



SPONSOR: Rep. Longhurst

HOUSE OF REPRESENTATIVES
151st GENERAL ASSEMBLY

HOUSE AMENDMENT NO. 2
TO
HOUSE BILL NO. 303

1 AMEND House Bill No. 303 on line 29 by deleting “appropriate battery of validated mental health screening
2 tools.” and substituting in lieu thereof “a group of developmentally appropriate mental health screening tools.”.

3 FURTHER AMEND House Bill No. 303 on line 37 by inserting after the word “which” as it appears thereon and
4 before “shall”, the following: “, except as provided in subsection (d) of this section.”.

5 FURTHER AMEND House Bill No. 303 by deleting line 69 and substituting in lieu thereof the following:

6 “service arrangement, provided that a carrier must have documentation demonstrating that within such payment
7 arrangement the annual behavioral health well check is valued commensurate to the value established under subsection (b)
8 of this section.”.

9 FURTHER AMEND House Bill No. 303 by inserting the following after line 74 and before line 75:

10 “(f) Nothing in this section prevents the operation of policy provisions such as copayments, coinsurance, allowable
11 charge limitations, coordination of benefits, or provisions restricting coverage to services rendered by licensed, certified, or
12 carrier-approved providers or facilities.”.

13 FURTHER AMEND House Bill No. 303 on line 81 by deleting “a validated mental health screening tool.” and
14 substituting in lieu thereof “a group of developmentally appropriate mental health screening tools.”.

15 FURTHER AMEND House Bill No. 303 on line 89 by inserting after the word “which” as it appears thereon and
16 before “shall”, the following: “, except as provided in subsection (d) of this section.”.

17 FURTHER AMEND House Bill No. 303 by deleting line 121 and substituting in lieu thereof the following:

18 “service arrangement, provided that a carrier must have documentation demonstrating that within such payment
19 arrangement the annual behavioral health well check is valued commensurate to the value established under subsection (b)
20 of this section.”.

21 FURTHER AMEND House Bill No. 303 by inserting the following after line 126 and before line 127:

22 “(f) Nothing in this section prevents the operation of policy provisions such as copayments, coinsurance, allowable
23 charge limitations, coordination of benefits, or provisions restricting coverage to services rendered by licensed, certified, or
24 carrier-approved providers or facilities.”.

25 FURTHER AMEND House Bill No. 303 on line 133 by deleting “a validated mental health screening tool,” and
26 substituting in lieu thereof “a group of developmentally appropriate mental health screening tools.”.

27 FURTHER AMEND House Bill No. 303 on line 137 by inserting after the word “which” as it appears thereon and
28 before “shall”, the following: “, except as provided in subsection (d) of this section.”.

29 FURTHER AMEND House Bill No. 303 by deleting line 170 and substituting in lieu thereof the following:

30 “service arrangement, provided that a carrier must have documentation demonstrating that within such payment
31 arrangement the annual behavioral health well check is valued commensurate to the value established under subsection (b)
32 of this section.”.

33 FURTHER AMEND House Bill No. 303 by inserting the following after line 175 and before line 176:

34 “(f) Nothing in this section prevents the operation of policy provisions such as copayments, coinsurance, allowable
35 charge limitations, coordination of benefits, or provisions restricting coverage to services rendered by licensed, certified, or
36 carrier-approved providers or facilities.”.

37 FURTHER AMEND House Bill No. 303 on line 181 by deleting “a validated mental health screening tool,” and
38 substituting in lieu thereof “a group of developmentally appropriate mental health screening tools.”.

39 FURTHER AMEND House Bill No. 303 on line 184 by inserting after the word “which” as it appears thereon and
40 before “shall”, the following: “, except as provided in subsection (d) of this section.”.

41 FURTHER AMEND House Bill No. 303 by deleting line 216 and substituting in lieu thereof the following:

42 “service arrangement, provided that a carrier must have documentation demonstrating that within such payment
43 arrangement the annual behavioral health well check is valued commensurate to the value established under subsection (b)
44 of this section.”.

45 FURTHER AMEND House Bill No. 303 by inserting the following after line 221 and before line 222:

46 “(f) Nothing in this section prevents the operation of policy provisions such as copayments, coinsurance, allowable
47 charge limitations, coordination of benefits, or provisions restricting coverage to services rendered by licensed, certified, or
48 carrier-approved providers or facilities.”.

49 FURTHER AMEND House Bill No. 303 by striking lines 240 through 242 in their entirety and substituting in lieu
50 thereof the following:

51 “(6) The President of the Delaware Healthcare Association, or the President’s designee.

52 (7) The Secretary of the Department of Health and Social Services, or the Secretary's designee, in an ex officio
53 capacity.

54 (8) The Insurance Commissioner, or the Commissioner's designee, in an ex officio capacity.

55 The advisory council may call upon any state agency for assistance, information, or data that may be necessary to carry out
56 the purposes for which it is established. For administrative and budgetary".

57 FURTHER AMEND House Bill No. 303 on line 250 by deleting "January 1, 2023" and substituting in lieu thereof
58 "January 1, 2024".

SYNOPSIS

This amendment does the following:

Clarifies that the well visit should include use of a "group of developmentally appropriate mental health screening tools."

Adds the President of the Delaware Health Care Association to the implementation advisory committee, as well as DHSS and the Insurance Commissioner as ex officio members.

Clarifies that copays, network requirements, and other provisions of an insurance policy will apply to the mental health well visit as well.

Changes the effective date from January 1, 2023 to January 1, 2024.

Clarifies different ways a carrier may reimburse a provider for the annual behavioral health check by reference to equivalent values in a fee-for-service model.