

AN ACT concerning

Health – Behavioral Health Care Access Program

FOR the purpose of establishing that the Health Education Advocacy Unit in the Office of the Attorney General is the State’s office of consumer assistance under a certain federal law; establishing the Office of the Consumer Health Access Program for Behavioral Health Care within the Maryland Insurance Administration for certain purposes; establishing the Consumer Health Access Program for Behavioral Health Care Fund as a special, nonlapsing fund; establishing the Consumer Health Access Program for Behavioral Health Care Advisory Council for certain purposes; and generally relating to providing information and assistance to consumers relating to accessing behavioral health care and payment for behavioral health care through health coverage plans.

BY repealing and reenacting, with amendments,
Article – Commercial Law
Section 13–4A–01
Annotated Code of Maryland
(2013 Replacement Volume and 2022 Supplement)

BY adding to
Article – Insurance – General
Title 34 “Consumer Health Access Program for Behavioral Health Care and Coverage”
Annotated Code of Maryland
(2019 Replacement Volume and 2022 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Commercial Law

13–4A–01.

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

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

Article - Insurance

TITLE 34 - CONSUMER HEALTH ACCESS PROGRAM FOR BEHAVIORAL HEALTH CARE AND COVERAGE

SUBTITLE 1. DEFINITIONS

34-101

- (A) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.**
- (B) “ADVISORY COUNCIL” MEANS THE CONSUMER HEALTH PROGRAM ADVISORY COUNCIL ESTABLISHED PURSUANT TO THIS TITLE.**
- (C) “BEHAVIORAL HEALTH CARE” INCLUDES PREVENTION, SCREENING, EARLY INTERVENTION, TREATMENT, RECOVERY, SUPPORT, WRAPAROUND, AND REHABILITATION SERVICES, FOR INDIVIDUALS WITH SYBSTANCE-RELATED DISORDERS, ADDICTIVE DISORDERS, MENTAL DISORDERS, OR A COMBINATION OF THESE DISORDERS.**
- (D) “BEHAVIORAL HEALTH CARE COVERAGE” MEANS THE PROTECTIONS AFFORDED BY A HEALTH COVERAGE PLAN FOR BEHAVIORAL HEALTH CARE**
- (E) “BEHAVIORAL HEALTH NAVIGATOR ENTITY” MEANS AN ENTITY THAT PROVIDES CONSUMER ASSISTANT SERVICES AND MEETS THE REQUIREMENTS OF SUBTITLE 4 OF THIS TITLE.**
- (F) “BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM” MEANS THE MARYLAND BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM ESTABLISHED PURSUANT TO § 10-1402 OF THE HEALTH-GENERAL ARTICLE.**
- (G) “CONNECTOR ENTITY REGIONS” MEANS THE EIGHT GEOGRAPHICAL REGIONS IN MARYLAND THAT HAVE BEEN DESIGNATED BY THE MARYLAND HEALTH BENEFIT EXCHANGE FOR PURPOSES OF INSURANCE-RELATED OUTREACH, EDUCATION, AND ENROLLMENT UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.**
- (H) “CONSULTING AGENCIES” MEANS**
- (1) THE MARYLAND HEALTH BENEFIT EXCHANGE;**
 - (2) THE MARYLAND DEPARTMENT OF HEALTH, BEHAVIORAL HEALTH ADMINISTRATION;**
 - (3) THE HEALTH, EDUCATION AND ADVOCACY UNIT OF THE MARYLAND ATTORNEY GENERAL’S OFFICE; AND**
 - (4) ANY OTHER DEPARTMENT OR UNIT OF STATE GOVERNMENT THAT PROVIDES OR FACILITATES THE PROVISION OF BEHAVIORAL HEALTH CARE OR BEHAVIORAL HEALTH CARE SERVICES INCLUDED IN THE PROGRAM AT THE REQUEST OF THE PROGRAM.**
- (I) “CONSUMER ASSISTANCE SERVICES” MEANS:**
- (1) PROVIDING ADMINISTRATIVE ASSISTANCE TO PROGRAM PARTICIPANTS TO ENROLL IN HEALTH COVERAGE PLANS FOR WHICH THE PARTICIPANTS QUALIFY;**
 - (2) ASSISTING PROGRAM PARTICIPANTS TO ACCESS BEHAVIORAL HEALTH CARE;**

