

Karen Kwan proposes the following substitute bill:

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 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) "Pharmacy care" means medications prescribed by a licensed physician and any
46 health-related services considered medically necessary to determine the need or
47 effectiveness of the medications.
- 48 (f) "Psychiatric care" means direct or consultative services provided by a psychiatrist
49 licensed in the state in which the psychiatrist practices.
- 50 (g) "Psychological care" means direct or consultative services provided by a
51 psychologist licensed in the state in which the psychologist practices.
- 52 (h) "Qualified health care provider" means an individual who:
- 53 (i) has completed training recognized by medical and mental health professions as
54 being appropriate and necessary to diagnose whether an individual has an autism
55 spectrum disorder; and
- 56 (ii) is licensed as any of the following:
- 57 (A) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or
58 Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;
- 59 (B) an advanced practice registered nurse licensed under Title 58, Chapter 31b,
60 Nurse Practice Act;
- 61 (C) a clinical social worker licensed under Title 58, Chapter 60, Part 2, Social
62 Worker Licensing Act;
- 63 (D) a marriage and family therapist licensed under Title 58, Chapter 60, Part 3,

- 64 Marriage and Family Therapist Licensing Act;
 65 (E) a clinical mental health counselor licensed under Title 58, Chapter 60, Part 4,
 66 Clinical Mental Health Counselor Licensing Act;
 67 (F) a psychologist licensed under Title 58, Chapter 61, Psychologist Licensing
 68 Act; or
 69 (G) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician
 70 Assistant Act.

71 [~~h~~] (i) "Therapeutic care" means services provided by licensed or certified speech
 72 therapists, occupational therapists, or physical therapists.

73 [~~h~~] (j) "Treatment for autism spectrum disorder":

74 (i) means evidence-based care and related equipment prescribed or ordered for an
 75 individual diagnosed with an autism spectrum disorder by a physician or a
 76 licensed psychologist described in Subsection (1)(d) who determines the care to
 77 be medically necessary; and

78 (ii) includes:

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

81 (B) pharmacy care;

82 (C) psychiatric care;

83 (D) psychological care; and

84 (E) therapeutic care.

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

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

90 (ii) in accordance with the requirements of this section and rules made by the
 91 commissioner.

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

97 (3) The commissioner may adopt rules in accordance with Title 63G, Chapter 3, Utah

- 98 Administrative Rulemaking Act, to set the minimum standards of coverage for the
99 treatment of autism spectrum disorder.
- 100 (4) Subject to Subsection (5), the rules described in Subsection (3) shall establish durational
101 limits, amount limits, deductibles, copayments, and coinsurance for the treatment of
102 autism spectrum disorder that are similar to, or identical to, the coverage provided for
103 other illnesses or diseases.
- 104 (5)(a) Coverage for behavioral health treatment for a person with an autism spectrum
105 disorder shall cover at least 600 hours a year.
- 106 (b) Notwithstanding Subsection (5)(a), for a health benefit plan offered in the individual
107 market or the large group market and entered into or renewed on or after January 1,
108 2020, coverage for behavioral health treatment for a person with an autism spectrum
109 disorder may not have a limit on the number of hours covered.
- 110 (c) Other terms and conditions in the health benefit plan that apply to other benefits
111 covered by the health benefit plan apply to coverage required by this section.
- 112 (d) Notwithstanding Section 31A-45-303, a health benefit plan providing treatment
113 under Subsections (5)(a) and (b) shall include in the plan's provider network both
114 board certified behavior analysts and mental health providers qualified under
115 Subsection (1)(c)(ii).
- 116 (6)(a) A health care provider shall submit a treatment plan for autism spectrum disorder
117 to the insurer within 14 business days of starting treatment for an individual.
- 118 (b) If an individual is receiving treatment for an autism spectrum disorder, an insurer
119 shall have the right to request a review of that treatment not more than once every
120 three months.
- 121 (c) A review of treatment under this Subsection (6) may include a review of treatment
122 goals and progress toward the treatment goals.
- 123 (d) If an insurer makes a determination to stop treatment as a result of the review of the
124 treatment plan under this ~~subsection~~ Subsection (6), the determination of the insurer
125 may be reviewed under Section 31A-22-629.
- 126 (7)(a) Before July 1, 2027, and before July 1 each year after, a health benefit plan shall
127 report the following to the department for the prior insurance plan year:
- 128 (i) the average wait time for an enrollee to receive an autism assessment;
129 (ii) if the health benefit plan has prior authorization requirements related to autism
130 assessment or treatment;
131 (iii) the number of enrollees under age 18 that were diagnosed with autism spectrum

- 132 disorder;
- 133 (iv) of the number of diagnoses described in Subsection (7)(a)(iii), the number of
- 134 diagnoses disaggregated based on provider license type that made the diagnosis;
- 135 (v) of the number of diagnoses described in Subsection (7)(a)(iii), the number of
- 136 enrollees that received applied behavior analysis treatment;
- 137 (vi) for enrollees that received applied behavior analysis treatment:
- 138 (A) the average number of hours of applied behavior analysis treatment received;
- 139 and
- 140 (B) the average cost of applied behavior analysis treatment received; and
- 141 (vii) if the health benefit plan accepts state defrayal payments under Subsection
- 142 31A-30-118(2) for coverage described in this section.
- 143 (b) The department shall compile the information described in Subsection (7)(a) and
- 144 provide a report to the Health and Human Services Interim Committee on or before
- 145 September 1.
- 146 (c) Beginning September 1, 2027, the department shall provide on the department's
- 147 website, in a form that is easily accessible, information regarding which health
- 148 benefit plans reimburse a qualified health care provider that is not a physician or a
- 149 psychologist for autism spectrum disorder treatment.

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

151 **63I-1-231 . Repeal dates: Title 31A.**

- 152 (1) Section 31A-2-217, Coordination with other states, is repealed July 1, 2033.
- 153 (2) Subsection 31A-22-642(7), regarding the reporting requirement for autism coverage, is
- 154 repealed January 1, 2030.
- 155 [(2)] (3) Subsection 31A-22-650(5)(b), regarding the reporting requirement that includes the
- 156 number of preauthorizations that were approved and denied, is repealed July 1, 2029.
- 157 [(3)] (4) Subsection 31A-22-650(8), regarding the rulemaking for the preauthorization
- 158 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.**

161 This bill takes effect on May 6, 2026.