



March 2, 2021

The Honorable Shane E. Pendergrass
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, MD 21401

RE: House Bill 1022 – Public Health – State Designated Exchange – Clinical Information – Letter of Support

Dear Chair Pendergrass and Committee Members:

The Health Services Cost Review Commission (HSCRC) submits this letter of support for House Bill 1022 (HB 1022) titled, “Public Health – State Designated Exchange – Clinical Information.” HB 1022 will require nursing homes and electronic health networks to share information with Maryland’s state-designated health information exchange (HIE) for the purpose of improving health outcomes and efficiency in the Maryland healthcare system during the COVID-19 pandemic and beyond.

Maryland’s state-designated health information exchange, Chesapeake Regional Information System for our Patients (CRISP), is a crucial part of the State’s unique healthcare system and ongoing healthcare reform efforts. CRISP supports data exchange between healthcare providers so that providers have the information they need to treat patients appropriately and use healthcare resources wisely. For example, providers that use CRISP’s alert notification tool receive alerts when their patient is admitted to the hospital or emergency department, allowing providers to better coordinate care for those patients. HSCRC staff leverage CRISP’s data and analytic tools to measure performance outcomes for key health reform initiatives and ensure that providers are working together to meet the cost and quality goals outlined in Maryland’s Total Cost of Care (TCOC) Model contract with the federal Centers for Medicare and Medicaid Services (CMS). During the COVID-19 pandemic, CRISP has provided crucial data to state policy makers on the pandemic and available hospital capacity.

By requiring nursing homes to submit clinical information to the state-designated health exchange, HB 1022 ensures that providers across the continuum of care will have access to nursing home patient data. Using the state-designated HIE, nursing homes, hospitals, and other providers treating these patients will be able to better coordinate care as a patient moves from one site of care to another. HSCRC’s policies seek to improve patient care during these care transitions. Improvement in care transitions will reduce avoidable hospital utilization (and health system costs) and improve patient experience. Reduced Medicare spending is an important metric in Maryland’s TCOC Model contract

Adam Kane, Esq
Chairman

Joseph Antos, PhD
Vice-Chairman

Victoria W. Bayless

Stacia Cohen, RN, MBA

John M. Colmers

James N. Elliott, MD

Sam Malhotra

Katie Wunderlich
Executive Director

Allan Pack
Director
Population-Based Methodologies

Tequila Terry
Director
Payment Reform & Provider Alignment

Gerard J. Schmith
Director
Revenue & Regulation Compliance

William Henderson
Director
Medical Economics & Data Analytics

The Health Services Cost Review Commission is an independent agency of the State of Maryland

P: 410.764.2605 F: 410.358.6217 ● 4160 Patterson Avenue | Baltimore, MD 21215 ● hscrc.maryland.gov

with CMS. The nursing home data will help state policy makers improve patient health and respond to public health emergencies (like COVID-19) that impact nursing homes.

HSCRC believes HB 1022 will enhance CRISP's ability to support collaboration and coordination within the healthcare system as the State continues to address the COVID-19 pandemic and work to meet the goals of the TCOC Model. If you have any questions or if we may provide you with any further information, please do not hesitate to contact me at 443.462.8632 or tequila.terry1@maryland.gov or Megan Renfrew, Associate Director of External Affairs, at 410-382-3855 or megan.renfrew1@maryland.gov.

Sincerely,

A handwritten signature in cursive script that reads "Tequila Terry".

Tequila Terry
Principal Deputy Director