- (3) COMMUNICATING AND COORDINATING WITH HEALTH COVERAGE PLANS ON BEHALF OF PROGRAM PARTICIPANTS AND THEIR PROVIDERS REGARDING COVERAGE FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT UNDER THE TERMS OF THE HEALTH COVERAGE PLAN IN WHICH THE PROGRAM PARTICIPANT IS ENROLLED;**
 - (4) ASSISTING PROGRAM PARTICIPANTS TO PURSUE CONTRACTUAL OR ADMINISTRATIVE APPEALS, GRIEVANCES, OR COMPLAINTS AGAINST OR RELATED TO HEALTH COVERAGE PLANS WITH RESPECT TO BEHAVIORAL HEALTH CARE CLAIMS THROUGH FEDERAL AND STATE GOVERNMENTAL AGENCIES OR AUTHORITIES THAT PROVIDE ASSISTANCE TO CONSUMERS; AND**
 - (5) ASSISTING PROGRAM PARTICIPANTS TO PURSUE ADMINISTRATIVE COMPLAINTS AGAINST HEALTH COVERAGE PLANS FOR FAILURE TO PROVIDE BEHAVIORAL CARE COVERAGE REQUIRED BY CONTRACT OR UNDER FEDERAL OR STATE LAW.**
- (J) “FUND” MEANS THE CONSUMER HEALTH ACCESS PROGRAM FOR MENTAL HEALTH AND ADDICTION CARE FUND ESTABLISHED UNDER § 34-301 OF THIS TITLE.**
- (K) “HEALTH COVERAGE PLAN” MEANS:**
 - (1) A HEALTH BENEFIT PLAN AS DEFINED IN § 2-112.2 OF THE INSURANCE ARTICLE;**
 - (2) A SELF-FUNDED HEALTH PLAN;**
 - (3) THE MARYLAND MEDICAL ASSISTANCE PROGRAM;**
 - (4) THE MARYLAND CHILDREN’S HEALTH PROGRAM;**
 - (5) MEDICARE;**
 - (6) TRICARE; AND**
 - (7) VETERANS ADMINISTRATION HEALTH BENEFITS.**
- (L) “MENTAL HEALTH PARITY ACT” MEANS THE PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 AND IMPLEMENTING REGULATIONS 45 C.F.R. § 146.136 AND 29 C.F.R. § 2590.712.**
- (M) “PROGRAM” MEANS THE CONSUMER HEALTH ACCESS PROGRAM FOR BEHAVIORAL HEALTH CARE AND COVERAGE**
- (N) “PROGRAM SPECIFIC COSTS” MEANS THE COSTS DIRECTLY RELATED TO THE OPERATION OF THE PROGRAM.**
- (O) “PROVIDER” MEANS A PHYSICIAN, FACILITY, INCLUDING A HOSPITAL, OR OTHER PERSON THAT IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED TO PROVIDE MENTAL HEALTH CARE OR SUBSTANCE USE DISORDER TREATMENT SERVICES OR SERVICES PROVIDED IN CONNECTION WITH MENTAL HEALTH CARE OR SUBSTANCE USE DISORDER TREATMENT.**

SUBTITLE 2 - CONSUMER HEALTH ACCESS PROGRAM FOR BEHAVIORAL HEALTH CARE AND COVERAGE

34-201

(A) THERE IS A CONSUMER HEALTH ACCESS PROGRAM FOR BEHAVIORAL HEALTH CARE AND COVERAGE

(B) THE PROGRAM IS AN INDEPENDENT DIVISION OF THE MARYLAND INSURANCE ADMINISTRATION.

34-202

(A) THE PURPOSES OF THE PROGRAM ARE TO:

- (1) ASSIST CONSUMERS TO ACCESS BEHAVIORAL HEALTH CARE AND BEHAVIORAL HEALTH CARE COVERAGE;**
- (2) IDENTIFY AND COORDINATE EFFORTS BY THE COORDINATING AGENCIES AND OTHER PERSONS TO ASSIST CONSUMERS TO ACCESS BEHAVIORAL CARE AND BEHAVIORAL HEALTH CARE COVERAGE;**
- (3) PROVIDE FOR THE PERFORMANCE OF THE CONSUMER ASSISTANCE SERVICES THROUGH THE ACTIVITIES OF THE PROGRAM, THE COORDINATING AGENCIES, BEHAVIORAL HEALTH NAVIGATOR ENTITIES, AND OTHER PERSONS ENGAGED BY OR ON BEHALF OF THE PROGRAM; AND**
- (4) COLLECT, ANALYZE, AND REPORT ON DATA RELATED TO BEHAVIORAL HEALTH CARE ACCESS AS PROVIDED IN SUBTITLE 5 OF THIS TITLE.**

