



SPONSOR: Rep. Longhurst & Rep. Minor-Brown & Sen. McBride & Sen. Poore
Reps. Baumbach, Bentz, Bolden, Brady, Jaques, K. Johnson, Lynn, Matthews, Osienski, Seigfried, Michael Smith; Sens. Delcollo, Hansen, Lockman, Sokola, Sturgeon

HOUSE OF REPRESENTATIVES
150th GENERAL ASSEMBLY

HOUSE BILL NO. 307

AN ACT TO AMEND TITLES 18, 29, AND 31 OF THE DELAWARE CODE RELATING TO MENTAL HEALTH.

1 WHEREAS, the federal government passed the 2008 Mental Health Parity and Addiction Act effectively making
2 it illegal for health insurance plans to inequitably cover mental health and substance use disorder services compared to that
3 of their physical health plans; and

4 WHEREAS, approximately 1 in 5 Americans experience mental illness or disorder in a given year and mental
5 illness is associated with an increase in chronic disease; and

6 WHEREAS, approximately 1 in 5 Americans experience mental illness or disorder in a given year and mental
7 illness is associated with an increase in chronic disease; and

8 WHEREAS, mental health issues come at a cost of almost \$200 billion in lost wages and almost \$100 billion in
9 healthcare costs nationally; and

10 WHEREAS, mental health issues come at a cost of almost \$200 billion in lost wages and almost \$100 billion in
11 healthcare costs nationally; and

12 WHEREAS, it is proven that childhood trauma unaddressed via screening and treatment lead to increased mental
13 health disorders, substance use disorders, as well as higher rates of incarceration and negative health behaviors resulting in
14 heightened cost for individuals across their lifespan; and

15 WHEREAS, it is proven that childhood trauma unaddressed via screening and treatment lead to increased mental
16 health disorders, substance use disorders, as well as higher rates of incarceration and negative health behaviors resulting in
17 heightened cost for individuals across their lifespan; and

18 WHEREAS, parity determines health insurance plans that offer annual physical examinations, annual child well
19 visits or annual gynecological exams must then offer annual well visits for behavioral health; and

20 WHEREAS, true parity is achieved and perceptions are changed when those with behavioral health needs can seek
21 and access healthcare without unnecessary barriers that is equal to that of their physical health needs.

22 NOW, THEREFORE:

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 33, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3370D. Annual Behavioral Health Well Check.

(a) As used in this section:

(1) "Behavioral health well check" means an annual visit with a licensed mental health clinician with at minimum a masters level degree. The well check must include but not be limited to a review of medical history; evaluation of adverse childhood experiences; use of appropriate battery of validated mental health screening tools; and may include anticipatory behavioral health guidance congruent with stage of life using the diagnosis of "annual behavioral health well check".

(2) "Carrier" means any entity that provides health insurance in this State. For the purposes of this section, "carrier" includes an insurance company, health service corporation, health maintenance organization, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation. "Carrier" also includes any third-party administrator or other entity that adjusts, administers, or settles claims in connection with health benefit plans.

(b) All carriers shall provide coverage of an annual behavioral health well check, which shall be reimbursed through the following common procedural terminology (CPT) codes at the same rate that such CPT codes are reimbursed for the provision of other medical care, provided that reimbursement may be adjusted for payment of claims that are billed by a non-physician clinician so long as the methodology to determine such adjustments is comparable to and applied no more stringently than the methodology for adjustments made for reimbursement of claims billed by non-physician clinicians for other medical care, in accordance with 45 CFR 146.136(c)(4):

(1) 99381.

(2) 99382.

(3) 99383.

(4) 99384.

(5) 99385.

(6) 99386.

(7) 99387.

(8) 99391.

(9) 99392.

(10) 99393.

(11) 99394.

(12) 99395.

(13) 99396.

(14) 99397.

(15) The Commissioner shall update this list of codes through the promulgation of rules if the CPT codes listed in this subsection are altered, amended, changed, deleted, or supplemented to.

(16) Reimbursement of any of the above CPT codes for the purpose of covering an annual behavioral health well check shall not be denied because such CPT codes was already reimbursed for the purpose of covering a service other than an annual behavioral health well check.

(17) Reimbursement of any of the above CPT codes for the purpose of covering a service other than an annual behavioral health well check shall not be denied because such CPT codes was already reimbursed for the purpose of covering an annual behavioral health well check.

