



Senator Scott Wiener, 11th Senate District

Senate Bill 221 – Timely Mental Health Care

SUMMARY

Senate Bill 221 will establish clear timely access standards for mental health care follow-up appointments needed by patients in ongoing, medically necessary treatment for mental health and substance use disorders. This bill closes a critical loophole in the state’s timely access requirements by ensuring HMOs and health insurers provide patients with timely follow-up care, addressing widespread, lengthy delays.

BACKGROUND/EXISTING LAW

Current law and regulations have been interpreted to require HMOs under the jurisdiction of the Department of Managed Health Care (DMHC) and health insurers under the jurisdiction of the California Department of Insurance (CDI) to offer enrollees initial appointments with non-physician mental health and substance use disorder (MH/SUD) providers within ten (10) business days, but not to establish similarly clear standards for offering needed follow-up care from these same providers.

PROBLEM

In the absence of clear timely access standards for follow-up appointments with non-physician MH/SUD providers – like social workers and therapists – large numbers of Californians requiring ongoing courses of treatment for mental health and substance use disorders have been unable to access care within the timeframes that are clinically appropriate for their diagnoses. According to a December 2020 survey, 88% of the mental health therapists at California's largest HMO reported that weekly individual psychotherapy treatment is unavailable for patients who need it and 51% of therapists reported that their patients wait more than 4 weeks, on average, for a follow-up appointment.ⁱ

In the California Health Care Foundation's most recent survey on the health care priorities and experiences of California residents, 52% of those who tried to make an appointment believe they waited longer than was reasonable to get one.ⁱⁱ Californians’ ranked access to mental health treatment as the state’s top health care priority in CHCF/KFF’s 2019 survey.ⁱⁱⁱ This problem has been exacerbated by the significant increase in demand for MH/SUD services driven by the COVID-19 pandemic, with national survey data showing that the rate of anxiety and depression has tripled over the last year and a recent CDC study finding that one in four people age 18 to 24 has seriously considered suicide in the past 30 days.^{iv}

Recent science indicates that, without timely access to follow-up mental health treatment, patients can suffer longer recovery times and worse outcomes including a more chronic course of their disorders.^v Delays in accessing appropriate treatment can lead to increased morbidity and mortality rates, increased time away from work, increased strain on families, increased risk of decompensation, and accelerating crises requiring more costly and intensive care. California’s investigative journalists have amassed a large store of evidence documenting these kinds of bad outcomes in recent years, including multiple insured patients with diagnosed mental health conditions who committed suicide after experiencing significant delays in their frequency of care, such as the tragic cases of Elizabeth Brown, Barbara Ragan and others.^{vi}

SOLUTION

SB 221 will close the loophole in existing law by detailing an appropriate timely access standard for follow-up appointments with non-physician MH/SUD providers, while giving the treating clinician an option to create alternative timeframes for follow-up appointments when that is warranted.

SUPPORT

- National Union of Healthcare Workers

FOR MORE INFORMATION

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ⁱNUHW Survey of 4,000 Mental Health Therapists Practicing at Kaiser Permanente Facilities across California, December 2020

ⁱⁱ <https://www.chcf.org/wp-content/uploads/2020/02/HealthPolicySurvey2020.pdf>

ⁱⁱⁱ [The Health Care Priorities and Experiences of California Residents \(chcf.org\)](#)

^{iv} <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>

[Mental Health - Household Pulse Survey - COVID-19 \(cdc.gov\)](#)

^v [Lower versus higher frequency of sessions in starting outpatient mental health care and the risk of a chronic course; a naturalistic cohort study | BMC Psychiatry | Full Text \(biomedcentral.com\)](#)

^{vi} [For families across California, a desperate struggle to get mental health care | CalMatters](#)
[His 83-year-old wife jumped to her death from a Kaiser clinic — why? - Los Angeles Times \(latimes.com\)](#)