At the request of Health and Government Operations Committee Chair Joseline Pena-Melnyk, and in coordination with the leadership of Senator Malcolm Augustine and Delegate Robbyn Lewis, the Maryland Insurance Administration (the “MIA”), has formed a workgroup to address the establishment of the Consumer Health Access Program for Mental Health and Addiction Care (“CHAP”) as proposed in the form of SB0460 (the “CHAP Bill”) passed by the Senate in 2022 (the “CHAP Workgroup”).

As the MIA understands it, a core purpose of CHAP is to assist people to navigate the complex and difficult task of accessing mental health and substance abuse disorder treatment services and of securing payment for those services from their health care plans or programs. It is clear from testimony on the Bill in the House that there is broad support for the establishment of a program to serve as a single access point for individuals and families in need to work with trained professionals to find the right treatment provider and coordinate coverage and payment for that treatment to the extent provided under any health plan or program available to the patient. However, concerns were expressed regarding the program as proposed in the CHAP Bill, including the scope of the program’s mandate and authority beyond the navigator function, the legal identity and nature of the program, organizational and operational controls, privacy and security protections, fund and performance accountability, and potential overlap with existing state agencies.

The task of the CHAP Workgroup is to identify concerns or objections to CHAP as proposed, attempt to resolve issues and find common ground, and revise the CHAP Bill accordingly.
The first meeting will be held virtually on Friday, June 17, 2022, at 10 a.m. The primary purpose of the first meeting is to identify and begin to understand objections to CHAP as proposed in the CHAP Bill. Future meetings will focus on specific objections and proposals to address/resolve them.

A preliminary list of issues identified during the House hearing is attached to this Notice. CHAP Workgroup members and interested persons/stakeholders are invited to add to or comment on this list of issues in writing by close of business on Tuesday, June 14, 2022. It is not necessary to address aspects of the CHAP Bill that have not been the subject of concern, such as the need for the navigator function. Comments should focus on objections to the CHAP Bill as passed by the Senate.

Written comments will be circulated to the members of the CHAP Workgroup and summarized for discussion at the June 17 meeting. Additional opportunities to submit written comments will be provided after the June 17 meeting.

The sessions of the CHAP Workgroup are public and, as time and technology permit, individuals will be offered the opportunity to comment.

**AGENDA**

- **The Purpose of the Workgroup** - Commissioner Birrane
- **Introduction of Members** - Kory Boone, MIA Chief of Staff
- **Summary of CHAP and the CHAP Bill** - Senator Augustine
- **Summary of Concerns Identified** – Commissioner Birrane
- **Proposed Action Plan and Schedule for the Workgroup** – MIA Associate Commissioner David Cooney
- **Public Comments (If time permits)**
- **Adjournment**
Preliminary List of Issues – SB0460

● Scope of the hub’s activities and potential overlap with other state agencies:
  ○ Should the scope of functions be limited to assisting clients with finding providers and care? For example, is providing legal representation an appropriate activity for this entity? Connecting people to covered care requires very different skills than litigating coverage issues and both are different than data analytics.
  ○ Assisting with enrolling in and understanding health coverage has a possible overlap with MHBE, navigators, and producers.
  ○ Assisting with filing complaints, including providing legal representation in court, has a possible overlap with HEAU as far as filing appeals and complaints.
  ○ Outreach and education have a possible overlap with CEAU and HEAU functions.
  ○ Evaluation of data, investigating complaints, and identifying possible non-compliance with MHPAEA are activities that overlap with the investigation functions of the MIA and the US DOL.

● Privacy:
  ○ 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. Currently, documents may be confidential or subject to privilege. What is the proper scope of material that should be shared with the hub?
  ○ The entities involved would obtain highly sensitive information on individuals’ personal financial and health information, specifically including behavioral health, and the limits on use and disclosure are not clear. The wording of the bill would not subject the hub or spokes to HIPAA.
  ○ What are the appropriate statutory limits on the use of information?
  ○ What are the appropriate cybersecurity and data security standards for the hub and spokes, including employees and volunteers?

● Nature of the hub, its budget, and oversight:
  ○ The type of entity needs to be defined: is it a state agency, quasi-state agency, or something else?
  ○ To whom is the hub accountable for ensuring it is fulfilling its statutory purposes and obligations? Is the hub subject to any oversight for mistakes and errors? Can it and its employees/volunteers be sued? Does it carry professional liability insurance?
○ The appropriation is mandated to be $3 million. What is the impact on FY 2024, FY 2025, and FY 2026 budgets? Is it appropriate for a non-state entity to administer state funds? Is this more in the nature of a grant program?
○ What should be the limits and oversight on the hub’s spending and procurement?
○ Why is there no governance for the entity - No board, no executive director, no organizational directives?