## **HOUSE BILL 333**

S2, J3, J5 (5lr0887)

### ENROLLED BILL

— Health and Government Operations/Finance and Education, Energy, and the Environment —

Introduced by Delegate Kerr Delegates Kerr, Alston, Bagnall, Bhandari, Chisholm, Cullison, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kipke, Lopez, Martinez, M. Morgan, Pena-Melnyk, Reilly, Rosenberg, Ross, Szeliga, Taveras, White Holland, Woods, and Woorman

Read and Examined by Proofreaders:

Proofreader. Proofreader. Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_ day of \_\_\_\_ at \_\_\_ o'clock, \_\_\_\_M. Speaker. CHAPTER \_\_\_\_\_ AN ACT concerning <del>Cybersecurity - Healthcare Ecosystem <u>Stakeholder Cybersecurity Workgroup</u></del> FOR the purpose of requiring the Maryland Health Care Commission and the Maryland Insurance Administration to include a cybersecurity expert as staff to perform certain functions and submit to the State Chief Information Security Officer a report on the cybersecurity practices and policies of certain healthcare ecosystem entities on a certain basis; requiring healthcare ecosystem entities to take certain actions related to cybersecurity, including adopting and implementing certain cybersecurity standards, undergoing a third-party cybersecurity audit on a certain basis, and reporting cybersecurity incidents to the State Security Operations Center in the Department of Information Technology; requiring the Center to notify certain

#### EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



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1	agencies of a cybersecurity incident reported under this Act; authorizing the
$\frac{2}{3}$	Maryland Department of Emergency Management to convene a workgroup to review cybersecurity practices, threats, and emerging issues in the healthcare ecosystem;
3 4	requiring the Maryland Department of Emergency Management to convene a
5	workgroup to study and make recommendations to improve the cybersecurity of the
6	healthcare ecosystem establishing the Healthcare Ecosystem Stakeholder
7	Cybersecurity Workgroup to develop strategies to prevent cybersecurity disruptions
8	to the healthcare ecosystem, ensure the continuous delivery of essential healthcare
9	ecosystem services, and enhance recovery efforts of the healthcare ecosystem
10	following a cybersecurity incident; and generally relating to the Healthcare
11	Ecosystem Stakeholder Cybersecurity Workgroup; and generally relating to
12	eybersecurity and the healthcare ecosystem the Healthcare Ecosystem Stakeholder
13	Cybersecurity Workgroup.
10	<u>cysoroccarry worngroup</u> .
14	BY repealing and reenacting, without amendments,
15	Article - Health - General
16	Section 19-101
17	Annotated Code of Maryland
18	(2023 Replacement Volume and 2024 Supplement)
19	BY adding to
20	Article — Health — General
21	<del>Section 19-113</del>
22	Annotated Code of Maryland
23	(2023 Replacement Volume and 2024 Supplement)
0.4	
24	BY repealing and reenacting, without amendments,
25	Article - Insurance
26	Section 1–101(a), (b), and (k)
27	Annotated Code of Maryland
28	(2017 Replacement Volume and 2024 Supplement)
29	BY adding to
30	Article - Insurance
31	Section 2-117
32	Annotated Code of Maryland
33	(2017 Replacement Volume and 2024 Supplement)
34	BY repealing and reenacting, without amendments,
35	Article - State Finance and Procurement
36	Section 3.5-101(a) and (c), 3.5-2A-01, and 3.5-301(a) and (c)
37	Annotated Code of Maryland
38	(2021 Replacement Volume and 2024 Supplement)
39	BY adding to

Article - State Finance and Procurement

Section 3.5 - 2A - 07

1	Annotated Code of Maryland
2	(2021 Replacement Volume and 2024 Supplement)
3	BY adding to
4	Article - Health - General
5	<del>Section 19-113(f)</del>
6	Annotated Code of Maryland
7	(2023 Replacement Volume and 2024 Supplement)
8	(As enacted by Section 1 of this Act)
9	BY adding to
10	Article - Insurance
11	Section 2-117(f)
12	Annotated Code of Maryland
13	(2017 Replacement Volume and 2024 Supplement)
14	(As enacted by Section 1 of this Act)
1-1	(The chacted by becomen 1 of this fact)
15	BY repealing and reenacting, without amendments,
16	Article - Public Safety
17	<del>Section 14–101(a) and (b)</del>
18	Annotated Code of Maryland
19	(2022 Replacement Volume and 2024 Supplement)
20	BY adding to
$\frac{20}{21}$	Article – Public Safety
$\frac{21}{22}$	Section 14–104.3
23	Annotated Code of Maryland
24	(2022 Replacement Volume and 2024 Supplement)
<b>4</b> 4	(2022 Replacement Volume and 2021 Supplement)
25	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
26	That the Laws of Maryland read as follows:
	·
<b>27</b>	Article - Health - General
28	<del>19-101.</del>
40	<del>10-101.</del>
29	In this subtitle, "Commission" means the Maryland Health Care Commission.
	,
30	<del>19-113,</del>
31	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
32	<del>INDICATED.</del>
33	(2) "Cybersecurity" has the meaning stated in § 3.5-301 of
	THE STATE FINANCE AND PROCHESMENT ARTICLE.
. 14	

