HB 213 Senate Statement (2022) - Google Docs.pdf

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THE MARYLAND HOUSE OF DELEGATES
Annapolis, Maryland 21401

HB 213- Health Information Exchange Statement- Definition and Privacy Regulations
Senate Finance Committee
March 24, 2022

Chair Kelley, Vice Chair Feldman and Members of the Committee

Thank you for allowing me to present HB 213, Health Information Exchange - Definition and Privacy Regulations.

In 2021, we passed HB 1375 which simplified health information privacy for all Marylanders. HB 1375 required the establishment of a one-stop opt-out website so that consumers can choose to opt-out once and have their privacy instructions be received and respected by all 11 HIEs.

As originally drafted, HB 1375 included language that conformed Maryland's statutory definition of HIE to a new federal definition that went into effect last year. Various stakeholders requested more time to workshop that definition and the final version of HB1375 directed the Maryland Health Care Commission to convene stakeholders and recommend a new definition by December 1. HB 213 represents the work of the MHCC and stakeholders on that definition.

Aligning the definitions increases interoperability among HIE's. Lack of interoperability is a barrier to data exchange and impedes the delivery of optimal health care. Improving provider access to patient health information through interoperable HIE's improves provider efficiency, saving time, money, and ultimately improves healthcare for Marylanders.

The amendments adopted by the House addresses the concerns raised by consumer groups and the Attorney General's Health Education and Advocacy Unit. HB 213 passed the House 122-6.

Thank you for your consideration. I urge a favorable report of HB 213.

HB378 Palliative Care Study(Support Postition Stmt

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MARYLAND
Health Care
Commission

Andrew N. Pollak, MD, Chairman
Ben Steffen, Executive Director

2022 SESSION
POSITION PAPER

BILL NO: **HB 378**

COMMITTEE: **Senate Finance**

POSITION: **Support**

TITLE: HB 378 – Maryland Health Care Commission – Palliative Care Services – Workgroup

BILL ANALYSIS

HB 378 - Maryland Health Care Commission – Palliative Care Services – Workgroup requires the Maryland Health Care Commission to convene a workgroup of interested stakeholders to study palliative care services in the State. The workgroup is required to examine:

(1) the state of palliative care services offered in the State;
(2) the capacity of palliative care providers to provide services;
(3) any geographic areas where significant gaps in palliative care services may exist;
(4) opportunities to collaborate with key stakeholders who are positioned to develop a strategy or plan for improving and expanding the provision of high–quality palliative medicine and care services;
(5) the feasibility of financial support for a long–term expansion of palliative care services, including insurance coverage; and
(6) a plan for ongoing data collection for purposes of the monitoring and improvement of palliative care services.

The bill requires the MHCC to submit an interim report to the Governor and General Assembly by July 1, 2023, and a final report by November 1, 2023, to include findings and recommendations to improve palliative care services in the State and the need for any legislative initiatives.

POSITION AND RATIONALE

The Maryland Health Care Commission supports HB 378.

Palliative care is an interdisciplinary medical caregiving approach aimed at optimizing quality of life and mitigating suffering among people with serious, complex illnesses.[1] Within the published literature, many definitions of palliative care exist. The World Health Organization (WHO) describes palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual."[2] In the past, palliative care was a disease specific approach, but today the WHO takes a more broad approach, that the principles of palliative care should be applied as early as possible to any chronic and ultimately fatal illness.[3]

The overall goal of palliative care is to improve quality of life of individuals with serious illness, any life-threatening condition which either reduces an individual's daily function or quality of life or increases caregiver burden, through pain and symptom management, identification and support of caregiver needs, and care coordination. Palliative care can be delivered at any stage of illness alongside other treatments with curative or life-prolonging intent and is not restricted to people receiving end-of-life care.[4]

Historically, palliative care services were focused on individuals with incurable cancer, but this framework is now applied to other diseases, such as severe heart failure.[5] Palliative care can be initiated in a variety of care settings, including emergency rooms, hospitals, hospice facilities, or at home. Palliative care's focus is to improve the quality of life for those with chronic illnesses. It is commonly the case that palliative care is provided at the end of life, but it can be helpful for a person at any age and at any stage of illness.[6]

MHCC believes that efforts to increase acceptance of palliative care services by patients and the medical community and improving the availability and accessibility of palliative care

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[1] Zhukovsky D (2019). Primer of Palliative Care. American Association of Hospice and Palliative Medicine. ISBN 9781889296081.

