

MENTAL HEALTH INSURANCE PARITY

1999 GENERAL SESSION

STATE OF UTAH

Sponsor: Judy Ann Buffmire

AN ACT RELATING TO INSURANCE; REQUIRING THAT HEALTH INSURANCE POLICIES COVER MENTAL HEALTH CONDITIONS ON THE SAME BASIS AS PHYSICAL HEALTH CONDITIONS; PERMITTING MENTAL HEALTH SERVICES TO BE PROVIDED THROUGH MANAGED CARE; REQUIRING THAT SERVICES BE PROVIDED BY LICENSED PERSONS AND FACILITIES; EXTENDING RULEMAKING AUTHORITY TO THE COMMISSIONER OF INSURANCE; AND PROVIDING AN EFFECTIVE DATE.

This act affects sections of Utah Code Annotated 1953 as follows:

ENACTS:

31A-22-625, Utah Code Annotated 1953

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

Section 1. Section **31A-22-625** is enacted to read:

31A-22-625. Coverage of mental health conditions.

(1) This section applies h TO STATE EMPLOYEE HEALTH CARE PLANS, BY CONTRACT, AND h generally to health insurance policies and health maintenance organization contracts.

(2) A policy or contract:

(a) shall provide coverage for the treatment of mental health conditions; and

(b) may not establish any rate, term, or condition that places a greater financial burden on an insured for the treatment of a mental health condition than for the treatment of a covered physical health condition.

(3) Expenditures for mental health conditions and physical health conditions shall count equally toward any deductible or out-of-pocket limit.

(4) A policy or contract may provide coverage for the treatment of mental health conditions through a managed care organization or system, regardless of whether the policy or

28 contract uses a managed care organization or system for the treatment of physical health
29 conditions, provided that the managed care organization or system is in compliance with the rules
30 adopted by the commissioner pursuant to Subsection (7).

31 (5) (a) A policy or contract shall be in compliance with this section if the policy or contract
32 offers at least one coverage option that places no greater financial burden on the insured for the
33 treatment of mental health conditions than for the treatment of physical health conditions.

34 (b) The commissioner may disapprove any policy or contract that the commissioner
35 determines to be inconsistent with the purposes of this section.

36 (6) To be eligible for coverage under this section treatment for a mental health condition
37 must be rendered:

38 (a) by a ~~h~~ [mental health professional] PERSON ~~h~~ licensed ~~h~~ AS A MENTAL HEALTH
38a PROFESSIONAL ~~h~~ pursuant to Title 58, Chapter 60, Mental

39 Health Professional Practice Act; ~~h~~ [or]

39a (b) BY A PERSON LICENSED AS A PHYSICIAN AND SURGEON, OSTEOPATHIC PHYSICIAN
39b AND SURGEON, NURSE, OR PSYCHOLOGIST UNDER TITLE 58, OCCUPATIONS AND
PROFESSIONS,

39c CONSISTENT WITH SUBSECTION 58-60-107(1); OR ~~h~~

40 ~~h~~ [(b)] (c) ~~h~~ in a health care facility licensed to provide mental health service pursuant to
40a Title 26,

41 Chapter 21, Health Care Facility Licensing and Inspection Act, or Title 62A, Chapter 2, Licensure
42 of Programs and Facilities, that provides a program for the treatment of a mental health condition
43 pursuant to a written plan.

44 (7) The commissioner shall adopt rules to ensure that:

45 (a) timely and appropriate access to mental health treatment is available; and

46 (b) administrative and clinical protocols do not serve to reduce access to medically
47 necessary mental health treatment for any insured.

48 (8) As used in this section:

49 (a) "Mental health condition" means any condition or disorder involving mental illness that
50 falls under any of the diagnostic categories listed in the mental disorders section of the

51 International Classification of Diseases, as periodically revised ~~h~~ , EXCEPT THAT "MENTAL HEALTH
51a CONDITION" DOES NOT INCLUDE THE FOLLOWING WHEN DIAGNOSED AS THE PRIMARY OR
51b SUBSTANTIAL REASON OR NEED FOR TREATMENT:

51c (i) MARITAL OR FAMILY PROBLEM;

51d (ii) SOCIAL, OCCUPATIONAL, RELIGIOUS, OR OTHER SOCIAL MALADJUSTMENT;

51e (iii) CONDUCT DISORDER;

51f (iv) CHRONIC ADJUSTMENT DISORDER; ~~h~~

- 51g h (v) PSYCHOSEXUAL DISORDER;
- 51h (vi) CHRONIC ORGANIC BRAIN SYNDROME;
- 51i (vii) PERSONALITY DISORDER;
- 51j (viii) DEVELOPMENTAL DISORDER OR LEARNING DISABILITY; OR
- 51k (ix) MENTAL RETARDATION h .
- 52 (b) "Rate, term, or condition" means any lifetime or annual payment limits, deductibles,
- 53 copayments, coinsurance, and any other cost-sharing requirements, out-of-pocket limits, visit
- 54 limits, or any other financial component of health insurance coverage that affects the insured.
- 55 Section 2. **Effective date.**
- 56 This act takes effect on July 1, 2000.

Legislative Review Note
as of 1-28-99 1:43 PM

A limited legal review of this legislation raises no obvious constitutional or statutory concerns.

Office of Legislative Research and General Counsel