

1 **HEALTH BENEFIT PLAN AMENDMENTS**

2 2015 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Curtis S. Bramble**

5 House Sponsor: James A. Dunnigan

7 **LONG TITLE**

8 **General Description:**

9 This bill addresses provisions related to a health benefit plan.

10 **Highlighted Provisions:**

11 This bill:

- 12 ▶ defines terms;
- 13 ▶ prohibits denial of coverage under a health benefit plan because of life expectancy
- 14 or a terminal condition under certain circumstances;
- 15 ▶ provides that the prohibition may not be interpreted to require an insurer to offer a
- 16 particular benefit or service as part of a health benefit plan or alter certain policies
- 17 of a health benefit plan;
- 18 ▶ provides that the prohibition provisions do not create a new or additional private
- 19 right of action; and
- 20 ▶ makes technical and conforming changes.

21 **Money Appropriated in this Bill:**

22 None

23 **Other Special Clauses:**

24 None

25 **Utah Code Sections Affected:**

26 ENACTS:

27 [31A-22-644](#), Utah Code Annotated 1953

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

30 Section 1. Section 31A-22-644 is enacted to read:

31 **31A-22-644. Denial of coverage under a health benefit plan because of life**
32 **expectancy or terminal condition.**

33 (1) As used in this section:

34 (a) "Health benefit plan" means the same as that term is defined in Section [31A-1-301](#).

35 (b) "Terminal condition" means an irreversible condition:

36 (i) caused by disease, illness, or injury; and

37 (ii) if:

38 (A) the irreversible condition will result in imminent death within a six-month period
39 after the date the condition is diagnosed; and

40 (B) the application of life-sustaining treatment only prolongs the process of dying.

41 (2) This section applies to a health benefit plan under:

42 (a) this part; or

43 (b) Chapter 8, Health Maintenance Organizations and Limited Health Plans.

44 (3) Except as provided by law, and subject to the other provisions of this section, a
45 health benefit plan may not deny coverage for medically necessary treatment if the medically
46 necessary treatment is:

47 (a) prescribed by a physician;

48 (b) agreed to:

49 (i) by a person who is:

50 (A) insured under the health benefit plan; and

51 (B) fully informed regarding the person's life expectancy or diagnosis with a terminal
52 condition; or

53 (ii) if the person described in Subsection (3)(b)(i) lacks legal capacity to consent, by
54 another person who:

55 (A) has legal authority to consent on behalf of the person described in Subsection
56 (3)(b)(i); and

57 (B) is fully informed regarding the life expectancy or diagnosis with a terminal

58 condition of the person described in Subsection (3)(b)(i); and
59 (c) denied solely because:
60 (i) of the life expectancy of the person described in Subsection (3)(b)(i); or
61 (ii) the person has been diagnosed with a terminal condition.
62 (4) A denial of coverage described in Subsection (3) for medically necessary treatment
63 is a violation of this section.
64 (5) Whether treatment is considered to be medically necessary treatment is determined
65 by the defined standards and policies of the health benefit plan.
66 (6) This section may not be interpreted to:
67 (a) require an insurer to offer a particular benefit or service as part of a health benefit
68 plan; or
69 (b) alter the clinical policies of a health benefit plan regarding the appropriate location
70 for services.
71 (7) This section does not create a new or additional private right of action.