

SB 984_Health Data Utility Position Statement (FIN

Uploaded by: Ben Steffen

Position: FAV



2022 SESSION
POSITION PAPER

BILL NO: SB 984
COMMITTEE: Senate Finance Committee
POSITION: Support

TITLE: SB 984 - Public Health – State Designated Exchange – Health Data Utility

BILL ANALYSIS

Senate Bill 984 (SB 984) establishes a health data utility operated by the State Designated health information exchange (HIE). SB 984 requires the Maryland Department of Health (“MDH”), pharmacy dispensers, nursing homes and electronic health networks to submit certain data to the State Designated HIE. Prescription drug dispensers, including retail, specialty, and institutional pharmacies, are required to electronically submit information to the health data utility after dispensing. The health data utility must make select information available to providers and health officials for public health interventions and health equity. The Maryland Health Care Commission (MHCC) is required to develop regulations governing information shared by the utility. On or before January 1, 2024, MDH, MHCC, and the State Designated HIE must report to the General Assembly on the revenue sources to fund the health data utility.

POSITION AND RATIONALE

The Maryland Health Care Commission supports SB 984 and the amendments offered by the Chesapeake Regional Information System for Our Patients (CRISP).

This legislation would formalize many of the roles that the State Designated HIE (CRISP) took on during the COVID-19 Public Health Emergency (PHE). CRISP proved its value as an essential information sharing hub during the PHE. CRISP technical capabilities and the trust in which it is held by many stakeholders makes it well-suited to serve as a health data utility in Maryland.

The MHCC and the Health Services Cost Review Commission competitively selected CRISP as the State Designated HIE in 2009. The State Designated HIE supports clinical care through information exchange among providers with caregiving with a patient. Prior to the start of the pandemic CRISP-developed applications supported Maryland hospitals performance under the Total Cost of Care (TCOC) Model and physicians’ participation in value-based programs, including the Maryland Primary Care Program (MDPCP) and care transformation initiatives launched by HSCRC.

Beginning with the onset of the PHE in March 2020, CRISP has played an essential part in the State's response to the COVID-19 pandemic and that work continues today. CRISP developed applications were critical to COVID-19 disease reporting, COVID-19 test scheduling, test result reporting, and contacting tracing. CRISP served as a data enclave for hospital and nursing home capacity monitoring and planning. When vaccines became available, CRISP applications and data infrastructure supported vaccine distribution, scheduling, and uptake monitoring. These new capabilities were developed even as longstanding CRISP provider-facing applications including patient alerts and encounter notifications continued to evolve and advance. SB 984 formalizes CRISP role as a health data utility and enables the organization to support continuing and future public health interventions including COVID-19 surges, other health care emergencies, and routine public health data operations. As important, SB 984 formalizes CRISP role in supporting health care transformation initiatives through deeper integration of provider data that will improve care delivery, address health disparities, improve quality, and enable conformance with the TCOC Model.

The bill establishes a dispensed prescription drug repository (or repository) that coupled with the long-standing controlled dangerous substances (CDS) information, the repository will enable providers to have access to comprehensive patient medication histories of patients under their care. This repository will build on an existing framework offering savings to the funders. In 2011, the State established a prescription drug monitoring program (PDMP) to monitor CDS prescribing and dispensing.¹ The PDMP primarily assists providers and public health efforts by the Maryland Department of Health (MDH) to identify and reduce prescription drug abuse of CDS Schedules II through V.² The law requires dispensers to report prescription fill information for CDS drugs dispensed to a patient or a patient's agent in Maryland.³ CRISP, the State Designated Health Information Exchange, collects and securely stores this information, which is made available to providers and for public health activities under certain circumstances.

Provider access to complete and accurate medication history can minimize the potential for medication errors and inadvertent omissions, while improving efficiencies in care delivery. Providers access to comprehensive medication history has great potential to increase patient safety by improving the medication reconciliation process that will reduce medication

¹ The PDMP is authorized under Health-General Article, Section 21-2A, Annotated Code of Maryland (Chapter 166, 2011). PDMP regulations can be found under Code of Maryland Regulations (COMAR) 10.47.07.

² The PDMP also assists federal, State, and local law enforcement agencies, health occupations licensing boards and certain MDH agencies in the investigation of illegal CDS diversion, health care fraud, illegitimate professional practice, and other issues.

³ The law includes reporting exemptions to the PDMP for the following: 1) a licensed hospital pharmacy that only dispenses a monitored prescription drug for direct administration to an inpatient of the hospital; 2) an opioid treatment service program; 3) a veterinarian licensed under Agriculture Article, Title 2, Subtitle 3, Annotated Code of Maryland, when prescribing controlled substances for animals in the usual course of providing professional services; 4) a pharmacy issued a waiver permit under COMAR 10.34.17.03 that provides pharmaceutical specialty services exclusively to persons living in assisted living facilities, comprehensive care facilities, and developmental disabilities facilities; and 5) dispensing to hospice inpatients, provided that the dispensing pharmacy has applied for and been granted a waiver by the Department pursuant to §G of COMAR 10.47.07.03.