1	(3) "ESSENTIAL CAPABILITIES" MEANS THE SERVICES THAT MUST BE
2	AVAILABLE IN THE HEALTHCARE ECOSYSTEM TO ENSURE THE CONTINUITY OF
3	CRITICAL CARE AND PATIENT SAFETY, INCLUDING DURING AN INCIDENT
4	DIMINISHING THE CAPACITY OF THE HEALTHCARE ECOSYSTEM.
5	(4) "HEALTHCARE ECOSYSTEM" MEANS THE ENTITIES AND
6	RELATIONSHIPS AMONG ENTITIES THAT ARE NECESSARY TO DELIVER TREATMENT,
7	PAYMENT, AND HEALTH CARE OPERATIONS.
8	(5) (I) "HEALTHCARE ECOSYSTEM ENTITY" INCLUDES:
9	1. AN ELECTRONIC DATA INTERCHANGE
10	<del>CLEARINGHOUSE;</del>
11	A EDEECTANDING MEDICAL EAGH 1007 AC DEFINED IN
11	2. A FREESTANDING MEDICAL FACILITY, AS DEFINED IN
12	<b>§ 19−3A−01 OF THIS TITLE</b> ;
13	3. A HEALTH INFORMATION EXCHANGE, AS DEFINED IN
$\frac{13}{14}$	§ 4 301 OF THIS ARTICLE:
1-1	3 1 001 01 11110 111111 11111 11111 11111 11111 11111 1111
15	4. A HOSPITAL, AS DEFINED IN § 19-301 OF THIS TITLE;
16	AND
17	5. AN ENTITY IDENTIFIED BY THE COMMISSION IN
18	REGULATIONS TO BE INCLUDED IN THE HEALTHCARE ECOSYSTEM.
19	(II) "HEALTHCARE ECOSYSTEM ENTITY" DOES NOT INCLUDE:
20	1. A CARRIER, AS DEFINED IN § 2-117 OF THE
21	Insurance Article; or
0.0	2
22	2. A PHARMACY BENEFITS MANAGER, AS DEFINED IN §
23	15-1601 OF THE INSURANCE ARTICLE.
0.4	(6) "Zero-trust" means a cybersecurity approach:
24	(6) "ZERO-TRUST" MEANS A CYBERSECURITY APPROACH:
25	(I) FOCUSED ON CYBERSECURITY RESOURCE PROTECTION;
26	AND
20	
27	(II) BASED ON THE PREMISE THAT TRUST IS NOT GRANTED
28	IMPLICITLY BUT MUST BE EVALUATED CONTINUALLY.
_0	
29	(B) THE COMMISSION SHALL INCLUDE ON ITS STAFF AT LEAST ONE
30	EMPLOYEE WHO IS AN EXPERT IN CYBERSECURITY TO:

1	(1) ADVISE THE CHAIRMAN AND MEMBERS OF THE COMMISSION ON
2	MEASURES TO IMPROVE OVERSIGHT OF THE CYBERSECURITY PRACTICES OF
3	HEALTHCARE ECOSYSTEM ENTITIES;
4	(2) CONSULT WITH THE OFFICE OF SECURITY MANAGEMENT ON
5	CYBERSECURITY ISSUES RELATED TO HEALTH CARE REGULATION; AND
6	(3) REPRESENT THE COMMISSION ON ANY WORKGROUP, TASK
7	FORCE, OR SIMILAR ENTITY THAT IS FOCUSED ON CYBERSECURITY AND ON WHICH
8	REPRESENTATION FROM THE COMMISSION IS REQUESTED OR REQUIRED.
9	(C) A HEALTHCARE ECOSYSTEM ENTITY SHALL:
10	(1) ADOPT AND IMPLEMENT CYBERSECURITY STANDARDS THAT ARE
11	EQUAL TO OR EXCEED ANY STANDARDS ADOPTED BY THE COMMISSION;
12	(2) ADOPT A ZERO-TRUST CYBERSECURITY APPROACH FOR
13	ON-PREMISES SERVICES AND CLOUD-BASED SERVICES;
14	(3) ESTABLISH MINIMUM SECURITY STANDARDS FOR EACH
15	OPERATIONAL TECHNOLOGY AND INFORMATION TECHNOLOGY DEVICE BASED ON
16	THE LEVEL OF SECURITY RISK FOR EACH DEVICE, INCLUDING SECURITY RISKS
17	ASSOCIATED WITH SUPPLY CHAINS; AND
18	(4) ON OR BEFORE JANUARY 1, 2026, AND EVERY 2 YEARS
19	THEREAFTER:
20	(I) UNDERGO A THIRD-PARTY AUDIT TO EVALUATE THE
21	ENTITY'S CYBERSECURITY PRACTICES AND RESOURCES BASED ON THE
22	CYBERSECURITY AND INFRASTRUCTURE SECURITY AGENCY'S CROSS-SECTOR
23	CYBERSECURITY PERFORMANCE GOALS OR A MORE STRINGENT STANDARD BASED
24	ON THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY'S FRAMEWORK;
25	AND
26	(II) SUBMIT TO THE COMMISSION A REPORT THAT INCLUDES:
27	1. The results and recommendations of the
28	AUDIT;
29	2. The date of the cybersecurity audit;
30	3. The standard used to evaluate the entity; and

