



6811 Campfield Road
Baltimore, MD 21207

TO: The Honorable Shane Pendergrass
Chairwoman, Health & Government Operations

FROM: LeadingAge Maryland

SUBJECT: House Bill 1022, Public Health - State Designated Exchange - Clinical
Information

DATE: March 2, 2021

POSITION: Favorable with Amendments

LeadingAge Maryland writes to request a favorable with amendments report on House Bill 1022, Public Health - State Designated Exchange - Clinical Information.

LeadingAge Maryland is a community of not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. We represent more than 120 not-for-profit organizations, including the vast majority of CCRCs in Maryland. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, faith communities and others who care about aging in Maryland.

This bill requires a nursing home, on request of the Maryland Department of Health, to electronically submit clinical information to the State designated exchange (CRISP). In accordance with state and federal law, the state designated exchange may provide the information to a health care provider, an authorized health information exchange user, a health information exchange authorized by the Maryland Health Care Commission, a federal official and a State official. An electronic health network may not charge a fee to a health care provider or to CRISP for providing the information.

By collecting clinical data from nursing homes and submitting to CRISP, House Bill 1022 ensures that providers across the continuum of care will have needed access to patient data. This will greatly assist in deploying resources and coordinating care as a patient moves from provider to provider. Additionally, this legislation may result in reduced Medicare spending which is an important metric in the Maryland Total Cost of Care Model contract with CMS. Lastly, LeadingAge Maryland believes this collection of data will benefit policy makers in improving patient health and responding to emergencies, like COVID-19.

While LeadingAge Maryland is concerned that providing this data could be burdensome and duplicative, we recognize the benefits in passing this bill. We understand that amendments will be offered ensuring that the data provided by nursing homes is only used for purposes of mitigating public health emergencies and improving patient safety. We are in strong support of these amendments.

Amendment No. 1

On page 2, in line 30, before “ON” add “TO ADVANCE THE OBJECTIVES LISTED UNDER PARAGRAPH (3) OF THIS SUBSECTION AND”

Amendment No. 2

On page 3, in line 3, after “LAW” add “AND TO ADVANCE THE OBJECTIVES UNDER PARAGRAPH (3) OF THIS SUBSECTION”

Amendment No. 3

On page 3, in line 15, after “TO” add “ONLY”

Amendment No. 4

On page 3, after line 18, add “(II) THE INFORMATION SUBMITTED BY A NURSING HOME UNDER THIS SUBSECTION SHALL ONLY BE USED FOR THE OBJECTIONS IN THIS PARAGRAPH AND MAY NOT BE USED FOR ANY OTHER PURPOSE, INCLUDING ACTIONS INVOLVING LICENSING AND CERTIFICATION

For these reasons, LeadingAge Maryland respectfully requests a favorable report with amendments for House Bill 1022.

For additional information, please contact Aaron J. Greenfield, 410.446.1992