SENATE BILL 691

S2, J3, J5 5lr0886 CF HB 333

By: Senator Hester

Introduced and read first time: January 26, 2025

Assigned to: Finance and Education, Energy, and the Environment

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 11, 2025

CHAPTER

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: requiring the Commission to convene a workgroup to review evbersecurity practices, threats, responses to disruptions, and emerging issues in the healthcare ecosystem; requiring the Commission to convene a workgroup to study and make recommendations to improve the cybersecurity of the healthcare ecosystem; and generally relating to eybersecurity and 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.

BY repealing and reenacting, without amendments,

Article - Health - General

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.

1	Section 19-101
2	Annotated Code of Maryland
3	(2023 Replacement Volume and 2024 Supplement)
4	DV 11: /
4	BY adding to
5	Article - Health - General
6	Section 19-113
7	Annotated Code of Maryland
8	(2023 Replacement Volume and 2024 Supplement)
9	BY repealing and reenacting, without amendments,
0	Article - Insurance
1	Section 1–101(a), (b), and (k)
12	Annotated Code of Maryland
13	(2017 Replacement Volume and 2024 Supplement)
4	BY adding to
5	Article - Insurance
6	Section 2-117
7	Annotated Code of Maryland
18	(2017 Replacement Volume and 2024 Supplement)
9	BY repealing and reenacting, without amendments,
20	Article - State Finance and Procurement
21	Section 3.5–101(a) and (c), 3.5–2A–01, and 3.5–301(a) and (c)
22	Annotated Code of Maryland
23	(2021 Replacement Volume and 2024 Supplement)
24	BY adding to
25	Article – State Finance and Procurement
26	Section 3.5-2A-07
	Annotated Code of Maryland
27	•
28	(2021 Replacement Volume and 2024 Supplement)
29	BY adding to
30	Article - Health - General
31	Section 19-113(f) and (g)
32	Annotated Code of Maryland
33	(2023 Replacement Volume and 2024 Supplement)
34	(As enacted by Section 1 of this Act)
35	BY adding to
36	Article - Insurance
37	Section 2-117(f)
38	Annotated Code of Maryland
39	(2017 Replacement Volume and 2024 Supplement)
10	(As enacted by Section 1 of this Act)

$\begin{array}{c} 1 \\ 2 \end{array}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
3	Article - Health - General
4	19–101.
5	In this subtitle, "Commission" means the Maryland Health Care Commission.
6	19-113.
7 8	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
9 10	(2) "Cybersecurity" has the meaning stated in § 3.5–301 of the State Finance and Procurement Article.
11 12 13 14	(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.
15 16 17	(4) "HEALTHCARE ECOSYSTEM" MEANS THE ENTITIES AND RELATIONSHIPS AMONG ENTITIES THAT ARE NECESSARY TO DELIVER TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.
18	(5) (I) "HEALTHCARE ECOSYSTEM ENTITY" INCLUDES:
19 20	1. AN ELECTRONIC DATA INTERCHANGE CLEARINGHOUSE;
21 22	2. A FREESTANDING MEDICAL FACILITY, AS DEFINED IN § 19–3A–01 OF THIS TITLE;
23 24	3. A HEALTH INFORMATION EXCHANGE, AS DEFINED IN § 4–301 OF THIS ARTICLE;
25 26	4. A HOSPITAL, AS DEFINED IN § 19–301 OF THIS TITLE;
27 28	5. AN ENTITY IDENTIFIED BY THE COMMISSION IN REGULATIONS TO BE INCLUDED IN THE HEALTHCARE ECOSYSTEM.

(H) "HEALTHCARE ECOSYSTEM ENTITY" DOES NOT INCLUDE:

