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more equitable
New York**

**CSS Testimony in Support of Maryland Consumer Health Access Program
(SB460/HB517)**

**House Health and Government Operations Committee
February 23, 2022**

The Community Service Society of New York (CSS) would like to thank the Maryland House and Senate for the opportunity to submit testimony on the proposed creation of a Consumer Health Access Program (CHAP) (SB460/HB517). CSS supports the passage of SB460/HB517 and the creation of CHAP.

CSS has worked with and for New Yorkers since 1843 to promote economic opportunity and champion an equitable city and state. We power change through a strategic combination of research, services, and advocacy to make New York more livable for people facing economic insecurity. By expanding access to health care, affordable housing, employment, opportunities for individuals with conviction histories, debt assistance, and more, we make a tangible difference in the lives of millions. Our health programs help New Yorkers enroll into health insurance coverage, find health care if they are ineligible or cannot afford coverage, and help them use their coverage or otherwise access the healthcare system. We do this through a live-answer helpline and through our partnerships with over 50 community-based organizations working in every county of New York State. Annually, CSS and its partners serve approximately 130,000 New Yorkers.

In March 2018, Section 33.27 of the New York State Mental Hygiene Law was enacted to establish the independent statewide ombudsman program, also known as the Community Health Access to Addiction and Mental Healthcare Project (CHAMP). CHAMP is designed to help consumers and providers with health insurance coverage for substance use disorder and mental health services and is overseen by the New York Office of Addiction Services and Supports (OASAS), in consultation with the New York Office of Mental Health (OMH). CHAMP was established with an initial operating budget of \$1.5 million.

In 2018, OASAS and OMH designated CSS and its Specialist partner organizations (the “Specialists”)—The Legal Action Center, the NYS Council for Community Behavioral Healthcare, and Medicare Rights Center—as the entities that would carry out the objectives of the Ombudsman program, under the supervision of the Ombudsman Project Director. In 2019, five community-based organizations (CBOs), serving different regions of the state, were added to the network: Adirondack Health Institute; Community Health Action of Staten Island; Family and Children’s Association; Family Counseling Services of Cortland County; and Save the Michaels of the World. CSS operates the CHAMP toll-free live-answer Helpline, administers Specialist and CBO subcontracts, coordinates the CHAMP learning community, maintains the CHAMP database, and conducts quality assurance. The Specialists provide ongoing training and technical assistance to the five CBOs and handle complex cases that demand high levels of expertise. The CBOs conduct outreach and provide services to clients in the community.

CHAMP’s mission is to help New Yorkers overcome insurance barriers and get the substance use disorder and mental health care they need—and have the right to receive. Since CHAMP launched in October 2018, it has handled 4,207 cases on behalf of consumers and providers needing help with health insurance for substance use disorder and mental health care. CHAMP has served clients in 58 of New York’s 62 counties. CHAMP helps New Yorkers of all ages, incomes, races, and ethnicities, and serves clients regardless of insurance status. The most common reason people contact CHAMP is because they need help accessing treatment, and the most common barrier they face is insurer denials. CHAMP provides a wide range of services to our clients, from information and informal advocacy to filing appeals and regulatory complaints. In 86% of the cases where CHAMP knows the final resolution of the case, CHAMP was able to get clients the result they were looking for. To date, CHAMP has reached over 300,000 stakeholders through outreach and education.

Studies have shown that people in need of mental health (MH) and substance use disorder (SUD) care must go out-of-network to receive care far more often than people in need of other types of health care.¹ Studies have also show that mental

¹ See Milliman, “Addiction and Mental Health vs. Physical Health: Widening Disparities in Network Use and Reimbursement” (Nov. 19, 2019), p. 65, available at <https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p>; Milliman, “Addiction and Mental Health vs. Physical Health: Analyzing Disparities in Network Use and Provider Reimbursement Rates” (Nov. 30, 2017), available at <https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-analyzing-disparities-in-network-use-and>.