prescribing errors.⁴ Medication errors are among the most common causes of morbidity and mortality in hospitals.^{5, 6} This particularly holds true for hospital emergency departments, the origin of at least half of all hospital admissions in Maryland and the nation.^{7, 8, 9} Studies find that inaccuracies in medication histories account for upwards of 50 to 70 percent of admitted patients; over one quarter of these errors are attributable to incomplete information at the time of admission.¹⁰ Medication discrepancies lead to interrupted or inappropriate drug therapy during and after a hospitalization. This can result in adverse drug events (ADEs); half of preventable ADEs occurring within 30 days of discharge are due to medication discrepancies.¹¹ Medication reconciliation is a key component of patient safety in any health care setting.¹² Manual medication reconciliation processes often require lengthy conversations with patients and/or their caregivers along with multiple calls to pharmacies. SB 984 will address hurdles in care delivery and patient safety due to a missing or incomplete medication history.

The MHCC recognized that requiring reporting of non-CDS pharmacy information for care management purposes could raise concerns among consumers and dispensers. The MHCC began planning for this use case several years ago. The MHCC workgroup convened to study electronic prescription record systems for care management in 2019. The MHCC released the final report from that workgroup in July 2019.¹³ Among the issues the workgroup considered were privacy protections required for a prescription record system, including the ability of consumers to choose not to share prescription data and the procedures to ensure the prescription data are used in a manner that is compliant with State and federal privacy requirements. The workgroup recommended that an electronic prescription record system should ensure patient privacy through an opt-out process and to define certain classifications of medications that would be excluded from the electronic prescription record system.

⁴ Medication reconciliation is a process of creating the most accurate list possible of all medications that a patient is taking — including drug name, dosage, frequency, and route. More information is available at:

www.ihi.org/Topics/ADEsMedicationReconciliation/Pages/default.aspx.

⁵ The Mayo Clinic defines medication errors as mistakes in prescribing, dispensing, and administering medications.

⁶ Institute of Medicine (US) Committee on Quality of Health Care in America; Kohn LT, Corrigan JM, Donaldson MS, editors. *To Err is Human: Building a Safer Health System*. Washington (DC): National Academies Press (US); 2000. 2, Errors in Health Care: A Leading Cause of Death and Injury. Available at: www.ncbi.nlm.nih.gov/books/NBK225187/.

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¹³ House Bill 115, Electronic Prescription Records System available at: https://mhcc.maryland.gov/mhcc/pages/hit/hit/documents/HIT_EPRS_Rpt_072219.pdf.



In 2021, MHCC worked with stakeholders to operationalize the workgroup recommendations. HB 1022/SB 748 (Public Health – State Designated Exchange – Clinical Information) requires HIEs registered with MHCC to implement consent registries and integrate those registries with a consent registry maintained by CRISP.¹⁴ Stronger patient protections including a unified consent registry provide an appropriate balance between patient privacy and benefits to patients and providers of expanding access to medication histories.

The MHCC is prepared to develop regulations required by SB 984. The MHCC has successfully collaborated with stakeholders to construct data collection and privacy regulations. In 2011, legislation passed that required MHCC to adopt regulations governing the privacy and security of electronic protected health information obtained or released through an HIE.^{15, 16} The MHCC is already working with payers, providers, and consumers to update the HIE privacy and security regulations (COMAR 10.25.18) to reflect recent changes in federal law, evolving patient-privacy best practices and the Maryland legislation adopted in 2021 (HB 1022/SB 748) with safeguarding HIE data and ensuring patients have a voice to the extent technically feasible.¹⁷

For these reasons, the Commission asks for a favorable report on SB 984 and on the amendments offered by CRISP.

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.

¹⁴ Chapter 791 of the 2021 Laws of Maryland, www.mgaleg.maryland.gov/2021RS/chapters_noln/Ch_791_sb0748T.pdf

¹⁵ Md. Code Ann., Health-Gen. §§4-301, 4-302.2, 4-302.3, and 4-302.4 (2011).

¹⁶ PHI means all individually identifiable health information, including demographic data, that relates to the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe that it can be used to identify the individual, held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

¹⁷ COMAR 10.25.18, Health Information Exchanges: *Privacy and Security of Protected Health Information*. Also available at: dsd.state.md.us/coma/SubtitleSearch.aspx?search=10.25.18.



SB 984 Health Data Utility.pdf

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

March 22, 2022

To: The Honorable Delores G. Kelley, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 984 - Public Health - State Designated Exchange - Health Data Utility

Dear Chair Kelley:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 984. Since the statewide health information exchange (HIE) was established, health systems have used health data to improve outcomes. CRISP, the state-designated health information exchange partners with hospitals and other health care stakeholders to share health information to improve the health and wellness of our patients.

Over the last several years, through the transition to the Total Cost of Care Model, the COVID-19 pandemic, and at the request of the General Assembly through legislative mandates, CRISP grew to serve as a connector between the traditional health care industry and public health. CRISP data is also used to inform policy around health equity, as required by the Health Equity Resource Communities Act of 2021. Establishing the state-designated HIE as a health data utility formalizes the role the HIE is already moving into and establishes a framework to use public health, utilization, and administrative health data.

