

HOUSE BILL 1375

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By: **Delegate Kelly**

Introduced and read first time: March 1, 2021

Assigned to: Rules and Executive Nominations

Re-referred to: Health and Government Operations, March 5, 2021

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 12, 2021

CHAPTER _____

1 AN ACT concerning

2 **Health Information Exchanges – Electronic Health Information – Sharing and**
3 **Disclosure**

4 FOR the purpose of altering the laws with which certain regulations adopted by the
5 Maryland Health Care Commission must comply; requiring that certain regulations
6 adopted by the ~~Maryland Health Care~~ Commission require the State-designated
7 health information exchange to develop and maintain a certain consent management
8 application, subject to certain laws, and provide for certain penalties; ~~providing~~
9 requiring that, subject to certain laws, certain regulations may not prohibit certain
10 ~~sharing and disclosing of certain information or certain uses of~~ allow certain entities
11 to use electronic health information for certain purposes; excluding, rather than
12 including, certain payors from the application of certain provisions of law governing
13 health information exchanges; requiring, to the extent authorized under certain
14 ~~laws,~~ certain health information exchanges ~~and payors~~ to transmit to the
15 State-designated health information exchange certain clinical information in a
16 certain manner under certain circumstances; requiring, rather than authorizing, the
17 Commission to adopt certain regulations; altering the purposes for which certain
18 regulations adopted by the Commission are required to limit the scope of certain
19 clinical information; providing that the General Assembly recognizes certain
20 information; requiring the Commission, in consultation with its Health Information
21 Exchange Policy Board and other relevant stakeholders, to make a certain
22 recommendation; requiring the Commission to report to certain committees of the
23 General Assembly on or before a certain date; defining certain terms; altering certain

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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



1 definitions; making conforming changes; and generally relating to health
2 information exchanges.

3 BY repealing and reenacting, with amendments,
4 Article – Health – General
5 Section 4–301, 4–302.2(b), 4–302.3, 19–142, and 19–143(a)(2) and (f)(1)(ii)
6 Annotated Code of Maryland
7 (2019 Replacement Volume and 2020 Supplement)

8 BY repealing and reenacting, without amendments,
9 Article – Health – General
10 Section 4–302.2(a)
11 Annotated Code of Maryland
12 (2019 Replacement Volume and 2020 Supplement)

13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
14 That the Laws of Maryland read as follows:

15 **Article – Health – General**

16 4–301.

17 (a) In this subtitle the following words have the meanings indicated.

18 (b) “Common ownership” means ownership of a health care entity:

19 (1) By two or more health care providers;

20 (2) By two or more health care providers employed by a mutual employer
21 for a wage, salary, fee, or payment to perform work for the employer;

22 (3) By health care organizations operating as an organized health care
23 arrangement, as defined in 45 C.F.R. § 160.103;

24 (4) By a health care entity or health care entities that possess an ownership
25 or equity interest of 5% or more in another health care entity; or

26 (5) By affiliated providers operating under the same trade name.

27 (c) “Directory information” means information concerning the presence and
28 general health condition of a patient who has been admitted to a health care facility or who
29 is currently receiving emergency health care in a health care facility.

30 (d) “Disclose” or “disclosure” means the transmission or communication of
31 information in a medical record, including an acknowledgment that a medical record on a
32 particular patient or recipient exists.

1 (e) “Emergency” means a situation when, in the professional opinion of the health
2 care provider, a clear and significant risk of death or imminent serious injury or harm to a
3 patient or recipient exists.

4 (f) “General health condition” means the health status of a patient described in
5 terms of “critical”, “poor”, “fair”, “good”, “excellent”, or terms denoting similar conditions.

6 (g) “Health care” means any care, treatment, or procedure by a health care
7 provider:

8 (1) To diagnose, evaluate, rehabilitate, manage, treat, or maintain the
9 physical or mental condition of a patient or recipient; or

10 (2) That affects the structure or any function of the human body.

