



House of Representatives

General Assembly

File No. 58

January Session, 2023

Substitute House Bill No. 6643

House of Representatives, March 14, 2023

The Committee on Children reported through REP. LINEHAN of the 103rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING MEDICAID REIMBURSEMENT FOR MENTAL HEALTH AND SUICIDE RISK ASSESSMENTS CONDUCTED AT SCHOOL-BASED HEALTH CENTERS AND INSURANCE COVERAGE FOR THE PROVISION OF MENTAL HEALTH WELLNESS EXAMINATIONS.

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

1 Section 1. (NEW) (*Effective July 1, 2023*) (a) The Commissioner of
2 Social Services shall provide Medicaid reimbursement, to the extent
3 permissible under federal law, for suicide risk assessments and other
4 mental health evaluations and services provided at a school-based
5 health center or at a public school.

6 (b) The Commissioner of Social Services shall amend the Medicaid
7 state plan if necessary to provide reimbursement for the suicide risk
8 assessments and mental health evaluations and services described in
9 subsection (a) of this section and shall set reimbursement at a level
10 adequate to ensure an adequate pool of providers for such suicide risk
11 assessments and mental health evaluations and services.

12 Sec. 2. Section 38a-488e of the general statutes is repealed and the
13 following is substituted in lieu thereof (*Effective from passage*):

14 (a) For the purposes of this section:

15 (1) "Licensed mental health professional" means: (A) A licensed
16 professional counselor or professional counselor, both as defined in
17 section 20-195aa; (B) a person who is under professional supervision, as
18 defined in section 20-195aa; (C) a physician licensed pursuant to chapter
19 370, who is certified in psychiatry by the American Board of Psychiatry
20 and Neurology; (D) an advanced practice registered nurse licensed
21 pursuant to chapter 378, who is certified as a psychiatric and mental
22 health clinical nurse specialist or nurse practitioner by the American
23 Nurses Credentialing Center; (E) a psychologist licensed pursuant to
24 chapter 383; (F) a marital and family therapist licensed pursuant to
25 chapter 383a; (G) a licensed clinical social worker licensed pursuant to
26 chapter 383b; or (H) an alcohol and drug counselor licensed under
27 chapter 376b; and

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

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

41 (4) "Primary care" has the same meaning as provided in section 19a-
42 7o.]

43 (b) (1) Each individual health insurance policy providing coverage of
44 the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
45 469 and delivered, issued for delivery, renewed, amended or continued
46 in this state on or after January 1, 2023, (A) shall provide coverage for
47 two mental health wellness examinations per year that are performed
48 by a licensed mental health professional, [or primary care provider,] and
49 (B) shall not require prior authorization of such examinations.

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

53 (c) The provisions of this section shall apply to a high deductible
54 health plan, as that term is used in subsection (f) of section 38a-493, to
55 the maximum extent permitted by federal law, except if such plan is
56 used to establish a medical savings account or an Archer MSA pursuant
57 to Section 220 of the Internal Revenue Code of 1986, as amended from
58 time to time, or any subsequent corresponding Internal Revenue Code
59 of the United States, as amended from time to time, or a health savings
60 account pursuant to Section 223 of said Internal Revenue Code of 1986,
61 as amended from time to time, the provisions of this section shall apply
62 to such plan to the maximum extent that (1) is permitted by federal law,
63 and (2) does not disqualify such account for the deduction allowed
64 under said Section 220 or 223, as applicable.

65 Sec. 3. Section 38a-514e of the general statutes is repealed and the
66 following is substituted in lieu thereof (*Effective from passage*):

67 (a) For the purposes of this section:

68 (1) "Licensed mental health professional" means: (A) A licensed
69 professional counselor or professional counselor, as defined in section
70 20-195aa; (B) a person who is under professional supervision, as defined
71 in section 20-195aa; (C) a physician licensed pursuant to chapter 370,
72 who is certified in psychiatry by the American Board of Psychiatry and
73 Neurology; (D) an advanced practice registered nurse licensed pursuant
74 to chapter 378, who is certified as a psychiatric and mental health clinical

75 nurse specialist or nurse practitioner by the American Nurses
76 Credentialing Center; (E) a psychologist licensed pursuant to chapter
77 383; (F) a marital and family therapist licensed pursuant to chapter 383a;
78 (G) a licensed clinical social worker licensed pursuant to chapter 383b;
79 or (H) an alcohol and drug counselor licensed under chapter 376b; and

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

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

93 (4) "Primary care" has the same meaning as provided in section 19a-
94 7o.]

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

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

105 (c) The provisions of this section shall apply to a high deductible

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2023</i>	New section
Sec. 2	<i>from passage</i>	38a-488e
Sec. 3	<i>from passage</i>	38a-514e

KID *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 24 \$	FY 25 \$
Social Services, Dept.	GF - Potential	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 24 \$	FY 25 \$
Various Municipalities	Potential Revenue Gain	See Below	See Below

Explanation

The bill could result in a fiscal impact to the Department of Social Services (DSS) associated with establishing Medicaid coverage for suicide risk assessments and mental health evaluations provided at school-based health centers or public schools. DSS currently covers comprehensive psychiatric diagnostic evaluations at these locations. To the extent the bill requires DSS to establish coverage for a new, less comprehensive screening DSS could experience a fiscal impact. This impact is dependent on the utilization of the service and rate established for such screening.

The bill could also result in a revenue gain to towns to the extent they would receive Medicaid reimbursement for services currently provided by schools but are not reimbursable.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to service utilization and the Medicaid rate established.

OLR Bill Analysis**sHB 6643****AN ACT CONCERNING MEDICAID REIMBURSEMENT FOR MENTAL HEALTH AND SUICIDE RISK ASSESSMENTS CONDUCTED AT SCHOOL-BASED HEALTH CENTERS AND INSURANCE COVERAGE FOR THE PROVISION OF MENTAL HEALTH WELLNESS EXAMINATIONS.****SUMMARY**

This bill requires the Department of Social Services commissioner to provide Medicaid reimbursement, to the extent allowed under federal law, for suicide risk assessments and other mental health evaluations and services provided at school-based health centers or public schools. It requires her to (1) amend the Medicaid state plan, if necessary, to provide the reimbursements and (2) set the reimbursement level to ensure an adequate pool of providers for these services.

The bill also eliminates the requirement that commercial health insurance policies cover mental health wellness examinations by a primary care provider. The bill maintains existing law's requirement that the policies cover the examinations when performed by a licensed mental health professional.

EFFECTIVE DATE: Upon passage, except the provisions on Medicaid reimbursement for suicide risk assessments are effective July 1, 2023.

INSURANCE COVERAGE FOR MENTAL HEALTH WELLNESS EXAMINATIONS

By law, certain individual and group health insurance policies must cover two mental health wellness examinations a year. Under current law, the examinations may be done by a licensed mental health professional or primary care provider, and must be covered without preauthorization or patient cost sharing. The bill eliminates the option for a primary care provider to do the examinations.

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan.

COMMITTEE ACTION

Committee on Children

Joint Favorable Substitute

Yea 17 Nay 2 (03/03/2023)