

Key Findings:

Analysis of California Assembly Bill 1676 Health Care: Mental Health

Summary to the 2019–2020 California State Legislature, April 22, 2019



AT A GLANCE

The version of California Assembly Bill 1676 analyzed by CHBRP would require that health plans and insurers establish a telehealth consultation program by January 1, 2021, “that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist during standard provider hours.”

1. CHBRP estimates that, in 2021, all 24.5 million Californians enrolled in state-regulated health insurance, including enrollees in Medi-Cal Managed Care Plans, will have insurance subject to AB 1676.
2. **Benefit coverage.** Currently, 74% of enrollees with health insurance that can be subject to state mandates and 38% of enrollees with Medi-Cal MCP coverage subject to AB 1676 are enrolled in plans or policies where providers have access to a telepsychiatry consultation program, known as a psychiatry “eConsult” program.
3. **Utilization.** CHBRP did not model utilization changes because the bill relates to a program for providers, not a benefit for enrollees. Estimates of current utilization of psychiatric eConsults are not available given limitations in coding and data sources.
4. **Expenditures.** CHBRP assumes there will be increased administrative costs associated with the implementation of AB 1676, as well as an increase in overall utilization of psychiatric services. However, the expenditure impact cannot be estimated.
5. **Medical effectiveness.** There is *limited evidence* on the effectiveness of psychiatric eConsults generally and *insufficient evidence* on the effectiveness of psychiatric eConsults specifically for children and pregnant and postpartum persons.

6. **Public health.** The public health impact is unknown due to insufficient evidence regarding the effectiveness of psychiatric eConsults for mental health treatment for children and pregnant and postpartum persons.
7. **Long-term impacts.** The long-term impacts on cost, utilization, and mental health are unknown.

CONTEXT

It is estimated that 14%–20% of California’s children and 20% of pregnant and postpartum persons may need care for a behavioral health condition.¹ While behavioral health encompasses both mental health and substance use disorders, AB 1676 focuses on mental health disorders. Some of the most common chronic conditions in children are depression/anxiety disorders, autism spectrum disorders, and attention-deficit/hyperactivity disorder (ADHD). Maternal mental health (MMH) disorders include a range of distinct disorders that may arise or become exacerbated during pregnancy or after birth — depression and anxiety are two of the most common MMH disorders.

Primary care providers (PCPs) often assume full responsibility for treating their patient’s mental health conditions due to a lack of available resources. Telehealth consultations have been introduced as one way to address this lack of resources.

*In this report, **provider-to-provider telehealth consultations are referred to as electronic consultations or “eConsults”, and include both synchronous (e.g., phone, videoconference) and asynchronous (e.g., email, electronic health record/EHR) modalities. A patient may or may not be present during an eConsult. A telehealth consultation solely between a provider and a patient is not included in this definition.***

¹ Refer to CHBRP’s full report for full citations and references.

When a PCP experiences difficulty in treating mental health conditions or referring patients for specialty mental health care for problems that are often first encountered and addressed in a primary care setting, a PCP may request an eConsult with a psychiatrist or mental health provider.

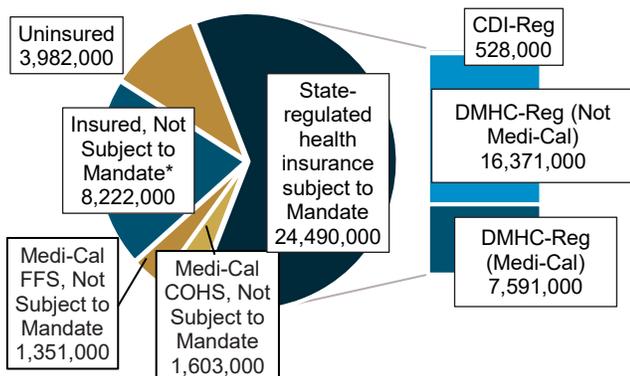
BILL SUMMARY

AB 1676 would require that health plans and insurers establish a telehealth consultation program by January 1, 2021, “that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist during standard provider hours.” The stated purpose of the bill is to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. The bill would also require plans and insurers to:

- Communicate information about the program and its availability to contracting medical providers who treat children and pregnant and postpartum persons at least twice a year in writing; and
- Maintain records and data on the utilization of its telehealth consultation program and the availability of psychiatrists to facilitate ongoing changes and improvements to the program.

Figure A shows how many Californians have health insurance that would be subject to AB 1676.

Figure A. Health Insurance in CA and AB 1676



Source: California Health Benefits Review Program, 2019.
Notes: *Medicare beneficiaries, enrollees in self-insured products, etc.

IMPACTS

Benefit Coverage, Utilization, and Cost

CHBRP did not model benefit changes because the bill does not require coverage of a benefit available to enrollees but rather requires insurers to make a psychiatric eConsult program available to PCPs. Similarly, CHBRP did not model an effect in terms of utilization or expenditures.

