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HB 742
136th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Baker and Salvo

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SUMMARY

- Requires the Department of Behavioral Health to designate at least one statewide perinatal referral resource.
- Appropriates \$2 million in both FY 2026 and FY 2027 for the Department to use to partner with specialized perinatal behavioral health access to care organizations.
- Permits health care professionals and behavioral health professionals to screen women for behavioral health disorders during the perinatal period.
- Requires health care professionals and behavioral health professionals who identify women experiencing or at risk of experiencing a behavioral health disorder during the perinatal period to refer that women to a specialized provider or the statewide perinatal referral resource.
- Permits health insurers to cover perinatal behavioral health screenings.

DETAILED ANALYSIS

Statewide referral resources

The bill requires the Department of Behavioral Health to designate one or more specialized perinatal behavioral health programs to serve as statewide perinatal referral resources.¹ The perinatal period begins at the start of a woman's pregnancy and ends one year after a woman gives birth.² Any designated program must demonstrate the capacity to provide or coordinate access to peer support, behavioral health care navigation, and other resources for

¹ R.C. 5119.172(B).

² R.C. 3702.41(A)(3).

pregnant and postpartum women experiencing or at risk of experiencing behavioral health disorders.³

The Department is responsible for ensuring that any designated program is accessible to patients. This includes making sure that health care professionals, behavioral health professionals, hospitals, maternity homes, and freestanding birthing centers are notified of how to make direct referrals to the program.⁴

The bill appropriates \$2 million in both FYs 2026 and 2027 for the Department to use to partner with specialized perinatal behavioral health access to care organizations to offer direct referrals for those who are screened for perinatal behavioral health conditions from front line providers to perinatal providers such as peer support.⁵

Perinatal behavioral health screenings

The bill permits health care professionals and behavioral health professionals to screen women for behavioral health disorders, with the woman's consent, as part of perinatal care provided to the woman or pediatric care provided to an infant under one year old. A health care professional is someone who is licensed, certified, or otherwise authorized in Ohio to provide specified medical services. Similarly, a behavioral health professional is someone who is licensed, certified, or otherwise authorized in Ohio to provide specified behavioral health services.

If a behavioral health screening indicates that a woman is experiencing or at risk of experiencing a behavioral health disorder and the professional who screened her is not a provider of specialized perinatal behavioral health services, the professional is required to offer the woman a referral either in-person or through telehealth. The referral may be to either a provider of specialized perinatal behavioral health services for further assessment and treatment or to a program designated as a statewide referral resource by the Department of Behavioral Health. When making a referral, the professional conducting the screening must ensure that the woman receives timely and accessible information about the provider or program to which she was referred.

The bill requires the professional who conducts a screening to immediately notify emergency personnel or follow any emergency protocol established in the professional's practice setting if the screening indicates that the woman is at risk of immediate harm to self or others.⁶

The bill permits health insurers to provide coverage for the screenings authorized by the bill. The bill specifies that it does not prohibit imposing a cost sharing requirement for that

³ R.C. 5119.172(B).

⁴ R.C. 5119.172(C).

⁵ Sections 2 to 4.

⁶ R.C. 3702.41.

coverage. Cost sharing means the cost to a covered person under a health benefit plan, such as a copayment, coinsurance, deductible, or other out-of-pocket expense requirement.⁷

HISTORY

Action	Date
Introduced	03-10-26

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⁷ R.C. 3902.65; R.C. 3902.50(C), not in the bill. This section specifies that health benefit plans may provide this coverage “[n]otwithstanding section 3901.71 of the Revised Code.” R.C. 3901.71 pertains to review requirements imposed on the Superintendent of Insurance for mandated health benefits. Because this benefit is not mandatory, R.C. 3901.71 does not apply.