HOUSE BILL 333

S2, J3, J5 CF SB 691

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

Introduced and read first time: January 13, 2025 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 6, 2025

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1 AN ACT concerning

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- 2 Cybersecurity Healthcare Ecosystem Stakeholder Cybersecurity Workgroup
 - 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 agencies of a cybersecurity incident reported under this Act; authorizing the Maryland Department of Emergency Management to convene a workgroup to review cybersecurity practices, threats, and emerging issues in the healthcare ecosystem; requiring the Maryland Department of Emergency Management to convene a workgroup to study and make recommendations to improve the cybersecurity of the healthcare ecosystem establishing the Healthcare Ecosystem Stakeholder Cybersecurity Workgroup to develop strategies to prevent cybersecurity disruptions to the healthcare ecosystem, ensure the continuous delivery of essential healthcare ecosystem services, and enhance recovery efforts of the healthcare ecosystem following a cybersecurity incident; and generally relating to the Healthcare Ecosystem Stakeholder Cybersecurity Workgroup; and generally relating to

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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



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BY adding to

1	eybersecurity and the healthcare ecosystem the Healthcare Ecosystem Stakeholder
2	Cybersecurity Workgroup.
3	BY repealing and reenacting, without amendments,
4	Article - Health - General
5	Section 19-101
6	Annotated Code of Maryland
7	(2023 Replacement Volume and 2024 Supplement)
8	BY adding to
9	Article - Health - General
10	Section 19–113
11	Annotated Code of Maryland
12	(2023 Replacement Volume and 2024 Supplement)
13	BY repealing and reenacting, without amendments,
14	Article - Insurance
15	Section 1–101(a), (b), and (k)
16	Annotated Code of Maryland
17	(2017 Replacement Volume and 2024 Supplement)
18	BY adding to
19	Article - Insurance
20	Section 2-117
21	Annotated Code of Maryland
22	Annotated Code of Waryrand (2017 Replacement Volume and 2024 Supplement)
22	(2017 Nepiacement volume and 2024 Supplement)
23	BY repealing and reenacting, without amendments,
24	Article - State Finance and Procurement
25	Section 3.5-101(a) and (e), 3.5-2A-01, and 3.5-301(a) and (e)
26	Annotated Code of Maryland
27	(2021 Replacement Volume and 2024 Supplement)
20	BY adding to
28	Article - State Finance and Procurement
29	
30	Section 3.5 - 2A - 07
31	Annotated Code of Maryland
32	(2021 Replacement Volume and 2024 Supplement)
33	BY adding to
34	Article - Health - General
35	Section 19–113(f)
36	Annotated Code of Maryland
37	(2023 Replacement Volume and 2024 Supplement)
38	(As enacted by Section 1 of this Act)
	(

1	Article - Insurance
$\overline{2}$	Section 2–117(f)
3	Annotated Code of Maryland
4	(2017 Replacement Volume and 2024 Supplement)
5	(As enacted by Section 1 of this Act)
	(
6	BY repealing and reenacting, without amendments,
7	Article - Public Safety
8	Section 14-101(a) and (b)
9	Annotated Code of Maryland
10	(2022 Replacement Volume and 2024 Supplement)
11	BY adding to
12	Article - Public Safety
13	Section 14-104.3
14	Annotated Code of Maryland
15	(2022 Replacement Volume and 2024 Supplement)
16	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
17	That the Laws of Maryland read as follows:
18	Article - Health - General
10	Article - Health - General
19	19-101.
20	In this subtitle, "Commission" means the Maryland Health Care Commission.
21	19-113.
22	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
23	INDICATED.
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24	(2) "CYBERSECURITY" HAS THE MEANING STATED IN § 3.5–301 OF
25	THE STATE FINANCE AND PROCUREMENT ARTICLE.
0.0	(9) (Figgs ym 1 g 1 p 1 p 1 my pg ⁹ 1 g 1 y 2 my p gypyy gyg my 1 m 1 gyg p p
26	(3) "ESSENTIAL CAPABILITIES" MEANS THE SERVICES THAT MUST BE
27	AVAILABLE IN THE HEALTHCARE ECOSYSTEM TO ENSURE THE CONTINUITY OF
28	CRITICAL CARE AND PATIENT SAFETY, INCLUDING DURING AN INCIDENT
29	DIMINISHING THE CAPACITY OF THE HEALTHCARE ECOSYSTEM.
0.0	
30	(4) "HEALTHCARE ECOSYSTEM" MEANS THE ENTITIES AND
31	RELATIONSHIPS AMONG ENTITIES THAT ARE NECESSARY TO DELIVER TREATMENT,
32	PAYMENT, AND HEALTH CARE OPERATIONS.

