



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

January 22, 2025

The Honorable Joseline A. Peña-Melnyk
Chair, Health and Government Operations Committee
Taylor House Office Building, 6 Bladen St.
Annapolis, MD 21401

Re: House Bill (HB) 290 - Office of the Chief Medical Examiner - Disclosure of Autopsy Information and Maintenance of Investigative Database - Letter of Support

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (MDH) is submitting this letter of support for House Bill (HB) 290 - 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,



Laura Herrera Scott, MD, MPH
Secretary