34-203

(A) TO PROMOTE CONSUMER AWARENESS AND ACCESS, THE PROGRAM SHALL:

- (1) PROVIDE A TOLL FREE TELEPHONE HOTLINE TO RESPOND TO REQUESTS FOR ASSISTANCE BY CONSUMERS, PROVIDERS WHO ARE ACTING ON BEHALF OF CONSUMERS, AND INDIVIDUALS WITHIN THE STATE'S BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM IN ACCESSING BEHAVIORAL HEALTH CARE SERVICES AND OBTAINING HEALTH PLAN COVERAGE FOR BEHAVIORAL HEALTH CARE SERVICES;**
- (2) PROVIDE A WEBSITE THROUGH WHICH CONSUMERS, PROVIDERS WHO ARE ACTING ON BEHALF OF CONSUMERS, AND INDIVIDUALS WITHIN THE STATE'S BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM MAY OBTAIN INFORMATION ABOUT AVAILABLE BEHAVIORAL HEALTH CARE SERVICES AND HEALTH PLAN COVERAGE FOR BEHAVIORAL HEALTH CARE SERVICES AND MAY REQUEST ASSISTANCE IN ACCESSING BEHAVIORAL HEALTH CARE SERVICES AND OBTAINING HEALTH PLAN COVERAGE FOR BEHAVIORAL HEALTH CARE SERVICES; AND**
- (3) CARRY OUT PUBLIC RELATIONS AND ADVERTISING CAMPAIGNS TO PROMOTE AWARENESS OF THE PROGRAM AND THE CUSTOMER ASSISTANCE SERVICES.**

34-204

(A)

- (1) TO CARRY OUT THE PROGRAM, THE COMMISSIONER SHALL APPOINT AN EXECUTIVE DIRECTOR IN CONSULTATION WITH THE CONSULTING AGENCIES.**
- (2) THE EXECUTIVE DIRECTOR SHALL SERVE FOR A [] YEAR TERM.**
- (3) THE EXECUTIVE DIRECTOR SHALL REPORT DIRECTLY TO THE COMMISSIONER.**
- (4) THE EXECUTIVE DIRECTOR MAY BE REMOVED BY THE COMMISSIONER ONLY FOR:**
 - (I) MALFEASANCE;**
 - (II) INCOMPETENCE; OR**
 - (III) FAILURE TO CARRY OUT THE DUTIES OF OFFICE IN A MANNER CONSISTENT WITH THE REGULATORY PURPOSE AND REQUIREMENTS OF THIS ARTICLE.**

(B) THE EXECUTIVE DIRECTOR SHALL:

- (1) BE THE CHIEF ADMINISTRATIVE OFFICER OF THE PROGRAM;**
- (2) DIRECT, ADMINISTER, AND MANAGE THE OPERATIONS OF THE PROGRAM; AND**
- (3) PERFORM ALL DUTIES NECESSARY TO COMPLY WITH AND CARRY OUT THE PROVISIONS OF THIS TITLE.**

(C) IN ACCORDANCE WITH THE ADMINISTRATION'S BUDGET, THE EXECUTIVE DIRECTOR MAY:

- (1) EMPLOY AND RETAIN STAFF; AND**
- (2) RETAIN INDEPENDENT CONTRACTORS, ATTORNEYS, CONSULTANTS, AND OTHER PROFESSIONALS OR CONSULTANTS.**

**SUBTITLE 3 - CONSUMER HEALTH ACCESS PROGRAM FOR BEHAVIORAL HEALTH CARE AND
COVERAGE FUND**

34-301

(A) THERE IS A CONSUMER HEALTH ACCESS PROGRAM FOR BEHAVIORAL HEALTH CARE AND COVERAGE FUND.

(B) THE PURPOSE OF THE FUND IS TO PROVIDE FUNDING FOR THE PROGRAM SPECIFIC COSTS.

