

BEHAVIORAL HEALTH TREATMENT ACCESS AMENDMENTS

2022 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Senate Sponsor: Michael S. Kennedy

LONG TITLE

General Description:

This bill addresses insurance coverage of behavioral health services.

Highlighted Provisions:

This bill:

- ▶ defines terms; and
- ▶ requires certain health benefit plans to:
 - upon request of an enrollee, enter into a single case agreement for behavioral health treatment; and
 - include certain terms in the single case agreement.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

31A-22-657, Utah Code Annotated 1953

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

Section 1. Section **31A-22-657** is enacted to read:

31A-22-657. Single case agreement -- Treatment of a mental health condition.



28 (1) As used in this section:

29 (a) "Mental health condition" means the same as that term is defined in Section
30 31A-22-649.5.

31 (b) "Mental health provider" means:

32 (i) a mental health therapist, as defined in Section 58-60-102; or

33 (ii) an individual practicing within the scope of practice described in Title 58, Chapter
34 60, Part 5, Substance Use Disorder Counselor Act.

35 (c) "Mental health treatment" means treatment for a mental health condition.

36 (2) (a) Beginning January 1, 2023, a health benefit plan that offers coverage for mental
37 health treatment shall, upon request of a health benefit plan enrollee, enter into a single case
38 agreement that allows the enrollee to receive mental health treatment from an out-of-network
39 mental health provider selected by the enrollee.

40 (b) A single case agreement described in Subsection (2)(a) shall:

41 (i) reimburse the out-of-network mental health provider for the mental health treatment
42 at the equivalent in-network rate set by the health benefit plan;

43 (ii) include the same coinsurance, copayments, and deductibles that would be applied
44 for the mental health treatment if provided by a mental health provider who is in-network; and

45 (iii) define the length and scope of the agreement.