

1 **Health Insurance Coverage Amendments**

2025 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Karen Kwan

House Sponsor:

3 **LONG TITLE**

4 **General Description:**

5 This bill addresses the diagnosing of autism spectrum disorder.

6 **Highlighted Provisions:**

7 This bill:

8 ▶ expands the definition of "diagnosis of autism spectrum disorder" to include a diagnosis
9 by a mental health therapist; and

10 ▶ makes technical and conforming changes.

11 **Money Appropriated in this Bill:**

12 None

13 **Other Special Clauses:**

14 None

15 **Utah Code Sections Affected:**

16 AMENDS:

17 **31A-22-642**, as last amended by Laws of Utah 2022, Chapter 415

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

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

21 **31A-22-642 . Insurance coverage for autism spectrum disorder.**

22 (1) As used in this section:

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

28 (b) "Autism spectrum disorder" means pervasive developmental disorders as defined by
29 the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
30 (DSM).

- 31 (c) "Behavioral health treatment" means counseling and treatment programs, including
32 applied behavior analysis, that are:
- 33 (i) necessary to develop, maintain, or restore, to the maximum extent practicable, the
34 functioning of an individual; and
- 35 (ii) provided or supervised by[-a]:
- 36 (A) a board certified behavior analyst; or
- 37 (B) a person licensed under Title 58, Chapter 1, Division of Professional
38 Licensing Act, whose scope of practice includes mental health services.
- 39 (d) "Diagnosis of autism spectrum disorder" means medically necessary assessments,
40 evaluations, or tests:
- 41 (i) performed by:
- 42 (A) a licensed physician who is board certified in neurology, psychiatry, or
43 pediatrics and has experience diagnosing autism spectrum disorder, or a
44 licensed psychologist with experience diagnosing autism spectrum disorder; [
45 and] or
- 46 (B) an individual who is licensed under Title 58, Chapter 60, Division of
47 Professional Licensing Act, as a mental health therapist under Section
48 58-60-102, and acting within the individual's scope of practice; and
- 49 (ii) necessary to diagnose whether an individual has an autism spectrum disorder.
- 50 (e) "Pharmacy care" means medications prescribed by a licensed physician and any
51 health-related services considered medically necessary to determine the need or
52 effectiveness of the medications.
- 53 (f) "Psychiatric care" means direct or consultative services provided by a psychiatrist
54 licensed in the state in which the psychiatrist practices.
- 55 (g) "Psychological care" means direct or consultative services provided by a
56 psychologist licensed in the state in which the psychologist practices.
- 57 (h) "Therapeutic care" means services provided by licensed or certified speech
58 therapists, occupational therapists, or physical therapists.
- 59 (i) "Treatment for autism spectrum disorder":
- 60 (i) means evidence-based care and related equipment prescribed or ordered for an
61 individual diagnosed with an autism spectrum disorder by [~~a physician or a~~
62 ~~licensed psychologist~~] an individual described in Subsection (1)(d) who determines
63 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)(a) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan
72 offered in the individual market or the large group market and entered into or
73 renewed on or after January 1, 2016, and before January 1, 2020, shall provide
74 coverage for the diagnosis and treatment of autism spectrum disorder:
- 75 (i) for a child who is at least two years old, but younger than 10 years old; and
- 76 (ii) in accordance with the requirements of this section and rules made by the
77 commissioner.
- 78 (b) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan
79 offered in the individual market or the large group market and entered into or
80 renewed on or after January 1, 2020, shall provide coverage for the diagnosis and
81 treatment of autism spectrum disorder in accordance with the requirements of this
82 section and rules made by the commissioner.
- 83 (3) The commissioner may adopt rules in accordance with Title 63G, Chapter 3, Utah
84 Administrative Rulemaking Act, to set the minimum standards of coverage for the
85 treatment of autism spectrum disorder.
- 86 (4) Subject to Subsection (5), the rules described in Subsection (3) shall establish durational
87 limits, amount limits, deductibles, copayments, and coinsurance for the treatment of
88 autism spectrum disorder that are similar to, or identical to, the coverage provided for
89 other illnesses or diseases.
- 90 (5)(a) Coverage for behavioral health treatment for a person with an autism spectrum
91 disorder shall cover at least 600 hours a year.
- 92 (b) Notwithstanding Subsection (5)(a), for a health benefit plan offered in the individual
93 market or the large group market and entered into or renewed on or after January 1,
94 2020, coverage for behavioral health treatment for a person with an autism spectrum
95 disorder may not have a limit on the number of hours covered.
- 96 (c) Other terms and conditions in the health benefit plan that apply to other benefits
97 covered by the health benefit plan apply to coverage required by this section.
- 98 (d) Notwithstanding Section 31A-45-303, a health benefit plan providing treatment

99 under Subsections (5)(a) and (b) shall include in the plan's provider network both
100 board certified behavior analysts and mental health providers qualified under
101 Subsection (1)(c)(ii).

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

110 Section 2. **Effective Date.**

111 This bill takes effect on May 7, 2025.