

57 (b) genetic testing of a qualified enrollee who receives in vitro fertilization services
 58 under Subsection (3)(a).

58a **§→ (4) The Medicaid program may not provide the coverage described in Subsection (3)**
 58b **before the later of:**

58c **(a) the day on which the waiver described in Subsection (2) is approved; and**

58d **(b) January 1, 2021. ←§**

59 **§→ [(4)] (5) ←§** Before November 1, 2022, and before November 1 of every third year
 59a thereafter,

60 the department shall:

61 (a) calculate the change in state spending attributable to the coverage under this
 62 section; and

63 (b) report the amount described in Subsection (4)(a) to the Health and Human Services
 64 Interim Committee and the Social Services Appropriations Subcommittee.

65 Section 2. Section 31A-22-653 is enacted to read:

66 **31A-22-653. Study of coverage for in vitro fertilization and genetic testing --**

67 **Reporting -- Coverage requirements.**

68 (1) As used in this section:

69 (a) "Qualified condition" means the same as that term is defined in Section [49-20-420](#).

70 (b) "Qualified insurer" means an insurer that provides a health benefit plan described in
 71 Section [31A-22-600](#) to more than 25,000 enrollees in the state.

72 (c) "Qualified enrollee" means an enrollee of a qualified insurer who:

73 (i) has been diagnosed by a physician as having a genetic trait associated with a
 74 qualified condition; and

75 (ii) intends to get pregnant with a partner who is diagnosed by a physician as having a
 76 genetic trait associated with the same qualified condition as the enrollee.

77 (2) (a) A qualified insurer shall submit the information described in this Subsection (2)
 78 to the department with the qualified insurer's rate filings required under Section [31A-2-201.1](#)
 79 for a plan year beginning:

80 (i) on or after January 1, 2022, but before December 31, 2022; and

81 (ii) on or after January 1, 2025, but before December 31, 2025.

82 (b) A qualified insurer shall study whether providing the coverage for the services
 83 described in Subsections (3)(a) through (c) for qualified enrollees will result in cost savings for
 84 the qualified insurer.

85 (c) (i) If a qualified insurer determines that providing the coverage described in
 86 Subsection (3) for qualified enrollees will result in cost savings for the qualified insurer, the
 87 qualified insurer shall submit a summary of the results of the study described in Subsection

119 coverage for a qualified individual for:

120 (a) in vitro fertilization services; and

121 (b) genetic testing of a qualified individual who receives in vitro fertilization services
122 under Subsection (2)(a).

123 (3) Before November 1, 2022, and before November 1 of every third year thereafter,
124 the program shall:

125 (a) calculate the change in state spending attributable to the coverage under this
126 section; and

127 (b) report the amount described in Subsection (3)(a) to the Health and Human Services
128 Interim Committee and the Social Services Appropriations Subcommittee.

129 Section 4. Section **63I-2-226** is amended to read:

130 **63I-2-226. Repeal dates -- Title 26.**

131 (1) Subsection **26-7-8(3)** is repealed January 1, 2027.

132 (2) Section **26-8a-107** is repealed July 1, 2024.

133 (3) Subsection **26-8a-203(3)(a)(i)** is repealed January 1, 2023.

134 [~~(4)~~ Subsection **26-18-2.3(5)** is repealed January 1, 2020.]

135 [~~(5)~~ (4) Subsection **26-18-2.4(3)(e)** is repealed January 1, 2023.

136 [~~(6)~~ (5) Subsection **26-18-411(8)**, related to reporting on the health coverage
137 improvement program, is repealed January 1, 2023.

138 (6) Subsection **26-18-420** ~~§~~→ ~~(4)~~ (5) ←~~§~~, related to reporting on coverage for in vitro
138a fertilization

139 and genetic testing, is repealed July 1, 2030.

140 [~~(7)~~ Subsection **26-18-604(2)** is repealed January 1, 2020.]

141 [~~(8)~~ (7) Subsection **26-21-28(2)(b)** is repealed January 1, 2021.

142 [~~(9)~~ (8) Subsection **26-33a-106.1(2)(a)** is repealed January 1, 2023.

143 [~~(10)~~ Subsection **26-33a-106.5(6)(c)(iii)** is repealed January 1, 2020.]

144 [~~(11)~~ (9) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance
145 Program, is repealed July 1, 2027.

146 [~~(12)~~ Subsection **26-50-202(7)(b)** is repealed January 1, 2020.]

147 [~~(13)~~ Subsections **26-54-103(6)(d)(ii)** and **(iii)** are repealed January 1, 2020.]

148 [~~(14)~~ (10) Subsection **26-55-107(8)** is repealed January 1, 2021.

149 [~~(15)~~ Subsection **26-56-103(9)(d)** is repealed January 1, 2020.]