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1	MENTAL HEALTH INSURANCE PARITY
2	1999 GENERAL SESSION
3	STATE OF UTAH
4	Sponsor: Judy Ann Buffmire
5	AN ACT RELATING TO INSURANCE; REQUIRING THAT HEALTH INSURANCE
6	POLICIES COVER MENTAL HEALTH CONDITIONS ON THE SAME BASIS AS PHYSICAL
7	HEALTH CONDITIONS; PERMITTING MENTAL HEALTH SERVICES TO BE PROVIDED
8	THROUGH MANAGED CARE; REQUIRING THAT SERVICES BE PROVIDED BY
9	LICENSED PERSONS AND FACILITIES; EXTENDING RULEMAKING AUTHORITY TO
10	THE COMMISSIONER OF INSURANCE; AND PROVIDING AN EFFECTIVE DATE.
11	This act affects sections of Utah Code Annotated 1953 as follows:
12	ENACTS:
13	31A-22-625 , Utah Code Annotated 1953
14	Be it enacted by the Legislature of the state of Utah:
15	Section 1. Section 31A-22-625 is enacted to read:
16	<u>31A-22-625.</u> Coverage of mental health conditions.
17	(1) This section applies generally to health insurance policies and health maintenance
18	organization contracts.
19	(2) A policy or contract:
20	(a) shall provide coverage for the treatment of mental health conditions; and
21	(b) may not establish any rate, term, or condition that places a greater financial burden on
22	an insured for the treatment of a mental health condition than for the treatment of a covered
23	physical health condition.
24	(3) Expenditures for mental health conditions and physical health conditions shall count
25	equally toward any deductible or out-of-pocket limit.
26	(4) A policy or contract may provide coverage for the treatment of mental health
27	conditions through a managed care organization or system, regardless of whether the policy or

H.B. 159

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 mental health professional licensed pursuant to Title 58, Chapter 60, Mental
39	Health Professional Practice Act; or
40	(b) in a health care facility licensed to provide mental health service pursuant to 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.
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