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SB 460 – Consumer Health Access Program for Mental Health and Addiction Care Act – Establishment

Committee: Senate Finance
Date: February 22, 2022
POSITION: Support

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling issue.

MCF strongly supports SB 460.

Our organization provides family peer support. Along with this, we try to provide families with knowledge about resources, and help them navigate systems such as education, the Department of Juvenile Services, and mental health and substance use treatment. What our staff don't know much about, but encounter time and again, is how to navigate insurance. SB 460 would establish a program where families could go to get help with health care coverage issues for mental health and substance use treatment. This is desperately needed.

Some of the issues that families bring to us and need help with:

- They've been unable to identify an in-network provider for mental health or substance use treatment at all, and need help identifying an out-of-network provider.
- Their child or other loved one has been on a waiting list for months to see a therapist or psychiatrist, and need help accessing services in a timely manner.
- They are having difficulty accessing services because they have both private insurance and Medicaid, and need help navigating the complexities of this.

Our families that are caring for a child or other loved one with a substance use disorder especially encounter difficulties:

- Their loved one is denied residential treatment. The family is told that the person must "fail first" at lower levels of care, even when an ASAM evaluation indicates that the individual needs residential treatment. Families need help with filing a complaint.
- Their loved one is only approved for a few days or weeks of residential treatment, when they need longer. Families need help on how to appeal the decision.

Many of these families are in crisis when they are encountering these behavioral heath care challenges and barriers. They need help immediately.

SB 460, if enacted, would provide them with this help. It has the added benefit of allowing the state to identify systemic issues with health care coverage that need to be addressed.

We urge a favorable report on SB 460.

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JOHNS HOPKINS
UNIVERSITY & MEDICINE
Government and Community Affairs

SB 460
Support

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: February 22, 2022

Johns Hopkins University and Medicine urges a **favorable** report on **SB460 Consumer Health Access Program for Mental Health and Addiction Care – Establishment**. This bill would create the Consumer Health Access Program for Mental Health and Addiction Care to assist Maryland residents in accessing mental health and substance use disorder services throughout the State. The program would address insurance-related barriers to receiving these services.

Johns Hopkins has significant expertise in research and treatment of behavioral health disorders, offering a broad range of intensities of services and modalities of care. Our Department of Psychiatry is consistently ranked among the very top programs in the United States for clinical care according to U.S. News and World Report. Other departments at Johns Hopkins deliver primary care integrated with buprenorphine treatment to persons with opioid use disorder. Across The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, we provide care through more than 275,000 inpatient and outpatient visits annually. As one of the largest behavioral health providers in the state, we witness firsthand the devastating impact these disorders have on individuals, families and communities. We also have thorough and knowledge of how important accessing behavioral health services are to Marylanders and truly how insurance can create a true barrier to accessing care.

The Consumer Health Access Program for Mental Health and Addiction Care creates a vital resource for our most vulnerable Marylanders to be connected with the care they need most. The "hub-and-spoke" model described in the legislation is an effective way to leverage pre-existing resources that will be able to quickly connect patients in need with care.

For these reasons and more, Johns Hopkins urges a favorable report on SB460.

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February 22, 2022

The Honorable Delores G. Kelley, Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Favorable – SB 460 – Consumer Health Access Program for Mental Health and Addiction Care

Dear Chair Kelley and Members of the Committee:

I urge you to support Senate Bill 460, establishing a Consumer Health Access Program ("CHAP") to assist Marylanders struggling to access lifesaving mental health and substance use disorder services. As a Maryland resident living with a mental health condition and a student at the University of Maryland Francis King Carey School of Law, I am alive and here advocating for this bill because I was finally able to gain access to appropriate mental health care after nearly two decades of fighting for access. My ability to obtain appropriate and affordable mental health care changed my life, allowing me to return to school, reducing my overall healthcare costs, and granting me access to opportunities I never imagined possible. I support SB 460 enacting the Consumer Health Access Program because every Marylander deserves the opportunities that appropriate mental health and substance use disorder care affords.

Mental health and substance use disorders are treatable conditions.[1] Thus, no one should go without care or lose their life because they can't afford appropriate mental health or substance use disorder care. Yet more than 50% of Marylanders living with mental health conditions reported not receiving any treatment within the past year.[2] Of those with unmet mental health treatment needs, nearly 30% of adults cited financial barriers as the reason they couldn't obtain the mental health care sought.[3] While the Mental Health Parity and Addiction Equity Act[4] ("MHPAEA") and the Affordable Care Act[5] ("ACA") both require insurers to provide equal coverage for mental health and substance use disorder services, equal access to these services still isn't a reality. Many service users don't know their rights to insurance coverage for mental health and substance use treatment. However, even when people are aware of their rights under the MHPAEA and ACA, most still lack the ability to enforce those rights. Consequently, too many Marylanders continue to suffer and lose their lives because they can't obtain appropriate mental health and substance use disorder care.[6]

[1] U.S. Dept. of Health and Human Serv., Mental Health Treatment Works, https://www.samhsa.gov/mental-health-treatment-works.
[2] The Kaiser Family Foundation State Health Facts. "Adults with Mental Illness in Past Year Who Did Not Receive Treatment." Data source: Kaiser Family Foundation analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)'s restricted online data analysis system (RDAS), National Survey on Drug Use and Health (NSDUH), 2017 and 2018, Substance Abuse and Mental Health Data Archive. https://www.kff.org/statedata/collection/mental-health-substance-use-disorder.
[3] The Kaiser Family Foundation State Health Facts. "Adults Reporting Unmet Need for Mental Health Treatment in the Past Year Because of Cost." Data source: Kaiser Family Foundation analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)'s restricted online data analysis system (RDAS), National Survey on Drug Use and Health (NSDUH), 2017 and 2018, Substance Abuse and Mental Health Data Archive. https://www.kff.org/statedata/collection/mental-health-substance-use-disorder.
[4] Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, Public L. No. 110-343, § 511-12, 122 Stat. 3765, 3881-3893 (2008) (codified at 29 U.S.C. § 1185a, 26 § U.S.C. 9812 and 42 U.S.C. § 300 gg-5).
[5] Patient Protection and Affordable Care Act, Pub. L. No. 111-148, §1311(j), 124 Stat. 119, 181 (2010) (codified at 42 U.S.C. § 300gg-26).
[6] NAMI, *Health Insurers Still Don't Adequately Cover Mental Health Treatment* (Mar. 13, 2020), https://www.nami.org/Blogs/NAMI-Blog/March-2020/Health-Insurers-Still-Don-t-Adequately-Cover-Mental-Health-Treatment.

I've lost too many friends due to these inequities in the availability of mental health and substance use disorder treatment: friends and loved one's who've died from suicide, overdoses, and eating disorders because they couldn't gain access to life saving mental health services. These are all people who desperately wanted help, but couldn't bear to live in such excruciating pain, not knowing if or when they would ever be able to obtain appropriate treatment. No one should suffer, let alone lose their life, because they can't access appropriate mental health or substance use disorder care. The Consumer Health Access Program can change that, by ensuring a team of trained advocates are available to assist Marylanders struggling to access mental health and substance use disorder treatment. Advocates who can assume the burden of fighting for access to mental health and substance use disorder care that many Marylanders urgently need.

While I am fortunate to now have access to appropriate mental health care, it was a long and painful battle to be able to obtain that care. Thus, I am all too familiar with the pain of desperately wanting help and not being able to obtain it. Barriers to mental health care nearly cost me my life. I struggled to access treatment for complex trauma and an eating disorder for nearly two decades. Despite wanting help, my insurance carrier wouldn't cover the care I needed: only covering a few days at a time before kicking me out of treatment. It took my immune system shutting down and me suffering a life-threatening cardiac event before my insurer finally agreed to cover appropriate treatment. If a program like CHAP existed, maybe I wouldn't have had to suffer devastating long term health impacts before I could gain access to lifesaving, acute mental health services. It is nothing short of a miracle that I even survived that ordeal.

Unfortunately, I quickly learned gaining access to acute, intensive services was only the first part of the battle. Gaining access to appropriate outpatient care turned out to be an even greater obstacle. When I moved to Maryland in 2019 after I was recently discharged from an inpatient treatment program, I spent hundreds of hours on the phone with providers and insurers in an attempt to gain access to an outpatient provider who had the availability, willingness, and expertise to assume my care. Because many providers deem me "high-risk" due to my history of repeated trauma and hospitalizations in conjunction with having a rare, complex medical condition, obtaining access to appropriate mental health care is complicated. Nonetheless, appropriate care exists, but it's often not covered by insurance because reimbursement isn't commensurate with the time and expertise required to provide adequate mental health care to "high-risk" patients.[7]

Ultimately, I only obtained the mental health care I needed because I happened to encounter some incredible advocates as I frantically contacted organizations across the state, in a desperate fight for my life. Looking back at that time, I'm not even sure how I managed to put up the fight I did. Though, I think it was because for the first time in my life, I truly believed there was a mental health provider who was both willing and capable of helping me. I just needed to figure out a means to pay for that care. More importantly, I was no longer fighting for access to appropriate care alone. I had people advocating with me who were dedicated to making mental health care more accessible for everyone. They empowered me to continue advocating until I could gain access to the care I needed. Senate Bill 460, enacting CHAP, will ensure no Marylander is left fighting for access to appropriate mental health and substance use disorder care alone.

Now that I have been able to access appropriate mental health care, my life has changed in ways I never imagined possible. Before I began seeing my current providers, I was told I was "hopeless," a message that

[7] A 2020 Milliman report indicated only 4.4% of healthcare spending goes towards behavioral health care. Stoddard Davenport, Et al., *How do individuals with behavioral health conditions contribute to physical and total healthcare spending?* 6–11 (2020), https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx.

was decidedly wrong,[8] but I never would have known that without access to the care I have now. Now I am excelling in my second year of law school. I just founded an organization to support disabled law students, and I am active in numerous other University and community organizations. I have a stable place to live, supportive friends, and I haven't required hospitalization since the last time my insurer refused to provide access to appropriate mental health care. These are all achievements that once seemed out of reach.

Nonetheless, even with an incredible psychologist and amazing friends, maintaining access to the mental health services I fought so hard to obtain remains an ongoing struggle. Because I have Medicare, private insurance, and Medicaid, I still spend an inordinate amount of time on the phone trying to navigate access to mental health care, as I am required to navigate numerous systems when insurance barriers arise. Additionally, there are still mental health services that I need, such as outpatient group therapy where I still haven't been able to navigate the barriers to obtain insurance coverage for these services.

Moreover, when I compare my experiences seeking mental health care to those seeking care for complex medical conditions, I've never faced such repeated, prolonged ordeals obtaining access to medical care: medical care that is ten times more expensive than the mental health services I've sought coverage for.[9] Obtaining access to mental health benefits shouldn't be a full-time job for consumers or providers in the first place. Being able to contact one entity that specializes in dealing with barriers to mental health and substance use disorder care like the Consumer Health Access Program that SB 460 provides for, would make navigating these barriers to mental health care so much more manageable. CHAP would ensure financial barriers to appropriate mental health care don't disrupt my life again.

I now have access to opportunities I never imagined possible because I have access to appropriate and affordable mental health care. Yet now I am left wondering how many other Marylanders are robbed of opportunities because they can't access lifesaving mental health and substance use disorder services. No Marylander should suffer or lose their life because of barriers to accessing appropriate mental health and substance use treatment. Thus, I urge you to issue a favorable report on Senate Bill 460 so all Marylanders have access to trained advocates who can help them navigate access to appropriate and affordable mental health and substance use disorder services.

Sincerely,

Courtney A. Bergan
Email: Cbergan@umaryland.edu

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[8] Psychotherapy is an underutilized treatment with minimal side effects that leads to improved long term health outcomes. Press release, American Psychological Association, *Research shows psychotherapy is effective but underutilized*. (August 9, 2012), http://www.apa.org/news/press/releases/2012/08/psychotherapy-effective.

[9] A 2020 Milliman report found that people with behavioral health conditions accounted for 56.5% of healthcare costs, yet behavioral health care accounts only 4.4% of total healthcare costs. Stoddard Davenport, Et. al., *How do individuals with behavioral health conditions contribute to physical and total healthcare spending?* 6–11 (2020), https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx.

SB0460 Consumer Health Access Program.pdf

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Senate Bill 460 Consumer Health Access Program for Mental Health and Addiction Care - Establishment

Finance Committee
February 22, 2022
Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 460.

SB 460 establishes a Consumer Health Access Program (CHAP) to assist Marylanders in navigating health insurance barriers that make it difficult to access mental health and substance use treatment.

Easy access to behavioral health treatment is needed now more than ever – nearly 40% of Marylanders reported symptoms of anxiety or depression last year, yet nearly a third of those individuals were unable to get needed counseling or therapy; over 45% of Maryland youth aged 12-17 who reported symptoms of depression over the last year did not receive any mental health care; nearly 3,000 Marylanders died from a drug overdose last year and another 650 lost their lives to suicide – but understanding health insurance coverage and navigating insurance-related barriers is often very challenging, leading many to pay high out-of-pocket costs for care of forgo treatment altogether.

SB 460 creates a one-stop shop for all insurance-related matters. The CHAP will have a toll-free helpline, an online assistance portal, and on-the-ground assistance provided by people with lived experiences from diverse backgrounds across Maryland to help people, no matter their insurance type, get access to behavioral health care. CHAP will help Marylanders enroll in insurance, understand their coverage for mental health and substance use care, and resolve insurance barriers to treatment. It will help people find providers who take their insurance, and it will represent people when they want to challenge an insurance denial.

The Consumer Health Access Program will break down health insurance barriers and assist Marylanders in accessing mental health and substance use care when and where needed. **For these reasons, MHAMD supports SB 460 and urges a favorable report.**

For more information, please contact Dan Martin at (410) 978-8865

SB460_Consumer Health Access Program_Legal Action
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Consumer Health Access Program for Mental Health and Addiction Care - Establishment
SB 460
Senate Finance Hearing
February 22, 2022
SUPPORT

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Thank you for the opportunity to submit testimony in support of SB 460 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 SB 460 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

SB 460 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.

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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 SB 460, 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.

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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-uvarb3advzbffblc4o2bx7637u-story.html

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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 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.

* * * * * * * * * *

Thank you for the opportunity to testify in support of SB 460. We urge you to issue a favorable committee report and help all Marylanders get the MH and SUD care they need.

Ellen Weber, J.D.
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[4] https://portal.ct.gov/-/media/OHA/OHA2019AnnualReport.pdf

MDDCSAM FAV Consumer Access SB460.pdf

Uploaded by: Joseph Adams, MD

Position: FAV

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders

HB 460 Consumer Health Access Program for Mental Health and Addiction Care – Establishment
Senate Finance Committee. February 22, 2022

SUPPORT

Even under ideal circumstances, for people NOT in a health crisis, navigating our byzantine private healthcare "system" can be a tremendous **challenge for anyone, even those with adequate internet access, adequate phone minutes, a warm place to wait on hold, and the capacity to understand rules, exclusions, co-pays, deductibles, networks, as well as options & consequences when adequate networks are not available.**

Some individual Maryland healthcare providers, with their own separate rules or sub-plans, include CareFirst, CareFirst CHPMD, Jai Medical Systems, Maryland Physicians Care, Medstar Family Choice, Priority Partners, UnitedHealthCare, UnitedHealthOne, UnitedHealthCare Connected, Kaiser Permanente, Aetna, CoventryOne, Celtic, Amerigroup Community Care, Medicare, Cigna Preferred Plus Medicare (HMO), Kaiser Permanente Medicare Advantage HIGH MD (HMO), Kaiser Permanente Medicare Advantage Value Balt (HMO), Kaiser Permanente Medicare Advantage Standard MD (HMO), UnitedHealthcare Dual Complete Plan 1 (HMO-POS D-SNP), Cigna TotalCare (HMO D-SNP), MedPlus MediGap Plan G - Level 1, etc. **(There are 38 Medicare Advantage Plans in Baltimore, e.g.).**

For those with certain behavioral health conditions, regardless of whether they are in crisis, it is no wonder that **access to mental and substance use services is very limited,** even when it is technically "covered." Exacerbations of behavioral health and substance use conditions ***often sap an individual's energy, motivation, and ability to function normally***, making the challenge of understanding insurance requirements – ***all but impossible for those most in need of help*****.**

This Consumer Choice Access Program can improve the **serious access limitations to behavioral health services**. It will **serve all Marylanders in need** of help, **regardless of insurance status**, when consumers are **most in need of timely services.**

Importantly, **help with filing complaints, grievances & appeals when appropriate,** which is very difficult for consumers on their own, would tend to **improve the system** overall. The program will also be able to **identify treatment gaps.**

Respectfully,

Joseph A. Adams, MD, FASAM, Chair, Public Policy Committee

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MATOD - SB 460 FAV - Consumer Health Access Progra

Uploaded by: Joshua Grollmes

Position: FAV

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2021 - 2023

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Senate Finance Committee
February 22, 2022

Senate Bill 460
Consumer Health Access Program for Mental Health and Addiction Care – Establishment
Support

MATOD represents over 65 healthcare organizations across Maryland that provide and promote high-quality, effective medication assisted treatment for opioid addiction. We support Senate Bill 460, Consumer Payment Protection.

My name is Joshua Grollmes, and I am President of MATOD and a treatment provider. I have been in the substance use disorder (SUD) treatment field for 14 years and access to care has been an ongoing issue for our patients. The COVID 19 pandemic has exacerbated the issue and the creation of the Consumer Health Assistance Program (CHAP) will help our Marylanders tremendously.

Being able to deliver assistance to our already at risk population by someone with lived experience is amazing. Our health care system is very complicated and having a person with lived experience help guide consumers in a positive direction is fantastic. CHAP will deliver assistance through one central entity (the “hub”) and eight community-based organizations serving as “spokes” in regions across Maryland. The program will help all consumers, regardless of their insurance type, and will have the capacity to help in a variety of languages.

