



SUSAN TALAMANTES EGGMAN

REPRESENTING SENATE DISTRICT 05

SB 282 – Improving Access to Mental Health Services in Primary Care

SUMMARY

SB 282 addresses barriers that patients in California face when attempting to access comprehensive health services by allowing their local community health center to bill Medi-Cal for mental health services and other medical services in the same day.

BACKGROUND

Today, there are over 1,300 community health centers in California providing an array of primary care, podiatry, optometry, dental care, and mental health services to 7.2 million patients – one in every five Californians. 73% of all patients served live at or below the poverty line, 79% are racial/ethnic minorities, and 32% are under the age of 18. In addition to providing comprehensive medical care, FQHCs also provide programs that target the unique health needs of migrant seasonal farmworkers, people experiencing homelessness, individuals living in public housing, and children and adolescents receiving school-based healthcare.

Multiple studies have underscored the benefits of integrated health care, particularly when it comes to mental health. According to the Department of Psychiatry and Behavioral Sciences at UC Davis, as many as 40% of patients seen in a primary care setting on any given day have an active psychiatric condition. For BIPOC communities, mental health needs are even greater. According to the California Health Care Foundation, roughly 4 in 10 Black, Latino, or mixed-race individuals report symptoms of anxiety or depression at above-average rates. The ability to seamlessly transition a patient from primary care to an on-site mental health specialist on the same day has proven highly effective in ensuring a patient receives needed care and follows through with treatment plans. This is especially true in disadvantaged communities, where taking time off work and arranging transportation to and from a health center can become an insurmountable challenge. Policies that restrict access to services for historically marginalized populations is unjust and inequitable.

In California, if a patient receives treatment through Medi-Cal at a community health center from both a medical provider and a mental health specialist on the same day, the State Department of Health Care Services will only reimburse the center for one “visit,” meaning it cannot be adequately reimbursed for its services. A patient must seek mental health treatment on a subsequent day for that treatment to be reimbursed as a second visit.

This statute creates an undue financial barrier for community centers, known as Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), preventing them from treating their patients in a comprehensive manner in the same day.

Notably, this barrier does not exist for other similar health services. The federal Medicare program allows for same-day billing of behavioral health and medical services and California allows FQHC and RHCs to bill for two separate Medi-Cal visits if a patient sees both a primary care provider and a dental provider on the same day. In addition, the federal government encourages states to allow FQHCs and RHCs to bill for care provided by a primary care specialist and mental health specialist in the same day as two separate visits in recognition of the value comprehensive care generates.

Unfortunately, California has refused to change its Medi-Cal billing statute to align with federal policy and its own state policy regarding dental care. Emergency rooms are too often a costly point of entry for mental health services, and we see the fallout of untreated mental illness on our streets, our jails, and our communities.

THIS BILL

SB 282 would require the state to allow FQHCs and RHCs to bill Medi-Cal for two visits if a patient is provided mental health services on the same day they receive other medical services. Allowing health centers to access the same-day billing statute already in place in other public programs



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will ensure more early intervention in mental illness and guarantee that we are using the integrated health services available to our communities at their full potential.

SUPPORT

CaliforniaHealth+ Advocates (Cosponsor)
CA Association of Public Hospitals (Cosponsor)
Alameda Health Consortium
CA Association of Social Rehabilitation Agencies
CA State Association of Counties
CA State Association of Psychiatrist
California Access Coalition
Camino Health Center
Community Clinic Association of LA County
Community Health Systems
Commune Care Health Centers
Hill Country Community Clinic
Innecare
Lifelong Medical Care
Mendocino Community Health Clinic
Native American Health Center
Peach Tree Health Care
Marin Community Clinics
Ritter Center
San Ysidro Health
Santa Cruz Community Health
St. Johns Well Child & Family Health Center
Tarzana Treatment Centers
TCC Family Health
Tiburcio Vasquez Health Center
Venice Family Clinic
West County Health Centers

FOR MORE INFORMATION

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