

SB 115 - FIN - MDH - SUP.pdf

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Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 16, 2025

The Honorable Senator Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

**Re: SB 115 - Office of the Chief Medical Examiner - Disclosure of Autopsy
Information and Maintenance of Investigative Database - Letter of Support**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support for Senate Bill (SB) 115 - Office of the Chief Medical Examiner - Disclosure of Autopsy Information and Maintenance of Investigative Database.

The Office of the Chief Medical Examiner (OCME) seeks to protect the privacy of the deceased in Gen. Provisions 4-329 and Health Gen. 5-301 and 5-310, and prevent widespread disclosure of decedents' medical information in response to Public Information Act (PIA) requests. This modification is essential to safeguard the privacy of individuals, maintain the accuracy of publicly-released autopsy information, and uphold the professionalism of OCME's practices. In every case OCME investigates, there is a life behind the data. The OCME must strive for transparency, empathy, and respect for grieving families and, as a result, is seeking to protect information that is unrelated to cause of death, while still providing the public access to final autopsy diagnoses..

Like other health care professionals, Medical Examiners (MEs) are legally and ethically obliged to keep personal health information confidential. Two amendments to the Health General Article would serve to safeguard decedents' information from public view: (1) an amendment clarifying the definitions of the "postmortem examination", "final autopsy diagnosis", and "autopsy report"; and (2) an amendment exempting the Chief Medical Examiner (CME) database (or any comparable OCME database) from the PIA.

During the course of a postmortem investigation, the OCME necessarily gathers a large amount of sensitive information about a decedent, including (but not limited to):

1. Observations from any internal or external examination of the body by the ME conducting the investigation;
2. Records from other entities (e.g., hospitals, assisted living facilities, primary care providers, and government agencies such as Adult Protective Services);
3. Forensic investigation and other notes created by OCME employees, agents, and vendors (e.g., calls with family members, scene investigations, etc.); and
4. Ancillary testing conducted by OCME or its affiliates (e.g., toxicology testing, cardiovascular pathology examinations, microbiology testing such as HIV serology testing, neuropathology examinations, anthropologic examinations, histology, radiographic examinations, etc.).

The information noted above is reviewed by the medical examiner in formulating their opinion as to cause and manner of death and rendering an autopsy report, then summarized in the medical examiner's final autopsy diagnosis and interpretation. The final autopsy diagnosis, which is composed of the conclusions and interpretations of the medical examiner, is the only portion of an OCME file or database which would be considered public record.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Herrera Scott'.

Laura Herrera Scott, MD, MPH
Secretary

Oppose SB0115.pdf

Uploaded by: Mark Meyerovich

Position: UNF

Oppose SB0115

Senator Pamela Beidle, Chair
Finance Committee

Office of the Chief Medical Examiner - Disclosure of Autopsy Information and Maintenance of Investigative Database

Position: UNFAVORABLE

Dear Chair Beidle and Members of the Committee:

The proposed bill hinders transparency and accountability in government operations. By restricting access to autopsy information and maintaining an investigative database that is not subject to the Maryland Public Information Act, the bill conceals critical information from the public. In turn that may interfere with open research, investigations, and reporting, ultimately preventing the public from holding government entities accountable.

Additionally, the bill attributes interpretations and conclusions solely to the Chief Medical Examiner, excluding alternative opinions and perspectives. This centralization of authority further reduces transparency and prevents a comprehensive understanding of the findings, which is crucial for public trust and accountability.

Please oppose this bill to ensure that government operations remain transparent and accessible to the public.

Thank you for consideration,
Mark Meyerovich
Gaithersburg, MD
District 15

MDDC UNFAV SB 115.pdf

Uploaded by: Rebecca Snyder

Position: UNF



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To: Finance Committee

From: Rebecca Snyder, Executive Director, MDDC Press Association

Date: January 16, 2025

Re: SB 115 - UNFAVORABLE

The Maryland-Delaware-District of Columbia Press Association represents a diverse membership of news media, from large metro dailies like the Washington Post and the Baltimore Sun, to hometown newspapers such as The Annapolis Capital and the Frederick News Post to publications such as The Daily Record, Baltimore Jewish Times, and online-only publications such as The Baltimore Banner, MarylandMatters.com and Baltimore Brew.

The Press Association has deep concerns regarding SB115, which creates a new definition of "final autopsy diagnosis," which is part of an autopsy report. Currently the public has a presumptive right to examine autopsy reports under the Public Information Act. This right of access was reaffirmed through a lawsuit filed by MDDC member, The Baltimore Banner, against the Maryland Office of the Chief Medical Examiner (MOCME) in December of 2022. From the Banner's [12/22/2022 reporting](#), "[f]or more than three months, reporters from The Banner have been seeking autopsy records for reporting about the opioid epidemic in Maryland. But the medical examiner's office has "frustrated the letter and the spirit of the law," the lawsuit asserts, by arbitrarily refusing to turn over critical portions of these documents — including pages that document toxicological findings and contain information about the age, race and gender of people who fatally overdosed, and the locations where they were found." In the PIA request, reporter Nick Thieme shared "The Banner could use these records to uncover racial and income disparities in the medical response to overdoses, to understand where overdoses are most common in the city and where resources could be used to save lives, to understand trends in what kinds of drugs are killing residents and to determine what other life events increase the risk of overdose."

Judge John S. Nugent agreed with the Banner and directed the Maryland Office of the Chief Medical Examiner to turn over the records, the Banner [reported in January of 2024](#), saying "The Banner is entitled to the same treatment as other requesters and the OCME has failed to offer a sufficient justification for not providing the electronic data to The Banner."

By narrowing the parameters of publicly available information to "final autopsy diagnosis" only, the MOCME is effectively working around the recent ruling. If only a bottom-line "conclusion" is available, the MOCME's work is effectively beyond public scrutiny. The findings underlying those "interpretations and conclusions" -- the "medical findings" part of the definition of "autopsy report" — appears to be absent from the definition of "final autopsy diagnosis." This matters in the type of reporting the Banner was doing on the opioid crisis and in matters such as the Brian Sicknick case in DC (the Capitol Hill police officer who died shortly after the Jan. 6 riots) where the medical officer's interpretations are controversial. We urge an unfavorable report.



**We believe a strong news media is
central to a strong and open society.**