11 ~~(H) “HEALTH CARE OPERATIONS” HAS THE MEANING STATED IN 45 C.F.R.~~
12 ~~§ 164.501.~~

13 ~~[(h)] (H)~~ (1) “Health care provider” means:

14 (i) A person who is licensed, certified, or otherwise authorized under
15 the Health Occupations Article or § 13–516 of the Education Article to provide health care
16 in the ordinary course of business or practice of a profession or in an approved education or
17 training program; or

18 (ii) A facility where health care is provided to patients or recipients,
19 including a facility as defined in § 10–101(g) of this article, a hospital as defined in §
20 19–301 of this article, a related institution as defined in § 19–301 of this article, a health
21 maintenance organization as defined in § 19–701(g) of this article, an outpatient clinic, a
22 medical laboratory, a comprehensive crisis response center, a crisis stabilization center,
23 and a crisis treatment center established under § 7.5–207 of this article.

24 (2) “Health care provider” includes the agents, employees, officers, and
25 directors of a facility and the agents and employees of a health care provider.

26 ~~[(i)] (J)~~ (1) “Health information exchange” means an entity that ~~[(provides)]~~

27 ~~(I) DETERMINES, CONTROLS, OR HAS THE DISCRETION TO~~
28 ~~ADMINISTER A REQUIREMENT, A POLICY, OR AN AGREEMENT THAT AUTHORIZES,~~
29 ~~ENABLES, OR REQUIRES THE USE OF A TECHNOLOGY OR SERVICE; OR~~

30 ~~(H) PROVIDES or governs organizational and technical processes for~~
31 ~~the maintenance, transmittal, access, [or] disclosure, EXCHANGE, OR USE of electronic~~
32 ~~health care information [between];~~

~~1. BETWEEN or among UNAFFILIATED health care providers or entities [through an interoperable system] THAT ARE ENABLED TO EXCHANGE ELECTRONIC HEALTH INFORMATION WITH EACH OTHER; AND~~

~~2. FOR A TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS PURPOSE OR GOVERNS ORGANIZATIONAL AND TECHNICAL PROCESSES FOR THE MAINTENANCE, TRANSMITTAL, ACCESS, OR DISCLOSURE OF ELECTRONIC HEALTH CARE INFORMATION BETWEEN OR AMONG HEALTH CARE PROVIDERS OR ENTITIES THROUGH AN INTEROPERABLE SYSTEM.~~

(2) “Health information exchange” does not include:

(i) An entity composed of health care providers under common ownership; or

(ii) If the organizational and technical processes it provides or governs are transactions, as defined in 45 C.F.R. § 160.103:

1. A carrier, as defined in § 15–1301 of the Insurance Article;

2. A carrier’s business associate, as defined in 45 C.F.R. § 160.103; or

3. An administrator, as defined in § 8–301 of the Insurance Article.

~~(j)~~ (1) “Medical record” means any oral, written, or other transmission in any form or medium of information that:

(i) Is entered in the record of a patient or recipient;

(ii) Identifies or can readily be associated with the identity of a patient or recipient; and

(iii) Relates to the health care of the patient or recipient.

(2) “Medical record” includes any:

(i) Documentation of disclosures of a medical record to any person who is not an employee, agent, or consultant of the health care provider;

(ii) File or record maintained under § 12–403(c)(13) of the Health Occupations Article by a pharmacy of a prescription order for drugs, medicines, or devices that identifies or may be readily associated with the identity of a patient;

(iii) Documentation of an examination of a patient regardless of who:

- 1 1. Requested the examination; or
- 2 2. Is making payment for the examination; and
- 3 (iv) File or record received from another health care provider that:
 - 4 1. Relates to the health care of a patient or recipient received
 - 5 from that health care provider; and
 - 6 2. Identifies or can readily be associated with the identity of
 - 7 the patient or recipient.

8 ~~[(k)]~~ ~~(L)~~ (1) “Mental health services” means health care rendered to a
9 recipient primarily in connection with the diagnosis, evaluation, treatment, case
10 management, or rehabilitation of any mental disorder.

11 (2) For acute general hospital services, mental health services are
12 considered to be the primarily rendered service only if service is provided pursuant to Title
13 10, Subtitle 6 of this article or Title 3 of the Criminal Procedure Article.

14 ~~[(l)]~~ ~~(M)~~ “Patient” means a person who receives health care and on whom a
15 medical record is maintained.

