

HOUSE BILL 1127

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2lr2618
CF SB 984

By: **Delegate Pendergrass**

Introduced and read first time: February 11, 2022

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 12, 2022

CHAPTER _____

1 AN ACT concerning

2 **Public Health – State Designated Exchange – Health Data Utility**

3 FOR the purpose of requiring the State designated exchange to operate as a health data
4 utility for the State for certain purposes; requiring ~~the Maryland Department of~~
5 ~~Health, dispensers, and certain nursing homes and electronic health networks~~
6 dispensers to provide certain data to the State designated exchange; requiring
7 dispensers to submit certain prescription information to the State designated
8 exchange; requiring the State designated exchange to establish a certain consumer
9 advisory council; and generally relating to the State designated exchange operating
10 as a health data utility.

11 BY adding to

12 Article – Health – General

13 Section 19–145

14 Annotated Code of Maryland

15 (2019 Replacement Volume and 2021 Supplement)

16 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

17 That the Laws of Maryland read as follows:

18 **Article – Health – General**

19 **19–145.**

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 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
2 INDICATED.

3 (2) "DISPENSER" MEANS A PERSON AUTHORIZED BY LAW TO
4 DISPENSE, AS DEFINED IN § 12-101 OF THE HEALTH OCCUPATIONS ARTICLE, A
5 PRESCRIPTION DRUG TO A PATIENT OR THE PATIENT'S AGENT IN THE STATE.

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

10 ~~(3)~~ (4) "STATE DESIGNATED EXCHANGE" HAS THE MEANING
11 STATED IN § 4-302.3 OF THIS ARTICLE.

12 (B) THE STATE DESIGNATED EXCHANGE SHALL OPERATE AS A HEALTH
13 DATA UTILITY FOR THE STATE.

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

15 (1) THE COLLECTION, AGGREGATION, AND ANALYSIS OF CLINICAL
16 INFORMATION, PUBLIC HEALTH DATA, AND HEALTH ADMINISTRATIVE AND
17 OPERATIONS DATA TO ASSIST ~~HEALTH CARE AND PUBLIC HEALTH LEADERS~~ THE
18 DEPARTMENT, LOCAL HEALTH DEPARTMENTS, THE COMMISSION, AND THE
19 HEALTH SERVICES COST REVIEW COMMISSION IN THE EVALUATION OF PUBLIC
20 HEALTH INTERVENTIONS AND HEALTH EQUITY;

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

24 (3) THE ENHANCEMENT AND ACCELERATION OF THE
25 INTEROPERABILITY OF HEALTH INFORMATION THROUGHOUT THE STATE.

26 (D) ~~THE FOLLOWING ENTITIES~~ DISPENSERS SHALL PROVIDE DATA TO THE
27 STATE DESIGNATED EXCHANGE:

28 ~~(1) THE DEPARTMENT;~~

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

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

3 ~~(4) DISPENSERS.~~

4 (E) (1) THE PURPOSE OF THIS SUBSECTION IS TO:

5 (I) AUTHORIZE INDIVIDUALS AND ORGANIZATIONS INVOLVED
6 IN THE TREATMENT AND CARE COORDINATION OF PATIENTS TO ACCESS, AS
7 LEGALLY AUTHORIZED, A PATIENT'S MEDICATION HISTORY, INCLUDING
8 MEDICATIONS PRESCRIBED FOR THE PATIENT; AND

9 (II) ASSIST HEALTH CARE PROVIDERS, CARE MANAGERS, THE
10 DEPARTMENT, AND PUBLIC HEALTH OFFICIALS LOCAL HEALTH DEPARTMENTS TO
11 UNDERSTAND AND PROMOTE MATTERS OF HEALTH EQUITY AND TREATMENT
12 EFFICACY.

13 (2) AFTER DISPENSING A NONCONTROLLED PRESCRIPTION DRUG, A
14 DISPENSER SHALL SUBMIT PRESCRIPTION INFORMATION TO THE STATE
15 DESIGNATED EXCHANGE.

