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Health Insurance Revisions
2026 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Karen Kwan
House Sponsor: Norman K Thurston

LONG TITLE

General Description:

This bill amends provisions regarding autism insurance coverage.

Highlighted Provisions:

This bill:

- defines terms; and
- creates a reporting requirement.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

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

63I-1-231, as last amended by Laws of Utah 2025, Chapters 241, 473

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

Section 1. Section **31A-22-642** is amended 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.
- (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) board certified behavior analyst; or
- 37 (B) person licensed under Title 58, Chapter 1, Division of Professional Licensing
38 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 a licensed physician who is board certified in neurology, psychiatry,
42 or pediatrics and has experience diagnosing autism spectrum disorder, or a
43 licensed psychologist with experience diagnosing autism spectrum disorder; and
- 44 (ii) necessary to diagnose whether an individual has an autism spectrum disorder.
- 45 (e) "Mental health therapist" means the same as that term is defined in Section 58-60-102.
- 46 ~~[(e)]~~ (f) "Pharmacy care" means medications prescribed by a licensed physician and any
47 health-related services considered medically necessary to determine the need or
48 effectiveness of the medications.
- 49 ~~[(f)]~~ (g) "Psychiatric care" means direct or consultative services provided by a
50 psychiatrist licensed in the state in which the psychiatrist practices.
- 51 ~~[(g)]~~ (h) "Psychological care" means direct or consultative services provided by a
52 psychologist licensed in the state in which the psychologist practices.
- 53 ~~[(h)]~~ (i) "Therapeutic care" means services provided by licensed or certified speech
54 therapists, occupational therapists, or physical therapists.
- 55 ~~[(i)]~~ (j) "Treatment for autism spectrum disorder":
- 56 (i) means evidence-based care and related equipment prescribed or ordered for an
57 individual diagnosed with an autism spectrum disorder by a physician or a
58 licensed psychologist described in Subsection (1)(d) who determines the care to
59 be medically necessary; and
- 60 (ii) includes:
- 61 (A) behavioral health treatment, provided or supervised by a person described in
62 Subsection (1)(c)(ii);

- 63 (B) pharmacy care;
64 (C) psychiatric care;
65 (D) psychological care; and
66 (E) therapeutic care.

67 (2)(a) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan
68 offered in the individual market or the large group market and entered into or
69 renewed on or after January 1, 2016, and before January 1, 2020, shall provide
70 coverage for the diagnosis and treatment of autism spectrum disorder:

- 71 (i) for a child who is at least two years old, but younger than 10 years old; and
72 (ii) in accordance with the requirements of this section and rules made by the
73 commissioner.

74 (b) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan
75 offered in the individual market or the large group market and entered into or
76 renewed on or after January 1, 2020, shall provide coverage for the diagnosis and
77 treatment of autism spectrum disorder in accordance with the requirements of this
78 section and rules made by the commissioner.

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

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

86 (5)(a) Coverage for behavioral health treatment for a person with an autism spectrum
87 disorder shall cover at least 600 hours a year.

88 (b) Notwithstanding Subsection (5)(a), for a health benefit plan offered in the individual
89 market or the large group market and entered into or renewed on or after January 1,
90 2020, coverage for behavioral health treatment for a person with an autism spectrum
91 disorder may not have a limit on the number of hours covered.

92 (c) Other terms and conditions in the health benefit plan that apply to other benefits
93 covered by the health benefit plan apply to coverage required by this section.

94 (d) Notwithstanding Section 31A-45-303, a health benefit plan providing treatment
95 under Subsections (5)(a) and (b) shall include in the plan's provider network both
96 board certified behavior analysts and mental health providers qualified under

- 97 Subsection (1)(c)(ii).
- 98 (6)(a) A health care provider shall submit a treatment plan for autism spectrum disorder
99 to the insurer within 14 business days of starting treatment for an individual.
- 100 (b) If an individual is receiving treatment for an autism spectrum disorder, an insurer
101 shall have the right to request a review of that treatment not more than once every
102 three months.
- 103 (c) A review of treatment under this Subsection (6) may include a review of treatment
104 goals and progress toward the treatment goals.
- 105 (d) If an insurer makes a determination to stop treatment as a result of the review of the
106 treatment plan under this ~~[subsection]~~ Subsection (6), the determination of the insurer
107 may be reviewed under Section 31A-22-629.
- 108 (7)(a) Before July 1, 2027, and before July 1 each year after, a health benefit plan shall
109 report the following to the department for the prior insurance plan year:
- 110 (i) the average wait time for an enrollee to receive an autism assessment;
111 (ii) if the health benefit plan has prior authorization requirements related to autism
112 assessment or treatment;
113 (iii) the number of enrollees under age 18 that were diagnosed with autism spectrum
114 disorder;
115 (iv) of the number of diagnoses described in Subsection (7)(a)(iii), the number of
116 diagnoses disaggregated based on provider license type that made the diagnosis;
117 (v) of the number of diagnoses described in Subsection (7)(a)(iii), the number of
118 enrollees that received applied behavior analysis treatment;
119 (vi) for enrollees that received applied behavior analysis treatment:
120 (A) the average number of hours of applied behavior analysis treatment received;
121 and
122 (B) the average cost of applied behavior analysis treatment received; and
123 (vii) if the health benefit plan accepts state defrayal payments under Subsection
124 31A-30-118(2) for coverage described in this section.
- 125 (b) The department shall compile the information described in Subsection (7)(a) and
126 provide a report to the Health and Human Services Interim Committee on or before
127 September 1.
- 128 (c) Beginning September 1, 2027, the department shall provide on the department's
129 website, in a form that is easily accessible, information regarding which health
130 benefit plans reimburse a mental health therapist that is not a physician or a

131 psychologist for autism spectrum disorder treatment.

132 Section 2. Section **63I-1-231** is amended to read:

133 **63I-1-231 . Repeal dates: Title 31A.**

134 (1) Section 31A-2-217, Coordination with other states, is repealed July 1, 2033.

135 (2) Subsection 31A-22-642(7), regarding the reporting requirement for autism coverage, is
136 repealed January 1, 2030.

137 [~~2~~] (3) Subsection 31A-22-650(5)(b), regarding the reporting requirement that includes the
138 number of preauthorizations that were approved and denied, is repealed July 1, 2029.

139 [~~3~~] (4) Subsection 31A-22-650(8), regarding the rulemaking for the preauthorization
140 reporting requirement, is repealed July 1, 2029.

141 [~~4~~] (5) Section 31A-22-627.1, Ground ambulance reimbursement, is repealed July 1, 2027.

142 Section 3. **Effective Date.**

143 This bill takes effect on May 6, 2026.