1 # MENTAL HEALTH INSURANCE REQUIREMENTS

2 2020 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Brian S. King**

5 Senate Sponsor: ____________

6

7 **LONG TITLE**

8 **General Description:**

9 This bill enacts provisions relating to certain health benefits.

10 **Highlighted Provisions:**

11 This bill:

12 ▸ defines terms;

13 ▸ creates reporting requirements for an insurer that provides a health benefit plan;

14 ▸ prohibits certain insurers from imposing a nonquantitative treatment limitation on

15 mental health benefits and substance use disorder benefits; and

16 ▸ creates a reporting requirement.

17 **Money Appropriated in this Bill:**

18 None

19 **Other Special Clauses:**

20 None

21 **Utah Code Sections Affected:**

22 ENACTS:

23 **31A-22-653**, Utah Code Annotated 1953

24

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

26 Section 1. Section **31A-22-653** is enacted to read:

27 **31A-22-653. Mental health parity -- Reporting requirements -- Coverage**

28 **requirements.**
29 (1) As used in this section:
30 (a) "Classification" means a classification of benefits under 26 C.F.R. Sec.
31 54.9812-1(c)(2)(ii).
32 (b) "Medical and surgical benefits" means medical surgical benefits as that term is
33 defined in 26 C.F.R. Sec. 54.9812-1(a).
34 (c) "Mental health benefits" means the same as that term is defined in 26 C.F.R.
35 54.9812-1(a).
36 (d) "Nonquantitative treatment limitation" means a limitation on the scope or duration
37 of the benefits for treatment as described in 26 C.F.R. Sec. 54.9812-1(c)(4).
38 (e) "Quantitative treatment limitation" means a treatment limitation that is expressed
39 numerically.
40 (f) "Substance use disorder benefits" means the same as that term is defined in 26
41 C.F.R. Sec. 54.9812-1(a).
42 (2) For any health benefit plan issued or renewed on or after January 1, 2021, an
43 insurer shall submit with an annual form filing for a health benefit plan a report that describes:
44 (a) (i) whether the health benefit plan is exempt from the requirements in the Mental
45 Health Parity and Addiction Equity Act, Pub. L. No. 110-343; and
46 (ii) if the health benefit plan is not exempt from the requirements in the Mental Health
47 Parity and Addiction Equity Act, Pub. L. No. 110-343, whether the health benefit plan provides
48 a mental health benefit or a substance use disorder benefit;
49 (b) whether the health benefit plan provides a mental health benefit and a substance use
50 disorder benefit in every classification in which a medical and surgical benefit is provided;
51 (c) whether the insurer is in compliance regarding, if applicable:
52 (i) mental health parity requirements relating to lifetime and annual dollar limits on
53 mental health benefits and substance use disorder benefits;
54 (ii) financial requirements or quantitative treatment limitations on mental health
55 benefits and substance use disorder benefits;
56 (iii) cumulative financial requirements or cumulative quantitative treatment limitations
57 for mental health benefits and substance use disorder benefits;
58 (iv) nonquantitative treatment limitations on mental health benefits and substance use

59 disorder benefits;
60 (d) whether the insurer allows an employer to claim an increased cost exemption and
61 opt out of the parity benefits;
62 (e) whether the insurer is in compliance with the disclosure requirements in the Mental
63 Health Parity and Addiction Equity Act, Pub. L. No. 110-343, as amended by PPACA; and
64 (f) any other items requested by the commissioner.
65 (4) (a) Except as provided in Subsection (4)(b), an insurer that offers a health benefit
66 plan that provides a mental health benefit or a substance use disorder benefit may not impose a
67 nonquantitative treatment limitation with respect to mental health benefits or substance use
68 disorder benefits in any classification.
69 (b) Under the terms of the health benefit plan as written and in operation, any process,
70 strategy, evidentiary standard, or other factor used in applying the nonquantitative treatment
71 limitation to a mental health benefit or a substance use disorder benefit in the classification is
72 comparable to, and is applied no more stringently than, the processes, strategies, evidentiary
73 standards, or other factors used in applying the nonquantitative treatment limitation with
74 respect to medical and surgical benefits in the classification.
75 (5) The commissioner may set by rule made in accordance with Title 63G, Chapter 3,
76 Utah Administrative Rulemaking Act:
77 (a) any specific requirements for the filing, form, and content required under this
78 section; and
79 (b) any disclosure requirements to be made to an applicant or an insured.
80 (6) Before November 30 of each year, the department shall submit a report to the
81 Health and Human Services Interim Committee summarizing the information submitted under
82 Subsection (3).