16 ~~[(m)]~~ ~~(N)~~ “Person in interest” means:

- 17 (1) An adult on whom a health care provider maintains a medical record;
- 18 (2) A person authorized to consent to health care for an adult consistent
19 with the authority granted;
- 20 (3) A duly appointed personal representative of a deceased person;
- 21 (4) (i) A minor, if the medical record concerns treatment to which the
22 minor has the right to consent and has consented under Title 20, Subtitle 1 of this article;
23 or
- 24 (ii) A parent, guardian, custodian, or a representative of the minor
25 designated by a court, in the discretion of the attending physician who provided the
26 treatment to the minor, as provided in § 20–102 or § 20–104 of this article;
- 27 (5) If item (4) of this subsection does not apply to a minor:
 - 28 (i) A parent of the minor, except if the parent’s authority to consent
29 to health care for the minor has been specifically limited by a court order or a valid
30 separation agreement entered into by the parents of the minor; or

1 (ii) A person authorized to consent to health care for the minor
2 consistent with the authority granted; or

3 (6) An attorney appointed in writing by a person listed in item (1), (2), (3),
4 (4), or (5) of this subsection.

5 ~~[(n)]~~ ~~(O)~~ “Primary provider of mental health services” means the designated
6 mental health services provider who:

7 (1) Has primary responsibility for the development of the mental health
8 treatment plan for the recipient; and

9 (2) Is actively involved in providing that treatment.

10 ~~[(o)]~~ ~~(P)~~ “Protected health information” means all individually identifiable
11 health information held or transmitted by a covered entity or its business associate
12 protected under the U.S. Department of Health and Human Services Privacy Rule.

13 ~~[(p)]~~ ~~(Q)~~ “Recipient” means a person who has applied for, for whom an
14 application has been submitted, or who has received mental health services.

15 ~~(R)~~ **(Q)** “**STATE-DESIGNATED HEALTH INFORMATION EXCHANGE**” MEANS
16 **THE HEALTH INFORMATION EXCHANGE DESIGNATED BY THE MARYLAND HEALTH**
17 **CARE COMMISSION AND THE HEALTH SERVICES COST REVIEW COMMISSION**
18 **UNDER § 19-143 OF THIS ARTICLE.**

19 4-302.2.

20 (a) The Maryland Health Care Commission shall adopt regulations for the
21 privacy and security of protected health information obtained or released through a health
22 information exchange.

23 (b) **(1)** The regulations adopted under subsection (a) of this section shall:

24 **[(1)] (I)** Govern the access, use, maintenance, disclosure, and
25 redisclosure of protected health information as required by State or federal law, including
26 the federal Health Insurance Portability and Accountability Act ~~and~~, the federal Health
27 Information Technology for Economic and Clinical Health Act, **THE FEDERAL 21ST**
28 **CENTURY CURES ACT, AND TITLE 21, SUBTITLE 2A OF THIS ARTICLE;** [and]

29 **[(2)] (II)** Include protections for the secondary use of protected health
30 information obtained or released through a health information exchange;

31 **(III) REQUIRE THE STATE-DESIGNATED HEALTH INFORMATION**
32 **EXCHANGE TO DEVELOP AND MAINTAIN A CONSENT MANAGEMENT APPLICATION,**
33 **SUBJECT TO STATE AND FEDERAL LAW, THAT:**

1 1. **ALLOWS A PERSON IN INTEREST TO OPT OUT OF**
2 **HAVING ELECTRONIC HEALTH INFORMATION SHARED OR DISCLOSED BY A HEALTH**
3 **INFORMATION EXCHANGE;**

4 **2. INFORMS THE PERSON IN INTEREST OF THE**
5 **ELECTRONIC HEALTH INFORMATION THAT MAY BE SHARED OR DISCLOSED**
6 **NOTWITHSTANDING THE CHOICE TO OPT OUT;**

7 ~~2.~~ **3. REQUIRES THAT THE STATE-DESIGNATED HEALTH**
8 **INFORMATION EXCHANGE PROVIDE A HEALTH INFORMATION EXCHANGE WITH THE**
9 **OPT-OUT STATUS OF A PERSON IN INTEREST, ON RECEIPT OF AN ELECTRONIC**
10 **REQUEST FROM THE HEALTH INFORMATION EXCHANGE FOR THE OPT-OUT STATUS**
11 **OF THE PERSON IN INTEREST;**

