



SPONSOR: Rep. Longhurst & Rep. Griffith & Rep. Heffernan & Rep. Minor-Brown & Rep. Briggs King & Sen. Poore
Reps. Baumbach, Carson, K. Johnson, Mitchell,
S. Moore, Morrison, K. Williams, Wilson-Anton; Sens.
Gay, Hansen, Mantzavinos, Pettyjohn, Sturgeon, Walsh

HOUSE OF REPRESENTATIVES
151st GENERAL ASSEMBLY

HOUSE BILL NO. 303

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 services; and

4 WHEREAS, the State of Delaware is ranked 35th highest in the country for prevalence of mental health illness and
5 substance use disorders; and

6 WHEREAS, the COVID-19 public health crisis has caused an increase in pediatric psychiatric related emergency
7 room visits in the United States by 51% from 2020 to 2021 while decreasing adult admissions for the treatment of
8 substance use disorders and mental health illness; and

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

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

14 WHEREAS, a multidiscipline analysis by the National Academies of Sciences, Engineering and Medicine
15 determined that every dollar of investment in mental health and addiction prevention programs yields a 2 to 10 times
16 savings in health care, criminal and juvenile justice and low productivity costs; and

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

19 WHEREAS true parity cannot be achieved until perceptions are changed when those with behavioral health needs
20 can seek and access healthcare without unnecessary barriers that is equal to that of their physical health needs.

21 NOW, THEREFORE:

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

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

25 § 3370E. Annual behavioral health well check.

26 (a) As used in this section:

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

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

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

43 (1) 99381.

44 (2) 99382.

45 (3) 99383.

46 (4) 99384.

47 (5) 99385.

48 (6) 99386.

49 (7) 99387.

50 (8) 99391.

51 (9) 99392.

52 (10) 99393.

53 (11) 99394.

54 (12) 99395.

55 (13) 99396.

56 (14) 99397.

57 (c) (1) The Commissioner shall update this list of codes through the promulgation of rules if the CPT codes listed
58 in subsection (b) of this section are altered, amended, changed, deleted, or supplemented.

59 (2) Reimbursement of any of the CPT codes listed in subsection (b) of this section or promulgated under
60 paragraph (c)(1) of this section for the purpose of covering an annual behavioral health well check may not be denied
61 because such CPT code was already reimbursed for the purpose of covering a service other than an annual behavioral
62 health well check.

63 (3) Reimbursement of any of the CPT codes listed in subsection (b) of this section or promulgated under
64 paragraph (c)(1) of this section for the purpose of covering a service other than an annual behavioral health well check
65 may not be denied because such CPT code was already reimbursed for the purpose of covering an annual behavioral
66 health well check.

67 (d) An annual behavioral health well check may be reimbursed through a value-based arrangement, a capitated
68 arrangement, a bundled payment arrangement, or any other alternative payment arrangement that is not a traditional fee-for-
69 service arrangement.

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

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

77 § 3571Z. Annual behavioral health well check.

78 (a) As used in this section:

79 (1) “Behavioral health well check” means a pre-deductible annual visit with a licensed mental health clinician
80 with at minimum a masters level degree. The well check must include but is not limited to a review of medical history,
81 evaluation of adverse childhood experiences, use of a validated mental health screening tool, and may include

82 anticipatory behavioral health guidance congruent with stage of life using the diagnosis of “annual behavioral health
83 well check.”

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

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

95 (1) 99381.

96 (2) 99382.

97 (3) 99383.

98 (4) 99384.

99 (5) 99385.

100 (6) 99386.

101 (7) 99387.

102 (8) 99391.

103 (9) 99392.

104 (10) 99393.

105 (11) 99394.

106 (12) 99395.

107 (13) 99396.

108 (14) 99397.

109 (c) (1) The Commissioner shall update this list of codes through the promulgation of rules if the CPT codes listed
110 in subsection (b) of this section are altered, amended, changed, deleted, or supplemented.

