

BY: Finance Committee

AMENDMENTS TO SENATE BILL 13
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Senator Rosapepe” and substitute “Senators Rosapepe, Astle, Benson, Feldman, Hershey, Jennings, Klausmeier, Mathias, Middleton, and Reilly”; in line 2, before “Electronic” insert “Maryland Health Care Commission –”; in the same line, strike “Cost Saving Act of 2018” and substitute “System – Assessment and Report”; strike beginning with the first “a” in line 3 down through “terms” in line 11 and substitute “the Maryland Health Care Commission, in consultation with interested stakeholders, to assess the benefits and feasibility of developing an electronic system to allow health care providers to access a patient’s prescription medication history; requiring the Commission to report its findings to the Governor and the General Assembly on or before a certain date; specifying the intent of the General Assembly; providing for the termination of this Act”; in line 11, after “to” insert “an assessment and report by the Maryland Health Care Commission regarding an”; in lines 11 and 12, strike “and the health information exchange” and substitute “system”; and strike in their entirety lines 13 through 17, inclusive.

AMENDMENT NO. 2

On page 1, in line 19, strike “the Laws of Maryland read as follows”.

On pages 1 through 3, strike in their entirety the lines beginning with line 20 on page 1 through line 28 on page 3, inclusive, and substitute:

“(a) The Maryland Health Care Commission shall convene interested stakeholders to assess the benefits and feasibility of developing an electronic system to allow health care providers to access a patient’s prescription medication history, including assessing:

(Over)

(1) whether the health information exchange designated for the State under § 19–143 of the Health – General Article is capable of including a patient’s prescription medication history;

(2) the enhancements to the State-designated health information exchange required to ensure that the exchange is able to continue to meet other State mandates, including operating an effective Prescription Drug Monitoring Program;

(3) the resources required for individual health care practitioners, health care facilities, prescription drug dispensers, and pharmacies to provide the information collected in a statewide repository of prescription medication information;

(4) the cost to the State to develop and maintain an electronic prescription medication system and the cost to prescribers to access the system;

(5) the resources required to ensure that health care practitioners and prescription drug dispensers can maximize the benefit of using the system to improve patient care;

(6) the scope of prescription medication information that should be collected in the system, including any specific exemptions;

(7) the scope of health care providers that would report prescription medication information in the system, including any specific exemptions;

(8) the potential for development or use of systems other than the State-designated health information exchange for access to patients’ prescription medication history;

(9) the privacy protections required for the system, including the ability of consumers to choose not to share prescription data, to ensure the prescription data is

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used in a manner that is compliant with State and federal privacy requirements, including 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2;

(10) the feasibility of ensuring that the data in the system is used only by health care practitioners to coordinate the care and treatment of patients;

(11) the standards for prohibiting the use of the data in the system by a person or an entity other than a health care practitioner, including any exceptions for the use of data with identifying information removed for bona fide research; and

(12) any other matters of interest identified by the Commission or the stakeholders.

(b) On or before January 1, 2020, the Maryland Health Care Commission, in consultation with interested stakeholders, shall report its findings and recommendations to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly.

SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that the Maryland Health Care Commission work toward the development of an electronic system within the health information exchange designated for the State under § 19-143 of the Health – General Article for the purpose of providing a health care provider access to a patient’s medication history, including medications prescribed to a patient by another health care provider, to coordinate the care of or provide treatment to the patient.”.

On page 3, in line 29, strike “2.” and substitute “3.”; and in line 30, strike “October 1, 2018” and substitute “July 1, 2018. It shall remain effective for a period of 2 years and, at the end of June 30, 2020, this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect”.