

Setting the Record Straight

Fact Check on Misconceptions by Proponents of SB 855 about Mental Health Parity in California

Five Misconceptions by Proponents of SB 855

Misconception #1:

Insurance companies often refuse to cover all kinds of early prevention or basic care for mental health or addiction, but only provide coverage if the patient is already in crisis.

FACT:

Contrary to the proponents' claims, California health plans currently provide comprehensive mental health and substance use disorder (SUD) coverage for all health plan enrollees, working to ensure continued compliance with mental health parity laws already in place. This coverage also includes basic mental health care and early intervention programs.

Misconception #2:

Mental health parity laws do not include post-traumatic stress disorder (PTSD), alcohol use disorder, opioid disorder, stimulant disorder, generalized anxiety disorder, binge eating disorder, or major neurocognitive disorder due to traumatic brain injury.

FACT:

Post Traumatic Stress Disorder (PTSD), generalized anxiety disorder, opioid use disorder, alcohol use disorder, stimulant disorder, binge eating disorder, and major neurocognitive disorder due to traumatic brain injury are all covered disorders included as part of the comprehensive mental health coverage health plans provide under current mental health parity laws. The entire list of examples offered by proponents are already covered by California health plans. In fact, 99.8% of health plan enrollees currently have coverage for mental health and SUD services at parity with other medical conditions and will not experience a change in benefit coverage under SB 855 according to the (California Health Benefits Review Program) CHBRP analysis of the bill.

Mental health care and parity of care are high priorities for California's health plans. Contrary to claims by SB 855 proponents, mental health parity laws are well-established in both state and federal law. California's health plans work collaboratively with state regulators to ensure their continued compliance with these laws, including comprehensive requirements laid out by the Affordable Care Act.

For more information, please visit YourPlanYourAdvocate.com
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Misconception #3:

Insurance companies often only cover mental health and substance abuse disorder problems if a patient is already in crisis and only for short-term, such as homelessness or an emergency psych hold. SB 855 will expand the mental health conditions covered by parity laws.

FACT:

99.8% of health plan enrollees currently have coverage for mental health and SUD services at parity with other medical conditions, and will not experience a change in benefit coverage under SB 855. Current mental health parity laws require health plans to treat mental health conditions the same as physical conditions, which the Department of Managed Health Care enforces to ensure compliance.

Misconception #4:

People are cancelling their private insurance coverage to join Medi-Cal because these services are not covered by their insurance, but are covered by Medi-Cal.

FACT:

There is no documented evidence that people are dropping their private health coverage for Medi-Cal or that long-term mental health care needs are better served by County Mental Health agencies. Commercial health plans must and do provide comprehensive coverage for serious emotional disturbances of a child and severe mental illnesses under well established and highly regulated state and federal mental health parity laws.

Misconception #5:

SB 855 will help more people needing coverage due to mental health crisis and addiction that has worsened during the COVID-19 pandemic.

FACT:

99.8% of health plan enrollees currently have coverage for mental health and SUD services at parity with other medical conditions and will not experience a change in benefit coverage under SB 855 according to the CHBRP analysis of the bill.

Health plans understand there is more we must all do to meet the ever-increasing treatment needs of those suffering from addiction and mental illness. We are steadfast in our commitment to doing so with the same urgency and coverage as patients with any other physical illness or injury. Ensuring California has the tools and the people needed is a shared responsibility among state leaders, health plans, providers, and behavioral health advocates. SB 855 misses the mark and does nothing to address these challenges.