Benefit Coverage

Currently, 74% of enrollees with health insurance that can be subject to state mandates and 38% of enrollees with Medi-Cal MCP coverage subject to AB 1676 are already enrolled in health plans or policies with a psychiatric eConsult program.

Postmandate, CHBRP assumes that health plans and insurers without psychiatric eConsult programs will need to establish one. Health plans and insurers could provide a telepsychiatry consultation program for PCPs through a third-party vendor, in-network psychiatrists, or some other approach.

Utilization

Estimates of current utilization of psychiatric eConsults are not available given limitations in coding and data sources. As a result of AB 1676, more enrollees with mental health care needs may have increased access to psychiatric services including medications and psychotherapy through their PCPs as a result of a psychiatric eConsult program, but CHBRP is not able to quantify these impacts.

Expenditures

CHBRP estimates AB 1676 would result in increases in administrative costs. As an example, a psychiatry consultation program in Massachusetts that PCPs can access by phone costs the state about \$850,000 per year. The implementation of AB 1676 could create a shift in utilization from in-person patient consultations or provider-to-patient telehealth consultation to eConsults. It could also increase the referrals of patients to psychiatrists, which will increase overall utilization of psychiatric services. If that happens, it may impact overall cost; however, the magnitude of the effect is unknown.

Medi-Cal

CHBRP estimates that AB 1676 would increase providers' access to specialists proportionally more for Medi-Cal beneficiaries compared to commercial plan enrollees, as 74% of commercial and CalPERS enrollees and 38% of Medi-Cal Managed Care enrollees are covered by plans and insurers that already have a psychiatric eConsult program in place.

Mandates such as AB 1676 that impact Medi-Cal more significantly may lead to differences in the coverage and utilization of certain services for these beneficiaries; therefore, it may disproportionately affect the Latino, African American, or Other racial/ethnic population if the mandate-relevant service is found to be medically effective.

CalPERS

CHBRP does not expect impacts for CalPERS enrollees to be different from the impacts to enrollees in other commercial plans or policies.

Number of Uninsured in California

As described above, CHBRP did not estimate impacts on premiums and is therefore unable to determine whether there would be an impact on the number of uninsured.

Medical Effectiveness

CHBRP identified no rigorous studies that addressed the use of psychiatric eConsult programs to treat the specific populations specified in AB 1676. An analysis of studies of psychiatric eConsult programs for adults in general is provided, in order to provide some context on effectiveness.

CHBRP found *limited evidence* on the effectiveness of psychiatric eConsults generally and *insufficient evidence* on the effectiveness of psychiatric eConsults specifically for children and pregnant and postpartum persons.

Specifically, there is limited evidence that psychiatric eConsults are effective at improving appropriate treatment of mental health conditions as measured by improvement in the receipt of more appropriate care, mental health outcomes in patients, provider knowledge and skill

development for mental health treatment, provider satisfaction, and timeliness of services.

Public Health

In the first year postmandate, the impacts of AB 1676 on public health and disparities in health outcomes are unknown due to insufficient evidence regarding the effectiveness of psychiatric eConsults for mental health treatment for children and pregnant and postpartum persons. As noted above, there is limited evidence suggesting that psychiatric eConsults for the adult population overall are effective. It stands to reason that the populations specified in AB 1676 would experience the same effectiveness of psychiatric eConsults as the general population.

Incorporating telepsychiatry consultations for PCPs who treat children and pregnant and postpartum persons could potentially increase access and timeliness to appropriate mental health care. It is estimated that this change in access would be greatest for rural beneficiaries who may, directly or through their PCP, otherwise not have had their mental health concerns addressed by a psychiatrist due to shortages of licensed psychiatrists in rural areas.

Long-Term Impacts

The potential long-term impacts of AB 1676 on cost, utilization, and mental health are unknown. Mental health conditions in the population overall contribute to general economic loss, although it is difficult to estimate losses for these specific populations and conditions.

The literature reviewed for this analysis suggests that there is the potential for PCPs to increase knowledge and skills over time with regard to diagnosis and treatment of mental health conditions. Therefore, it is plausible that over time these providers may be better prepared to advise their patients after obtaining regular access to psychiatrists for consultation, resulting in the potential for more prompt diagnosis and treatment, and improved patient and provider satisfaction. Further, the literature also indicates that after consultation with psychiatrists, a large proportion of mental health diagnoses and treatment plans may be corrected. This has the potential to impact patient mental health outcomes immediately and over time.

Essential Health Benefits and the Affordable Care Act

AB 1676 would not require coverage for a new state benefit mandate that appears to exceed the definition of essential health benefits (EHBs) in California because it requires plans to establish a telepsychiatry consultation program for providers and is not a benefit for enrollees.