(5) (1) "HEALTHCARE ECOSYSTEM ENTITY" INCLUDES:

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$1\\2$	1. An ELECTRONIC DATA INTERCHANGI CLEARINGHOUSE;
3 4	2. A FREESTANDING MEDICAL FACILITY, AS DEFINED IN § 19–3A–01 OF THIS TITLE;
5 6	3. A HEALTH INFORMATION EXCHANGE, AS DEFINED IN § 4-301 OF THIS ARTICLE;
7 8	4. A HOSPITAL, AS DEFINED IN § 19–301 OF THIS TITLE AND
9 10	5. AN ENTITY IDENTIFIED BY THE COMMISSION IN REGULATIONS TO BE INCLUDED IN THE HEALTHCARE ECOSYSTEM.
11	(H) "HEALTHCARE ECOSYSTEM ENTITY" DOES NOT INCLUDE:
12 13	1. A CARRIER, AS DEFINED IN § 2–117 OF THE INSURANCE ARTICLE; OR
14 15	2. A PHARMACY BENEFITS MANAGER, AS DEFINED IN { 15–1601 OF THE INSURANCE ARTICLE.
16	(6) "ZERO TRUST" MEANS A CYBERSECURITY APPROACH:
17 18	(I) FOCUSED ON CYBERSECURITY RESOURCE PROTECTION AND
19 20	(II) BASED ON THE PREMISE THAT TRUST IS NOT GRANTEI IMPLICITLY BUT MUST BE EVALUATED CONTINUALLY.
21 22	(B) THE COMMISSION SHALL INCLUDE ON ITS STAFF AT LEAST ONE EMPLOYEE WHO IS AN EXPERT IN CYBERSECURITY TO:
23 24 25	(1) ADVISE THE CHAIRMAN AND MEMBERS OF THE COMMISSION OF MEASURES TO IMPROVE OVERSIGHT OF THE CYBERSECURITY PRACTICES OF HEALTHCARE ECOSYSTEM ENTITIES;
26 27	(2) Consult with the Office of Security Management of Cybersecurity Issues related to health care regulation; and
28 29 30	(3) REPRESENT THE COMMISSION ON ANY WORKGROUP, TASK FORCE, OR SIMILAR ENTITY THAT IS FOCUSED ON CYBERSECURITY AND ON WHICH REPRESENTATION FROM THE COMMISSION IS REQUESTED OR REQUIRED.

1	(C) A HEALTI	ICARE I	COSYSTEM ENTITY SHALL:
2	(1) AD	ADT ANI	• IMPLEMENT CYBERSECURITY STANDARDS THAT ARE
3	` '		'ANDARDS ADOPTED BY THE COMMISSION;
J	EQUIL TO OR EXCEEL		THE COMMISSION,
4	(2) AD	OPT A	ZERO-TRUST CYBERSECURITY APPROACH FOR
5	` '		CLOUD BASED SERVICES;
			,
6	(3) Est	FABLISH	MINIMUM SECURITY STANDARDS FOR EACH
7	OPERATIONAL TECHN	IOLOGY	AND INFORMATION TECHNOLOGY DEVICE BASED ON
8	THE LEVEL OF SECU	RITY R	ISK FOR EACH DEVICE, INCLUDING SECURITY RISKS
9	ASSOCIATED WITH SU	PPLY CI	IAINS; AND
10	(4) ON	OR B	EFORE JANUARY 1, 2026, AND EVERY 2 YEARS
11	THEREAFTER:		
10	(+)	Harri	
12	(1)		ERGO A THIRD-PARTY AUDIT TO EVALUATE THE
13			PRACTICES AND RESOURCES BASED ON THE
14		_	ASTRUCTURE SECURITY AGENCY'S CROSS-SECTOR
15			NCE GOALS OR A MORE STRINGENT STANDARD BASED 'E OF STANDARDS AND TECHNOLOGY'S FRAMEWORK:
16		VSTITUT	E UF STANDAKDS AND TECHNOLOGY S FKAMEWOKK;
17	AND		
18	(II)	SUBA	HT TO THE COMMISSION A REPORT THAT INCLUDES:
19		1.	THE RESULTS AND RECOMMENDATIONS OF THE
20	AUDIT;	1.	THE RESCRIPTION OF THE
20	Hobii;		
21		2	THE DATE OF THE CYBERSECURITY AUDIT:
		_•	THE BILL OF THE OTBENOEDOCKETT HOBIT,
22		3.	THE STANDARD USED TO EVALUATE THE ENTITY; AND
			,
23		4.	THE NAME OF THE THIRD PARTY THAT CONDUCTED
24	THE AUDIT.		
25	(D) ON OR BI	FORE -	JULY 1, 2026, AND EVERY 2 YEARS THEREAFTER, THE
26	COMMISSION SHALL	COLLE	CT CERTIFICATION OF A HEALTHCARE ECOSYSTEM
27	ENTITY'S COMPLIANO	E WITI	I THE STANDARD USED IN THE AUDIT CONDUCTED
28	UNDER SUBSECTION	(C)(4)	OF THIS SECTION FOR CYBERSECURITY RELATED
29	POLICIES AND PROCE	DURES.	