1	4. THE NAME OF THE THIRD PARTY THAT CONDUCTED
2	THE AUDIT.
_	
3	(D) ON OR BEFORE JULY 1, 2026, AND EVERY 2 YEARS THEREAFTER, THE
4	COMMISSION SHALL COLLECT CERTIFICATION OF A HEALTHCARE ECOSYSTEM
5	ENTITY'S COMPLIANCE WITH THE STANDARD USED IN THE AUDIT CONDUCTED
6	UNDER SUBSECTION (C)(4) OF THIS SECTION FOR CYBERSECURITY RELATED
7	POLICIES AND PROCEDURES.
8	(E) ON OR REPORT IANHARY 1 2027 AND EVERY 2 YEARS WHERE A EVER
9	(E) ON OR BEFORE JANUARY 1, 2027, AND EVERY 2 YEARS THEREAFTER, THE COMMISSION SHALL SUBMIT A REPORT TO THE STATE CHIEF INFORMATION
10	SECURITY OFFICER OR THE OFFICER'S DESIGNEE THAT INCLUDES:
10	Shockill Official of the official substance that inclodes:
11	(1) A GENERAL OVERVIEW OF CYBERSECURITY TECHNOLOGY AND
12	POLICIES USED BY HEALTHCARE ECOSYSTEM ENTITIES IN THE STATE, GROUPED IN
13	THE FOLLOWING MANNER:
	,
14	(I) HOSPITALS;
15	(II) FREESTANDING MEDICAL FACILITIES;
19	(II) FREESTANDING MEDICAL FACILITIES;
16	(III) ELECTRONIC DATA INTERCHANCE CLEARINGHOUSES;
	(,,
17	(IV) HEALTH INFORMATION EXCHANGES; AND
18	(V) ANY OTHER ENTITY THE COMMISSION CONSIDERS
19	SIGNIFICANT ENOUGH TO INCLUDE IN THE REPORT;
20	(2) INFORMATION ABOUT EACH CERTIFICATION COLLECTED,
21	INCLUDING:
22	(I) THE NAME OF THE HEALTHCARE ECOSYSTEM ENTITY;
23	(H) THE DATE OF THE HEALTHCARE ECOSYSTEM ENTITY'S
24	MOST RECENT CYBERSECURITY AUDIT;
0.5	(III) THE CURENCURITY CHANDARD HOLD IN THE
25 26	(HI) THE CYBERSECURITY STANDARD USED IN THE
26	CYBERSECURITY AUDIT OF THE HEALTHCARE ECOSYSTEM ENTITY; AND
27	(IV) THE NAME OF THE THIRD PARTY THAT COMPLETED THE
28	CYBERSECURITY AUDIT;
29	(3) AN OVERVIEW OF ESSENTIAL CAPABILITIES PROVIDED BY
30	` '

1 2 3	(4) RECOMMENDATIONS FOR ENSURING THE CONTINUOUS DELIVERY OF ESSENTIAL CAPABILITIES DURING AND FOLLOWING A DISRUPTION TO THE HEALTHCARE ECOSYSTEM; AND
4 5 6	(5) RECOMMENDATIONS TO IMPROVE CYBERSECURITY FOR THE GROUPS OF HEALTHCARE ECOSYSTEM ENTITIES IDENTIFIED IN ITEM (1) OF THIS SUBSECTION.
7	Article - Insurance
8	<del>1-101.</del>
9	(a) In this article the following words have the meanings indicated.
0	(b) "Administration" means the Maryland Insurance Administration.
1	(k) "Commissioner" means the Maryland Insurance Commissioner.
12	<del>2-117.</del>
13 14	(A) (1) In this section the following words have the meanings indicated.
5	(2) "CARRIER" MEANS:
6	(I) AN INSURER AUTHORIZED TO SELL HEALTH INSURANCE;
17	(H) A NONPROFIT HEALTH SERVICE PLAN;
18	(III) A HEALTH MAINTENANCE ORGANIZATION;
9	(IV) A DENTAL PLAN ORGANIZATION; AND
20	(V) ANY OTHER ENTITY PROVIDING A PLAN OF HEALTH
21	INSURANCE, HEALTH BENEFITS, OR HEALTH SERVICES AUTHORIZED UNDER THIS
22	ARTICLE OR THE AFFORDABLE CARE ACT.
23	(3) "Essential capabilities" means the services that must be
24	AVAILABLE IN THE HEALTHCARE ECOSYSTEM TO ENSURE THE CONTINUITY OF
25	CRITICAL CARE AND PATIENT SAFETY, INCLUDING DURING AN INCIDENT
26	DIMINISHING THE CAPACITY OF THE HEALTHCARE ECOSYSTEM.