12 ~~3.~~ **4. REQUIRES A HEALTH INFORMATION EXCHANGE TO**
13 **OBTAIN THE OPT-OUT STATUS OF A PERSON IN INTEREST FROM THE**
14 **STATE-DESIGNATED HEALTH INFORMATION EXCHANGE BEFORE SHARING OR**
15 **DISCLOSING THE ELECTRONIC HEALTH INFORMATION OF THE PERSON IN INTEREST;**
16 **AND**

17 ~~4.~~ **5. EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS**
18 **SUBSECTION, PROHIBITS A HEALTH INFORMATION EXCHANGE FROM SHARING OR**
19 **DISCLOSING THE ELECTRONIC HEALTH INFORMATION OF A PERSON IN INTEREST IF**
20 **THE PERSON IN INTEREST HAS OPTED OUT OF HAVING ELECTRONIC HEALTH**
21 **INFORMATION SHARED OR DISCLOSED BY A HEALTH INFORMATION EXCHANGE; AND**

22 **(IV) PROVIDE APPROPRIATE PENALTIES FOR NONCOMPLIANCE**
23 **WITH THE REGULATIONS, INCLUDING FINES THAT DO NOT EXCEED \$10,000 PER DAY**
24 **AND THAT ARE DETERMINED BASED ON:**

25 1. **THE EXTENT OF ACTUAL OR POTENTIAL PUBLIC**
26 **HARM CAUSED BY THE VIOLATION;**

27 2. **THE COST OF INVESTIGATING THE VIOLATION; AND**

28 3. **WHETHER THE PERSON COMMITTED PREVIOUS**
29 **VIOLATIONS.**

30 **(2) THE REGULATIONS ADOPTED UNDER SUBSECTION (A) OF THIS**
31 **SECTION ~~MAY NOT PROHIBIT;~~**

~~(I) THE SHARING OR DISCLOSING OF INFORMATION THAT IS REQUIRED TO BE EXCHANGED UNDER FEDERAL LAW OR TITLE 21, SUBTITLE 2A OF THIS ARTICLE; OR~~

~~(H) THE USE OF THE ELECTRONIC HEALTH INFORMATION FOR PURPOSES THAT ARE IMPORTANT TO PUBLIC HEALTH FUNCTIONS OR HEALTH PLANNING ACTIVITIES OF THE DEPARTMENT, THE MARYLAND HEALTH CARE COMMISSION, OR THE HEALTH SERVICES COST REVIEW COMMISSION SHALL, SUBJECT TO STATE AND FEDERAL LAW, ALLOW THE DEPARTMENT, THE MARYLAND HEALTH CARE COMMISSION, AND THE HEALTH SERVICES COST REVIEW COMMISSION TO USE ELECTRONIC HEALTH INFORMATION FOR PLANNING ACTIVITIES AND PUBLIC HEALTH FUNCTIONS.~~

4-302.3.

(a) [(1)] In this section [the following words have the meanings indicated.

(2) “Standard], “STANDARD request” means a request for clinical information from a health information exchange that conforms to the major standards version specified by the Office of the National Coordinator for Health Information Technology.

[(3) “State designated exchange” means the health information exchange designated by the Maryland Health Care Commission and the Health Services Cost Review Commission under § 19-143 of this article.]

(b) This section applies to:

(1) Except for the [State designated] STATE-DESIGNATED HEALTH INFORMATION exchange, a health information exchange operating in the State; and

(2) A payor that:

(i) Holds a valid certificate of authority issued by the Maryland Insurance Commissioner; and

(ii) Acts as, operates, or owns a health information exchange.

(c) An entity to which this section applies shall connect to the [State designated] STATE-DESIGNATED HEALTH INFORMATION exchange in a manner consistent with applicable federal and State privacy laws.

(d) ~~(1)~~ When a standard request for clinical information is received through the [State designated] STATE-DESIGNATED HEALTH INFORMATION exchange, an entity to which this section applies shall:

1 (1) ~~respond~~ **RESPOND** to the request to the extent authorized under
2 federal and State privacy laws; AND

3 (2) ~~TO THE EXTENT AUTHORIZED UNDER FEDERAL OR STATE~~
4 ~~PRIVACY LAW, AN ENTITY TO WHICH THIS SECTION APPLIES SHALL TRANSMIT TO~~
5 ~~THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE THE CLINICAL~~
6 ~~INFORMATION SPECIFIED IN THE REGULATIONS ADOPTED IN ACCORDANCE WITH~~
7 ~~SUBSECTION (G) OF THIS SECTION~~ **TRANSMIT THE RESPONSE TO THE**
8 **STATE-DESIGNATED HEALTH INFORMATION EXCHANGE IN THE MANNER SPECIFIED**
9 **IN THE REGULATIONS ADOPTED UNDER SUBSECTION (G) OF THIS SECTION.**

10 (e) A consent from a patient to release clinical information to a provider obtained
11 by an entity to which this section applies shall apply to information transmitted through
12 the [State designated] **STATE-DESIGNATED HEALTH INFORMATION** exchange or by
13 other means.