1	(E) ON OR BEFORE JANUARY 1, 2027, AND EVERY 2 YEARS THEREAFTED	R,	
2	THE COMMISSION SHALL SUBMIT A REPORT TO THE STATE CHIEF INFORMATION		
3	SECURITY OFFICER OR THE OFFICER'S DESIGNEE THAT INCLUDES:		
4	(1) A GENERAL OVERVIEW OF CYBERSECURITY TECHNOLOGY AN	Ш	
5	POLICIES USED BY HEALTHCARE ECOSYSTEM ENTITIES IN THE STATE, GROUPED I		
6	THE FOLLOWING MANNER:		
O			
7	(I) HOSPITALS;		
8	(II) FREESTANDING MEDICAL FACILITIES;		
9	(III) ELECTRONIC DATA INTERCHANGE CLEARINGHOUSES;		
10	(IV) HEALTH INFORMATION EXCHANGES; AND		
11	(V) ANY OTHER ENTITY THE COMMISSION CONSIDER	LS	
12	SIGNIFICANT ENOUGH TO INCLUDE IN THE REPORT;		
	· · · · · · · · · · · · · · · · · · ·		
13	(2) INFORMATION ABOUT EACH CERTIFICATION COLLECTED	₽,	
14	INCLUDING:		
15	(I) THE NAME OF THE HEALTHCARE ECOSYSTEM ENTITY;		
16	(H) THE DATE OF THE HEALTHCARE ECOSYSTEM ENTITY	<u> </u>	
17	MOST RECENT CYBERSECURITY AUDIT;		
18	(HI) THE CYBERSECURITY STANDARD USED IN TH	Æ	
19	CYBERSECURITY AUDIT OF THE HEALTHCARE ECOSYSTEM ENTITY; AND		
20	(TI) THE MAKE OF THE THIRD DARRY THAT GOASDI FIND TH		
20	(IV) THE NAME OF THE THIRD PARTY THAT COMPLETED TH	H	
21	CYBERSECURITY AUDIT;		
22	(3) An overview of essential capabilities provided b	X	
23	HEALTHCARE ECOSYSTEM ENTITIES:	Ŧ	
20	HEADINGARD BOOSISIEM ENTITIES,		
24	(4) RECOMMENDATIONS FOR ENSURING THE CONTINUOUS DELIVER	¥	
25	OF ESSENTIAL CAPABILITIES DURING AND FOLLOWING A DISRUPTION TO TH		
26	HEALTHCARE ECOSYSTEM; AND	_	
_3			
27	(5) RECOMMENDATIONS TO IMPROVE CYBERSECURITY FOR TH	Æ	
28	GROUPS OF HEALTHCARE ECOSYSTEM ENTITIES IDENTIFIED IN ITEM (1) OF THE	IS	
29	SUBSECTION.		

