



May 20, 2024

The Honorable Richard Roth
Chair, Senate Health Committee
1021 O Street, Room 1200
Sacramento, CA 95814

SUBJECT: AB 1316 (Irwin and Ward) – SPONSOR

Dear Senator Roth:

Every day, California's hospitals care for a significant and growing number of people in mental health crisis. In the years since the COVID-19 public health emergency began, economic insecurity, social isolation, health concerns, and the strain of caring for others, or working on the front lines, have all taken a toll. The situation is particularly acute for young people, with adolescents' visits to emergency departments due to a mental health crisis climbing by nearly one-third during the pandemic.¹

Not only are hospitals seeing more Californians in mental health crisis, but both youth and adults spend disproportionately more time waiting in the emergency department than other patients. While the national quality standard for emergency hospital care is four hours or less,² it is common for people in mental health crisis to languish in a hospital emergency department for days or even weeks while waiting for an inpatient mental health treatment bed to become available.

While California's lack of inpatient psychiatric beds is a major reason for these delays, hospitals at times are also requested to retain a patient on an involuntary psychiatric hold rather than transfer the patient to a facility where they can get the care they need. Assembly Bill (AB) 1316 would clarify that hospital emergency departments should transfer patients in crisis to accepting inpatient psychiatric hospitals, regardless of whether the patient is on an involuntary hold. Since this provision of AB 1316 simply addresses practices with respect to the *process* of transferring patients to medically necessary care, we do not anticipate new costs would be incurred by hospitals, counties, or health care payors.

Additionally, AB 1316 would make it clear that Medi-Cal managed care plans must pay hospital emergency departments for the care they provide to Medi-Cal beneficiaries experiencing a mental health

¹ Radhakrishnan L, Leeb RT, Bitsko RH, et al. Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic – United States, January 2019–January 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:319–324. DOI: <http://dx.doi.org/10.15585/mmwr.mm7108e2>.

² The Joint Commission, R3 Report Issue 4: Patient Flow Through the Emergency Department, DOI: https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_report_issue_4.pdf

crisis. Historically, the Medi-Cal managed care plans' contracts and state guidance provided conflicting information about financial obligations for emergency department visits. AB 1316 would codify the intent of the Department of Health Care Services' [All Plan Letter 22-005](#), "No Wrong Door for Mental Health Services," which clarifies that *Medi-Cal managed care plans must cover and pay for all facility and professional services claimed by emergency departments for beneficiaries experiencing a behavioral health crisis*. Since this provision of AB 1316 simply codifies existing state policy for Medi-Cal covered services, we do not anticipate new costs would be incurred by hospitals, counties, or health care payors.

California hospitals must be supported with policies that enable them to continue providing life-saving care in their emergency rooms. For these reasons, the California Hospital Association is pleased to sponsor AB 1316. I may be reached at Leah@LeahBarros.com or (916) 521-6878.

Sincerely,



Leah Barros
Consulting Lobbyist, California Hospital Association

cc: The Honorable Jacqui Irwin
The Honorable Christopher Ward
The Honorable Members of the Senate Health Committee
Jen Flory, Principal Consultant, Senate Health Committee
Joe Parra, Consultant, Senate Republican Caucus
Tim Conaghan, Consultant, Senate Republican Caucus