



HB1127: Health Data Utility

Background

CRISP supports HB1127, with amendments as discussed with stakeholders.

Background

The State-Designated Health Information Exchange (HIE), CRISP, is connected with hospitals, physician practices, skilled nursing facilities, payers, care managers, and public health agencies. The HIE was established in 2009 and spent the first 10 years focused primarily on sharing information with providers to improve the health and wellness of their patients.

As the health care industry became more closely aligned with public health interventions, first through the Total Cost of Care Model and then the Covid pandemic, CRISP leveraged existing technology and data to support public health. **There are significant opportunities for the HIE to reduce provider burden and increase data exchange to improve quality by continuing to serve as a health data utility.**

Purpose

There are three core components to HB1127:

- 1) Establishing the State-Designated HIE as a Health Data Utility. The bill does not force public health agencies to use the HIE for any specific functions; rather, it makes clear that **the HIE is an available resource for interventions and reporting related to public health and health equity.**
- 2) **Requiring dispensers to share prescription drug information** to the HIE. Many other providers are either mandated or volunteer to share data with the HIE, including dispensers for controlled dangerous substances. **A full medication set is vital** for public health use cases such as improving equity and access, and clinical use cases such as avoiding drug interactions.
- 3) **Shoring up long-term considerations for the HIE** including consumer input, privacy protections, and financial sustainability.

Amendments

Many groups reviewed the language and intent of this bill. While there is broad support for the concept, there are some recommended language changes which would clarify the data use and further protect consumers.



Draft modifications to HB1127 based on stakeholder input.

Page 2, line 5: Correct typo by removing “the” at the end of the line

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

Page 2, line 8 / Page 2, line 10 / Page 2, line 29 / Page 3, line 20 / Page 3, line 26: Specify that the public health data is to be shared with the Maryland Department of Health and Local Health Departments

~~PUBLIC HEALTH OFFICIALS~~ **THE MARYLAND DEPARTMENT OF HEALTH AND LOCAL HEALTH DEPARTMENTS**

Page 2, line 10: Clarify that data is bi-directional between public health and health care providers

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

Page 2, line 15: Simplify language and remove references to the Department, nursing homes, and EHNs because it is redundant with existing law

(D) ~~THE FOLLOWING ENTITIES~~ **DISPENSERS** SHALL PROVIDE DATA TO THE STATE DESIGNATED EXCHANGE.

~~(1) THE DEPARTMENT;~~

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

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

~~(4) DISPENSERS.~~

Page 3, line 7: Add text in bold

(III) IN A MANNER **THAT MINIMIZES BURDEN AND DUPLICATION BY BEING AS** COMPATIBLE AS POSSIBLE WITH EXISTING DATA SUBMISSION PRACTICES, INCLUDING TECHNOLOGY SOFTWARE OF DISPENSERS; AND

Page 3, line 18: Add text in bold

(F) THE STATE DESIGNATED EXCHANGE SHALL PROVIDE DATA, AS ALLOWED BY LAW, TO INDIVIDUALS AND ORGANIZATIONS INVOLVED IN THE TREATMENT AND CARE COORDINATION OF PATIENTS AND TO PUBLIC HEALTH OFFICIALS **INCLUDING THE MARYLAND HEALTH CARE COMMISSION AND HEALTH SERVICES COST REVIEW COMMISSION** TO SUPPORT PUBLIC HEALTH GOALS, THAT MAY INCLUDE:

Page 3, line 18: Clarify that the HIE is not conducting direct provider outreach or advocating for specific interventions



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

- (1) **IMPROVING HEALTH EQUITY THROUGH ACCESS TO** ~~UNDERSTANDING AND PROMOTING THE EQUITABLE AVAILABILITY TO PATIENTS OF~~ PRESCRIPTION MEDICATIONS, INCLUDING FOR THE TREATMENT OF INFECTIOUS DISEASE;
- (2) ASSISTING **PROGRAMS LED BY** HEALTH CARE PROVIDERS, ~~CARE MANAGERS,~~ AND PUBLIC HEALTH OFFICIALS ~~TO IN~~ IDENTIFYING OPPORTUNITIES ~~TO USE TREATMENTS MORE EFFECTIVELY~~ **FOR QUALITY IMPROVEMENT**, INCLUDING FOR STEWARDSHIP OF ANTIBIOTIC MEDICATIONS; AND
- (3) **CONDUCTING CASE INVESTIGATIONS AND RELATED ACTIVITIES** ~~AND ADDITIONAL PATIENT INTERVENTIONS AND ACTIVITIES, INCLUDING CASE INVESTIGATION.~~

Page 4, line 3: Add bold language and a new item to establish appropriate consumer protections

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

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