Utah Code Sections Affected:
AMENDS:
63I-2-249, as last amended by Laws of Utah 2021, Chapter 64
ENACTS:
49-20-422, Utah Code Annotated 1953
Be it enacted by the Legislature of the state of Utah:
Section 1. Section 49-20-422 is enacted to read:
49-20-422. Coverage of pregnancy and childbirth services.
(1) As used in this section:
(a) "Doula" means an individual who:
(i) provides information and physical and emotional support:
(A) to a pregnant or postpartum individual; and
(B) related to the pregnant or postpartum individual's pregnancy; and
(ii) is certified by one or more organizations approved by the program.
(b) "Pregnancy and childbirth services" means services provided to a pregnant
individual before, during, or shortly after childbirth:
(i) by a doula for the services described in Subsections (1)(a)(i) and (ii); $\hat{\mathbf{H}} \rightarrow \underline{\mathbf{and}} \leftarrow \hat{\mathbf{H}}$
Ĥ→ [(ii) by a direct-entry midwife licensed under Title 58, Chapter 77, Direct-Entry
Midwife Act, if the direct-entry midwife is engaged in the practice of direct-entry midwifery, as
defined in Section 58-77-102; or
(iii) (ii) ←Ĥ at a birthing center that:
(A) is licensed under Title 26, Chapter 21, Health Care Facility Licensing and
Inspection Act $\hat{\mathbf{H}} \rightarrow [; \mathbf{or}]$, or accredited by the Commission for the Accreditation of Birth
<u>Centers; and</u> ←Ĥ
Ĥ→ [(B) is accredited by the Commission for the Accreditation of Birth Centers.] (B) may
include services by a direct-entry midwife licensed under Title 58, Chapter 77, Direct-Entry
Midwife Act, if the direct-entry midwife is engaged in the practice of direct-entry midwifery,
as defined in Section 58-77-102. ←Ĥ
(c) "Qualified individual" means a covered individual who is:
(i) within the state employees' risk pool; and
(ii) (A) is pregnant; or
(B) was pregnant within the past six months.
(2) For a plan year that begins on or after July 1, 2023, and before July 1, 2026, the
program shall cover pregnancy and childbirth services to a qualified individual.

57	(3) The program may establish limits for coverage under Subsection (2), including
58	limits based on:
59	(a) the type or number of services provided; $\hat{\mathbf{H}} \rightarrow [\frac{\mathbf{and}}{\mathbf{d}}] \leftarrow \hat{\mathbf{H}}$
60	(b) a qualified individual's physical or emotional condition Ĥ→ [:]; and
60a	(c) conditions for provider participation. $\leftarrow \hat{H}$
61	(4) The program shall report to the Health and Human Services Interim Committee on
62	or before October 1 of each year regarding coverage provided under Subsection (2), including:
63	(a) covered providers;
64	(b) covered services;
65	(c) provider payment rates;
66	(d) covered-individual cost sharing;
67	(e) total provider payments and covered-individual cost sharing; and
68	(f) any indicators of whether pregnancy and childbirth services covered under
69	Subsection (2) have:
70	(i) reduced pregnancy or postpartum coverage costs; or
71	(ii) improved pregnancy or postpartum care.
72	Section 2. Section 63I-2-249 is amended to read:
73	63I-2-249. Repeal dates: Title 49.
74	(1) Subsection 49-20-420(3), regarding a requirement to report to the Legislature, is
75	repealed January 1, 2030.
76	(2) Section 49-20-422, regarding coverage for pregnancy and childbirth services, is
77	repealed July 1, 2027.