16 (3) THE PRESCRIPTION INFORMATION SHALL BE SUBMITTED:

17 (I) BY ELECTRONIC MEANS;

18 (II) WITHOUT UNDULY INCREASING THE WORKLOAD AND
19 EXPENSE ON A DISPENSER;

20 (III) IN A MANNER THAT MINIMIZES BURDEN AND DUPLICATION
21 BY BEING AS COMPATIBLE AS POSSIBLE WITH EXISTING FEDERAL STANDARDS FOR
22 DATA SUBMISSION PRACTICES, INCLUDING TECHNOLOGY SOFTWARE OF
23 DISPENSERS; AND

24 (IV) AS OTHERWISE REQUIRED BY REGULATIONS ADOPTED BY
25 THE COMMISSION.

26 (4) THE STATE DESIGNATED EXCHANGE MAY NOT IMPOSE ANY FEES
27 OR OTHER ASSESSMENTS ON DISPENSERS TO SUPPORT THE OPERATION OF THE
28 EXCHANGE.

29 (5) THE STATE DESIGNATED EXCHANGE SHALL MAKE PRESCRIPTION
30 INFORMATION SUBMITTED UNDER THIS SUBSECTION AVAILABLE FOR PURPOSES OF
31 TREATMENT AND CARE COORDINATION OF A PATIENT.

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

6 (1) ~~UNDERSTANDING AND PROMOTING THE EQUITABLE~~
 7 ~~AVAILABILITY TO PATIENTS OF~~ IMPROVING HEALTH EQUITY THROUGH ACCESS TO
 8 PRESCRIPTION MEDICATIONS, INCLUDING FOR THE TREATMENT OF INFECTIOUS
 9 DISEASE;

10 (2) ASSISTING PROGRAMS LED BY HEALTH CARE PROVIDERS, CARE
 11 MANAGERS, AND PUBLIC HEALTH OFFICIALS IN IDENTIFYING THE DEPARTMENT,
 12 LOCAL HEALTH DEPARTMENTS, THE COMMISSION, AND THE HEALTH SERVICES
 13 COST REVIEW COMMISSION TO IDENTIFY OPPORTUNITIES TO USE TREATMENTS
 14 MORE EFFECTIVELY, FOR QUALITY IMPROVEMENT, INCLUDING FOR STEWARDSHIP
 15 OF ANTIBIOTIC MEDICATIONS; AND

16 (3) ~~ANY ADDITIONAL PATIENT INTERVENTIONS AND ACTIVITIES,~~
 17 ~~INCLUDING CASE INVESTIGATION~~ CONDUCTING CASE INVESTIGATIONS AND
 18 RELATED ACTIVITIES.

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

23 ~~(G)~~ (H) (1) THE COMMISSION, IN CONSULTATION WITH APPROPRIATE
 24 STAKEHOLDERS, SHALL ADOPT REGULATIONS TO CARRY OUT THIS SECTION.

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

27 (I) THE SPECIFIC DATA REQUIRED TO BE PROVIDED UNDER
 28 SUBSECTION (D) OF THIS SECTION;

29 (II) THE SPECIFIC PRESCRIPTION INFORMATION REQUIRED TO
 30 BE SUBMITTED UNDER SUBSECTION (E) OF THIS SECTION;

31 (III) THE TIME FRAME FOR SUBMITTING PRESCRIPTION
 32 INFORMATION UNDER SUBSECTION (E) OF THIS SECTION;

1 (IV) THE ELECTRONIC MEANS AND MANNER BY WHICH
2 PRESCRIPTION INFORMATION IS TO BE SUBMITTED UNDER SUBSECTION (E) OF THIS
3 SECTION; ~~AND~~

4 (V) PRESCRIPTION INFORMATION SUBMISSION
5 REQUIREMENTS THAT ALIGN WITH THE DATA SUBMISSION REQUIREMENTS ON
6 DISPENSERS OF MONITORED PRESCRIPTION DRUGS UNDER TITLE 21, SUBTITLE 2A
7 OF THIS ARTICLE; AND

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

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

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

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

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

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

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

28 (IV) MEET AT LEAST 3 TIMES EACH YEAR; AND

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

32 SECTION 2. AND BE IT FURTHER ENACTED, That on or before January 1, 2024,
33 the Maryland Department of Health, the Maryland Health Care Commission, and the State

1 designated exchange shall submit a report to the General Assembly, in accordance with §
2 2–1257 of the State Government Article, that identifies ongoing revenue sources to fund
3 the activities required under § 19–145 of the Health – General Article, as enacted by Section
4 1 of this Act.

5 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
6 October 1, 2022.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.