The ability to collect, analyze and synthesize available health and public health data is critical to public health interventions and informed policy making. As the state continues to work toward the population health goals under the Total Cost of Care Model, seeks to improve health equity, and eliminate health disparities, access to data is crucial in making decisions to support these goals.

MHA understand several stakeholders requested amendments to clarify data use and consumer protection provisions. We look forward to working with these stakeholders as the legislation moves through the legislative process.

For these reasons we urge a favorable report on SB 984.

For more information, please contact:
Erin Dorrien, Vice President, Policy
Edorrien@mhaonline.org

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Position: FAV



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POSITION AND RATIONALE

The Maryland Health Care Commission supports SB 984.

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The MHCC and the Health Services Cost Review Commission competitively selected CRISP as the State Designated HIE in 2009. The State Designated HIE supports clinical care through information exchange among providers with caregiving with a patient. Prior to the start of the pandemic CRISP-developed applications supported Maryland hospitals performance under the Total Cost of Care (TCOC) Model and physicians' participation in value-based programs, including the Maryland Primary Care Program (MDPCP) and care transformation initiatives launched by HSCRC.

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applications were critical to COVID-19 disease reporting, COVID-19 test scheduling, test result reporting, and contacting tracing. CRISP served as a data enclave for hospital and nursing home capacity monitoring and planning. When vaccines became available, CRISP applications and data infrastructure supported vaccine distribution, scheduling, and uptake monitoring. These new capabilities were developed even as longstanding CRISP provider-facing applications including patient alerts and encounter notifications continued to evolve and advance. SB 984 formalizes CRISP role as a health data utility and enables the organization to support continuing and future public health interventions including COVID-19 surges, other health care emergencies, and routine public health data operations. As important, SB 984 formalizes CRISP role in supporting health care transformation initiatives through deeper integration of provider data that will improve care delivery, address health disparities, improve quality, and enable conformance with the TCOC Model.

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a consent registry maintained by CRISP.¹⁴ Stronger patient protections including a unified consent registry provide an appropriate balance between patient privacy and benefits to patients and providers of expanding access to medication histories.

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For these reasons, the Commission asks for a favorable report on SB 984.

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SB984 CRISP Testimony.pdf

Uploaded by: Craig Behm

Position: FWA



CRISP

SB984: Health Data Utility

Position

CRISP supports Senate Bill 984, with amendments as discussed with stakeholders.

Explanation

Craig Behm, as the Executive Director for CRISP, the State-Designated Health Information Exchange (HIE), supports this bill. Nearly 15 years ago, the Maryland General Assembly laid the foundation for our HIE. Through a focus on connecting health care providers, we now share information at the point of care over 200,000 times per week, with much of the data flowing seamlessly into electronic health records. We provide analytics to hospitals and the Health Services Cost Review Commission to support population health. More recently, we have been working hand in glove with the Maryland Department of Health and local health departments on public health issues ranging from the opioid epidemic to Covid-19. This has been a natural evolution in the right direction. I am proud of what we have collectively accomplished and am optimistic for what will come next.

Senate Bill 984 will enable the advancement of the HIE in three ways. First, it formalizes the HIE's position as a Health Data Utility, which means we have a long-term role in sharing data for public health and may continue to supplement the State's public health IT infrastructure. It does not force the Department to use the HIE, but helps create expectations if they do. Second, it expands the data available for providers and health departments by mandating the sharing of medications. Finally, it ensures the HIE will continue well into the future by requiring a financial sustainability report and additional consumer protections.

I'd like to share a brief example as to why SB 984 is critical. When the pandemic first happened, state and local health departments wanted to understand whether Covid testing was accessible to all Marylanders; later, they wanted to ensure vaccines were broadly available. CRISP generated reports that included race, ethnicity, and geography so public health officials could reach out to underserved communities and improve equity. When it comes to new Covid antiviral drugs, however, we do not have dispensed medication data so we cannot know today whether they are being distributed equitably. This bill would fix that.

Of course the uses for medications certainly expand well beyond a pandemic and health equity. Providers need comprehensive data to avoid medication interactions when prescribing. Epidemiologists could use the data to support antibiotic stewardship programs in nursing homes. The list goes on.

Importantly, the HIE follows State and Federal laws, industry best practices, and engages with governing committees to ensure privacy and security. Patient-level data is only shared for specific, allowable purposes while summary reports are created for public health use cases.



CRISP

I assure you, we worked extensively with industry partners and consumer advocates to ensure this bill works for everyone. We support the amendments to reduce burden on data submitters and that establish privacy protections for consumers. It is clear to me that as the State-Designated HIE enables new interventions, we need even more meaningful input from patients.

CRISP is ready to assist our health care leaders as they confront challenges that extend beyond direct patient care and into social determinants of health, health equity, access, and community support. A comprehensive, safe, and thoughtful approach with the HIE operating as a Health Data Utility will give Maryland significant advantages, just as it has in our fight against Covid-19. I urge a favorable report with amendments and am available to answer any questions. Thank you for your consideration.

