

HEALTH INSURANCE COVERAGE FOR EMERGENCY CARE

2016 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Karen Mayne

House Sponsor: _____

LONG TITLE

General Description:

This bill amends the Insurance Code related to health insurance coverage for emergency care.

Highlighted Provisions:

This bill:

- ▶ requires a health insurer to, at a minimum, provide coverage for emergency care that meets federal requirements; and
- ▶ authorizes the insurance commissioner to impose fines if an insurer violates the emergency care coverage standards.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

31A-22-627, as last amended by Laws of Utah 2006, Chapter 188

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

Section 1. Section **31A-22-627** is amended to read:

31A-22-627. Coverage of emergency medical services.



28 (1) A health insurance policy or health maintenance organization contract;
29 (a) shall provide, at a minimum, coverage of emergency services as required in 29
30 C.F.R. Sec. 2590.715-2719A; and
31 (b) may not:
32 [~~(a)~~] (i) require any form of preauthorization for treatment of an emergency medical
33 condition until after the insured's condition has been stabilized; or
34 [~~(b)~~] (ii) deny a claim for any covered evaluation, covered diagnostic test, or other
35 covered treatment considered medically necessary to stabilize the emergency medical condition
36 of an insured.
37 (2) A health insurance policy or health maintenance organization contract may require
38 authorization for the continued treatment of an emergency medical condition after the insured's
39 condition has been stabilized. If such authorization is required, an insurer who does not accept
40 or reject a request for authorization may not deny a claim for any evaluation, diagnostic testing,
41 or other treatment considered medically necessary that occurred between the time the request
42 was received and the time the insurer rejected the request for authorization.
43 (3) For purposes of this section:
44 (a) "emergency medical condition" means a medical condition manifesting itself by
45 acute symptoms of sufficient severity, including severe pain, such that a prudent layperson,
46 who possesses an average knowledge of medicine and health, would reasonably expect the
47 absence of immediate medical attention at a hospital emergency department to result in:
48 (i) placing the insured's health, or with respect to a pregnant woman, the health of the
49 woman or her unborn child, in serious jeopardy;
50 (ii) serious impairment to bodily functions; or
51 (iii) serious dysfunction of any bodily organ or part; and
52 (b) "hospital emergency department" means that area of a hospital in which emergency
53 services are provided on a 24-hour-a-day basis.
54 (4) Nothing in this section may be construed as:
55 (a) altering the level or type of benefits that are provided under the terms of a contract
56 or policy; or
57 (b) restricting a policy or contract from providing enhanced benefits for certain
58 emergency medical conditions that are identified in the policy or contract.

59 (5) Notwithstanding Section [31A-2-308](#), if the commissioner finds an insurer has
60 violated this section, the commissioner may impose the following fines:

61 (a) \$5,000 per violation; or

62 (b) twice the amount of any profit gained from the violation.

Legislative Review Note
Office of Legislative Research and General Counsel