



Chapter 248 (Senate Bill 786) and Chapter 249 (House Bill 812), *Health – Reproductive Health Services – Protected Information and Insurance Requirements (2023)*

Vendor Implementation Update

November 20, 2025

Presentation Items



- ▶ A review of the legislation
- ▶ Vendor compliance and challenges
- ▶ Approach to achieving compliance

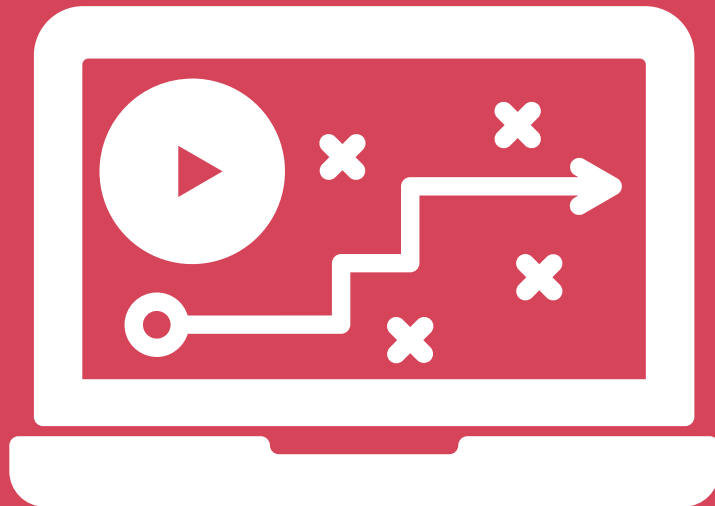
Overview



- ▶ The law establishes protections for the disclosure of legally protected health care by electronic health network (EHN) and health information exchange (HIE) entities (vendors) operating in the State
 - Includes mifepristone data or the diagnosis, procedure, medication, and other codes related to abortion care and other sensitive health services as determined by the Secretary (referred to as “legally protected health information” or “LPHI”)
 - Requires vendors to implement the technical capability to block the required codes; restrict text-based LPHI (non-structured data); and facilitate the exchange of LPHI if direct consent is provided
- ▶ In December 2024, MHCC approved 12-month exemptions for HIEs, in accordance with COMAR 10.25.18.09H *Exemptions*



Leading Vendor Challenges



- ▶ Technical complexity of implementing the legal requirements was not initially known when the law passed
 - Incremental approach – design, development, and implementation requires up to 24-month to complete
- ▶ On average, providers require approximately 18 months to complete User Acceptance Testing, which contributes to delays in vendors rolling out the protections outlined in the law

Legally Protected Health Information – Vendor Compliance Snapshot *as of September 2025*

#	Vendors	Fully Compliant	Compliance Anticipated in 2026	Compliance Projection into 2027
1	Altera Digital Health		✓	
2	athenahealth		✓	
3	Change	✓		
4	CRISP	✓		
5	DHIN	✓		
6	eClinicalWorks		✓	
7	Epic	✓		
8	EpicNexus	✓		
9	Flatiron		✓	
10	Greenway		✓	
11	Meditech		✓	
12	ModMed		✓	
13	NextGen		✓	
14	Oracle Cerner	✓		
15	PointClickCare		✓	
16	Surescripts	✓		
17	Veradigm		✓	
Total		41%	59%	0%

Vendors that are not fully compliant will submit quarterly implementation plans; the table will be updated based on the implementation plans and shared with the Commission

Vendor Fines – Possible



- ▶ Staff informed the Electronic Health Record Association (EHRA) that potential fines will begin accruing in 2026
- ▶ Starting in January 2027, vendors that have not completed the necessary technical requirements to support the law may be subject to fines of up to \$10,000 per day, based on the following criteria in law:
 - The extent of actual or potential public harm caused by the violation;
 - The cost of investigating the violation; and
 - Whether the vendor previously violated the requirement



Next Steps



- ▶ Conduct quarterly assessments of vendors' progress in developing the technical capabilities required for LPHI
- ▶ Maintain ongoing collaboration with vendors through regular meetings with the EHRA, and provide one-on-one support as needed on policy and technical requirements
- ▶ Provide quarterly updates to the Commission on compliance progress throughout 2026
- ▶ Monitor the expansion of LPHI codes; a public comment period for proposed gender affirming care codes is anticipated to begin December 1, 2025

Thank you
Questions?





Appendix

Protected Health Care Commission (PHCC)



- ▶ The law requires the PHCC to issue semi-annual reports to the Secretary identifying sensitive health services and include an assessment of potential risks to patients and health care providers that would result from the disclosure of the identified sensitive health services
 - Within 60 days, the Secretary will include findings and determinations in a written response to the PHCC, Senate Finance Committee, and House Health and Government Operations Committee
- ▶ Membership includes the Attorney General or designee, MHCC Executive Director or designee, specific appointments from the Secretary, licensed physician nominated by the American College of Obstetricians and Gynecologists, licensed clinician who provides reproductive health care nominated by the Reproductive Health Access Project, certified nurse-midwife nominated by the Maryland affiliate of the American College of Nurse Midwives, a representative of Physicians for Reproductive Health, two consumer representatives with expertise in consumer data privacy, and an individual with expertise in health information



- ▶ Amendments to existing EHN and HIE regulatory frameworks were finalized in 2024 to support implementation of the law*
 - COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*
 - COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information*
- ▶ The regulations require EHNs and HIEs to adopt broader security frameworks that go beyond HIPAA, among other things
- ▶ The Maryland Department of Health (MDH) adopted COMAR 10.11.08, which specifies codes that are subject to restrictions on the disclosure of LPHI

Amendments to COMAR 10.25.07 and COMAR 10.25.18 – Timeline



- ▶ September 22, 2023 – MHCC released draft regulations for informal public comment
- ▶ November 16, 2023 – Emergency and proposed permanent regulations were approved by MHCC and submitted to the Joint Committee on Administrative, Executive, and Legislative Review
- ▶ January 12, 2024 – Amendments to COMAR 10.25.07 and COMAR 10.25.18 were published in the Maryland Register with a 30-day formal public comment period
- ▶ February 9, 2024 – Emergency regulations were published in the Maryland Register effective January 11 – July 9, 2024 (COMAR 10.25.07) and January 9 – July 7, 2024 (COMAR 10.25.18)
- ▶ May 3, 2024 – Final regulations were published in the Maryland Register with an effective date of May 13, 2024