

BY: Senator Della

AMENDMENTS TO HOUSE BILL NO. 428

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, after "Review" insert "and Patient Consent"; in line 3, after the first "of" insert "requiring that a certain notice regarding data collection for the Maryland medical care database be provided to patients under certain circumstances; requiring that the consent of a patient be obtained prior to collection of the data; providing for a certain exception; specifying the effect of the consent on any rights or privileges of a patient regarding the data and treatment and payment for treatment by certain persons; requiring the Health Care Access and Cost Commission to adopt certain regulations;"; in line 6, after "Commission" insert "and Patient Consent"; and after line 6, insert:

"BY repealing and reenacting, with amendments,

Article - Health - General

Section 19-1507

Annotated Code of Maryland

(1996 Replacement Volume and 1996 Supplement)".

AMENDMENT NO. 2

On page 1, after line 18, insert:

"Article - Health - General

19-1507.

(a) The Commission shall establish a Maryland medical care data base to compile statewide data on health services rendered by health care practitioners and office facilities selected by the Commission.

(Over)

(b) In addition to any other information the Commission may require by regulation, the medical care data base shall:

(1) Collect for each type of patient encounter with a health care practitioner or office facility designated by the Commission:

(i) The demographic characteristics of the patient, EXCLUDING THE PATIENT'S MONTH AND DAY OF BIRTH, SOCIAL SECURITY NUMBER, AND LAST 2 DIGITS OF A PATIENT'S U.S. POSTAL SERVICE ZIP CODE;

(ii) The principal diagnosis;

(iii) The procedure performed;

(iv) The date and location of where the procedure was performed;

(v) The charge for the procedure;

(vi) If the bill for the procedure was submitted on an assigned or nonassigned basis; and

(vii) If applicable, a health care practitioner's universal identification number;

(2) Collect appropriate information relating to prescription drugs for each type of patient encounter with a pharmacist designated by the Commission; and

(3) Collect appropriate information relating to health care costs, utilization, or resources from payors and governmental agencies.

(C) (1) PATIENTS WHOSE DATA IS TO BE COLLECTED UNDER THIS SECTION SHALL BE NOTIFIED AT THE TIME OF THE INITIAL PATIENT ENCOUNTER WITH A HEALTH CARE PRACTITIONER THAT DATA WILL BE COLLECTED IN ACCORDANCE WITH THIS SECTION IN THE MANNER REQUIRED BY THE COMMISSION BY REGULATION.

(2) (I) DATA CONCERNING A PATIENT MAY NOT BE COLLECTED UNLESS THE PATIENT IS NOTIFIED IN ACCORDANCE WITH PARAGRAPH (1) OF THIS SUBSECTION AND THE PATIENT PROVIDES CONSENT FOR COLLECTION OF THE DATA.

(II) IF, BY VIRTUE OF THE PHYSICAL OR MENTAL CONDITION OF THE PATIENT, THE PATIENT IS NOT ABLE TO PROVIDE CONSENT UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, ANY OTHER PERSON THAT HAS AUTHORITY TO CONSENT TO MEDICAL CARE FOR THE PATIENT AS PROVIDED UNDER § 5-605 OF THIS ARTICLE OR AS OTHERWISE AUTHORIZED BY LAW MAY PROVIDE CONSENT FOR THE COLLECTION OF THE DATA.

(III) THE CONSENT OR SUBSTITUTE CONSENT PROVIDED UNDER THIS PARAGRAPH DOES NOT CONSTITUTE A WAIVER OF ANY PRIVILEGE THAT WOULD OTHERWISE APPLY TO THE DATA AND THE FAILURE OF THE PATIENT TO CONSENT TO THE COLLECTION OF THE DATA MAY NOT BE A BASIS FOR REFUSAL OF TREATMENT BY A HEALTH CARE PRACTITIONER OR THE DELAY OR DENIAL OF PAYMENT FOR THE TREATMENT PROVIDED BY A PAYOR.

[(c)] (D) (1) The Commission shall adopt regulations governing NOTICE OF COLLECTION, CONSENT, AND the access and retrieval of all medical claims data and other information collected and stored in the medical care data base and any claims clearinghouse licensed by the Commission and may set reasonable fees covering the costs of accessing and retrieving the stored data.

(2) THE REGULATIONS GOVERNING NOTICE OF COLLECTION AND CONSENT TO BE ADOPTED BY THE COMMISSION UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL PROVIDE FOR:

(I) A STANDARD NOTICE AND CONSENT FORM;

(II) THE RIGHT OF A PATIENT TO REVOKE CONSENT FOR THE

(Over)

COLLECTION OF DATA AT ANY TIME PROVIDED THAT THE REVOCATION IS REQUIRED TO BE IN WRITING; AND

(III) THE CONSENT FOR THE COLLECTION OF DATA TO BE SECURED AT THE SAME TIME AND IN THE SAME MANNER THAT PATIENT CONSENT IS OBTAINED FOR MEDICAL TREATMENT AND INSURANCE PAYMENT FOR MEDICAL TREATMENT.

[(2)] (3) These regulations shall ensure that confidential or privileged patient information is kept confidential.

[(3)] (4) Records or information protected by the privilege between a health care practitioner and a patient, or otherwise required by law to be held confidential, shall be filed in a manner that does not disclose the identity of the person protected.

[(d)] (E) (1) To the extent practicable, when collecting the data required under subsection (b) of this section, the Commission shall utilize any standardized claim form or electronic transfer system being used by health care practitioners, office facilities, and payors.

(2) The Commission shall develop appropriate methods for collecting the data required under subsection (b) of this section on subscribers or enrollees of health maintenance organizations.

[(e)] (F) Until the provisions of § 19-1508 of this subtitle are fully implemented, where appropriate, the Commission may limit the data collection under this section.

[(f)] (G) By October 1, 1995 and each year thereafter, the Commission shall publish an annual report on those health care services selected by the Commission that:

(1) Describes the variation in fees charged by health care practitioners and office facilities on a statewide basis and in each health service area for those health care services; and

(2) Describes the geographic variation in the utilization of those health care services.

[(g)] (H) In developing the medical care data base, the Commission shall consult with:

(1) Representatives of health care practitioners, payors, and hospitals; and

(2) Representatives of the Health Services Cost Review Commission and the Health Resources Planning Commission to ensure that the medical care data base is compatible with, may be merged with, and does not duplicate information collected by the Health Services Cost Review Commission hospital discharge data base, or data collected by the Health Resources Planning Commission as authorized in § 19-107 of this title.

(i) The Commission, in consultation with the Insurance Commissioner, payors, health care practitioners, and hospitals, may adopt by regulation standards for the electronic submission of data and submission and transfer of the uniform claims forms established under Article 48A, § 490P of the Code.”.