



House of Representatives

File No. 791

General Assembly

January Session, 2023

(Reprint of File No. 58)

Substitute House Bill No. 6643
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 19, 2023

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:

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 Section 38a-488e of the general statutes is repealed and the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

3 (a) For the purposes of this section:

4 (1) "Licensed mental health professional" means: (A) A licensed
5 professional counselor or professional counselor, both as defined in
6 section 20-195aa; (B) a person who is under professional supervision, as
7 defined in section 20-195aa; (C) a physician licensed pursuant to chapter
8 370, who is certified in psychiatry by the American Board of Psychiatry
9 and Neurology; (D) an advanced practice registered nurse licensed
10 pursuant to chapter 378, who is certified as a psychiatric and mental
11 health clinical nurse specialist or nurse practitioner by the American
12 Nurses Credentialing Center; (E) a psychologist licensed pursuant to

13 chapter 383; (F) a marital and family therapist licensed pursuant to
14 chapter 383a; (G) a licensed clinical social worker licensed pursuant to
15 chapter 383b; or (H) an alcohol and drug counselor licensed under
16 chapter 376b; and

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

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

30 (4) "Primary care" has the same meaning as provided in section 19a-
31 7o.]

32 (b) (1) Each individual health insurance policy providing coverage of
33 the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
34 469 and delivered, issued for delivery, renewed, amended or continued
35 in this state on or after January 1, 2023, (A) shall provide coverage for
36 two mental health wellness examinations per year that are performed
37 by a licensed mental health professional, [or primary care provider,] and
38 (B) shall not require prior authorization of such examinations.

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

42 (c) The provisions of this section shall apply to a high deductible
43 health plan, as that term is used in subsection (f) of section 38a-493, to

44 the maximum extent permitted by federal law, except if such plan is
45 used to establish a medical savings account or an Archer MSA pursuant
46 to Section 220 of the Internal Revenue Code of 1986, as amended from
47 time to time, or any subsequent corresponding Internal Revenue Code
48 of the United States, as amended from time to time, or a health savings
49 account pursuant to Section 223 of said Internal Revenue Code of 1986,
50 as amended from time to time, the provisions of this section shall apply
51 to such plan to the maximum extent that (1) is permitted by federal law,
52 and (2) does not disqualify such account for the deduction allowed
53 under said Section 220 or 223, as applicable.

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

56 (a) For the purposes of this section:

57 (1) "Licensed mental health professional" means: (A) A licensed
58 professional counselor or professional counselor, as defined in section
59 20-195aa; (B) a person who is under professional supervision, as defined
60 in section 20-195aa; (C) a physician licensed pursuant to chapter 370,
61 who is certified in psychiatry by the American Board of Psychiatry and
62 Neurology; (D) an advanced practice registered nurse licensed pursuant
63 to chapter 378, who is certified as a psychiatric and mental health clinical
64 nurse specialist or nurse practitioner by the American Nurses
65 Credentialing Center; (E) a psychologist licensed pursuant to chapter
66 383; (F) a marital and family therapist licensed pursuant to chapter 383a;
67 (G) a licensed clinical social worker licensed pursuant to chapter 383b;
68 or (H) an alcohol and drug counselor licensed under chapter 376b; and

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

76 screenings or observations to understand the mental health history,
77 personal history and mental or cognitive state of the person being
78 examined; and (G) if appropriate, relevant input from an adult through
79 screenings, interviews or questions. [;]

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

82 (4) "Primary care" has the same meaning as provided in section 19a-
83 7o.]

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

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

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

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

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: None

Municipal Impact: None

Explanation

The bill, which eliminates the requirement that commercial health insurance policies cover mental health wellness examinations by a primary care provider, has no fiscal impact to the state.

House "A" eliminates the potential cost to the Department of Social Services (DSS) and the potential revenue gain to towns by removing provisions related to Medicaid coverage for suicide risk assessments and mental health evaluations provided at school-based health centers or public schools.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 6643 (as amended by House "A")*****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 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.

*House Amendment "A" removes the provision in the underlying bill that would have required 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.

EFFECTIVE DATE: Upon passage

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)

Human Services Committee

Joint Favorable

Yea 20 Nay 1 (04/17/2023)