Amendments

Many groups reviewed the language and intent of this bill. While there is broad support for the concept, there are some recommended language changes which would clarify the data use and further protect consumers. We support the changes (included on the following page), and the House adopted the amendments.



Draft modifications to SB984 based on stakeholder input.

Page 2, line 5: Correct typo by removing “the” at the end of the line

(C) THE PURPOSES OF THE HEALTH DATA UTILITY INCLUDE ~~THE~~:

Page 2, line 8 / Page 2, line 10 / Page 2, line 29 / Page 3, line 20 / Page 3, line 26: Specify that the public health data is to be shared with the Maryland Department of Health and Local Health Departments

~~PUBLIC HEALTH OFFICIALS~~ **THE MARYLAND DEPARTMENT OF HEALTH AND LOCAL HEALTH DEPARTMENTS**

Page 2, line 10: Clarify that data is bi-directional between public health and health care providers

(2) THE COMMUNICATION OF DATA ~~FROM~~ **BETWEEN** PUBLIC HEALTH OFFICIALS AND HEALTH CARE PROVIDERS TO ADVANCE DISEASE CONTROL AND HEALTH EQUITY; AND

Page 2, line 15: Simplify language and remove references to the Department, nursing homes, and EHNs because it is redundant with existing law

(D) ~~THE FOLLOWING ENTITIES~~ **DISPENSERS** SHALL PROVIDE DATA TO THE STATE DESIGNATED EXCHANGE.

~~(1) THE DEPARTMENT;~~

~~(2) NURSING HOMES REQUIRED TO PROVIDE DATA UNDER § 4-302.3 OF THIS ARTICLE;~~

~~(3) ELECTRONIC HEALTH NETWORKS REQUIRED TO PROVIDE DATA UNDER § 4-302.3 OF THIS ARTICLE; AND~~

~~(4) DISPENSERS.~~

Page 3, line 7: Add text in bold

(III) IN A MANNER **THAT MINIMIZES BURDEN AND DUPLICATION BY BEING AS COMPATIBLE AS POSSIBLE WITH EXISTING DATA SUBMISSION PRACTICES, INCLUDING TECHNOLOGY SOFTWARE OF DISPENSERS;** AND

Page 3, line 18: Add text in bold

(F) THE STATE DESIGNATED EXCHANGE SHALL PROVIDE DATA, AS ALLOWED BY LAW, TO INDIVIDUALS AND ORGANIZATIONS INVOLVED IN THE TREATMENT AND CARE COORDINATION OF PATIENTS AND TO PUBLIC HEALTH OFFICIALS **INCLUDING THE MARYLAND HEALTH CARE COMMISSION AND HEALTH SERVICES COST REVIEW COMMISSION** TO SUPPORT PUBLIC HEALTH GOALS, THAT MAY INCLUDE:

Page 3, line 18: Clarify that the HIE is not conducting direct provider outreach or advocating for specific interventions



(F) THE STATE DESIGNATED EXCHANGE SHALL ~~MAY~~ PROVIDE DATA, AS ALLOWED BY LAW, TO INDIVIDUALS AND ORGANIZATIONS INVOLVED IN THE TREATMENT AND CARE COORDINATION OF PATIENTS AND TO PUBLIC HEALTH OFFICIALS TO SUPPORT PUBLIC HEALTH GOALS, **FOR PUBLIC HEALTH PURPOSES** THAT MAY INCLUDE:

- ~~(1) IMPROVING HEALTH EQUITY THROUGH ACCESS TO UNDERSTANDING AND PROMOTING THE EQUITABLE AVAILABILITY TO PATIENTS OF PRESCRIPTION MEDICATIONS, INCLUDING FOR THE TREATMENT OF INFECTIOUS DISEASE;~~
- ~~(2) ASSISTING **PROGRAMS LED BY** HEALTH CARE PROVIDERS, CARE MANAGERS, AND PUBLIC HEALTH OFFICIALS **TO IN** IDENTIFYING OPPORTUNITIES TO USE TREATMENTS MORE EFFECTIVELY **FOR QUALITY IMPROVEMENT**, INCLUDING FOR STEWARDSHIP OF ANTIBIOTIC MEDICATIONS; AND~~
- ~~(3) **CONDUCTING CASE INVESTIGATIONS AND RELATED ACTIVITES ANY** ADDITIONAL PATIENT INTERVENTIONS AND ACTIVITIES, INCLUDING CASE INVESTIGATION.~~

Page 3, line 18: Add new language to create a Consumer Advocacy Committee

(E) (1) THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE SHALL ESTABLISH A CONSUMER ADVISORY COUNCIL TO BRING THE PERSPECTIVES OF INDIVIDUALS AND ORGANIZATIONS WITH AN INTEREST IN PROTECTING CONSUMERS INTO THE DELIVERY OF SERVICES PROVIDED BY THE HEALTH INFORMATION EXCHANGE.

