



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 724
136th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 724's Bill Analysis](#)

Version: As Introduced

Primary Sponsors: Reps. Salvo and A. White

Local Impact Statement Procedure Required: Yes

Ruhaiza Ridzwan, Senior Economist

Highlights

- The bill may minimally increase the Department of Insurance's administrative costs to ensure health benefit plans comply with the bill's requirements and to adopt rules specified under the bill. Any increase in such costs would be paid from the Department of Insurance Operating Fund (Fund 5540).
- The bill may increase costs to local governments to provide health benefits to employees and their dependents by undetermined amounts. To the extent that a local government's health benefit plan already complies with the bill's requirements, there would be no impact on its costs of providing health benefits to employees and their dependents.

Detailed Analysis

Annual behavioral health well check

The bill requires a health benefit plan to provide coverage for an annual behavioral health well check for children and adults that is performed by a licensed behavioral health professional, as listed under the bill. The bill includes a provision that exempts its provisions from a mandated health benefits requirement under continuing law.¹ In addition, the bill prohibits a health benefit plan from the following actions regarding an annual behavioral health well check: (1) imposing a

¹ Under current law, no mandated health benefits legislation enacted by the General Assembly may be applied to sickness and accident or other health benefits policies, contracts, plans, or other arrangements until the Superintendent of Insurance determines that the provision 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 employee benefit plans established or modified by the state or any political subdivision of the state.

cost-sharing requirement, (2) imposing a prior authorization requirement, and (3) excluding coverage for a behavioral health service or a physical health service on the basis that the behavioral health service and physical health service were provided on the same day or in the same facility.

The bill provides that a cost-sharing requirement may be imposed if doing so is necessary for a health benefit plan to maintain eligibility as a health savings account under federal law. An annual behavioral health well check may be provided in a behavioral health or a primary care setting or incorporated and reimbursed within any type of integrated primary care service delivery method, including any of the following: (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.

The bill's requirement applies to health benefit plans that are delivered, issued for delivery, modified, or renewed on or after January 1, 2027.

Reimbursement for an annual behavioral health well check

The bill requires a health plan issuer to provide reimbursement for an annual behavioral health well check through the billing codes specified in rules adopted by the Superintendent of Insurance, as specified in the bill. The bill specifies that the reimbursement must be provided on the same basis and to the same extent for all licensed behavioral health professionals using methodology that is comparable to, and applied not more stringently than, the reimbursement for the provision of medical care in accordance with federal law. In addition, the reimbursement may include any adjustments for payment of claims that are billed by a licensed behavioral health professional based on certain methodology determination.

Fiscal effect

The bill may minimally increase the Department of Insurance's administrative costs to ensure health benefit plans comply with the bill's requirements and to adopt necessary rules. Any increase in such costs would be paid from the Department of Insurance Operating Fund (Fund 5540).

According to a contact at the Department of Administrative Services, the state health benefit plans already provide coverage for annual behavioral health well checks and the plans may not incur additional costs as a result of the bill's requirements.

The bill's requirements may increase costs to local governments of providing health benefits to employees and their beneficiaries by indeterminate amounts. However, information on the number of local governments' health benefit plans that do not currently comply with the bill's requirements is not readily available. According to the [Annual Report on the Cost of Health Insurance in Ohio's Public Sector, 2025 \(PDF\)](#), prepared by the State Employment Relations Board (SERB), about 22% of local governments statewide fully insured their plans while 78% of public employers, including the state, self-insured their plans. Thus, local governments that fully insured their employees' medical plans may experience an insurance premium increase, depending on the number of enrollees and current coverage under the plans (i.e., whether the plans already conformed with the required coverage). To the extent that a particular public employee health

benefit plan complies with the bill's requirements, there would be no impact on its costs of providing health benefits to employees and their dependents.

Additionally, if the required coverage under the bill is considered a mandated health benefit that is in addition to the current essential health benefits in the federal Affordable Care Act (ACA), then the state may be required to pay for the potential costs associated with the coverage.