

Bill Summary

AB 2843 would require **coverage without cost sharing** for emergency and follow-up services after a rape or sexual assault (i.e. **sexual assault services**), for enrollees in DMHC-regulated health plans and CDI-regulated policies.



Background

Sexual assault is **under-reported**. There are **barriers** for victims reporting, disclosing, or seeking medical care after an assault, such as:



- Not recognizing medical care is needed
- Minimizing violence and health risks
- Lack of privacy and control
- Stigmatization
- Self-blame
- Retaliation from perpetrator
- Retraumatizing medical treatment
- Limited access to medical/BH care
- Lack of social support
- Need for multiple visits for BH services

Insurance Subject to the Mandate

AB 2843 would apply to the health insurance of approximately 22.3 million enrollees (58.6% of all Californians)

- ✓ **CDI and DMHC-regulated** (Commercial & CalPERS)
- ✓ **Medi-Cal** (DMHC-regulated)

AB 2843 would not impact DMHC-regulated Medi-Cal plans due to full compliance at baseline.

Utilization and Expenditures

Estimated baseline and postmandate utilization of sexual assault services:

- Without ED visit: **402** to **415** enrollees
- With ED visit: **644** to **663** enrollees



AB 2843 would increase total net annual **expenditures** by **\$600,000** or **0.0004%** for enrollees in state-regulated insurance due to a \$1,051,000 increase in premiums and \$451,000 reduction in cost sharing.

CHBRP estimates AB 2843 would reduce enrollee cost sharing for sexual assault services by an average of \$170 for enrollees without an ED visit, and \$594 for those with an ED visit.

Medical Effectiveness



CHBRP found:

- **Insufficient evidence** to assess how **cost sharing** impacts use of sexual assault services.
- **Preponderance of evidence** that **BH treatment is effective** at reducing symptoms of **PTSD** and **depression** for sexual assault victims.

Public Health Impacts



At the population level, the public health impact of AB 2843 is **unknown** due to insufficient evidence on the impacts of cost sharing on utilization of sexual assault services. At the person-level, enrollees may have impactful **reductions in OOP costs**, which may yield health and quality of life improvements.

Assembly Bill (AB), Behavioral Health (BH), California Health Benefits Review Program (CHBRP), California Department of Insurance (CDI), California Department of Managed Health Care (DMHC), California Public Employees' Retirement System (CalPERS), Emergency Department (ED), Out-of-pocket (OOP), Post Traumatic Stress Disorder (PTSD)