14 (f) The Maryland Health Care Commission:

15 (1) ~~May~~ **SHALL** adopt regulations for implementing the connectivity to the
16 [State designated] **STATE-DESIGNATED HEALTH INFORMATION** exchange required
17 under this section; and

18 (2) Shall seek, through any regulations adopted under item (1) of this
19 subsection, to promote technology standards and formats that conform to those specified by
20 the Office of the National Coordinator for Health Information Technology.

21 (g) (1) The Maryland Health Care Commission ~~may~~ **SHALL** adopt regulations
22 specifying the scope of clinical information to be exchanged **OR SENT** under this section.

23 (2) Any regulations adopted under paragraph (1) of this subsection shall
24 limit the scope of the clinical information to purposes that promote:

25 (i) Improved **TREATMENT, INCLUDING IMPROVED** access to
26 clinical records by treating clinicians; [or]

27 (ii) Uses of the [State designated] **STATE-DESIGNATED HEALTH**
28 **INFORMATION** exchange important to public health [agencies]; **OR**

29 **(III) THE PROTECTION OF THE ELECTRONIC HEALTH**
30 **INFORMATION OF A PERSON IN INTEREST WHO HAS OPTED OUT OF HAVING**
31 **ELECTRONIC HEALTH INFORMATION SHARED OR DISCLOSED BY A HEALTH**
32 **INFORMATION EXCHANGE.**

33 (h) This section does not:

1 (1) Require an entity to which this section applies to collect clinical
2 information or obtain any authorizations, not otherwise required by federal or State law,
3 relating to information to be sent or received through the [State designated]
4 **STATE-DESIGNATED HEALTH INFORMATION** exchange;

5 (2) Prohibit an entity to which this section applies from directly receiving
6 or sending information to providers or subscribers outside of the [State designated]
7 **STATE-DESIGNATED HEALTH INFORMATION** exchange; or

8 (3) Prohibit an entity to which this section applies from connecting and
9 interoperating with the [State designated] **STATE-DESIGNATED HEALTH INFORMATION**
10 exchange in a manner and scope beyond that required under this section.

11 19–142.

12 (a) In this Part IV of this subtitle the following words have the meanings
13 indicated.

14 (b) “Carrier” means:

15 (1) An insurer;

16 (2) A nonprofit health service plan;

17 (3) A health maintenance organization; or

18 (4) Any other person that provides health benefit plans subject to
19 regulation by the State.

20 (c) “Electronic health record” means an electronic record of health–related
21 information on an individual that:

22 (1) Includes patient demographic and clinical health information; and

23 (2) Has the capacity to:

24 (i) Provide clinical decision support;

25 (ii) Support physician order entry;

26 (iii) Capture and query information relevant to health care quality;

27 and

28 (iv) Exchange electronic health information with and integrate the
29 information from other sources.

1 (d) (1) "Health benefit plan" means a hospital or medical policy, contract, or
2 certificate issued by a carrier.

3 (2) "Health benefit plan" does not include:

4 (i) Coverage for accident or disability income insurance;

5 (ii) Coverage issued as a supplement to liability insurance;

6 (iii) Liability insurance, including general liability insurance and
7 automobile liability insurance;

8 (iv) Workers' compensation or similar insurance;

9 (v) Automobile or property medical payment insurance;

10 (vi) Credit-only insurance;

11 (vii) Coverage for on-site medical clinics;

12 (viii) Dental or vision insurance;

13 (ix) Long-term care insurance or benefits for nursing home care,
14 home health care, community-based care, or any combination of these;

15 (x) Coverage only for a specified disease or illness;

16 (xi) Hospital indemnity or other fixed indemnity insurance; or

17 (xii) The following benefits if offered as a separate insurance policy:

18 1. Medicare supplemental health insurance, as defined in §
19 1882(g)(1) of the Social Security Act;

20 2. Coverage supplemental to the coverage provided under
21 Chapter 55 of Title 10, U.S.C.; or

22 3. Similar supplemental coverage provided to coverage under
23 an employer-sponsored plan.