[2] "WHO | WHO Definition of Palliative Care". *WHO*. Archived from the original on 4 October 2003. Retrieved 4 December 2019.

[3] Sepulveda, Cecilia; Marlin, Amanda; Yoshida, Tokuo; Ullrich, Andreas (2 August 2002). "Palliative Care: The World Health's Global Perspective". *Journal of Pain and Symptom Management*. **24** (2): 91–96. doi:10.1016/S0885-3924(02)00440-2. PMID 12231124.

[4] National Consensus Project for Quality Palliative Care (2018). "Clinical Practice Guidelines for Quality Palliative Care, 4th edition". Retrieved 18 December 2019.

[5] "Heart failure - palliative care: MedlinePlus Medical Encyclopedia". *medlineplus.gov*. Retrieved 30 April 2020.

[6] "What is Palliative Care? | Definition of Palliative Care | Get Palliative Care". Retrieved 12 May 2020.

services across the health care delivery system can improve the quality of life experienced by patients with serious illness through more effective relief of pain and stress. MHCC also believes that increasing the use of palliative care services as an approach to managing the impact of serious illness can reduce health care spending.

For these reasons, the Commission asks for a favorable report on HB 378.

Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.

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MARYLAND
Health Care
Commission

Andrew N. Pollak, MD, Chairman
Ben Steffen, Executive Director

2022 SESSION
POSITION PAPER

BILL NO: **HB 213**
COMMITTEE: **Senate Finance Committee**
POSITION: **SUPPORT as amended**

TITLE: Health Information Exchanges – Definition and Privacy Regulations

BILL ANALYSIS

House Bill 213 (HB 213) aligns the definition of a health information exchange (HIE) in statute with the federal definition of an HIE. Regulations governing the privacy and security of protected health information obtained or released through an HIE may not prohibit the sharing and disclosing of electronic health information for certain purposes.

POSITION AND RATIONALE

HIEs emerged more than a decade ago as a result of the federal Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, which provided funding for the establishment of HIEs by states or state-designated entities to support electronic data sharing. HIEs build secure and robust connections to enable the exchange of health data from disparate health information systems operated by providers, payers, electronic health record vendors, and government agencies. Aligning the statutory definition of an HIE with the federal definition is essential and supports HIE use of consistent standards that enable interoperability.[1]

Alignment will address fragmentation and lack of coordination that impedes delivery system transformation. HIEs provide the framework for enabling the flow of electronic patient information between stakeholders. The lack of alignment obstructs the use of common standards necessary to support interoperability, resulting in digital information silos where the ability to electronically exchange health information is severely hampered.

Definition alignment is essential to ensure that HIEs are capable of connecting diverse stakeholders. In general, standards enable information to be accessed and shared appropriately and securely across the complete spectrum of care, within all applicable settings and with relevant stakeholders, including consumers. HIEs' use of consistent interoperability standards is critical for health care providers to efficiently and economically exchange electronic health information.

For these reasons, the Commission asks for a favorable report on HB 213 as amended.

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[1] Interoperability with respect to health information technology enables the secure exchange of electronic health information and allows for access, exchange, and use of electronically accessible health information for authorized use. Title 42 – The Public Health and Welfare, § 300ii–2, page 1,575 available at: www.govinfo.gov/content/pkg/USCODE-2020-title42/pdf/USCODE-2020-title42-chap6A-subchapXXVIII-sec300jj.pdf.