(2) THE CONSUMER ADVISORY COUNCIL ESTABLISHED BY THE HEALTH INFORMATION EXCHANGE SHALL:

- (I) CONSIST OF A MINIMUM OF SIX MEMBERS, INCLUDING AT LEAST FOUR CONSUMER REPRESENTATIVES AND TWO STAFF REPRESENTATIVES, WHILE MAINTAINING A RATIO OF CONSUMER REPRESENTATIVES TO NON-CONSUMER REPRESENTATIVES OF AT LEAST TWO TO ONE;
- (II) CONSIDER DIVERSITY OF EXPERIENCE WHEN SELECTING MEMBERS;
- (III) IDENTIFY AND REPORT CONSUMER PRIVACY CONCERNS TO SENIOR LEADERSHIP OF THE HEALTH INFORMATION EXCHANGE;
- (IV) ADVISE ON EFFORTS TO EDUCATE CONSUMERS ON DATA EXCHANGE POLICIES, INCLUDING OPTIONS FOR CONSUMERS TO OPT-OUT OF DISCLOSURE OF PROTECTED HEALTH INFORMATION;
- (V) CONVENE NO FEWER THAN THREE TIMES EACH YEAR; AND
- (VI) ADOPT AND MAINTAIN A CHARTER TO BE POSTED ONLINE THAT STATES THE PURPOSE, MEMBERS, AND MEETING SCHEDULE OF THE COUNCIL.

Page 4, line 3: Add bold language and a new item to establish appropriate consumer protections

(2) THE REGULATIONS SHALL **TAKE INTO ACCOUNT CONSUMER PERSPECTIVE AND** INCLUDE:

- (VI) IDENTIFICATION AND NECESSARY SUPPRESSION OF INFORMATION RELATED TO PROVIDERS OR MEDICATIONS THAT ARE DETERMINED TO HAVE SIGNIFICANT POTENTIAL TO CAUSE HARM.**

SB0984_FWA_MedChi_PH - State Designated Exchange -

Uploaded by: Danna Kauffman

Position: FWA

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Katherine Klausmeier

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Christine K. Krone

DATE: March 22, 2022

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 984 – *Public Health – State Designated Exchange – Health Data Utility*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendment** Senate Bill 984. Senate Bill 984 establishes a health data utility that will be operated by the State designated health information exchange for the purpose of enabling health care practitioners to have access to comprehensive patient medication histories. The bill requires the Maryland Health Care Commission (MHCC), in consultation with appropriate stakeholders, to adopt regulations to carry out the requirements of the bill.

Since 2009, the State's designated health information exchange has been CRISP. It is our understanding that CRISP is putting forth a series of amendments. MedChi supports these amendments. A repository, as envisioned by Senate Bill 984, will provide health care practitioners with a patient's accurate medication history. Too often, especially in emergency or acute situations, patients either accidentally omit medications that they are taking or provide inaccurate dosage information. At times, patients may also be using more than one pharmacy to fill their prescriptions. Having a state repository, like the PDMP, will minimize the potential for medication errors and adverse drug interactions.

As emphasized in the amendments, MedChi urges that the electronic reporting system avoid duplication and that the electronic means and manner integrates, to the extent permissible, with current systems. MedChi looks forward to continuing to work with MHCC and CRISP as it develops regulations to implement this public health measure.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Christine K. Krone
410-244-7000

2022 Consumer Privacy Stakeholders SB 984 Senate

Uploaded by: Robyn Elliott

Position: FWA



AFFILIATE OF



Committee: Senate Finance Committee

Bill Number: Senate Bill 984 - Public Health – State Designated Exchange – Health Data Utility

Hearing Date: March 22, 2022

Position: Favorable with Amendment

Our organizations ask for a favorable with amendments on *Senate Bill 984 – Public Health – State Designated Exchange – Health Data Utility*. We represent the American College of Nurse Midwives – Maryland Affiliate, Health Care for the Homeless, Maryland Network Against Domestic Violence, Maryland Coalition Against Sexual Assault, Mental Health Association of Maryland, National Council on Alcohol and Drug Abuse, and On Our Own of Maryland, Planned Parenthood of Maryland, and Women’s Law Center of Maryland.

This legislation codifies the role that Maryland's state designated health information exchange (HIE) has played during the pandemic. Also known as CRISP, the Chesapeake Regional Information System for People, the state designated HIE has assisted State public health officials in identifying and tracking patterns of COVID-19 testing and infection. CRISP's work has been particularly critical in supporting public health efforts to limit the spread of COVID-19 in long-term care facilities.

The legislation also extends CRISP's data collection efforts to include prescription drugs dispensed by pharmacies. We understand the clinical utility of this information and that it already may be available through private HIE vendors. We want to ensure that the benefits are balanced with the need to the privacy of individuals with heightened confidentiality concerns. Some individuals may delay or forgo care out of concern the confidentiality of their health information may be compromised. For instance, an individual in a situation of domestic violence may not want a primary care provider to have access to their mental health treatment information, if they have concerns that their abuser can access their primary care provider's records. Another situation is that an adolescent may not want the local pharmacist to know that they are being treated for a sexually transmitted infection.