24 (e) (1) "Health care provider" means:

25 (i) A person who is licensed, certified, or otherwise authorized under
26 the Health Occupations Article to provide health care in the ordinary course of business or
27 practice of a profession or in an approved education or training program; or

- 1 (ii) A facility where health care is provided to patients or recipients,
 2 including:
- 3 1. A facility, as defined in § 10–101(g) of this article;
 - 4 2. A hospital, as defined in § 19–301 of this title;
 - 5 3. A related institution, as defined in § 19–301 of this title;
 - 6 4. An outpatient clinic;
 - 7 5. A freestanding medical facility, as defined in § 19–3A–01
 8 of this title;
 - 9 6. An ambulatory surgical facility, as defined in § 19–3B–01
 10 of this title; and
 - 11 7. A nursing home, as defined in § 19–1401 of this title.

12 (2) “Health care provider” does not include a health maintenance
 13 organization as defined in § 19–701 of this title.

14 (f) “Health information exchange” [means a statewide infrastructure that
 15 provides organizational and technical capabilities to enable the electronic exchange of
 16 health information between health care providers and other health services organizations
 17 authorized by the Commission] **HAS THE MEANING STATED IN § 4–301 OF THIS**
 18 **ARTICLE.**

19 (g) “Management service organization” means an organization that offers one or
 20 more hosted electronic health record solutions and other management services to multiple
 21 health care providers.

22 **(H) “STATE–DESIGNATED HEALTH INFORMATION EXCHANGE” MEANS THE**
 23 **HEALTH INFORMATION EXCHANGE DESIGNATED BY THE MARYLAND HEALTH CARE**
 24 **COMMISSION AND THE HEALTH SERVICES COST REVIEW COMMISSION UNDER §**
 25 **19–143 OF THIS SUBTITLE.**

26 **[(h)] (I)** (1) “State–regulated payor” means a carrier issuing or delivering
 27 health benefit plans in the State.

28 (2) “State–regulated payor” does not include a managed care organization
 29 as defined in Title 15, Subtitle 1 of this article.

30 19–143.

1 (a) (2) The Secretary, to align funding opportunities with the purposes of this
2 section and the development and effective operation of the [State's] **STATE-DESIGNATED**
3 health information exchange, may provide grants to the **STATE-DESIGNATED** health
4 information exchange [designated under paragraph (1) of this subsection].

5 (f) On and after the later of January 1, 2015, or the date established for the
6 imposition of penalties under § 4102 of the federal American Recovery and Reinvestment
7 Act of 2009:

8 (1) Each health care provider using an electronic health record that seeks
9 payment from a State-regulated payor shall use electronic health records that are:

10 (ii) Capable of connecting to and exchanging data with the
11 **STATE-DESIGNATED** health information exchange [designated by the Commission under
12 subsection (a) of this section]; and

13 SECTION 2. AND BE IT FURTHER ENACTED, That:

14 (a) The General Assembly recognizes that:

15 (1) the definition of "health information exchange" should be updated to
16 accommodate changing technology, functionality, and innovation; and

17 (2) the definition of "health information exchange" in regulations adopted
18 by the Office of the National Coordinator at 45 C.F.R. § 171.102 offers a model that the
19 State could consider more closely aligning to, and definitions of "health information
20 exchange" in other states and federal laws may also offer models for the State to consider.

21 (b) The Maryland Health Care Commission, in consultation with its Health
22 Information Exchange Policy Board and other relevant stakeholders, shall make a
23 recommendation on an updated statutory definition of "health information exchange" that
24 addresses changing technology and functionality, the need to coordinate care, and the needs
25 to address patient privacy and access.

26 (c) On or before December 1, 2021, the Maryland Health Care Commission shall
27 report its recommendation made under subsection (b) of this section to the Senate Finance
28 Committee and the House Health and Government Operations Committee, in accordance
29 with § 2-1257 of the State Government Article.

30 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
31 October 1, 2021.