Being from a small rural area our resources are much harder to come by and having help from the CHAP program consumers may actually be able to get the help they want and so rightfully deserve. MATOD urges a favorable report on Senate Bill 460.

Thank you.

Joshua Grollmes, MS
President

MATOD members include community and hospital based Opioid Treatment Programs, local Health Departments, local Addiction and Behavioral Health Authorities and Maryland organizations that support evidence-based Medication Assisted Treatment. MATOD members include thousands of highly trained and dedicated addiction counselors, clinical social workers, physicians, nurse practitioners, physician assistants, nurses, peer recovery specialists and dedicated staff who work every day to save and transform lives.

Community Service Society Testimony SB460_Favorabl

Uploaded by: Karla Lopez
Position: FAV

Powering a more equitable New York

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

Senate Finance Committee
February 22, 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.

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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.

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[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.

Karla Lopez
Supervising Attorney
Community Health Access to Addiction and Mental Healthcare Project (CHAMP)
Community Service Society of New York (CSS)
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Ellison_Fav_SB460.pdf
Uploaded by: Kelly Ellison
Position: FAV

SB 460 - Consumer Health Access Program for Mental Health and Addiction Care Act – Establishment

Committee: Finance
Date: February 22, 2022

POSITION: SUPPORT

I strongly support SB 460.

I needed a mental health provider for my child and contacted her private insurance company for assistance. The insurance company gave me a list of mental health providers, telling me that all of them were accepting new patients. The insurance company advised me to contact the provider(s) I was most interested in and go from there. I began to make phone calls only to find that each provider I called was not accepting new patients. When I contacted the insurance company again to see what I should do next, I was advised that I would have to access my ex-husband's Employee Assistance Plan for services. No one ever mentioned to me that I had the right to see an out-of-network provider since I was unable to get an appointment with an in-network provider.

I then attempted to find services at an alternate non-profit program that I was aware of, but due to the current overwhelming need within the community, I was turned away due to lack of availability. Finally, after a period of approximately 4 months, I was able to secure mental health services for my child through a grant program. During those four months while I was waiting to get an appointment with a mental health provider, my daughter's behavior continued to worsen. Her inability to self-regulate her emotions, anger outbursts and a general lack of coping skills negatively impacted her everyday living. Although her situation did not escalate to the point of requiring crisis intervention, the delay in accessing services impacted mine and her life dramatically.

If there had been a Consumer Assistance Program for Mental Health and Substance Use services, I would have been spared making dozens and dozens of phone calls, only to hit dead ends. My daughter would have received the treatment that she so desperately needed in a timely fashion. I request a favorable report on SB 460.

Kelly Ellison
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MD Addiction Directors Council - SB 460 HB 517 FAV
Uploaded by: Kim Wireman
Position: FAV

Maryland Addiction Directors Council

February 21, 2022

Written Testimony in Support of the

Consumer Health Access Program (SB 460/HB 517)

Maryland Addictions Directors Council (MADC) represents outpatient and residential SUD and dual recovery treatment across the State of Maryland. Our members provide over 1,000 residential treatment beds across Maryland and provide treatment on the front lines of the Opioid Epidemic.

MADC strongly supports the Consumer Health Access Program Bill (SB 460/ HB 517). MADC providers see first-hand the need for one source to guide consumers and crisis responders regarding plan coverage and access to services. When people are in crisis and open to SUD treatment, time is of the essence. Treatment delivered as rapidly as possible provides the best chance to engage those in need. The barriers to coverage including limited in-network benefits or administrative jostling and delays are obstacles to life saving treatment.

SAMHSA's *Key Substance Use and Mental Health Indicators in the United States (2020)* details the enormous gap in SUD need versus treatment access. The study reports that 41.1 million people over age 12 needed SUD treatment in the study year however only 6.5% (2.6 million people) received any SUD treatment. Approximately 37.5 million people did not feel they needed treatment. Among those with an SUD who perceive a need for treatment, SAMHSA cites the top reason for not receiving SUD treatment as "having no health care coverage and not being able to afford the cost of treatment (19%).

In Maryland an estimated 2,876 people died from overdose, the 7th highest in the nation. In Baltimore City along since CY18 approximately 1,000 people each year have died of overdose, primarily from fentanyl overdose.

(over)

MADC, 3800 Frederick Avenue, Baltimore, MD 21229

Maryland Addiction Directors Council

A recent study entitled *Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address key Barriers within the Treatment System* (Madras, Ahamad, Wen & Sharfstein, April 2020, p. 17) details the gaps in SUD need versus treatment and cites the failure of payers to meet the Mental Health Parity and Addiction Equity Act (2008) in several ways including payors failing to provide timely access to in-network mental health and addiction treatment.

MADC strongly supports the Consumer Health Access Program Bill (SB 460/ HB 517) which will improve access to life-saving mental health and substance use disorder treatment by establishing a one-stop shop to:

- Operate a toll-free help line and online assistance portal to allow consumers, providers, and crisis responders to get help accessing mental health and substance use disorder treatment
- Assist consumers and providers in resolving issues related to health plan enrollment, service coverage, and access by working with health plans and regulators.
- Conduct in-person and other outreach and education to improve consumer knowledge of benefits coverage and access to treatment regardless of insurance
- Collect and analyze data to identify system-wide gaps in coverage and access as well as recommend improvements.

In closing, thank you for the opportunity to offer written testimony. Maryland Addictions Directors Council strongly supports SB 460/HB 517.

Sincerely,

Kim Wireman

Kim Wireman
Board Member, MADC

MADC, 3800 Frederick Avenue, Baltimore, MD 21229

SB460_KBrenninkmeyerPhD_Fav.pdf
Uploaded by: Kimberly Brenninkmeyer
Position: FAV

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February 22, 2022

The Honorable Delores G. Kelley, Chair
Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Favorable – SB 460 – Consumer Health Access Program for Mental Health and Addiction Care

Dear Chair Kelley and Members of the Committee:

My name is Dr. Kimberly Brenninkmeyer and I am writing in support of Senate Bill 460, enacting a Consumer Health Access Program for mental health and substance use disorder services. I am a licensed psychologist practicing in Baltimore City where I specialize in treating the effects of complex trauma and dissociative disorders. As a psychologist in private practice, I have experienced countless barriers to serving clients with both public and private insurance which interferes with my ability to provide affordable mental health services to the very populations who most need access to these services.

Survivors of complex trauma are severely underserved by our existing healthcare delivery system. Too many survivors lack access to appropriately trained providers, a problem that is only exacerbated by the systemic barriers encountered by clinicians. In Maryland we are fortunate to have many providers who are trained in treating complex trauma and dissociative disorders, yet many, if not most, don't accept insurance because of experiences like the ones I've had. Thus, I am sharing my ongoing challenges navigating insurance benefits and reimbursement as a Medicaid provider because they significantly interfere with my ability to provide care to the patients, I have dedicated my career to helping.

The very reason I even enrolled as both a Medicare and Medicaid provider in the first place was so I could provide affordable mental health care to those with the least financial means. Yet, providers difficulties navigating insurance direclty translates to patients being unable to access consistent and quality care from experienced and specialized providers, costing both insurance companies and the state significantly more money than is necessary. Too many patients end up in emergency rooms and inpatient psychiatric hospitals simply because they struggle to access outpatient care as result of the unnecessary administrative barriers imposed upon providers, such as myself who want to help people from all walks of life. However, we are limited to who we can help when we can't navigate these insurance obstacles ourselves. Additionally, the more time providers like myself spend navigating insurance barriers, the less time we have to actually help our patients.

Accordingly, the ongoing issues I have experienced as a Medicaid provider exemplify the issues providers such as myself experience when attempting to navigate insurance. This is especially true for those of us who are independent practitioners in small private practices, managing insurance and billing on our own. Put simply navigating insurance has become untenable for many of us. The time, effort, stress, and frustration quickly becomes insurmountable and is a significant barrier to providing care to the Marylanders who are most in need of our services. My recent experiences trying to navigate the Maryland Medicaid system illustrate why the proposed Consumer Health Access Program is an essential component

to addressing Marylanders' unmet mental health needs. By assisting clinicians like myself in navigating barriers that impede our abilities to provide mental health services, CHAP would enable me to spend my time doing what I'm most skilled at, providing mental health services to those who need them most.

Ongoing Provider Barriers to Accepting and Navigating Insurance:

I have been in private practice since 2006 and have been a Medicare provider for just as long. I was also a Medicaid provider for many years, but I let my enrollment lapse since I hadn't had any Medicaid patients for some time. Though, I decided to renew my Medicaid enrollment in 2021 so I could continue to provide affordable mental health services to a current patient whose insurance had recently changed to Medicare and Medicaid. However, the administrative barriers involved in the Medicaid enrollment and billing processes have impeded my ability to serve clients. Thus, I started to have regrets about my decision to enroll in Medicaid due to the system being fraught with problems and challenges, all while having no direct means to access assistance.

Beginning with the provider enrollment process, I experienced issues even accessing the ePREP application which required numerous phone calls. Once those problems were resolved and I could begin the application, I realized I had to provide even more documents than were required when I previously enrolled in Medicaid. That in and of itself involved several steps, requiring that I contact multiple different entities, and complete additional paperwork. Once my ePREP application was complete and finally approved, I expected I would begin receiving payments from Medicaid soon after submitting Medicare claims as the client's Medicaid account is already directly connected within the Medicare system. However, I never received any payments from Maryland Medicaid. So, I re-established my Medicaid account on the website provided (a website that is confusing, antiquated, and difficult to navigate), thinking I potentially needed to submit the client's Medicaid claims separately in order to receive payment from Medicaid, despite never needing to do so before when I'd submitted claims for other dual eligible beneficiaries (Medicare and Medicaid clients). It took several emails and phone calls to resolve that process and by the time I finally got instructions on how to submit claims, the process was so onerous and laborious, that I never actually submitted one. I considered hiring a biller and reached out to some. However, I never received any responses, likely because providing billing assistance for a single client wasn't worth their time, even though these issues consumed countless hours of mine.

Thus, I was surprised to receive a 1099 form in the mail from Medicaid, claiming they had reimbursed me over $3000 in 2021, when I actually received no payment from Medicaid throughout the entirety of 2021 despite continuing to provide services to Medicaid beneficiaries. Completely befuddled by this, I attempted to contact Medicaid, leaving numerous voicemails for Medicaid using the main provider line, as that was the only phone number I have to contact Medicaid to resolve issues. Only one of the departments (electronic billing problems) offers an email for inquiries, but when I inquired about who to contact about receiving a 1099 despite never receiving any payment, Medicaid directed me to call the Comptroller's office. I left several messages for the Comptroller, but I haven't received a response. Another Medicaid representative called me back and left a message, directing me to call Optum because I am a Behavioral Health provider, while a different Medicaid representative left a message stating I needed to contact Provider Enrollment. I knew neither of these were the appropriate departments to resolve this issue, but I called anyway because Provider Enrollment is the only department associated with Medicaid where I could reach a live person. However. the Provider Enrollment representative couldn't help and directed me to call the very same number that I started with when I first contacted Medicaid about the 1099 payment issue.

Nonetheless, when I contacted Provider Enrollment regarding the mysterious 1099 that they were unable to assist with, the representative offered to check my ePREP account and discovered that my enrollment status was "temporarily suspended" because "my license expired as of 11/1/21." That was news to me as my Maryland psychologist's license is active, in good standing, and has never lapsed! I was also surprised by the date because the Maryland Psychologist's license renewal period is always at the end of March. There was no email notifying me of the need to update my license document in ePREP nor any warning that my enrollment would be placed on hold. In fact, since I've not even received reimbursement for my services since re-enrolling there is no way I would have been aware of this issue if the Provider Enrollment representative didn't offer to check my account in lieu of not being able to assist with the 1099 issue! As a result of this additional issue, I had to submit a supplemental application with an updated picture of my license and I am now ineligible to even receive reimbursement from November 1, 2021, until whenever Medicaid approves my renewal. Consequently, I won't receive any reimbursement from Medicaid for at least the last 4 months of work (over 70 sessions), even if the initial payment issue gets resolved and I end up receiving any reimbursement from Medicaid at all. While I acknowledge it's my responsibility to stay on top of keeping my records updated, there was no information indicating I was required to update documents within the Medicaid application system when they haven't otherwise expired! Thus, I had no reason to believe any further action was necessary to maintain my status as a Medicaid provider as long as my license remained active and my contact information up to date.

I ended up reaching out to the state psychological association for assistance with the Medicaid reimbursement problem. A colleague responded indicating that he had experienced a similar issue, and it seemed that I was encountering the same problem that took him 9 months and countless phone calls to finally resolve! My colleague stated that he ultimately learned that when applying to become a Medicaid provider through ePREP, clinicians in private practice must apply twice: filling out one application as a clinician and another as a business. Yet, this information is not communicated Medicaid providers. Thus, there is no way for clinicians who are applying to become a Maryland Medicaid provider to have any reason to believe that a second application is necessary. Thus, I now have to go through the entire enrollment process yet again and hope it's correct this time just to see if this resolves the missing reimbursements that Maryland Medicaid incorrectly stated I received on the 1099 form they sent to me.

Imagine how much time both my colleague and I both could have saved if a program like the Consumer Health Access Program were already in existence: time that we could have otherwise spent helping Marylanders in need of mental health services. Moreover, if this is my experience trying to navigate my clients' insurance and billing, then I can't imagine how overwhelming it is for someone in crisis to navigate. Enacting the Consumer Health Access Program proposed in Senate Bill 460 would be an invaluable resource for providers like myself who aren't trained in navigating insurance barriers. It would help address some of the systemic barriers that interfere with our ability to provide access to appropriate and affordable mental health care services to many clients.

I ask you to issue a favorable report on Senate Bill 460 enacting the Consumer Health Access Program, so both consumers and clinicians have the resources necessary to navigate these systemic barriers to both providing and accessing affordable mental health care. Please feel free to reach out to me should you have any questions.

Sincerely,

Dr. Kimberly A. Brenninkmeyer, Ph.D.
Licensed Psychologist

SB460 MoCo- (GA2022) SUPPORT .pdf
Uploaded by: Leslie Frey
Position: FAV

Montgomery County
Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550 **ANNAPOLIS: 240-777-8270**

SB 460 **DATE: February 22, 2022**

SPONSOR: Senator Augustine

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey **(leslie.frey@montgomerycountymd.gov)**

POSITION: SUPPORT

Consumer Health Access Program for Mental Health and Addiction Care – Establishment

Senate Bill 460 creates a collaborative program between the University of Maryland Baltimore School of Social Work Center for Addiction Research, Education and Services (the "incubator" entity under the bill); a private, community-based non-profit organization or public university located in Maryland (the "hub" entity); and private, community-based non-profit organizations located in eight regions across the state (the eight "spoke" entities). The incubator and hub entities administer the Consumer Health Access Program for Mental Health and Addiction Care (the Program) and its funding; under the bill, the Governor is required to appropriate $1M for the Program for fiscal years 2024-2026 and the Program may seek additional private or public funding. The Program is a three-year pilot to utilize a hub and spoke model to help consumers, both uninsured and those with private or public insurance, and health care providers navigate and resolve issues related to health plan enrollment and coverage, consumer access to mental health and substance use disorder services, and enforcement of rights under mental health parity laws.

Montgomery County supports Senate Bill 460 because it will better enable residents to access mental and behavioral health care. In 2018, the Maryland General Assembly enacted Chapter 211 which directed the Maryland Department of Health to study the hub and spoke model of service delivery for opioid use disorder. The study resulted in a report[1] that recommended a three year pilot program that would be sufficiently comprehensive, not duplicative of existing services, and complements existing treatment infrastructure. Senate Bill 460 incorporates many of the recommendations of the Chapter 211 report while expanding beyond a focus on treatment solely for opioid use disorder to all mental and behavioral health care and emphasizes seeking insurance enrollment as well as technical assistance with troubleshooting issues relating to coverage for mental and behavioral health treatment. Montgomery County supports the intent of the bill to coordinate a state-wide response to gaps in access to mental health and substance use disorder services and ensure that all residents are able to access needed health care.

Montgomery County respectfully urges a favorable Committee report on Senate Bill 460.

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[1] https://mgaleg.maryland.gov/cmte_testimony/2020/fin/4958_03162020_84625-182.pdf

SB460 Sponsor Testimony.pdf
Uploaded by: Malcolm Augustine
Position: FAV

Malcolm Augustine
Legislative District 47
Prince George's County

Finance Committee

Energy and Public Utilities Subcommittee

Senate Chair, Joint Committee on the
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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 22, 2022

SB460 – Consumer Health Access Program for Mental Health and Addiction Care – Establishment

Chair Kelley, Vice Chair Feldman, and members of the Committee.

- **1 in 5 Marylanders live in an area with a severe shortage of mental healthcare providers**.[i] Of those with a diagnosed mental illness, 1 in 4 have unmet treatment needs.[ii]
- Maryland currently has one of the **highest rates of death by overdose** in the country.[iii]
- For over a decade, federal parity laws have prohibited most private and public insurance plans from placing stricter limitations on mental health and substance use disorder coverage than they do on specialty medical or surgical coverage.[iv]
- Despite these protections, Marylanders are over **9x more likely to go out-of-network for inpatient behavioral health care and 10x more likely to go out-of-network for behavioral health office visits** when compared to specialty medical care.[v]
- These disparities are nearly **twice the national average** and among the worst in the nation.[vi]
- Even if treatment limitations are explained when claims are denied, there may be no way of knowing how those limitations compare to those placed on specialty medical/surgical services.[vii] This lack of transparency makes parity violations **nearly impossible for healthcare providers and consumers to catch on their own.**
- Compounding this problem is the lack of a **centralized point of contact** for all Marylanders needing behavioral health care, regardless of their insurance coverage or income.