As technology for HIEs has advanced, we believe that it is possible for HIEs to build confidentiality protections into their systems. Therefore, we will support this legislation with modifications that recognize some information should not be shared because of heightened confidentiality concerns. To support CRISP in its efforts to understand the confidentiality concerns and adapt its system, we have attached requested amendments. We welcome the opportunity to work with the Committee, CRISP, the Maryland Health Care Commission, and other stakeholders on this legislation. We may be reached through Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Amendments to SB 984

On page 4 in line 12 delete "AND" and in line 16 after "ARTICLE" insert "; PROCESS FOR THE IDENTIFICATION AND IMPLEMENTATION OF SUPPRESSION OF DISCLOSURE OF PRESCRIPTION DRUG INFORMATION TO INDIVIDUALS AND ORGANIZATIONS INVOLVED IN THE TREATMENT AND CARE COORDINATION OF PATIENTS FOR PRESCRIPTION MEDICATION IN CONSULTATION WITH THE CONSUMER ADVISORY COMMITTEE".

On page 4 in line 16, insert:

(E) (1) THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE SHALL ESTABLISH A CONSUMER ADVISORY COMMITTEE CONSISTING OF INDIVIDUALS AND ORGANIZATIONS WITH AN

INTEREST IN PROTECTING CONSUMERS WHO COULD BE HARMED BY THE DISCLOSURE OF HEALTH INFORMATION TO INDIVIDUALS AND ORGANIZATIONS INVOLVED IN THE TREATMENT OR COORDINATION OF CARE OF A PATIENT.

(2) THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE SHALL CONVENE THE CONSUMER ADVISORY COMMITTEE AT LEAST THREE TIMES A YEAR TO:

- (I) REVIEW AND COLLECT INPUT ON ANY PROPOSED POLICY OR REGULATORY CHANGES THAT IMPACT THE PRIVACY OF CONSUMERS;
- (II) IDENTIFY CONSUMER PRIVACY ISSUES THAT NEED TO BE ADDRESSED THROUGH IMPROVEMENTS IN THE TECHNOLOGY AND PROCESSES USED BY THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE;
- (III) ADVISE ON PRESCRIPTION MEDICATIONS AND TREATMENTS FOR WHICH INFORMATION TO TREATING INDIVIDUALS AND ORGANIZATIONS SHOULD BE SUPPRESSED; AND
- (IV) ADVISE ON EFFORTS TO EDUCATE CONSUMERS ON POLICIES REGARDING THE DISCLOSURE OF PROTECTED HEALTH INFORMATION ALLOWABLE BY LAW AND OPTIONS FOR CONSUMERS TO OPT-OUT OF DISCLOSURE OF PROTECTED HEALTH INFORMATION.

2022 MCHS SB 984 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Maryland Community Health System

Committee:	Senate Finance Committee
Bill Number:	Senate Bill 984 - Public Health – State Designated Exchange – Health Data Utility
Hearing Date:	March 22, 2022
Position:	Favorable with Amendment

Maryland Community Health System (MCHS) supports *Senate Bill 984 – Public Health – State Designated Exchange – Health Data Utility*. The bill codifies the state designated health information’s role in collecting and providing health information to public health officials. This “public utility role” supports our public health agencies’ efforts to address crises such as the COVID-19 pandemic. The bill also provides for pharmacies to provide prescription drug dispensing information to the state-designated health information exchange, who may in turn provide data to health care organizations to help them in improving their health system’s utilization of certain prescription drugs.

MCHS is a network of federally qualified health centers with a focus on providing somatic, behavioral, and dental services to underserved communities. We have a close partnership with the Chesapeake Regional Information System for People (CRISP), which is the state’s designated health information exchange. With data from CRISP, we have been able to make significant improvements in our care coordination efforts, leading to improvements in health outcomes for our patients.

We support the legislation because it furthers the ability of health care providers and public health officials to use CRISP’s data to make meaningful improvements to our health carer systems. We have been working with CRISP on amendments that would clarify that they would not use prescription drug data in education of individual practitioners, rather health centers and systems could use the data to evaluate best practices and make systemic changes themselves. We also support amendments to establish a consumer advisory committee, as it is critical to incorporate input of consumers, such as survivors of domestic violence, into privacy protections. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

SB0984-Amendments_403921-01

Uploaded by: Senator Klausmeier

Position: FWA



SB0984/403921/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

21 MAR 22
17:33:12

BY: Senator Klausmeier
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 984
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with the second “the” in line 4 down through “networks” in line 5 and substitute “dispensers”; in line 7, after “exchange;” insert “requiring the State designated exchange to establish a certain consumer advisory council;”; and after line 23, insert:

“(3) “NONCONTROLLED PRESCRIPTION DRUG” MEANS A PRESCRIPTION DRUG, AS DEFINED IN § 21-201 OF THIS TITLE, THAT IS NOT A CONTROLLED DANGEROUS SUBSTANCE DESIGNATED UNDER TITLE 5, SUBTITLE 4 OF THE CRIMINAL LAW ARTICLE.”.

On page 2, in line 1, strike “(3)” and substitute “(4)”.

