



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



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 edition of the 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.

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, shall provide coverage for the 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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**Legislative Review Note**  
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**Office of Legislative Research and General Counsel**