What SB460 does:

- Establishes a 3-year pilot Consumer Health Access Program (Ombud Program) that will help providers, consumers, and their families navigate insurance-related barriers to behavioral health care, across all types of insurance coverage. They will do this through:
    - **Direct assistance and representation** in insurance appeals, in coordination with the Health Education and Advocacy Unit of the Maryland Attorney General's Office
    - **Community outreach and education**, including help with obtaining insurance
    - **Data collection and analysis**
    - **Identifying problems** and working collaboratively with state agencies and the Maryland General Assembly to solve them
- The University of Maryland Baltimore Center for Addiction Research, Education, and Service will serve as the incubator in year 1, responsible for selecting a centralized "hub" organization for the Ombud Program and identifying a community-based organization partner ("spoke") in each of Maryland's 8 connector entity regions.

Why an Ombud Program is needed:

- Many Marylanders are not aware of state and federal parity laws, let alone the type of insurance or plan they have in order to identify the right resource for them.
- A 2018 survey indicated that consumers may be **more hesitant to challenge a denial of behavioral health care** than they would be to challenge a denial of medical care.[viii]
- **Current resources are fragmented and often limited in scope.** The Ombud Program will help coordinate and link these resources so fewer Marylanders fall through the cracks.
- The Ombud Program will have the **capacity to offer help in multiple languages** and will be **staffed by those with lived experience** with mental illness and substance use disorder.
- The Ombud Program will have the capacity to **identify systemic issues** with access and coverage and recommend ways to address them.
- Similar programs in New York,[ix] Connecticut,[x] and Vermont[xi] have proven track records in reducing costs for consumers and connecting them to the care they need.

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[i] Kaiser Family Foundation (KFF). State Health Facts: Custom State Report. Accessed 28 Dec 2021. Retrieved from https://www.kff.org/statedata/custom-state-report/?view=3&i=495105&g=md~us

[ii] Mental Health America. Access to Care Data 2021. Accessed 28 Dec 2021. Retrieved from https://mhanational.org/issues/2021/mental-health-america-access-care-data#ten

[iii] Maryland Department of Health. Unintentional Drug and Alcohol-Related Intoxication Deaths. Accessed 28 Dec 2021. Retrieved from: https://health.maryland.gov/vsa/Pages/overdose.aspx

[iv] Centers for Medicare & Medicaid Services. The Mental Health Parity and Addiction Equity Act (MHPAEA) Fact Sheet. Accessed 28 Dec 2021. Retrieved from https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet

[v] Milliman. Addiction and Mental Health vs. Physical Health: Widening Disparities in Network Use and Provider Reimbursement. Nov 2019. Retrieved from https://assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf

[vi] See note 2

[vii] The University of Maryland Carey School of Law Drug Policy and Public Health Strategies Clinic. Mental Health Parity and Addiction Equity Act Resource Guide. May 2014. Retrieved from https://insurance.maryland.gov/Consumer/Documents/publicnew/parity-act-resource-guide-unannotated-.pdf

[viii] Parity at 10. Consumer Health Insurance Knowledge and Experience Survey: Report of Findings. 3 Feb 2019. Retrieved from: http://parityat10.org/wp-content/uploads/2019/03/Consumer-Health-Insurance-Knowledge_ExperienceSurvey-Report-030719.pdf

[ix] Community Service Society New York. The Community Health Access to Addiction and Mental Healthcare Project (CHAMP). Retrieved from https://www.cssny.org/programs/entry/champ

[x] State of Connecticut. Office of the Healthcare Advocate. 2020 Annual Report. Retrieved from: https://portal.ct.gov/-/media/OHA/OHA-Annual-Report-2020.pdf

[xi] Vermont Legal Aid. Office of the Health Care Advocate: SFY 2020 Annual Report. Retrieved from: https://www.vtlegalaid.org/sites/default/files/SFY-2020-HCA-Annual-Report.pdf

Testimony SB460_02_21_22.pdf

Uploaded by: Michelle Tuten

Position: FAV

February 21, 2022

Favorable testimony for Senate Bill 460: *Consumer Health Access Program for Mental Health and Addiction Care Establishment*
Hearing date: 02/22/22
Testimony of:

Michelle Tuten, PhD
Associate Professor
University of Maryland School of Social Work
Co-Director,
Center for Addiction Research, Education, and Service (CARES)

Richard P. Barth, PhD, MSW
Professor
Chair, Executive Committee of the Grand
Challenges for Social Work
University of Maryland School of Social Work

Dear Chairperson Kelley and Committee Members for the Senate Finance Committee:

Please accept the following testimony favorable to Senate Bill 460 on behalf of the University of Maryland School of Social Work's Center for Addiction Research, Education, and Service (CARES). CARES and the University of Maryland School of Social Work (UMSSW) provide a resource rich environment that is ideal for the role of incubator site for the proposed Consumer Health Access Program.

The Center for Addiction Research, Education, and Service (CARES)

The UMSSW, in a joint effort with the School of Pharmacy (SOP), provides leadership to the Center for Addiction Research Education and Services (CARES). CARES was founded in 2017 to address the adverse impact of substance use disorders (SUDs) on individuals, families, communities, and society. Built on a strong foundation of multidisciplinary researchers and resources at the University of Maryland, Baltimore, CARES is tackling issues related to improving service delivery and treatment outcomes for individuals with SUDs. CARES focuses on 4 core aims, including addiction-related workforce development and technical assistance, funding translational research, development of innovative systems and models of care, and policy development, analysis and education. The development of a Consumer Health Access Program proposed by this legislation is an ideal fit for the

core aims of the center. The UMSSW, as the fiscal entity for this legislation, also provides many resources that can support the efforts of CARES as the incubator entity.

The University of Maryland School of Social Work (UMSSW)

The University of Maryland School of Social Work (UMSSW) is ranked nationally among the leading schools of social work. The School has sponsored projects totaling more than $42 million a year from the U.S. Department of Health and Human Services, the State of Maryland, and local and national foundations and funders. SSW is home to numerous centers and programs, including the Family-Informed Trauma Treatment Center, the National Child Welfare Workforce Institute, the Maryland Longitudinal Data System Center, the Ruth H. Young Center for Families and Children, and the Institute for Innovation and Implementation, which hosts the SAMHSA-funded National Technical Assistance (TA) Center for Children's Behavioral Health, providing technical assistance to all 50 states. The SSW contracts with more than 20 states to provide training and evaluation services for wraparound services to families experiencing behavioral health challenges. In addition, the UMSSW is a national leader in developing integrated health and behavioral health services that address substance use disorders. With funding from NIDA, SAMHSA, HRSA, and the State of Maryland, the School has an active portfolio of research projects focused on substance use disorder and other addictive behaviors and a large training program that partners with federally qualified health centers, primary care programs, community organizations, and peer recovery programs. The School of Social Work prepares masters, and doctoral students and well as post-doctoral fellows to work within integrated behavioral health and substance abuse treatment settings.

The Need for Improved Consumer Health Access

Innovative models of care, such as Consumer Health Access Programs, are needed that can help to reduce the many barriers that individuals face when trying to access and maintain treatment. Unfortunately, the majority of individuals in need of mental health and/or SUD treatment do not access treatment or do not receive adequate treatment. Many of the reasons individuals do not receive adequate treatment have to do with a lack of understanding of health plans and available providers, lack of in-network providers, requirements for prior authorization to treatment, and continuing care treatment denials. A strong consumer network, including in-person, direct assistance is critical for helping individuals navigate the treatment system to ensure optimal treatment access and coverage.

As the incubator site for the pilot legislation, UMSSW CARES will convene a highly qualified and diverse advisory group that will be charged with implementing a competitive application process in year 1 to identify the Consumer Health Access Program's hub entity. This hub entity will serve as a single point of contact for consumer assistance and will coordinate with non-governmental community-based organizations in Maryland's 8 connector entity regions that enroll individuals in public and private health insurance. The incubator site will also support the hub in selecting the 8 community-based organizations ("spokes") and will help build an infrastructure for the hub to collect and analyze data on the impact of the Consumer Health Access Program.

Legislation is needed to support the implementation of this 3 year pilot Consumer Health Access Program. This program will be a tremendous asset to Maryland consumers by helping them to navigate the many health insurance barriers impacting receipt of mental health and SUD treatment. To the extent that the program is effective, it can serve as a model to other states on the optimal structure and

organization of the hub and spoke model. UMSSW CARES is excited for the opportunity to facilitate the implementation of a strong Consumer Health Access Program that has great potential for improving the lives of many Marylanders in need of mental health or SUD treatment.

Please let us know if we can provide any further information on how UMSSW CARES will support the Consumer Health Access Program.

Sincerely,

Michelle Tuten, PhD.
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MD Catholic Conference_FAV_SB0460.pdf

Uploaded by: MJ Kraska

Position: FAV

ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

February 22, 2022

SB 460

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

Senate Finance Committee

Position: Support

The Maryland Catholic Conference ("Conference") represents the public policy interests of the three Roman Catholic (arch) dioceses serving Maryland: the Archdiocese of Baltimore, the Archdiocese of Washington, and the Diocese of Wilmington.

Senate Bill 460 establishes the Consumer Health Access Program for Mental Health and Addiction Care to assist State residents in accessing mental health and substance use disorder services under public and private health insurance and address insurance-related barriers to mental health and substance use disorder services; establishing certain requirements for the Program relating to consumer medical records and other information; requiring the Program to promote equity in access to mental health and substance use disorder services.

Behavioral health issues, including depression and suicide, are public health challenges that causes immeasurable pain among individuals, families, and communities across the country. This is an urgent issue that the Maryland General Assembly and citizens of Maryland must address, working to protect and help individuals and their families facing mental health issues.

Those experiencing mental illness are among the most marginalized and underserved in our society. The Catholic Church through its parishes, charities and other ministries reaches out pastorally to those struggling with mental illness. Because the Catholic faith embraces an integrated view of the human person as both corporeal and spiritual, we welcome the sciences as one pathway to knowledge of the human person. Pope St. John Paul II said "*Whoever suffers from mental illness always bears God's image and likeness in themselves, as does every human being. In addition, they always have the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such."*

The Conference appreciates your consideration and, for these reasons, respectfully requests a favorable report on Senate Bill 460.

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NAMI SB 460 - SUPPORT.pdf
Uploaded by: Moira Cyphers
Position: FAV

NAMI Maryland
National Alliance on Mental Illness

February 22, 2022

Senate Bill 460 – Consumer Health Access Program for Mental Health and Addiction Care – Establishment SUPPORT

Chair Kelley, Vice Chair Feldman, and members of the Senate Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

There is no health care without mental health care. Unfortunately, mental illness is often treated differently than other health conditions by health insurance plans. That's why parity — covering mental health and addiction care at the same level as other health care — has been a priority issue throughout NAMI's history. About one in five adults in the U.S. has a mental health condition, and nearly 20 million people aged 12 and older have a substance use disorder.

NAMI successfully fought for passage of a federal parity law in 2008 called the Mental Health Parity and Addiction Equity Act that was intended to improve coverage for mental health and addiction treatment. But millions of Americans were not covered by the federal parity law, leaving many excluded from the mental health and substance use coverage they needed. The Affordable Care Act (ACA) brought federal parity protections to people covered by individual and small group health plans.

The ACA also eliminated many of the inequities that kept people with mental illness from accessing care by banning health insurance plans from discriminating against people with pre-existing conditions, like mental illness. Despite these laws, the promise of true parity has not been achieved, and many people with mental illness are still being denied the care that they need and deserve.

Senate Bill 460 would create a one stop shop for parity assistances. The Consumer Health Access Program (CHAP) will have a toll-free helpline, an online assistance portal, and on-the-ground assistance provided by people with lived experiences from diverse backgrounds across Maryland to help people, no matter their insurance type, get access to mental health and addiction treatment. CHAP would also help Marylanders enroll in insurance, understand their insurance coverage for mental health and addiction treatment, and resolve insurance barriers to treatment. CHAP will assist Marylanders find providers who take their insurance to avoid paying high out-of-pocket costs. CHAP will represent individuals when they want to challenge an insurance denial.

For these reasons, NAMI Maryland asks for a favorable report on **SB 460.**

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Moira Cyphers
Compass Government Relations
MCyphers@compassadvocacy.com

NCADD-MD - SB 460 FAV - Consumer Health Assistance

Uploaded by: Nancy Rosen-Cohen

Position: FAV

Senate Finance Committee
February 22, 2022

Senate Bill 460
Consumer Health Access Program for Mental Health and Addiction Care - Establishment
Support

Amid the COVID-19 pandemic, the pre-existing opioid overdose death fatality crisis has worsened. In Maryland, the number of opioid-related deaths increased by 20% between 2019 and 2020, and preliminary data indicates a continued increase in 2021.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) supports Senate Bill 460 to create a new Consumer Health Access Program which will help people find the substance use and mental health treatment they need.

For a number of years, this General Assembly has worked with consumer advocates and treatment providers to ensure people have private and public health insurance that includes coverage of substance use disorder and mental health services. At the same time, the federal government has also recognized the need to provide better assurances that people have access to these essential health care services in both the private market and through Medicaid.

The creation of a Consumer Health Assistance Program (CHAP) will pull together all of these efforts and ensure that people have the assistance connecting to the services that their health insurance already covers. And if a person does not have insurance, assistance through the CHAP can help people learn what they might be eligible for and apply.

Our health care system is complicated. For people dealing with substance use and mental health challenges, or seeking care for a loved one, the barriers that some may see as no more than annoying can be insurmountable to those in crisis. As the CHAP would be staffed by people with lived experience, the services will be tailored and knowledgeable.

Creating this service is an investment that will result in efficiency of public spending and a much greater chance that people will be able to find the services they truly need. The experience in other states where these services have been established has proven their success. We strongly urge a favorable report on Senate Bill 460.

National Council on Alcoholism & Drug Dependence – Maryland Chapter
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www.ncaddmaryland.org

SB460_NBUSATH_FAV_2_22.pdf
Uploaded by: Natalie Busath
Position: FAV

February 22, 2022

The Honorable Delores G. Kelley
Chairwoman, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street Annapolis, MD 21401

RE: SB460 – Consumer Health Access Program for Mental Health and Addiction Care – Establishment

Position: FAVORABLE

Chair Kelly and Members of the Committee,

I am testifying in support of SB460 as a social worker trained in providing evidence-based behavioral healthcare, but also as a constituent who depends on psychiatric medication and weekly therapy to function. I share this knowing that it is a personal and professional risk to put on public record – however, it is no different than the fact that my father takes medication every day to manage his cholesterol and prevent another heart attack. This is what ongoing health maintenance looks like.

This idea would be reflected in practice if state and federal parity laws were consistently followed. However, **the idea that mental health is less important, less valid, and less real than physical health gets reinforced every day** by decisions to deny or restrict care to what is deemed necessary by insurance carriers.

For example, a 2019 class action lawsuit against United Behavioral Health (UBH)/Optum[1] resulted in the reprocessing of 67,000 claims after it was found that UBH had narrowly restricted access to behavioral healthcare to cover crisis stabilization, followed by a rapid step-down or the end of treatment. This would be similar in practice to covering my father's triple bypass surgery following a heart attack, only to deny him follow-up appointments with a cardiologist to monitor his heart function, blood pressure, and cholesterol.

If my insurance provider denied a claim for seeing my psychiatrist or therapist or they deemed an inpatient stay not "medically necessary," there are existing resources I can use – assuming that:

- I am **aware of my right to appeal**
- I am **aware of state and federal parity laws** that prohibit most insurance carriers from placing stricter limitations on behavioral health benefits than they would on medical or surgical benefits
- I am **familiar enough with these laws to know if they apply** to my situation and type of insurance
- I am **familiar enough with my insurance carrier's policies** on medical/surgical coverage to be able to detect a possible parity violation
- I **have the capacity to advocate for myself** while either paying out-of-pocket for the care that I need or going without treatment. In other words, I would have to either take on medical debt or risk the return of debilitating flashbacks, panic attacks, self-harm, and thoughts of suicide.

These are a lot of assumptions to make – but let's assume I am aware of my rights and can pay out-of-pocket long enough to keep me healthy, stable, and employed while I navigate the appeals process. There are a few different resources available in Maryland, grouped by insurance type: public or private

insurance.[2] Assuming that I already understand that my plan is considered private insurance, the steps outlined for me are:

1) Wait for a letter from my insurance company outlining the reason for their decision to deny care and the steps for appealing their decision.
2) Contact the Health Education Advocacy Unit (HEAU) within the Maryland Attorney General's Office for help filing an appal.
3) If my appeal is denied or I need emergency care, I should contact a different agency entirely – the Maryland Insurance Administration – and a decision on my complaint will be made within 30 days.

Marylanders like me are 10x more likely to go out-of-network for behavioral health office visits and 9x more likely to go out-of-network for inpatient behavioral health treatment in comparison to medical/surgical care[3]. Despite these disparities, only 5% (16 of 305) of grievances received by HEAU in FY2021 were related to behavioral health[4]. **While this could reflect a lack of need for assistance, it is more likely a reflection of the barriers to seeking help outlined above.**

However, for the 1 in 3 Marylanders[5] with public insurance, a different agency handles complaints – Optum. If that complaint is denied, consumers have 10 days to file a 'level 1 grievance' with a *separate* department in Optum. 'Level 2' grievances are handled by yet another agency – the Behavioral Health Administration.