AMENDMENT NO. 2

On page 2, in line 5, strike the second “THE”; in line 8, strike “HEALTH CARE AND PUBLIC HEALTH LEADERS” and substitute “THE DEPARTMENT, LOCAL HEALTH DEPARTMENTS, THE COMMISSION, AND THE HEALTH SERVICES COST REVIEW COMMISSION”; in line 10, strike “FROM” and substitute “BETWEEN”; in line 15, strike “THE FOLLOWING ENTITIES” and substitute “DISPENSERS”; strike beginning with the colon in line 16 down through “DISPENSERS” in line 22; in line 28, after the second comma insert “THE DEPARTMENT,”; and in line 29, strike “PUBLIC HEALTH OFFICIALS” and substitute “LOCAL HEALTH DEPARTMENTS”.

On page 3, in line 1, after the first “A” insert “NONCONTROLLED”; in line 7, after “MANNER” insert “THAT MINIMIZES BURDEN AND DUPLICATION BY BEING”; in the

same line, after “EXISTING” insert “FEDERAL STANDARDS FOR”; in line 18, strike “SHALL” and substitute “MAY”; strike beginning with “TO” in line 19 down through “GOALS,” in line 21 and substitute “FOR PUBLIC HEALTH PURPOSES”; strike beginning with “UNDERSTANDING” in line 22 down through “OF” in line 23 and substitute “IMPROVING HEALTH EQUITY THROUGH ACCESS TO”; in line 25, after “ASSISTING” insert “PROGRAMS LED BY”; in the same line, strike “, CARE MANAGERS,”; in line 26, strike “PUBLIC HEALTH OFFICIALS IN IDENTIFYING” and substitute “THE DEPARTMENT, LOCAL HEALTH DEPARTMENTS, THE COMMISSION, AND THE HEALTH SERVICES COST REVIEW COMMISSION TO IDENTIFY”; strike beginning with “TO” in line 26 down through “EFFECTIVELY,” in line 27 and substitute “FOR QUALITY IMPROVEMENT,”; and strike beginning with “ANY” in line 29 down through “INVESTIGATION” in line 30 and substitute “CONDUCTING CASE INVESTIGATIONS AND RELATED ACTIVITIES”.

AMENDMENT NO. 3

On page 3, after line 30, insert:

“(G) INFORMATION SUBMITTED TO THE STATE INFORMATION EXCHANGE OR PROVIDED BY THE STATE INFORMATION EXCHANGE UNDER THIS SECTION SHALL BE SUBMITTED OR PROVIDED, TO THE EXTENT PRACTICABLE, IN AS NEAR TO REAL TIME AS POSSIBLE.”.

On page 4, in line 1, strike “(G)” and substitute “(H)”; in line 3, after “SHALL” insert “TAKE INTO ACCOUNT CONSUMER PERSPECTIVE AND”; in line 12, strike “AND”; and in line 16, after “ARTICLE” insert “; AND”

(VI) IDENTIFICATION AND NECESSARY SUPPRESSION OF INFORMATION RELATED TO PROVIDERS OR MEDICATIONS THAT ARE DETERMINED TO HAVE SIGNIFICANT POTENTIAL TO CAUSE HARM.

(1) (1) THE STATE DESIGNATED EXCHANGE SHALL ESTABLISH A CONSUMER ADVISORY COUNCIL TO BRING THE PERSPECTIVES OF INDIVIDUALS AND ORGANIZATIONS WITH AN INTEREST IN PROTECTING CONSUMERS INTO THE DELIVERY OF SERVICES PROVIDED BY THE STATE DESIGNATED EXCHANGE.

(2) IN SELECTING MEMBERS, THE STATE DESIGNATED EXCHANGE SHALL CONSIDER DIVERSITY OF EXPERIENCE.

(3) THE CONSUMER ADVISORY COUNCIL ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL:

(i) CONSIST OF A MINIMUM OF SIX MEMBERS, INCLUDING AT LEAST FOUR CONSUMER REPRESENTATIVES AND TWO STAFF REPRESENTATIVES, AND MAINTAIN A RATIO OF CONSUMER REPRESENTATIVES TO NONCONSUMER REPRESENTATIVES OF A LEAST TWO TO ONE;

(ii) IDENTIFY AND REPORT CONSUMER PRIVACY CONCERNS TO SENIOR LEADERSHIP OF THE STATE DESIGNATED EXCHANGE;

(iii) ADVISE ON EFFORTS TO EDUCATE CONSUMERS ON DATA EXCHANGE POLICIES, INCLUDING OPTIONS FOR CONSUMERS TO OPT OUT OF DISCLOSURE OF PROTECTED HEALTH INFORMATION;

(iv) MEET AT LEAST 3 TIMES EACH YEAR; AND

(v) ADOPT AND MAINTAIN A CHARTER TO BE POSTED ONLINE THAT INCLUDES THE PURPOSE, MEMBERS, AND MEETING SCHEDULE OF THE CONSUMER ADVISORY COUNCIL”.