(c) Nothing shall preclude an annual behavioral health well check from being reimbursed through a value-based arrangement, a capitated arrangement, a bundled payment arrangement, or any other alternative payment arrangement that is not a traditional fee-for-service arrangement.

(d) An annual behavioral health well check may be incorporated into and reimbursed within any type of integrated primary care service delivery method including, but not limited to, the psychiatric collaborative care model, the primary care behavioral health model or behavioral health consultant model, any model that involves co-location of mental health professionals within general medical settings, or any other integrated care model that focuses on the delivery of primary care.

Section 2. Amend Chapter 35, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3571Y. Annual Behavioral Health Well Check.

(a) As used in this section:

(1) “Behavioral health well check” means an annual visit with a licensed mental health clinician with at minimum a masters level degree. The well check must include but not be limited to a review of medical history; evaluation of adverse childhood experiences; use of a validated mental health screening tool; and may include anticipatory behavioral health guidance congruent with stage of life using the diagnosis of “annual behavioral health well check”.

(2) "Carrier" means any entity that provides health insurance in this State. For the purposes of this section, "carrier" includes an insurance company, health service corporation, health maintenance organization, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation. "Carrier" also includes any third-party administrator or other entity that adjusts, administers, or settles claims in connection with health benefit plans.

(b) All carriers shall provide coverage of an annual behavioral health well check, which shall be reimbursed through the following common procedural terminology (CPT) codes at the same rate that such CPT codes are reimbursed for the provision of other medical care, provided that reimbursement may be adjusted for payment of claims that are billed by a non-physician clinician so long as the methodology to determine such adjustments is comparable to and applied no more stringently than the methodology for adjustments made for reimbursement of claims billed by non-physician clinicians for other medical care, in accordance with 45 CFR 146.136(c)(4):

(1) 99381.

(2) 99382.

(3) 99383.

(4) 99384.

(5) 99385.

(6) 99386.

(7) 99387.

(8) 99391.

(9) 99392.

(10) 99393.

(11) 99394.

(12) 99395.

(13) 99396.

(14) 99397.

(15) The Commissioner shall update this list of codes through the promulgation of rules if the CPT codes listed in this subsection are altered, amended, changed, deleted, or supplemented to.

(16) Reimbursement of any of the above CPT codes for the purpose of covering an annual behavioral health well check shall not be denied because such CPT codes was already reimbursed for the purpose of covering a service other than an annual behavioral health well check.

(17) Reimbursement of any of the above CPT codes for the purpose of covering a service other than an annual behavioral health well check shall not be denied because such CPT codes was already reimbursed for the purpose of covering an annual behavioral health well check.

(c) Nothing shall preclude an annual behavioral health well check from being reimbursed through a value-based arrangement, a capitated arrangement, a bundled payment arrangement, or any other alternative payment arrangement that is not a traditional fee-for-service arrangement.

(d) An annual behavioral health well check may be incorporated into and reimbursed within any type of integrated primary care service delivery method including, but not limited to, the psychiatric collaborative care model, the primary care behavioral health model or behavioral health consultant model, any model that involves co-location of mental health professionals within general medical settings, or any other integrated care model that focuses on the delivery of primary care.

Section 3. Amend Chapter 5, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 528. Annual Behavioral Health Well Check.

(a) As used in this section:

(1) “Behavioral health well check” means an annual visit with a licensed mental health clinician with at minimum a masters level degree. The well check must include but not be limited to a review of medical history; evaluation of adverse childhood experiences; use of a validated mental health screening tool; and may include anticipatory behavioral health guidance congruent with stage of life using the diagnosis of “annual behavioral health well check”.

(2) “Carrier” means any entity that provides health insurance under § 505(3) of this title.

(b) All carriers shall provide coverage of an annual behavioral health well check, which shall be reimbursed through the following common procedural terminology (CPT) codes at the same rate that such CPT codes are reimbursed for the provision of other medical care, provided that reimbursement may be adjusted for payment of claims that are billed by a non-physician clinician so long as the methodology to determine such adjustments is comparable to and applied no more stringently than the methodology for adjustments made for reimbursement of claims billed by non-physician clinicians for other medical care, in accordance with 42 CFR 438.910(d)(1):

(1) 99381.

(2) 99382.

(3) 99383.

143 (4) 99384.

144 (5) 99385.

145 (6) 99386.

146 (7) 99387.

147 (8) 99391.

148 (9) 99392.

149 (10) 99393.

150 (11) 99394.

