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2023 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Brian S. King
Senate Sponsor:
LONG TITLE
General Description:
This bill addresses mental health coverage requirements for health plans offered by
certain governmental entities.
Highlighted Provisions:
This bill:
defines terms;
requires health plans offered by a governmental entity that opts out of the federal
Mental Health Parity and Addiction Equity Act (the act) to substantially comply
with the act, including the act's financial requirements and treatment limitations;
 provides limitations that a governmental entity may place on residential treatment
coverage; and
makes technical changes.
Money Appropriated in this Bill:
None
Other Special Clauses:
None
Utah Code Sections Affected:
AMENDS:
31A-22-605.5, as last amended by Laws of Utah 2012, Chapter 127



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28	Be it enacted by the Legislature of the state of Utah:
29	Section 1. Section 31A-22-605.5 is amended to read:
30	31A-22-605.5. Application State mental health parity and addiction equity
31	requirement for exempt governmental entities.
32	(1) For purposes of this section ["insurance]:
33	(a) "Exempt governmental entity" means a governmental entity whose
34	employer-sponsored health plan opts out of the Mental Health Parity and Addiction Equity Act
35	in accordance with 42 U.S.C. Sec. 300gg-21(a)(2).
36	(b) "Governmental entity" means:
37	(i) the state;
38	(ii) a political subdivision of the state, as defined in Section 63G-7-102;
39	(iii) a law enforcement agency, as defined in Section 53-1-102, that employs one or
40	more law enforcement officers, as defined in Section 53-13-103; or
41	(iv) an institution of higher education.
42	(c) "Insurance mandate":
43	[(a)] (i) means a mandatory obligation with respect to coverage, benefits, or the number
44	or types of providers imposed on policies of accident and health insurance; and
45	[(b)] (ii) does not mean:
46	[(i)] (A) an administrative rule imposing a mandatory obligation with respect to
47	coverage, benefits, or providers unless that mandatory obligation was specifically imposed on
48	policies of accident and health insurance by statute; or
49	[(ii)] (B) an insurance mandate in an essential health benefits package imposed
50	pursuant to the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, and the
51	Health Care Education Reconciliation Act of 2010, Pub. L. No. 111-152, and federal rules
52	related to their implementation.
53	(d) "Mental Health Parity and Addiction Equity Act" means 42 U.S.C. Sec. 300gg-26.
54	(e) "Residential treatment" means the same as that term is defined in Section
55	<u>62A-2-101.</u>
56	(f) "Substance use disorder benefit" means the same as that term is defined in 26
57	C.F.R. Sec. 54.9812-1(a).
58	(2) (a) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), the following

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shall apply to health coverage offered to the state employees' risk pool under Subsection 49-20-202(1)(a):

- (i) any law enacted under this title that becomes effective after January 1, 2002, which provides for an insurance mandate for policies of accident and health insurance; and
- (ii) in accordance with Section 31A-22-613.5, disclosure requirements for coverage limitations.
- (b) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), a health insurance mandate enacted under this title after January 1, 2012, shall apply to:
- (i) health coverage offered to the state employees' risk pool under Subsection 49-20-202(1)(a); and
- (ii) health coverage offered to public school districts, charter schools, and institutions of higher education under Subsection 49-20-201(1)(b).
- (c) If health coverage offered to the state employees' risk pool under Subsections 49-20-201(1)(b) and 49-20-202(1)(a) offers coverage in the same manner and to the same extent as the coverage required by an insurance mandate enacted under this title or coverage that is greater than the insurance mandate enacted under this title, the coverage offered to state employees under Subsections 49-20-201(1)(b) and 49-20-202(1)(a) will be considered in compliance with the insurance mandate.
- (d) (i) The programs regulated under Subsections 49-20-201(1)(b) and 49-20-202(1)(a) shall report to the Retirement and Independent Entities Committee created under Section 63E-1-201 by November 30 of each year in which a mandate is enacted under the provisions of this section.
- (ii) The report shall include the costs and benefits of the particular mandatory obligation.
- (3) (a) An insurance mandate for policies of accident and health insurance enacted under this title after January 1, 2012, shall apply to a health plan offered by a public school district, a charter school, or a state funded institution of higher education that is not insured through the Public Employees' Benefit and Insurance Program.
- (b) If an insurance mandate for policies of accident and health insurance is enacted under this title after January 1, 2012, the state shall determine whether each entity described in Subsections (2) and (3)(a) offers coverage in the same manner and to the same extent, or

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90 greater than the insurance coverage required in the mandate enacted after January 1, 2012. 91 (c) Before enacting an insurance mandate, the state shall, for each entity that does not 92 offer coverage in accordance with Subsection (3)(b): 93 (i) determine the cost to the entity of implementing the insurance mandate; and (ii) appropriate money necessary to fund the full cost to the entity of implementing the 94 95 insurance mandate. 96 (4) (a) Notwithstanding the provisions of Subsection 31A-1-103(3)(f), a health plan 97 offered by an exempt governmental entity shall substantially comply in good faith with the 98 Mental Health Parity and Addiction Equity Act, including: 99 (i) using the same or less restrictive financial requirements for mental health and 100 substance use disorder benefits as for medical and surgical benefits; and 101 (ii) except as provided in Subsection (4)(b), using quantitative treatment limitation 102 requirements and non-quantitative treatment limitation requirements. (b) In covering mental health and substance use residential treatment, a health plan 103 104 offered by an exempt governmental entity may refer to the health plan's coverage of skilled 105 nursing facilities for purposes of quantitative and non-quantitative treatment limitation 106 requirements. 107 (c) This Subsection (4) does not alter an exempt governmental entity's exempt status 108 under 42 U.S.C. Sec. 300gg-21(a)(2).

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after July 1, 2023.

(d) This Subsection (4) applies to a health plan that is entered into or renewed on or