

HB0342S01 compared with HB0342

~~{deleted text}~~ shows text that was in HB0342 but was deleted in HB0342S01.

inserted text shows text that was not in HB0342 but was inserted into HB0342S01.

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Representative Brian S. King proposes the following substitute bill:

MENTAL HEALTH INSURANCE REQUIREMENTS

2020 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Brian S. King

Senate Sponsor: _____

LONG TITLE

General Description:

This bill enacts provisions relating to certain health benefits.

Highlighted Provisions:

This bill:

- ▶ defines terms;
- ▶ creates reporting requirements for an insurer that provides a health benefit plan~~;~~
→ prohibits regarding certain~~{insurers from imposing a nonquantitative}~~ treatment ~~{limitation}~~ limitations on mental health benefits and substance use disorder benefits; and
- ▶ ~~{creates a reporting requirement}~~ requires the Insurance Department to report certain information to the Legislature.

Money Appropriated in this Bill:

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None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

31A-22-653, Utah Code Annotated 1953

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

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

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

(1) As used in this section:

(a) "Classification" means a classification of benefits under 26 C.F.R. Sec. 54.9812-1(c)(2)(ii).

(b) "Medical and surgical benefits" means medical surgical benefits as that term is defined in 26 C.F.R. Sec. 54.9812-1(a).

(c) "Mental health benefits" means the same as that term is defined in 26 C.F.R. 54.9812-1(a).

(d) "Nonquantitative treatment limitation" means a limitation on the scope or duration of the benefits for treatment as described in 26 C.F.R. Sec. 54.9812-1(c)(4).

(e) "Quantitative treatment limitation" means a treatment limitation that is expressed numerically.

(f) "Substance use disorder benefits" means the same as that term is defined in 26 C.F.R. Sec. 54.9812-1(a).

(2) For any health benefit plan issued or renewed on or after January 1, 2021, an insurer shall submit with an annual form filing for a health benefit plan a report that describes:

(a) (i) whether the health benefit plan is exempt from the requirements in the Mental Health Parity and Addiction Equity Act, Pub. L. No. 110-343; and

(ii) if the health benefit plan is not exempt from the requirements in the Mental Health Parity and Addiction Equity Act, Pub. L. No. 110-343, whether the health benefit plan provides a mental health benefit or a substance use disorder benefit;

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(b) whether the health benefit plan provides a mental health benefit and a substance use disorder benefit in every classification in which a medical and surgical benefit is provided;

(c) whether the insurer is in compliance regarding, if applicable:

(i) mental health parity requirements relating to lifetime and annual dollar limits on mental health benefits and substance use disorder benefits;

(ii) financial requirements or quantitative treatment limitations on mental health benefits and substance use disorder benefits;

(iii) cumulative financial requirements or cumulative quantitative treatment limitations for mental health benefits and substance use disorder benefits; and

(iv) nonquantitative treatment limitations on mental health benefits and substance use disorder benefits;

(d) whether the insurer allows an employer to claim an increased cost exemption and opt out of the parity benefits;

(e) whether the insurer is in compliance with the disclosure requirements in the Mental Health Parity and Addiction Equity Act, Pub. L. No. 110-343, as amended by PPACA; and

(f) any other items requested by the commissioner.

~~{ (4) (a) Except as provided in Subsection (4)(b), an insurer that offers a health benefit plan that provides a mental health benefit or a substance use disorder benefit may not impose a nonquantitative treatment limitation with respect to mental health benefits or substance use disorder benefits in any classification.~~

~~— (b) Under the terms of the health benefit plan as written and in operation, any process, strategy, evidentiary standard, or other factor used in applying the nonquantitative treatment limitation to a mental health benefit or a substance use disorder benefit in the classification is comparable to, and is applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the nonquantitative treatment limitation with respect to medical and surgical benefits in the classification.~~

~~† (5)3) The commissioner may set by rule made in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act:~~

(a) any specific requirements for the filing, form, and content required under this section; and

(b) any disclosure requirements to be made to an applicant or an insured.

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~~(6)~~4 Before November 30 of each year, the department shall submit a report to the Health and Human Services Interim Committee summarizing the information submitted under Subsection ~~(3)~~2.