

**SB0460/543322/1**

BY: Finance Committee

AMENDMENTS TO SENATE BILL 460  
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “**Senator Augustine**” and substitute “**Senators Augustine and Hester**”; strike beginning with “**Consumer**” in line 2 down through “**Establishment**” in line 3 and substitute “**Health – Insurance Coverage Information**”; in line 4, after “of” insert “establishing that the Health Education Advocacy Unit in the Office of the Attorney General is the State’s office of consumer assistance under a certain federal law;”; in line 11, after “Fund;” insert “establishing the Consumer Health Access Program Advisory Council for certain purposes;”; strike beginning with “the” in line 12 down through “Care” in line 13 and substitute “health insurance coverage information”; after line 13, insert:

“BY repealing and reenacting, with amendments,

Article - Commercial Law

Section 13-4A-01

Annotated Code of Maryland

(2013 Replacement Volume and 2021 Supplement)”;

and in line 16, strike “13-4409” and substitute “13-4410”.

AMENDMENT NO. 2

On page 2, after line 8, insert:

“Article – Commercial Law

13-4A-01.

**(A)** There is a Health Education and Advocacy Unit in the Division.

**(B) THE HEALTH EDUCATION AND ADVOCACY UNIT IS THE STATE'S OFFICE OF HEALTH INSURANCE CONSUMER ASSISTANCE UNDER § 1002 OF THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT.**;

after line 19, insert:

**“(C) “CONSUMER ASSISTANCE SERVICES” MEANS SERVICES WITH THE PURPOSES OF:**

**(1) PROVIDING ADMINISTRATIVE ASSISTANCE TO PROGRAM PARTICIPANTS TO ENROLL IN HEALTH COVERAGE PLANS FOR WHICH THE PARTICIPANTS QUALIFY;**

**(2) ASSISTING PROGRAM PARTICIPANTS TO ACCESS TREATMENT FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS;**

**(3) COMMUNICATING AND COORDINATING WITH HEALTH COVERAGE PLANS ON BEHALF OF PROGRAM PARTICIPANTS AND THEIR PROVIDERS REGARDING COVERAGE FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT UNDER THE TERMS OF THE HEALTH COVERAGE PLAN IN WHICH THE PROGRAM PARTICIPANT IS ENROLLED;**

**(4) OFFERING TO CONNECT PROGRAM PARTICIPANTS TO FEDERAL AND STATE GOVERNMENTAL AGENCIES OR AUTHORITIES THAT PROVIDE ASSISTANCE TO CONSUMERS IN PURSUING CONTRACTUAL OR ADMINISTRATIVE APPEALS, GRIEVANCES, OR COMPLAINTS AGAINST OR RELATED TO HEALTH COVERAGE PLANS WITH RESPECT TO MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFIT CLAIMS;**

**(5) ASSISTING PROGRAM PARTICIPANTS TO PURSUE CONTRACTUAL, ADMINISTRATIVE, OR JUDICIAL COMPLAINTS AGAINST HEALTH COVERAGE PLANS FOR FAILURE TO PROVIDE MENTAL HEALTH OR SUBSTANCE USE DISORDER BENEFITS REQUIRED BY CONTRACT OR UNDER FEDERAL OR STATE LAW, INCLUDING PROVIDING LEGAL REPRESENTATION;**

**(6) PROVIDING OUTREACH AND EDUCATION TO PROGRAM PARTICIPANTS AND CONSUMERS REGARDING ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES UNDER HEALTH COVERAGE PLANS; AND**

**(7) PROVIDING CONSUMER EDUCATION MATERIALS REGARDING ACCESSING COVERAGE FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS UNDER HEALTH COVERAGE PLANS AND RIGHTS UNDER FEDERAL AND STATE LAW OTHER THAN CONSUMER EDUCATION INFORMATION PROVIDED UNDER § 2-303.1 OF THE INSURANCE ARTICLE.”;**

in lines 20, 22, and 30, strike “(C)”, “(D)”, and “(E)”, respectively, and substitute “(D)”, “(E)”, and “(F)”, respectively; in line 22, after “HEALTH” insert “COVERAGE”; strike beginning with “HEALTH” in line 22 down through “PROGRAM,” in line 26 and substitute “:

**(1) A HEALTH BENEFIT PLAN AS DEFINED IN § 2-112.2 OF THE INSURANCE ARTICLE;**

**(2) A SELF-FUNDED HEALTH PLAN;**

**(3)”;**

in line 27, strike the comma and substitute “:

(Over)

**(4)**”;

and in line 28, strike “, **MEDICARE, TRICARE, AND**” and substitute “;

**(5) MEDICARE;**

**(6) TRICARE; AND**

**(7)**”.

On page 3, in lines 1, 4, 8, 10, 18, and 22, strike “**(F)**”, “**(G)**”, “**(H)**”, “**(I)**”, “**(J)**”, and “**(K)**”, respectively, and substitute “**(G)**”, “**(H)**”, “**(I)**”, “**(J)**”, “**(K)**”, and “**(L)**”, respectively; and strike beginning with the colon in line 10 down through “**DISORDERS**” in line 17 and substitute “**A PHYSICIAN, FACILITY, INCLUDING A HOSPITAL, OR OTHER PERSON THAT IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED TO PROVIDE MENTAL HEALTH CARE OR SUBSTANCE USE DISORDER TREATMENT SERVICES OR SERVICES PROVIDED IN CONNECTION WITH MENTAL HEALTH CARE OR SUBSTANCE USE DISORDER TREATMENT**”.

On page 4, strike beginning with “**ASSIST**” in line 1 down through “**INSURANCE**” in line 3 and substitute “**PROVIDE CONSUMER ASSISTANCE SERVICES**”; and strike beginning with “**ADDRESS**” in line 4 down through “**BARRIERS**” in line 7 and substitute “**COLLECT AND ANALYZE DATA FROM PROGRAM PARTICIPANTS AND PROVIDERS TO IDENTIFY AND HELP RESOLVE BARRIERS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT**”.

On page 5, in line 3, strike “**IN**” and substitute “;

**(I) TO CARRY OUT THE PURPOSE AND ACTIVITIES OF THE**

PROGRAM; AND

(II) IN;

in line 11, strike “JULY” and substitute “JANUARY”; strike beginning with “CONDUCTING” in line 11 down through “HAVE” in line 14 and substitute “ISSUING A REQUEST FOR PROPOSALS FOR A HUB ENTITY”;

(2) ON OR BEFORE JULY 1, 2023, SELECTING AN ENTITY TO SERVE AS THE HUB ENTITY THAT HAS”;

in line 16, strike “QUALIFIED STAFF” and substitute “STAFF”; strike beginning with the second “AND” in line 17 down through “DISORDERS” in line 19; and after line 19, insert:

“(III) STAFF WHO ARE QUALIFIED BY EDUCATION, TRAINING, EXPERIENCE, AND, IF APPLICABLE, LICENSURE, CERTIFICATION, OR REGISTRATION TO PROVIDE CONSUMER ASSISTANCE SERVICES;”.

On pages 5 and 6, strike in their entirety the lines beginning with line 20 on page 5 through line 3 on page 6, inclusive.

On page 6 in lines 6 and 13 and on page 11 in line 10, in each instance, after “HEALTH” insert “COVERAGE”.

On page 6, in lines 8 and 10, in each instance, after the second “HEALTH” insert “COVERAGE”; in line 14, strike “AND”; in line 15, after “(VIII)” insert “1. NO AGREEMENT OR ARRANGEMENT WITH AN OWNER OR OPERATOR OF A MENTAL HEALTH OR SUBSTANCE USE DISORDER FACILITY THAT COULD DIRECTLY OR INDIRECTLY RESULT IN REMUNERATION, IN CASH OR KIND, TO THE ENTITY; OR”.