health and substance use disorder treatment providers are paid less than other health care providers for the exact same procedure codes.² Federal lawsuits like *Wit v. United Behavioral Health* have laid bare deep-rooted, unlawful insurer policies and practices that prevent people from accessing MH and SUD care.³ In New York, analysis of a public database of external appeal decisions reveals that health plan denials of MH and SUD care are overturned on external review far more often than denials of medical/surgical care, suggesting rampant inappropriate denials by insurers.⁴ The New York Office of the Attorney General has found widespread violations of state and federal parity laws by New York health plans.⁵ Most recently, a 2022 report to the United States Congress by the United States Departments of Labor, Health and Human Services, and Treasury on the federal Mental Health Parity and Addiction Equity Act also found widespread insurer violations of federal parity laws nationwide.⁶

CHAMP sees the disproportionate insurance barriers faced by people in need of MH and SUD care firsthand, and helps clients overcome them and access lifesaving care. CHAMP's services range from: enrolling clients into insurance; helping clients find in-network providers; advocating for plans to pay for out-of-network care when no appropriate in-network provider is available; assisting with prior authorizations; appealing insurer denials; filing complaints with plans and regulators; and more. CSS also operates several other health insurance ombudsman programs and an insurance navigator network for the State of New York, and CHAMP partners with these programs when our clients can benefit from their services, such as insurance enrollment through the navigator network.

² *Id.*

³ See *Wit v. United Behavioral Health*, Remedies Order, Case No. 14-cv-02346-JCS (N.D. Cal. Nov. 3, 2020).

⁴ See N.Y. Dept. of Financial Services, External Appeals Searchable Archive, available at <https://www.dfs.ny.gov/public-appeal/search>.

⁵ See *People of the State of New York v. UnitedHealth Group Inc.*, No. 1:21-cv-04533, Stipulation of Settlement (E.D.N.Y. Aug. 11, 2021), available at https://ag.ny.gov/sites/default/files/nyag_united_settlements.pdf; *In the Matter of HealthNow New York, Inc.*, Assurance No. 16-105 (Aug. 2016); *In the Matter of Excellus Health Plan, Inc.*, Assurance No. 14-201 (Mar. 2015); *In the Matter of ValueOptions, Inc.*, Assurance No. 14-176 (Mar. 2015); *In the Matter of EmblemHealth, Inc.*, Assurance No. 14-031 (Aug. 2014); *In the Matter of MVP Health Care, Inc.*, Assurance No. 14-006 (Mar. 2014); *In the Matter of Connecticut General Life Insurance Company Cigna Health and Life Insurance Company*, Assurance No. 13-474 (Jan. 2014).

⁶ U.S. Dept. of Labor, U.S. Dept. of Health & Human Svcs., and U.S. Dept. of Treasury, 2022 MHPAEA Report to Congress, available at <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/report-to-congress-2022-realizing-parity-reducing-stigma-and-raising-awareness.pdf>.

The insurance needs of CHAMP's clients are especially complex, and highlight how critical it is for our clients to have dedicated advocates. Compared with other the ombudsman programs, CHAMP clients are more likely to need help appealing insurer denials, and CHAMP's insurance appeals are typically two to three times longer than appeals related to medical/surgical care. Many CHAMP clients are impacted by social determinants of health, including unemployment, difficulties with housing and transportation, and involvement in the legal system. These social determinants of health, combined with clients who are often in crisis, mean CHAMP clients are especially likely to need intensive, hands-on assistance with their insurance issues. Finally, many clients experience issues that may signify violations of state and federal parity laws. Parity analyses are complex and time-consuming, and few clients undertake them on their own. CHAMP not only helps clients overcome insurance barriers, but it also surfaces systemic issues and reports them to our State partners, enabling the State to address these systemic issues in a timely manner and improve access to care for all New Yorkers.

CSS believes that the Maryland Consumer Health Access Program will, like CHAMP, help people access lifesaving care. CSS supports the passage of SB460/HB517 and the creation of the Consumer Health Access Program.

Thank you for your consideration.

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