29

1 2	1. A CARRIER, AS DEFINED IN § 2-117 OF THE INSURANCE ARTICLE; OR
3 4	2. A PHARMACY BENEFITS MANAGER, AS DEFINED IN § 15–1601 OF THE INSURANCE ARTICLE.
5	(6) "ZERO-TRUST" MEANS A CYBERSECURITY APPROACH:
6 7	(I) FOCUSED ON CYBERSECURITY RESOURCE PROTECTION;
8 9	(II) BASED ON THE PREMISE THAT TRUST IS NOT GRANTED IMPLICITLY BUT MUST BE EVALUATED CONTINUALLY.
10 11	(B) THE COMMISSION SHALL INCLUDE ON ITS STAFF AT LEAST ONE EMPLOYEE WHO IS AN EXPERT IN CYBERSECURITY TO:
12 13 14	(1) ADVISE THE CHAIRMAN AND MEMBERS OF THE COMMISSION ON MEASURES TO IMPROVE OVERSIGHT OF THE CYBERSECURITY PRACTICES OF HEALTHCARE ECOSYSTEM ENTITIES;
15 16	(2) CONSULT WITH THE OFFICE OF SECURITY MANAGEMENT ON CYBERSECURITY ISSUES RELATED TO HEALTH CARE REGULATION; AND
17 18 19	(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.
20	(C) A HEALTHCARE ECOSYSTEM ENTITY SHALL:
21 22	(1) ADOPT AND IMPLEMENT CYBERSECURITY STANDARDS THAT ARE EQUAL TO OR EXCEED ANY STANDARDS ADOPTED BY THE COMMISSION;
23 24	(2) ADOPT A ZERO-TRUST CYBERSECURITY APPROACH FOR ON-PREMISES SERVICES AND CLOUD-BASED SERVICES;
25 26 27	(3) MEET MINIMUM SECURITY STANDARDS SET BY THE COMMISSION, IN CONSULTATION WITH THE OFFICE OF SECURITY MANAGEMENT, FOR EACH OPERATIONAL TECHNOLOGY AND INFORMATION TECHNOLOGY DEVICE BASED ON
28 29	THE LEVEL OF SECURITY RISK FOR EACH DEVICE, INCLUDING SECURITY RISKS ASSOCIATED WITH SUPPLY CHAINS; AND

1	(4) ON OR BEFORE JANUARY 1, 2026, AND EVERY 2 YEARS
2	THEREAFTER:
9	(I) IINDEDGO A WHIDD DADWY AUDIW WO EVALUAME WHE
3	(I) UNDERGO A THIRD-PARTY AUDIT TO EVALUATE THE ENTITY'S CYBERSECURITY PRACTICES AND RESOURCES BASED ON THE
4	CYBERSECURITY AND INFRASTRUCTURE SECURITY AGENCY'S CROSS SECTOR
5 c	CYBERSECURITY PERFORMANCE GOALS OR A MORE STRINGENT STANDARD BASED
6	ON THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY'S FRAMEWORK;
7 8	AND
0	AND
9	(H) SUBMIT TO THE COMMISSION A REPORT THAT INCLUDES:
0	1. The recommendations of the audit;
1	2. THE DATE OF THE CYBERSECURITY AUDIT;
12	3. The cybersecurity framework used to
3	EVALUATE THE ENTITY: AND
4	4. THE NAME OF THE THIRD PARTY THAT CONDUCTED
5	THE AUDIT.
	(a) On the Town I are a second of the control of th
16	(D) ON OR BEFORE JULY 1, 2026, AND EVERY 2 YEARS THEREAFTER, THE
17	COMMISSION SHALL COLLECT CERTIFICATION OF A HEALTHCARE ECOSYSTEM
18	ENTITY'S COMPLIANCE WITH THE STANDARD USED IN THE AUDIT CONDUCTED
19	UNDER SUBSECTION (C)(4) OF THIS SECTION FOR CYBERSECURITY-RELATED
20	POLICIES AND PROCEDURES.
21	(E) ON OR BEFORE JANUARY 1, 2027, AND EVERY 2 YEARS THEREAFTER,
22	THE COMMISSION SHALL SUBMIT A REPORT TO THE STATE CHIEF INFORMATION
23	SECURITY OFFICER OR THE OFFICER'S DESIGNEE THAT INCLUDES:
24	(1) A GENERAL OVERVIEW OF CYBERSECURITY TECHNOLOGY AND
25	POLICIES USED BY HEALTHCARE ECOSYSTEM ENTITIES IN THE STATE, GROUPED IN
26	THE FOLLOWING MANNER:
27	(I) HOSPITALS;
28	(II) FREESTANDING MEDICAL FACILITIES;
29	(HI) ELECTRONIC DATA INTERCHANGE CLEARINGHOUSES;
3O	(IV) HEALTH INFORMATION EXCHANGES: AND