Coordinating behavioral health care is even more complicated for those who are uninsured, as each county has their own behavioral health authority; out of these 24 agencies, only 20 offer assistance for both mental health and substance use services and only 7 use the same phone number for both.[6]

The Consumer Assistance Program outlined in SB460 would not only address insurance-related barriers for Marylanders in need of behavioral healthcare – it would **address barriers to seeking help in the first place with a centralized entry point to existing resources regardless of one's situation, personal resources, or type of insurance.** By having community-based partners in Maryland's 8 connector entity regions, we can ensure more equitable access to care. For these reasons, I ask for a favorable report.

Respectfully submitted,

Natalie Busath, LMSW

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[1] Wit v. United Behavioral Health, Case No. 14-cv-02346-JCS (N.D. Cal. Feb. 28, 2019). https://casetext.com/case/wit-v-united-behavioral-health-8

[2] Mental Health Association of Maryland. Accessing Mental Health Care in Maryland: A Fact Sheet by the Mental Health Association of Maryland. 2019. Accessed 28 Dec 2021. Retrieved from https://www.mhamd.org/wp-content/uploads/2019/10/Accessing-Mental-Health-Care-in-Maryland-1.pdf

[3] Milliman. Addiction and Mental Health vs. Physical Health: Widening Disparities in Network Use and Provider Reimbursement. Nov 2019. https://assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf

[4] State of Maryland Office of the Attorney General. Annual Report on the Health Insurance Carrier Appeals and Grievances Process: Fiscal Year 2021. Retrieved from https://www.marylandattorneygeneral.gov/CPD%20Documents/HEAU/Anual%20Reports/HEAUannrpt21.pdf

[5] US Census Bureau. 2019 American Community Survey. Retrieved from: https://planning.maryland.gov/MSDC/Documents/American_Community_Survey/2019/MD_24_ACS_2019.pdf

[6] See note 2

MPA Testimony 2022 - Support SB 460 - Consumer He

Uploaded by: Pat Savage

Position: FAV

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February 22, 2022

Senator Delores Kelley
Chair, Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: **SB460 - Consumer Health Access Program for Mental Health and Addiction Care - Establishment**

Position: **SUPPORT**

Dear Senator Kelley and Members of the Committee,

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the **Finance Committee to favorably report on Senate Bill 460.**

The Maryland Psychological Association asks that the committee vote in favor of the establishment and funding of the Consumer Health Access Program as developed in this bill. The Program is intended to serve as a hub and touchpoint for consumers to help them understand their coverage and access the providers and services they need. This will work to improve access to life-saving mental health and substance use disorder treatment.

Even before the challenges that were brought on by Covid-19, there has been an ongoing critical need for enhanced coordination and funding for the delivery of crises services for those experiencing behavioral and mental health issues.

Consumer oriented programs such as this can be an important frontline resource for people experiencing suicidality and other mental health crises. Not only do they work to lessen the immediacy of one's crisis, but often serve as entry points into the world of mental health services, by providing those in crisis with resources they might not otherwise have thought of or been able to access. During this time of increased awareness of mental health needs, the establishment of this Program seems to be a prudent move.

We strongly support the establishment of the Consumer Health Access Program. The MPA, therefore urges you to favorably report on **SB 460.**

Please feel free to contact MPA's Executive Director Stefanie Reeves at exec@marylandpsychology.org if we can be of assistance.

Sincerely,

Linda McGhee *R. Patrick Savage, Jr.*

Linda McGhee, Psy.D., JD
President

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

2022 MCHS SB5 460 Senate Side.pdf

Uploaded by: Scott Tiffin

Position: FAV

Maryland Community Health System

Committee: **Finance Committee**

Bill: **Senate Bill 460 – Consumer Health Access Program for Mental Health and Addiction Care - Establishment**

Hearing Date: **February 22, 2022**

Position: **Support**

Maryland Community Health System supports *House Bill 517 – Consumer Health Access Program for Mental Health and Addiction Care - Establishment.* This bill creates a program to help patients address insurance issues that may prevent them from accessing behavioral health services.

Maryland Community Health System is a network of federally qualified health centers with a focus on providing somatic, behavioral, and dental services to uninsured communities. It is very challenging for consumers, even with the support of their providers, to navigate insurance issues within the behavioral health system. Insurance networks are often inadequate, in part because of provider shortages. As a result, consumers often have to seek care out-of-network, and it can be difficult to obtain coverage in those circumstances. This legislation offers support, through behavioral health insurance experts, to support Maryland consumers in accessing behavioral health services.

We ask for a favorable report. If we can be helpful in any way, please let us know by contacting Robyn Elliott at relliott@policypartners.net.

2022 MOTA SB 460 Senate Side.pdf
Uploaded by: Scott Tiffin
Position: FAV

Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ motamembers.org

Committee: Finance Committee
Bill Number: Senate Bill 460
Title: Consumer Health Access Program for Mental Health and Addiction Care - Establishment
Hearing Date: February 22, 2022
Position: Support

The Maryland Occupational Therapy Association (MOTA) supports *Senate Bill 460 – Consumer Health Access Program for Mental Health and Addiction Care - Establishment*. This bill creates a program to assist Marylanders access behavioral health services.

Many Marylanders have difficulty accessing needed behavioral health services because they have difficulty in figuring out their insurance. This program will greatly improve access to care by giving consumers a place to go to get assistance in resolving insurance issues. This program will help ensure that Marylanders can access needed care without extensive delays.

We ask for a favorable report. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net.

National MS Society Support for SB 460 Wood .pdf
Uploaded by: Shannon Wood
Position: FAV

National Multiple Sclerosis Society: Testimony in Support of SB 460

Consumer Health Access Program for Mental Health and Addiction Care: Establishment

February 2022

The National Multiple Sclerosis Society writes to express support for HB 517/SB 460, to strengthen access to mental health and substance use services and coverage parity in Maryland. We thank Senator Augustine and Delegate Lewis for bringing forward this important legislation and strongly encourage a favorable report of the bill.

Multiple sclerosis (MS) is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and the body. Symptoms vary from person to person and range from numbness and tingling to walking difficulties, fatigue, dizziness, pain, depression, blindness, and paralysis. The progress, severity, and specific symptoms of MS in any one person cannot yet be predicted. The cause is unknown and there is no cure. Most people with MS are diagnosed between the ages of 20 and 50 and it is the leading cause of disability in young adults. While it is much rarer, MS is sometimes diagnosed in children. There are an estimated 1 million Americans living with MS.

In addition to its physical symptoms, MS may have profound impact on an individual's mental health and behavior, as well as the mental health of family members and caregivers. At first, it may be difficult to adjust to the diagnosis of a disorder that is unpredictable, has a fluctuating course, and carries a risk of progressing over time to some level of physical disability. Lack of knowledge about the disease adds to the anxieties commonly experienced by people who are newly diagnosed with MS. In addition to these emotional reactions to the disease, demyelination and damage to nerve fibers in the brain can also result in emotional changes[1]**.**

Aside from the normal stresses of everyday life, MS creates stresses of its own. Many people with MS say they experience more symptoms during stressful times; when the stress lessens, their symptoms seem less severe. Due to the unpredictable nature of MS, just anticipating the next exacerbation can be a significant source of stress. MS can cause significant anxiety, distress, anger and frustration from the moment of its very first symptoms, with anxiety at least as common in MS as depression. Loss of functions and altered life circumstances caused by the disease can be significant causes of distress on the mental health of people living with MS. Due to these impacts, mental health care is considered an essential element of comprehensive MS care.

Despite the demand for mental health services and its critical role in MS care, far too many Marylanders experience unnecessary barriers in accessing mental health care. Racial/ethnic minorities, gender and sexual orientation minorities, and people with disabilities face unique challenges, including inaccessibility of high-quality mental health services and cultural and subcultural stigma around mental health[2].

Through the establishment of the Consumer Health Access Program for Mental Health and Addiction Care, consumers – including those who are uninsured or have private or public health plans – and

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[1] https://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Emotional-Changes

[2] https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts

providers in Maryland would have assistance navigating and resolving issues related to enrollment and coverage; access to mental health and substance use disorder services and enforcement of rights under the Mental Health Parity and Addiction Equity Act, as well as state and federal insurance laws. This program would also assist Marylanders by providing outreach and education to improve health literacy regarding mental health services and coverage. In addition, consumers and providers would have access to a toll-free helpline and an online assistance portal to allow consumers and providers who are acting on their behalf access to the services of the program. The program would also assist and represent consumers in the filings of complaints, grievances, and appeals of coverage decisions.

Additionally, this legislation would take important steps towards identifying trends and gaps in coverage of and access to mental health and substance use disorder services through robust data collection and analysis. The program would be responsible for identifying trends in parity violations and recommending policies and practices to resolve deficiencies in coverage and access to services. In making this data available to the public, government agencies, the Attorney General, and the General Assembly, this program would shine much-needed light on parity compliance issues across the state.

Critically, this legislation would make considerable progress towards promoting health equity in access to mental health and substance use disorder services. This is important for the Society, as research has shown that attitudes regarding mental health care delivery in MS vary according to racial and ethnic background,[3]and a lack of cultural understanding by providers may contribute to underdiagnosis and/or misdiagnosis of mental illness in people from racially and ethnically diverse populations.[4]

By entering into agreements with spoke and specialty entities that are led by and serve Black, Hispanic, Asian, Indigenous disability, and gender diverse communities, this program would help to deliver culturally competent services responsive to the diverse needs of Marylanders impacted by MS. We strongly support language in the bill that would require the program to provide services in multiple languages and through multiple modalities, including in-person, telephone, and internet services, as an important equity measure.

Thank you for your consideration. We respectfully urge the committee to favorably report this bill. If you have any questions regarding the Society's position, please contact Shannon Wood, Director of Advocacy and Policy, at shannon.wood@nmss.org.

Sincerely,

Shannon Wood
Director Advocacy and Policy
National Multiple Sclerosis Society

[3] https://www.msard-journal.com/article/S2211-0348(21)00717-3/fulltext
[4] https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts

MAP_SB 460_Consumer Health Access Program_FAV.pdf
Uploaded by: Stacey Jefferson
Position: FAV

Member Agencies:

211 Maryland
Advocates for Children and Youth
Baltimore Jewish Council
Behavioral Health System Baltimore
CASH Campaign of Maryland
Energy Advocates
Episcopal Diocese of Maryland
Family League of Baltimore
Fuel Fund of Maryland
Job Opportunities Task Force
Laurel Advocacy & Referral Services, Inc.
League of Women Voters of Maryland
Loyola University Maryland
Maryland Center on Economic Policy
Maryland Community Action Partnership
Maryland Family Network
Maryland Food Bank
Maryland Hunger Solutions
Paul's Place
St. Vincent de Paul of Baltimore
Welfare Advocates

Marylanders Against Poverty

Julia Gross, Co-Chair
P: 410-528-0021 ext 6029
E: jgross@mdhungersolutions.org

Kali Schumitz, Co-Chair
P: 410-412- 9105 ext 701
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TESTIMONY IN SUPPORT OF SB 460

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

House Health and Government Operations Committee
February 22, 2022

Submitted by Julia Gross and Kali Schumitz, Co-Chairs

Marylanders Against Poverty (MAP) strongly supports SB 460, which aims to improve equitable access to life-saving mental health (MH) and substance use disorder (SUD) treatment for all Marylanders by establishing a Consumer Health Access Program (CHAP).

The COVID-19 pandemic has contributed to an unprecedented need for mental health and substance use disorder treatment. In Maryland, the number of fatal overdoses reached 2,799 in 2020, which represented an increase of 17.7 percent when compared to the prior year, and also the largest annual total in Maryland's history. Additionally, in February 2021, nearly 40% of adults in Maryland reported symptoms of anxiety or depression. On top of that, nearly 57,000 Maryland youth between the ages of 12-17 were also living with depression, 45.5% of whom were unable to receive care in the past year.

The CHAP established by SB 460 will help remove the barriers to these services by delivering assistance through a spoke and wheel model with a central hub with branches in 8 regions across Maryland. This will help centralize resources such as:

- Education for improving health literacy regarding benefits coverage, available services, and insurance enrollment;
- Customer representation and assistance in filing complaints, grievances, and appeals related to issues with coverage;
- Data collection and analysis to identify system-wide gaps in coverage and access and recommend improvements.

Not only will this model be staffed by individuals with lived experiences to help reduce stigma, but it will also be rooted in prioritizing equitable practices and tailoring services to reach the most vulnerable and hard to reach populations.

While the need for mental health and substance use disorder treatment continues to rise, barriers to identifying and accessing critical services have long prevented too many Marylanders from receiving critical lifesaving help. Marylanders deserve a Consumer Health Access Program to help understand insurance coverage and access the providers and services they need.

MAP appreciates your consideration and urges the committee to issue a favorable report for SB 460.

Marylanders Against Poverty (MAP) *is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.*

SB 460__CHAP for Mental Health and Addicition Care

Uploaded by: Stacey Jefferson

Position: FAV

Behavioral Health System
Baltimore

February 22, 2022

Senate Finance Committee
TESTIMONY IN SUPPORT
SB 460 Consumer Health Access Program for Mental Health and Addiction Care- Establishment

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use disorder) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as "behavioral health") annually.**

Behavioral Health System Baltimore supports SB 460- Consumer Health Access Program for Mental Health and Addiction Care-Establishment. This bill establishes the Consumer Health Access Program for Mental Health and Addiction Care to assist State residents in accessing mental health and substance use disorder services under public and private health insurance.

The COVID-19 pandemic has contributed to an unprecedented need for mental health and substance use disorder treatment. According to the Centers for Disease Control and Prevention, 40 percent of people report at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder, symptoms of a trauma- and stressor-related disorder (TSRD) related to the pandemic, and having started or increased substance use to cope with stress or emotions related to COVID-19.[1] BHSB supports SB 460 because with the increase in demand for services the Consumer Health Access Program can help improve access to life-saving mental health and substance use disorder treatment.

The Consumer Health Access Program (CHAP) will deliver assistance through a central entity and eight community-based organizations serving as "spokes" in regions across Maryland. It will be staffed by individuals with lived experiences and provide equity-centered outreach, education, and assistance to help Marylanders understand their rights and get the care they need. They will identify insurance gaps, barriers, and discriminatory standards that apply to many people and work to fix them.

The creation of a one-stop shop that will help not only provide resources for treatment and support services but also assist consumers and providers in resolving issues related to health plan enrollment and service coverage, provide consumers with representation in filing complaints, grievances and appeals, and identify gaps in coverage can help remove many of the barriers that many are facing when trying to access critical mental health and substance use disorder services.

The Consumer Health Access Program can provide much needed assistance at a time where demand for services continue to increase. As such, **BHSB asks the Senate Finance Committee to support SB 460.**

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[1] Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057.
DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon

MD SB 460 & HB 517 - OHA Consumer Assistance Progr

Uploaded by: Ted Doolittle

Position: FAV

Testimony of Ted Doolittle
State of Connecticut Office of the Healthcare Advocate
Before the Maryland General Assembly
Re SB 460 & HB 517
Support
February 21, 2022

Greetings to all honored members of the Maryland General Assembly. For the record, I am Ted Doolittle, Healthcare Advocate for the State of Connecticut. The Office of the Healthcare Advocate ("OHA") is an independent state agency with a consumer-focused mission: assuring consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; assisting consumers in disputes with their health insurance carriers; and informing legislators and regulators regarding problems that consumers are facing in accessing care, and proposing solutions to those problems. My comments are addressed in support of SB 460 & HB 517 ("the bills"), which as I understand it, would expand Maryland's activities in the health insurance consumer assistance program ("CAP") space by adding for the first time mental and behavioral health to the free assistance already offered to Maryland residents with medical claim denials and other coverage issues.

First, I must commend your state on the outstanding CAP program that already exists, housed in the Health Education & Advocacy Unit within the Attorney General's Office ("HEA"). Connecticut and Maryland are in the minority of states with active CAP programs, and I have become familiar with HEA since assuming my role as Healthcare Advocate for the State of Connecticut in 2017. I am delighted to report that your existing CAP program is regarded as a national leader by peers, and I commend this honorable Assembly for considering expanding the state's existing stellar CAP activities into the behavioral health

realm. In Connecticut, our CAP has handled both medical and behavioral health matters since its initiation in 1999, and I strongly recommend that Maryland join Connecticut in adding behavioral health to the medical CAP services already offered by HEA.

I attach OHA's most recent Annual Report so you can get a feel for the scope of OHA's activities, but some highlights include:

- Over $100 million saved for consumers since 2005;
- Staff of 18, primarily case managers (attorneys, paralegals, nurses and consumer information representatives;
- Annual budget around $3 million

I have mentioned that your state is already considered a national leader among CAPs. However, in my opinion, even at the size explained above, OHA itself, while larger than HEA, does not have enough resources to meet the demand for our services from Connecticut's 3.6 million residents. Our office does not have a sufficiently large outreach budget to educate all our residents about the free services we make available to them, nor does OHA currently have enough staff to service the true demand for help with insurance claim denials and other issue that would exist if our services were generally known. (I suspect that Maryland's existing CAP activities are likewise not sufficiently well-known in the community. For instance, I was not aware of HEA when I lived in Maryland from 2011-2016, which happened to be a time when my own family experienced high medical claims and engaged in series of difficult, frustrating struggles with Maryland providers and carriers.) If awareness of OHA's free services were universal, I am absolutely confident that OHA would receive enough cases to keep at minimum 100 employees very busy. Your own state has a population of well over six million, so a fully-resourced and properly-publicized CAP activity in Maryland would be much bigger than that. I therefore submit to you that the CAP expansion proposal contained in the bills before you, as exciting as they are, is nothing more than a good start, and in the long term, this honorable Assembly should consider growing the CAP presence in your state substantially in coming years, on both the medical and behavioral health sides.

