SB 221: Notice of New Timely Access to Care Requirement Due to Change in California Law

On October 8, 2021, California Governor Gavin Newsom signed Senate Bill No. 221 ("SB 221"), which amended California Health & Safety Code Section 1367.03 to, among other changes, add a new timely access to care standard applicable to routine (nonurgent) follow-up appointments with nonphysician providers treating mental health and substance use disorder conditions.

In accordance with the change in law, **effective as of July 1, 2022**, Kaiser Permanente's Commercial Members and Medi-Cal Members (as the terms are defined in your Health Care Services Agreement with Kaiser Permanente) who are undergoing a course of treatment for an ongoing mental health (including an autism diagnosis) or substance use disorder condition must be offered follow-up appointments as follows:

(1) Nonurgent follow-up appointments with a nonphysician mental health care or substance use disorder provider must be offered within 10 business days of the member's prior appointment, except as otherwise permitted by law and as described in (2) below. This requirement does not limit coverage for nonurgent follow up appointments with a nonphysician mental health care or substance use disorder provider to once every 10 business days. *[California Health & Safety Code Section 1367.03(a)(5)(F)]*

(2) The 10 business day timeframe for a follow-up appointment may be extended if the referring or treating health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the member. *[California Health & Safety Code Section 1367.03(a)(5)(H)]*

If any member declines an appointment offered within these guidelines, or if the provider, in consultation with the KP referring or treating health care provider, determines that a longer waiting time will not have a detrimental impact on the health of the member, the declination or the professional determination and underlying clinical basis for a delayed appointment should be documented in the member's medical record maintained by the treating provider.

If a member or a provider has a complaint regarding timeliness of referrals, the member or provider may contact the Member Services Department at a local facility or via the Member Services Contact Center at **(800) 464-4000**. If a Member's plan is regulated by the California Department of Managed Health Care ("DMHC"), the Member or a Provider may file a complaint with the DMHC regarding timeliness of referrals. Providers may file a complaint by contacting the DMHC's provider complaint line at **(877) 525-1295**.