1		(V) ANY OTHER ENTITY THE COMMISSION CONSIDERS
2	SIGNIFICANT EN	OUGH TO INCLUDE IN THE REPORT;
3	(2)	INFORMATION ABOUT EACH CERTIFICATION COLLECTED,
3 4	(2) INCLUDING:	TATORMATION ABOUT EACH CENTIFICATION COLLECTED,
•	nteresting.	
5		(I) THE NAME OF THE HEALTHCARE ECOSYSTEM ENTITY;
0		(II) THE DATE OF THE HEALTHGADE EGGSYGTEM ENTERTYS
$\frac{6}{7}$	MOST DECENT OF	(H) THE DATE OF THE HEALTHCARE ECOSYSTEM ENTITY'S BERSECURITY AUDIT;
'	WIOSI RECENT CI	BERSECURIT AUDIT,
8		(HI) THE CYBERSECURITY FRAMEWORK USED IN THE
9	CYBERSECURITY	AUDIT OF THE HEALTHCARE ECOSYSTEM ENTITY; AND
10		(III) THE NAME OF THE THIRD DADGE THAT COMPLETED THE
10 11	CYBERSECURITY	(IV) THE NAME OF THE THIRD PARTY THAT COMPLETED THE
11	OTBERGEOCKITT	AODII;
12	(3)	AN OVERVIEW OF ESSENTIAL CAPABILITIES PROVIDED BY
13	HEALTHCARE EC	OSYSTEM ENTITIES;
14	(4)	RECOMMENDATIONS FOR ENSURING THE CONTINUOUS DELIVERY
14 15	\ /	*APABILITIES DURING AND FOLLOWING A DISRUPTION TO THE
16	HEALTHCARE EC	
17	(5)	RECOMMENDATIONS TO IMPROVE CYBERSECURITY FOR THE
18		LTHCARE ECOSYSTEM ENTITIES IDENTIFIED IN ITEM (1) OF THIS
19	SUBSECTION.	
20		Article - Insurance
01	1 101	
21	1–101.	
22	(a) In thi	s article the following words have the meanings indicated.
23	(b) "Adm	inistration" means the Maryland Insurance Administration.
24	(k) "Com	missioner" means the Maryland Insurance Commissioner.
	(11)	
25	2-117.	
0.0	(4) (1)	IN MILIO GEOMION MILE BOLLOWING WORDS WAVE MILE AND ASSESSED
2627	(A) (1) INDICATED.	IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
41	INDIVATED,	
28	(2)	"CARRIER" MEANS:

1		(I)	AN INSURER AUTHORIZED TO SELL HEALTH INSURANCE;
2		(II)	A NONPROFIT HEALTH SERVICE PLAN;
3		(III)	A HEALTH MAINTENANCE ORGANIZATION;
4		(IV)	A DENTAL PLAN ORGANIZATION; AND
5		(V)	ANY OTHER ENTITY PROVIDING A PLAN OF HEALTH
6	INSURANCE, HE	ALTH	BENEFITS, OR HEALTH SERVICES AUTHORIZED UNDER THIS
7	ARTICLE OR THE	AFFC	PRDABLE CARE ACT.
8	(3)	"Ess	SENTIAL CAPABILITIES" MEANS THE SERVICES THAT MUST BE
9	AVAILABLE IN	FHE H	EALTHCARE ECOSYSTEM TO ENSURE THE CONTINUITY OF
10	CRITICAL CARI	E ANE	PATIENT SAFETY, INCLUDING DURING AN INCIDENT
11	DIMINISHING TH	IE CAP	ACITY OF THE HEALTHCARE ECOSYSTEM.
12	(4)	"HE	ALTHCARE ECOSYSTEM" MEANS THE ENTITIES AND
13	RELATIONSHIPS	AMON	G ENTITIES THAT ARE NECESSARY TO DELIVER TREATMENT,
14	PAYMENT, AND I	IEALT	H-CARE OPERATIONS.
15	(5)	(I)	"HEALTHCARE ECOSYSTEM ENTITY" MEANS:
16			1. A CARRIER; OR
17	15 1001 on my	2 A D.M.	2. A PHARMACY BENEFITS MANAGER, AS DEFINED IN §
18	15–1601 of this	S AKTI	ULE.
19		(II)	"HEALTHCARE ECOSYSTEM ENTITY" DOES NOT INCLUDE A
20	GOVERNMENTAL	- PAYO	
21	(6)	"ZEI	RO-TRUST" MEANS A CYBERSECURITY APPROACH:
22		(I)	FOCUSED ON CYBERSECURITY RESOURCE PROTECTION;
23	AND	()	,
24		(II)	BASED ON THE PREMISE THAT TRUST IS NOT GRANTED
25	IMPLICITLY BUT	` /	BE EVALUATED CONTINUALLY.
-	- <u>-</u> 		
26	(B) THE	ADM	NISTRATION SHALL INCLUDE ON ITS STAFF AT LEAST ONE
27	EMPLOYEE WHO	IS AN	EXPERT IN CYBERSECURITY TO:

1	(1) ADVISE THE COMMISSIONER ON MEASURES TO IMPROVE
2	OVERSIGHT OF THE CYBERSECURITY PRACTICES OF HEALTHCARE ECOSYSTEM
3	ENTITIES;
4	(2) CONSULT WITH THE OFFICE OF SECURITY MANAGEMENT ON
5	CYBERSECURITY ISSUES RELATED TO HEALTH INSURANCE REGULATION; AND
6	(3) REPRESENT THE ADMINISTRATION ON ANY WORKGROUP, TASK
7	FORCE, OR SIMILAR ENTITY THAT IS FOCUSED ON CYBERSECURITY AND ON WHICH
8	REPRESENTATION FROM THE ADMINISTRATION IS REQUIRED OR REQUESTED.
9	(C) A HEALTHCARE ECOSYSTEM ENTITY SHALL:
0	(1) ADOPT AND IMPLEMENT CYBERSECURITY STANDARDS THAT ARE
1	EQUAL TO OR EXCEED ANY STANDARDS ADOPTED BY THE ADMINISTRATION;
2	(2) ADOPT A ZERO-TRUST CYBERSECURITY APPROACH FOR
13	ON-PREMISES SERVICES AND CLOUD-BASED SERVICES;
	(0) AFTER MANYAWAY OF GUIDANY OF AND A DDG OFF DV MAD MADAY AND
4	(3) MEET MINIMUM SECURITY STANDARDS SET BY THE MARYLAND
\5 <i>c</i>	HEALTH CARE COMMISSION, IN CONSULTATION WITH THE OFFICE OF SECURITY
L6 L7	MANAGEMENT, FOR EACH OPERATIONAL TECHNOLOGY AND INFORMATION TECHNOLOGY DEVICE BASED ON THE LEVEL OF SECURITY RISK FOR EACH DEVICE,
18	INCLUDING SECURITY RISKS ASSOCIATED WITH SUPPLY CHAINS; AND
	including should in sign and out the sign of the sign
9	(4) ON OR BEFORE JANUARY 1, 2026, AND EVERY 2 YEARS
20	THEREAFTER:
21	(I) UNDERGO A THIRD-PARTY AUDIT TO EVALUATE THE
22	ENTITY'S CYBERSECURITY PRACTICES AND RESOURCES BASED ON THE
23	CYBERSECURITY AND INFRASTRUCTURE SECURITY AGENCY'S CROSS-SECTOR
24	CYBERSECURITY PERFORMANCE GOALS OR A MORE STRINGENT STANDARD BASED
25 26	ON THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY'S FRAMEWORK;
26	AND
27	(II) SUBMIT TO THE ADMINISTRATION A REPORT THAT
28	INCLUDES:
29	1. THE RECOMMENDATIONS FROM THE AUDIT;
30	2. THE DATE OF THE CYBERSECURITY AUDIT;
) 1	9 MILE CYDED CHOLINE DD AMERICON A 1905 MO
31	3. THE CYBERSECURITY FRAMEWORK USED TO

