

**Representative Steve Eliason** proposes the following substitute bill:

**BEHAVIORAL HEALTH TREATMENT ACCESS AMENDMENTS**

2022 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Steve Eliason**

Senate Sponsor: Michael S. Kennedy

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**LONG TITLE**

**General Description:**

This bill addresses insurance coverage of behavioral health services.

**Highlighted Provisions:**

This bill:

- ▶ defines terms; and
- ▶ subject to exceptions, requires certain health benefit plans to:
  - upon request of an enrollee who is a health care provider, offer a single case agreement for covered 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

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



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

27 **31A-22-657. Single case agreement -- Treatment of a mental health condition for a**  
28 **health care provider.**

29 (1) As used in this section:

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

32 (b) "Mental health provider" means:

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

34 (ii) an individual practicing within the scope of practice described in Title 58, Chapter  
35 60, Part 5, Substance Use Disorder Counselor Act.

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

37 (2) (a) Except as provided in Subsection (3), beginning January 1, 2023, a health  
38 benefit plan that offers coverage for mental health treatment shall, upon request of a health  
39 benefit plan enrollee who is employed as a health care provider, offer a single case agreement  
40 that allows the enrollee to receive covered mental health treatment from an out-of-network  
41 mental health provider selected by the enrollee.

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

43 (i) reimburse the out-of-network mental health provider for the covered mental health  
44 treatment at the equivalent out-of-network rate set by the health benefit plan, subject to the  
45 member cost sharing requirements imposed by the health benefit plan;

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

49 (iii) include the terms that a network provider is subject to under the health benefit  
50 plan; and

51 (iv) define the length and scope of the agreement.

52 (3) Subsection (2) does not apply if:

53 (a) (i) the health benefit plan has network providers for the covered mental health  
54 treatment; and

55 (ii) the network providers described in Subsection (3)(a)(i) do not provide the covered  
56 mental health treatment in the location where the enrollee works as a health care provider; or

57           (b) the enrollee selects a mental health provider for the covered mental health treatment  
58 who the health benefit plan knows or suspects has committed a fraudulent insurance act as  
59 described in Section [31A-31-103](#).