



AB 492: BEHAVIORAL HEALTH INTEGRATION IN REPRODUCTIVE HEALTH CARE PILOT PROGRAM

Updated 04.15.2023

BACKGROUND

Sexual and reproductive health has been inextricably linked to mental and emotional wellbeing. For several years, health clinics that offer reproductive care in California have seen a clear need for behavioral health services among existing patient populations. For example, a 2021 clinical trial exploring the relationship between race, depression symptoms, and early pregnancy loss, concluded that about 1 in 4 “women who experience an early pregnancy loss are at an increased risk for major depression 30 days after treatment.”

Further, the need for initial screenings, referrals, and short-term counseling for common diagnoses such as anxiety and depression only intensified during the COVID-19 pandemic. In response, many Planned Parenthood locations began to offer screening for common behavioral health concerns, referrals to other providers, and in some locations, immediate counseling services for mild-to-moderate behavioral health conditions.

Community based providers of family planning services and other sexual and reproductive health care services are uniquely situated to provide mild-to-moderate behavioral health services to patients. Reproductive health clinics are frequently the only point of contact within the current health care delivery system for their patients, many of whom experience mild-to-moderate distress or impairment of mental, emotional, or behavioral functioning.

PROBLEM

Access to services in our health care system largely relies on a patchwork of insurance options available to low-income Californians and contract relationships between health plans and service providers. From a patient perspective, referral requirements, benefit limits, and outdated provider directories simply delay and restrict access to timely, quality behavioral health services.

Millions of Californians with limited scope public coverage, who are not technically uninsured, still do not have coverage for behavioral health services. Specifically, Californians with the Family Planning, Access, Care, and Treatment (Family PACT) program do not have coverage for behavioral health services. While those with “Presumptive Eligibility for Pregnant Women” (PE4PW) are entitled to any service deemed medically necessary related to their pregnancy, the number of providers who see PE4PW patients is insufficient. There are also ongoing provider shortages and affordability challenges

for those with private insurance or Covered California health plans.

While many reproductive care clinics have begun to offer behavioral health services, this innovative work is not supported by the existing insurance coverage and billing structures that our health care system uses today. In most situations, Planned Parenthood locations engaging in this expansion of services do not have a way to seek reimbursement from health plans, Medi-Cal, or Family PACT, and do not bill the patient directly. For example, Planned Parenthood Los Angeles currently spends \$1.8 million annually to provide 4 months of weekly individual therapy for up to 150 adults and 60 teens without any public funding or reimbursement. This lack of accessible funding for community clinics to offer these services limits their ability to address behavioral health outcomes for patients.

SOLUTION

AB 492 establishes Behavioral Health Integration in Reproductive Health Care Pilot Program to support community clinics that are developing and expanding programs to provide screening, referrals, and interventions for Californians at risk for mild-to-moderate mental and behavioral health conditions.

Specifically, AB 492 establishes two programs in the Department of Health Care Services (DHCS). The first would create an incentive payment for Medi-Cal Managed Care Plans to partner with qualifying family planning providers to improve access to mental health services for patients. The second program would financially support qualified family planning providers that are developing or expanding services to provide behavioral health screenings and treatment to existing patient populations. These programs would be developed and evaluated by the Reproductive and Behavioral Health Working Group to be convened by DHCS.

SUPPORT

- Planned Parenthood Affiliates of California (Sponsor)
- California Health+ Advocates, Subsidiary of the California Primary Care Association
- California Pan-Ethnic Health Network

CONTACT

Charmaine Mills, *Legislative Director*

Charmaine.Mills@asm.ca.gov

916-319-2028