

1 **INMATE HEALTH INSURANCE AMENDMENTS**

2 2010 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Paul Ray**

5 Senate Sponsor: \_\_\_\_\_

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**LONG TITLE**

7 **Committee Note:**

8 The Judiciary, Law Enforcement, and Criminal Justice Interim Committee  
9 recommended this bill.

10 **General Description:**

11 This bill modifies the Insurance Code by requiring an insurance company providing  
12 health or dental policies to coordinate benefits for an insured individual housed in a  
13 correctional facility **H→ , county jail, ←H** or who is in the custody of the Department of  
14a Corrections.

15 **Highlighted Provisions:**

16 This bill:

17 ▶ provides that, if an insured is otherwise eligible for health or dental benefits under a  
18 policy, an insurer may not exclude coverage for an insured who:

- 19 • is an inmate housed in a correctional facility; **H→ [or] ←H**
- 20 • is an offender in the custody of the Department of Corrections; **H→ or**
- 20a • **is an inmate housed in a county jail. ←H**

21 ▶ requires a health or dental insurer to coordinate benefits for an insured who is:

- 22 • an inmate housed in a correctional facility; **H→ [or] ←H**
- 23 • an offender in the custody of the Department of Corrections; **H→ or**
- 23a • **an inmate housed in a county jail. ←H**

24 ▶ requires an inmate who has health or dental insurance coverage, upon entering into  
25 the Department of Correction's custody, to use that coverage as primary payer for  
26 health and dental costs incurred while in the custody of the Department of  
27 Corrections; and

H.B. 22



28           ▶ provides specified exemptions regarding coverage by an inmate's health or dental  
29 insurance policy, including injuries to the insured caused by physical violence.

30 **Monies Appropriated in this Bill:**

31           None

32 **Other Special Clauses:**

33           None

34 **Utah Code Sections Affected:**

35 AMENDS:

36           **31A-22-613**, as last amended by Laws of Utah 2005, Chapter 78

37           **31A-22-619**, as last amended by Laws of Utah 2009, Chapter 11

38           **64-13-30**, as last amended by Laws of Utah 2009, Chapter 258



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

41           Section 1. Section **31A-22-613** is amended to read:

42           **31A-22-613. Permitted provisions for accident, health, and dental insurance**  
43 **policies.**

44           The following provisions may be contained in an accident [~~and~~], health, and dental  
45 insurance policy, but if they are in that policy, they shall conform to at least the minimum  
46 requirements for the policyholder in this section.

47           (1) Any provision respecting change of occupation may provide only for a lower  
48 maximum benefit payment and for reduction of loss payments proportionate to the change in  
49 appropriate premium rates, if the change is to a higher rated occupation, and this provision  
50 shall provide for retroactive reduction of premium rates from the date of change of occupation  
51 or the last policy anniversary date, whichever is the more recent, if the change is to a lower  
52 rated occupation.

53           (2) Section 31A-22-405 applies to misstatement of age in accident and health policies,  
54 with the appropriate modifications of terminology.

55           (3) (a) Any policy which contains a provision establishing, as an age limit or otherwise,  
56 a date after which the coverage provided by the policy is not effective, and if that date falls  
57 within a period for which a premium is accepted by the insurer or if the insurer accepts a  
58 premium after that date, the coverage provided by the policy continues in force, subject to any

59 right of cancellation, until the end of the period for which the premium was accepted.

60 (b) This Subsection (3) does not apply if the acceptance of premium would not have  
61 occurred but for a misstatement of age by the insured.

62 (4) (a) (i) If an insured is otherwise eligible for maternity benefits, a policy may not  
63 contain language which requires an insured to obtain any additional preauthorization or  
64 preapproval for customary and reasonable maternity care expenses or for the delivery of the  
65 child after an initial preauthorization or preapproval has been obtained from the insurer for  
66 prenatal care.

67 (ii) A requirement for notice of admission for delivery is not a requirement for  
68 preauthorization or preapproval, however, the maternity benefit may not be denied or  
69 diminished for failure to provide admission notice. The policy may not require the provision of  
70 admission notice by only the insured patient.

71 (b) This Subsection (4) does not prohibit an insurer from:

72 (i) requiring a referral before maternity care can be obtained;

73 (ii) specifying a group of providers or a particular location from which an insured is  
74 required to obtain maternity care; or

75 (iii) limiting reimbursement for maternity expenses and benefits in accordance with the  
76 terms and conditions of the insurance contract so long as [~~such~~] the terms do not conflict with  
77 Subsection (4)(a).

78 (5) An insurer may only represent that a policy:

79 (a) offers a vision benefit if the policy:

80 (i) charges a premium for the benefit; and

81 (ii) provides reimbursement for materials or services provided under the policy; and

82 (b) covers laser vision correction, whether photorefractive keratectomy, laser assisted  
83 in-situ keratomelusion, or related procedure, if the policy:

84 (i) charges a premium for the benefit; and

85 (ii) the procedure is at least a partially covered benefit.

