

Representative Raymond P. Ward proposes the following substitute bill:

INSURANCE COVERAGE MODIFICATIONS

2020 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Raymond P. Ward

Senate Sponsor: Curtis S. Bramble

LONG TITLE

General Description:

This bill enacts provisions relating to certain health care benefits.

Highlighted Provisions:

This bill:

- ▶ requires the Department of Health to apply for a Medicaid waiver or state plan amendment to allow the program to provide coverage for in vitro fertilization and genetic testing for certain individuals;
- ▶ requires the Public Employees' Health Benefit Program to provide coverage for in vitro fertilization and genetic testing for certain individuals;
- ▶ requires certain insurers to study whether coverage of in vitro fertilization would result in cost savings to the insurer; and
- ▶ creates reporting requirements.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:



26 **63I-2-226**, as last amended by Laws of Utah 2019, Chapters 262, 393, 405 and last
27 amended by Coordination Clause, Laws of Utah 2019, Chapter 246

28 **63I-2-249**, as last amended by Laws of Utah 2018, Chapters 38 and 281

29 ENACTS:

30 **26-18-420**, Utah Code Annotated 1953

31 **31A-22-653**, Utah Code Annotated 1953

32 **49-20-420**, Utah Code Annotated 1953

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

35 Section 1. Section **26-18-420** is enacted to read:

36 **26-18-420. Coverage for in vitro fertilization and genetic testing.**

37 (1) As used in this section:

38 (a) "Qualified condition" means:

39 (i) cystic fibrosis;

40 (ii) spinal muscular atrophy;

41 (iii) Morquio Syndrome;

42 (iv) myotonic dystrophy; or

43 (v) sickle cell anemia.

44 (b) "Qualified enrollee" means an individual who:

45 (i) is enrolled in the Medicaid program;

46 (ii) has been diagnosed by a physician as having a genetic trait associated with a
47 qualified condition; and

48 (iii) intends to get pregnant with a partner who is diagnosed by a physician as having a
49 genetic trait associated with the same qualified condition as the individual.

50 (2) Before January 1, 2021, the department shall apply for a Medicaid waiver or a state
51 plan amendment with the Centers for Medicare and Medicaid Services within the United States
52 Department of Health and Human Services to implement the coverage described in Subsection
53 (3).

54 (3) If the waiver described in Subsection (2) is approved, the Medicaid program shall
55 provide coverage to a qualified enrollee for:

56 (a) in vitro fertilization services; and

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

59 (4) Before November 1, 2022, and before November 1 of every third year 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

88 (2)(b), and:

89 (A) describe how the qualified insurer intends to provide the coverage described in

90 Subsection (3); or

91 (B) submit an explanation of why the insurer will not provide the coverage described in

92 Subsection (3).

93 (ii) If a qualified insurer determines that providing the coverage described in

94 Subsection (3) will not result in cost savings to the qualified insurer, the qualified insurer shall

95 submit a summary of the results of the study described in Subsection (2)(b).

96 (3) A qualified insurer shall consider coverage for:

97 (a) in vitro fertilization services for a qualified enrollee; and

98 (b) genetic testing of a qualified enrollee who received in vitro fertilization services

99 under Subsection (3)(a).

100 (4) The department shall report the information received under Subsection (2) to the

101 Health and Human Services Interim Committee on or before:

102 (a) for information submitted under Subsection (2)(a)(i), November 1, 2022; and

103 (b) for information submitted under Subsection (2)(a)(ii), November 1, 2025.

104 Section 3. Section **49-20-420** is enacted to read:

105 **49-20-420. Coverage for in vitro fertilization and genetic testing.**

106 (1) As used in this section:

107 (a) "Qualified condition" means:

108 (i) cystic fibrosis;

109 (ii) spinal muscular atrophy;

110 (iii) Morquio Syndrome;

111 (iv) myotonic dystrophy; or

112 (v) sickle cell anemia.

113 (b) "Qualified individual" means a covered individual who:

114 (i) has been diagnosed by a physician as having a genetic trait associated with a

115 qualified condition; and

116 (ii) intends to get pregnant with a partner who is diagnosed by a physician as having a

117 genetic trait associated with the same qualified condition as the covered individual.

118 (2) For a plan year that begins on or after July 1, 2020, the program shall provide

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), related to reporting on coverage for in vitro 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.~~]

150 [~~(16) Title 26, Chapter 59, Telehealth Pilot Program, is repealed January 1, 2020.~~]
151 [~~(17)~~] (11) Subsection [26-61-202](#)(4)(b) is repealed January 1, 2022.
152 [~~(18)~~] (12) Subsection [26-61-202](#)(5) is repealed January 1, 2022.
153 Section 5. Section **63I-2-249** is amended to read:
154 **63I-2-249. Repeal dates -- Title 49.**
155 (1) Section [49-20-106](#) is repealed January 1, 2021.
156 (2) Subsection [49-20-417](#)(5)(b) is repealed January 1, 2020.
157 (3) Subsection [49-20-420](#)(3), regarding a requirement to report to the Legislature, is
158 repealed January 1, 2030.