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Uploaded by: Maryland State of

Position: UNF



Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Damean W.E. Freas, D.O., Chair

2022 SESSION POSITION PAPER

BILL NO.: SB 984 – Public Health – State Designated Exchange – Health Data Utility
COMMITTEE: Senate Finance Committee
POSITION: Letter of Concern

TITLE: Public Health - State Designated Exchange - Health Data Utility

BILL ANALYSIS: This bill requires dispensers to submit certain prescription information to the State designated exchange. Section 2 of the bill states that, on or before January 1, 2024, the Maryland Department of Health, the Maryland Health Care Commission (MHCC), and the State designated exchange shall submit a report to the General Assembly that identifies ongoing revenue sources to fund the activities described in the bill.

POSITION AND RATIONALE:

The Maryland Board of Physicians (the Board) is submitting this Letter of Concern regarding Senate Bill (SB) 984. The Board licenses physicians and issues dispensing permits to physicians under certain circumstances. This bill will impose a new reporting requirement on dispensing physicians to submit certain prescription information to the State designated exchange. Dispensers already have requirements to report information regarding controlled dangerous substances (CDS) to the Prescription Drug Monitoring Program (PDMP). It appears this bill duplicates some reporting activities already required in Maryland; therefore, the Board suggests limiting the bill to non-CDS prescriptions.

The Board has concerns about Section 2 of the bill, which requires the submission of a report that identifies ongoing revenue sources to fund activities described in the bill. Title 19, Subtitle 1 of the Health-General Article permits the MHCC to assess a fee on all hospitals, nursing homes, payors, and health care practitioners for the MHCC Fund. In Fiscal Year 2021, the Board transferred \$701,870 of its revenue to the MHCC to pay the user fee on behalf of 26,995 practitioners who renewed Board licenses. Instead of collecting a \$26 user fee from each practitioner, the Board paid the fee to keep license renewal fees lower. The Board began this license renewal fee reduction in Fiscal Year 2020 and is scheduled to continue the reduction through June 30, 2023. The Board is concerned that if user fees are identified in the report as a type of revenue source, user fees due to the MHCC could increase and, in turn, Board licensure fees could be impacted.

Thank you for your consideration. For more information, please contact Matthew Dudzic, Manager of Policy and Legislation, Maryland Board of Physicians, 410-764-5042.

Sincerely,

A handwritten signature in blue ink, appearing to read "Damean W. E. Freas".

Damean W. E. Freas, D.O.
Chair, Maryland Board of Physicians

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

1a - X - SB 984 - FIN - MDH - LOIWA.pdf

Uploaded by: Heather Shek

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

March 22, 2022

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 984 - Public Health – State Designated Exchange – Health Data Utility - Letter of Information with Amendments

Dear Chair Kelley and Committee Members:


The Maryland Department of Health (MDH) is submitting this Letter of Information with Amendments for Senate Bill (SB) 984 – Public Health – State Designated Exchange – Health Data Utility. SB 984 requires the state designated exchange to operate as a health data utility for the state. The health data utility will operate, aggregate, and analyze clinical information, health data, and administrative data to assist health care providers and public health leaders in the evaluation of public health interventions and health equity. The health data utility will also share data to advance disease control and health equity as well as enhance and accelerate interoperability of health information throughout the state. The state data exchange will receive data from MDH, nursing homes, electronic health networks, and dispensers.

Some functionalities of the health data utility proposed in SB 984 duplicate current requirements of the state’s Prescription Drug Monitoring Program (PDMP) authorized under Health-General Article §21-2A. PDMP is required to collect from dispensers data on controlled dangerous substances (CDS) dispensed in or into Maryland. PDMP is required to share prescription monitoring data to health care providers in connection with the medical care of a patient, investigative entities and units of MDH for the purpose of furthering an existing bona fide individual investigation, along with additional entities listed in Health-General Article §21-2A-06. PDMP also shares de-identified prescription monitoring data for research, analysis, public reporting and educational purposes.

As some requirements of the Health Data Utility are implemented by PDMP for CDS dispenses, MDH respectfully shares amendments for SB 984 to prevent duplicative reporting requirements for dispensers. This amendment will add the definition of a “non-controlled prescription drug” and the reporting of prescription monitoring data already collected and disclosed by PDMP.

For more information, please contact Heather Shek, Director, Office of Governmental Affairs at (410) 260-3190 or heather.shek@maryland.gov.

Sincerely,


Dennis R. Schrader
Secretary

AMENDMENT NO. 1

On page 1, after line 23, insert: “**(3) “NON-CONTROLLED PRESCRIPTION DRUG” MEANS A PRESCRIPTION DRUG, AS DEFINED IN §21-201 OF THIS TITLE, THAT IS NOT A CONTROLLED DANGEROUS SUBSTANCE DESIGNATED UNDER TITLE 5, SUBTITLE 4 OF THE CRIMINAL LAW ARTICLE.**”

AMENDMENT NO. 2

On page 2, line 1 strike “**(3)**” and substitute “**(4)**”.

AMENDMENT NO. 3

On page 3, line 1 strike “**PRESCRIPTION DRUG**” and substitute “**NON-CONTROLLED PRESCRIPTION DRUG**”.