As Introduced

136th General Assembly
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2025-2026

H. B. No. 724

Representatives Salvo, White, A.

To enact section 3902.65 of the Revised Code to require a health benefit plan to provide coverage for annual behavioral health well checks.

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

Section 1. That section 3902.65 of the Revised Code be enacted to read as follows:

Sec. 3902.65. (A) As used in this section:

(1) "Behavioral health well check" means 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, referrals to ongoing behavioral health services, and other necessary supports as needed.

(2) "Licensed behavioral health professional" includes all of the following:

(a) A clinical nurse specialist or certified nurse practitioner, each as defined under Chapter 4723. of the Revised Code, who specializes in the practice of psychiatry, family medicine, or pediatrics;

(b) A physician assistant licensed under Chapter 4730. of the Revised Code who specializes in the practice of psychiatry, family medicine, or pediatrics;

(c) A physician who is a primary care physician or who specializes in the practice of psychiatry, family medicine, or pediatrics;

(d) A psychologist licensed under Chapter 4732. of the Revised Code;

(e) A professional counselor, professional clinical counselor, social worker, independent social worker, marriage and family therapist, or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code;

(f) A chemical dependency counselor licensed under Chapter 4758. of the Revised Code.

(3) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(B)(1) Notwithstanding section 3901.71 of the Revised Code, a health benefit plan shall provide coverage of an annual behavioral health well check for children and adults that is performed by a licensed behavioral health professional.

(2) Except as otherwise provided in this section, a health benefit plan shall not impose a cost-sharing requirement for an annual behavioral health well check. A health benefit plan may impose a cost-sharing requirement if doing so is necessary for a health benefit plan to maintain eligibility as a health savings account under section 223 of the "Internal Revenue Code," 26 U.S.C. 223.

(3) A health benefit plan shall not impose a prior authorization requirement on an annual behavioral health well check.

(4) A health benefit plan shall not exclude 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.

(C) 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;

(4) Any other integrated care model that focuses on the delivery of primary care.

(D) A health plan issuer shall provide reimbursement for an annual behavioral health well check through the billing codes specified in rules adopted by the superintendent of insurance under this section. Reimbursement shall comply with both of the following:

(1) The reimbursement shall 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 45 C.F.R.

146.136(c)(4).

(2) The reimbursement may include any adjustments for payment of claims that are billed by a licensed behavioral health professional so long as the methodology to determine such adjustments is comparable to, and applied not more stringently than, the methodology for adjustments made for reimbursement of claims billed by licensed behavioral health professionals that are not physicians for other medical care in accordance with 45 C.F.R. 146.136(c)(4).

(E) The superintendent of insurance shall adopt rules in accordance with Chapter 119. of the Revised Code that do all of the following:

(1) Specify current procedural terminology codes for purposes of division (D) of this section that support uniformity in payment to licensed behavioral health professionals providing an annual behavioral health well check and that are reflective of existing reimbursement methodologies that can be implemented in a streamlined and efficient way by health plan issuers;

(2) Regularly update the current procedural terminology codes utilized for purposes of division (D) of this section if the codes are altered, amended, changed, deleted, or supplemented;

(3) Specify other requirements necessary to implement this section.

(F) Notwithstanding any provision of section 121.95 of the Revised Code to the contrary, a regulatory restriction contained in a rule adopted under this section is not subject to sections 121.95 to 121.953 of the Revised Code.

Section 2. The enactment of section 3902.65 of the Revised

Code by this act applies to health benefit plans, as defined in section 3922.01 of the Revised Code, that are delivered, issued for delivery, modified, or renewed on or after January 1, 2027.