



Substitute House Bill No. 6643

Public Act No. 23-148

AN ACT CONCERNING INSURANCE COVERAGE FOR THE PROVISION OF MENTAL HEALTH WELLNESS EXAMINATIONS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 38a-488e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For the purposes of this section:

(1) "Licensed mental health professional" means: (A) A licensed professional counselor or professional counselor, both as defined in section 20-195aa; (B) a person who is under professional supervision, as defined in section 20-195aa; (C) a physician licensed pursuant to chapter 370, who is certified in psychiatry by the American Board of Psychiatry and Neurology; (D) an advanced practice registered nurse licensed pursuant to chapter 378, who is certified as a psychiatric and mental health clinical nurse specialist or nurse practitioner by the American Nurses Credentialing Center; (E) a psychologist licensed pursuant to chapter 383; (F) a marital and family therapist licensed pursuant to chapter 383a; (G) a licensed clinical social worker licensed pursuant to chapter 383b; or (H) an alcohol and drug counselor licensed under chapter 376b; and

(2) "Mental health wellness examination" means a screening or

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assessment that seeks to identify any behavioral or mental health needs and appropriate resources for treatment. The examination may include: (A) Observation; (B) a behavioral health screening; (C) education and consultation on healthy lifestyle changes; (D) referrals to ongoing treatment, mental health services and other necessary supports; (E) discussion of potential options for medication; (F) age-appropriate screenings or observations to understand the mental health history, personal history and mental or cognitive state of the person being examined; and (G) if appropriate, relevant input from an adult through screenings, interviews or questions. [j]

[(3) "Primary care provider" has the same meaning as provided in section 19a-7o; and

(4) "Primary care" has the same meaning as provided in section 19a-7o.]

(b) (1) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 and delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2023, (A) shall provide coverage for two mental health wellness examinations per year that are performed by a licensed mental health professional, [or primary care provider,] and (B) shall not require prior authorization of such examinations.

(2) The mental health wellness examinations [:(A) May each be provided by a primary care provider as part of a preventive visit; and (B)] shall be covered with no patient [cost-sharing] cost sharing.

(c) The provisions of this section shall apply to a high deductible health plan, as that term is used in subsection (f) of section 38a-493, to the maximum extent permitted by federal law, except if such plan is used to establish a medical savings account or an Archer MSA pursuant to Section 220 of the Internal Revenue Code of 1986, as amended from

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time to time, or any subsequent corresponding Internal Revenue Code of the United States, as amended from time to time, or a health savings account pursuant to Section 223 of said Internal Revenue Code of 1986, as amended from time to time, the provisions of this section shall apply to such plan to the maximum extent that (1) is permitted by federal law, and (2) does not disqualify such account for the deduction allowed under said Section 220 or 223, as applicable.

Sec. 2. Section 38a-514e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For the purposes of this section:

(1) "Licensed mental health professional" means: (A) A licensed professional counselor or professional counselor, as defined in section 20-195aa; (B) a person who is under professional supervision, as defined in section 20-195aa; (C) a physician licensed pursuant to chapter 370, who is certified in psychiatry by the American Board of Psychiatry and Neurology; (D) an advanced practice registered nurse licensed pursuant to chapter 378, who is certified as a psychiatric and mental health clinical nurse specialist or nurse practitioner by the American Nurses Credentialing Center; (E) a psychologist licensed pursuant to chapter 383; (F) a marital and family therapist licensed pursuant to chapter 383a; (G) a licensed clinical social worker licensed pursuant to chapter 383b; or (H) an alcohol and drug counselor licensed under chapter 376b; and

(2) "Mental health wellness examination" means a screening or assessment that seeks to identify any behavioral or mental health needs and appropriate resources for treatment. The examination may include: (A) Observation; (B) a behavioral health screening; (C) education and consultation on healthy lifestyle changes; (D) referrals to ongoing treatment, mental health services and other necessary supports; (E) discussion of potential options for medication; (F) age-appropriate screenings or observations to understand the mental health history,

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personal history and mental or cognitive state of the person being examined; and (G) if appropriate, relevant input from an adult through screenings, interviews or questions. [;]

[(3) "Primary care provider" has the same meaning as provided in section 19a-7o; and

(4) "Primary care" has the same meaning as provided in section 19a-7o.]

(b) (1) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 and delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2023, (A) shall provide coverage for two mental health wellness examinations per year that are performed by a licensed mental health professional, [or primary care provider,] and (B) shall not require prior authorization of such examinations.

(2) The mental health wellness examinations [; (A) May each be provided by a primary care provider as part of a preventive visit; and (B)] shall be covered with no patient [cost-sharing] cost sharing.

(c) The provisions of this section shall apply to a high deductible health plan, as that term is used in subsection (f) of section 38a-520, to the maximum extent permitted by federal law, except if such plan is used to establish a medical savings account or an Archer MSA pursuant to Section 220 of the Internal Revenue Code of 1986, as amended from time to time, or any subsequent corresponding Internal Revenue Code of the United States, as amended from time to time, or a health savings account pursuant to Section 223 of said Internal Revenue Code, as amended from time to time, the provisions of this section shall apply to such plan to the maximum extent that (1) is permitted by federal law, and (2) does not disqualify such account for the deduction allowed under said Section 220 or 223, as applicable.

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Approved June 26, 2023