

SB 855 Threatens Quality of Mental Health Care and Increases Costs for All.

- SB 855**
- ✓ creates a costly new mandate that increases the cost of health care for everyone.
 - ✓ drives up premiums by millions of dollars in the first year.
 - ✓ does nothing to address workforce shortages.
 - ✓ undermines health plan networks and the ability for health plans to make health care affordable and reliable.

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 are working collaboratively with state leaders to implement existing mental health parity laws and to ensure patients receive the mental health 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 instead drives up premiums by millions of dollars in the first year (CHBRP Report Key Findings March 2020).
- 2 Requiring a health plan to pay out-of-network providers for up to one year undermines plan networks by diminishing the incentive for mental health and substance abuse treatment providers to contract with plans thus putting patients at risk and creating serious quality of care concerns.
- 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 on health plans is not the solution and only drives up health care costs for everyone.

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).