1	1–101.
2	(a) In this article the following words have the meanings indicated.
3	(b) "Administration" means the Maryland Insurance Administration.
4	(k) "Commissioner" means the Maryland Insurance Commissioner.
5	2-117.
6 7	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
8	(2) "CARRIER" MEANS:
9	(I) AN INSURER AUTHORIZED TO SELL HEALTH INSURANCE;
10	(II) A NONPROFIT HEALTH SERVICE PLAN;
11	(III) A HEALTH MAINTENANCE ORGANIZATION;
12	(IV) A DENTAL PLAN ORGANIZATION; AND
13 14 15	(V) ANY OTHER ENTITY PROVIDING A PLAN OF HEALTH INSURANCE, HEALTH BENEFITS, OR HEALTH SERVICES AUTHORIZED UNDER THIS ARTICLE OR THE AFFORDABLE CARE ACT.
16 17 18	(3) "ESSENTIAL CAPABILITIES" MEANS THE SERVICES THAT MUST BE AVAILABLE IN THE HEALTHCARE ECOSYSTEM TO ENSURE THE CONTINUITY OF CRITICAL CARE AND PATIENT SAFETY, INCLUDING DURING AN INCIDENT DIMINISHING THE CAPACITY OF THE HEALTHCARE ECOSYSTEM.
20 21 22	(4) "HEALTHCARE ECOSYSTEM" MEANS THE ENTITIES AND RELATIONSHIPS AMONG ENTITIES THAT ARE NECESSARY TO DELIVER TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.
23	(5) (I) "HEALTHCARE ECOSYSTEM ENTITY" MEANS:
24	1. A CARRIER; OR
25 26	2. A PHARMACY BENEFITS MANAGER, AS DEFINED IN §

GOVERNMENTAL PAYOR. (6) "ZERO TRUST" MEANS A CYBERSECURITY APPROACH. (H) POCUSED ON CYBERSECURITY RESOURCE PROTECTION; AND (H) BASED ON THE PREMISE THAT TRUST IS NOT GRANTED IMPLICITLY BUT MUST BE EVALUATED CONTINUALLY. (B) THE ADMINISTRATION SHALL INCLUDE ON ITS STAFF AT LEAST ONE EMPLOYEE WHO IS AN EXPERT IN CYBERSECURITY TO: (1) ADVISE THE COMMISSIONER ON MEASURES TO IMPROVE ENTITIES; (2) CONSULT WITH THE OFFICE OF SECURITY MANAGEMENT ON CYBERSECURITY ISSUES RELATED TO HEALTH INSURANCE REQUIATION; AND (3) REPRESENT THE ADMINISTRATION ON ANY WORKGROUP, TASK FORCE, OR SIMILAR ENTITY THAT IS FOCUSED ON CYBERSECURITY AND ON WHICH REPRESENTATION FROM THE ADMINISTRATION IS REQUIRED OR REQUESTED. (C) A HEALTHCARE ECOSYSTEM ENTITY SHALL: (1) ADOPT AND IMPLEMENT CYBERSECURITY STANDARDS THAT ARE EQUAL TO OR EXCEED ANY STANDARDS ADOPTED BY THE ADMINISTRATION; (2) ADOPT A ZERO TRUST CYBERSECURITY APPROACH FOR ON-PREMISES SERVICES AND CLOUD BASED SERVICES; (3) ESTABLISH MINIMUM SECURITY STANDARDS FOR EACH OPERATIONAL TECHNOLOGY AND INFORMATION TECHNOLOGY DEVICE BASED ON THE LEVEL OF SECURITY RISK FOR EACH DEVICE, INCLUDING SECURITY RISKS ASSOCIATED WITH SUPPLY CHAINS; AND (4) ON OR DEFORE JANUARY 1, 2026, AND EVERY 2 YEARS THEREAFTER: (4) UNDERGO A THIRD PARTY AUDIT TO EVALUATE THE ENTITY'S CYBERSECURITY PRACTICES AND RESOURCES BASED ON THE	1	(H) "HEALTHCARE ECOSYSTEM ENTITY" DOES NOT INCLUDE A
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2	ON THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY'S FRAMEWORK;
3	AND
4	(II) SUBMIT TO THE ADMINISTRATION A REPORT THAT
5	INCLUDES:
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6	1. THE RESULTS AND RECOMMENDATIONS FROM THE
7	AUDIT;
8	2. THE DATE OF THE CYBERSECURITY AUDIT:
O	2. THE DATE OF THE CIBERSECURIT AUDIT,
9	3. THE STANDARD USED TO EVALUATE THE ENTITY; AND
	,
10	4. THE NAME OF THE THIRD PARTY THAT CONDUCTED
11	THE AUDIT.
12	(D) ON OR BEFORE JULY 1, 2026, AND EVERY 2 YEARS THEREAFTER, THE
13	ADMINISTRATION SHALL COLLECT CERTIFICATION OF A HEALTHCARE ECOSYSTEM
14	ENTITY'S COMPLIANCE WITH THE STANDARD USED IN THE AUDIT CONDUCTED
15	UNDER SUBSECTION (C)(4) OF THIS SECTION FOR CYBERSECURITY-RELATED
16	POLICIES AND PROCEDURES.
17	(E) ON OR BEFORE JANUARY 1, 2027, AND EVERY 2 YEARS THEREAFTER,
18	THE ADMINISTRATION SHALL SUBMIT A REPORT TO THE STATE CHIEF
19	INFORMATION SECURITY OFFICER OR THE OFFICER'S DESIGNEE THAT INCLUDES:
20	(1)
20	(1) A GENERAL OVERVIEW OF CYBERSECURITY TECHNOLOGY AND
21	POLICIES USED BY HEALTHCARE ECOSYSTEM ENTITIES IN THE STATE, GROUPED IN
22	THE FOLLOWING MANNER:
วา	(I) INCLIDED CALIFOLDIZED TO CELL HEALTH INCLIDANCE.
23	(I) INSURERS AUTHORIZED TO SELL HEALTH INSURANCE;
24	(H) NONPROFIT HEALTH SERVICE PLANS;
44	(II) NONI KOPIT HEALTH SERVICE I LANS,
25	(HI) HEALTH MAINTENANCE ORGANIZATIONS;
10	(III) HEILIII MIMITEMINE ORGANIZATIONS,
26	(IV) DENTAL PLAN ORGANIZATIONS;
	(21) 221122 2221 324312 122212 3218,
27	(V) PHARMACY BENEFITS MANAGERS; AND
28	(VI) ANY OTHER ENTITY PROVIDING A PLAN OF HEALTH
29	INSURANCE, HEALTH BENEFITS, OR HEALTH SERVICES AUTHORIZED UNDER THIS
20	ADMICLE OD MILE AERODDADLE CADE ACM.

