

Assembly Bill 1032 (2025) Coverage for Behavioral Health Visits

Analysis at a Glance

as introduced on 2/20/2025

Bill Summary

AB 1032 would require reimbursement, less cost sharing, for up to 12 visits per year with a licensed behavioral health provider for an enrollee or insured in a county where an emergency has been declared due to wildfires.



Insurance Subject to the Mandate

Of the 22.2 million Californians enrolled in state-regulated health insurance, 13.6 million would have insurance subject to AB 1032:



CDI and DMHC-regulated (Commercial & CalPERS)



Federally-regulated or Medi-Cal

Benefit Coverage and Utilization

At baseline, all enrollees have coverage for behavioral health visits. None have coverage allowing them to see any licensed behavioral health provider, contracted with their plan or not, and be reimbursed.



Postmandate, 100% of enrollees would have coverage for reimbursement of 12 behavioral health visits per year.



About 16,170 people would utilize benefits (6,240 directly impacted by wildfires, 9,930 due to existing unmet need).

CHBRP: California Health Benefits Review Program

CDI: California Department of Insurance

DMHC: California Department of Managed Health Care CalPERS: California Public Employees' Retirement System

SUD: Substance Use Disorder

PTSD: Post-Traumatic Stress Disorder

Context

Wildfires have increased in frequency and caused more damage to land, structures, and people over the past few decades, resulting in harmful environmental conditions and disrupting residents' way of life.



Residents of an affected region can experience adverse physical and mental health conditions that last beyond the end of the fire. Wildfires can cause or exacerbate existing health conditions.

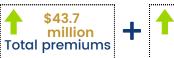
Medical Effectiveness

With regard to psychotherapy and pharmacotherapy, CHBRP found:

- strong evidence they are effective treatments as part of general trauma care for people experiencing PTSD, anxiety, and depression
- some evidence of their effectiveness for treating SUD and sleep disturbances
- not enough research to assess their effectiveness on behavioral health conditions rooted in experience with any kind of natural

Cost and Public Health Impacts

In the first year postmandate, CHBRP estimates:







For enrollees newly utilizing behavioral health services, there would be improved outcomes for those who

- reside in a county with an emergency declaration due to wildfires
- have a behavioral health need
- · have the ability to pay out of pocket for out-of-network care.

