



Response to SB752/HB1486

Public Health – Non-Controlled Dangerous Substance Prescription Record System Program

CRISP appreciates this opportunity to provide comments to Senate Bill 752 and House Bill 1486. As written, these bills would establish a Prescription Record System Program to share dispensed medication history with health care practitioners across the State. We are in favor of the appropriate movement of health information to facilitate enhanced clinical decision making, and therefore offer our testimony in support.

Efforts to enable the transfer of health information must have precautions for privacy and security. The System set up in this legislation satisfies this requirement. Patients will have the right to opt-out of sharing medications, just as they have the right to opt-out of sharing data through a Health Information Exchange. We support this necessary protection. The Program is also designed with two structural components for input and oversight, both of which are appropriate based on our experience:

- 1) The Maryland Health Care Commission will pass regulations to ensure patient privacy, authorized access to health data, and effectiveness of the operator of the technology platform. We agree with this approach, as it allows an experienced regulatory body to oversee critical infrastructure. The approach is similar to the oversight of CRISP as the State-Designated Health Information Exchange. Our partnership with the Maryland Health Care Commission has demonstrated positive results over the past decade.
- 2) An Advisory Committee will provide clinical and operational recommendations to the Commission. Stakeholder inclusion and transparency are essential elements, and we support this approach.

CRISP, as the State-Designated Health Information Exchange, will be leveraged to accept, store, and present the prescription drug information. We support reusing technology and are confident in our ability to fulfill anticipated requests. We already partner with the Maryland Department of Health in a similar capacity to share dispensed controlled substances through the Prescription Drug Monitoring Program. The volume of non-controlled dangerous substances is greater than the Prescription Drug Monitoring Program, but not overwhelming considering our average weekly volume:

- Patient searches: 120,000
- API query responses: 800,000
- Prescription Drug Monitoring Program data responses: 360,000
- Encounter notifications sent: 1,300,000
- Laboratory, radiology, and transcribed reports received: 1,600,000

The Commission will be asked to submit a plan for funding to ensure that the System is sustainable and available for health care practitioners in perpetuity. The bill prohibits State-Designated Health Information Exchange from charging utilization fees. Although this insulates us from generating the revenue directly, we are eager to work with the Commission and other stakeholders to ensure any funding model is fair and appropriate without impacting the Health Information Exchange operations.

If asked, we look forward to working with our partners on the successful design and implementation of the Non-Controlled Dangerous Substance Prescription Record System.