In terms of a few words of practical advice as you consider expanding Maryland's CAP activities, as I noted above, OHA represents consumers with both medical and behavioral health denials and other issues. Connecticut residents have benefited from being able to secure both types of services from the same office. For instance, covering

both behavioral health and medical can provide a more seamless customer service and client relationship experience, since it is common for behavioral health needs to arise from or otherwise be intertwined with medical conditions, and in Connecticut, families do not need to switch agencies or case workers if they have claim denials or other issues in both realms. Also, in terms of considerations such as job satisfaction, staff retention and burnout, it should be noted that behavioral health matters are often emotionally wrenching for the case workers, and having most case workers handle both types of matters can allow for a healthy rotation or more widespread distribution of emotionally difficult cases. And of course, while there are some considerations that may be specific to behavioral health denials and appeals, such as often voluminous case records, the similarities between the two case types exceeds their differences. For instance, the applicable appeals processes, rules, and deadlines are the same in both realms. In addition, the principles of advocacy and argument, and the skills needed to interpret insurance policies and other coverage documents and craft compelling oral and written advocacy, are the same regardless whether a case is a medical or a behavioral health matter.

Another important practical consideration: it should be kept in mind that while medical and clinical expertise is needed in CAP work, the work at bottom is legal, with the needed skills being contract, statutory and regulatory interpretation, legal and medical research and writing, and written and oral advocacy. Thus the expertise and training of the staff must include some clinical expertise, but should be predominantly legal.

One final word of advice is that because only a few states offer CAP services, American consumers and healthcare providers typically do not know about these wonderful free services that can relieve families of incredible administrative burdens that arise right at the moment that a loved one is sick, and thus when the family is least able to address the bureaucratic nonsense and burden that accompanies health coverage in the U.S. It makes no sense to build a new service without making sure that the patients who need it are aware of it. Therefore, in order to assure that consumers are aware of the additional free services you are considering establishing, you may wish to consider including specific requirements for carriers to include consumer notifications on how to contact your CAP, and a bit of information on what type of services are available. These notice requirements should specify the prominence of the notice on documents such as claim denials or prior authorization declinations, and should also require the inclusion of a

CAP-drafted brief explanation of the nature of the service that can be provided. For instance, in the current legislative session up in CT, OHA is advocating for a call-out box to be placed on the front page of claim denials, in no less than 12-point type, and including language such as: "Health insurance and billing is complicated. Don't worry alone! Free, expert help and representation is available if you don't understand these documents, need advice, or want to appeal. Call the State Office of the Healthcare Advocate at 866-466-4446, or email us at Healthcare.Advocate@ct.gov ." ..

Thank you very much for your consideration of this testimony. If you have any questions concerning our position on this issue, please feel free to contact me at Ted.Doolittle@ct.gov.

OHA Annual Report 2020.pdf
Uploaded by: Ted Doolittle
Position: FAV

Office of the Healthcare Advocate
STATE OF CONNECTICUT

"I was completely satisfied with your services especially in the event of the pandemic going on and have and will continue to tell people about your office!"

2020 Annual Report

Pursuant to section 38a-1050 of the Connecticut General Statutes

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A MESSAGE FROM THE HEALTHCARE ADVOCATE

OHA's team and our client families all over Connecticut faced continuing incredible challenges in the past few months, given the pandemic and its economic and mental healthcare fallout. However, our hope is that 2021 will be in every way better than 2020, with the COVID vaccines rolling out (though surely with a few bumps, as expected in any such unprecedented, massive, and extremely urgent and fast-moving project), and with a new team in D.C. bringing an end to the most anti-consumer, anti-patient leadership that the key federal healthcare agencies have ever had.

New leadership at the federal Centers for Medicare & Medicaid Services (CMS) and Departments of Labor, Treasury, and Health & Human Services should mean a shift to supporting the ACA instead of sabotaging it, meaning that OHA and its policymaking partners in the state for the first time in a long time get a chance to try to move the ball forward for Connecticut patients, instead of playing defense to ensure that access to affordable care was not diminished.

Particularly welcome to Connecticut families is the departure of Seema Verma from CMS. Her attempts to limit Medicaid funding and access, to unfairly promote Medicare Advantage over traditional Medicare, and strip health insurance access and protections from our LGBTQ families, to name just a few, can now be addressed and reversed.

OHA worked hard to provide quality advice and representation to Connecticut individuals and families facing difficulties choosing or enrolling in health insurance or facing health insurance denials. The OHA staff, including nurses, paralegals, attorneys, consumer information representatives and other professionals, fielded 2,215 calls or complaints, and achieved consumer savings of over $5.3 million for the residents of Connecticut, bringing the total consumer savings that OHA has achieved since its inception in 2005 to over $117 million.

OHA continues to work remotely and execute on our bedrock work representing clients in individual cases, and we also continue look for new and better ways to outreach to our community in this time of social distancing. We find that many Connecticut residents and referral provider networks need to be reminded of our free service and expertise at handling complex medical healthcare issues. In 2020, OHA did 430 events which is a significant increase from the previous year despite the COVID obstacles of not reaching people face to face. We conducted virtual presentations, mailings, phone, email and fax outreach during the pandemic and our outreach efforts continue to remain strong. Despite COVID-19 restrictions and issues, we are further expanding our outreach and education efforts for 2021, with several initiatives planned or under way. We will be ramping up more online group presentations and discussions and using our resources to contact various networks to make sure we are helping as many people as possible. We'll also be looking for opportunities for earned acknowledgement through participation in the events of others, press availabilities and any other public facing connections possible. As the pandemic recedes in the coming months, and more residents pursue medical care and procedures, we expect the demand for our services to increase.

It's our pleasure to serve you and your family, and we look forward to staying in your corner throughout 2021 and beyond.

Ted Doolittle
State Healthcare Advocate

OHA'S MISSION

We assist consumers with healthcare issues through the establishment of effective outreach programs and the development of communications related to consumer rights and responsibilities as members of healthcare plans. OHA staff is dedicated not only to serving and assisting Connecticut's healthcare consumers, but also striving to ensure that the products and services available are adequate. This effort requires a multifaceted approach, including direct consumer advocacy and education, interagency coordination, and a voice in the legislative process.

A fundamental element of the OHA's mission is education and outreach to consumers. Without a solid knowledge base about their rights, opportunities, and obligations as they engage with Connecticut's healthcare system, there is the chance consumers will pay more for their care, forgo treatment or fail to utilize the comprehensive series of no-cost, preventative services available. Failure to identify an easily managed health condition may lead to significantly greater impact on the consumer in the form of a more serious illness, a longer course of treatment, complications or much higher out of pocket costs.

OHA is devoted to providing consumers, and your constituents, information about and support engaging with the complexities of this system, and ensuring they are aware of the host of resources available to them when they need help.

What OHA Does

The Office of the Healthcare Advocate provides guidance and assistance to Connecticut consumers about all types of health coverage, including private and public plans. While a prime focus of OHA's work is direct client advocacy and appeals of healthcare plan denials, also fundamental to our work are activities such as educating consumers about their rights, and coaching consumers on how to navigate the healthcare system, including how to advocate on their own behalf. OHA provides Connecticut consumers with a voice, incorporating their stories, experiences, challenges, and successes into our advocacy. OHA staff actively participate in many forums where the consumer's experience is important to the formulation of effective and meaningful policy. Some examples of OHA's staff activities promoting community engagement and collaboration during the past year follows:

Access Health CT Board of Directors

All Payer Claims Database Advisory Council

Behavioral Health Partnership Oversight Council

Behavioral Health Partnership Oversight Council Coordination of Care Committee

Connecticut Children's Behavioral Health Plan Implementation Advisory Board

Covering Connecticut Kids and Families Steering Committee

Covering Connecticut Kids and Families Quarterly Meetings

Connecticut Clearinghouse

Connecticut Health Foundation Kitchen Cabinet

Connecticut Parity Coalition

Connecticut Partners for Health

Connecticut Strong State Level Transition Team

DCF Children's Behavioral Health Task Force Implementation Plan

Health Disparities Institute Equal Coverage to Care Coalition

Explanation of Benefits Confidentiality Ad Hoc Work Group

Health Care Cabinet

Health Information Technology Advisory Council

Medical Assistance Program Oversight Council (i.e., Medicaid/HUSKY oversight)

Medical Assistance Program Oversight Council Complex Care Committee

Medical Assistance Program Oversight Council Developmental Disabilities Working Group

Medical Assistance Program Oversight Council Care Coordination Committee

Personal Care Attendant Workforce Council

Protect Our Care Coalition

OHA OUT AND ABOUT

COVID-19 – dominated the healthcare news this year. A great deal of OHA communications effort supported Governor Lamont's efforts to control the spread of the virus and keep consumers informed that treatment and testing was 100% covered by their health insurance policies under state law and the governor's executive orders. Preparing Connecticut residents to be strong advocates for themselves and their families is one of the primary goals of the agency and our tool bag for consumers was expanded this year along with our strategic daily communications to empower and educate.

Website – OHA retooled its website to be more informative and consumer friendly with access to other key agencies with vital data and consumer facing benefits like HealthscoreCT and easy to navigate links to our key educational and outreach pages. Our social media newsfeed screen is constantly updated in real time as new items are posted.

With renewed focus on being nimble and responsive in a rapidly changing healthcare insurance marketplace with serious employment problems, OHA created and launched a new web tool that provided a one click, one stop tool for the newly unemployed and how to handle the sudden loss of a job and family healthcare coverage.

Digital Targeting – The targeting metric for OHA is the urban centers of Connecticut. It is where the population is the densest and where there is the greatest need for strong advocacy, outreach, and education. It's also where there are large populations of underserved who could directly benefit from the Affordable Care Act and the policy supports it provides. Our primary delivery vehicles were banner ads, content association and news websites.

Social –Facebook and Twitter are our preferred social channels. It is live monitored and posts are deployed several times a week. The newsfeed features OHA helps and tips, recommended reading, and strong advocacy. We deploy infographics where appropriate and curate content of others where it can benefit consumers.

Facebook – OHA updates its data points from time to time to provide a guide for content that speaks best to those reading our newsfeed. That audience is largely female if you look at individuals. This is not surprising. Women dominate the healthcare decisions of their families from doctors to medicines. There are also organizations and policy makers that follow OHA, so our goal is to be relevant and informative to as many as possible and encourage readers to like, share and follow our feed.

Twitter - OHA uses twitter as a tool to broaden our audience. We re-purpose and mirror our FB content to boost our community impressions and drive traffic to our website.

Newsletter – OHA is now sending out monthly newsletters to those in its database and is making efforts to grow the database with consumers and organizations to help get the word out about the free help available for consumers with health insurance problems. It also provides real stories of people aided by OHA along with strong educational content.

Public Relations – Healthcare Advocate Ted Doolittle is a trusted news source to give an unvarnished assessment of healthcare insurance issues. He's called on by the media to provide input on stories affecting people and policies in our state.

With COVID-19 affecting travel, appearances, and access, zoom appearances became the new normal but the information was vital to Connecticut. Here are some samples:

Fast changes in healthcare insurance coverage due to COVID-19 created an opportunity to keep residents informed, calm and covered in the early days of the pandemic: https://www.wtnh.com/on-air/gmct-at-nine/changes-in-healthcare-insurance-coverage-during-coronavirus/

When OHA launched its web-based tool for the sudden and catastrophically unemployed, several news outlets picked up the story and it found ready viewers and listeners:

https://www.wtnh.com/on-air/stretch-your-dollar/stretch-your-dollar-new-resources-to-help-you-with-health-insurance/

In the always raging, never seeming to end debate over the Affordable Care Act, Mr. Doolittle was sought out on a U.S. Supreme Court challenge to elements of the law that if overturned would affect millions of consumers.

https://www.wtnh.com/top-news/as-supreme-court-debates-the-affordable-care-act-what-does-it-mean-for-connecticut-residents/

There was this joint discussion with Rep. Christie Carpino and Sen. Norm Needleman on healthcare amid COVID-19

https://www.greenwichtime.com/news/article/Carpino-Needleman-discuss-how-COVID-19-affects-15328281.php

Published opinion articles, written by Mr. Doolittle are an annual staple in his quest for greater health equity and a deeper understanding of the issues confronting policy makers and the public. In this piece, the healthcare advocate sets the record straight on Medicare expansion and what it really means for all of us.

https://www.courant.com/opinion/op-ed/hc-op-doolittle-medicare-for-all-0126-20200126-zz3q3gs5mzhqpdeccw4a3gttrm-story.html

High Deductible Health Plan (HDHP) Task Force

In the 2019 budget, Governor Lamont and the Connecticut Legislature asked for a Task Force to look at how health insurance plans with high deductibles (HDHPs) were affecting consumers. (A deductible is money that the consumer has to pay for their health care before the insurance will begin to pay for care.) OHA formed and led the Task Force, assisted by Insurance and Real Estate Committee staff, and the Task Force issued its final report in February of 2020.

The Task Force heard from many experts about issues with high deductibles. Deductibles which are too high can lead people to avoid necessary care because they cannot afford to pay for it. Some people avoid care even when it will be completely paid for by the insurance company. Some do not understand or trust that their care will be paid for by the insurance company, and some do not want to pay for follow up care that may be necessary. Insurance companies use deductibles to lower monthly premiums by shifting more of the costs directly to consumers. Both premiums and deductibles have grown over the years because the price of medical care has gone up a lot.

The Task Force heard how high deductibles prevent people from getting health care that they need even when they have health insurance. At the same time, deductibles do help some people to save money, especially people who are able to put money into a Health Savings Account, which is one the best tax shelters in the tax code. The Internal Revenue Service has put forth rules on which HDHPs allow people to put money into an HSA. Not all HDHPs qualify.

The Task Force heard about how high deductibles lead to medical debt, especially for people who do not have a lot of money to begin with. Medical debt is a problem for both consumers and providers. Consumers tend to avoid going back to doctors when they owe money and are not able to pay. Providers have to choose between serving the needs of the patient who owes them money and making sure they can stay in business to serve all of their patients.

The Task Force considered many possible changes to HDHPs that could address some of the problems that high deductibles contribute to. Those changes are described in this report, as well as what the Task Force thinks about each change. The possible changes fall into five basic categories:

1. Helping people understand their insurance better
2. Changing how deductibles work
3. Making HSAs work for more people
4. Helping people pay for health care
5. Bringing health care prices down

A majority of the Task Force adopted many of the recommendations that had been considered, while several other proposals were rejected. None of the recommendations had unanimous support from the Task Force membership, but this was due only to the decision of the two insurance industry representatives to adopt a blanket policy of declining to support any reform proposal, regardless of the merits. In general, Task Force members looked favorably on efforts to teach consumers about their health plans, while at the same time noting that the complexity of health insurance is itself an issue. The Task Force further supported reforms to encourage people who qualify for HSAs to fund them, and to encourage the state to consider funding the HSAs of people who qualify but do not have the income to fund their own. Task Force members also recognized that a main cause for the growth of HDHPs is the growth of the underlying health care costs and expressed its support for existing efforts to identify a Healthcare Affordability Standard and a Health Care Cost Benchmark. Finally, Task

Force members supported certain cost sharing reforms intended to mitigate consumer and provider concerns that necessary or high-value care is cost-prohibitive due to a high deductible.

All too often, OHA hears from our clients that high deductibles impinge on their ability to access care. While high deductibles are directly driven by the high and rising underlying price of healthcare, which was beyond the scope of the Task Force, nevertheless there is opportunity for substantial improvements in the HDHP structure. For instance, there would seem to be very few barriers to implementing a common-sense requirement that members joining part-way through the plan year be subject to a pro-rated annual deductible, instead of the full annual deductible; and while this would possibly impact premiums, given the small number of enrollees who ever hit the deductible, the impact on premium should not be large. OHA will continue to work on this and other common-sense reforms to the HDHP structure in 2021.

The HDHP Task Force web page contains links to the final report and four voluminous appendices, as well as filed testimony, meeting minutes, and a host of other related materials. The link to the main Task Force web page is as follows:

https://www.cga.ct.gov/ins/taskforce.asp?TF=20190822_High%20Deductible%20Health%20Plan%20Task%20Force

COLLABORATIONS

OHA and the Department of Children and Families

In 2012, the Department of Children and Families (DCF) and the Office of the Healthcare Advocate (OHA) began a collaboration with the intent to ensure state funds are accessed appropriately when commercial insurance coverage is available. Beacon Health Options, the behavioral health contractor for the state's HUSKY (Medicaid) program, joined this partnership in May 2020 as the DCF administrator for the Voluntary Care Management Program (VCMP).

The collaboration of Beacon Health, OHA and DCF works together to assist Connecticut families with connecting to the services their child needs. OHA educates and advocates for these families on how to effectively utilize their commercial health insurance plan. OHA's intent is to utilize commercial insurance when available and to access it appropriately. This lessens the need for the state to expend monies that commercial insurance provides benefits for, thus creating a savings for the state.

Most of the cases referred to OHA, in partnership with Beacon Health VCMP, involve families seeking In-home mental health services/IICAPS (Intensive In-Home Child & Psychiatric Service) for their child. OHA researches the commercial insurance benefits for the services requested from the family or those services that Beacon Health may have identified for the family. This provides the family and providers the information needed to pursue commercial insurance as the primary funding if benefits are available, reserving state monies as payor of last resort.

Another instrumental partner in this collaboration is the state-run Albert J. Solnit Psychiatric Center. OHA and the Albert J. Solnit Facilities have continued to work together to access and navigate commercial insurance when available. Because of the high cost of inpatient psychiatric care, referrals from the DCF Solnit Facilities have resulted in high savings amounts for the state from this project. When OHA can successfully overturn a denial by the commercial carrier for a child's continued stay at Solnit or identify when commercial insurance is available to pay for the services needed this can result in a savings. OHA also assists with the navigation of the commercial plan by researching in-network providers for lower level of care for discharge planning. This helps the treatment team with consistency in care.