1	(2)	HIPORMATION ABOUT EACH CERTIFICATION COLLECTED,
2	INCLUDING:	
3		(I) THE NAME OF THE HEALTHCARE ECOSYSTEM ENTITY;
4		(II) THE DATE OF THE HEALTHCARE ECOSYSTEM ENTITY'S MOST
5	RECENT CYBE	RSECURITY AUDIT;
6		(III) THE CYBERSECURITY STANDARD USED IN THE
7	CYBERSECURI	TY AUDIT OF THE HEALTHCARE ECOSYSTEM ENTITY; AND
8		(IV) THE NAME OF THE THIRD PARTY THAT COMPLETED THE
9	CYBERSECURI	FY AUDIT;
10	(3)	AN OVERVIEW OF ESSENTIAL CAPABILITIES PROVIDED BY THE
11	HEALTHCARE	ECOSYSTEM ENTITY;
12	(4)	RECOMMENDATIONS FOR ENSURING THE CONTINUOUS DELIVERY
13	OF ESSENTIAL	CAPABILITIES DURING AND FOLLOWING A DISRUPTION TO THE
14	HEALTHCARE	ECOSYSTEM; AND
15	(5)	RECOMMENDATIONS TO IMPROVE CYBERSECURITY FOR THE
16	GROUPS OF H	EALTHCARE ECOSYSTEM ENTITIES IDENTIFIED IN ITEM (1) OF THIS
17	SUBSECTION.	
18		Article - State Finance and Procurement
19	3.5–101.	
20	(a) In	this title the following words have the meanings indicated.
21	(e) " D	epartment" means the Department of Information Technology.
22	3.5 2A 01.	
23	(a) In	this subtitle the following words have the meanings indicated.
24	(b) "C	ouncil" means the Maryland Cybersecurity Coordinating Council.
25	(e) "O	ffice" means the Office of Security Management.
26	2 5 2 A 0 7	

