

House Bill 643 - Health - Disclosure of Medical Records - Penalty

Position: *Oppose*March 2, 2022
House Health & Government Operations Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in opposition of House Bill 643. We are concerned this bill would unnecessarily expand the definition of medical records, which may confuse patients, impede access to timely care, and increase administrative burden for hospital staff at a time when they can least afford it.

Maryland hospitals are dedicated to delivering the best care for our patients. Medical records can play a role in this process. A properly defined set of medical records gives patients important and relevant medical information. This can help patients better understand their conditions and make informed decisions about their care.

HB 643, however, would jeopardize this process. If enacted, the bill would require hospitals to expand patients' medical records to include information maintained for auditing purposes. Hospitals are required by regulators to maintain a variety of information for auditing purposes, much of which is not intended to help explain the patient's diagnosis or treatment. Forcing hospitals to include such information will flood the patient's medical records with large amounts of irrelevant documents. We are concerned this will confuse patients and make it harder for them to find what they need to understand their conditions or treatment.

We are also concerned the inclusion of a large volume of irrelevant information may delay patient care. A physician providing a consult or second opinion, for example, would have to sift through an expanded medical record containing a large amount of irrelevant auditing information. This will increase providers' review time and potentially delay the delivery of needed care.

Finally, the bill would require hospitals to divert resources and staff to capture the unnecessary information. The additional administrative burden would be difficult in the best of times, but will be especially challenging as hospitals confront COVID-19 and try to navigate the health care workforce shortage.

For these reasons, we urge an unfavorable report on HB 643.

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