In addition to generating savings for the state, this project allows OHA to collect data which can help identify barriers families may face when trying to access behavioral health services. OHA's involvement and knowledge with navigating the healthcare system and working with commercial insurance can also help the family with ensuring their child continues to receive the treatment they need at the appropriate level of care.

The continuing goal of this collaboration is to ensure any state funding is used appropriately with the potential to save the state money by accessing commercial insurance when available. While meeting that goal, it is also hoped that this project can help identify barriers to access to care and provide education regarding healthcare insurance benefits available to the families.

Behavioral Health Clearinghouse (BHC)

The Behavioral Health Clearinghouse (BHC) was created pursuant to Public Act 14-115. The mission of the BHC is to provide a comprehensive, accurate, state-wide resource for Connecticut residents seeking access to behavioral health care and additional information related to behavioral health. The vision for the BHC includes a website that offers: an exhaustive glossary of terms, conditions, treatments, and more; a search tool for consumers to find behavioral health providers and other resources based on a variety of factors; and educational resources regarding mental illness or substance abuse. Optimally, the BHC would also incorporate a call center with clinical staff available to answer consumer questions, conduct brief screenings of consumer needs and, when appropriate, identify and arrange an appointment with a behavioral health provider who can address the needs identified. Currently, funding remains a barrier to a full realization of this vision, and OHA continues to remain vigilant for appropriate funding sources to further this initiative.

During the 2020 legislative session, OHA tracked 96 unique bills, related to healthcare and healthcare insurance policy. Of the 96 bills tracked, 72 bills received a public hearing, and 22 received public testimony from OHA. On March 12, 2020, the public health emergency caused by the COVID-19 pandemic forestalled all further legislative activity and effectively ended the General Assembly's regular session.

The General Assembly later convened in a special session at the end of July, at which time it passed two bills of significant importance to Connecticut healthcare consumers. The two initiatives, which OHA proactively supported, are:

Public Act 20-2, which among other things:

Establishes certain safety standards and limitations applicable to telehealth providers, through March 15, 2021, such as: prohibitions on facility fees for telehealth services; limitations on prescribing controlled substances through telehealth; requirements for establishing patient consent; and limitations on out-of-pocket costs for insured and uninsured telehealth patients.

Allows for the electronic transfer of prescriptions for controlled substances from one pharmacy to another.

Requires individual and group health insurance carriers to provide coverage parity for telehealth services – i.e., to cover all services available through telehealth if the same service is covered when delivered in-person, through March 15, 2021

Requires health insurance carriers to provide payment parity for telehealth services – i.e., to reimburse providers for telehealth visits at the same rate as an equivalent office visit, through March 15, 2021

Requires HUSKY to cover audio-only telehealth services through March 15, 2021

Public Act 20-4, which among other things:

a) Authorizes pharmacists to dispense, once in a twelve-month period, an emergency 30-day supply of insulin and diabetic supplies, if the individual does not have a current prescription and is low on insulin and diabetic supplies

b) Expands Connecticut's diabetes mandate for fully insured health plans to include:

Coverage for Hemoglobin A1c testing and retinopathy screening

Coverage for prescribed insulin and noninsulin drugs and diabetic supplies, including an emergency 30-day supply once per year

A maximum out-of-pocket cost of $25/month for insulin or noninsulin drugs and $100/month for diabetic supplies

There were additional policy initiatives that OHA strongly supported, which we hope to continue to champion in the future. As in years past, OHA will continue to seek ways to shine a light on the costs of healthcare, including the underlying cost drivers, that continue to inflate the burdens of health insurance premiums and cost sharing, and to work towards solutions for mitigating those costs to ensure that Nutmeggers receive high quality, affordable healthcare across their lifespan. OHA will also continue to oppose proposals at the state and federal levels that seek to undo existing health care consumer protections, such as the Department of Treasury's current proposal to permit a tax deduction for contributions to health care sharing ministries (HCSMs). OHA remains committed to working with our partners and stakeholders on meaningful policy to promote greater consumer access to effective and affordable health care.

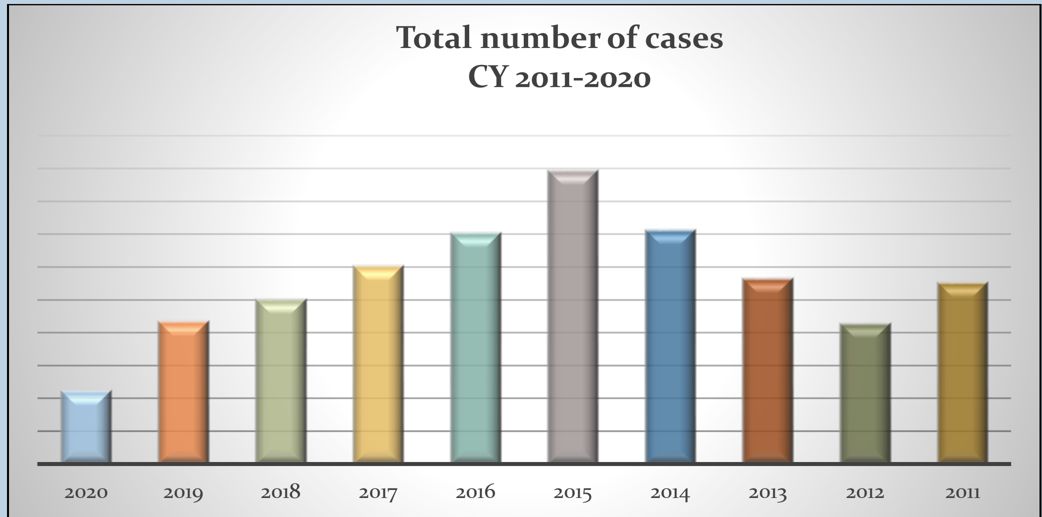
Consumer Relations

Due to COVID-19, healthcare spending and procedures plummeted, while at the same time the federal government and insurers were generally good about covering testing and treatment for COVID-19, so OHA correspondingly had a lower volume of cases. We continue to encourage legislators and agencies to refer cases directly to OHA for high-quality real-time services. Legislators, providers, and consumers know that OHA operates in real time and via direct contact with consumers on educational cases, medical and behavioral health issues, claims denials and legal matters. Consumers continue to be very satisfied with our services.

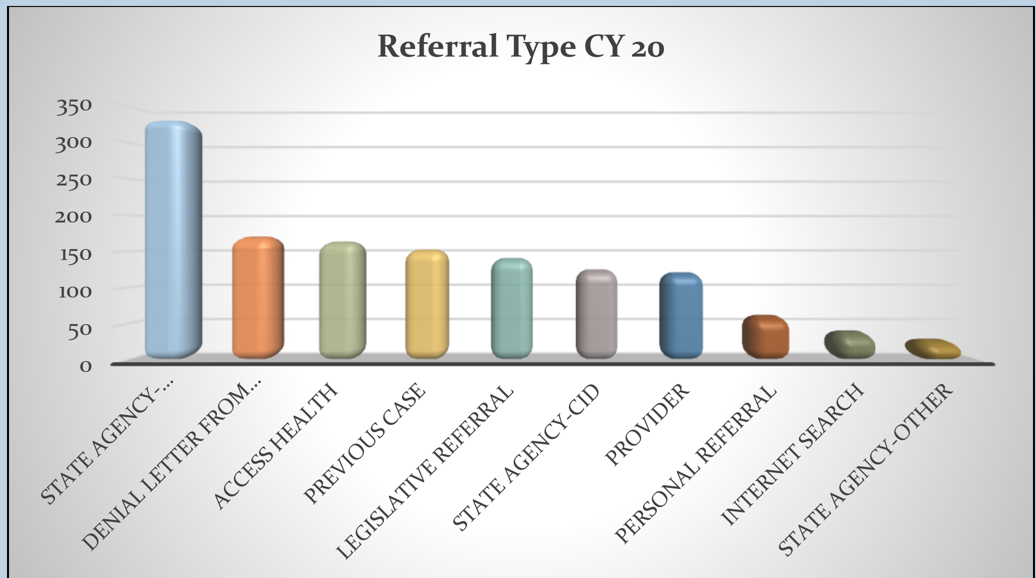
"My case manager was very helpful to me. She handled my case in a very speedy manner. It is nice to have this agency to help the consumers of CT, like myself. Thank you!"

"My case manager went above and beyond to help me resolve my issue which was blatantly BC/BS refusing to pay proven by medical science."

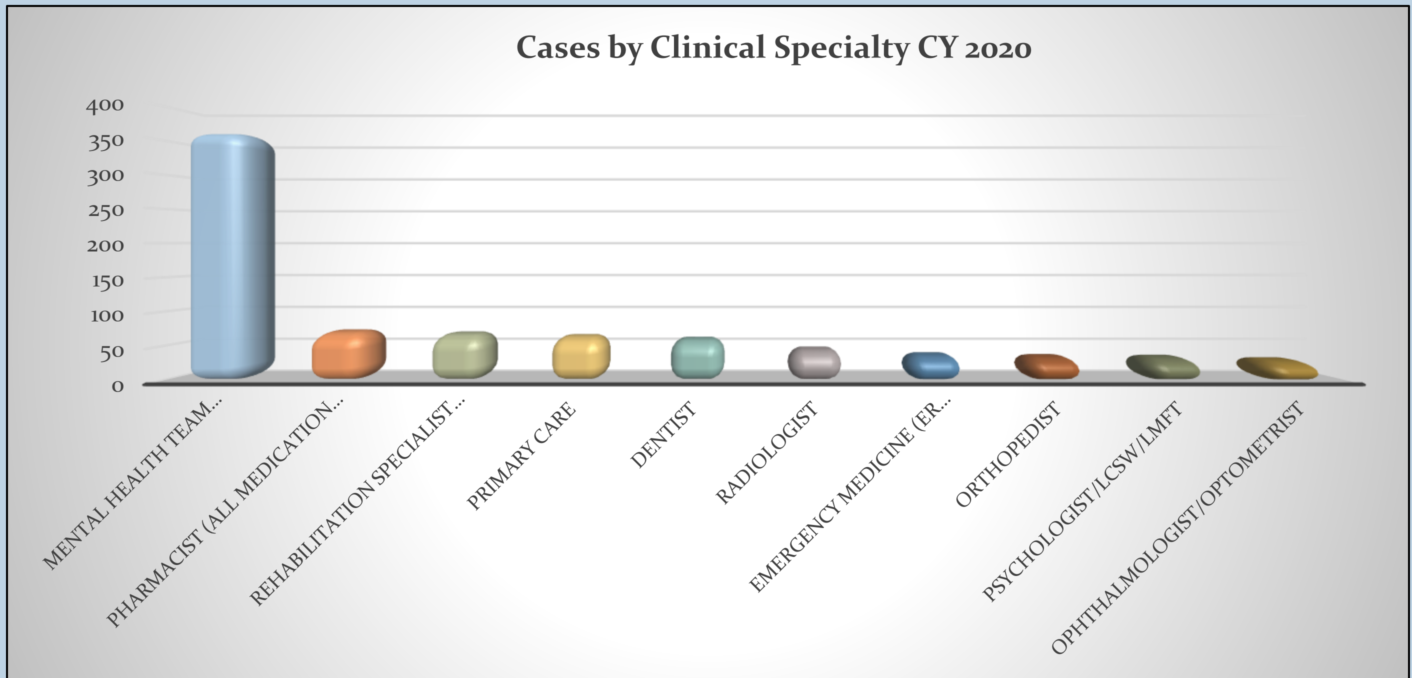
"I am so impressed and grateful for the help I received from this office. I did not believe my state government would help me so much. It is the most valuable government service I have ever received hands down."



Cases continue to come to OHA from a variety of sources. The highest category of referrals to OHA is from the Department of Child & Family Services' Careline. The second highest category is cases stemming from insurance company denial letters, which are required under federal and state law to include OHA's contact information. The third highest is Access Health CT (AHCT or Obamacare Exchange). Our AHCT referrals come from two sources: Direct letters from clients, as well as phone calls to our agency generated by AHCT. Close in number, per the graph below are: Personal and Legislative referrals, state agencies, and providers.

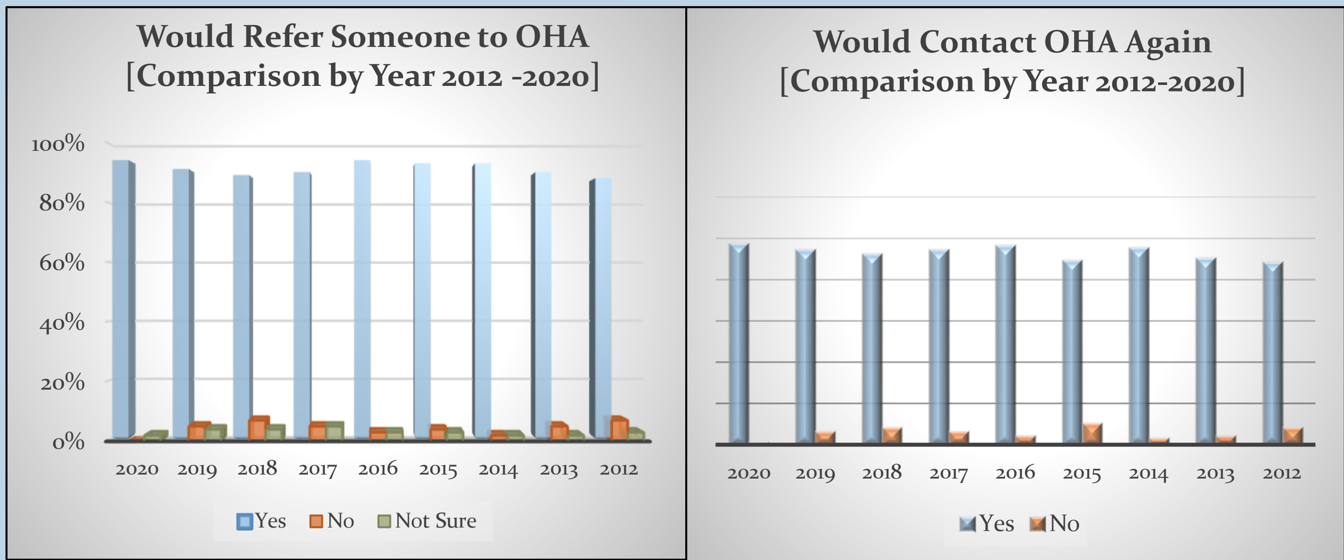


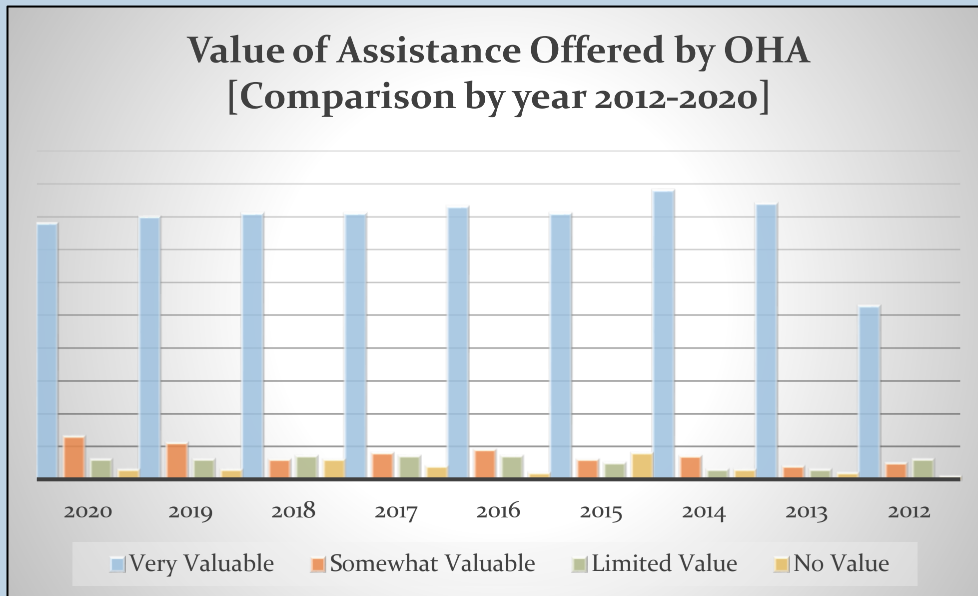
OHA continued to receive a wide range of cases representing many clinical categories, with Mental Health as the predominant case type for assistance. Fortunately, OHA's advocacy resulted in reversals of denials of treatment or services that involve consumers in need of treatment for serious, debilitating, or life-threatening illnesses.



"Our case manager saved us over $20k in charges that were processed incorrectly by our insurance. Every dime was either repaid by the insurance or written off by the ambulance company. It saved us from financial ruin! I will be forever grateful and have advised others to seek out your assistance!"

OHA's consumers continue to give OHA very high ratings. Because of our education to consumers regarding the benefits under their health plans, the percentage of individuals reporting that they have an improved understanding of their healthcare plan after contacting OHA continues to increase. In CY 2020, 94 percent of Consumers responded they would refer someone to OHA. This metric has been consistently high and favorable since 2012. OHA considers this measure the most important measure of OHA's services. The percentage of individuals reporting that they would contact OHA again also continues to remain strong at 97 percent.