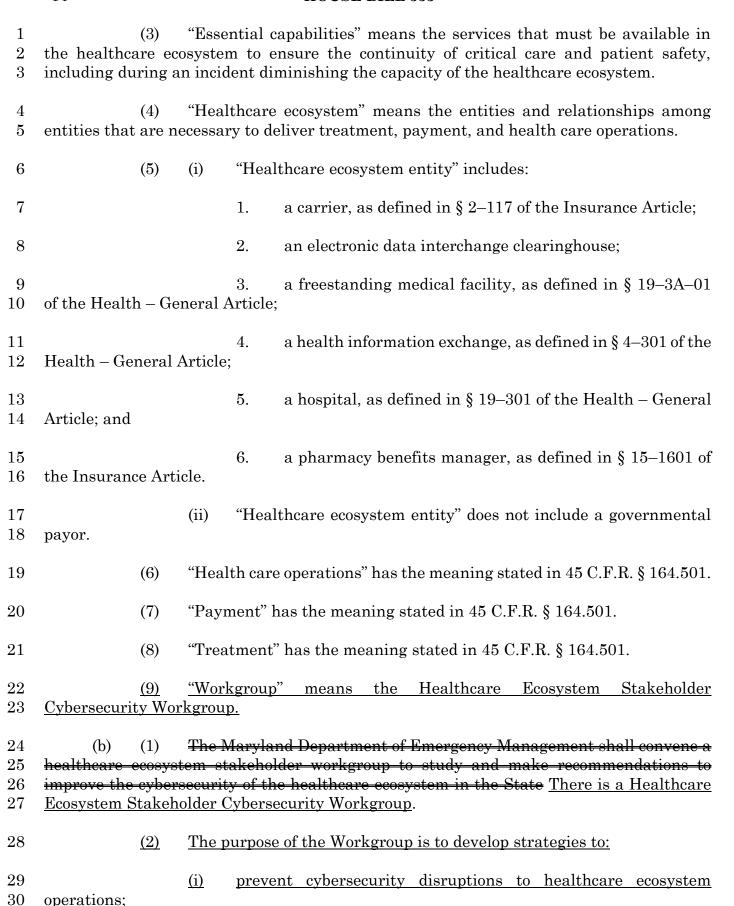
1	(A) (1)	In this section the following words have the meanings
2	INDICATED.	
3	(2)	"HEALTHCARE ECOSYSTEM" MEANS THE ENTITIES AND
4	RELATIONSHIPS	SAMONG ENTITIES THAT ARE NECESSARY TO DELIVER HEALTH CARE
5	TREATMENT, PA	YMENT, AND HEALTH CARE OPERATIONS.
_	(0)	//TT
6	(3)	"HEALTHCARE ECOSYSTEM ENTITY" INCLUDES:
7		(I) A CARRIER;
'		(i) it officially
8		(H) AN ELECTRONIC DATA INTERCHANGE CLEARINGHOUSE;
9		(HI) A FREESTANDING MEDICAL FACILITY;
10		(IV) A HOSPITAL;
11		(V) A PHARMACY BENEFITS MANAGER;
LI		(v) ATHAMMACT DENETTED MANAGEN,
12		(VI) A HEALTH INFORMATION EXCHANGE; AND
13		(VII) ANY OTHER ENTITY IDENTIFIED BY THE MARYLAND
14	HEALTH CARE	COMMISSION OR THE MARYLAND INSURANCE ADMINISTRATION IN
15	REGULATIONS 1	O BE INCLUDED IN THE HEALTHCARE ECOSYSTEM.
	() (1)	
16	(B) (1)	·
17		WITH THE PROCESS ESTABLISHED UNDER PARAGRAPH (2) OF THIS
18	,	CYBERSECURITY INCIDENT, INCLUDING AN ATTACK ON A SYSTEM
19		THE HEALTHCARE ECOSYSTEM ENTITY, TO THE STATE SECURITY
20	OPERATIONS C	ENTER IN THE DEPARTMENT.
21	(2)	THE OFFICE, IN CONSULTATION WITH THE MARYLAND HEALTH
21 22	` '	SION AND THE MARYLAND INSURANCE ADMINISTRATION, SHALL
23		ROCESS FOR A HEALTHCARE ECOSYSTEM ENTITY TO REPORT A
24	_,-,	Y INCIDENT UNDER PARAGRAPH (1) OF THIS SUBSECTION,
25	INCLUDING:	i moible onbli immodelli (1) of this sebstellon,
10	mon opina,	
26		(1) THE CRITERIA FOR DETERMINING THE CIRCUMSTANCES
27	UNDER WHICH A	CYBERSECURITY INCIDENT MUST BE REPORTED;
28		(II) THE MANNER IN WHICH A CYBERSECURITY INCIDENT MUST
29	BE REPORTED;	AND

32

HEALTHCARE ECOSYSTEM.