1		<del>(4)</del>	"HE	ALTHCARE ECOSYSTEM" MEANS THE ENTITIES AND
2	RELATIONS	HIPS	<b>AMON</b>	<del>G ENTITIES THAT ARE NECESSARY TO DELIVER TREATMENT,</del>
3	PAYMENT,	<del>AND H</del>	EALTI	H CARE OPERATIONS.
4		<del>(5)</del>	<del>(I)</del>	"HEALTHCARE ECOSYSTEM ENTITY" MEANS:
5				<del>1.</del> A CARRIER; OR
6				2. A PHARMACY BENEFITS MANAGER, AS DEFINED IN §
7	<del>15-1601 OI</del>	THIS	ARTI	,
8			<del>(II)</del>	"HEALTHCARE ECOSYSTEM ENTITY" DOES NOT INCLUDE A
9	GOVERNME	NTAL	` /	
10		<del>(6)</del>	<u>"Zer</u>	CO-TRUST" MEANS A CYBERSECURITY APPROACH:
11			<del>(I)</del>	FOCUSED ON CYBERSECURITY RESOURCE PROTECTION;
12	<del>AND</del>		` ,	
13			<del>(II)</del>	BASED ON THE PREMISE THAT TRUST IS NOT GRANTED
14	<b>IMPLICITLY</b>	BUT	MUST	BE EVALUATED CONTINUALLY.
15	(D)	Тив	Аъмт	NISTRATION SHALL INCLUDE ON ITS STAFF AT LEAST ONE
16	(B)			FXPERT IN CYBERSECURITY TO:
10	<del>EWII LOTEL</del>	WHO	<del>ID MIN</del> I	<del>ZALERI IN CIBERSECURITI IO.</del>
17		<del>(1)</del>	ADVI	SE THE COMMISSIONER ON MEASURES TO IMPROVE
18	<del>OVERSIGHT</del>	` /	THE (	CYBERSECURITY PRACTICES OF HEALTHCARE ECOSYSTEM
19	ENTITIES;			
20		<del>(2)</del>		SULT WITH THE OFFICE OF SECURITY MANAGEMENT ON
21	CYBERSECU	<del>JRITY</del>	ISSUE	S RELATED TO HEALTH INSURANCE REGULATION; AND
22		<del>(3)</del>	DEDI	DESENT THE ADMINISTRATION ON ANY WODISCHOUD TASK
23	FORCE OR	` '		RESENT THE ADMINISTRATION ON ANY WORKGROUP, TASK WITTY THAT IS FOCUSED ON CYBERSECURITY AND ON WHICH
$\frac{25}{24}$	,			M THE ADMINISTRATION IS REQUIRED OR REQUESTED.
		111110	11110	III TEMINISTICATION IS REQUIRED ON REQUESTED.
25	<del>(C)</del>	<del>A HE</del>	ALTH	CARE ECOSYSTEM ENTITY SHALL:
26		(1)	ADOI	PT AND IMPLEMENT CYBERSECURITY STANDARDS THAT ARE
		<del>(1)</del>		THE THIRD IN DEMENT OF DETISE CONTINUES THAT THE
27	EQUAL TO	` '		ANY STANDARDS ADOPTED BY THE ADMINISTRATION;
	EQUAL TO	OR EX		
<ul><li>27</li><li>28</li><li>29</li></ul>	·	<del>(2)</del>	CEED A	

1	(3) ESTABLISH MINIMUM SECURITY STANDARDS FOR EACH
2	OPERATIONAL TECHNOLOGY AND INFORMATION TECHNOLOGY DEVICE BASED ON
3	THE LEVEL OF SECURITY RISK FOR EACH DEVICE, INCLUDING SECURITY RISKS
4	ASSOCIATED WITH SUPPLY CHAINS; AND
5	(4) ON OR BEFORE JANUARY 1, 2026, AND EVERY 2 YEARS
6	THEREAFTER:
_	(1) INTERESCO A MANDE DARRY ANDER MO ENVALUABLE MAND
7	(I) UNDERGO A THIRD-PARTY AUDIT TO EVALUATE THE
8	ENTITY'S CYBERSECURITY PRACTICES AND RESOURCES BASED ON THE CYBERSECURITY AND INFRASTRUCTURE SECURITY AGENCY'S CROSS-SECTOR
9 10	CYBERSECURITY PERFORMANCE GOALS OR A MORE STRINGENT STANDARD BASED
10	ON THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY'S FRAMEWORK:
12	AND
14	AND
13	(II) SUBMIT TO THE ADMINISTRATION A REPORT THAT
14	INCLUDES:
11	Trobbes.
15	1. THE RESULTS AND RECOMMENDATIONS FROM THE
16	AUDIT:
	·
17	2. THE DATE OF THE CYBERSECURITY AUDIT;
18	3. THE STANDARD USED TO EVALUATE THE ENTITY; AND
19	4. THE NAME OF THE THIRD PARTY THAT CONDUCTED
20	THE AUDIT.
	(-) O I I I
21	(D) ON OR BEFORE JULY 1, 2026, AND EVERY 2 YEARS THEREAFTER, THE
22	ADMINISTRATION SHALL COLLECT CERTIFICATION OF A HEALTHCARE ECOSYSTEM
23	ENTITY'S COMPLIANCE WITH THE STANDARD USED IN THE AUDIT CONDUCTED
24	UNDER SUBSECTION (C)(4) OF THIS SECTION FOR CYBERSECURITY-RELATED
25	POLICIES AND PROCEDURES.
0.0	(E) ON OR REPORT INVIANTAL 2007 AND EVERY 2 VEARS WHERE A PERSON
26	(E) ON OR BEFORE JANUARY 1, 2027, AND EVERY 2 YEARS THEREAFTER,
27	THE ADMINISTRATION SHALL SUBMIT A REPORT TO THE STATE CHIEF
28	INFORMATION SECURITY OFFICER OR THE OFFICER'S DESIGNEE THAT INCLUDES:
29	(1) A GENERAL OVERVIEW OF CYBERSECURITY TECHNOLOGY AND
30	POLICIES USED BY HEALTHCARE ECOSYSTEM ENTITIES IN THE STATE, GROUPED IN
31	THE FOLLOWING MANNER:
$o_{T}$	THE POLLOWING WINNIEW

