

INSURANCE NETWORK STUDY

2020 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Suzanne Harrison

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends the Insurance Code regarding the duties of the insurance commissioner.

Highlighted Provisions:

This bill:

- ▶ requires the insurance commissioner to conduct an evaluation regarding the health benefit plan market and report findings to the Business and Labor Interim Committee; and
- ▶ makes technical and conforming changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

31A-2-201.2, as last amended by Laws of Utah 2019, Chapters 241, 241, and 439

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

Section 1. Section **31A-2-201.2** is amended to read:

31A-2-201.2. Evaluation of health insurance market.



- 28 (1) Each year the commissioner shall:
- 29 (a) conduct an evaluation of the state's health insurance market;
- 30 (b) report the findings of the evaluation to the Health and Human Services Interim
31 Committee before December 1 of each year; and
- 32 (c) publish the findings of the evaluation on the department website.
- 33 (2) The evaluation required by [~~this section~~] Subsection (1) shall:
- 34 (a) analyze the effectiveness of the insurance regulations and statutes in promoting a
35 healthy, competitive health insurance market that meets the needs of the state, and includes an
36 analysis of:
- 37 (i) the availability and marketing of individual and group products;
- 38 (ii) rate changes;
- 39 (iii) coverage and demographic changes;
- 40 (iv) benefit trends;
- 41 (v) market share changes; and
- 42 (vi) accessibility;
- 43 (b) assess complaint ratios and trends within the health insurance market, which
44 assessment shall include complaint data from the Office of Consumer Health Assistance within
45 the department;
- 46 (c) contain recommendations for action to improve the overall effectiveness of the
47 health insurance market, administrative rules, and statutes;
- 48 (d) include claims loss ratio data for each health insurance company doing business in
49 the state[-];
- 50 (e) include information about pharmacy benefit managers collected under Section
51 [31A-46-301](#); and
- 52 (f) include information, for each health insurance company doing business in the state,
53 regarding:
- 54 (i) preauthorization determinations; and
- 55 (ii) adverse benefit determinations.
- 56 (3) The commissioner shall:
- 57 (a) conduct an evaluation of the adequacy of insurer networks in the health benefit plan
58 market for the 2020 plan year; and

59 (b) before December 1, 2021, report the findings of the evaluation described in
60 Subsection (3)(a) to the Business and Labor Interim Committee.

61 [~~(3)~~] (4) When preparing [~~the~~] an evaluation and report required by this section, the
62 commissioner may seek the input of insurers, employers, insured persons, providers, and others
63 with an interest in the health insurance market.

64 [~~(4)~~] (5) The commissioner may adopt administrative rules for the purpose of
65 collecting the data required by this section, taking into account the business confidentiality of
66 the insurers.

67 [~~(5)~~] (6) Records submitted to the commissioner under this section shall be maintained
68 by the commissioner as protected records under Title 63G, Chapter 2, Government Records
69 Access and Management Act.