

HB0278S01 compared with HB0278

~~text~~ shows text that was in HB0278 but was deleted in HB0278S01.

text shows text that was not in HB0278 but was inserted into HB0278S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

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: _____

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, ~~enter into~~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:

HB0278S01 compared with HB0278

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 for a health care provider.

(1) As used in this section:

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

(b) "Mental health provider" means:

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

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

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

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

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

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

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

~~———~~ (iii) a network provider;

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

HB0278S01 compared with HB0278

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

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

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

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

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