(C) THE ADMINISTRATION SHALL ADMINISTER THE FUND.

(D) THE FUND IS A SPECIAL, NON-LAPSING FUND THAT IS NOT SUBJECT TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

(E) THE FUND CONSISTS OF:

- (1) ANY FUNDS DESIGNATED BY THE STATE TO FUND THE ACTIVITIES OF THE PROGRAM;**
- (2) INCOME FROM INVESTMENTS MADE ON BEHALF OF THE FUND;**
- (3) INTEREST ON DEPOSITS OR INVESTMENTS OF MONEY IN THE FUND;**

- (4) MONEY DONATED TO THE FUND;**
 - (5) MONEY AWARDED TO THE FUND THROUGH GRANTS; AND**
 - (6) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR THE BENEFIT OF THE FUND.**
- (F) THE FUND MAY ONLY BE USED FOR THE OPERATION AND ADMINISTRATION OF THE PROGRAM IN CARRYING OUT THE PURPOSES AUTHORIZED UNDER THIS SUBTITLE. .**
- (G) THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL THE FOLLOWING AMOUNTS TO THE FUND:**
 - (1) \$[] FOR FISCAL YEAR 2024;**
 - (2) \$[] FOR FISCAL YEAR 2025; AND**
 - (3) \$[] FOR FISCAL YEAR 2026.**

SUBTITLE 4 - BEHAVIORAL HEALTH NAVIGATOR ENTITIES

34-401

- (A) IN CONSULTATION WITH THE CONSULTING AGENCIES AND THE ADVISORY COUNCIL, THE EXECUTIVE DIRECTOR SHALL ENGAGE BEHAVIORAL HEALTH NAVIGATOR ENTITIES TO PERFORM CONSUMER ASSISTANCE SERVICES IN EACH CONNECTOR ENTITY REGION.**
- (B) BEHAVIORAL HEALTH NAVIGATOR ENTITIES SHALL BE IDENTIFIED AND SELECTED THROUGH A [COMPETITIVE BIDDING PROCESS.]**
- (C) A BEHAVIORAL HEALTH NAVIGATOR ENTITY MUST MEET THE REQUIREMENTS OF THIS SUBTITLE.**

34-402

- (A) IN ORDER TO QUALIFY AS A BEHAVIORAL HEALTH NAVIGATOR ENTITY, AN ENTITY MUST:**
 - (1) [BE ORGANIZED AS A NON-PROFIT ENTITY];**
 - (2) HAVE A PUBLIC INTEREST MISSION;**
 - (3) DEMONSTRATE THAT IT HAS THE ABILITY TO PERFORM THE CONSUMER ASSISTANCE SERVICES;**
 - (4) EMPLOY OR CONTRACT WITH INDIVIDUALS DIRECTLY OR THROUGH AN IDENTIFIED THIRD-PARTY WHO:**
 - (I) ARE QUALIFIED BY EDUCATION, TRAINING, EXPERIENCE AND, IF APPLICABLE, LICENSURE, CERTIFICATION, OR TRAINING TO PROVIDE THE BEHAVIORAL HEALTH NAVIGATIONAL SERVICES; AND**
 - (II) REPRESENT THE RACIAL, ETHNIC, AND GENDER DIVERSITY OF RESIDENTS OF THE CONNECTOR ENTITY REGION IN WHICH THE BEHAVIORAL HEALTH NAVIGATOR ENTITY OPERATES.**

- (5) VERIFY THAT NEITHER IT NOR ANY OF ITS CONTROLLING PERSONS OR EMPLOYEES HAVE A DIRECT OR INDIRECT OWNERSHIP, CONTROL OR ECONOMIC INTEREST IN ANY BEHAVIORAL HEALTH TREATMENT PROVIDER, BEHAVIORAL HEALTH TREATMENT FACILITY OR HEALTH COVERAGE PLAN;**
- (6) HAVE AND MAINTAIN CONFLICT OF INTEREST POLICIES AND PROCEDURES; AND**
- (7) HAVE AND MAINTAIN A HEALTH INFORMATION SECURITY SYSTEM PROGRAM THAT MEETS THE REQUIREMENTS OF [NEW MD LAW].**