1	(III) THE TIME PERIOD WITHIN WHICH A CYBERSECURITY
2	INCIDENT MUST BE REPORTED.
3	(3) THE STATE SECURITY OPERATIONS CENTER IMMEDIATELY
4	SHALL NOTIFY APPROPRIATE STATE AND LOCAL AGENCIES OF A CYBERSECURITY
5	INCIDENT REPORTED UNDER THIS SUBSECTION.
6	(4) (1) On or before July 1 each year, beginning in 2026,
7	THE OFFICE SHALL REPORT TO THE GOVERNOR, THE COUNCIL, AND, IN
8	ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL
9	ASSEMBLY ON THE NUMBER OF CYBERSECURITY INCIDENTS AND TYPES OF
10	CYBERSECURITY INCIDENTS REPORTED UNDER PARAGRAPH (1) OF THIS
11	SUBSECTION IN THE IMMEDIATELY PRECEDING CALENDAR YEAR.
12	(II) A REPORT SUBMITTED IN ACCORDANCE WITH
13	SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY NOT IDENTIFY A HEALTHCARE
14	ECOSYSTEM ENTITY THAT REPORTED AN INCIDENT TO THE OFFICE OR A
15	HEALTHCARE ECOSYSTEM ENTITY THAT WAS DIRECTLY AFFECTED BY AN INCIDENT
16	REPORTED TO THE CENTER.
17	3.5–301.
18	(a) In this subtitle the following words have the meanings indicated.
10	(c) "C-language tra" magazina magazina an amahiliti a mhanain aratama
19 20	(c) "Cybersecurity" means processes or capabilities wherein systems, communications, and information are protected and defended against damage,
21	unauthorized use or modification, and exploitation.
4 1	diadilotized dec of inodification, and exploitation.
22	SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
$\frac{-}{23}$	as follows:
24	Article - Health - General
25	19–113.
26	(F) THE COMMISSION SHALL ADOPT REGULATIONS TO IMPLEMENT
27	CYBERSECURITY STANDARDS AND PROCEDURES TO:
28	(1) Prevent disruptions to the healthcare ecosystem;
29	(2) Enable the delivery of essential capabilities by the
30	HEALTHCARE ECOSYSTEM; AND
31	(3) SUPPORT RECOVERY FROM AN INCIDENT THAT DISRUPTS THE

1	Article - Insurance
2	2-117.
3 4	(F) THE ADMINISTRATION SHALL ADOPT REGULATIONS TO IMPLEMENT CYBERSECURITY STANDARDS AND PROCEDURES TO:
5	(1) PREVENT DISRUPTIONS TO THE HEALTHCARE ECOSYSTEM;
6 7	(2) ENABLE THE DELIVERY OF ESSENTIAL CAPABILITIES BY THE HEALTHCARE ECOSYSTEM; AND
8	(3) SUPPORT RECOVERY FROM AN INCIDENT THAT DISRUPTS THE HEALTHCARE ECOSYSTEM.
10	Article - Public Safety
11	14-101.
12	(a) In this title the following words have the meanings indicated.
13	(b) "Department" means the Maryland Department of Emergency Management.
14	14-104.3.
15 16 17 18	(A) THE DEPARTMENT SHALL PROVIDE GUIDANCE TO THE MARYLAND HEALTH CARE COMMISSION AND THE MARYLAND INSURANCE ADMINISTRATION REGARDING THE IMPLEMENTATION AND MONITORING OF CYBERSECURITY REGULATORY STANDARDS FOR HEALTHCARE ECOSYSTEM ENTITIES.
19 20 21	(B) THE DEPARTMENT MAY CONVENE A WORKGROUP TO REVIEW CYBERSECURITY PRACTICES, THREATS, AND EMERGING ISSUES AFFECTING THE HEALTHCARE ECOSYSTEM.
22	SECTION 3. AND BE IT FURTHER ENACTED, That:
23 24	$\frac{\text{SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,}}{\text{That:}}$
25	(a) (1) In this section the following words have the meanings indicated.
26 27	(2) "Cybersecurity" has the meaning stated in § 3.5–301 of the State Finance and Procurement Article.