**INSURERS AUTHORIZED TO SELL HEALTH INSURANCE;** 

32

<del>(I)</del>

1		<del>(II)</del>	NONPROFIT HEALTH SERVICE PLANS;
2		<del>(III)</del>	HEALTH MAINTENANCE ORGANIZATIONS;
3		<del>(IV)</del>	DENTAL PLAN ORGANIZATIONS;
4		<del>(V)</del>	PHARMACY BENEFITS MANAGERS; AND
5		<del>(VI)</del>	ANY OTHER ENTITY PROVIDING A PLAN OF HEALTH
6	INSURANCE, HEA	ALTH I	BENEFITS, OR HEALTH SERVICES AUTHORIZED UNDER THIS
7	ARTICLE OR THE	AFFO	PRDABLE CARE ACT;
8	<del>(2)</del>	INFO	RMATION ABOUT EACH CERTIFICATION COLLECTED,
9	<del>INCLUDING:</del>		
0		<del>(I)</del>	THE NAME OF THE HEALTHCARE ECOSYSTEM ENTITY;
1		<del>(II)</del>	THE DATE OF THE HEALTHCARE ECOSYSTEM ENTITY'S MOST
		` '	
$^{12}$	RECENT CYBERS	<del>ECUKI</del>	<del>TY AUDIT;</del>
13		(111)	THE CYBERSECURITY STANDARD USED IN THE
	CVDED CE CUDIMY	` ,	
4	CYBERSECURITY	AUDI	FOF THE HEALTHCARE ECOSYSTEM ENTITY; AND
5		<del>(IV)</del>	THE NAME OF THE THIRD PARTY THAT COMPLETED THE
6	CYBERSECURITY	'AUDI'	<del>r.,</del>
_	(0)		
L <b>7</b>	<del>(3)</del>	AN C	OVERVIEW OF ESSENTIAL CAPABILITIES PROVIDED BY THE
18	HEALTHCARE EC	OSYST	<del>TEM ENTITY;</del>
	(4)	DEG	
19			OMMENDATIONS FOR ENSURING THE CONTINUOUS DELIVERY
20			ILITIES DURING AND FOLLOWING A DISRUPTION TO THE
21	HEALTHCARE EC	OSYST	<del>YEM; AND</del>
10	(F)	DEG	
22	<del>(5)</del>		OMMENDATIONS TO IMPROVE CYBERSECURITY FOR THE
23		<del>LTHC/</del>	ARE ECOSYSTEM ENTITIES IDENTIFIED IN ITEM (1) OF THIS
24	SUBSECTION.		
25		Aı	rticle - State Finance and Procurement
26	<del>3.5-101.</del>		
27	(a) In th	<del>is title</del>	the following words have the meanings indicated.
28	<del>(e)</del> " <del>Dep</del>	<del>artmer</del>	nt" means the Department of Information Technology.

