



Access to Electronic Health Data for Skilled Nursing Facilities

(Chapter 333 | Senate Bill 648, *Electronic Health Networks and Electronic Medical Records – Nursing Homes – Release of Records*, 2023)

2025 Joint Chairmen's Report (p. 174)

JULY 17, 2025



Purpose - 2025 Joint Chairmen's Report

- ▶ Chairmen of the Senate Budget and Taxation Committee and House Appropriations Committee requested information on the implementation of legislation enacted in 2023
 - Chapter 333 (Senate Bill 648), *Electronic Health Networks and Electronic Medical Records – Nursing Homes – Release of Records* (2023 law) authorizes a nursing home that contracts with or uses an electronic health record (EHR) or electronic health network (EHN) to direct the vendor to release patient medical records or electronic health care transactions (or transactions) to a business associate of the nursing home
- ▶ A response prepared by MHCC and CRISP, the State-Designated Health Information Exchange (HIE), is due by October 1, 2025 and must include:
 - Activities to implement the law
 - Issues preventing full access to clinical records and transactions data
 - Recommendations to improve access to clinical records and transactions data

Background



- ▶ The 2023 law builds upon prior legislation that supports State efforts to strengthen care delivery, public health systems, and health preparedness and surveillance programs
 - **2021** – Chapter 791 (Senate Bill 748) and Chapter 790 (House Bill 1022), *Public Health - State Designated Exchange - Clinical Information* requires nursing homes and EHNs to submit certain data to the State-Designated HIE
 - **2022** – Chapter 296 (House Bill 1127), *Public Health – State Designated Exchange – Health Data Utility* requires CRISP to operate a Health Data Utility that collects, aggregates, and analyzes electronic health data; requires dispensers to submit information to the State-Designated HIE on noncontrolled prescription drugs



EHR Adoption at a Glance

- ▶ All nursing facilities operating in Maryland (~221) have adopted an EHR
 - Over 82 percent use PointClickCare (PCC), a leading national EHR vendor
 - About 11 percent use MatrixCare
 - The remaining 7 percent use one of 10 other EHR vendors
- ▶ PCC and MatrixCare are leading national EHR vendors for long-term care and have received the federal Certified EHR Technology designation



Implementation Summary and Recommendations

Activities



Nursing Facility Connectivity Program

- ▶ Established in September 2022 by CRISP and three post-acute care associations*
 - Real Time Medical Systems, LLC (Real Time) assists with data integration, analytics, and other technical support
- ▶ Supports integration of clinical data from nursing home EHRs with CRISP to improve patient care, automate prevention and surveillance programs, and reduce preventable hospitalizations
- ▶ 72 percent of nursing homes participate (Q1 2025)

** Health Facilities Association of Maryland, LeadingAge Maryland, and LifeSpan Network*

Amendments to COMAR 10.25.07

- ▶ Efforts to amend the EHN regulatory framework (COMAR 10.25.07) are underway and support implementation of the 2021 law**
 - Amendments specify the transactions EHNs must submit to CRISP and require CRISP to develop technical guidance for EHNs
- ▶ Regulations are anticipated to be finalized in Q4 2025; staff will work with CRISP and EHNS to operationalize the regulations through 2027

*** State law (2021) requires MHCC to adopt regulations; amendments were put on hold to develop emergency regulations required by a 2023 law prohibiting disclosure of certain reproductive health information*



- ▶ Nursing Home Connectivity Program
 - Real Time has been constrained by PCC's use indecipherable CAPTCHAs*
 - PCC's approach has been viewed as impeding access to nursing home medical records
- ▶ COMAR 10.25.07
 - EHNs acknowledge and support goals to improve public health in the State; however, they have expressed unease about a broad mandate to send transaction information to CRISP
 - Concerns center on federal requirements including Employee Retirement Income Security Act of 1974 (ERISA) preemptions (*Gobeille v. Liberty Mutual Insurance Company*) and rules for Medicare Advantage and Part D and the Federal Employees Health Benefits Program

** CAPTCHA stands for "Completely Automated Public Turing Test to Tell Computers and Humans Apart" and relies on interpreting distorted images of text to keep interacting with a website or application*



Recommendation 1

Require EHR vendors that integrate with business associates to utilize standards outlined in the most current version of the United States Core Data for Interoperability (USCDI), as established by the Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information Technology (ONC). Amend COMAR 10.25.18, Health Information Exchanges: Privacy and Security of Protected Health Information, to support a phased implementation approach that requires EHR vendors with existing BA integrations to comply within six months.



Recommendation 2

Strengthen data governance requirements for EHR vendors that meet the statutory definition of an HIE and integrate with business associates to improve data sharing and promote transparency. Amend COMAR 10.25.18 to ensure compliance and build trust.



Recommendation 3

Promote broader participation in the Nursing Facility Connectivity Program through supportive measures.



Recommendation 4

Update the legislature by December 1st in 2026 and 2027 on CRISP and MHCC-certified EHNs' implementation of COMAR 10.25.07.09.



Commission Action Item

Staff recommends the Commission approve the report for release as final





Appendix



Electronic Health Networks

- ▶ EHNs (health care clearinghouses) are intermediaries that exchange administrative and financial data with other covered entities and business associates
 - EHNs can be considered business associates when performing functions (e.g., processing claims) on behalf of a covered entity and are bound by HIPAA rules
- ▶ COMAR 10.25.07 requires payors operating in Maryland to accept electronic health care transactions only from MHCC-certified EHNs
 - 31 EHNs are currently MHCC-certified (see next slide)
 - To qualify for certification, EHNs must be accredited or certified by a nationally recognized organization that evaluates certain standards (privacy and confidentiality, business practices, physical and human resources, technical performance, security)
- ▶ Change Healthcare is the largest EHN nationally (routing nearly 40 percent of all claims), followed by Availity (30 percent), RelayHealth (8 percent), and PNT Data Corp (7 percent)

Electronic Health Networks



EHNs Certified by MHCC

1	athenaEDI™	12	Infinedi, LLC	23	RedSail Technologies (formerly QS/1)
2	Availity, LLC	13	Inmediata Health Group, LLC	24	RelayHealth Pharmacy Solutions
3	Carestream Dental LLC	14	Inovalon Provider, Inc.	25	Smart Data Solutions, LLC
4	Claim MD	15	InstaMed Communications, LLC	26	Surescripts
5	Cyfluent, Inc.	16	NantHealth, Inc.	27	The SSI Group, LLC
6	EDI Health Group, Inc. (dba dentalXchange)	17	Optum (medical and pharmacy)	28	TriZetto Provider Solutions, LLC
7	Experian Health	18	Optum (dental)	29	Veradigm, Inc.
8	Eyefinity, Inc.	19	Office Ally, LLC	30	Vyne Dental
9	FDB	20	Oracle Cerner (formerly Ability Network, Inc.)	31	Waystar
10	FinThrive Healthcare, Inc.	21	PNC Bank, NA		
11	FinThrive Revenue Systems, LLC	22	PNT Data Corp.		