



March 13, 2023

The Honorable Jim Wood, DDS  
Chair, Assembly Health Committee  
State Capitol, Room 6005  
Sacramento, CA 95814

**SUBJECT: AB 1316 (Irwin and Ward) — SPONSOR**

Dear Assembly Member Wood:

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 all have taken a toll. The crisis 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.<sup>1</sup>

Not only are hospitals seeing more Californians in crisis, but 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,<sup>2</sup> 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 also are 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.

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 crisis. Currently, the Medi-Cal managed care plans' contracts and state guidance provide conflicting information about financial obligations for emergency department visits. AB 1316 would codify the intent

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<sup>1</sup> 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>.

<sup>2</sup> 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](https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_report_issue_4.pdf)

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*.

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 Assembly Health Committee  
Lisa Murawski, Consultant, Assembly Health Committee  
Gino Folchi, Consultant, Assembly Republican Caucus