

Department of Legislative Services  
 Maryland General Assembly  
 2026 Session

FISCAL AND POLICY NOTE  
 First Reader

House Bill 1045 (Delegate Cullison)  
 Health

Prescription Drug Monitoring Program - Data Disclosure to Federal Law  
 Enforcement - Limitation

This emergency bill restricts the circumstances under which prescription monitoring data must be disclosed to a federal law enforcement agency. The Prescription Drug Monitoring Program (PDMP) must disclose such data on issuance of a subpoena, for the purpose of furthering an existing *bona fide* individual investigation, *unless* the data has been determined by the Protected Health Care Commission (PHCC) to be sensitive health services information that has been determined by the Secretary of Health to be legally protected health care.

Fiscal Summary

**State Effect:** No effect in FY 2026. Maryland Department of Health (MDH) general fund expenditures increase by \$25,000 in FY 2027 only for programming updates. Revenues are not affected.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	25,000	0	0	0	0
Net Effect	(\$25,000)	\$0	\$0	\$0	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

**Local Effect:** None.

**Small Business Effect:** None.

## Analysis

### Current Law:

#### *Legally Protected Health Care*

“Legally protected health care” means all reproductive health services, medications, and supplies related to the provision of abortion care and gender-affirming treatment and other sensitive health services as determined by the Secretary based on the recommendation of PHCC. “Sensitive health services” include gender-affirming care and reproductive health services other than abortion care.

#### *Protected Health Care Commission*

Chapters 248 and 249 of 2023 established PHCC under MDH to make specified recommendations to the Secretary of Health on what should be classified as legally protected health care.

PHCC must identify sensitive health services information by diagnosis, procedural, medication, or related codes for which disclosure by a health information exchange (HIE) or electronic health network (EHN) to a treating provider, business entity, another HIE, or another EHN would create a substantial risk to patients or health care providers. PHCC may consult with organizations with expertise in (1) legal issues impacting providers of legally protected health care; (2) consumer health privacy; (3) health information technology; and (4) clinical, policy, or legal issues related to the work of PHCC.

PHCC must (1) select a chair each year; (2) meet at least four times per year; and (3) issue semiannual reports to the Secretary on its recommendation, as specified, including an assessment of the potential risk to patients and health care providers that would result from the disclosure of the sensitive health services that are addressed in the reports. Within 60 days of receiving a report, the Secretary must submit a written response to the report, including the findings and determinations of the Secretary, to PHCC and specified committees of the General Assembly.

#### *Prescription Drug Monitoring Program*

Chapter 166 of 2011 established PDMP to assist with the identification and prevention of prescription drug abuse and the identification and investigation of unlawful prescription drug diversion. PDMP must monitor the prescribing and dispensing of controlled dangerous substances schedules II through V and naloxone medication. In general, PDMP data (1) are confidential, privileged, and not subject

to discovery, subpoena, or other means of legal compulsion in civil litigation; (2) are not public records; and (3) may not be disclosed to any person, subject to specified exceptions.

One of the specified exceptions requires that PDMP disclose prescription monitoring data to a federal law enforcement agency or a State or local law enforcement agency, on issuance of a subpoena, for the purpose of furthering an existing *bona fide* individual investigation.

**State Expenditures:** MDH advises that, under the bill's restrictions, it would need to implement a manual process for handling federal subpoenas, which can be handled with existing budgeted resources. MDH must also update its PDMP database to support compliance with the bill, which would incur a one-time expense. Although the bill is an emergency bill, these expenses are likely incurred in fiscal 2027. Therefore, MDH general fund expenditures increase by \$25,000 in fiscal 2027 only for contractual services to update the database.

---

### **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** None.

**Information Source(s):** Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - February 24, 2026  
caw/jc

---

Analysis by: Eliana R. Prober

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510