1			4. THE NAME OF THE THIRD PARTY THAT CONDUCTED
2	THE AUDIT.		
			_
3	. ,		FORE JULY 1, 2026, AND EVERY 2 YEARS THEREAFTER, THE
4			LL COLLECT CERTIFICATION OF A HEALTHCARE ECOSYSTEM
5			E WITH THE STANDARD USED IN THE AUDIT CONDUCTED
6	UNDER SUBSEC	FION	(c)(4) of this section for cybersecurity-related
7	POLICIES AND PI	ROCED	URES.
8	(E) ON (<u> 7D BEI</u>	FORE JANUARY 1, 2027, AND EVERY 2 YEARS THEREAFTER,
9			N SHALL SUBMIT A REPORT TO THE STATE CHIEF
0			TY OFFICER OR THE OFFICER'S DESIGNEE THAT INCLUDES:
LU	INFORMATION S	ECUNI	THO PERIODE OF THE OFFICER S DESIGNED THAT INCLUDES.
1	(1)	A GE	ENERAL OVERVIEW OF CYBERSECURITY TECHNOLOGY AND
2	POLICIES USED I	SY HEA	ALTHCARE ECOSYSTEM ENTITIES IN THE STATE, GROUPED IN
13	THE FOLLOWING	MANN	IER.
4		(I)	INSURERS AUTHORIZED TO SELL HEALTH INSURANCE;
-		(11)	NONDROEM HEAL MIL GERVICE DI ANG.
15		(II)	NONPROFIT HEALTH SERVICE PLANS;
6		(III)	HEALTH MAINTENANCE ORGANIZATIONS;
		` ,	
17		(IV)	DENTAL PLAN ORGANIZATIONS;
0		(37)	DILADMACY DENIGEIRO MANACIEDO, AND
18		(V)	PHARMACY BENEFITS MANAGERS; AND
9		(VI)	ANY OTHER ENTITY PROVIDING A PLAN OF HEALTH
20	INSURANCE, HEA	LTH I	BENEFITS, OR HEALTH SERVICES AUTHORIZED UNDER THIS
21	ARTICLE OR THE	AFF 0	PRDABLE CARE ACT;
22	` '	INFO	PRMATION ABOUT EACH CERTIFICATION COLLECTED,
23	INCLUDING:		
		(-)	
24		(1)	THE NAME OF THE HEALTHCARE ECOSYSTEM ENTITY;
25		(II)	THE DATE OF THE HEALTHCARE ECOSYSTEM ENTITY'S MOST
26	RECENT CYBERS	` '	
- 0		_ : 2	·
27		(III)	THE CYBERSECURITY FRAMEWORK USED IN THE
00	CVDEDGEGUDION	·	DOE WITE THE VEW THE PROCESS OF THE PROPERTY O

1 2	(IV) THE NAME OF THE THIRD PARTY THAT COMPLETED THE CYBERSECURITY AUDIT;
3	(3) AN OVERVIEW OF ESSENTIAL CAPABILITIES PROVIDED BY THE HEALTHCARE ECOSYSTEM ENTITY;
5 6 7	(4) RECOMMENDATIONS FOR ENSURING THE CONTINUOUS DELIVERY OF ESSENTIAL CAPABILITIES DURING AND FOLLOWING A DISRUPTION TO THE HEALTHCARE ECOSYSTEM; AND
8 9 10	(5) RECOMMENDATIONS TO IMPROVE CYBERSECURITY FOR THE GROUPS OF HEALTHCARE ECOSYSTEM ENTITIES IDENTIFIED IN ITEM (1) OF THIS SUBSECTION.
11	Article - State Finance and Procurement
12	3.5–101.
13	(a) In this title the following words have the meanings indicated.
14	(c) "Department" means the Department of Information Technology.
15	$\frac{3.5-2A-01}{}$
16	(a) In this subtitle the following words have the meanings indicated.
17	(b) "Council" means the Maryland Cybersecurity Coordinating Council.
18	(e) "Office" means the Office of Security Management.
19	3.5-2A-07.
20 21	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
22 23 24	(2) "HEALTHCARE ECOSYSTEM" MEANS THE ENTITIES AND RELATIONSHIPS AMONG ENTITIES THAT ARE NECESSARY TO DELIVER HEALTH CARE TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.
25	(3) "HEALTHCARE ECOSYSTEM ENTITY" INCLUDES:
26	(I) A CARRIER;
27	(II) AN ELECTRONIC DATA INTERCHANGE CLEARINGHOUSE;

