

Senator Paula F. Julander proposes the following substitute bill:

**PROMOTION OF PREVENTATIVE HEALTH
CARE**

2003 GENERAL SESSION

STATE OF UTAH

Sponsor: Paula F. Julander

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

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

ENACTS:

31A-22-630.5, Utah Code Annotated 1953

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

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

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

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

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

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

(A) upon the recommendation of a physician, a mammogram at any age for covered



26 persons having a prior history of breast cancer or who have a first degree relative with a prior
27 history of breast cancer;

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

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

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

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

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

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

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

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

45 (e) (i) colorectal cancer screening for a person age 50 or older, or earlier for a person at
46 high risk for colorectal cancer, as recommended by a physician; and

47 (ii) for purposes of Subsection (e)(i), colorectal cancer screening shall include:

48 (A) an annual fecal occult blood test; and

49 (B) a flexible sigmoidoscopy every 5 years; or

50 (C) a colonoscopy every ten years.

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

54 (i) contraceptive articles; and

55 (ii) outpatient services for contraceptive articles.

56 (b) Notwithstanding any other provision of this section, a religious employer may

57 request a health insurance policy or health maintenance contract without coverage for
58 prescriptive contraceptive articles or methods that are contrary to the religious employer's
59 religious tenets. If requested, a health insurance policy or health maintenance contract shall be
60 provided without coverage for contraceptive articles or methods. This Subsection (2) shall not
61 be construed to deny an enrollee coverage of, and timely access to, prescriptive contraceptive
62 articles or methods.

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

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

66 (B) the entity primarily employs persons who share the religious tenets of the entity;

67 (C) the entity serves primarily persons who share the religious tenets of the entity; and

68 (D) the entity is a nonprofit organization as described in Section 6033(a)(2)(A)i or iii,
69 of the Internal Revenue Code of 1986, as amended.

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

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

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

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

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

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

88 (b) For purposes of this Subsection (3), cost-sharing measures include imposing a
89 deductible or coinsurance requirements.