



# Assembly Floor Alert for Monday, August 30, 2021

## Support SB 221 (Wiener): Timely Care for Mental Health and Substance Use Disorders (Item No. 14)

We, the sponsor and endorsers of SB 221, urge an “Aye” vote on SB 221.

- In the absence of clear timely access standards for follow-up appointments with non-physician mental health and substance use disorder providers — comprising primarily psychologists, social workers, and marriage and family therapists — large numbers of Californians requiring ongoing treatment for mental health and substance use disorders have been unable to access care within timeframes that are clinically appropriate for their diagnoses. In the California Health Care Foundation’s most recent survey on the health care priorities and experiences of California residents, 52 percent of those who tried to make an appointment believe they waited longer than reasonable to get one.
- SB 221 moves California much closer to mental health parity by requiring HMOs and health insurers to make available follow-up appointments with a nonphysician mental health or substance use disorder provider within 10 business days of the prior appointment – the same timeframe as currently required for initial appointments – unless the treating provider determines that a longer wait will not be detrimental to the patient’s health. This closes a critical loophole in the state’s timely access requirements, addressing widespread, lengthy delays faced by patients needing follow-up care.
- Delays in appropriate treatment have serious negative impacts upon MH/SUD patients, including but not limited to: longer recovery times; worse outcomes; increased morbidity and mortality; increased time away from work; increased strain on families; increased risk of decompensation; and increased incidence of crises requiring more costly and intensive care. Conversely, providing patients appropriately frequent psychotherapy positively impacts outcomes for adult, adolescent, and child MH/SUD patients.
- California’s crisis of timely access to follow-up MH/SUD treatment is growing significantly more severe due to the spike in demand for these services being produced by the COVID-19 pandemic and its social and economic effects, including the aftermath of personal illness and the illness and death of family members and friends, widespread unemployment, and social isolation. The time to close the timely access loophole is now.