

SB0175S02 compared with SB0175

~~{Omitted text}~~ shows text that was in SB0175 but was omitted in SB0175S02

inserted text shows text that was not in SB0175 but was inserted into SB0175S02

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Health Insurance {~~Coverage Amendments~~} Revisions

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Karen Kwan

House Sponsor: Norman K Thurston

LONG TITLE

General Description:

This bill {~~modifies~~} amends provisions regarding autism insurance coverage.

Highlighted Provisions:

This bill:

- {~~amends definitions;~~}
- {~~requires health benefit plans to allow additional health care providers to receive insurance reimbursement for diagnosing autism;~~}
- {~~eliminates outdated language regarding preexisting insurance mandates; and~~}
- {~~makes other technical and conforming changes.~~}
- defines terms; and
- creates a reporting requirement.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

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Utah Code Sections Affected:

AMENDS:

~~{26B-3-904, as renumbered and amended by Laws of Utah 2023, Chapter 306}~~

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 26B-3-904 is amended to read: }~~

26B-3-904. Program benefits.

(1) Except as provided in Subsection (3), medical and dental program benefits shall be benchmarked, in accordance with 42 U.S.C. Sec. 1397cc, as follows:

(a) medical program benefits, including behavioral health care benefits, shall be benchmarked effective July 1, 2019, and on July 1 every third year thereafter, to:

(i) be substantially equal to a health benefit plan with the largest insured commercial enrollment offered by a health maintenance organization in the state; and

(ii) comply with the Mental Health Parity and Addiction Equity Act, Pub. L. No. 110-343; and

(b) dental program benefits shall be benchmarked effective July 1, 2019, and on July 1 every third year thereafter in accordance with the Children's Health Insurance Program Reauthorization Act of 2009, to be substantially equal to a dental benefit plan that has the largest insured, commercial, non-Medicaid enrollment of covered lives that is offered in the state, except that the utilization review mechanism for orthodontia shall be based on medical necessity.

(2) On or before July 1 of each year, the department shall publish the benchmark for dental program benefits established under Subsection (1)(b).

(3) The program benefits:

(a) for enrollees who are at or below 100% of the federal poverty level are exempt from the benchmark requirements of Subsections (1) and (2); and

(b) shall include ~~[treatment for autism spectrum disorder]~~ autism spectrum disorder treatment as defined in Section 31A-22-642, which:

(i) shall include coverage for applied behavioral analysis; and

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(ii) if the benchmark described in Subsection (1)(a) does not include the coverage described in this Subsection (3)(b), the department shall exclude from the benchmark described in Subsection (1)(a) for any purpose other than providing benefits under the program.

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 the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

~~{(c) "Autism spectrum disorder diagnosis" means medically necessary assessments, evaluations, or tests that are:}~~

~~{(i) generally accepted within the medical and mental health professions to be appropriate and necessary to diagnose whether an individual has an autism spectrum disorder; and}~~

~~{(ii) performed by a qualified health care provider.}~~

~~{(d)}~~

~~{(i) "Autism spectrum disorder treatment" means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a qualified health care provider who determines the care to be medically necessary.}~~

~~{(ii) "Autism spectrum disorder treatment" includes:}~~

~~{(A) behavioral health treatment;}~~

~~{(B) pharmacy care;}~~

~~{(C) psychiatric care;}~~

~~{(D) psychological care; and}~~

~~{(E) therapeutic care.}~~

~~{(c)}~~ ~~{(e)}~~ "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

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- 82 (ii) provided or supervised by a:
- 83 (A) board certified behavior analyst; or
- 84 (B) person licensed under Title 58, Chapter 1, Division of Professional Licensing Act, whose scope of
practice includes mental health services.
- 86 ~~{{(d) "Diagnosis of autism spectrum disorder" means medically necessary assessments, evaluations, or
tests;}}~~
- 88 ~~{{(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}}~~
- 92 ~~{{(ii) necessary to diagnose whether an individual has an autism spectrum disorder.}}~~
- 93 ~~{{(e)}} ~~{{(f)}}~~~~ "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.
- 96 ~~{{(f)}} ~~{{(g)}}~~~~ "Psychiatric care" means direct or consultative services provided by a psychiatrist
licensed in the state in which the psychiatrist practices.
- 98 ~~{{(g)}} ~~{{(h)}}~~~~ "Psychological care" means direct or consultative services provided by a psychologist
licensed in the state in which the psychologist practices.
- 100 (i) ~~(h)~~ "Qualified health care provider" means an individual who:
- 101 (i) has completed training recognized by medical and mental health professions as being appropriate
and necessary to diagnose whether an individual has an autism spectrum disorder; and
- 104 (ii) is licensed as any of the following:
- 105 (A) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68,
Utah Osteopathic Medical Practice Act;
- 107 (B) an advanced practice registered nurse licensed under Title 58, Chapter 31b, Nurse Practice Act;
- 109 (C) a clinical social worker licensed under Title 58, Chapter 60, Part 2, Social Worker Licensing Act;
- 111 ~~{{(D) {a marriage and family therapist licensed under Title 58, Chapter 60, Part 3, Marriage and Family
Therapist Licensing Act;}}}~~
- 113 ~~{{(E) {a clinical mental health counselor licensed under Title 58, Chapter 60, Part 4, Clinical Mental
Health Counselor Licensing Act;}}}~~
- 115 ~~{{(F) {a psychologist licensed under Title 58, Chapter 61, Psychologist Licensing Act; or}}}~~
- 117 ~~{{(G) {a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act.}}}~~