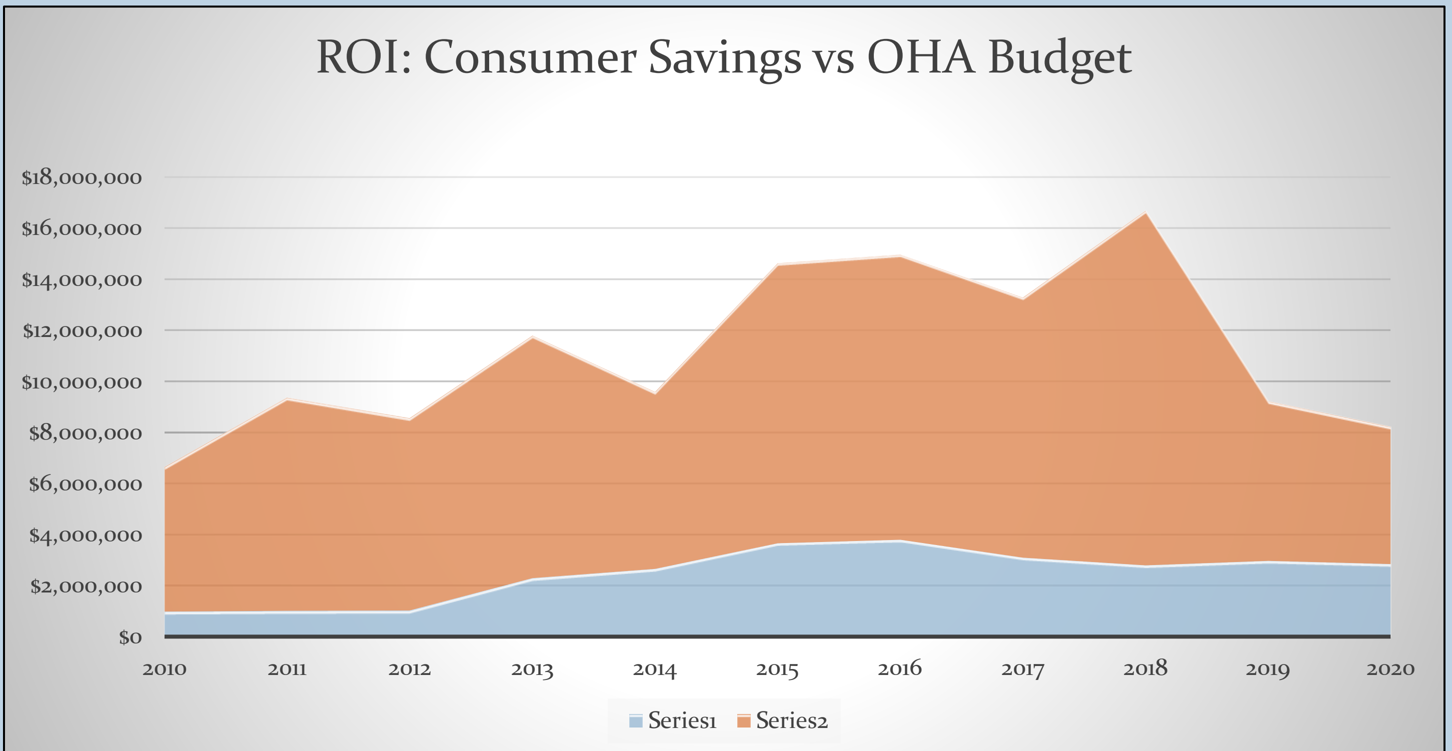




The chart below illustrates the total amount of savings for consumers since 2010. OHA's advocacy returned $5.3 million to the residents of Connecticut in 2020. Including the amounts from CY 2020, the office since its founding in 2005 has returned over $117 million in savings to consumers.

Year	Budget	Savings
2010	$981,577	$5,664,905
2011	$1,013,948	$8,347,041
2012	$1,022,482	$7,540,211
2013	$2,293,407	$9,500,000
2014	$2,657,873	$6,924,978
2015	$3,659,826	$10,967,539
2016	$3,792,692	$11,168,483
2017	$3,087,756	$10,200,836
2018	$2,794,051	$13,884,659
2019	$2,962,921	$6,264,118
2020	$2,844,900	$5,373,038

The graph below shows OHA's annual budget over time compared to consumer savings, and demonstrates that OHA's budget remains low while our savings to consumers continues to be impressive.



The parents of a toddler called OHA for help when their health insurance denied coverage for the durable medical equipment she needed to breathe. The child experienced severe respiratory distress. After 128 days of care in the CT Children's Medical Center Neo-Intensive Care Unit, she was discharged home with several interventions and instruction for peripheral airway clearance techniques. However, these interventions proved not intensive enough, and she required emergency room services for acute respiratory distress and was hospitalized three times for a total of six weeks of Pediatric ICU care for various conditions during her first year.

Considering these hospitalizations and the infant's susceptibility for respiratory illnesses, Yale Medicine Pediatric Pulmonologists ordered a High Frequency Chest Wall Compression (HFCWC) vest to assist with airway clearing. The vest was immediately and significantly effective. The child went from being in a perpetual state of illness and distress to thriving from the airway clearing afforded by the HFCWC vest. The family's health insurance carrier, however, denied coverage of the vest, deeming it "not medically necessary."

OHA collected clinical documentation from the infant's parents and healthcare providers and wrote an appeal to the insurance carrier. The carrier's decision to deny the request was upheld on appeal. The case went to an independent, external medical reviewer for appeal. The denial was overturned, and coverage granted. The family saved $7,500 this year by exercising their right to appeal the insurance carrier's denial.

Consumer reached out to the Office of the Healthcare Advocate with a health insurance administrative/billing issue that occurred when her family changed Anthem plans in 2019. In July 2019 through an error or glitch, her terminated Anthem policy was reactivated without her knowledge or permission. This caused the entire family's claims for 2019 to be retracted and resulted in countless medical bills and collections notices from various providers resulting in extreme confusion and frustration for the family. She tried to straighten the issue out with Anthem herself but was unsuccessful as many of the claims were now too old to be reprocessed. The Office of the Healthcare Advocate reviewed the case and claims and reached out to Anthem BCBS of CT for assistance. The Office of the Healthcare Advocate also contacted numerous providers to let them know the matter was being investigated. The claims department at Anthem was able to identify the root cause of the insurance debacle. It took some time and hard work, but all claims for the entire family for 2019 were reprocessed and paid correctly.

Savings: $15,655.00

Consumer contacted OHA regarding a billing issue. Consumer indicated that insurance carrier was not paying claims and they owed a large sum of money. Case Manager sent inquiry to Carrier asking why claims were not paid. Carrier responded indicating claims were being processed, but they had to wait for funds from stop loss carrier to pay claims. After several months of going back and forth with Carrier, a response was received on October 15, 2020. Carrier responded indicating claims were paid and they provided all mailing tracking information, check numbers and the names of Providers paid.

Savings: $143,848.46

Consumer contacted OHA regarding a denial of coverage for acute care rehab. Consumer had an extensive infection in her prosthetic knee which required the removal of her prosthetic knee hardware. She was treated with antibiotics for several weeks with the plan to return to surgery. During this time, the consumer could not walk. Due to the COVID 19 pandemic, surgery was postponed. Surgery occurred several months later, and Consumer experienced several complications requiring hospitalization. The carrier denied admission into an acute care rehabilitation hospital. After two levels of appeal, OHA prevailed and the decision was overturned.

Savings: $18,452.00

Consumer contacted OHA regarding a hospital bill from 2018. The Consumer had Medicare Part A only, a secondary plan through spouses' employer and was under the assumption that the employer sponsored plan was the primary insurance. The commercial plan initially paid the bill but later rescinded funds. The consumer had attempted to resolve the issue by contacting both the commercial plan and Medicare without success and eventually contacted OHA. OHA did a conference call to Medicare with the consumer. OHA was able to intervene and assist in asking the correct questions to have Medicare assess if they should be primary or secondary payer. Medicare determined they were primary and provided instructions on how to get the claim paid.

Savings: $14,658.34

Consumer was hospitalized and required surgery at an out of network provider in another state. The plan paid the claim at the out of network benefit level. OHA intervened successfully, and the plan reprocessed all the claims at the in-network benefit level with the member only responsible for deductible and coinsurance.

Savings: $208,394.02

The parent of a girl who was receiving occupational therapy contacted OHA for help when the carrier decided these services were no longer medically necessary. OHA did a deep dive into extensive clinical documentation from the child's parents and healthcare provider and wrote an appeal to the carrier, demonstrating why the occupational therapy was appropriate. OHA fought the case through two levels of appeal, before prevailing. The denial was overturned.

Savings: $1,500.00

Consumer contacted OHA regarding a hospital bill he was receiving. The claim had been paid, but funds were later rescinded. The member had two plans and there was a coordination of benefits issue which prompted the funds being rescinded. Also, the claims were denied because the hospitalization was covered as observation level of care instead of inpatient level of care. OHA contacted the plan and reviewed the claims. The plan clarified the coordination of benefit issue and paid the claim as inpatient level of care.

Savings: $55,319.94

Office of the Healthcare Advocate

Position Summary Account			Actual FY 20
Permanent Full-Time-IF			17
Budget Summary Account	Total FY20 Budget	Actual FY 20	%
Personal Services	1,573,775.00	1,354,738.66	86.08%
Other Expenses	245,000.00	184,517.92	75.31%
Equipment	5,000.00	4,925.25	98.51%
Fringe Benefits	1,544,438.00	1,226,729.92	79.43%
Indirect Overhead	100	73,988.00	
Grand Total:	3,368,313.00	2,844,899.75	84.46%

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www.ct.gov/oha

SB 460 - Support - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FAV

February 17, 2022

The Honorable Delores G. Kelley
Senate Finance Committee
3 East – Miller Senate Office Building
Annapolis, MD 21401

RE: Support – SB Bill 460: Consumer Health Access Program for Mental Health and Addiction Care – Establishment

Dear Chairman Kelley and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support Senate Bill 460: Consumer Health Access Program for Mental Health and Addiction Care – Establishment (SB 460) as it pulls together the three primary and most insightful quantitative metrics around parity: geographical travel distance, appointment wait time, and provider-patient ratio for people who need mental health or substance use disorder treatment. SB 460 then establishes an ombudsman program, the Consumer Health Access Program for Mental Health and Addiction Care, to assist State residents in accessing behavioral health services under public and private health insurance and address insurance-related barriers to behavioral health services. Finally, by helping Maryland to eliminate network gaps for providers of mental health and substance use disorder (SUD) services, this s bill would also bring Maryland into compliance with federal law, which requires network adequacy and transparency standards.[1]

A 2019 Milliman report highlighted the significant network gaps for Marylanders seeking mental health and SUD treatment [2]. For example, the Milliman report examined 2017 statistics

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[1] 45 CFR § 156.230 - Network Adequacy Standards

[2] Addiction and Mental Health vs. Physical Health: Widening Disparities in Network Use and Provider Reimbursement (Nov. 19, 2019), found at https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p

Washington
Psychiatric Society

around Maryland's out of network (OON) utilization for mental health and SUD treatment and noted the following:

- Marylanders' out-of-network (OON) utilization for mental health and SUD office visits exceeded OON primary care office visits by 10%;

- For outpatient facility services, Marylander's OON utilization for mental health and SUD services exceeded medical/surgical services by 3.66%; and

- Marylanders' OON utilization for mental health and SUD services exceeded medical/surgical services by 9.35% for inpatient facility services.

Unfortunately, Maryland ranked the 4th worst state in the nation for OON utilization for MH and SUD office visits. Thus, SB 460 is a meaningful step in correcting the gaps in network adequacy.

MPS/WPS, therefore, as this committee for a favorable report. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

SB0460_FWA_MedChi_Cons. Health Acc. Prog. MH & AC
Uploaded by: Pam Kasemeyer
Position: FWA

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Malcolm Augustine

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone

DATE: February 22, 2022

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 460 – *Consumer Health Access Program for Mental Health and Addiction Care – Establishment*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendment** Senate Bill 460.

Senate Bill 460 establishes a Consumer Health Access Program for Mental Health and Addiction Care to assist State residents in accessing behavioral health services under public and private health insurance and addresses insurance-related barriers to behavioral health services. It creates a hub and spoke approach to establishing essentially ombudsman programs across the State to assist individuals and providers with navigation of insurance issues relative to behavioral health services. The Program will be administered by the University of Maryland Baltimore School of Social Work Center for Addiction Research, Education, and Services and a hub entity. The bill also establishes a Consumer Health Access Program for Mental Health and Addiction Care Fund to provide funding for the development and administration of the program with a mandated appropriation of $1 million for FY 2024 through 2026.

Compliance challenges related to mental health parity, adequate provider networks for behavioral health services, and other administrative barriers to accessing needed mental health and addiction care have been a topic of significant interest by the General Assembly for several years. This bill would create a framework to assist residents with navigating these challenges.

While MedChi fully supports the objectives and proposed framework for this initiative, it respectfully requests one amendment which they believe is unnecessary to achieve the bills objectives and may create an impression of assistance that is in fact ineffective. Section 13-4408 (page 11, lines 5-13) requires the program to publish a notice concerning the services offered, which is to be posted in a conspicuous location and included in written material by each employer that provides health insurance as

well as mental health and substance abuse providers. MedChi assumes the intended objective is public education, however, posting information in offices rarely can be done in a manner that accomplishes that objective. Accessibility to all employees or patients is essentially impossible and there is no assurance employees or patients would even choose to review the posted material. MedChi respectively requests deletion of these requirements as there are other methods of consumer awareness and education regarding the program that would be more effective. With its amendment noted, MedChi requests a favorable report.

For more information call:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone
410-244-7000

Written Testimony - Prerna Polepally - Favorable w

Uploaded by: Prerna Polepally

Position: FWA

Prerna Polepally

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Ellicott City, MD 21042

Email: prerna.polepally@gmail.com

Phone Number: 443-766-3728

02/21/2022

Written Testimony in Favor of SB460 with Amendments

Good Afternoon,

My name is Prerna Polepally and I am an intern with Senator Katie Fry Hester. Our office has worked on a project regarding Mental & Behavioral Health Insurance Parity since the end of the 2021 Legislative Session. Based on my significant research, I am testifying in strong support of SB 460 – Consumer Health Access Program for Mental Health and Addiction Care - Establishment – proposed by Senator Augustine and Cosponsored by Senator Hester.

I was honored to speak with Senator Augustine & Vice Chair Feldman in September regarding the insurance parity issue, and how it has advanced with their advocacy over the past few years. Throughout my research (*attached below as Appendix A*), I spoke with various stakeholders – providers, consumers, and representatives from the MIA and HEAU. Though each group has varying concerns and perspectives, they agree that Maryland has a major problem with MBH & Substance Abuse Insurance Parity. The primary issues that I found can be broken down into three components: 1.) asymmetric information, 2.) a lack of incentives for Maryland providers to take insurance, and 3.) difficulty coordinating and enforcing existing rules. Many insurance companies have displayed a subtle yet blatant disregard for the Federal MHPAEA and it is finally time that Maryland takes stronger steps to bridge the gaps between existing laws, various departments, and the consumers.

This bill takes a huge step towards that. By creating an outreach program to consumers, we can make this information more accessible. Especially during the pandemic, chasing insurance companies for correct information regarding appeals is a tedious and complicated task. By assisting and representing customers with appeals and other insurance concerns, this program will ensure that everyone gets the help that they need without sacrificing their time and mental health. Many consumers who face these issues give up (during either the appeal or seeking help itself if prices are too steep) and by creating a guide for that process, the Consumer Health Access Program will prevent this from happening at the scale it does today. The work done with data collection - especially in conjunction with the wonderful work done by the MIA and MHBE - will provide the Legislature with a comprehensive view of the problems that Maryland faces,

especially with discrimination within MBH care, and enable more targeted legislation for enforcement in the future.

The work that this program can do will be life changing for many people; however, there is still more that can be done. One thing not addressed in this bill is provider incentives. Due to a lack of cooperation and other issues, many health care providers choose not to take insurance, especially if their clientele are able to pay out-of-pocket. This creates a significant issue for low-income people or people who lack that degree of disposable income. **If this bill were amended to include incentives for providers or at least address issues of reimbursement within each provider, we can further reduce the disparities this program hopes to address.** This could include anything from specific parts of the proposed hotline to address reimbursement, a guide for consumers on how to pursue reimbursement, or even training for staff at various providers' offices that address how to deal with parity issues. This program has the potential to change the way that insurance manages mental & behavioral health. But the first step to that is passing this pivotal bill.

With a decline in our overall mental health due to the COVID-19 pandemic, it is important now more than ever that this bill be passed. It opens doors for everyone to access the help that they need. As I have said in my meeting with Senator Augustine and others: the last thing people with mental, behavioral, or substance abuse issues need is to face additional barriers with insurance. Taking the step to get help is a massive one and there should not be any boundaries to prevent people from receiving the help that they need.

Thank you so much for your time. Please feel free to contact me at my email (prerna.polepally@gmail.com) for any clarification or further information.