1	<del>3.5 2A 01.</del>		
2	<del>(a)</del>	<del>In this s</del> ı	abtitle the following words have the meanings indicated.
3	<del>(b)</del>	"Council"	' means the Maryland Cybersecurity Coordinating Council.
4	<del>(e)</del>	<del>"Office" r</del>	means the Office of Security Management.
5	3.5-2A-07.		
6 7	<del>(A)</del> <del>INDICATED</del>	` '	THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
8 9 10		HIPS AMO	IEALTHCARE ECOSYSTEM" MEANS THE ENTITIES AND ONG ENTITIES THAT ARE NECESSARY TO DELIVER HEALTH CARE ONTO AND HEALTH CARE OPERATIONS.
1		<del>(3)</del> "H	IEALTHCARE ECOSYSTEM ENTITY" INCLUDES:
2		<del>(I)</del>	A CARRIER;
13		<del>(11</del>	AN ELECTRONIC DATA INTERCHANGE CLEARINGHOUSE;
4		<del>(11</del>	A FREESTANDING MEDICAL FACILITY;
5		<del>(1)</del>	<del>V)</del> <del>A HOSPITAL;</del>
6		<del>(V</del>	A PHARMACY BENEFITS MANAGER;
17		<del>(V</del>	I) A HEALTH INFORMATION EXCHANGE; AND
18 19 20		ARE COM	II) ANY OTHER ENTITY IDENTIFIED BY THE MARYLAND INSISSION OR THE MARYLAND INSURANCE ADMINISTRATION IN EINCLUDED IN THE HEALTHCARE ECOSYSTEM.
21			HEALTHCARE ECOSYSTEM ENTITY SHALL REPORT, IN
22			THE PROCESS ESTABLISHED UNDER PARAGRAPH (2) OF THIS
23 24		,	ERSECURITY INCIDENT, INCLUDING AN ATTACK ON A SYSTEM THEALTHCARE ECOSYSTEM ENTITY, TO THE STATE SECURITY
24			<del>er in the Department.</del>
10	<del>JI DIMITIOI</del>	NO CENTI	IN IN THE DEFINITION.
26		<del>(2)</del> <del>T</del> I	HE OFFICE, IN CONSULTATION WITH THE MARYLAND HEALTH
0.7	CARE COM	` '	AND THE MADYLAND INCHIDANCE ADMINISTRATION CHAIL

1	CYBERSECURITY INCIDENT UNDER PARAGRAPH (1) OF THIS SUBSECTION,
2	<del>INCLUDING:</del>
3	(I) THE CRITERIA FOR DETERMINING THE CIRCUMSTANCES
4	UNDER WHICH A CYBERSECURITY INCIDENT MUST BE REPORTED;
5	(II) THE MANNER IN WHICH A CYBERSECURITY INCIDENT MUST
6	BE REPORTED; AND
7	(HI) THE TIME PERIOD WITHIN WHICH A CYBERSECURITY
8	INCIDENT MUST BE REPORTED.
O	INVERDENT MEST BE WEI GWIED.
9	(3) THE STATE SECURITY OPERATIONS CENTER IMMEDIATELY
0	SHALL NOTIFY APPROPRIATE STATE AND LOCAL AGENCIES OF A CYBERSECURITY
1	INCIDENT REPORTED UNDER THIS SUBSECTION.
12	(4) (1) On or before July 1 each year, beginning in 2026,
13	THE OFFICE SHALL REPORT TO THE GOVERNOR, THE COUNCIL, AND, IN
4	ACCORDANCE WITH § 2 1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL
15	ASSEMBLY ON THE NUMBER OF CYBERSECURITY INCIDENTS AND TYPES OF
16	CYBERSECURITY INCIDENTS REPORTED UNDER PARAGRAPH (1) OF THIS
7	SUBSECTION IN THE IMMEDIATELY PRECEDING CALENDAR YEAR.
	(TT) A DEPOSE CITEDING IN 1880 DATE IN 1880
8	(II) A REPORT SUBMITTED IN ACCORDANCE WITH
19	SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY NOT IDENTIFY A HEALTHCARE
20	ECOSYSTEM ENTITY THAT REPORTED AN INCIDENT TO THE OFFICE OR A
$\frac{21}{22}$	HEALTHCARE ECOSYSTEM ENTITY THAT WAS DIRECTLY AFFECTED BY AN INCIDENT REPORTED TO THE CENTER.
44	KEPURIED IU INE UENIER.
23	<del>3.5-301.</del>
24	(a) In this subtitle the following words have the meanings indicated.
25	(e) "Cybersecurity" means processes or capabilities wherein systems,
26	communications, and information are protected and defended against damage,
27	unauthorized use or modification, and exploitation.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read

30 Article - Health - General

31 <del>19-113.</del>

as follows:

28 29

_	<i>(</i> )	
1	<del>(F)</del>	THE COMMISSION SHALL ADOPT REGULATIONS TO IMPLEMENT
2	<b>CYBERSEC</b>	URITY STANDARDS AND PROCEDURES TO:
3		(1) PREVENT DISRUPTIONS TO THE HEALTHCARE ECOSYSTEM;
J		(1) INDICATIONS TO THE HEADTHCHILD DOOS IS IDENT,
		(2)
4		(2) ENABLE THE DELIVERY OF ESSENTIAL CAPABILITIES BY THE
5	HEALTHCA	ARE ECOSYSTEM; AND
6		(3) SUPPORT RECOVERY FROM AN INCIDENT THAT DISRUPTS THE
		` '
7	HEALTHUA	ARE ECOSYSTEM.
_		
8		Article - Insurance
9	<del>2-117.</del>	
10	<del>(F)</del>	THE ADMINISTRATION SHALL ADOPT REGULATIONS TO IMPLEMENT
_		
11	<del>CYBERSEC</del>	URITY STANDARDS AND PROCEDURES TO:
12		(1) PREVENT DISRUPTIONS TO THE HEALTHCARE ECOSYSTEM;
13		(2) ENABLE THE DELIVERY OF ESSENTIAL CAPABILITIES BY THE
14	HEALTHCA	RE ECOSYSTEM; AND
14	<del>HEALTHON</del>	THE ECOSISIEM, AND
		(9)
15		(3) SUPPORT RECOVERY FROM AN INCIDENT THAT DISRUPTS THE
16	HEALTHCA	ARE ECOSYSTEM.
17		Article - Public Safety
		·
18	<del>14-101</del>	
10	11 101,	
10	(-)	
19	<del>(a)</del>	In this title the following words have the meanings indicated.
	<b>~</b> `	
20	<del>(b)</del>	"Department" means the Maryland Department of Emergency Management.
21	<del>14 104.3.</del>	
22	<del>(A)</del>	THE DEPARTMENT SHALL PROVIDE GUIDANCE TO THE MARYLAND
	<b>\</b> /	
23		CARE COMMISSION AND THE MARYLAND INSURANCE ADMINISTRATION
24	REGARDIN	G THE IMPLEMENTATION AND MONITORING OF CYBERSECURITY
25	REGULATO	ORY STANDARDS FOR HEALTHCARE ECOSYSTEM ENTITIES.
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26	<del>(B)</del>	THE DEPARTMENT MAY CONVENE A WORKGROUP TO REVIEW
	` '	
27		URITY PRACTICES, THREATS, AND EMERGING ISSUES AFFECTING THE
28	HEALTHCA	DE ECOSYSTEM