(Over)

2.;

in line 17, after “SERVICES;” insert “AND”; after line 17, insert:

“(IX) ADOPTED AND MAINTAINS A HEALTH INFORMATION SECURITY SYSTEM PROGRAM THAT MEETS THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 CRITERIA AS APPLICABLE;”;

in lines 18, 22, and 26, strike “(2)”, “(3)”, and “(4)”, respectively, and substitute “(3)”, “(4)”, and “(5)”, respectively; in lines 18 and 22, in each instance, strike “ASSISTING THE HUB ENTITY IN SELECTING” and substitute “SELECTING”; in line 19, strike “AN AGREEMENT” and substitute “AGREEMENTS, DIRECTLY OR THROUGH A HUB ENTITY,”; in lines 21 and 24 and 25, in each instance, strike “ESTABLISHED BY THE HUB ENTITY” and substitute “LISTED IN ITEM (2) OF THIS SECTION”; and in line 23, after “AGREEMENTS” insert “, DIRECTLY OR THROUGH A HUB ENTITY,”.

On page 7, in line 1, strike “OPERATE” and substitute “CONDUCT”; strike beginning with “HELP” in line 1 down through “LAWS” in line 9 and substitute “PROVIDE CONSUMER ASSISTANCE SERVICES”; in lines 10 and 11, strike “FUNDING FOR THE PROGRAM” and substitute “FUNDS”; strike beginning with “CONDUCT” in line 12 down through “ACT” in line 20 and substitute “BEGIN PROVIDING CONSUMER ASSISTANCE SERVICES”; and in line 24, after the first “THE” insert “CONSUMER ASSISTANCE”.

On pages 7 and 8, strike in their entirety the lines beginning with line 26 on page 7 through line 20 on page 8, inclusive.

On page 8, in line 21, strike “(7)” and substitute “(3)”; in the same line, after “ALL” insert “CONSUMER ASSISTANCE”; in line 23, strike “CONSUMERS” and

substitute "PROGRAM PARTICIPANTS"; and in line 25, strike "(8)" and substitute "(4) BASED ON DATA ACQUIRED FROM PROGRAM PARTICIPANTS AND PROGRAM PARTICIPANTS' PROVIDERS AND HEALTH COVERAGE PLANS:".

On page 9, in lines 1, 9, and 13, strike "(9)", "(10)", and "(11)", respectively, and substitute "(5)", "(6)", and "(7)", respectively; and in line 9, strike "CONDUCT ADVOCACY" and substitute "WORK".

On page 10, in line 14, strike "COLLECTING" and substitute "REQUESTING, COLLECTING,"; in the same line, after "ANALYZING" insert "DEMOGRAPHIC"; in the same line, after "DATA" insert "FROM PROGRAM PARTICIPANTS"; in the same line, strike "ADDRESS" and substitute "IDENTIFY"; strike beginning with "REQUEST" in line 19 down through "INDIVIDUAL" in line 23 and substitute "DEVELOP CONSENT FORMS THAT AUTHORIZE ONE OR MORE SPECIFICALLY IDENTIFIED, HUB, SPOKE, OR SPECIALTY ENTITIES CONDUCTING CONSUMER ASSISTANCE SERVICES TO REQUEST, OBTAIN, AND USE THE MEDICAL RECORDS OF A PROGRAM PARTICIPANT"; in line 27, strike "§§ 160 AND" and substitute "PARTS 160,"; in the same line, after "164," insert "AND 170, AS APPLICABLE,"; and strike beginning with "UNLESS" in line 31 down through "INFORMATION" in line 33.

