Senator Toni G. Atkins, 39th Senate District

SB 1125 – Improved Access to Mental Health Services in Primary Care

IN BRIEF

SB 1125 dismantles barriers that mental health 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

There are 1,300 community health centers in California providing an array of primary care, podiatry, optometry, dental care and mental health services to 6.5 million patients. The vast majority of these patients live at or below the poverty line, and a substantial share are uninsured or enrolled in Medi-Cal.

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. The ability to seamlessly transition a patient from primary care to an onsite mental health specialist on the same day has proven highly effective in ensuring a patient accesses needed care and follows through with treatment regimens. This is especially true in impoverished communities, where taking time off work and arranging transportation to and from a health center can become an insurmountable challenge.

THE ISSUE

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 both providers can't be adequately reimbursed for their time and expertise. A patient must seek mental health treatment on a subsequent day in order 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 doesn't exist for 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.

Inexplicably, 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.

THE SOLUTION

SB 1125 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 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

- California Health+ Advocates (Co-Sponsor)
- Steinberg Institute (Co-Sponsor)

- California Medical Association
- California School Employees Association
- County Behavioral Health Directors Association of California
- Corporation for Supportive Housing
- Housing California
- Los Angeles LGBT Center
- Private Essential Access Community Hospitals
- Silicon Valley Leadership Group
- The Jed Foundation

OPPOSITION

• None

FOR MORE INFORMATION

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