

Representative Steve Eliason proposes the following substitute bill:

1 **BEHAVIORAL HEALTH TREATMENT ACCESS AMENDMENTS**

2 2023 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Steve Eliason**

5 Senate Sponsor: Jen Plumb

7 **LONG TITLE**

8 **General Description:**

9 This bill addresses insurance coverage for behavioral health services.

10 **Highlighted Provisions:**

11 This bill:

- 12 ▶ defines terms; and
- 13 ▶ subject to certain conditions and exceptions, requires certain health benefit plans to:
 - 14 • upon request of an enrollee who is a health care provider, offer a single case
 - 15 agreement for covered behavioral health treatment; and
 - 16 • include certain terms in the single case agreement.

17 **Money Appropriated in this Bill:**

18 None

19 **Other Special Clauses:**

20 None

21 **Utah Code Sections Affected:**

22 ENACTS:

23 **31A-22-658**, Utah Code Annotated 1953

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



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

27 **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), and subject to Subsections (4) and (5),
38 beginning January 1, 2024, a health benefit plan that offers coverage for mental health
39 treatment shall, upon request of a health benefit plan enrollee who is employed as a health care
40 provider, offer a single case agreement that allows the enrollee to receive covered mental
41 health treatment from an out-of-network 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) (a) Subsection (2) does not apply if:

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

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

60 (b) For purposes of this Subsection (3), the location where an enrollee works as a
61 health care provider includes all locations or facilities of the enrollee's employer.

62 (4) Mental health treatment provided pursuant to a single case agreement under this
63 section:

64 (a) shall be:

65 (i) within the out-of-network mental health provider's scope of practice; and

66 (ii) a service that is otherwise covered under the enrollee's health benefit plan; and

67 (b) may not be experimental.

68 (5) (a) An enrollee shall request a single case agreement under Subsection (2) prior to
69 receiving mental health treatment from an out-of-network mental health provider.

70 (b) With a request for a single case agreement under Subsection (2), an enrollee shall
71 provide information about where the enrollee works as a health care provider sufficient for the
72 health benefit plan to determine whether the circumstances described in Subsection (3)(a)(i)
73 exist.