



**Testimony for the House Health and  
Government Operations Committee**

**January 22, 2025**

**HB 290 – Office of the Chief Medical Examiner –  
Disclosure of Autopsy Information and  
Maintenance of Investigative Database**

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**UNFAVORABLE**

The ACLU of Maryland strongly opposes HB 290, which would limit the public disclosure of certain autopsy and other records held by the Office of the Chief Medical Examiner (OCME). By presumptively banning public access to autopsy information beyond the proposed “final autopsy diagnosis,” this bill would shield government misconduct and negligence from public scrutiny, severely chilling efforts for accountability and undermining the broad remedial purpose of the Maryland Public Information Act (MPIA).

As repeatedly emphasized by Maryland courts, public access to government records under the MPIA should be liberally construed in favor of maximal transparency and ease of access. See *Sheriff Ricky Cox v. Am. C.L. Union of Maryland*, 263 Md. App. 110, 126 (2024) (noting “. . . at its core, the MPIA is a disclosure statute that is meant to ensure that the government is accountable to its citizens, and the disclosure the Act requires is a public service that the Act directs government agencies to provide.” (citing *Glenn v. Md. Dep’t of Health & Mental Hygiene*, 446 Md. 378, 384-85 (2016); *Committee for Transit, Inc. v. Town of Chevy Chase*, 229 Md. App. 540, 145 (2016))).

Such open transparency is a proven cornerstone of democracy, and the OCME is certainly not exempt from the need for scrutiny. With the Maryland Attorney General’s audit of the OCME<sup>1</sup> still unfolding following its demonstrated failures in assessing and reporting the in-

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<sup>1</sup> See Maryland Attorney General, Office of Attorney General Releases Report of OCME Audit Design Team (Oct. 19, 2022), <https://www.marylandattorneygeneral.gov/press/2022/101922.pdf>.

custody deaths of George Floyd, Anton Black<sup>2</sup>, and numerous others, public oversight of the Office and its autopsy practices remains essential for continuing to ensure accountability. This needed public access extends beyond the presumably abridged interpretations and conclusions included in the proposed “final autopsy diagnosis,” as the autopsy report’s medical findings and any other portions exempted by this bill contain primary source details that are foundational for assessing the credibility of the final diagnosis and underlying processes.

While there are undoubtedly privacy interests in favor of limiting the public disclosure of certain government information, redaction provisions and other protections are already in place to address them. Instead of continuing to allow public access to flow around these existing measures, as the MPIA intends, HB 290 would require the OCME custodian to automatically deny a public request for any information in the autopsy report or the proposed investigative database other than the “final autopsy diagnosis,”<sup>3</sup> including a blanket ban on accessing any non-medical information in the database that would be otherwise publicly disclosable. Such chilling provisions would significantly curtail non-profit advocates, news media, and other members of the public from obtaining the information needed to raise and challenge any related misconduct, effectively allowing it to continue unchecked. Especially considering the life-and-death nature of the significant public services tasked to the OCME, allowing this bill to foreclose public oversight would greatly erode basic mechanisms for government accountability.

For the foregoing reasons, the ACLU of Maryland urges an unfavorable report on HB 290.

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<sup>2</sup> See the Amended Complaint and Settlement Agreement and Release in *Black, et al. v. Webster, et al.*, Civ. Action No. 1:20-cv-03644-CCB (D. Md. filed Dec. 17, 2020), available at <https://www.aclu-md.org/en/cases/black-et-al-v-webster-iv-et-al>.

<sup>3</sup> This proposed denial would not apply to related requests for medical records by a “person in interest,” such as the decedent’s representative and other roles defined under Md. Code Ann., General Provisions § 4-101(g) and Health-General § 4-301(n).