



CARE BRAVELY

SB385 – Health – Disclosure of Medical Records - Penalty

Senate Finance Committee – February 9, 2022

Testimony of Martha D. Nathanson, Esq., Vice President, Government Relations and Community Development LifeBridge Health

Position: **OPPOSE**

I am writing in OPPOSITION to SB385. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

This bill unnecessarily expands the definition of medical records. This unnecessary expansion may create confusion for patients, impede access to timely care, and increase administrative burden for hospital staff. Medical records play an important role in patient care, providing patients and their caregivers with relevant, timely and historical medical information. Reading their record can help patients better understand their conditions and make informed decisions about their care, but in our experience, the information in these records can also overwhelm them at a time when they need appropriate levels of information to process.

SB385 will negatively impact this process. It requires hospitals to include information collected and maintained for auditing purposes only in the patients' medical records. Such information is required by regulators but is not intended to inform diagnosis or treatment related entries in the record, and will infuse the record with irrelevant and somewhat confusing documents and information. In addition, the inclusion of such irrelevant information may cause delays in patient care, as physicians or other providers will have to review significantly more information – again, much of which will be irrelevant to patient care and intended for audit purposes only – thereby increasing time needed for review and possibly delaying delivery of needed care.

We cannot ignore the administrative burden on hospital staff to manage additional resources required to manage the new information. While administrative burden is a concern at any time, it is especially concerning as we and other hospitals face deep workforce shortages.

For all the above stated reasons, we request an **UNFAVORABLE** report for SB385.

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