

**INSURANCE COVERAGE FOR AUTISM SPECTRUM  
DISORDER**

2013 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Brian E. Shiozawa**

House Sponsor: \_\_\_\_\_

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**LONG TITLE**

**General Description:**

This bill amends the Insurance Code to provide health benefit plan coverage for the treatment of autism spectrum disorder.

**Highlighted Provisions:**

This bill:

- ▶ defines terms;
- ▶ requires a health benefit plan to provide coverage for the treatment of autism spectrum disorder;
- ▶ grants rulemaking authority to the insurance commissioner;
- ▶ describes minimum coverage amounts and limits for the insurance coverage;
- ▶ provides for the annual adjustment of the coverage amounts based on the Consumer

Price Index; and

- ▶ provides an exemption for small employers if premium costs increase by more than a certain percentage.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**



28 ENACTS:

29 **31A-22-641**, Utah Code Annotated 1953



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

32 Section 1. Section **31A-22-641** is enacted to read:

33 **31A-22-641. Insurance coverage for autism spectrum disorders.**

34 (1) As used in this section:

35 (a) "Applied behavior analysis" means the design, implementation, and evaluation of  
36 environmental modifications, using behavioral stimuli and consequences, to produce socially  
37 significant improvement in human behavior, including the use of direct observation,  
38 measurement, and functional analysis of the relationship between environment and behavior.

39 (b) "Autism spectrum disorder" means any of the pervasive developmental disorders or  
40 autism spectrum disorders as defined by the most recent edition of the Diagnostic and  
41 Statistical Manual of Mental Disorders (DSM).

42 (c) "Behavioral health treatment" means counseling and treatment programs, including  
43 applied behavior analysis, that are:

44 (i) necessary to develop, maintain, or restore, to the maximum extent practicable, the  
45 functioning of an individual; and

46 (ii) provided or supervised by a:

47 (A) Board Certified Behavior Analyst; or

48 (B) licensed psychologist so long as the services performed are commensurate with the  
49 psychologist's formal university training and supervised experience.

50 (d) "Diagnosis of autism spectrum disorder" means medically necessary assessment,  
51 evaluations, or tests to diagnose whether an individual has an autism spectrum disorder.

52 (e) "Pharmacy care" means medications prescribed by a licensed physician and any  
53 health-related services deemed medically necessary to determine the need or effectiveness of  
54 the medications.

55 (f) "Psychiatric care" means direct or consultative services provided by a psychiatrist  
56 licensed in the state in which the psychiatrist practices.

57 (g) "Psychological care" means direct or consultative services provided by a  
58 psychologist licensed in the state in which the psychologist practices.

59 (h) "Therapeutic care" means services provided by licensed or certified speech  
60 therapists, occupational therapists, or physical therapists.

61 (i) "Treatment for autism spectrum disorder":

62 (i) means evidence-based care and related equipment prescribed or ordered for an  
63 individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed  
64 psychologist who determines the care to be medically necessary; and

65 (ii) includes:

66 (A) behavioral health treatment, provided or supervised by a person described in  
67 Subsection (1)(c)(ii);

68 (B) pharmacy care;

69 (C) psychiatric care;

70 (D) psychological care; and

71 (E) therapeutic care.

72 (2) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan  
73 entered into or renewed on or after July 1, 2013, shall provide coverage for the treatment for  
74 autism spectrum disorder in accordance with the requirements of this section and the rules  
75 made by the commissioner under this section.

76 (3) The commissioner may adopt rules in accordance with Title 63G, Chapter 3, Utah  
77 Administrative Rulemaking Act, to set the minimum standards of coverage for the treatment  
78 for autism spectrum disorder.

79 (4) Subject to Subsection (5), the rules described in Subsection (3) shall establish  
80 durational limits, amount limits, deductibles, copayments, and coinsurance for the treatment for  
81 autism spectrum disorder that are similar to, or identical to, the coverage provided for other  
82 illnesses or diseases.

83 (5) (a) Subject to Subsection (6), coverage for behavioral health treatment for a person  
84 with an autism spectrum disorder is subject to a maximum benefit of:

85 (i) \$50,000 annually for a child who is younger than nine years old; and

86 (ii) \$25,000 annually for a child who is at least nine years old, but younger than 18  
87 years old.

88 (b) A health benefit plan providing treatment under Subsection (5)(a) shall include in  
89 the plan's provider network both board certified behavior analysts and psychologists qualified

90 under Subsection (1)(c)(ii).

91 (6) Beginning on July 1, 2015, the commissioner has authority to annually adjust the  
92 amounts described in Subsection (5) by a percentage equal to the percentage difference  
93 between the Consumer Price Index for the current calendar year and the Consumer Price Index  
94 for the preceding calendar year.

95 (7) The commissioner shall grant a small employer with a group health benefit plan a  
96 waiver from the provisions of this section if the small employer demonstrates to the  
97 commissioner by actual claims experience over any consecutive 12-month period that  
98 compliance with this section has increased the cost of the health benefit plan by an amount of  
99 2-1/2% or greater over the period of a calendar year in premium costs to the small employer.

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**Legislative Review Note**  
**as of 1-30-13 1:20 PM**

**Office of Legislative Research and General Counsel**