On page 11, in line 2, after "NOTICE" insert "AND THE APPROPRIATE AUTHORIZATION"; in line 3, after "AGENCIES" insert "SPECIFICALLY RELATED TO A PROGRAM PARTICIPANT'S COMPLAINT,"; in the same line, after "NECESSARY" insert a comma; in line 4, strike "A CONSUMER'S" and substitute "THE PROGRAM PARTICIPANT'S"; in line 7, strike "THAT" and substitute "AND"; strike beginning with "BE" in line 7 down through "BY" in line 8 and substitute "DISSEMINATE THE NOTICE TO"; in line 9, strike "EACH EMPLOYER" and substitute "EMPLOYERS IN THE STATE"; in the same line, strike "PROVIDES" and substitute "PROVIDE"; in line 13, strike "ON REASONABLE REQUEST" and substitute "IDENTIFIED"; and strike in their entirety lines 20 through 29, inclusive.

(Over)

On page 12, in line 1, strike “(C)” and substitute “**(B) (1)**”; in the same line, strike “THE” and substitute “**EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THE**”; and after line 4, insert:

**“(2) ONLY THE HEALTH EDUCATION AND ADVOCACY UNIT OF THE OFFICE OF THE ATTORNEY GENERAL MAY APPLY FOR GRANTS UNDER § 1002 OF THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT FOR FEDERAL CONSUMER ASSISTANCE PROGRAM FUNDING PURPOSES.**

**13-4410.**

**THE PROGRAM SHALL USE THE FULL NAME OF THE PROGRAM IN ANY ADVERTISING AND IN ANY WRITTEN COMMUNICATIONS.”;**

after line 19, insert:

**“SECTION 2. AND BE IT FURTHER ENACTED, That:**

(a) **There is a Consumer Health Access Program Advisory Council.**

(b) **The Council consists of not more than 15 members, including:**

**(1) one representative of the Maryland Insurance Administration, designated by the Maryland Insurance Commissioner;**

**(2) one representative of the Behavioral Health Administration, designated by the Secretary of Health;**

**(3) one representative of the Maryland Medicaid Administration, designated by the Secretary of Health;**



(4) one representative of the Health Education and Advocacy Unit of the Office of the Attorney General, designated by the head of the Unit;

(5) one representative of the Maryland Health Benefit Exchange, designated by the Executive Director of the Exchange; and

(6) one representative of the following persons, designated by the University of Maryland Baltimore School of Social Work Center for Addiction Research, Education, and Services:

(i) consumers of mental health and substance use disorder services;

(ii) an organization that works with peer coaches or is a peer association;

(iii) an association that represents mental health providers;

(iv) an association that represents substance use disorder providers;

(v) an organization that conducts crisis services;

(vi) an organization that works on behalf of marginalized individuals to achieve health equity;

(vii) an organization with expertise in the Mental Health Parity and Addiction Equity Act;

(viii) an organization that conducts outreach to individuals with mental health and substance use disorders; and

(Over)

(ix) a county health department.

(c) The Council shall meet quarterly to perform the following functions:

(1) advise the University of Maryland Baltimore School of Social Work Center for Addiction Research, Education, and Services on design and operations of the Consumer Health Access Program for Mental Health and Addiction Care;

(2) recommend improvements for the Consumer Health Access Program for Mental Health and Addiction Care; and

(3) review data on cases handled by the Consumer Health Access Program for Mental Health and Addiction Care and make recommendations based on the data.

SECTION 3. AND BE IT FURTHER ENACTED, That:

(a) Section 2 of this Act shall terminate contingent on the termination of the pilot program operated by the Consumer Health Access Program for Mental Health and Addiction Care under § 13–4405(b) of the Health – General Article, as enacted by Section 1 of this Act.

(b) If the pilot program terminates, Section 2 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

(c) The Consumer Health Access Program for Mental Health and Addiction Care established under § 13–4402 of the Health – General Article, as enacted by Section 1 of this Act, shall notify the Department of Legislative Services within 5 days after the pilot program terminates.”;

and in line 20, strike “2.” and substitute “4.”.