1	(III) A FREESTANDING MEDICAL FACILITY;
2	(IV) A HOSPITAL;
3	(V) A PHARMACY BENEFITS MANAGER;
4	(VI) A HEALTH INFORMATION EXCHANGE; AND
5	(VII) ANY OTHER ENTITY IDENTIFIED BY THE MARYLAND
6	HEALTH CARE COMMISSION OR THE MARYLAND INSURANCE ADMINISTRATION IN
7	REGULATIONS TO BE INCLUDED IN THE HEALTHCARE ECOSYSTEM.
8	(B) (1) A HEALTHCARE ECOSYSTEM ENTITY SHALL REPORT, IN
9	ACCORDANCE WITH THE PROCESS ESTABLISHED UNDER PARAGRAPH (2) OF THIS
10	SUBSECTION, A CYBERSECURITY INCIDENT, INCLUDING AN ATTACK ON A SYSTEM
11	BEING USED BY THE HEALTHCARE ECOSYSTEM ENTITY, TO THE STATE SECURITY
12	OPERATIONS CENTER IN THE DEPARTMENT.
13	(2) THE OFFICE, IN CONSULTATION WITH THE MARYLAND HEALTH
14	CARE COMMISSION AND THE MARYLAND INSURANCE ADMINISTRATION, SHALL
15	ESTABLISH A PROCESS FOR A HEALTHCARE ECOSYSTEM ENTITY TO REPORT A
16	CYBERSECURITY INCIDENT UNDER PARAGRAPH (1) OF THIS SUBSECTION,
17	including:
18	(I) THE CRITERIA FOR DETERMINING THE CIRCUMSTANCES
19	UNDER WHICH A CYBERSECURITY INCIDENT MUST BE REPORTED;
20	(H) THE MANNER IN WHICH A CYBERSECURITY INCIDENT MUST
21	BE REPORTED; AND
22	(III) THE TIME PERIOD WITHIN WHICH A CYBERSECURITY
23	INCIDENT MUST BE REPORTED.
24	(3) THE STATE SECURITY OPERATIONS CENTER IMMEDIATELY
25	SHALL NOTIFY APPROPRIATE STATE AND LOCAL AGENCIES OF A CYBERSECURITY
26	INCIDENT REPORTED UNDER THIS SUBSECTION.
	INCIDENT WEI ONTED CIVIDIN THIS SCHOOL TOW.
27	(4) (I) ON OR BEFORE JULY 1 EACH YEAR, BEGINNING IN 2026,
28	THE OFFICE SHALL REPORT TO THE GOVERNOR, THE COUNCIL, AND, IN
29	ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL
30	ASSEMBLY ON THE NUMBER OF CYBERSECURITY INCIDENTS AND TYPES OF
31	CYBERSECURITY INCIDENTS REPORTED UNDER PARAGRAPH (1) OF THIS
32	SUBSECTION IN THE IMMEDIATELY DRECEDING CALENDAR VEAD

1	(II) A REPORT SUBMITTED IN ACCORDANCE WITH
2	SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY NOT IDENTIFY A HEALTHCARE
3	ECOSYSTEM ENTITY THAT REPORTED AN INCIDENT TO THE OFFICE OR A
4	HEALTHCARE ECOSYSTEM ENTITY THAT WAS DIRECTLY AFFECTED BY AN INCIDENT
5	REPORTED TO THE CENTER.
6	3.5–301.
7	(a) In this subtitle the following words have the meanings indicated.
8	(c) "Cybersecurity" means processes or capabilities wherein systems,
9	communications, and information are protected and defended against damage,
10	unauthorized use or modification, and exploitation.
11	SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read
12	as follows:
13	Article - Health - General
14	19-113.
15	(F) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT OF
16	INFORMATION TECHNOLOGY, SHALL ADOPT REGULATIONS TO IMPLEMENT
17	CYBERSECURITY STANDARDS AND PROCEDURES TO:
18	(1) PREVENT DISRUPTIONS TO THE HEALTHCARE ECOSYSTEM;
19	(2) Enable the delivery of essential capabilities by the
20	HEALTHCARE ECOSYSTEM; AND
21	(3) SUPPORT RECOVERY FROM AN INCIDENT THAT DISRUPTS THE
22	HEALTHCARE ECOSYSTEM.
23	(G) THE COMMISSION, IN CONJUNCTION WITH THE MARYLAND
24	DEPARTMENT OF EMERGENCY MANAGEMENT, THE DEPARTMENT OF
25	INFORMATION TECHNOLOGY, AND THE MARYLAND INSURANCE ADMINISTRATION,
26	SHALL REGULARLY CONVENE A STAKEHOLDER WORKGROUP TO REVIEW
27	CYBERSECURITY PRACTICES, THREATS, RESPONSES TO DISRUPTIONS, AND
28	EMERGING ISSUES AFFECTING THE HEALTHCARE ECOSYSTEM.
29	Article - Insurance

