policy or health maintenance contract shall be
53 provided without coverage for contraceptive articles or methods. This Subsection (2) shall not
54 be construed to deny an enrollee coverage of, and timely access to, prescriptive contraceptive
55 articles or methods.

56 (i) For purposes of this Subsection (2), a "religious employer" is an entity for which
57 each of the following is true:

58 (A) the inculcation of religious values is the purpose of the entity;

59 (B) the entity primarily employs persons who share the religious tenets of the entity;
60 (C) the entity serves primarily persons who share the religious tenets of the entity; and
61 (D) the entity is a nonprofit organization as described in Section 6033(a)(2)(A)i or iii,
62 of the Internal Revenue Code of 1986, as amended.

63 (ii) Every religious employer that invokes the exemption provided under this
64 Subsection (2)(b) shall provide written notice to prospective enrollees prior to enrollment with
65 the plan, listing the contraceptive articles or methods the employer refuses to cover for
66 religious reasons.

67 (c) Nothing in this Subsection (2) shall be construed to:

68 (i) exclude coverage for prescriptive contraceptive articles or methods ordered by a
69 health care provider with prescriptive authority for reasons other than contraceptive purposes,
70 such as decreasing the risk of ovarian cancer or eliminating symptoms of menopause, or for
71 prescription contraception that is necessary to preserve the life or health of an enrollee;

72 (ii) deny or restrict in any way any existing right or benefit provided under law or by
73 contract; or

74 (iii) require an individual or group health insurance policy or health maintenance
75 contract to cover experimental or investigational treatments.

76 (3) (a) Subsections (1)(a) and (2) of this section do not prevent an insurance policy or
77 health maintenance contract from imposing cost-sharing measures for health benefits relating
78 to the coverage required in Subsections (1)(a) and (2), if cost-sharing measures are not greater
79 than those imposed on any other medical condition or for any other drug or device covered
80 under the policy.

81 (b) Coverage required by Subsections (1)(b), (1)(c), and (1)(d) may not be subject to
82 cost-sharing measures.

83 (c) For purposes of this Subsection (3), cost-sharing measures include imposing a
84 deductible or coinsurance requirements.

Legislative Review Note
as of 12-3-02 1:15 PM

A limited legal review of this legislation raises no obvious constitutional or statutory concerns.

Office of Legislative Research and General Counsel

State Impact

State costs can be handled within existing budgets.

Individual and Business Impact

Insurance companies will bear the expense of reprogramming, and revising their policies. Claim costs could be higher because the bill may require companies to cover expenses not previously covered and the bill prohibits cost sharing for certain expensive procedures. Individuals and groups will experience higher premium costs if the prescribed coverages are not already included.
