MARYLAND
HEALTH CARE
COMMISSION

Electronic Prescription Records System – Assessment and Report

CHARTER

Purpose

During the 2018 legislative session, House Bill 115, *Maryland Health Care Commission – Electronic Prescription Records System – Assessment and Report*, was passed and requires the Maryland Health Care Commission (MHCC) to convene interested stakeholders to assess the benefits and feasibility of developing an electronic system (or statewide repository) to allow health care providers to access a patient's prescription medication history. Study requirements includes assessing:

- whether the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP), is capable of including a patient's prescription medication history;

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

- 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;

- cost to the State to develop and maintain an electronic prescription medication system and the cost to prescribers to access the system;

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

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

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

- potential for development or use of systems other than CRISP for access to patients' prescription medication history;

- privacy protections required for the system, including the ability of consumers to choose not to share prescription data, to ensure the prescription data is 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;

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

- 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

- any other matters of interest identified by MHCC or stakeholders.

A report detailing findings and recommendations from the study is required to be submitted to the Governor and General Assembly on or before January 1, 2020.[1]

Background

In 2011, Maryland law[2] established the PDMP to monitor the prescribing and dispensing of certain drugs that contain controlled dangerous substances (CDS).[3] The PDMP assists health care providers and public health and law enforcement agencies in reducing non-medical use, abuse, and diversion of such drugs while preserving the professional practice of health care providers and legitimate patient access to optimal pharmaceutical-assisted care. Dispensers, including pharmacies and health care providers, are required[4] to report to the PDMP prescription fill information for drugs listed in CDS Schedules II through V that are dispensed to a patient or a patient's agent in Maryland.[5]

The PDMP utilizes information technology services provided by CRISP.[6] Authorized PDMP users[7] are given electronic access to PDMP data through a secure, online portal or within a health care provider's electronic health record system. The PDMP is a core component of Maryland's comprehensive strategy for reducing prescription drug abuse throughout the State, a major goal of the Maryland Opioid Overdose Prevention Plan.[8] The existing infrastructure and technical processes already in place for the PDMP could potentially be leveraged to expand reporting of non-CDS data.

Rationale

Health care providers and consumers benefit from electronic access to patient prescription medication histories to deliver appropriate and high quality care. Health care providers can encounter challenges in compiling complete and accurate prescription information when patients cannot recall their current medications and dosages. Additionally, patients in emergent situations may be unable to communicate this information to health care providers. Incomplete information on patients' prescription medication histories is a major cause for medication errors that trigger more than one million emergency department visits and over a quarter of a million hospitalizations each

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[1] A study and report was recommended rather than advancing an original version of House Bill 115 that would have required MHCC to adopt regulations for reporting of and access to patient prescription medication information.
[2] Chapter 166 of 2011.
[3] State and federal law define CDS as substances that have abuse potential. This includes drugs listed in Schedules II, III, IV and V that have accepted medical uses, such as opioid pain relievers like oxycodone (OxyContin, Percocet, Percodan, Roxicet), hydrocodone (Vicodin, Lortab) and methadone; anti-anxiety and sedative medications like alprazolam (Xanax) and diazepam (Valium); and stimulants like Adderall and Ritalin.
[4] Health-Gen. § 21-2A-03.
[5] The Maryland Department of Health (MDH), Behavioral Health Administration is responsible for oversight of the PDMP. For more information, visit: bha.health.maryland.gov/pdmp/Pages/-PDMP_FAQs.aspx.
[6] CRISP has contracted with Health Information Designs (HID) to support PDMP-specific IT services. HID is a web-based program that facilitates the collection, analysis, and disclosure of prescription information.
[7] The PDMP requires system users, which includes health care providers and public health and law enforcement agency investigators as permitted by State law, be authenticated and credentialed before they can obtain PDMP data.
[8] MDH, *Maryland Opioid Overdose Prevention Plan,* January 2013. Available at: bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/MarylandOpioidOverdosePreventionPlan2013.pdf.

year.[9] Making electronic prescription information more accessible can generate efficiencies and improve patient safety by enabling health care providers to have more complete information, which could reduce adverse drug events.

Approach

The MHCC will convene a Prescription Study Workgroup (workgroup) to formulate recommendations to the study requirements. The workgroup will consist of interested stakeholders who may include, but is not limited to, representation from State agencies, health care providers, health care facilities, payers, HIEs, consumer groups, and technology vendors. The MHCC anticipates that some discussions will potentially require the formation of subgroups, and it is likely that subgroups will have a Chair appointed by MHCC. In addition to presiding at meetings, a subgroup Chair will take an active role in guiding and developing policy recommendations, among other things. In general, formation of subgroups and key discussion topics may include the following:

1) **Technology and Cost**

    - Capabilities of CRISP to make available prescription data and enhancements needed to ensure the continuous operation of the PDMP and other State mandates

    - Potential development or use of systems other than CRISP

    - Resource requirements for reporting prescription data to a statewide repository and maximizing the benefit of using the electronic system to improve patient care

    - Cost to develop and maintain the electronic system and cost to prescribers to access the EPR system

    - Privacy and security

2) **Policy and Operations**

    - Scope of prescription medication information that should be reported and specific exemptions

    - Scope of health care providers required to report prescription medication information and specific exemptions

    - Patient privacy, including opt out procedures

    - Feasibility of ensuring data in the repository is used only by health care practitioners

    - Standards prohibiting use of data in the repository by a person or entity other than a health care practitioner and any exceptions where identifying information is removed for bona fide research

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[9] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *National Action Plan for Adverse Drug Event Prevention*, 2012. Available at: health.gov/hcq/pdfs/ADE-Action-Plan-508c.pdf.

Meetings

All workgroup meetings are open to the public. A simple majority of workgroup members shall constitute a quorum for convening meetings. The majority of meetings will take place via teleconference. In-person meetings will be held at MHCC offices or another location if circumstances permit; members are strongly encouraged to attend on-site and teleconference information will be made available. Members participating via teleconference shall count for quorum purposes, and their position (i.e., support, oppose, abstain) on matters will be recorded. Reasonable notice of all meetings including date, time, teleconference information, and location (if applicable) will be provided by email to all workgroup members. Information on meetings is posted on MHCC's website [here](#).

Timeline and Deliverables

Meetings are anticipated to begin in July 2018 and take place about every four to six weeks for the next 10 months. Additional meetings may be needed if a discussion topic warrants continued deliberation about a proposed recommendation. The output from these meetings will be compiled into a final draft report targeted for release in July 2019. The report will include the names of all workgroup members, meeting work papers, and recommendations that could influence future legislation.