



Consumer Health Access Program for Mental Health and Addiction Care - Establishment
HB 517

House Health and Government Operations Hearing
February 23, 2022
SUPPORT

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Thank you for the opportunity to submit testimony in support of HB 517 which would establish the Consumer Health Access Program for Mental Health and Addiction Care to assist all Maryland residents in accessing mental health and substance use disorder insurance benefits and address insurance-related barriers to such services.

This testimony is submitted on behalf of the Legal Action Center (LAC), a non-profit organization that uses legal and policy strategies to fight discrimination, build health equity, and restore opportunities for people with arrest and conviction records, substance use disorders and mental health conditions, and HIV/AIDS. LAC chairs the Maryland Parity Coalition and advocates for laws and policies in Maryland that will improve access to health care and end discrimination for people with mental health and substance use disorders. **The Consumer Health Access Program is necessary to help Marylanders gain access to life-saving mental health and substance use disorder services that they are entitled to receive but are all too often unable to get.** At a time when a record number of Marylanders are losing their lives to overdose deaths – a disproportionate number of whom are Black individuals – and when more and more individuals are reporting symptoms of mental health conditions, we urge you to support HB 517 to ensure Marylanders can get targeted support to quickly access health care.

Maryland has taken critical steps to increase access to mental health (MH) and substance use disorder (SUD) treatment through public and private health insurance. Yet affordable insurance-based coverage of and access to such treatment remains unavailable because of the complexity of health insurance coverage and the inability to navigate the insurance system labyrinth in the midst of a mental health or substance use crisis. Families and individuals do not understand their health plan benefits, are not aware of their right to non-discriminatory MH and SUD coverage, and far too many cannot find in-network MH and SUD providers. **A key missing link is a trusted, in-person source of information and assistance to resolve insurance questions, treatment denials and address systemwide gaps system through policy advocacy.**

New crisis service assistance, including 211 press 1 and 988, will open more “doors” to care. However, that care will remain unavailable if Marylanders, both those in crisis and those answering the crisis line, do not know how to get it covered by insurance. **To achieve full and equitable access to and coverage of appropriate treatment, Marylanders need a single point of consumer assistance.** This one stop shop must

offer help from those with lived experience in MH and SUD treatment and recovery who can effectively navigate insurance coverage and are committed to addressing race, gender, language and other barriers to MH and SUD care. **The Consumer Health Access Program (CHAP) will meet those individual needs and tackle system-wide problems to prevent future problems and ensure that treatment is truly accessible to all.**

I. Consumer Health Access Program (CHAP) Model

A. CHAP Functions

HB 517 would establish a one-stop shop where all Marylanders, regardless of their insurance type or status, can get assistance to enroll in insurance, identify appropriate providers and improve access to MH and SUD treatment. CHAP would:

- Conduct in-person and other **outreach and education** to improve health literacy regarding benefit coverage, enrollment in health plans, and legal rights to MH/SUD care;
- **Operate a toll-free helpline, online assistance portal, and on the ground support** to allow consumers, providers, and crisis responders to get help accessing MH and SUD treatment for those in need;
- **Provide direct assistance** to consumers and providers to resolve insurance enrollment, service coverage, and access barriers by working with health plans and regulators;
- **Represent consumers** in filing complaints, grievance, and appeals;
- **Collect and analyze data** to identify system-wide gaps in coverage and access and to recommend improvements.

While state agencies participate in some of these discrete activities, no single agency has the authority or the capacity to conduct all roles across all insurance programs. CHAP would provide a single resource where all individuals – including treatment providers – can get their questions answered and receive direct assistance for issues related to MH and SUD care. CHAP would also ensure that its services are coordinated with other state agency activities and functions and would supplement existing services to address the needs of Marylanders with MH and SUD conditions.

- For individuals who seek to enroll in state-regulated insurance, CHAP would work with the appropriate Maryland Health Benefit Exchange (MHBE) connector entity and offer a warm-handoff.
- Individuals who seek services through the new 988 or any of the local behavioral health entities to identify services could be referred to CHAP to help them understand their insurance coverage of MH and SUD benefits and gain access to those benefits.
- CHAP can also provide direct representation in appeals – going beyond the excellent assistance that the Attorney General’s Health Education and Advocacy Unit (HEAU) provides to consumers of with private insurance service denials – and can also provide that assistance to Marylanders who have public insurance and self-insured employer plans.

B. CHAP Structure – Hub and Spoke Model

CHAP would be a “hub and spoke” model, with one centralized non-governmental entity serving as the single point of contact for consumer assistance and eight (8) community-based partners in each of Maryland’s connector entity regions to provide on the ground outreach, education and support. A limited number of specialist partners would address unique client population needs (such as Medicare beneficiaries), provide technical assistance on legal and other issues, and develop health literacy tools to ensure that all Marylanders have equitable access to CHAP’s resources.