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- 119 ~~{(h)}~~ {(i)} a marriage and family therapist licensed under Title 58, Chapter 60, Part 3, Marriage and
Family Therapist Licensing Act;
- 65 (E) a clinical mental health counselor licensed under Title 58, Chapter 60, Part 4, Clinical Mental
Health Counselor Licensing Act;
- 67 (F) a psychologist licensed under Title 58, Chapter 61, Psychologist Licensing Act; or
- 69 (G) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act.
- 71 ~~{(h)}~~ (i) "Therapeutic care" means services provided by licensed or certified speech therapists,
occupational therapists, or physical therapists.
- 121 ~~{(i)}~~ (j) {"Treatment for autism spectrum disorder":}
- 122 ~~{(i)}~~ means evidence-based care and related equipment prescribed or ordered for an individual
diagnosed with an autism spectrum disorder by a physician or a licensed psychologist described in
Subsection (1)(d) who determines the care to be medically necessary; and}
- 126 ~~{(ii)}~~ includes;
- 127 ~~{(A)}~~ behavioral health treatment, provided or supervised by a person described in Subsection (1)(c)
(ii);}
- 129 ~~{(B)}~~ pharmacy care;
- 130 ~~{(C)}~~ psychiatric care;
- 131 ~~{(D)}~~ psychological care; and}
- 132 ~~{(E)}~~ therapeutic care.}
- 133 (2)
- (a) 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 {January 1,
2016, and before } January 1, 2020, shall provide coverage for ~~{the{}}~~ autism-spectrum-disorder
diagnosis and ~~{autism-spectrum-disorder}~~ treatment{ of autism spectrum disorder} :
- 138 (i) for a child who is at least two years old, but younger than 10 years old; and
- 139 (ii) in accordance with the requirements of this section and rules made by the commissioner.
- 141 {(b) 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 January 1, 2020,
shall provide coverage for the diagnosis and treatment of autism spectrum disorder in accordance
with the requirements of this section and rules made by the commissioner.}

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(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{}} autism spectrum disorder~~ 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{}} autism spectrum disorder~~ treatment ~~{of autism spectrum disorder}~~ that are similar to, or identical to, the coverage provided for other illnesses or diseases.

(5)

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

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

(c) 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.

(d) Notwithstanding Section 31A-45-303, a health benefit plan providing treatment under Subsections (5)(a) and (b) shall include in the plan's provider network both board certified behavior analysts and mental health providers qualified under Subsection ~~{(1)(c)(ii){}}~~ ~~(1)(e)(ii)}~~.

~~{(e)} Except as provided in this section, a health benefit plan may implement cost containment strategies, including prior authorization requirements, for autism spectrum disorder treatment.~~

(6)

(a) 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.

(b) If an individual is receiving ~~{autism spectrum disorder}~~ treatment ~~{for an autism spectrum disorder}~~ , an insurer ~~{shall have the right to{}}~~ ~~may~~ request a review of that treatment not more than once every three months.

(c) A review of treatment under this Subsection (6) may include a review of treatment goals and progress toward the treatment goals.

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(d) If an insurer makes a determination to stop treatment as a result of the review of the treatment plan under this [subsection] Subsection (6), the determination of the insurer may be reviewed under Section 31A-22-629.

(7)

(a) Before July 1, 2027, and before July 1 each year after, a health benefit plan shall report the following to the department for the prior insurance plan year:

(i) the average wait time for an enrollee to receive an autism assessment;

(ii) if the health benefit plan has prior authorization requirements related to autism assessment or treatment;

(iii) the number of enrollees under age 18 that were diagnosed with autism spectrum disorder;

(iv) of the number of diagnoses described in Subsection (7)(a)(iii), the number of diagnoses disaggregated based on provider license type that made the diagnosis;

(v) of the number of diagnoses described in Subsection (7)(a)(iii), the number of enrollees that received applied behavior analysis treatment;

(vi) for enrollees that received applied behavior analysis treatment:

(A) the average number of hours of applied behavior analysis treatment received; and

(B) the average cost of applied behavior analysis treatment received; and

(vii) if the health benefit plan accepts state defrayal payments under Subsection 31A-30-118(2) for coverage described in this section.

(b) The department shall compile the information described in Subsection (7)(a) and provide a report to the Health and Human Services Interim Committee on or before September 1.

(c) Beginning September 1, 2027, the department shall provide on the department's website, in a form that is easily accessible, information regarding which health benefit plans reimburse a qualified health care provider that is not a physician or a psychologist for autism spectrum disorder treatment.

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

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

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

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

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

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157 ~~[(3)]~~ (4) Subsection 31A-22-650(8), regarding the rulemaking for the preauthorization reporting
requirement, is repealed July 1, 2029.

159 ~~[(4)]~~ (5) Section 31A-22-627.1, Ground ambulance reimbursement, is repealed July 1, 2027.

160 Section 3. **Effective date.**

Effective Date.

This bill takes effect on May 6, 2026.

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