

1 **COMPREHENSIVE HEALTH INSURANCE POOL**

2 **AMENDMENTS**

3 2006 GENERAL SESSION

4 STATE OF UTAH

5 **Chief Sponsor: Peggy Wallace**

6 Senate Sponsor: Curtis S. Bramble

8 **LONG TITLE**

9 **General Description:**

10 This bill amends the Comprehensive Health Insurance Pool Act.

11 **Highlighted Provisions:**

12 This bill:

- 13 ▶ removes the term "low cost" from the purpose statement for the high risk pool; and
- 14 ▶ changes mandatory language to permissive language with regard to coinsurance, and

15 maximum out-of-pocket payments for prescription benefits.

16 **Monies Appropriated in this Bill:**

17 None

18 **Other Special Clauses:**

19 None

20 **Utah Code Sections Affected:**

21 AMENDS:

22 **31A-29-102**, as enacted by Chapter 232, Laws of Utah 1990

23 **31A-29-114**, as last amended by Chapter 2, Laws of Utah 2004

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

26 Section 1. Section **31A-29-102** is amended to read:

27 **31A-29-102. Purpose.**



28 The purpose of the Comprehensive Health Insurance Pool Act is to provide [~~low cost~~]
29 access to health insurance coverage to residents of Utah who are denied adequate health
30 insurance and are considered uninsurable.

31 Section 2. Section **31A-29-114** is amended to read:

32 **31A-29-114. Deductibles -- Copayments.**

33 (1) (a) A pool policy shall impose a deductible on a per calendar year basis.

34 (b) At least two deductible plans shall be offered.

35 (c) The deductible is applied to all of the eligible medical expenses as defined in
36 Section 31A-29-113, incurred by the enrollee until the deductible has been satisfied. There are
37 no benefits payable before the deductible has been satisfied.

38 (d) The pool may offer separate deductibles for prescription benefits.

39 (2) (a) A mandatory coinsurance requirement [~~shall~~] may be imposed at the rate of at
40 least 20% of eligible medical expenses in excess of the mandatory deductible.

41 (b) Any coinsurance imposed under this Subsection (2) shall be designated in the pool
42 policy.

43 (3) The board shall establish maximum aggregate out-of-pocket payments for eligible
44 medical expenses incurred by the enrollee for each of the deductible plans offered under
45 Subsection (1)(b).

46 (4) (a) When the enrollee has incurred the maximum aggregate out-of-pocket payments
47 under Subsection (3), the board may establish a coinsurance requirement to be imposed on
48 eligible medical expenses in excess of the maximum aggregate out-of-pocket expense.

49 (b) The circumstances in which the coinsurance authorized by this Subsection (4) may
50 be imposed shall be designated in the pool policy.

51 (c) The coinsurance authorized by this Subsection (4) may be imposed at a rate not to
52 exceed 5% of eligible medical expenses.

53 (5) The limits on maximum aggregate out-of-pocket payments for eligible medical
54 expenses incurred by the enrollee under this section [~~shall~~] may not include out-of-pocket
55 payments for prescription benefits.

Legislative Review Note

as of 12-12-05 6:36 AM

Based on a limited legal review, this legislation has not been determined to have a high probability of being held unconstitutional.

Office of Legislative Research and General Counsel