



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:

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

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

26 § 3370D. Annual Behavioral Health Well Check.

27 (a) As used in this section:

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

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

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

44 (1) 99381.

45 (2) 99382.

46 (3) 99383.

47 (4) 99384.

48 (5) 99385.

49 (6) 99386.

50 (7) 99387.

51 (8) 99391.

52 (9) 99392.

53                   (10) 99393.  
54                   (11) 99394.  
55                   (12) 99395.  
56                   (13) 99396.  
57                   (14) 99397.  
58                   (15) The Commissioner shall update this list of codes through the promulgation of rules if the CPT codes  
59                   listed in this subsection are altered, amended, changed, deleted, or supplemented to.

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

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

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

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

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

76                   § 3571Y. Annual Behavioral Health Well Check.

77                   (a) As used in this section:

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

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

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

94                   (1) 99381.

95                   (2) 99382.

96                   (3) 99383.

97                   (4) 99384.

98                   (5) 99385.

99                   (6) 99386.

100                  (7) 99387.

101                  (8) 99391.

102                  (9) 99392.

103                  (10) 99393.

104                  (11) 99394.

105                  (12) 99395.

106                  (13) 99396.

107                  (14) 99397.

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

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

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

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

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

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

126           § 528. Annual Behavioral Health Well Check.

127           (a) As used in this section:

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

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

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

140           (1) 99381.

141           (2) 99382.

142           (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.

173 (a) As used in this section:

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

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

185 (1) 99381.

186 (2) 99382.

187 (3) 99383.

188 (4) 99384.

189 (5) 99385.

190 (6) 99386.

191 (7) 99387.

192 (8) 99391.

193 (9) 99392.

194 (10) 99393.

195 (11) 99394.

196 (12) 99395.

197 (13) 99396.

198 (14) 99397.

199 (15) The State Employee Benefits Committee shall update this list of codes if the CPT codes listed in this  
200 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.