

**Put on your organization's letterhead**

**Sample support letter – SB 294 (Wiener)**

**SUBMIT ONLINE** through the [Legislative Portal](#) (You will need to create an organization account.)

**AND cc:** [nlynn@childrennow.org](mailto:nlynn@childrennow.org) and [Max.Migdail@sen.ca.gov](mailto:Max.Migdail@sen.ca.gov)

[Date]

Chairwoman Mia Bonta  
Assembly Health Committee  
1020 N Street, Room 390  
Sacramento, CA 95814

**Re: SUPPORT FOR SB 294 (Wiener) Independent Medical Review**

Dear Chairwoman Bonta,

**[Name of organization]** is pleased to **SUPPORT** SB 294 (Wiener), legislation to ensure health plan denials of care for mental health disorders for youth ages 0-26 are automatically reviewed, either through the grievance process for non-urgent cases or through the Independent Medical Review process for urgent/life-threatening cases.

When a health insurance plan denies, modifies or delays a request for a service as being not medically necessary or as experimental or investigational, a process known as Independent Medical Review (IMR) can be initiated by the consumer. They must first file a grievance/complaint with their health plan and then participate in a 30-day process with the insurer. If the issue is not resolved, consumers may file an IMR/complaint with the Department of Managed Health Care (DMHC). Providers who are not affiliated with the health plan then review the case and determine whether the service should be provided. Health plans must abide by the decision of IMR providers who uphold or overturn the original decision as well as pay for the IMR process itself.

Under SB 294, all non-life threatening mental health denials for youth will be automatically reviewed by the health plan through their grievance process. Auto-grievances that remain pending/unresolved, or for which the health plan upholds its decision, will be automatically referred to the IMR process. Those cases which are considered life-threatening would be automatically referred to the IMR process. This holds health plans accountable while reducing the burden on consumers to fight for care.

The number of IMRs for the diagnosis category “Mental Disorder” has steadily increased for youth ages 0-20 years, especially between 2017-2023. In 2021, more than 50 percent of all youth IMR cases were for a “mental disorder” diagnosis. **According to the DMHC Annual Report, approximately 67.5 percent of enrollees that submitted IMR requests in 2022 received the service(s) or treatment(s) they requested.**<sup>1</sup> Of those decisions, 19 percent were reversed by the health plan before being reviewed, 49 percent of cases denied by health plans were overturned by IMR providers, and 32 percent were upheld. Since 2017, the percentage of youth mental health IMRs that overturned health plans’ decisions has more than doubled, reaching an average of 78%.<sup>2</sup> More youth are seeking mental health services through the IMR process, but are being denied care at an alarming rate.

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<sup>1</sup> 2021 Annual DMHC Report, <https://www.dmhc.ca.gov/AbouttheDMHC/DMHCReports/AnnualReports.aspx>

<sup>2</sup> CalHHS: IMR Determinations and Trends, <https://data.chhs.ca.gov/dataset/independent-medical-review-imr-determinations-trend>

In 2019, 13 percent of California’s children 3 to 17 years of age reported having at least one mental, emotional, developmental, or behavioral health problem, and 8 percent of children have a serious emotional disturbance that limits participation in daily activity.<sup>3</sup> Unfortunately, too many families must fight health plans to get mental health care for their children. While the IMR process allows for greater oversight of health plans, it places the burden on the consumer to initiate and delays or prevents children and youth in California from accessing critical, timely mental health treatment. Language barriers, health literacy, and demanding jobs may prevent some parents from filing IMRs, furthering mental health access inequities.

Not only is SB 294 great for children and youth, but it is also a fiscally sound bill, allowing minimal additional costs to the state. Under current law (Section 1374.35(b) of the Health and Safety Code), all IMR costs are to be borne by health plans; therefore, special fund costs to both the Department of Insurance and the Department of Managed Health will be offset. SB 294 allows California to take care of children and families, while bearing minimal state costs.

[ABOUT YOUR ORGANIZATION, WHY YOU SUPPORT SB 294]

For these reasons, we request your support for **SUPPORT SB 294**.

Sincerely,

Name, Title  
Organization

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