List of Health Insurance Mandates in Utah

As listed in the Insurance Department’s 2007 Health Insurance Market Report, http://www.insurance.utah.gov/2007HlthInsMrktRprt.pdf, with an *** added to any mandate that has been studied or is in the process of being studied by the Utah Insurance Department as of October 2007.

Coverage mandates

**Required by Federal statute:**
1. Preexisting conditions (31A-22-605; NAIC Standard)
2. Dependent coverage from the moment of birth or adoption (31A-22-610)
3. Coverage through a noncustodial parent (31A-22-610.5; Social Security Act)
4. Open enrollment for child coverage ordered by a court (31A-22-610.5; Social Security Act)
5. Medicare supplemental insurance, including preexisting conditions provision (31A-22-620; NAIC Standard; Title XVIII of the Social Security Amendment, 1965)
7. Individual and small group limit on exclusions and preexisting conditions (31A-30-107; Preexisting conditions are required by Federal Statute)
9. Maternity coverage on groups of 15 or more employees (Pregnancy Discrimination Act, Public Law 95-555, 1978)
10. COBRA benefits for employees of employer with 20 or more employees (Consolidated Omnibus Budget Reconciliation Act, Public Law 99-272, 1985)

**Required by State statute:**
1. Policy provision standards (31A-22-605)
*2. Dependent coverage to age 26 (31A-22-610.5)
3. Extension of policy for a dependent child with a disability (31A-22-611)
4. Conversion privileges for an insured former spouse (31A-22-612)
5. Mini-COBRA benefits for employees of employer with less than 20 employees (31A-22-722; State expansion of Federal COBRA requirements).

Benefit mandates

**Required by Federal statute:**
1. Maternity stay minimum limits (31A-22-610.2; Newborn & Mothers Health Protection Act, Public Law 105-35, 1997)
2. Pediatric vaccines – level of benefit (31A-22-610.5, Omnibus Budget Reconciliation Act, 1993)
3. Preauthorization of emergency medical services (31A-22-627; Federal Patient Bill of Rights Plus Act)
4. OB/GYN as primary care physician (31A-22-624)
5. Mastectomy provisions (31A-22-630; Women’s Health & Cancer Rights Act, 1996)

**Required by State statute:**
*1. $4,000 minimum adoption indemnity benefit (31A-22-610.1)
*2. Dietary products for inborn metabolic errors (31A-22-623)
*3. Catastrophic coverage of mental health conditions (31A-22-625; Required by Federal statute, but State statute is more protective than Federal requirements)
*4. Diabetes coverage (31A-22-626)
5. Standing referral to a specialist (31A-22-628)
6. Basic Health Care Plan in individual market (31A-22-613.5 and 31A-30-109)

Provider mandates

**Required by Federal statute:**
None

**Required by State statute:**
1. Preferred provider contract provisions, including 75 percent reimbursement provision for non-preferred providers, quality assurance program, nondiscrimination, and grievance process (31A-22-617)
2. HMO payments to noncontracting providers in rural areas (31A-8-501)