SUBTITLE 5 – COLLECTION, ANALYSIS AND REPORTING OF PROGRAM DATA

34-501

- (A) THE PROGRAM SHALL COLLECT AND ANALYZE DATA RELATED TO CONSUMER ASSISTANCE SERVICES PROVIDED BY THE PROGRAM.**
- (B) THE PROGRAM SHALL ANALYZE DATA COLLECTED PURSUANT TO SUBSECTION B OF THIS SECTION TO IDENTIFY:**
 - (1) GAPS IN BEHAVIORAL HEALTH CARE TREATMENT RESOURCES**
 - (2) GAPS IN COVERAGE FOR BEHAVIORAL HEALTH CARE IN EXISTING COMMERCIAL AND GOVERNMENT PLANS**
 - (3) BASES OF COVERAGE DENIALS**
 - (4) RESULTS OF CONTRACTUAL AND ADMINISTRATIVE APPEALS**
 - (5) RESULTS OF JUDICIAL ACTIONS**
 - (6) MENTAL HEALTH PARITY ISSUES AND VIOLATIONS**
 - (7) NETWORK PROVIDER ADEQUACY ISSUES AND VIOLATIONS; AND**
 - (8) PROVIDER DIRECTORY ISSUES AND VIOLATIONS**
- (C) THE PROGRAM SHALL SHARE THE DATA COLLECTED AND THE ANALYZE CONDUCTED PURSUANT TO THIS SECTION WITH THE COORDINATING AGENCIES.**
- (D) THE EXECUTIVE DIRECTOR SHALL SUBMIT AN ANNUAL REPORT ON THE EFFECTIVENESS OF THE PROGRAM TO THE MD GENERAL ASSEMBLY ON OR BEFORE DECEMBER 31ST.**
- (E) THE REPORT SHALL INCLUDE:**
 - (1) A DETAILED SUMMARY AND ACCOUNTING OF ALL PROGRAM ACTIVITIES;**
 - (2) AN EVALUATION OF THE PERFORMANCE OF THE PROGRAM;**
 - (3) A COMPLETE FISCAL ACCOUNTING;**
 - (4) DE-IDENTIFIED AND/OR AGGREGATED DATA SUMMARIZING:**
 - (I) THE NUMBER OF CONSUMERS SEEKING SERVICES FROM THE PROGRAM;**
 - (II) THE NUMBER OF SUCCESSFUL TREATMENT REFERRALS;**
 - (III) THE NUMBER OF PROGRAM PARTICIPANTS SEEKING ASSISTANCE WITH HEALTH PLAN COVERAGE ISSUES;**
 - (IV) BASES OF HEALTH PLAN COVERAGE DENIALS;**
 - (V) RESULTS OF CONTRACTUAL AND ADMINISTRATIVE APPEALS;**
 - (VI) RESULTS OF JUDICIAL ACTIONS;**
 - (VII) MENTAL HEALTH PARITY ISSUES AND VIOLATIONS IDENTIFIED;**

- (VIII) NETWORK PROVIDER ADEQUACY ISSUES AND VIOLATIONS IDENTIFIED; AND**
 - (IX) PROVIDER DIRECTORY ISSUES AND VIOLATIONS IDENTIFIED.**
 - (5) IDENTIFICATION OF TREATMENT AND COVERAGE GAPS; AND**
 - (6) RECOMMENDATIONS TO IMPROVE ACCESS TO MENTAL AND BEHAVIORAL HEALTH TREATMENT AND ENFORCEMENT OF STATE AND FEDERAL LAWS RELATED TO THE PROVISION OF MENTAL AND BEHAVIORAL HEALTH SERVICES AND HEALTH PLAN COVERAGES.**