$\frac{1}{2}$	services; and	<u>l</u>	(ii) ensure the continuous delivery of essential healthcare ecosystem
3 4	cybersecurity	y incid	(iii) enhance recovery efforts of the healthcare ecosystem following a ent.
5		(2)	The workgroup shall include:
6			(i) one representative of the Maryland Health Care Commission;
7			(ii) one representative of the Maryland Insurance Administration;
8	the Departm	ent of	(iii) one representative of the Office of Security Management within Information Technology;
10 11	the Marylan	d Depa	(iv) representatives from healthcare ecosystem entities selected by artment of Emergency Management; and
12 13	Department	of Em	(v) any other stakeholders or experts selected by the Maryland ergency Management.
14 15 16			The Maryland Department of Emergency Management may convenered appropriate to focus on specific concerns facing the healthcare ic aspects of the healthcare ecosystem.
17	<u>(c)</u>	The W	Vorkgroup consists of the following members:
18 19	the Senate;	<u>(1)</u>	one member of the Senate of Maryland, appointed by the President of
20 21	House;	<u>(2)</u>	one member of the House of Delegates, appointed by the Speaker of the
22 23	Chairman's c	(<u>3)</u> design	the Chairman of the Maryland Health Care Commission, or the ee;
24 25	designee;	<u>(4)</u>	the Maryland Insurance Commissioner, or the Commissioner's
26		<u>(5)</u>	the Secretary of Emergency Management, or the Secretary's designee;
27 28	designee;	<u>(6)</u>	the State Chief Information Security Officer, or the State Chief Officer's
29 30 31	of the Mary		two representatives from the Subcommittee on Critical Infrastructure Cybersecurity Council, appointed by the Chair of the Maryland noil:

1	(8)		epresentative from each of the following organizations, designated
2	by the head of the	organ	<u>ization:</u>
3		<u>(i)</u>	one representative of the Cooperative Exchange;
4		<u>(ii)</u>	one representative of the Electronic Health Record Association;
5 6	<u>Insurers;</u>	<u>(iii)</u>	one representative of the Maryland League of Life and Health
7		<u>(iv)</u>	one representative of the Maryland Hospital Association; and
8		<u>(v)</u>	one representative of the Maryland Cybersecurity Association;
9 10	(9) Maryland Insuran		epresentative of a pharmacy benefits manager, appointed by the nmissioner;
11 12	(10) Maryland Health		following representatives appointed by the Chairman of the commission:
13 14	clearinghouse;	<u>(i)</u>	one representative of an electronic data interchange
15		<u>(ii)</u>	one representative of a freestanding medical facility;
16		<u>(iii)</u>	one representative of a large hospital;
17		<u>(iv)</u>	one representative of a small hospital;
18		<u>(v)</u>	one representative of an inpatient psychiatric hospital; and
19		<u>(vi)</u>	one representative of a health information exchange; and
20 21 22	the Chairman of Commissioner.		representatives of a patient advocacy group, jointly appointed by aryland Health Care Commission and the Maryland Insurance
23 24 25		Mary	nan of the Maryland Health Care Commission, or the Chairman's land Insurance Commissioner, or the Commissioner's designee, oup.
26 27		_	and Health Care Commission and the Maryland Insurance vide staff for the Workgroup.
28	<u>(f)</u> <u>A me</u>	mber o	of the Workgroup:

1	(1) may not receive compensation as a member of the Workgroup; but
2 3	(2) <u>is entitled to reimbursement for expenses under the Standard State</u> <u>Travel Regulations, as provided in the State budget.</u>
4	(e) (g) The workgroup Workgroup shall:
5 6	(1) identify essential capabilities <u>required for the delivery of health care</u> <u>during a cybersecurity attack;</u>
7 8	(2) identify functional requirements for the healthcare ecosystem to be capable of providing the essential capabilities identified under item (1) of this subsection;
9	(3) identify and map all healthcare ecosystem entities in the State <u>against</u> the essential health care capabilities and identified functional requirements;
$\frac{1}{2}$	(4) identify which healthcare ecosystem entities are needed, directly or indirectly, to provide the essential capabilities identified under item (1) of this subsection;
13 14 15	(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;
16 17	(6) <u>examine cybersecurity challenges affecting the healthcare ecosystem</u> <u>based on the threat and risk assessment;</u>
18 19 20	$\frac{(6)}{(7)}$ 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
21 22 23	(7) provide guidance for the Maryland Health Care Commission and the Maryland Insurance Administration regarding the adoption and maintenance of cybersecurity regulatory standards.
24 25	(8) <u>make recommendations for adopting and maintaining cybersecurity</u> regulatory standards; and
26 27	(9) make recommendations for ensuring that essential capabilities and supporting functions are resilient to disruption.
28 29 30 31 32 33	(d) (h) (1) On or before July January 1, 2026, the Maryland Department of 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 Article, the General Assembly.

1 2 3 4 5 6	(2) On or before July December 1, 2028 2026, the Maryland Department of 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 accordance with § 2–1257 of the State Government Article, the General Assembly.
7 8	SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect July 1, 2028.
9 10 11 12 13	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.