

KNOW YOUR HEALTH CARE RIGHTS

SB 221 (2022) ensures your right to **timely mental health care**. Your health insurance must offer therapy sessions within two weeks of your last appointment—unless your therapist says a longer wait is safe.

If they can't schedule you in-network, they must arrange care outside their network at no extra cost.

If your plan isn't following SB 221:

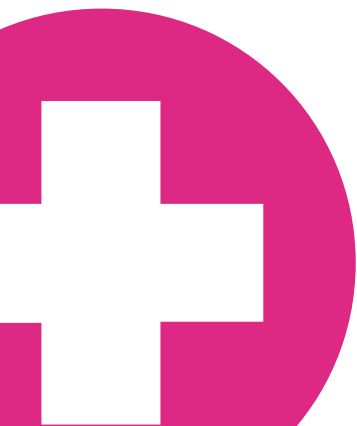
- Managed-Care Medi-Cal members can request an independent review from the Department of Managed Health Care.
- You can also request a state fair hearing online or by calling (855) 795-0634.

Do youth have mental health rights? YES!

Under SB 543 (2010), youth ages 12 and older can consent to their own mental health care if a provider determines they're mature enough to participate in treatment.

Parents or guardians may be involved **only if appropriate**, and services are **kept confidential** by law.

Children under 19 are eligible for full-scope Medi-Cal benefits, **regardless of immigration status**.



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HEALTH AND HUMAN
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You have the right to a **Patients' Rights Advocate** who helps make sure your voice and needs are respected in medical settings. If you can't reach your local advocate, contact:

California Office of Patients' Rights

☎ (916) 504-5810 | 🌐 disabilityrightsca.org

or

DHCS Mental Health Ombudsman

☎ (800) 896-4042 | ✉ mhombudsman@dhcs.ca.gov

Gender Affirming Care is an Essential Health Benefit, considered medically necessary, under California law for all health plans licensed in the state, included Medi-Cal and Covered CA.

This is due to the Insurance Gender Nondiscrimination Act and the TGI Inclusive Care Act.

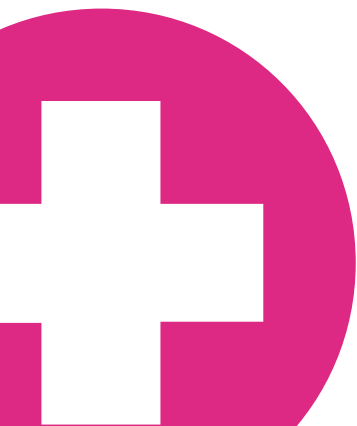
What is considered 'Medically Necessary'?

Prescription medications:

- Hormones
- Testosterone Blockers
- Puberty blockers

Services to treat gender dysphoria

- Chest removal/augmentation
- Facial feminization/masculization
- Tracheal shave
- Voice therapy/surgery
- Hair restoration
- Laser hair removal/electrolysis



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How do I obtain Insurance Approval?

Ask your therapist for a detailed letter that includes WPATH standards and references to California law.

Submit the letter to your medical provider, who will file a prior authorization for your procedure or prescription.

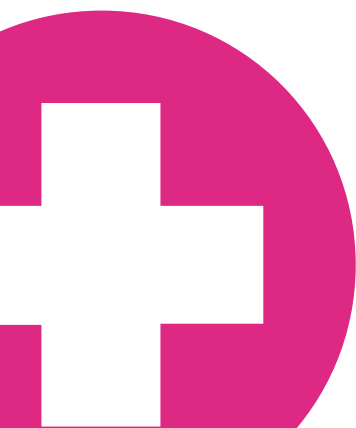
If You're Denied:

1. File an appeal with your insurance agency.
2. If denied again, file a complaint:
 - DMHC (Managed Care Plans): (888) 466-2219 or visit [HealthHelp.ca.gov](https://www.healthhelp.ca.gov)
 - CA Department of Insurance: (800) 927-4357
 - Medi-Cal Members: Request an independent review from DMHC or a state fair hearing at (855) 795-0634

How to Write a Letter



Example Letter



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