

BEHAVIORAL HEALTH TREATMENT ACCESS AMENDMENTS

2023 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Steve Eliason

Senate Sponsor: Jen Plumb

LONG TITLE

General Description:

This bill addresses insurance coverage for 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-22-658, Utah Code Annotated 1953

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

Section 1. Section **31A-22-658** is enacted to read:

31A-22-658. Health care provider behavioral health treatment -- Single case



28 **agreement.**

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, 2024, 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 the mental health treatment was provided by a mental health
48 provider who is a network 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 single case 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 reasonably suspects has committed a fraudulent insurance

59 act as described in Section [31A-31-103](#).