#### 1 SECTION 3. AND BE IT FURTHER ENACTED. That: 2 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND. 3 That: 4 (a) (1) In this section the following words have the meanings indicated. "Cybersecurity" has the meaning stated in § 3.5–301 of the State 5 (2)6 Finance and Procurement Article. 7 (3)"Essential capabilities" means the services that must be available in 8 the healthcare ecosystem to ensure the continuity of critical care and patient safety, 9 including during an incident diminishing the capacity of the healthcare ecosystem. 10 "Healthcare ecosystem" means the entities and relationships among **(4)** entities that are necessary to deliver treatment, payment, and health care operations. 11 12(5)(i) "Healthcare ecosystem entity" includes: 13 1. a carrier, as defined in § 2–117 of the Insurance Article; 2. an electronic data interchange clearinghouse; 14 15 3. a freestanding medical facility, as defined in § 19–3A–01 16 of the Health – General Article; 17 4. a health information exchange, as defined in § 4–301 of the 18 Health – General Article: 19 5. a hospital, as defined in § 19–301 of the Health – General 20Article; and 216. a pharmacy benefits manager, as defined in § 15-1601 of the Insurance Article. 2223 "Healthcare ecosystem entity" does not include a governmental (ii) 24payor. 25 "Health care operations" has the meaning stated in 45 C.F.R. § 164.501. (6)26 "Payment" has the meaning stated in 45 C.F.R. § 164.501. (7)27 (8)"Treatment" has the meaning stated in 45 C.F.R. § 164.501.

28 <u>(9) "Workgroup" means the Healthcare Ecosystem Stakeholder</u> 29 <u>Cybersecurity Workgroup.</u>

1 2	(b) (1)	The Maryland Department of Emergency Management shall convene a vstem stakeholder workgroup to study and make recommendations to
3		ersecurity of the healthcare ecosystem in the State There is a Healthcare
4		eholder Cybersecurity Workgroup.
	-	
5	<u>(2)</u>	The purpose of the Workgroup is to develop strategies to:
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6		(i) prevent cybersecurity disruptions to healthcare ecosystem
7	operations;	
8		(ii) ensure the continuous delivery of essential healthcare ecosystem
9	services; and	(11) emerge the continuous derivery of essential floatenear e ecosystem
0		(iii) enhance recovery efforts of the healthcare ecosystem following a
1	cybersecurity inc	<u>cident.</u>
	(2)	m 1 11: 1 1
$^{12}$	<del>(2)</del>	The workgroup shall include:
13		(i) one representative of the Maryland Health Care Commission;
IJ		ti) one representative of the maryiana freatish care commission,
4		(ii) one representative of the Maryland Insurance Administration;
15		(iii) one representative of the Office of Security Management within
6	the Department	of Information Technology;
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17	the Mountond D	(iv) representatives from healthcare ecosystem entities selected by
18	the maryland De	epartment of Emergency Management; and
9		(v) any other stakeholders or experts selected by the Maryland
20	Department of E	mergency Management.
	_ ·P·····	
21	<del>(3)</del>	The Maryland Department of Emergency Management may convene
22		dered appropriate to focus on specific concerns facing the healthcare
23	<del>ecosystem or spe</del>	cific aspects of the healthcare ecosystem.
	( ) (III)	
24	$\underline{\text{(c)}}$ $\underline{\text{The}}$	Workgroup consists of the following members:
25	(1)	one member of the Senate of Maryland, appointed by the President of
26	the Senate;	one member of the behate of maryland, appointed by the fresident of
27	<u>(2)</u>	one member of the House of Delegates, appointed by the Speaker of the
28	House;	
29	$\frac{(3)}{(3)}$	the Chairman of the Maryland Health Care Commission, or the
30	Chairman's design	gnee;

