

**HEALTH SERVICES AMENDMENTS**

2023 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: James A. Dunnigan**

Senate Sponsor: Wayne A. Harper

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**LONG TITLE**

**General Description:**

This bill is related to certain health care services.

**Highlighted Provisions:**

This bill:

- requires the Department of Health and Human Services to report to the Health and Human Services Interim Committee on tardive dyskinesia;

- requires the Medicaid program to reimburse for audio-only telehealth services as specified by division rule;

- requires the Department of Health and Human Services to report to the Health and Human Services Interim Committee on payment by the Medicaid program for long-acting injectable typical and atypical antipsychotics; and

- establishes repeal dates.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

AMENDS:

**26-18-13.5**, as last amended by Laws of Utah 2019, Chapter 249

**63I-2-226**, as last amended by Laws of Utah 2022, Chapters 255, 365

ENACTS:

**26-10-16**, Utah Code Annotated 1953

30 **26-18-29**, Utah Code Annotated 1953

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

33 Section 1. Section **26-10-16** is enacted to read:

34 **26-10-16. Tardive dyskinesia.**

35 With respect to tardive dyskinesia, the department shall report on the following to the  
36 Health and Human Services Interim Committee before November 1, 2023:

37 (1) resources available to help health care providers, including mental health providers,  
38 accurately diagnose and appropriately treat tardive dyskinesia;

39 (2) resources available to help an individual with tardive dyskinesia, and the  
40 individual's caregivers, respond to the functional and social challenges posed by the condition;

41 (3) options for improving screening, diagnosis, and treatment of tardive dyskinesia,  
42 including actions the department may take on behalf of:

43 (a) residents of the state generally;

44 (b) Medicaid program enrollees; and

45 (c) individuals receiving services under a local mental health authority, as defined in  
46 Section **62A-15-102**; and

47 (4) the potential costs and benefits of implementing the options reported under  
48 Subsection (3).

49 Section 2. Section **26-18-13.5** is amended to read:

50 **26-18-13.5. Reimbursement of telemedicine services, audio-only telehealth**  
51 **services and telepsychiatric consultations.**

52 (1) As used in this section:

53 (a) "Telehealth services" means the same as that term is defined in Section **26-60-102**.

54 (b) "Telemedicine services" means the same as that term is defined in Section  
55 **26-60-102**.

56 (c) "Telepsychiatric consultation" means a consultation between a physician and a  
57 board certified psychiatrist, both of whom are licensed to engage in the practice of medicine in

the state, that utilizes:

- (i) the health records of the patient, provided from the patient or the referring physician;
- (ii) a written, evidence-based patient questionnaire; and
- (iii) telehealth services that meet industry security and privacy standards, including compliance with the:

(A) Health Insurance Portability and Accountability Act; and

(B) Health Information Technology for Economic and Clinical Health Act, Pub. L. No. 111-5, 123 Stat. 226, 467, as amended.

(2) This section applies to:

(a) a managed care organization that contracts with the Medicaid program; and

(b) a provider who is reimbursed for health care services under the Medicaid program.

(3) The Medicaid program shall reimburse for telemedicine services at the same rate that the Medicaid program reimburses for other health care services.

(4) The Medicaid program shall reimburse for audio-only telehealth services as specified by division rule.

~~[(4)]~~ (5) The Medicaid program shall reimburse for telepsychiatric consultations at a rate set by the Medicaid program.

Section 3. Section **26-18-29** is enacted to read:

**26-18-29. Long-acting injectables.**

(1) With respect to payments by the Medicaid program for long-acting injectable typical and atypical antipsychotics, the department shall report on the following to the Health and Human Services Interim Committee before November 1, 2023:

(a) options for payment, including the benefits and cost of each option; and

(b) whether payment should be included in a bundled payment made to a hospital.

(2) The department shall prepare the report with input from health care providers.

Section 4. Section **63I-2-226** is amended to read:

**63I-2-226. Repeal dates: Titles 26 through 26B.**

(1) Subsection [26-2-12.6](#)(3), relating to the report for birth certificate fees, is repealed December 31, 2022.

(2) Subsection [26-7-8](#)(3) is repealed January 1, 2027.

(3) Section [26-8a-107](#) is repealed July 1, 2024.

(4) Subsection [26-8a-203](#)(3)(a)(i) is repealed January 1, 2023.

(5) Section [26-8a-211](#) is repealed July 1, 2023.

(6) In relation to the Air Ambulance Committee, on July 1, 2024, Subsection [26-8a-602](#)(1)(a) is amended to read:

"(a) provide the patient or the patient's representative with the following information before contacting an air medical transport provider:

(i) which health insurers in the state the air medical transport provider contracts with;

(ii) if sufficient data is available, the average charge for air medical transport services for a patient who is uninsured or out of network; and

(iii) whether the air medical transport provider balance bills a patient for any charge not paid by the patient's health insurer; and".

(7) Section [26-10-16](#) is repealed July 1, 2024.

[~~(7)~~] (8) Subsection [26-18-2.4](#)(3)(e) is repealed January 1, 2023.

(9) Section [26-18-29](#) is repealed July 1, 2024.

[~~(8)~~] (10) Subsection [26-18-411](#)(8), related to reporting on the health coverage improvement program, is repealed January 1, 2023.

[~~(9)~~] (11) Subsection [26-18-420](#)(5), related to reporting on coverage for in vitro fertilization and genetic testing, is repealed July 1, 2030.

[~~(10)~~] (12) In relation to the Air Ambulance Committee, July 1, 2024, Subsection [26-21-32](#)(1)(a) is amended to read:

"(a) provide the patient or the patient's representative with the following information before contacting an air medical transport provider:

(i) which health insurers in the state the air medical transport provider contracts with;

(ii) if sufficient data is available, the average charge for air medical transport services

114 for a patient who is uninsured or out of network; and  
115 (iii) whether the air medical transport provider balance bills a patient for any charge not  
116 paid by the patient's health insurer; and".  
117 [~~(11)~~] (13) Subsection ~~26-33a-106.1~~(2)(a) is repealed January 1, 2023.  
118 [~~(12)~~] (14) Title 26, Chapter 46, Utah Health Care Workforce Financial Assistance  
119 Program, is repealed July 1, 2027.  
120 [~~(13)~~] (15) Subsection ~~26-61-202~~(4)(b) is repealed January 1, 2022.  
121 [~~(14)~~] (16) Subsection ~~26-61-202~~(5) is repealed January 1, 2022.  
122 [~~(15)~~] (17) Subsection ~~26B-1-204~~(2)(f), relating to the Air Ambulance Committee, is  
123 repealed July 1, 2024.