



## Electronic Prescription Records System – Assessment and Report

### WORKGROUP DISCUSSION ITEMS

The Maryland Health Care Commission (MHCC) is tasked with convening a workgroup of interested stakeholders to conduct a health information technology policy study that assesses the benefits and feasibility of developing an electronic system (or statewide repository) for health care providers to access patient prescription medication history.<sup>1</sup> The following items are intended to guide discussions by topic categories and the development of workgroup recommendations:

Topic Categories: *T* = Technology | *P* = Policy | *C* = Cost | *O* = Other<sup>2</sup>

*Note: Discussion items with an asterisk (\*) are required in law*

1. (*T*) Capability of the State-Designated Health Information Exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP) to make available patient prescription medication history\*
2. (*T/C*) Required enhancements to the State-Designated HIE to ensure it can continue meeting other State mandates, including operating an effective Prescription Drug Monitoring Program (or PDMP)\*
3. (*T/C*) 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. (*P/T*) Feasibility of ensuring data in the system is used only by health care practitioners to coordinate the care and treatment of patients\*
5. (*P/T*) Scope of health care providers that would report prescription medication information in the system, including any specific exemptions\*
6. (*P/T/C*) Potential for development or use of systems other than CRISP for access to patients' prescription medication history\*
7. (*P*) Scope of prescription medication information that should be collected in the system, including any specific exemptions\*
8. (*T/P/C*) Privacy protections required for the system, including the ability of consumers to choose not to share prescription data and ensure the prescription data is used in a manner that is compliant with State and federal privacy requirements, including 42 31 U.S.C. § 290dd–2 and 42 C.F.R Part 2\*

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<sup>1</sup> Required by House Bill 115, *Maryland Health Care Commission – Electronic Prescription Records System – Assessment and Report*, passed during the 2018 legislative session (Chapter 435). For more information, visit: [mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups\\_hit\\_electronic\\_prescription.aspx](http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hit_electronic_prescription.aspx).

<sup>2</sup> Other matters not prescriptive in law but identified as a topic of interest by MHCC or stakeholders.

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9. **(P)** Standards for prohibiting use of the data in the system by a person or an entity other than a health care practitioner, including any exceptions for use of data with identifying information removed for bona fide research\*
10. **(C)** Cost to the State to develop and maintain an electronic system and cost to prescribers to access the system\*
11. **(C)** Resources required to ensure that health care practitioners and prescription drug dispensers can maximize the benefit of using the system to improve patient care\*
12. **(O/P)** Impact on providers when patients are inappropriately treated due to incomplete medication history, including but not limited to malpractice, licensing boards, payer agreements, health care costs, etc.
13. **(O/P)** Leading consumer fears for making available prescription medication history to treating providers
14. **(O/P)** National activities related to increasing access to patient prescription medication history including means for patients to control which providers can view their data