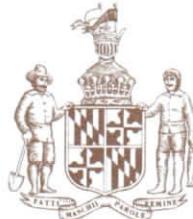**PAMELA G. BEIDLE**
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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

March 3, 2021

SB 748

Public Health – State Designated Exchange – Clinical Information

Chairman Kelley, Vice Chair Feldman and Members of the Committee;

Thank you for the opportunity to present SB0748, Public Health – State Designated Exchange – Clinical Information.

SB748 requires information sharing from existing Electronic Health Networks (EHNs) to the State-Designated Health Information Exchange (HIE). This will allow caregivers and public health officials access to patient information such as where the last doctor's visit occurred, whether the patient had a telehealth encounter, and recent medication changes in a nursing home, information critical to provide better individual care and population health.

The HIE will leverage a decade of strategic investments and partnerships to use the new EHN connectivity to accomplish the following:

- **Expand statewide Public Health capabilities for current and future needs**
  - CRISP provided extensive support to the Maryland Department of Health through COVID-19 reporting, contact tracing, and sharing data with providers; additional connectivity with nursing homes would add speed and depth to reporting and full EHN connectivity allows for an expansion of clinical support
- **Provide a more comprehensive view into a patient's care team**
  - When a patient is discharged from a hospital, the discharge plan and follow-up care can occur with the best provider or the lack of care team may indicate the need for referral to a primary care practice
- **Reduce the burden for providers sharing information with the HIE and other partners**
  - HIE users must share patient rosters to enable privacy controls, and many Electronic Health Record (EHR) vendors make it difficult to extract this information; EHNs already share encounter data at-scale
- **Show providers and policymakers summary data regarding non-hospital services**
  - The Maryland Model uniquely holds hospitals accountable for the total cost of care for patients, yet without comprehensive views into non-hospital care (for example urgent care visits and telehealth) population health leaders and policymakers do not have all of the information to design optimal strategies
- **Enhance system efficiency by leveraging existing connections**
  - Working with providers one-on-one to build new connections is expensive, particularly where vendors create blockages; EHNs are already integrated into EHRs and can copy

the HIE on transactions just like laboratories do with results and pharmacies with controlled dangerous substance data

Potential Concerns

All potential changes risk unforeseen problems. To that end, the following concerns have been identified and planned for:

- Patient and physician privacy will be supported through existing opt-out capabilities and Maryland Health Care Commission (MHCC) regulations
- The cost of connecting these systems is minimal – EHNs already send millions of messages per week and are simply adding the HIE as a receiver, and the HIE proved it can process the volume and type of messages through a demonstration project with the MHCC

Thank you for your consideration of SB 748 and I urge the committee to move this bill with a favorable report.