151 (12) 99395.

152 (13) 99396.

153 (14) 99397.

154 (15) The Commissioner shall update this list of codes through the promulgation of rules if the CPT codes

155 listed in this subsection are altered, amended, changed, deleted, or supplemented to.

156 (16) Reimbursement of any of the above CPT codes for the purpose of covering an annual behavioral health

157 well check shall not be denied because such CPT codes was already reimbursed for the purpose of covering a service

158 other than an annual behavioral health well check.

159 (17) Reimbursement of any of the above CPT codes for the purpose of covering a service other than an annual

160 behavioral health well check shall not be denied because such CPT codes was already reimbursed for the purpose of

161 covering an annual behavioral health well check.

162 (c) Nothing shall preclude an annual behavioral health well check from being reimbursed through a value-based

163 arrangement, a capitated arrangement, a bundled payment arrangement, or any other alternative payment arrangement that

164 is not a traditional fee-for-service arrangement.

165 (d) An annual behavioral health well check may be incorporated into and reimbursed within any type of integrated

166 primary care service delivery method including, but not limited to, the psychiatric collaborative care model, the primary

167 care behavioral health model or behavioral health consultant model, any model that involves co-location of mental health

168 professionals within general medical settings, or any other integrated care model that focuses on the delivery of primary

169 care.

170 Section 4. Amend Chapter 52, Title 29 of the Delaware Code by making deletions as shown by strike through and

171 insertions as shown by underline as follows:

172 § 5212. Annual Behavioral Health Well Check.

(a) As used in this section:

(1) “Behavioral health well check” means an annual visit with a licensed mental health clinician with at minimum a masters level degree. The well check must include but not be limited to a review of medical history; evaluation of adverse childhood experiences; use of a validated mental health screening tool; and may include anticipatory behavioral health guidance congruent with stage of life using the diagnosis of “annual behavioral health well check”.

(b) The plan shall provide coverage of an annual behavioral health well check, which shall be reimbursed through the following common procedural terminology (CPT) codes at the same rate that such CPT codes are reimbursed for the provision of other medical care, provided that reimbursement may be adjusted for payment of claims that are billed by a non-physician clinician so long as the methodology to determine such adjustments is comparable to and applied no more stringently than the methodology for adjustments made for reimbursement of claims billed by non-physician clinicians for other medical care, in accordance with 45 CFR 146.136(c)(4):

(1) 99381.

(2) 99382.

(3) 99383.

(4) 99384.

(5) 99385.

(6) 99386.

(7) 99387.

(8) 99391.

(9) 99392.

(10) 99393.

(11) 99394.

(12) 99395.

(13) 99396.

(14) 99397.

(15) The State Employee Benefits Committee shall update this list of codes if the CPT codes listed in this subsection are altered, amended, changed, deleted, or supplemented to.

201 (16) Reimbursement of any of the above CPT codes for the purpose of covering an annual behavioral health
202 well check shall not be denied because such CPT codes was already reimbursed for the purpose of covering a service
203 other than an annual behavioral health well check.

204 (17) Reimbursement of any of the above CPT codes for the purpose of covering a service other than an annual
205 behavioral health well check shall not be denied because such CPT codes was already reimbursed for the purpose of
206 covering an annual behavioral health well check.

207 (c) Nothing shall preclude an annual behavioral health well check from being reimbursed through a value-based
208 arrangement, a capitated arrangement, a bundled payment arrangement, or any other alternative payment arrangement that
209 is not a traditional fee-for-service arrangement.

210 (d) An annual behavioral health well check may be incorporated into and reimbursed within any type of integrated
211 primary care service delivery method including, but not limited to, the psychiatric collaborative care model, the primary
212 care behavioral health model or behavioral health consultant model, any model that involves co-location of mental health
213 professionals within general medical settings, or any other integrated care model that focuses on the delivery of primary
214 care.

SYNOPSIS

 This bill amends Chapter 33, Title 18 of the Delaware Code by adding a new § 3370D to require coverage of an annual behavioral health well check.

 This bill also amends Chapter 35, Title 18 of the Delaware Code by adding a new § 3571X to require coverage of an annual behavioral health well check.

 This bill also amends Chapter 5, Title 31 of the Delaware Code by adding a new § 528 to require coverage of an annual behavioral health well check.

 This bill also amends Chapter 52, Title 29 of the Delaware Code by adding a new § 5212 to require coverage of an annual behavioral health well check.