

29 ENACTS:

30 **26-18-420**, Utah Code Annotated 1953

31 **31A-22-653**, Utah Code Annotated 1953

32 **49-20-420**, Utah Code Annotated 1953

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

35 Section 1. Section **26-18-420** is enacted to read:

36 **26-18-420. Coverage for in vitro fertilization and genetic testing.**

37 (1) As used in this section:

38 (a) "Qualified condition" means:

39 (i) cystic fibrosis;

40 (ii) spinal muscular atrophy;

41 (iii) Morquio Syndrome;

42 (iv) myotonic dystrophy; or

43 (v) sickle cell anemia.

44 (b) "Qualified enrollee" means an individual who:

45 (i) is enrolled in the Medicaid program;

46 (ii) has been diagnosed by a physician as having a genetic trait associated with a

47 qualified condition; and

48 (iii) intends to get pregnant with a partner who is diagnosed by a physician as having a

49 genetic trait associated with the same qualified condition as the individual.

50 (2) Before January 1, 2021, the department shall apply for a Medicaid waiver or a state

51 plan amendment with the Centers for Medicare and Medicaid Services within the United States

52 Department of Health and Human Services to implement the coverage described in Subsection

53 (3).

54 (3) If the waiver described in Subsection (2) is approved, the Medicaid program shall

55 provide coverage to a qualified enrollee for:

56 (a) in vitro fertilization services; and
57 (b) genetic testing of a qualified enrollee who receives in vitro fertilization services
58 under Subsection (3)(a).

59 (4) The Medicaid program may not provide the coverage described in Subsection (3)
60 before the later of:

61 (a) the day on which the waiver described in Subsection (2) is approved; and
62 (b) January 1, 2021.

63 (5) Before November 1, 2022, and before November 1 of every third year thereafter,
64 the department shall:

65 (a) calculate the change in state spending attributable to the coverage under this
66 section; and

67 (b) report the amount described in Subsection (4)(a) to the Health and Human Services
68 Interim Committee and the Social Services Appropriations Subcommittee.

69 Section 2. Section **31A-22-653** is enacted to read:

70 **31A-22-653. Study of coverage for in vitro fertilization and genetic testing --**
71 **Reporting -- Coverage requirements.**

72 (1) As used in this section:

73 (a) "Qualified condition" means the same as that term is defined in Section [49-20-420](#).

74 (b) "Qualified insurer" means an insurer that provides a health benefit plan described in
75 Section [31A-22-600](#) to more than 25,000 enrollees in the state.

76 (c) "Qualified enrollee" means an enrollee of a qualified insurer who:

77 (i) has been diagnosed by a physician as having a genetic trait associated with a
78 qualified condition; and

79 (ii) intends to get pregnant with a partner who is diagnosed by a physician as having a
80 genetic trait associated with the same qualified condition as the enrollee.

81 (2) (a) A qualified insurer shall submit the information described in this Subsection (2)
82 to the department with the qualified insurer's rate filings required under Section [31A-2-201.1](#)

83 for a plan year beginning:

84 (i) on or after January 1, 2022, but before December 31, 2022; and

85 (ii) on or after January 1, 2025, but before December 31, 2025.

86 (b) A qualified insurer shall study whether providing the coverage for the services
87 described in Subsections (3)(a) through (c) for qualified enrollees will result in cost savings for
88 the qualified insurer.

89 (c) (i) If a qualified insurer determines that providing the coverage described in
90 Subsection (3) for qualified enrollees will result in cost savings for the qualified insurer, the
91 qualified insurer shall submit a summary of the results of the study described in Subsection
92 (2)(b), and:

93 (A) describe how the qualified insurer intends to provide the coverage described in
94 Subsection (3); or

95 (B) submit an explanation of why the insurer will not provide the coverage described in
96 Subsection (3).

97 (ii) If a qualified insurer determines that providing the coverage described in
98 Subsection (3) will not result in cost savings to the qualified insurer, the qualified insurer shall
99 submit a summary of the results of the study described in Subsection (2)(b).

100 (3) A qualified insurer shall consider coverage for:

101 (a) in vitro fertilization services for a qualified enrollee; and

102 (b) genetic testing of a qualified enrollee who received in vitro fertilization services
103 under Subsection (3)(a).

104 (4) The department shall report the information received under Subsection (2) to the
105 Health and Human Services Interim Committee on or before:

106 (a) for information submitted under Subsection (2)(a)(i), November 1, 2022; and

107 (b) for information submitted under Subsection (2)(a)(ii), November 1, 2025.

