



**TESTIMONY BEFORE THE
HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE**

March 2, 2021

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

Written Testimony Only

POSITION: FAVORABLE WITH AMENDMENT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support with amendment for House Bill 1022: Public Health - State Designated Exchange - Clinical Information.

HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state. HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day.

House Bill 1022 creates a critically important data exchange framework to use a targeted set of data in identify emerging healthcare delivery challenges proactively and in advance of a crisis. For instance, in the COVID-19 pandemic, we have learned and now know from clinical leaders in our sector and from hospital partners about the precise blood oxygen levels and fever thresholds that are demonstrative and problematic when an individual becomes infected with the COVID-19 virus. This legislation directs CRISP, the Maryland Department of Health (MDH), and our sector regarding the use of technology and automated data-mining to alert providers on such health parameters.

Beyond the public health emergency of the COVID-19 pandemic, the framework directed in House Bill 1022 could serve as an early warning system relative to other infectious disease challenges such as Listeria infection or the treatment of chronic conditions such as diabetes.

House Bill 1022 is agnostic relative to any specific software program that might be deployed to meet the directives outlined in the bill. HFAM would expect any such software to be acquired under competitive bidding procurement.

It has been often said knowledge is power. The COVID-19 pandemic has reminded all of us in healthcare that actionable knowledge begins with data. Therefore, we support this legislation with the following amendments to ensure the data collected is used only for the specific purposes listed in the bill text.

1. Page 2, beginning line 30 in section (F) (1), change the language to: **“TO ADVANCE THE OBJECTIVES LISTED UNDER PARAGRAPH (3) OF THIS SUBSECTION AND ON REQUEST OF THE DEPARTMENT, A NURSING HOME SHALL SUBMIT ELECTRONICALLY CLINICAL INFORMATION TO THE STATE DESIGNATED EXCHANGE.”**

(more)

2. Page 3, lines 3-5 in section (F) (2), change the language to: **"IN ACCORDANCE WITH STATE AND FEDERAL LAW AND TO ADVANCE THE OBJECTIVES UNDER PARAGRAPH (3) OF THIS SUBSECTION, THE STATE DESIGNATED EXCHANGE MAY PROVIDE THE INFORMATION SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION TO:"**

3. Amend page 3, beginning line 12 in section (3) to read:

(3) (I) IF APPROVED BY THE MARYLAND HEALTH CARE COMMISSION, THE INFORMATION SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY BE COMBINED WITH OTHER DATA MAINTAINED BY THE STATE DESIGNATED EXCHANGE TO ONLY FACILITATE:

- 1. A STATE HEALTH IMPROVEMENT PROGRAM;**
- 2. MITIGATION OF A PUBLIC HEALTH EMERGENCY; AND**
- 3. IMPROVEMENT OF PATIENT SAFETY.**

(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.

We note that our colleagues at the LifeSpan Network developed the amendments offered in our testimony and we are in full agreement with them. In addition, it is important to highlight that the framework outlined and software solutions put in place by House Bill 1022 are funded with revenue and appropriations from Maryland State Government.

Lastly, while House Bill 1022 directs the development of this framework through partnership with CRISP, the Maryland Department of Health, and nursing homes, we believe that there is value in collecting such data from other settings, including hospitals and settings across the continuum of care.

For these reasons, and with these proposed amendments, we respectfully request a favorable from the Committee on House Bill 1022.

Submitted by:

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