November 6 2026

The Honorable Aisha Wahab
Chair, Senate Committee on Business, Law, and Health
State Capitol
Sacramento, CA 95814

Re: Senate Bill 39 - Support If Amended

Dear Chairperson Wahab and Senate Business, Law, and Health Committee members,

We are writing on behalf of the California Medical, Hospital, and Nurses Associations to declare that our organizations would proudly support this bill, if it is amended.

SB 39: Statewide Rural and Underserved Mental Health Access Program would establish a program administered by the Department of Health Care Services to improve access to mental healthcare for young people in rural and underserved communities throughout California, with priority given to the Central Valley.

The bill outlines the following: the program would provide grants to qualified healthcare providers, county behavioral health departments, community mental health clinics, nonprofit organizations, and school-based organizations. These grants would support affordable counseling, telehealth services, mental health education, and referral partnerships between schools, healthcare providers, and community organizations.

Furthermore, SB 39 would authorize up to $2 million annually, subject to legislative appropriation, with $1.4 million proposed for expanding direct mental health services, $250,000 for telehealth and provider accessibility, $150,000 for outreach and education, $100,000 for referral resources, and $100,000 for administration and evaluation.

Mental healthcare accessibility is incredibly pertinent to California's rural communities, especially those experiencing shortages of qualified mental health professionals, limited transportation, and financial barriers. These conditions can make it more difficult for young people to obtain necessary counseling and psychiatric treatment, potentially allowing untreated mental health conditions to worsen.

In a 2025 study titled *Disparities in mental health service utilization among adolescents with depression: Results from a 2022 U.S. National Survey*, Su Chen Tan et al. examined mental healthcare utilization among adolescents ages 12–17 using data from the 2022 National Survey on Drug Use and Health.

The researchers found that among the 19.2% of surveyed adolescents who experienced a major depressive episode within the previous year, only approximately 47.5% received mental health treatment. Furthermore, adolescents in rural communities had significantly lower odds of receiving specialist mental healthcare and telehealth services compared with their urban counterparts, with adjusted odds ratios of approximately 0.64 for both services.

These findings demonstrate the disparities in access to specialized mental healthcare experienced by rural adolescents, highlighting the importance of expanding qualified mental health services and improving accessibility beyond traditional in-person treatment.

The California Medical Association, California Nurses Association, and California Hospital Association support SB 39's proposed measures, but would respectfully request amendments clarifying the eligible age range and establishing a more reliable funding structure for the program.

Section 2(b) defines young people as individuals between the ages of 12 and 24, while Section 3(c) limits the program's focus to individuals between the ages of 12 and 22. We respectfully request that these sections be amended to establish a consistent age range of 12–24, ensuring that young adults ages 23 and 24 are not unintentionally excluded from accessing the proposed mental health resources.

Furthermore, Section 8 authorizes the Legislature to appropriate up to $2 million annually for the program, but does not guarantee that funding will be provided. Without a reliable funding mechanism, participating healthcare organizations and qualified mental health professionals may struggle to establish or maintain the expanded services envisioned by the bill.

We respectfully request a dedicated funding mechanism or a clearer annual appropriation and implementation framework, ensuring that participating organizations have sufficient resources to provide counseling, telehealth, and referral services. These funds should prioritize direct patient services and qualified healthcare personnel, especially in communities experiencing documented shortages of mental health providers.

Additionally, we request clarification of coordination requirements between participating organizations and existing county behavioral health and Medi-Cal services. Clearer referral and follow-up procedures would help prevent duplication of services and allow participating healthcare professionals to connect patients with appropriate treatment more effectively.

These amendments would provide greater consistency in patient eligibility, improve the financial sustainability of participating programs, and strengthen coordination between healthcare providers serving rural and underserved communities.

The California Medical Association, California Hospital Association, and California Nurses Association strongly urge you to amend and support SB 39.

Sincerely,



Damien Purisima (He/him) - Lobbyist
California Medical, Hospital, and Nurses Associations