



## THE PROBLEM

### Californians are increasingly forced to pay a high price for out-of-network behavioral health care:

Despite paying for health insurance, many Californians continue to have difficulty finding in-network mental health or substance use services. When health plans do not have enough providers to offer accessible care to their members, people are forced to delay care, go without it, or go “out-of-network” and pay out of pocket. That means paying twice for care that should already be covered by their health plan. This is unacceptable and creates significant hardship in families. A recent study found that behavioral health out-of-pocket spending rose at double the rate of other medical costs for children, causing major family financial strain.

Communities of color face particular challenges with access to care and report some of the lowest rates of utilization of mental health services.<sup>i</sup> For Californians who speak a language other than English, finding behavioral health care that meets their needs is particularly daunting.<sup>ii</sup> The number of contracted in language providers is not sufficient to meet patient needs – an experience that is compounded for BIPOC, LGTBQ+ individuals who often must go out of network and pay a high price, to find adequate care that is culturally affirming and aligned with one’s values and identity.



## THE SOLUTION:

### Hold health plans accountable for providing the behavioral health care Californians need - and are already paying for.

The Behavioral Health Affordability Act is a multi-part plan to create accountability, parity, and advance equity of behavioral health services for Californians enrolled in both Medi-Cal and commercial coverage.

## PATIENT STORY:

“As a Black Muslim woman, I had a very difficult time finding mental health providers that resonated with my needs and identity. I had to navigate my way through the system on my own to find a service that could help me with me undiagnosed bipolar disorder at the age of 17. I was not able to find a service until I was 23. And even then, I had to be on the waiting list for a few months, before I was given a therapist. This is a common experience for many young people seeking help, that end up giving up and continue suffering.”

## A Health Care System That’s Not Working For Consumers:

- Nationally, consumers pay **\$15 billion** in out-of-pocket expenses for treatment for mental health disorders.<sup>iii</sup>
- Individuals seeking mental health services are **six times** more likely to have to go out-of-network for care compared to other services, and in **one-third** of these cases, they bear the full cost themselves.<sup>iv</sup>
- Among commercially insured people with moderately severe or severe depression symptoms, nearly **one in three** said they went without care because of cost.<sup>v</sup>
- Communities of color, limited-English proficient and LGTBQ+ communities are **disproportionately impacted**.

## Providers are Fed Up with Insurance Companies Too:

- The frustration of dealing with health insurance from burdensome contracting terms to low reimbursement rates often causes therapists who on average earn **15% less** than primary care providers to opt out of the system completely.<sup>vi</sup>
- Though the number of therapists who accept insurance isn't tracked by a single organization, one estimate suggests **42 percent** of therapists in California don't accept insurance at all. Without the financial help of insurance, clients pay an average of **\$130 out of pocket** per session or higher in major cities.<sup>vii</sup>
- California law requires insurers to contract with an adequate number of providers to meet enrollee needs, but the **lack of accurate data has made it harder** to enforce those laws. AB 2551 will make it easier to track the number of providers contracted with an insurance plan and enforce state law.



## What the Behavioral Health Affordability Bill Would Do:



**Require health plans to survey and publicly report** the number of enrollees going out-of-network for behavioral health care and why including lack of access to culturally and linguistically responsive care. Health plans would also be required to report how much consumers are paying for out-of-network and in-network care after co-pays, deductibles and other costs.



**Require California's insurance regulators to develop an annual report** that summarizes health plan survey findings including requests for network and non-network behavioral health providers and determinations.



**Add an optional question on licensing renewal forms** for providers to state whether they are currently contracting with an insurance plan and the type of plan, so California regulators can more readily ensure accuracy of provider directories while monitoring trends in provider contracting by region, language spoken and provider type, amongst other categories.<sup>viii</sup>

## QUESTIONS?

Please contact Omar Altamimi, Sr. Legislative Advocate at [oaltamimi@cpehn.org](mailto:oaltamimi@cpehn.org) with any questions.

## CITATIONS:

<sup>i</sup> [https://cpehn.org/assets/uploads/2021/09/Medi-Cal-Managed-Care-Plan-Mental-Health-Services\\_September-2021-1.pdf](https://cpehn.org/assets/uploads/2021/09/Medi-Cal-Managed-Care-Plan-Mental-Health-Services_September-2021-1.pdf)

<sup>ii</sup> Ibid.

<sup>iii</sup> [https://meps.ahrq.gov/data\\_files/publications/st539/stat539.pdf](https://meps.ahrq.gov/data_files/publications/st539/stat539.pdf)

<sup>iv</sup> <https://www.americanprogress.org/article/the-behavioral-health-care-affordability-problem>

<sup>v</sup> Ibid.

<sup>vi</sup> <https://calmatters.org/health/2022/09/california-shortage-mental-health-workers/>

<sup>vii</sup> <https://www.camft.org/Portals/0/PDFs/Demographic-surveys/2017/ClinicalSurvey.pdf?ver=2019-07-10-103433-993>

<sup>viii</sup> <https://hcai.ca.gov/wp-content/uploads/2023/03/HCAI-Health-Workforce-License-Renewal-Survey.pdf>