SUBTITLE 6: CONSUMER HEALTH ACCESS PROGRAM ADVISORY COUNCIL

34-601

- (A) THERE IS A CONSUMER HEALTH ACCESS PROGRAM ADVISORY COUNCIL.**
- (B) THE COUNCIL SHALL, TO THE EXTENT PRACTICABLE:**
 - (1) REFLECT THE GENDER, RACIAL, ETHNIC, AND GEOGRAPHIC DIVERSITY OF THE STATE;**
 - (2) CONSTITUTE A DIVERSE CROSS-SECTION OF STAKEHOLDERS BROADLY REPRESENTATIVE OF THE INDIVIDUALS AND ENTITIES DESCRIBED BELOW; AND**
 - (3) INCLUDE MEMBERS APPOINTED BY THE BOARD FOR A TERM OF NO MORE THAN 3 YEARS IN A MANNER THAT PROVIDES CONTINUITY AND ROTATION;**
- (C) THE COUNCIL CONSISTS OF NO MORE THAN 15 MEMBERS, INCLUDING:**
 - (1) ONE REPRESENTATIVE OF THE BEHAVIORAL HEALTH ADMINISTRATION, DESIGNATED BY THE SECRETARY OF HEALTH;**
 - (2) ONE REPRESENTATIVE OF THE MARYLAND MEDICAID ADMINISTRATION, DESIGNATED BY THE SECRETARY OF HEALTH;**
 - (3) ONE REPRESENTATIVE OF THE HEALTH EDUCATION AND ADVOCACY UNIT OF THE OFFICE OF THE ATTORNEY GENERAL, DESIGNATED BY THE HEAD OF THE UNIT;**
 - (4) ONE REPRESENTATIVE OF THE MARYLAND HEALTH BENEFIT EXCHANGE, DESIGNATED BY THE EXECUTIVE DIRECTOR OF THE EXCHANGE;**
 - (5) ONE REPRESENTATIVE OF THE MARYLAND INSURANCE ADMINISTRATION, DESIGNATED BY THE COMMISSIONER;**
 - (6) ONE EXPERT IN THE INTERPRETATION AND APPLICATION OF THE MENTAL HEALTH PARITY AND ADDICTION ACT; AND**
 - (7) NINE PERSONS DESIGNATED BY THE EXECUTIVE DIRECTOR, INCLUDING PERSONS WHO ARE MEMBERS OF EACH OF THE FOLLOWING STAKEHOLDER GROUPS:**
 - (I) CONSUMERS OF BEHAVIORAL HEALTH TREATMENT SERVICES;**
 - (II) MENTAL AND BEHAVIORAL HEALTH TREATMENT PROVIDERS;**
 - (III) ORGANIZATIONS THAT PROVIDE MENTAL AND BEHAVIORAL HEALTH CRISIS SERVICES;**

- (IV) ORGANIZATIONS THAT WORK ON BEHALF OF MARGINALIZED INDIVIDUALS TO ACHIEVE HEALTH EQUITY;**
- (V) ORGANIZATIONS THAT CONDUCT OUTREACH TO INDIVIDUALS WITH MENTAL AND BEHAVIORAL HEALTH DISORDERS;**
- (VI) CERTIFIED PEER SUPPORT COUNSELORS; AND**
- (VII) LOCAL HEALTH DEPARTMENTS**

(D) THE COUNCIL SHALL MEET QUARTERLY AND PERFORM THE FOLLOWING FUNCTIONS:

- (1) ADVISE THE EXECUTIVE DIRECTOR ON THE ADMINISTRATION AND OPERATION OF THE PROGRAM;**
- (2) RECOMMEND IMPROVEMENTS TO THE ADMINISTRATION AND OPERATION OF THE PROGRAM;**
- (3) REVIEW THE DE-IDENTIFIED AND AGGREGATED PROGRAM DATA TO BE INCLUDED IN THE ANNUAL REPORT AND ADVISE THE EXECUTIVE DIRECTOR ON RECOMMENDATIONS TO BE INCLUDED IN THE ANNUAL REPORT; AND**
- (4) PROVIDE THE EXECUTIVE DIRECTOR WITH SUCH ADVICE AS THE EXECUTIVE DIRECTOR MAY SEEK ON POLICY ISSUES RELATED TO THE PROGRAM.**

ARTICLE – STATE FINANCE AND PROCUREMENT

6-226

(a) (2) (i) Notwithstanding any other provision of law, and unless inconsistent with a federal law, grant agreement, or other federal requirement or with the terms of a gift or settlement agreement, net interest on all State money allocated by the State Treasurer under this section to special funds or accounts, and otherwise entitled to receive interest earnings, as accounted for by the Comptroller, shall accrue to the General Fund of the State.

(ii) The provisions of subparagraph (i) of this paragraph do not apply to the following funds:

166. the False Claims Fund; [and]

167. the Resiliency Hub Grant Program Fund; AND

168. THE CONSUMER HEALTH ACCESS PROGRAM FOR BEHAVIORAL HEALTH CARE AND COVERAGE FUND.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2023.