Thank You,

Prerna Polepally

prerna.polepally@gmail.com

Intern at the Office of Senator Hester

Business Economics & Public Policy, George Washington University

Appendix A - Dated October 15th, 2021

Behavioral and Mental Health and Substance Abuse Parity Policy Memo

I. Background
   A. Existing Laws Dealing With Parity:
      1. 2008 (Federal) MHPAEA
         a) Federal Regulations for State's Network Adequacy Standards - 42 CFR § 438.68 *this is for Medicaid*
      2. 2019 (MD) Coverage Requirements and Reports - SB 631
      3. 2019 (MD) Defined Parity - SB 28
      4. 2020 (MD) Bi-annual Reporting Requirements (Sunset 2026) - SB 334
      5. 2021 (MD) Telehealth Bill - SB 3
      6. https://www.paritytrack.org/reports/maryland/statutes/

II. Issues
   A. Main Issue: Health insurance companies do not provide fair and equitable coverage for behavioral and mental health disorder or substance abuse compared to surgical or physical health.
      1. Further Issues:
         a) There are existing laws but no guidelines set in place that allow for enforcement of parity.
         b) There is a lack of accurate information regarding health care providers on insurance panels.
            (1) Providers can have difficulty acquiring patients due to misinformation.
            (2) Patients in need of specialized care will be unable to find the right provider.
         c) Many providers are no longer taking insurance.
         d) There is difficulty in coordinating with insurance companies, providers, and the MIA to fix an issue

III. Possible Solutions
   A. Perhaps establishing a division in the Attorney General's Office who can prosecute these instances
      1. Key Parts of the Federal MHPAEA that may be "easier" to prosecute
         a) Fail First Requirement: insurers can not require that a certain cheaper treatment fails before a patient moves to a more expensive one UNLESS that statute applies to physical & surgical health
         b) Network Access: patients must have access to an 1) in-network provider who is 2) qualified to treat their condition and 3) can see them in a reasonable amount of time from an accessible location

                (1) *Highlighting this will (hopefully) result in better data collection on insurance panels - Issue b*

        c) Pre-Authorization: networks can not require pre-authorization UNLESS that statute applies to physical & surgical health
        d) Written Explanation: a health plan should provide patients with a reason as to how the claim was evaluated, why i was denied, and the legal basis
            (1) *This point is further addressed below*

    2. Key Parts of the Federally Set Network Adequacy Guidelines (42 CFR § 438.68) for Medicaid that may be "easier" to prosecute
        a) (c)(1) of Statue provides guidelines for minimum elements of network adequacy standards
            (1) There is a clause on "(vii) The ability of network providers to communicate with limited English proficient enrollees in their preferred language" which may be something to note in the future
        b) *Perhaps adapt some of these guidelines to non-Medicaid services*

B. Pass statue fine-tuning the MHPAEA's reporting requirements TO the patient
    1. Requires that the health plan provides patients with a written explanation of:
        a) how it evaluated the need for treatment
        b) why it denied the claim
        c) the basis for its conclusion that the plan complies with federal law
    2. Perhaps set a time limit and/or add more requirements; if ignored, patient should be able file a case with either MIA (in a more formal and enforceable way than it exists currently) or even further with the AG's office

C. Outreach:
    1. Awareness about checking how much our constituent's out-of-network doctors get paid to get reimbursed. (You can see what doctors are paid by checking the explanation of benefits you receive from your plan)
    2. Awareness on the links to go to in order to file an appeal to a 3rd party
        a) How to file a complaint is dependant on your plan type and can go to State insurance commissioner/USD or Labor/ USD of Health & Human Services (www.naic.org/documents/members_membershiplist.pdf and https://www.psychiatry.org/psychiatrists/practice/parity are helpful resources)
        b) info@mentalhealthparitywatch.org

IV. Overall Takeaways

A. There seems to be a lot in the works as far as legal guidelines go. The foundational laws are present as are the reporting requirements (though those may need updating after we actually receive the information). The underlying issue is the lack of enforcement. Taking inspiration from Wit v. UBH (the Northern California court case against United Health), prosecuting would not be a bad idea as long as it is comprehensive and sets a guideline that makes it clear that MD will be taking action. Probably, until we get to that point, we would have to set up the commission in the AG's office and wait for the results from the reports in 2022 and 2024, then take action. Until then, we may not be able to hit a critical point of issue. It seems like everyone agrees on the idea that enforcement is the primary issue (though our laws do need to be better). We just have to find a way to do that.

V. Additional Resources That May Be Of Note

A. Indepth Lengthy Notes: BX Project - Insurance Parity Notes
B. 50 state report from NCSL
    1. Summary and Notes - NCSL Analysis Notes
C. MARYLAND PARITY PROJECT
D. MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT RESOURCE GUIDE
E. Maryland Medicaid Parity (MHPAEA)
F. MD Psychiatry Society (Letters about parity)
    1. September18, 2015 The Honorable Al Redmer Commissioner Maryland Insurance Administration 200 St. Paul Place Suite 2700 Baltimore
    2. April 23, 2019 Robert R. Neall Secretary Maryland Department of Health 201 W. Preston Street Baltimore, Maryland 21201 Dear Sec
    3. Action Steps
G. Parity Law Poster
H. Wit v. UBH
I. MHAMD PDFs
J. New York Laws:
    1. https://omh.ny.gov/omhweb/bho/parity.html
        a) Federal: Patient Protection and Affordable Care Act of 2010
    2. https://ag.ny.gov/sites/default/files/mental_health_parity_brochure.pdf
    3. https://ag.ny.gov/sites/default/files/hcb_mental_health_parity_report.pdf
K. Massachusetts Laws:
    1. https://www.masslegalhelp.org/mental-health/mental-health-parity

SB 460 Consumer Health Access Program for Mental H

Uploaded by: Barbara Wilkins

Position: INFO

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lieutenant Governor

Maryland
DEPARTMENT OF BUDGET AND MANAGEMENT

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SENATE BILL 460 Consumer Health Access Program for Mental Health and Addiction Care – Establishment (Augustine)

STATEMENT OF INFORMATION

DATE: February 22, 2022

COMMITTEE: Senate Finance

SUMMARY OF BILL:. SB 460 creates a Consumer Health Access Program for Mental Health and Addiction Care, the purpose of which is to assist State residents in accessing mental health and substance use disorder services under public and private health insurance. The Program is run by the University of Maryland-Baltimore School of Social Work, Center for Addiction Research, Education and Services (Center) and a private, nonprofit selected by the Center to operate the program. The Center and the private, nonprofit administer a new Fund, which is funded by a $1 million mandated appropriation in FY 2024, FY 2025, and FY 2025.

EXPLANATION: The Department of Budget and Management's focus is not on the underlying policy proposal being advanced by the legislation, but rather on the aggregate $3 million mandated appropriation provision that impacts the FY 2024, FY 2025, and FY 2026 Budgets. Further, it is atypical to allow a non-State entity to administer a State fund.

DBM has the responsibility of submitting a balanced budget to the General Assembly annually, which will require spending allocations for FY 2024 to be within the official revenues estimates approved by the Board of Revenue Estimates in December 2022.

Changes to the Maryland Constitution in 2020 provide the General Assembly with additional budgetary authority, beginning in the 2023 Session, to realign total spending by increasing and adding items to appropriations in the budget submitted by the Governor. The legislature's new budgetary power diminishes, if not negates, the need for mandated appropriation bills.

Fully funding the implementation of the Blueprint for Maryland's Future (Kirwan) will require fiscal discipline in the years ahead, if the State is to maintain the current projected structural budget surpluses. Mandated spending increases need to be reevaluated within the context of this education funding priority and the Governor's tax relief proposals.

Economic conditions remain precarious as a result of COVID-19. High rates of inflation and workforce shortages may be short lived or persist, thereby impacting the Maryland economy. While current budget forecasts project structural surpluses, the impact of the ongoing COVID-19 pandemic continues to present a significant budgetary

vulnerability. The Department continues to urge the General Assembly to focus on maintaining the structural budget surplus.

For additional information, contact Barbara Wilkins at (410) 260-6371 or barbara.wilkins1@maryland.gov

SB 460 2022 MIA Letter of Information Final (1).pd

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**TESTIMONY OF
THE
MARYLAND INSURANCE ADMINISTRATION
BEFORE THE
SENATE FINANCE COMMITTEE**

FEBRUARY 22, 2022

SENATE BILL 460 – CONSUMER HEALTH ACCESS PROGRAM FOR MENTAL HEALTH AND ADDICTION CARE – ESTABLISHMENT

POSITION: LETTER OF INFORMATION

Thank you for the opportunity to provide written comments regarding SB 460 (cross-filed with HB 517).

SB 460 would create a 3-year pilot program for a consumer health access program established to assist residents in accessing mental health and substance use disorder services, and to address insurance-related barriers to mental health and substance use disorder services through consumer outreach, client assistance and representation, data collection and analysis, and resolution of system-wide barriers. The program is charged with helping all consumers, including uninsured individuals and those with private or public health plans, navigate the issues related to accessing mental health and substance use disorder services. The bill also requires the program to work jointly with state agencies, including the Maryland Insurance Administration (MIA), to promote greater access to mental health and substance use disorder services and resolution of consumer complaints.

The goals of SB 460 are laudable, and the MIA appreciates that the bill seeks to support and enhance the efforts of state agencies in the realm of mental health parity by addressing certain circumstances where state agencies lack the authority and/or resources to intervene. We would like to highlight, however, that there are some provisions of the bill that imply the program may be assuming the role of a regulator in certain respects. Furthermore, the provisions of the bill that describe the interactions between the program and state agencies are unclear about the degree of cooperation that is expected from state agencies. It appears the bill could potentially result in some overlap in responsibilities between the program and existing state

agencies, thus creating ambiguity on the extent of program's authority vis-a-vis those state agencies and causing confusion from regulated entities about who their regulator is.

For example, on page 7, lines 3 through 9, the bill states that the program will help consumers and providers navigate and resolve issues related to health plan coverage and "enforcement" of rights under the Mental Health Parity and Addiction Equity Act (MHPAEA). It is unclear how the program will resolve issues related to enforcement of rights under MHPAEA, other than through advocacy. Additionally, on page 8, lines 27 and 28, the bill provides that the program will "identify trends in violations of the Mental Health Parity and Addiction Equity Act." However, the determination of whether there has been a violation of MHPAEA can only be made by the state or federal agency with regulatory oversight of the applicable markets and plans. Additional provisions of the bill that describe the program's relationship with state agencies can be found on page 7, lines 28 and 29; page 8, lines 10 through 20; page 9, lines 1 through 5 and lines 9 through 12; and page 11, lines 1 through 4.

One particular provision that may warrant closer examination is the text on page 11, lines 1 through 4, which states that the program shall request and promptly receive the cooperation, assistance, information, and records from state agencies as necessary to enable the program to investigate a consumer's complaint. The MIA is required to maintain the confidentiality of many of the documents it receives from carriers as a result of investigations or examinations that MIA undertakes, often concerning the health condition of many consumers. See Md. Code Ann. Ins. Art. § 2-209(h). The MIA is concerned that this bill may require the MIA to produce these documents to an entity that is not a regulator.

Another issue of note is that the bill appears to authorize the program to represent consumers in a legal capacity in various situations. For example, on pages 7 – 8, the bill states that the program will "assist and represent consumers" in filing complaints, grievances, and appeals, including complaints and appeals under Title 15, Subtitles 10A and 10D of the Insurance Article. It would be helpful to clarify the extent of the representation. Would the program be able to represent a client at a hearing?

The MIA thanks the committee for the opportunity to provide this information. The MIA is available to respond to questions and to assist the committee in determining the best possible outcome for Maryland consumers with respect to SB 460.

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February 21, 2022

To: The Honorable Delores G. Kelley
Chair, Finance Committee

From: The Office of the Attorney General's Health Education and Advocacy Unit

Re: Senate Bill 460 (Consumer Health Access Program for Mental Health and Addiction Care – Establishment): Information

The Health Education and Advocacy Unit in the Consumer Protection Division of the Office of the Attorney General of Maryland ("HEAU") was established by the Maryland General Assembly in 1986. The HEAU was designed to assist health care consumers in understanding health care bills and third-party coverage, to identify improper billing or coverage determinations, to report billing and/or coverage problems to appropriate agencies, to assist patients with health equipment warranty issues, and to make recommendations to the General Assembly about legislation that would affect the interests of health care consumers in the health marketplace.

Based upon HEAU's successful efforts in these areas, the General Assembly selected the HEAU to be the first line consumer assistance agency when it passed Maryland's Appeals and Grievances law in 1998. Every day the HEAU assists consumers with health care-related billing complaints (not quality of care issues), medical records and equipment disputes, and with the appeals and grievance process when they have been denied enrollment, access, or coverage by a private insurance carrier (state-regulated and non-state regulated plans). The HEAU operates a toll-free hotline to allow consumers to access HEAU services or to obtain appropriate referral information.

In Fiscal Year 2019, the HEAU assisted patients in saving or recovering nearly $2.5 million; in Fiscal Year 2020, the HEAU assisted patients in saving or recovering over $4.3

million; and in Fiscal Year 2021, the HEAU assisted patients in saving or recovering nearly $2.8 million.[1]

Other states have used the HEAU as a model when creating their own programs and Maryland's program was cited as a model in Congressional testimony in support of early federal efforts to promote programs that would assist health care consumers, such as the Health Care Consumers Assistance Fund Act of 2001, and ultimately as a model for Consumer Assistance Programs (CAPs) under the Affordable Care Act (42 USC 300gg-93). Following passage of the ACA and the implementation of Maryland's Health Benefit Exchange (the Exchange), the HEAU began assisting consumers with problems enrolling in QHPs on the Exchange and with problems obtaining premium tax credits and cost-sharing reductions. More recently, the HEAU has been tasked by the General Assembly to assist consumers with facility fee disputes (Md. Code Ann., Health Gen. § 19-349.2) and hospital financial assistance and billing/collection disputes (Md. Code Ann., Health Gen. § 19-214.1 and 214.3).

The HEAU has effectively assisted consumers since its inception with a comparatively small staff and modest $1 million dollar budget ($613,228 is funded by the Maryland Insurance Administration (MIA) through the Health Care Regulatory Fund, and $388,444 is funded by the Consumer Protection Division.[2] The HEAU currently has 9 and ½ positions (2 are contractual), comprised of a Director and Deputy Director, who are also Assistant Attorneys General; four full-time and one part-time Ombudsmen who staff HEAU's hotline, assist consumers with health insurance appeals and grievances, mediate consumer complaints, and train and supervise volunteers who mediate consumer complaints; a case manager; and one administrative assistant. One of the five ombudsmen assists consumers who have problems enrolling in QHPs on the Exchange and with obtaining premium tax credits and cost-sharing reductions, despite loss of funding from the Exchange in FY 2021. Prior to the pandemic, the HEAU had approximately 12 part-time volunteers and 15 part-time interns who staffed our hotline in addition to mediating consumer complaints. Throughout the pandemic the HEAU has had virtually no volunteers (one part-time volunteer returned to the office several months ago) and varying numbers of remote student interns each semester, increasing the caseloads and hotline hours for each Ombudsman.

In fiscal year 2021, even without volunteers due to the pandemic, the HEAU handled more than 6,000 emails, fielded over 3,000 hotline calls, and closed over 1,600 complaints. The HEAU assists consumers, and providers who advocate on their behalf, in

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[1] https://www.marylandattorneygeneral.gov/Press/2019/110619.pdf ;
https://www.marylandattorneygeneral.gov/Press/2020/110520.pdf ; and
https://www.marylandattorneygeneral.gov/press/2021/110421.pdf

[2] Over the years the HEAU received additional Consumer Assistance grant funding from HHS and funding from the Exchange, but eventually both funding sources were eliminated. The HEAU along with other ACA-identified CAPs have advocated for resumption of HHS CAP funding, which is being considered at the federal level.

resolving denials of coverage for *all* types of health care services, including mental health and substance use disorder services. Both state and federal law require private carriers to inform consumers that the HEAU is available to assist consumers with coverage denials. In fiscal year 2021, three percent of the HEAU's appeals and grievance cases were denials of mental health/substance use disorder services. The HEAU's success rate for those cases was 58%.

The pandemic has contributed to an unprecedented need for mental health and substance use disorder treatment, as noted in the Parity at 10 Informational Flyer in support of this bill. While well-intended, this bill would duplicate services that state agencies, including the HEAU, are already providing:

- The Maryland Department of Health (MDH) runs a health care crisis hotline, 24 hours a day, 7 days a week.

- The Exchange, through its successful network of navigator entities and enrollment assistors, enrolls consumers in health plans and has a robust outreach and education enrollment campaign.

- The Department of Aging's State Health Insurance Assistance Program (SHIP) meets the essential needs of Medicare beneficiaries, including enrollment, understanding their health insurance benefits, bills, and rights. Trained staff and volunteer counselors in all 23 counties and Baltimore City provide in-person and telephone assistance.

- The HEAU and the MIA assist consumers in filing complaints, and grievances and appeals daily. The MIA, as the agency designated to be the single point of entry for consumers to access information regarding health insurance and the delivery of health care as it relates to health insurance, conducts in-person and other outreach and education, including rights under the Mental Health Parity and Addiction Equity Act. Md. Code Ann., Ins. § 2-303.1.

There are some limitations on the services the HEAU currently provides. The HEAU does not represent consumers in any legal action challenging denials of enrollment or coverage, including legal actions relating to federal and State mental health parity laws. The HEAU does not assist consumers denied enrollment in Medicaid or consumers with Medicaid coverage appeals.

The Parity at 10 Informational Flyer compares the proposed Program to "other state models that are highly effective in resolving insurance-related barriers to treatment" and identifies the Office of Health Care Advocate (the Office) in both Connecticut and Vermont as examples. The HEAU has monthly collaborative meetings with both Offices to share

best practices and ideas for advancing consumer protections. Like the HEAU, the Connecticut and Vermont Offices aid consumers facing insurance coverage disputes of *all* service types, not just mental health and substance use disorder coverage issues. Notably, the Connecticut Office has 18 staff members, a $2.84 million dollar budget and a 2020 census of 3.65 million. The Vermont Office has 14 staff members, a $1.4 million dollar budget and a 2020 census of 645,570.[3]

The HEAU welcomes the possibility of additional funding to expand the services we provide to consumers experiencing trouble obtaining coverage through their health insurance for mental health and substance use disorder treatment or, should the General Assembly elect to establish the program contemplated by this bill, referring consumers to the program established by the bill. The HEAU is concerned that the bill contains ambiguous language that could be read to require state agencies charged with investigating carriers, providers, or others to share confidential investigative information. Such a mandatory disclosure requirement could undermine the agencies' ability to enter into multistate investigations as well as to conduct their own investigations. (Page 11, lines 1-4) The HEAU also suggests that page 7, lines 26-31 be amended to limit the program's services to mental health and substance use disorder disputes, which appears to be the intended goal.

cc: Sponsor

[3] Maryland's 2020 census was 6,165,129.