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Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Salvo and A. White

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SUMMARY

- Requires each health benefit plan to provide coverage of an annual behavioral health well check that is performed by a licensed behavioral health professional beginning January 1, 2027.
- Generally prohibits a health benefit plan from imposing a cost-sharing or prior authorization requirement for a mental health well check.
- Requires that reimbursement for an annual behavioral health well check be provided on the same basis and to the same extent for all licensed behavioral health professionals.

DETAILED ANALYSIS

Behavioral health well check

The bill requires each health benefit plan delivered, issued for delivery, modified, or renewed on or after January 1, 2027,¹ to provide coverage of an annual behavioral health well check for children and adults that is performed by a licensed behavioral health professional.² Under the bill, a behavioral health well check is defined as an annual visit that includes a review of medical history, evaluation of risk and protective factors, use of a developmentally appropriate and validated behavioral health screening tool, education and consultation on healthy lifestyle changes, referral to ongoing behavioral health services, and other supports as needed.³

¹ Section 2.

² R.C. 3902.65(B)(1).

³ R.C. 3902.65(A)(1).

The annual behavioral health well check must be performed by a licensed behavioral health professional. A licensed behavioral health professional includes:⁴

- A clinical nurse specialist, certified nurse practitioner, physician assistant, or physician who specializes in the practice of psychiatry, family medicine, or pediatrics or a physician who is a primary care physician;
- A psychologist;
- A professional counselor, professional clinical counselor, social worker, independent social worker, marriage and family therapist, or independent marriage and family therapist;
- A chemical dependency counselor.

Coverage

The bill generally prohibits a health benefit plan from imposing cost-sharing requirements for the annual behavioral health well check. A plan may impose such a requirement if doing so is necessary for the plan to maintain eligibility as a health savings account under federal law.⁵ The bill further prohibits a health benefit plan from (1) imposing a prior authorization requirement for an annual behavioral health well check or (2) excluding coverage for a behavioral health service or physical health service on the basis that the services were provided on the same day or in the same facility.⁶

The bill specifies that an annual behavioral health well check may be provided in either a behavioral health or primary care setting. Additionally, the well check may be incorporated and reimbursed within any type of integrated primary care service delivery model, including (1) the psychiatric collaborative care model, (2) the primary care behavioral health model or behavioral health consultant model, (3) any model that involves co-location of licensed behavioral health professionals within general medical settings, or (4) any other integrated care model that focuses on the delivery of primary care.⁷

Reimbursement parity

Under the bill, a health plan issuer must provide reimbursement for an annual behavioral health well check through the billing codes specified under rules adopted by the Superintendent of Insurance. The reimbursement must be provided on the same basis and to the same extent as for all licensed behavioral health professionals. It also must use methodology that is comparable to and not applied more stringently than the reimbursement for medical care as specified under federal rules concerning parity for mental health and substance use disorder benefits.⁸ The bill

⁴ R.C. 3902.65(A)(2).

⁵ R.C. 3902.65(B)(2); 26 United States Code (U.S.C.) 223.

⁶ R.C. 3902.65(B)(3) and (4).

⁷ R.C. 3902.65(C).

⁸ R.C. 3902.65(D)(1); 45 Code of Federal Regulations 146.136(c)(4).

permits the reimbursement for an annual behavioral health well check to include adjustments for payment of claims that are billed by a licensed behavioral health professional, so long as the methodology to determine the adjustments is comparable to and not applied more stringently than the methodology for adjustments made for claims billed by licensed behavioral health professionals that are not physicians for other medical care.⁹

Rulemaking

The bill requires the Superintendent of Insurance to adopt rules to implement the bill's requirements. The rules must specify the current procedural terminology (CPT) codes that will be used for reimbursement for annual behavioral health well checks, including the codes that will support uniformity in payment to licensed behavioral health professionals and that are reflective of existing reimbursement methodologies that can be implemented in a streamlined and efficient way by health plan issuers. The rules must also specify a process for regularly updating relevant CPT codes if the codes are altered, amended, changed, deleted, or supplemented.¹⁰ The bill exempts these rules from law requiring an agency to remove two rules for each new rule it adopts.¹¹

Mandated health benefits

The required coverage of behavioral health well checks might be considered a mandated health benefit. Under continuing law, if the General Assembly enacts a mandated health benefit, that provision cannot be applied to any health benefit plan until the Superintendent of Insurance determines that it can be applied fully and equally in all respects to employee benefit plans subject to regulation by the federal "Employee Retirement Income Security Act of 1974," (ERISA), and to employee benefit plans established or modified by the state or any of its political subdivisions. ERISA appears to preempt any state regulation of such plans.¹² The bill includes a provision that exempts its requirements from this restriction.¹³

HISTORY

Action	Date
Introduced	03-03-26

ANHB0724IN-136/sb

⁹ R.C. 3902.65(D)(2).

¹⁰ R.C. 3902.65(E).

¹¹ R.C. 3902.65(F); R.C. 121.95, not in the bill.

¹² 29 U.S.C. 1144.

¹³ R.C. 3902.65(B)(1); R.C. 3901.71, not in the bill.