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**BILL NO.:** **House Bill 1189**  
**Home Energy Assistance – Critical Medical Needs Program**

**COMMITTEE:** **Economic Matters**

**HEARING DATE:** **March 7, 2019**

**SPONSORS:** **Delegate Carey**

**POSITION:** **Support**

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House Bill 1189 establishes the Critical Medical Needs Program (CMNP or Program) within the Office of Home Energy Programs (OHEP) of the Family Investment Administration within the Department of Human Services (DHS). The bill requires OHEP to implement and administer the Program and partner with certain agencies and organizations in implementing the Program. In effect, House Bill 1189 establishes a formal agency structure for an unofficial assistance program developed as a partnership of agencies, BGE and non-profit organizations. As one of those partners, the Office of People’s Counsel offers its full support for this bill.

The current CMNP is a voluntary program established to provide expedited energy and efficiency program assistance to medically vulnerable households. These households include at least one person who relies on electricity for life support services, or whose serious medical condition would be aggravated by loss of electricity or heat. The Program has been developed through the cooperative efforts of the Office of People’s Counsel, Cancer Support Foundation, BGE, DHS/OHEP, DHCD and the Fuel Fund.

The agencies, organizations and utilities have established communication protocols for submission of assistance applications and expedited timelines for action by the utility and assistance agencies. An important component has been the training of “navigators.” Navigators are located in medical and community facilities, and are in contact with medically vulnerable individuals faced with utility bill payment problems, and either the threat of or actual loss of utility service. The medical need is verified through certification by a physician, nurse practitioner or physician’s assistant.<sup>1</sup> As a result of this process, eligible customers who are medically vulnerable (or who have a household member who is medically vulnerable) can obtain energy assistance commitments within a few days, and preserve or restore essential utility service. In addition, DHCD has agreed to provide necessary weatherization, energy efficiency and HVAC repair or replacement services in an expedited manner, when feasible.

This expedited assistance is done with existing OHEP energy assistance grants (MEAP and EUSP) and other funds, if needed. OPC notes that the Program requires no additional grant money.

The partners can attest to the successes of the Program. Given that success, the question may be asked: Why is legislation needed? The answer is two-fold. In some ways, the Program is a victim of its own success. The CMNP has functioned primarily within the BGE service area, but there is a strong interest in other regions of the state for expansion of the Program, and training of navigators. A formal structure is needed to sustain and expand the Program. In particular, this would assist in expanding the training of additional navigators, located in hospitals, cancer centers, at home hospice program and community facilities throughout the State.

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<sup>1</sup> The Program uses the medical certification requirements set forth by the Commission in COMAR 20.31.03.01, to ensure verification of the medical condition and uniformity in the identification of individuals with medical needs.

Second, the most logical place to locate the program is within DHS/OHEP, which administers the energy assistance programs. With a statutory program, DHS/OHEP can adopt regulations and include the implementation of the expedited assistance program in its contract requirements with local administering agencies to ensure the prompt processing of applications.

The CMNP has a track record of cooperation among the utility, agency and non-profit partners, experience with over two years of voluntary pilot program operation, and a record of success in maintaining or restoring service quickly for the benefit of medically vulnerable individuals. House Bill 1189 would ensure that this Program can be sustained and expanded throughout the State.

For these reasons, OPC respectfully recommends a FAVORABLE report on House Bill 1189.