30 2-117.

1 2 3	(F) THE ADMINISTRATION, IN CONSULTATION WITH THE DEPARTMENT OF INFORMATION TECHNOLOGY, SHALL ADOPT REGULATIONS TO IMPLEMENT CYBERSECURITY STANDARDS AND PROCEDURES TO:
4	(1) PREVENT DISRUPTIONS TO THE HEALTHCARE ECOSYSTEM;
5 6	(2) ENABLE THE DELIVERY OF ESSENTIAL CAPABILITIES BY THE HEALTHCARE ECOSYSTEM; AND
7 8	(3) SUPPORT RECOVERY FROM AN INCIDENT THAT DISRUPTS THE HEALTHCARE ECOSYSTEM.
9	SECTION 3. AND BE IT FURTHER ENACTED, That:
10 11	$\frac{\text{SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,}}{\text{That:}}$
12	(a) (1) In this section the following words have the meanings indicated.
13 14	(2) "Cybersecurity" has the meaning stated in § 3.5–301 of the State Finance and Procurement Article.
15 16 17	(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.
18 19	(4) "Healthcare ecosystem" means the entities and relationships among entities that are necessary to deliver treatment, payment, and health care operations.
20	(5) (i) "Healthcare ecosystem entity" includes:
21	1. a carrier, as defined in § 2–117 of the Insurance Article;
22	2. an electronic data interchange clearinghouse;
23 24	3. a freestanding medical facility, as defined in $\$ 19–3A–01 of the Health – General Article;
25 26	$4. \hspace{1.5cm} \hbox{a health information exchange, as defined in § $4-301$ of the Health – General Article;}$
27 28	5. a hospital, as defined in \S 19–301 of the Health – General Article; and
29 30	6. a pharmacy benefits manager, as defined in § 15–1601 of the Insurance Article.

$\frac{1}{2}$	payor.		(ii) "Healthcare ecosystem entity" does not include a governmental
3		(6)	"Health care operations" has the meaning stated in 45 C.F.R. § 164.501.
4		(7)	"Payment" has the meaning stated in 45 C.F.R. § 164.501.
5		(8)	"Treatment" has the meaning stated in 45 C.F.R. § 164.501.
6 7	Cybersecuri	(9) ty Wo	"Workgroup" means the Healthcare Ecosystem Stakeholder ckgroup.
8 9 10 11	cybersecurit	y of t	The Maryland Health Care Commission shall convene a healthcare older workgroup to study and make recommendations to improve the healthcare ecosystem in the State There is a Healthcare Ecosystem esecurity Workgroup.
12		<u>(2)</u>	The purpose of the Workgroup is to develop strategies to:
13 14	operations;		(i) prevent cybersecurity disruptions to healthcare ecosystem
15 16	services; an	<u>d</u>	(ii) ensure the continuous delivery of essential healthcare ecosystem
17 18	cybersecurit	ty incid	(iii) enhance recovery efforts of the healthcare ecosystem following a dent.
19	(c)	The V	Workgroup consists of the following members:
20 21	the Senate;	<u>(1)</u>	one member of the Senate of Maryland, appointed by the President of
22 23	House;	<u>(2)</u>	one member of the House of Delegates, appointed by the Speaker of the
$24 \\ 25$	Chairman's	(3) design	the Chairman of the Maryland Health Care Commission, or the nee;
26 27	designee;	<u>(4)</u>	the Maryland Insurance Commissioner, or the Commissioner's
28		<u>(5)</u>	the Secretary of Emergency Management, or the Secretary's designee;
29 30	designee;	<u>(6)</u>	the State Chief Information Security Officer, or the State Chief Officer's

