

September 6, 2020

The Honorable Gavin Newsom
Governor, State of California
State Capitol, Suite 1173
Sacramento, CA 95814
Via leg.unit@gov.ca.gov

Re: SB 855 (Wiener) – Health Coverage of Mental Health and Substance Use Disorders –
Request for Signature

Dear Governor Newsom,

The undersigned national mental health and substance use disorder (MH/SUD) organizations representing patients, family members, providers, advocates, and other stakeholders write to express our strong support for Senate Bill 855 (Wiener). This landmark legislation would make California a national leader in increasing access to MH/SUD care by ensuring that health plans cover medically necessary care. We urge you to sign SB 855 into law.

Across the country, our organizations see how people with these conditions are arbitrarily denied coverage to needed services by commercial insurers using deeply flawed medical necessity criteria and definitions of medical necessity. The situation is no different in California, with insurers too often limiting coverage to short-term treatment to address an individual's current crisis only, while refusing to cover ongoing treatment for the underlying condition.

Without requirements that health insurers use a standardized definition of medical necessity and follow generally accepted standards of mental health and substance use disorder care when conducting utilization review, insurers can put financial motivations before patients' needs. Nationwide, this results in an increase in utilization in high cost settings (e.g. emergency departments), disability, unemployment, Medicaid enrollment, and homelessness – all costs that are borne by individuals, families, and ultimately taxpayers.

Tragically, these practices undermine the promise both of the federal Mental Health Parity and Addiction Equity Act and MH/SUD coverage as an essential health benefit under the Affordable Care Act. By signing SB 855, you can prevent such coverage practices that undermine access to care, making California the national leader simply by requiring insurers to follow generally accepted standards of mental health and substance use disorder care.

Enacting this legislation would also enable California to lead the way in ensuring that commercial health plans do their part in addressing skyrocketing mental health and addiction needs associated with the COVID-19 pandemic. This is particularly urgent given enormously strained state and local budgets, which cannot easily expand access to treatment or afford to absorb additional costs passed on by insurers.

Given California's importance and size, SB 855 will help address this *national* crisis. Even before COVID, a record 71,000 Americans died of drug overdoses last year, and fatal overdoses

surged in California 17 percent.¹ Now the mental health effects of COVID are falling on those who can least afford it: young adults, caregivers, essential workers, and Black, Indigenous, and People of Color (BIPOC). One in four young adults between the ages of 18 and 24 said they seriously considered suicide in the past 30 days, according to recent CDC data.²

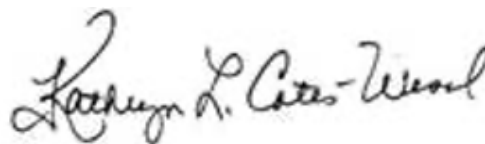
Black and Latino populations are being hit especially hard: They are overrepresented in low-wage and essential workforces, are experiencing disproportionate rates of coronavirus deaths,³ and are much more likely to experience negative mental health effects, including seriously considering suicide.⁴ The negative mental health effects of systemic racism further compound the harm to BIPOC.⁵ If SB 855 is enacted, California will thus be a national leader in ensuring those who are most impacted by these crises receive coverage for the MH/SUD care they need, when they need it.

We know you share our belief that access to effective mental health and addiction services must be a right for all, not a privilege for the few. We urge you to sign SB 855 to make California a national leader, yet again, in advancing towards this vision.

Sincerely,



Susan N. Dreyfus
President & CEO
Alliance for Strong Families and
Communities



Kathryn Cates-Wessel
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American Academy of Addiction Psychiatry



¹ The Centers for Disease Control and Prevention, Provisional Drug Overdose Death Counts, 2019, https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm?source=email#nature_sources_of_data.

² Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057, <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>.

³ Samantha Artiga and Kendal Orgera. Key Facts on Health and Health Care by Race and Ethnicity, November 12, 2019. <https://www.kff.org/disparities-policy/report/key-facts-on-health-and-health-care-by-race-and-ethnicity/>.

⁴ Czeisler.

⁵ Williams, David R. Why Discrimination is a Health Issue, Robert Wood Johnson Foundation. October 24, 2017. <https://www.rwjf.org/en/blog/2017/10/discrimination-is-a-health-issue.html>.

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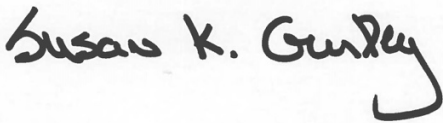
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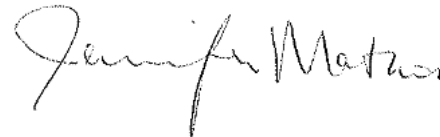
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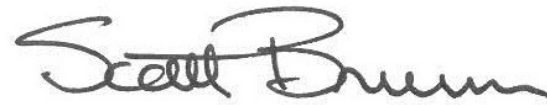


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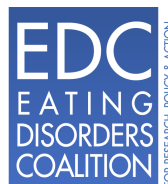
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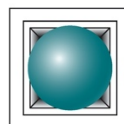
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