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1 2	designee;	<u>(4)</u>	the	Maryland Insurance Commissioner, or the Commissioner's		
3		<u>(5)</u>	the S	Secretary of Emergency Management, or the Secretary's designee;		
4 5	designee;	<u>(6)</u>	the S	State Chief Information Security Officer, or the State Chief Officer's		
6 7 8	of the Mar Cybersecuri	-	Cybe	representatives from the Subcommittee on Critical Infrastructure ersecurity Council, appointed by the Chair of the Maryland		
9	(8) one representative from each of the following organizations, designated by the head of the organization:					
1			<u>(i)</u>	one representative of the Cooperative Exchange;		
12			<u>(ii)</u>	one representative of the Electronic Health Record Association;		
$\frac{13}{4}$	<u>Insurers;</u>		<u>(iii)</u>	one representative of the Maryland League of Life and Health		
15			<u>(iv)</u>	one representative of the Maryland Hospital Association; and		
16			<u>(v)</u>	one representative of the Maryland Cybersecurity Association;		
17 18	(9) one representative of a pharmacy benefits manager, appointed by the Maryland Insurance Commissioner;					
19 20	Maryland H	(10) ealth (		following representatives appointed by the Chairman of the Commission:		
21 22	clearinghous	se;	<u>(i)</u>	one representative of an electronic data interchange		
23			<u>(ii)</u>	one representative of a freestanding medical facility;		
24			<u>(iii)</u>	one representative of a large hospital;		
25			<u>(iv)</u>	one representative of a small hospital;		
26			<u>(v)</u>	one representative of an inpatient psychiatric hospital; and		
27			(vi)	one representative of a health information exchange; and		

1 2 3	(11) three representatives of a patient advocacy group, jointly appointed by the Chairman of the Maryland Health Care Commission and the Maryland Insurance Commissioner.
4 5 6	(d) The Chairman of the Maryland Health Care Commission, or the Chairman's designee, and the Maryland Insurance Commissioner, or the Commissioner's designee, shall cochair the Workgroup.
7 8	(e) The Maryland Health Care Commission and the Maryland Insurance Administration shall provide staff for the Workgroup.
9	(f) A member of the Workgroup:
10	(1) may not receive compensation as a member of the Workgroup; but
11 12	(2) <u>is entitled to reimbursement for expenses under the Standard State</u> <u>Travel Regulations, as provided in the State budget.</u>
13	(e) (g) The workgroup Workgroup shall:
14 15	(1) identify essential capabilities <u>required for the delivery of health care</u> <u>during a cybersecurity attack;</u>
16 17	(2) identify functional requirements for the healthcare ecosystem to be capable of providing the essential capabilities identified under item (1) of this subsection;
18 19	(3) identify and map all healthcare ecosystem entities in the State <u>against</u> the essential health care capabilities and identified functional requirements;
20 21	(4) identify which healthcare ecosystem entities are needed, directly or indirectly, to provide the essential capabilities identified under item (1) of this subsection;
22 23 24	(5) identify other issues related to cybersecurity in the healthcare ecosystem develop an ecosystem cybersecurity threat and risk assessment based on the essential health care capabilities and supporting functions;
25 26	(6) <u>examine cybersecurity challenges affecting the healthcare ecosystem</u> based on the threat and risk assessment;
27 28 29	$\frac{\text{(6)}}{\text{(7)}}$ review best practices for cybersecurity and processes used in the healthcare ecosystem, including NIST 800–207, NIST 800–207A, NIST 800–53A, the NIST Cybersecurity Framework, HICP Technical Volume 1, and HICP Technical Volume 2; and
30 31	(7) provide guidance for the Maryland Health Care Commission and the Maryland Insurance Administration regarding the adoption and maintenance of

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eybersecurity regulatory standards.

$\frac{1}{2}$	(8) make recommendations for adopting and maintaining cybersecurity regulatory standards; and						
3 4	(9) make recommendations for ensuring that essential capabilities and supporting functions are resilient to disruption.						
5 6 7 8 9 10 11	Emergency Management Workgroup shall submit an interim report defining the scope and contents of the State's healthcare ecosystem of its findings and recommendations to the Governor, the Secretary of Emergency Management, the Chair Chairman of the Maryland Health Care Commission, the Maryland Insurance Commissioner, the State Chief Information Security Officer, and, in accordance with § 2–1257 of the State Government						
12 13 14 15 16 17	Emergency Management Workgroup shall submit a final report of the findings and recommendations of the workgroup to the Governor, the Secretary of Emergency Management, the Chair Chairman of the Maryland Health Care Commission, the Maryland Insurance Commissioner, the State Chief Information Security Officer, and, in						
18 19	SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect July 1, 2028.						
20 21 22 23 24	SECTION 5. 2. AND BE IT FURTHER ENACTED, That, except as provided in Section 4 of this Act, this Act shall take effect July 1, 2025. Section 3 of this Act It shall remain effective for a period of 4 2 years and, at the end of June 30, 2029 2027, Section 3 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.						
	Approved:						
	Governor.						
	Speaker of the House of Delegates.						

President of the Senate.