1 2 3	of the Maryland Cybersecurity Cou	Cybe	epresentatives from the Subcommittee on Critical Infrastructure rescurity Council, appointed by the Chair of the Maryland
4 5	(8) by the head of the	one re	epresentative from each of the following organizations, designated zation:
6		<u>(i)</u>	one representative of the Cooperative Exchange;
7		<u>(ii)</u>	one representative of the Electronic Health Record Association;
8 9	<u>Insurers;</u>	<u>(iii)</u>	one representative of the Maryland League of Life and Health
0		<u>(iv)</u>	one representative of the Maryland Hospital Association; and
1		<u>(v)</u>	one representative of the Maryland Cybersecurity Association;
12	(9) Maryland Insuran		epresentative of a pharmacy benefits manager, appointed by the nmissioner;
14 15	(10) Maryland Health (Collowing representatives appointed by the Chairman of the ommission:
16 17	clearinghouse;	<u>(i)</u>	one representative of an electronic data interchange
18		<u>(ii)</u>	one representative of a freestanding medical facility;
9		<u>(iii)</u>	one representative of a large hospital;
20		<u>(iv)</u>	one representative of a small hospital;
21		<u>(v)</u>	one representative of an inpatient psychiatric hospital; and
22		<u>(vi)</u>	one representative of a health information exchange; and
23 24 25	the Chairman of Commissioner.		representatives of a patient advocacy group, jointly appointed by aryland Health Care Commission and the Maryland Insurance
26 27 28		Mary	an of the Maryland Health Care Commission, or the Chairman's land Insurance Commissioner, or the Commissioner's designee,

$\frac{1}{2}$	(e) The Maryland Health Care Commission and the Maryland Insurance Administration shall provide staff for the Workgroup.
3	(f) A member of the Workgroup:
4	(1) may not receive compensation as a member of the Workgroup; but
5 6	(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.
7	(g) The workgroup Workgroup shall:
8 9	(1) identify essential capabilities <u>required for the delivery of health canduring a cybersecurity attack;</u>
10 11	(2) identify functional requirements for the healthcare ecosystem to be capable of providing the essential capabilities identified under item (1) of this subsection
12 13	(3) identify and map all healthcare ecosystem entities in the State <u>against the essential health care capabilities and identified functional requirements;</u>
14 15	(4) identify which healthcare ecosystem entities are needed, directly of indirectly, to provide the essential capabilities identified under item (1) of this subsection
16 17 18	(5) identify other issues related to cybersecurity in the healthcar ecosystem develop an ecosystem cybersecurity threat and risk assessment based on the essential health care capabilities and supporting functions;
19 20	(6) <u>examine cybersecurity challenges affecting the healthcare ecosystems</u> based on the threat and risk assessment;
21 22 23	(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 NISC Cybersecurity Framework, HICP Technical Volume 1, and HICP Technical Volume 2; and
24 25 26	(7) provide guidance for the Maryland Health Care Commission and the Maryland Insurance Administration regarding the adoption and maintenance eybersecurity regulatory standards.
27 28	(8) make recommendations for adopting and maintaining cybersecurit regulatory standards; and
29	(9) make recommendations for ensuring that essential capabilities an

31 (d) (h) (1) On or before July January 1, 2026, the Maryland Health Care 32 Commission Workgroup shall submit an interim report defining the scope and contents of

supporting functions are resilient to disruption.

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1 2 3 4 5	the State's healthcare ecosystem of its findings and recommendations to the Governor, the Secretary of Emergency Management, the 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.
6 7 8 9 10 11	(2) On or before July December 1, 2028 2026, the Maryland Health Care Commission Workgroup shall submit a final report of the findings and recommendations of the workgroup to the Governor, the Secretary of Emergency Management, the 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.
12 13	$\frac{SECTION~4.~AND~BE~IT~FURTHER~ENACTED,~That~Section~2~of~this~Act~shall~take}{effect~July~1,~2028.}$
14 15 16 17 18	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 42 years and, at the end of June 30, $\frac{2020}{2027}$, 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.
	President of the Senate.
	Speaker of the House of Delegates.