

2475 (f) any other contents the commissioner prescribes.

2476 [~~(8)~~] (7) If a policy is issued on a basis other than that applied for, the outline of  
2477 coverage shall accompany the policy when it is delivered and it shall clearly state that it is not  
2478 the policy for which application was made.

2479 [~~(9)~~] (8) (a) Notwithstanding Subsection 31A-22-606(1), limited accident and health  
2480 policies or certificates issued to persons eligible for Medicare shall contain a notice  
2481 prominently printed on or attached to the cover or front page which states that the policyholder  
2482 or certificate holder has the right to return the policy for any reason within 30 days after its  
2483 delivery and to have the premium refunded.

2484 (b) This Subsection [~~(9)~~] (8) does not apply to a policy issued to an employer group.  
2485 Section 19. Section **31A-22-614** is amended to read:

2486 **31A-22-614. Claims under accident and health policies.**

2487 (1) Section 31A-21-312 applies generally to claims under accident and health policies.

2488 (2) (a) Subject to Subsection (1), an accident and health insurance policy may not  
2489 contain a claim notice requirement less favorable to the insured, or an insured's ~~H→~~ **[designee]**  
2489a **network provider** ~~←H~~, than

2490 one which requires written notice of the claim within 20 days after the occurrence or  
2491 commencement of any loss covered by the policy. The policy shall specify to whom claim  
2492 notices may be given.

2493 (b) If a loss of time benefit under a policy may be paid for a period of at least two  
2494 years, an insurer may require periodic notices that the insured continues to have a disability,  
2495 unless the insured is legally incapacitated. The insured's, or the insured's ~~H→~~ **[designee's] network**  
2495a **provider's** ~~←H~~, delay in

2496 giving that notice does not impair the insured's, the insured's ~~H→~~ **[designee's] network provider's**  
2496a ~~←H~~, or beneficiary's right to

2497 any indemnity which would otherwise have accrued during the six months preceding the date  
2498 on which that notice is actually given.

2499 (3) An accident and health insurance policy may not contain a time limit on proof of  
2500 loss which is more restrictive to the insured, or the insured's ~~H→~~ **[designee] network provider** ~~←H~~,  
2500a than a provision

2501 requiring written proof of loss, delivered to the insurer, within the following time:

2502 (a) for a claim where periodic payments are contingent upon continuing loss, within  
2503 [~~90~~] 120 days after the termination of the period for which the insurer is liable; or

2504 (b) for any other claim, within [~~90~~] 120 days after the date of the loss.

2505 (4) (a) (i) Section 31A-26-301 applies generally to the payment of claims.

3188 31A-2-404, that govern escrows.

3189 (10) If an individual title insurance producer or agency title insurance producer  
3190 conducts a search for real estate located in the state, the individual title insurance producer or  
3191 agency title insurance producer shall conduct a reasonable search of the public records.

3192 Section 27. Section ~~31A-23a-413~~ is amended to read:

3193 **31A-23a-413. Title insurance producer's annual report.**

3194 An agency title insurance producer [~~and an individual title insurance producer who is~~  
3195 ~~not an employee of a title insurer or who has not been designated by an agency title insurance~~  
3196 ~~producer~~] shall annually file with the commissioner, by a date and in a form the commissioner  
3197 specifies by rule, a verified statement of the agency title insurance producer's [~~or individual~~  
3198 ~~title insurance producer's~~] financial condition, transactions, and affairs as of the end of the  
3199 preceding calendar year.

3200 Section 28. Section ~~31A-26-301.6~~ is amended to read:

3201 **31A-26-301.6. Health care claims practices.**

3202 (1) As used in this section:

3203 ~~H→~~ [f] (a) "Health care provider" means a person licensed to provide health care  
3203a under: [f] ~~←H~~

3204 ~~H→~~ [f] (i) Title 26B, Chapter 2, Part 2, Health Care Facility Licensing and Inspection;  
3204a or [f] ~~←H~~

3205 ~~H→~~ [f] (ii) Title 58, Occupations and Professions. [f] ~~←H~~

3206 ~~H→~~ [f] (b) [f] [~~a~~] ~~←H~~ "Insurer" means an admitted or authorized insurer, as defined in  
3206a Section  
3207 31A-1-301, and includes:

3208 (i) a health maintenance organization; and

3209 (ii) a third party administrator that is subject to this title, provided that nothing in this  
3210 section may be construed as requiring a third party administrator to use its own funds to pay  
3211 claims that have not been funded by the entity for which the third party administrator is paying  
3212 claims.

3213 ~~H→~~ [f] (c) [f] [~~b~~] ~~←H~~ "Provider" means a health care provider to whom an insurer is  
3213a obligated to pay

3214 directly in connection with a claim by virtue of:

3215 (i) an agreement between the insurer and the provider;

3216 (ii) [~~a~~] an accident and health insurance policy or contract of the insurer; or

3217 (iii) state or federal law.

3218 (2) An insurer shall timely pay every valid insurance claim submitted by a provider in

3746 [~~(a)~~ of a scope satisfactory to the commissioner; and]  
 3747 [~~(b)~~ performed by an independent auditor approved by the commissioner.]  
 3748 [~~(4)~~] (3) A captive insurance company that is inspected and examined under this  
 3749 section shall pay, as provided in Subsection 31A-37-201(6)(b), the expenses and charges of an  
 3750 inspection and examination.

3751 Section 37. **Repealer.**

3752 This bill repeals:

3753 Section 31A-2-303, **Notice.**

3754 Section 38. **FY 2025 Appropriation.**

3755 The following sums of money are appropriated for the fiscal year beginning July 1,  
 3756 2024, and ending June 30, 2025. These are additions to amounts previously appropriated for  
 3757 fiscal year 2025.

3758 Subsection 38(a). **Restricted Fund and Account Transfers.**

3759 The Legislature authorizes the State Division of Finance to transfer the following  
 3760 amounts between the following funds or accounts as indicated. Expenditures and outlays from  
 3761 the funds to which the money is transferred must be authorized by an appropriation.

3762 ITEM 1 To Insurance Department Administration

From General Fund Restricted - Relative Value Study Account,	\$400,000
One-time	

3764 Schedule of Programs:

Administration	\$400,000
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3766 The Legislature intends that the appropriation under this item be used for the study described in  
 3767 Section 31A-2-218.1.

3768 Section 39. **Effective date.**

3769 (1) Except as provided in ~~H~~→ [Subsection (2)] Subsections (2) and (3) ←~~H~~ , this bill takes  
 3769a effect on May 1, 2024.

3770 (2) (a) Except as provided in Subsection (2)(b), the actions affecting Section  
 3771 31A-2-218.1 take effect upon approval by the governor, or the day following the constitutional  
 3772 time limit of Utah Constitution, Article VII, Section 8, without the governor's signature, or in  
 3773 the case of a veto, the date of veto override.

3774 (b) If this bill is not approved by two-thirds of all members elected to each house, the

3775 actions affecting Section 31A-2-218.1 take effect May 1, 2024.

3775a **H→ (3) The actions affecting Section 31A-22-614 take effect July 1, 2024. ←H**