

None
<b>Utah Code Sections Affected:</b>
ENACTS:
<b>31A-22-641</b> , Utah Code Annotated 1953
Be it enacted by the Legislature of the state of Utah:
Section 1. Section 31A-22-641 is enacted to read:
31A-22-641. Insurance coverage for autism spectrum disorders.
(1) As used in this section:
(a) "Applied behavior analysis" means the design, implementation, and evaluation of
environmental modifications, using behavioral stimuli and consequences, to produce socially
significant improvement in human behavior, including the use of direct observation,
measurement, and functional analysis of the relationship between environment and behavior.
(b) "Autism spectrum disorder" means any of the pervasive developmental disorders or
autism spectrum disorders as defined by the most recent edition of the Diagnostic and
Statistical Manual of Mental Disorders (DSM).
(c) "Behavioral health treatment" means counseling and treatment programs, including
applied behavior analysis, that are:
(i) necessary to develop, maintain, or restore, to the maximum extent practicable, the
functioning of an individual; and
(ii) provided or supervised by a:
(A) person licensed under Title 58, Division of Occupational and Professional
Licensing, whose scope of practice includes mental health services; or
(B) Board Certified Behavior Analyst.
(d) "Diagnosis of autism spectrum disorder" means medically necessary assessment,
evaluations, or tests to diagnose whether an individual has an autism spectrum disorder.
(e) "Pharmacy care" means medications prescribed by a licensed physician and any
health-related services deemed medically necessary to determine the need or effectiveness of
the medications.
(f) "Psychiatric care" means direct or consultative services provided by a psychiatrist
licensed in the state in which the psychiatrist practices.

57	(g) "Psychological care" means direct or consultative services provided by a person
58	licensed in the state to provide mental health services.
59	(h) "Therapeutic care" means services provided by licensed or certified speech
60	therapists, occupational therapists, or physical therapists.
61	(i) "Treatment for autism spectrum disorder":
62	(i) means evidence-based care and related equipment prescribed or ordered for an
63	individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed
64	psychologist who determines the care to be medically necessary; and
65	(ii) includes:
66	(A) behavioral health treatment, provided or supervised by a person described in
67	Subsection (1)(c)(ii);
68	(B) pharmacy care;
69	(C) psychiatric care;
70	(D) psychological care; and
71	(E) therapeutic care.
72	(2) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan
73	entered into or renewed on or after July 1, 2013, shall provide coverage for the treatment for
74	autism spectrum disorder in accordance with the requirements of this section and the rules
75	made by the commissioner under this section.
76	(3) The commissioner may adopt rules in accordance with Title 63G, Chapter 3, Utah
77	Administrative Rulemaking Act, to set the minimum standards of coverage for the treatment
78	for autism spectrum disorder.
79	(4) Subject to Subsection (5), the rules described in Subsection (3) shall establish
80	durational limits, amount limits, deductibles, copayments, and coinsurance for the treatment for
81	autism spectrum disorder that are similar to, or identical to, the coverage provided for other
82	illnesses or diseases.
83	(5) Subject to Subsection (6), coverage for behavioral health treatment for a person
84	with an autism spectrum disorder is subject to a maximum benefit of:
85	(a) \$50,000 annually for a child who is younger than nine years old; and
86	(b) \$25,000 annually for a child who is at least nine years old, but younger than 18
87	years old.

88	(6) Beginning on July 1, 2015, the commissioner has authority to annually adjust the
89	amounts described in Subsection (5) by a percentage equal to the percentage difference
90	between the Consumer Price Index for the current calendar year and the Consumer Price Index
91	for the preceding calendar year.
92	(7) The commissioner shall grant a small employer with a group health benefit plan a
93	waiver from the provisions of this section if the small employer demonstrates to the
94	commissioner by actual claims experience over any consecutive 12-month period that
95	compliance with this section has increased the cost of the health benefit plan by an amount of
96	2-1/2% or greater over the period of a calendar year in premium costs to the small employer.