

**INFERTILITY INSURANCE COVERAGE AMENDMENTS**

2015 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: LaVar Christensen**

Senate Sponsor: Brian E. Shiozawa

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**LONG TITLE**

**General Description:**

This bill amends the Insurance Code related to accident and health insurance.

**Highlighted Provisions:**

This bill:

► amends the price and value comparison disclosure requirements for an insurer to require an insurer to disclose to an enrollee information about infertility coverage.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

This bill provides a special effective date.

**Utah Code Sections Affected:**

AMENDS:

**31A-22-613.5**, as last amended by Laws of Utah 2012, Chapter 279

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

Section 1. Section **31A-22-613.5** is amended to read:

**31A-22-613.5. Price and value comparisons of health insurance.**

(1) (a) This section applies to all health benefit plans.

(b) Subsection (2) applies to:

(i) all health benefit plans; and



- 28 (ii) coverage offered to state employees under Subsection [49-20-202\(1\)\(a\)](#).
- 29 (2) (a) The commissioner shall promote informed consumer behavior and responsible
- 30 health benefit plans by requiring an insurer issuing a health benefit plan to:
- 31 (i) provide to all enrollees, prior to enrollment in the health benefit plan written
- 32 disclosure of:
- 33 (A) restrictions or limitations on prescription drugs and biologics including:
- 34 (I) the use of a formulary;
- 35 (II) co-payments and deductibles for prescription drugs; and
- 36 (III) requirements for generic substitution;
- 37 (B) coverage limits under the plan; [~~and~~]
- 38 (C) any limitation or exclusion of coverage including:
- 39 (I) a limitation or exclusion for a secondary medical condition related to a limitation or
- 40 exclusion from coverage; and
- 41 (II) easily understood examples of a limitation or exclusion of coverage for a secondary
- 42 medical condition; and
- 43 (D) whether the insurer permits an exchange of the adoption indemnity benefit in
- 44 Section [31A-22-610.1](#) for infertility treatments, in accordance with Subsection
- 45 [31A-22-610.1\(1\)\(c\)\(ii\)](#) and the terms associated with the exchange of benefits; and
- 46 (ii) provide the commissioner with:
- 47 (A) the information described in Subsections [31A-22-635\(5\)](#) through (7) in the
- 48 standardized electronic format required by Subsection [63M-1-2506\(1\)](#); and
- 49 (B) information regarding insurer transparency in accordance with Subsection (4).
- 50 (b) An insurer shall provide the disclosure required by Subsection (2)(a)(i) in writing to
- 51 the commissioner:
- 52 (i) upon commencement of operations in the state; and
- 53 (ii) anytime the insurer amends any of the following described in Subsection (2)(a)(i):
- 54 (A) treatment policies;
- 55 (B) practice standards;
- 56 (C) restrictions;
- 57 (D) coverage limits of the insurer's health benefit plan or health insurance policy; or
- 58 (E) limitations or exclusions of coverage including a limitation or exclusion for a

59 secondary medical condition related to a limitation or exclusion of the insurer's health  
60 insurance plan.

61 (c) An insurer shall provide the enrollee with notice of an increase in costs for  
62 prescription drug coverage due to a change in benefit design under Subsection (2)(a)(i)(A):

63 (i) either:

64 (A) in writing; or

65 (B) on the insurer's website; and

66 (ii) at least 30 days prior to the date of the implementation of the increase in cost, or as  
67 soon as reasonably possible.

68 (d) If under Subsection (2)(a)(i)(A) a formulary is used, the insurer shall make  
69 available to prospective enrollees and maintain evidence of the fact of the disclosure of:

70 (i) the drugs included;

71 (ii) the patented drugs not included;

72 (iii) any conditions that exist as a precedent to coverage; and

73 (iv) any exclusion from coverage for secondary medical conditions that may result  
74 from the use of an excluded drug.

75 (e) (i) The commissioner shall develop examples of limitations or exclusions of a  
76 secondary medical condition that an insurer may use under Subsection (2)(a)(i)(C).

77 (ii) Examples of a limitation or exclusion of coverage provided under Subsection  
78 (2)(a)(i)(C) or otherwise are for illustrative purposes only, and the failure of a particular fact  
79 situation to fall within the description of an example does not, by itself, support a finding of  
80 coverage.

81 (3) The commissioner:

82 (a) shall forward the information submitted by an insurer under Subsection (2)(a)(ii) to  
83 the Health Insurance Exchange created under Section [63M-1-2504](#); and

84 (b) may request information from an insurer to verify the information submitted by the  
85 insurer under this section.

86 (4) The commissioner shall:

87 (a) convene a group of insurers, a member representing the Public Employees' Benefit  
88 and Insurance Program, consumers, and an organization that provides multipayer and  
89 multiprovider quality assurance and data collection, to develop information for consumers to

90 compare health insurers and health benefit plans on the Health Insurance Exchange, which  
91 shall include consideration of:

- 92 (i) the number and cost of an insurer's denied health claims;
- 93 (ii) the cost of denied claims that is transferred to providers;
- 94 (iii) the average out-of-pocket expenses incurred by participants in each health benefit  
95 plan that is offered by an insurer in the Health Insurance Exchange;
- 96 (iv) the relative efficiency and quality of claims administration and other administrative  
97 processes for each insurer offering plans in the Health Insurance Exchange; and
- 98 (v) consumer assessment of each insurer or health benefit plan;

99 (b) adopt an administrative rule that establishes:

- 100 (i) definition of terms;
- 101 (ii) the methodology for determining and comparing the insurer transparency  
102 information;
- 103 (iii) the data, and format of the data, that an insurer shall submit to the commissioner in  
104 order to facilitate the consumer comparison on the Health Insurance Exchange in accordance  
105 with Section 63M-1-2506; and
- 106 (iv) the dates on which the insurer shall submit the data to the commissioner in order  
107 for the commissioner to transmit the data to the Health Insurance Exchange in accordance with  
108 Section 63M-1-2506; and
- 109 (c) implement the rules adopted under Subsection (4)(b) in a manner that protects the  
110 business confidentiality of the insurer.

111 **Section 2. Effective date.**  
112 This bill takes effect on July 1, 2015.

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**Legislative Review Note**  
**as of 1-16-15 9:58 AM**

**Office of Legislative Research and General Counsel**