86 (6) If an insured is otherwise eligible for benefits under a health or dental policy, the  
87 insurer may not exclude coverage if the insured is an:

88 (a) inmate housed in a correctional facility as defined in Section 64-13-1; ~~H~~→ [or] ←~~H~~

89 (b) offender in the custody of the Department of Corrections ~~H~~→ [; or]

89a (c) inmate housed in a county jail. ←~~H~~

90 Section 2. Section 31A-22-619 is amended to read:

91 **31A-22-619. Coordination of benefits.**

92 (1) The commissioner shall:

93 (a) convene a group of health insurers and health care providers for the purpose of  
94 making recommendations to the Legislature regarding an efficient method of coordination of  
95 benefits to increase the timeliness and accuracy of coordination of benefits;

96 (b) report to the Legislature's Health Reform Task Force before November 15, 2009  
97 regarding legislation to enact the recommendations developed under Subsection (1)(a); and

98 (c) adopt rules concerning the coordination of benefits between accident and health  
99 insurance policies.

100 (2) Rules adopted by the commissioner under Subsection (1):

101 (a) may not prohibit coordination of benefits with individual accident and health  
102 insurance policies; [~~and~~]

103 (b) shall apply equally to all accident and health insurance policies without regard to  
104 whether the policies are group or individual policies[-]; and

105 (c) shall require a health or dental insurer to coordinate benefits for an insured who is  
106 an:

107 (i) inmate housed in a correctional facility as defined in Section 64-13-1; ~~H~~→ [or] ←~~H~~

108 (ii) offender in the custody of the Department of Corrections ~~H~~→ [-] ; or

108a (iii) inmate housed in a county jail. ←~~H~~

109 Section 3. Section 64-13-30 is amended to read:

110 **64-13-30. Expenses incurred by offenders -- Payment to department or county**  
111 **jail -- Medical care and copayments.**

112 (1) (a) The department shall establish and collect from each offender on a work release  
113 program the reasonable costs of the offender's maintenance, transportation, and incidental  
114 expenses incurred by the department on behalf of the offender.

115 (b) Priority shall be given to restitution and family support obligations.

116 (c) The offender's reimbursement to the department for the cost of obtaining the  
117 offender's DNA specimen, under Section 53-10-404 is the next priority after Subsection (1)(b).

118 (2) The department, under its rules, may advance funds to any offender as necessary to  
119 establish the offender in a work release program.

120 (3) (a) The department or county jail may require an inmate to make a copayment for

121 medical and dental services provided by the department or county jail.

122 (b) For services provided while in the custody of the department, the copayment by the  
123 inmate is \$5 for primary medical care, \$5 for dental care, and \$2 for prescription medication.

124 (c) For services provided outside of a prison facility while in the custody of the  
125 department, the ~~[offender]~~ inmate is responsible for 10% of the costs associated with hospital  
126 care with a cap on an inmate's share of hospital care expenses not to exceed \$2,000 per fiscal  
127 year.

128 (4) (a) An inmate who has assets exceeding \$200,000, as determined by the department  
129 upon entry into the department's custody, is responsible ~~[to pay]~~ for paying the costs of all  
130 medical and dental care up to 20% of the inmate's total determined asset value.

131 (b) After an inmate has received medical and dental care equal to 20% of the inmate's  
132 total asset value, the inmate ~~[will be]~~ is subject to the copayments provided in Subsection (3).

133 (5) The department shall turn over to the Office of State Debt Collection any debt  
134 under this section that is unpaid at the time the offender is released from parole.

135 (6) An inmate may not be denied medical treatment if the inmate is unable to pay for  
136 the treatment because of inadequate financial resources.

137 (7) (a) An inmate who, upon entering into the department's custody, has health  
138 insurance or dental insurance coverage shall use that coverage as the primary payer for health  
139 and dental costs incurred while in the custody of the department, except as limited under  
140 Subsection (7)(b).

141 (b) Any insurance policy held by an inmate for health or dental care is not required  
142 under Subsection (7)(a) to provide coverage for:

143 (i) incidents of inmate self harm;

144 (ii) injuries sustained by the inmate as a result of an act of physical violence committed  
145 either upon or by the inmate; or

146 (iii) situations where the department has reason to believe, based on a medical  
147 evaluation of the inmate, that the inmate sought the health or dental care knowing that an  
148 underlying medical or dental need did not exist.

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**Legislative Review Note**  
as of **9-23-09 10:56 AM**

**Office of Legislative Research and General Counsel**

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**H.B. 22 - Inmate Health Insurance Amendments**

**Fiscal Note**

2010 General Session

State of Utah

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**State Impact**

Enactment of this bill may avoid future costs for the Department of Corrections, however the amount is unquantifiable at this time.

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**Individual, Business and/or Local Impact**

Enactment of this bill likely will not result in direct, measurable costs and/or benefits for individuals. Businesses may incur increased costs. Local governments may benefit from avoided costs.

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