111 (2) Reimbursement of any of the CPT codes listed in subsection (b) of this section or promulgated under
112 paragraph (c)(1) of this section for the purpose of covering an annual behavioral health well check may not be denied
113 because such CPT code was already reimbursed for the purpose of covering a service other than an annual behavioral
114 health well check.

115 (3) Reimbursement of any of the CPT codes listed in subsection (b) of this section or promulgated under
116 paragraph (c)(1) of this section for the purpose of covering a service other than an annual behavioral health well check
117 may not be denied because such CPT code was already reimbursed for the purpose of covering an annual behavioral
118 health well check.

119 (d) An annual behavioral health well check may be reimbursed through a value-based arrangement, a capitated
120 arrangement, a bundled payment arrangement, or any other alternative payment arrangement that is not a traditional fee-for-
121 service arrangement.

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

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

129 § 530. Annual behavioral health well check.

130 (a) As used in this section:

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

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

137 (b) All carriers shall provide coverage of an annual behavioral health well check, which shall be reimbursed
138 through the following common procedural terminology (CPT) codes at the same rate that such CPT codes are reimbursed
139 for the provision of other medical care, provided that reimbursement may be adjusted for payment of claims that are billed
140 by a non-physician clinician so long as the methodology to determine such adjustments is comparable to and applied no

141 more stringently than the methodology for adjustments made for reimbursement of claims billed by non-physician
142 clinicians for other medical care, in accordance with 42 CFR 438.910(d)(1):

143 (1) 99381.

144 (2) 99382.

145 (3) 99383.

146 (4) 99384.

147 (5) 99385.

148 (6) 99386.

149 (7) 99387.

150 (8) 99391.

151 (9) 99392.

152 (10) 99393.

153 (11) 99394.

154 (12) 99395.

155 (13) 99396.

156 (14) 99397.

157 (c) (1) The Director of the Division of Medicaid and Medical Assistance shall update this list of codes through the
158 promulgation of rules if the CPT codes listed in subsection (b) of this section are altered, amended, changed, deleted, or
159 supplemented.

160 (2) Reimbursement of any of the CPT codes listed in subsection (b) of this section or promulgated under
161 paragraph (c)(1) of this section for the purpose of covering an annual behavioral health well check may not be denied
162 because such CPT code was already reimbursed for the purpose of covering a service other than an annual behavioral
163 health well check.

164 (3) Reimbursement of any of the CPT codes listed in subsection (b) of this section or promulgated under
165 paragraph (c)(1) of this section for the purpose of covering a service other than an annual behavioral health well check
166 may not be denied because such CPT code was already reimbursed for the purpose of covering an annual behavioral
167 health well check.

168 (d) An annual behavioral health well check may be reimbursed through a value-based arrangement, a capitated
169 arrangement, a bundled payment arrangement, or any other alternative payment arrangement that is not a traditional fee-for-
170 service arrangement.

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

176 Section 4. Amend Chapter 52, Title 29 of the Delaware Code by making deletions as shown by strike through and
177 insertions as shown by underline as follows:

178 § 5215. Annual behavioral health well check.

179 (a) As used in this section “Behavioral health well check” means a pre-deductible annual visit with a licensed
180 mental health clinician with at minimum a masters level degree. The well check must include but is not limited to a review
181 of medical history, evaluation of adverse childhood experiences, use of a validated mental health screening tool, and may
182 include anticipatory behavioral health guidance congruent with stage of life using the diagnosis of “annual behavioral
183 health well check.”

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

190 (1) 99381.

191 (2) 99382.

192 (3) 99383.

193 (4) 99384.

194 (5) 99385.

195 (6) 99386.

196 (7) 99387.

197 (8) 99391.

198 (9) 99392.

199 (10) 99393.

200 (11) 99394.

201 (12) 99395.

202 (13) 99396.

203 (14) 99397.