Under HB 517, CHAP would be launched by the University of Maryland Baltimore’s Center for Addiction Research, Education, and Service (CARES), which would also administer the Consumer Health Access Program for Mental Health and Addiction Care Fund. With its unique expertise and compatible mission, CARES will facilitate a Request for Proposals (RFP) process to select the hub entity, and then support the hub entity in selecting the eight regional-based community partner entities (the spokes) and any specialist partners in the first year of the three-year pilot. CARES will also support the hub entity’s development of data collection and analytical tools.

CHAP will remain independent from any state regulatory agency, while developing collaborative relationships with MHBE, Maryland Department of Health (MDH), the Maryland Insurance Administration (MIA), and Behavioral Health Administration. CHAP will also develop relationships with the existing programs in Maryland, including HEAU, to coordinate service delivery and ensure that efforts supplement rather than duplicate existing services. As a free-standing entity, CHAP would be able to provide direct client representation and could use the data it collects from its outreach, education, and client assistance to identify trends and system-wide gaps. That information would be shared with state policy makers and the public to solve system-wide problems and promote sustainable access to MH and SUD care.

C. CHAP Service Delivery – Equity Focus

Ensuring equitable access to MH and SUD services for all Marylanders is core component of CHAP. The program will promote equity in access to MH and SUD services by ensuring that all of its services include and represent the diversity of the population of Maryland with respect to race, ethnicity, language, religion, gender, gender identity, sexual orientation, socioeconomic status, and disability. The program will enter into partnerships with spoke and specialty entities that are led by and serve Black, Hispanic, Asian, Indigenous, disability, and gender diverse communities, and seek input from diverse communities in developing its services. CHAP will also employ individuals with lived experiences with MH and SUD treatment to ensure empathy and to help destigmatize these conditions. Consumers have highlighted that assistance from those with lived experience is fundamental to this initiative, because it is so challenging to come forward and talk about MH and SUD challenges.

CHAP will deliver culturally competent services that are responsive to the diverse needs of residents and provide services in multiple languages. It will also promote access by offering its services through multiple modalities, including in-person, online, and by telephone. CHAP’s data collection and reporting will also include collecting and analyzing data to address disparities in accessing MH and SUD services by race, ethnicity, gender, and gender identity.

II. How CHAP Will Help Consumers

A. Education and Outreach Will Help Marylanders Understand Their Rights to MH and SUD Care and Self-Advocate

CHAP will work to prevent insurance-related barriers to care proactively by conducting outreach and education and ensuring that guidance is offered in a non-stigmatizing and inclusive way. With the expertise of CARES, the hub, and the specialist entities, CHAP will develop educational tools and consumer-friendly resources to improve health literacy on insurance-based MH and SUD care. CHAP's structure will also allow it to disseminate information quickly when problematic trends emerge.

For example, after the General Assembly passed telehealth legislation in 2021, the Maryland Parity Coalition learned from its member and partner, the Black Mental Health Alliance, that individuals it had referred to practitioners were being told that carriers would not reimburse telehealth services. With this on-the-ground insight, CHAP would have been able to respond immediately by helping to educate both outreach workers and the public about their rights under the telehealth law and request that the MIA intervene, as appropriate. Similarly, another Coalition member, the Maryland Coalition of Families all too frequently learns that children and adolescents are being placed on long waiting lists for MH and SUD care because the carrier's network has limited in-network providers, even though these families have a right to get out-of-network care when this unreasonable delay occurs. CHAP will develop resources and conduct targeted outreach to engage, educate, and empower people to utilize this right.

Finally, CHAP will be instrumental in educating people about their rights under the Mental Health Parity and Addiction Equity Act (Parity Act) and ensuring that such rights are enforced. Marylanders have a right to equitable coverage of MH and SUD services, but most consumers and many providers do not know what this right means or what to do when they believe it is violated. CHAP will increase awareness of the Parity Act and give consumers concrete examples to identify violations and the resources to file complaints.

B. Marylanders Need Hands-On Support to Resolve Their Insurance-Related Barriers to MH and SUD Care

Marylanders face a range of issues when trying to access MH and SUD benefits. While there are many resources throughout the State, Marylanders often do not know where to go for assistance. CHAP will help consumers every step of the way, both directly and by providing a warm handoff to the entity that can solve their problem.

