

## SB0057S01 compared with SB0057

~~{deleted text}~~ shows text that was in SB0057 but was deleted in SB0057S01.

inserted text shows text that was not in SB0057 but was inserted into SB0057S01.

**DISCLAIMER:** This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Representative Brad L. Dee proposes the following substitute bill:

### AUTISM SERVICES AMENDMENTS

2014 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Brian E. Shiozawa**

House Sponsor: ~~{ }~~ Brad L. Dee

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#### LONG TITLE

##### General Description:

This bill amends the Insurance Code to provide health benefit plan coverage for the treatment of autism spectrum disorder.

##### Highlighted Provisions:

This bill:

- ▶ defines terms;
- ▶ requires a health benefit plan offered or renewed in the individual market or large group market, on or after January 1, 2016, to provide coverage for the treatment of autism spectrum disorder~~;~~  
→ ~~{grants rulemaking authority}~~ for children 2 to ~~{the insurance commissioner}~~ 9 years of age;
- ▶ describes minimum coverage ~~{amounts and limits for the insurance}~~ limits for

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### autism coverage:

- ▶ requires an assessment of treatment plan every six months;
- ▶ permits the commissioner to waive coverage under this section if the attorney general issues a legal opinion that the limits on autism coverage are unenforceable under federal law;
- ▶ clarifies that all other terms of the insurance plan related to deductibles, provider networks, and cost sharing apply to the autism coverage;
- ▶ provides ~~{for the annual adjustment of the coverage amounts based on the Consumer Price Index; and~~
- ▶ ~~provides an exemption for small employers}~~ a waiver for an insurer if premium costs increase by more than a certain percentage ~~{.}~~; and
- ▶ sunsets the autism coverage on January 1, 2019.

### Money Appropriated in this Bill:

None

### Other Special Clauses:

~~{None}~~ This bill provides an effective date.

### Utah Code Sections Affected:

#### AMENDS:

63I-1-231 (Effective 07/01/14), as last amended by Laws of Utah 2013, Chapters 261 and 417

#### ENACTS:

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

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

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

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

(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.

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(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) board certified behavior analyst; or

(B) ~~licensed psychologist so long as the services performed are commensurate with the psychologist's formal university training and supervised experience~~ person licensed under Title 58, Chapter 1, Division of Occupational and Professional Licensing Act, whose scope of practice includes mental health services.

(d) "Diagnosis of autism spectrum disorder" means medically necessary assessments, evaluations, or tests:

(i) performed by a licensed physician who is board certified in neurology, psychiatry, or pediatrics and has experience diagnosing autism spectrum disorder, or a licensed psychologist with experience diagnosing autism spectrum disorder; and

(ii) necessary 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 considered 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.

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

(h) "Therapeutic care" means services provided by licensed or certified speech therapists, occupational therapists, or physical therapists.

(i) "Treatment for autism spectrum disorder":

(i) means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a ~~licensed~~ physician or a licensed

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psychologist described in Subsection (1)(d) who determines the care to be medically necessary;  
and

(ii) includes:

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

(B) pharmacy care;

(C) psychiatric care;

(D) psychological care; and

(E) therapeutic care.

(2) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan offered in the individual market or the large group market and entered into or renewed on or after ~~July~~ January 1, ~~2013~~ 2016, shall provide coverage for the diagnosis and treatment of autism spectrum disorder:

(a) for a child who is at least two years old, but younger than 10 years old; and

(b) in accordance with the requirements of this section and ~~the~~ rules made by the commissioner ~~under this section~~.

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

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

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

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

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

~~— (b) A~~ shall cover at least 600 hours a year. Other terms and conditions in the health benefit plan that apply to other benefits covered by the health benefit plan apply to coverage required by this section.

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(b) Notwithstanding Subsection 31A-22-617(6), a health benefit plan providing treatment under Subsection (5)(a) shall include in the plan's provider network both board certified behavior analysts and ~~psychologists~~ mental health providers qualified under Subsection (1)(c)(ii).

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

~~(7) The~~ A health care provider shall submit a treatment plan for autism spectrum disorder to the insurer within 14 business days of starting treatment for an individual. If an individual is receiving treatment for an autism spectrum disorder, an insurer shall have the right to request a review of that treatment not more than once every six months. A review of treatment under this Subsection (6) may include a review of treatment goals and progress toward the treatment goals. If an insurer makes a determination to stop treatment as a result of the review of the treatment plan under this subsection, the determination of the insurer may be reviewed under Section 31A-22-629.

(7) (a) In accordance with Subsection (7)(b), the commissioner shall ~~grant a small employer with a group health benefit plan a waiver from~~ waive the ~~provisions~~ requirements of this section ~~if the small employer~~ for all insurers in the individual market or the large group market, if an insurer demonstrates to the commissioner ~~by actual claims experience over any consecutive 12-month~~ that the insurer's entire pool of business in the individual market or the large group market has incurred claims for the autism coverage required by this section in a 12 consecutive month period that will cause a premium increase for the insurer's entire pool of business in the individual market or the large group market in excess of 1% over the insurer's premiums in the previous 12 consecutive month period.

(b) The commissioner shall waive the requirements of this section if:

(i) after a public hearing in accordance with Title 63G, Chapter 4, Administrative Procedures Act, the commissioner finds that the insurer has demonstrated to the commissioner based on generally accepted actuarial principles and methodologies that the insurer's entire pool of business in the individual market or the large group market will experience a premium increase of 1% or greater as a result of the claims for autism services as described in this

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section; or

(ii) the attorney general issues a legal opinion that the limits under Subsection (5)(a) cannot be implemented by an insurer in a manner that complies with federal law.

(8) If a waiver is granted under Subsection (7), the insurer may:

(a) continue to offer autism coverage under the existing plan until the next renewal period for the plan, at which time the insurer:

(i) may delete the autism coverage from the plan without having to re-apply for the waiver under Subsection (7); and

(ii) file the plan with the commissioner in accordance with guidelines issued by the commissioner;

(b) discontinue offering plans subject to Subsection (2), no earlier than the next calendar quarter following the date the waiver is granted, subject to filing guidelines issued by the commissioner; or

(c) nonrenew existing plans that are subject to Subsection (2), in compliance with ~~this~~ section has increased the cost of the health benefit plan by an amount of 2-1/2% or greater over the period of a calendar year in premium costs to the small employer.

### Legislative Review Note

as of 2-5-14 6:19 PM

Office of Legislative Research and General Counsel; 31A30-107(3)(d).

(9) This section sunsets in accordance with Section 63I-1-231.

Section 2. Section 63I-1-231 (Effective 07/01/14) is amended to read:

63I-1-231 (Effective 07/01/14). Repeal dates, Title 31A.

(1) Section 31A-2-208.5, Comparison tables, is repealed July 1, 2015.

(2) Section 31A-2-217, Coordination with other states, is repealed July 1, 2023.

(3) Section 31A-22-619.6, Coordination of benefits with workers' compensation claim--Health insurer's duty to pay, is repealed on July 1, 2018.

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(4) Section 31A-22-642, Insurance coverage for autism spectrum disorder, is repealed on January 1, 2019.

**Section 3. Effective date.**

(1) Except as provided in Subsection (2), this bill takes effect on May 13, 2014.

(2) The amendments to Section 63I-1-231 (Effective 07/01/14) take effect on July 1, 2014.