108 Section 3. Section **49-20-420** is enacted to read:

109 **49-20-420. Coverage for in vitro fertilization and genetic testing.**

- 110 (1) As used in this section:
- 111 (a) "Qualified condition" means:
- 112 (i) cystic fibrosis;
- 113 (ii) spinal muscular atrophy;
- 114 (iii) Morquio Syndrome;
- 115 (iv) myotonic dystrophy; or
- 116 (v) sickle cell anemia.
- 117 (b) "Qualified individual" means a covered individual who:
- 118 (i) has been diagnosed by a physician as having a genetic trait associated with a
- 119 qualified condition; and
- 120 (ii) intends to get pregnant with a partner who is diagnosed by a physician as having a
- 121 genetic trait associated with the same qualified condition as the covered individual.
- 122 (2) For a plan year that begins on or after July 1, 2020, the program shall provide
- 123 coverage for a qualified individual for:
- 124 (a) in vitro fertilization services; and
- 125 (b) genetic testing of a qualified individual who receives in vitro fertilization services
- 126 under Subsection (2)(a).
- 127 (3) Before November 1, 2022, and before November 1 of every third year thereafter,
- 128 the program shall:
- 129 (a) calculate the change in state spending attributable to the coverage under this
- 130 section; and
- 131 (b) report the amount described in Subsection (3)(a) to the Health and Human Services
- 132 Interim Committee and the Social Services Appropriations Subcommittee.
- 133 Section 4. Section **63I-2-226** is amended to read:
- 134 **63I-2-226. Repeal dates -- Title 26.**
- 135 (1) Subsection **26-7-8(3)** is repealed January 1, 2027.
- 136 (2) Section **26-8a-107** is repealed July 1, 2024.

- 137 (3) Subsection [26-8a-203\(3\)\(a\)\(i\)](#) is repealed January 1, 2023.
- 138 [~~(4) Subsection [26-18-2.3\(5\)](#) is repealed January 1, 2020.~~]
- 139 [~~(5)~~] (4) Subsection [26-18-2.4\(3\)\(e\)](#) is repealed January 1, 2023.
- 140 [~~(6)~~] (5) Subsection [26-18-411\(8\)](#), related to reporting on the health coverage
- 141 improvement program, is repealed January 1, 2023.
- 142 (6) Subsection [26-18-420\(5\)](#), related to reporting on coverage for in vitro fertilization
- 143 and genetic testing, is repealed July 1, 2030.
- 144 [~~(7) Subsection [26-18-604\(2\)](#) is repealed January 1, 2020.~~]
- 145 [~~(8)~~] (7) Subsection [26-21-28\(2\)\(b\)](#) is repealed January 1, 2021.
- 146 [~~(9)~~] (8) Subsection [26-33a-106.1\(2\)\(a\)](#) is repealed January 1, 2023.
- 147 [~~(10) Subsection [26-33a-106.5\(6\)\(c\)\(iii\)](#) is repealed January 1, 2020.~~]
- 148 [~~(11)~~] (9) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance
- 149 Program, is repealed July 1, 2027.
- 150 [~~(12) Subsection [26-50-202\(7\)\(b\)](#) is repealed January 1, 2020.~~]
- 151 [~~(13) Subsections [26-54-103\(6\)\(d\)\(ii\)](#) and (iii) are repealed January 1, 2020.~~]
- 152 [~~(14)~~] (10) Subsection [26-55-107\(8\)](#) is repealed January 1, 2021.
- 153 [~~(15) Subsection [26-56-103\(9\)\(d\)](#) is repealed January 1, 2020.~~]
- 154 [~~(16) Title 26, Chapter 59, Telehealth Pilot Program, is repealed January 1, 2020.~~]
- 155 [~~(17)~~] (11) Subsection [26-61-202\(4\)\(b\)](#) is repealed January 1, 2022.
- 156 [~~(18)~~] (12) Subsection [26-61-202\(5\)](#) is repealed January 1, 2022.
- 157 Section 5. Section **63I-2-249** is amended to read:
- 158 **63I-2-249. Repeal dates -- Title 49.**
- 159 (1) Section [49-20-106](#) is repealed January 1, 2021.
- 160 (2) Subsection [49-20-417\(5\)\(b\)](#) is repealed January 1, 2020.
- 161 (3) Subsection [49-20-420\(3\)](#), regarding a requirement to report to the Legislature, is
- 162 repealed January 1, 2030.