

SB 855 Threatens Quality of Mental Health Care and Puts Patients at Risk

- SB 855**
- ✓ undermines physicians' and therapists' ability to do what is clinically best for vulnerable patients.
 - ✓ opens the door for unlicensed providers to treat those suffering from mental health and substance use disorders.
 - ✓ will create disparity in our mental health care system.
 - ✓ drives up premiums by millions of dollars in the first year.
 - ✓ does nothing to address workforce shortages.

California health plans have been providing comprehensive mental health and substance use disorder coverage for decades, working to ensure continued compliance with mental health parity laws and improving the state's mental healthcare system.

California health plans work collaboratively with state leaders to implement existing mental health parity laws and to ensure patients receive the mental health and substance use disorder services they need that are on par with medical and surgical care.

Major Problems with SB 855:

- 1 Mental health parity laws already exist in California. SB 855 does not address mental health parity, but will create disparity in our mental health care system.
- 2 Puts vulnerable patients at risk by undermining the ability of physicians and therapists to determine what is clinically appropriate for their patients.
- 3 Adds over \$1.5 million in new costs to the Department of Managed Healthcare's Managed Care Fund during a time when budgets have been stretched precariously thin due to COVID-19.

Mental health and substance use disorder treatment parity is established law. Ensuring our state has tools and the people needed is a shared responsibility among state leaders, health plans, providers, and behavioral health advocates. Creating new mandates that put patients at risk, create disparity, and expose patients to unlicensed providers is not the solution.

Did You Know?

99.8%
of enrollees

currently have coverage for mental health and substance use disorder services at parity with other medical conditions and will not experience a change in benefit coverage

(CHBRP March 2020).