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

25

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; and
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	(3) The commissioner may set by rule made in accordance with Title 63G, Chapter 3,
66	Utah Administrative Rulemaking Act:
67	(a) any specific requirements for the filing, form, and content required under this
68	section; and
69	(b) any disclosure requirements to be made to an applicant or an insured.
70	(4) Before November 30 of each year, the department shall submit a report to the
71	Health and Human Services Interim Committee summarizing the information submitted under
72	Subsection (2).