

28 **31A-22-642**, Utah Code Annotated 1953

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

31 Section 1. Section **31A-22-642** is enacted to read:

32 **31A-22-642. Insurance coverage for autism spectrum disorder.**

33 (1) As used in this section:

34 (a) "Applied behavior analysis" means the design, implementation, and evaluation of
 35 environmental modifications, using behavioral stimuli and consequences, to produce socially
 36 significant improvement in human behavior, including the use of direct observation,
 37 measurement, and functional analysis of the relationship between environment and behavior.

38 (b) "Autism spectrum disorder" means any of the pervasive developmental disorders or
 39 autism spectrum disorders as defined by ~~§~~ → ~~[the most recent]~~ an accepted ← ~~§~~ edition of the
 39a Diagnostic and
 40 Statistical Manual of Mental Disorders (DSM).

41 (c) "Behavioral health treatment" means counseling and treatment programs, including
 42 applied behavior analysis, that are:

43 (i) necessary to develop, maintain, or restore, to the maximum extent practicable, the
 44 functioning of an individual; and

45 (ii) provided or supervised by a:

46 (A) board certified behavior analyst; or

47 (B) ~~§~~ → ~~[licensed psychologist so long as the services performed are commensurate with the~~
 48 ~~psychologist's formal university training and supervised experience]~~ a person licensed under Title
 48a 58, Division of Occupational and Professional Licensing, whose scope of practice includes
 48b mental health services ← ~~§~~ .

49 (d) "Diagnosis of autism spectrum disorder" means medically necessary assessments,
 50 evaluations, or tests to diagnose whether an individual has an autism spectrum disorder.

51 (e) "Pharmacy care" means medications prescribed by a licensed physician and any
 52 health-related services considered medically necessary to determine the need or effectiveness
 53 of the medications.

54 (f) "Psychiatric care" means direct or consultative services provided by a psychiatrist
 55 licensed in the state in which the psychiatrist practices.

56 (g) "Psychological care" means direct or consultative services provided by a
 57 psychologist licensed in the state in which the psychologist practices.

58 (h) "Therapeutic care" means services provided by licensed or certified speech

59 therapists, occupational therapists, or physical therapists.

60 (i) "Treatment for autism spectrum disorder":

61 (i) means evidence-based care and related equipment prescribed or ordered for an
 62 individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed
 63 psychologist who determines the care to be medically necessary; and

64 (ii) includes:

65 (A) behavioral health treatment, provided or supervised by a person described in
 66 Subsection (1)(c)(ii);

67 (B) pharmacy care;

68 (C) psychiatric care;

69 (D) psychological care; and

70 (E) therapeutic care.

71 (2) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan
 72 entered into or renewed on or after July 1, ~~§~~→ [2013] 2014 ←~~§~~, shall provide coverage for the
 72a ~~§~~→ **diagnosis and** ←~~§~~ treatment of
 73 autism spectrum disorder in accordance with the requirements of this section and the rules
 74 made by the commissioner under this section.

75 (3) The commissioner may adopt rules in accordance with Title 63G, Chapter 3, Utah
 76 Administrative Rulemaking Act, to set the minimum standards of coverage for the treatment of
 77 autism spectrum disorder.

78 (4) Subject to Subsection (5), the rules described in Subsection (3) shall establish
 79 durational limits, amount limits, deductibles, copayments, and coinsurance for the treatment of
 80 autism spectrum disorder that are similar to, or identical to, the coverage provided for other
 81 illnesses or diseases.

82 (5) (a) Subject to Subsection (6), coverage for behavioral health treatment for a person
 83 with an autism spectrum disorder is subject to a maximum benefit of:

84 (i) \$36,000 annually for a child who is younger than nine years old; and

85 (ii) \$18,000 annually for a child who is at least nine years old, but younger than 18
 86 years old.

87 (b) A health benefit plan providing treatment under Subsection (5)(a) shall include in
 88 the plan's provider network both board certified behavior analysts and psychologists qualified
 89 under Subsection (1)(c)(ii).

90 (6) Beginning on July 1, 2015, the commissioner has authority to annually adjust the
91 amounts described in Subsection (5) by a percentage equal to the percentage difference
92 between the Consumer Price Index for the current calendar year and the Consumer Price Index
93 for the preceding calendar year.

94 (7) The commissioner shall grant a small employer with a group health benefit plan a
95 waiver from the provisions of this section if the small employer demonstrates to the
96 commissioner by actual claims experience over any consecutive 12-month period that
97 compliance with this section has increased the cost of the health benefit plan by an amount of
98 2-1/2% or greater over the period of a calendar year in premium costs to the small employer.

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Office of Legislative Research and General Counsel