1. Enrollment Assistance

Notwithstanding Maryland's dedicated and successful implementation of the Affordable Care Act, nearly 350,000 Marylanders still do not have insurance coverage.¹ Uninsured rates are almost twice as high for Black residents (6.2%) and Asian/Native Hawaiian and Pacific Islanders residents (6.6%) as they are for

¹ <https://www.baltimoresun.com/opinion/op-ed/bs-ed-op-0610-perez-health-care-20210609-uvarb3advzbfblc4o2bx7637u-story.html>

white residents (3.8%), and a striking 21.4% of Hispanic Marylanders are uninsured.² Because of rising health care costs, even more residents are “underinsured,” such that they lack access to the full scope and breadth of the benefits they need to be healthy.

Entities across the State help consumers enroll in coverage through the health benefit exchange, but this is not always the starting place for people who need MH and SUD treatment. Many individuals start by seeking treatment, only to find out that they do not have insurance coverage, let alone coverage that will pay for the care they need. With its network of community-based partners, CHAP will meet individuals where they are when they need help enrolling in Medicaid, individual plans, or Medicare and provide warm handoffs to the local MHBE consumer assistance organization or local State Health Insurance Program office to ensure that individual gets the best coverage for their needs.

2. Finding Providers and Accessing In-Network Benefits

In February 2021, nearly 40% of Maryland adults reported symptoms of anxiety or depression, but 31.3% were unable to get needed counseling or therapy. Of those hundreds of thousands of adults, 33.7% did not get the needed mental health care because of cost. Almost half (45.5%) of Maryland’s youth (ages 12-17) who have depression did not receive care in the last year.³ While there is certainly a shortage of behavioral health providers, especially those that can treat youth, the lack of access cannot solely be attributed to this shortage. Marylanders are [ten times](#) more likely to see an out-of-network office-based provider for MH and SUD care than for primary care – which means that there are providers in the field; they are just not in the insurance networks. Finding an out-of-network provider is a last resort for most consumers; the search is time-consuming and exhausting in the midst of a crisis and the care is not affordable due to higher out-of-pocket costs.

CHAP through its hub and spoke entities will help ensure access to care. The spoke entities, which are most familiar with the treatment resources in their communities, will be better equipped to identify appropriate providers and, if necessary, help individuals advocate for approval of care from non-participating providers when a network provider is not available. The centralized hub will maintain connections with each of the State’s insurers to escalate the cases of individuals who are struggling to find in-network care within a reasonable time and distance.

3. Representing Consumers with Complaints and Appeals

Even when consumers finally get the appropriate insurance coverage and find a provider who recommends a specific course of treatment, insurance carriers all too often deny these covered benefits. Individuals have a right to appeal these denials but doing so is especially difficult without an advocate or assistance, especially for people with MH and SUDs. HEAU has successfully assisted many individuals with state-based private insurance plans with their appeals, but the vast majority of Maryland residents have other types of insurance and, therefore, cannot obtain the necessary help. CHAP will fill in this gap

² <https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22maryland%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

³ <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

by ensuring that all consumers have access to representation for appeals, reducing the burden on their provider, who should be devoting their resources to treating their patients.

CHAP will also maintain relationships with the regulating entities who investigate and issue determinations on such complaints and appeals, to ensure that the grievances are moving forward and resolved in a timely manner. In other states with consumer assistance programs and healthcare advocates, the rates at which these appeals are overturned (in favor of the consumer) is incredibly high and consumers and the State save money.

- In New York, the Community Health Access to Addiction and Mental Healthcare Project (CHAMP) has a success rate of over 86% for cases relating to accessing care.
- Since its inception in 2002, the Connecticut Office of the Healthcare Advocate has saved consumers over \$112 million dollars. This translates into cost-savings for the state because these individuals would otherwise unnecessarily need to rely on state funding for treatment.⁴

Marylanders with MH and SUD deserve this same assistance.

C. Advocacy on System-Wide Problems Will Help All Marylanders

In addition to direct assistance, CHAP will work to prevent these types of insurance-related barriers to care proactively by engaging in system-wide advocacy. CHAP will collect data and identify trends based on its client assistance and use such analyses to work with policymakers to improve any systemic barriers to care. Based on cases that identify violations of the Parity Act, CHAP can work with the MIA and Maryland Medicaid to improve parity compliance reporting and enforcement. Just as the Office of Healthcare Advocate did for Connecticut in 2019, CHAP will also track demographic data to ensure that consumers of all backgrounds have equitable access to healthcare and identify policy recommendations to improve any health disparities.

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Thank you for the opportunity to testify in support of HB 517. We urge you to issue a favorable committee report and help all Marylanders get the MH and SUD care they need.

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⁴ <https://portal.ct.gov/-/media/OHA/OHA2019AnnualReport.pdf>