204 (c) (1) The State Employee Benefits Committee shall administratively update this list of codes if the CPT codes
205 listed in subsection (b) of this section are altered, amended, changed, deleted, or supplemented.

206 (2) Reimbursement of any of the CPT codes listed in subsection (b) of this section or updated under paragraph
207 (c)(1) of this section for the purpose of covering an annual behavioral health well check may not be denied because
208 such CPT code was already reimbursed for the purpose of covering a service other than an annual behavioral health
209 well check.

210 (3) Reimbursement of any of the CPT codes listed in subsection (b) of this section or updated under paragraph
211 (c)(1) of this section for the purpose of covering a service other than an annual behavioral health well check may not be
212 denied because such CPT code was already reimbursed for the purpose of covering an annual behavioral health well
213 check.

214 (d) An annual behavioral health well check may be reimbursed through a value-based arrangement, a capitated
215 arrangement, a bundled payment arrangement, or any other alternative payment arrangement that is not a traditional fee-for-
216 service arrangement.

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

222 Section 5. For the purposes of this implementing this Act, there is created an advisory committee whose mandate
223 is to create a developmentally appropriate design for the annual behavioral health well check established under this
224 legislation. The advisory committee shall commence work as soon as practicable after the enactment of this Act and shall
225 hold its first meeting within 90 days of the enactment of this Act. The advisory committee shall finalize all work within six
226 months of the enactment of this legislation, and deliver its recommendations to the Secretary of the Department of Health
227 and Human Services, as well as the chairperson of the House Health and Human Development Committee and the Senate
228 Health and Social Services Committee. The advisory committee shall seek to design the annual behavioral health well
229 check in a manner that is reflective of existing annual physical health well checks and include questions and anticipatory
230 guidance specific to each respective age group. The advisory committee shall include all of the following members:

231 (1) Two actively practicing pediatric behavioral health clinicians, one of whom shall specialize in the treatment of
232 adolescents, appointed by the Speaker of the House.

233 (2) Two actively practicing adult behavioral health clinicians, one of whom shall specialize in the treatment of
234 geriatric populations, appointed by the Speaker of the House.

235 (3) One actively practicing women's behavioral health clinician, appointed by the Senate President Pro Tempore.

236 (4) Two behavioral health policy advocates, one of whom is a specialist in behavioral health policy advocacy at
237 the national level and one of whom is a specialist in behavioral health policy advocacy at the local level, appointed by the
238 Speaker of the House.

239 (5) Two actively practicing primary care physicians, appointed by Senate President Pro Tempore.

240 The advisory council may call upon the Department of Health and Social Services, Department of Insurance, Department of
241 Human Resources, Delaware Health Information Network, and any additional state agency for any assistance, information,
242 or data that may be necessary to carry out the purposes for which it has been established. For administrative and budgetary
243 purposes only, the advisory council shall be placed within the Department of Health and Social Services, Office of the
244 Secretary. For the purposes of convening an organizational meeting, the behavioral health policy advocate who specializes
245 in local advocacy shall serve as chair of the advisory council. A permanent chair and vice chair shall be elected by the
246 members from those among those appointed to serve. In making appointments, the Speaker and President Pro Tempore,
247 shall attempt to include in the appointed members of the advisory committee at least one psychiatrist, one clinical
248 psychologist, one psychiatric nurse practitioner, one licensed clinical social worker, and one additional physician or nurse
249 practitioner.

250 Section 6. Sections 1 through 4 of this Act take effect on January 1, 2023.

SYNOPSIS

This bill amends Chapter 33, Title 18 of the Delaware Code by adding a new § 3370E 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 § 3571Z 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 § 530 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 § 5215 to require coverage of an annual behavioral health well check.

Finally, the bill creates an advisory committee of health professionals tasked with creating recommendations for implementation of the Act.

The requirement for coverage of the behavioral health well check is effective January 1, 2023.