

## House Bill 316 – Confidentiality of Medical Records – Definition of Medical Record

### POSITION: Oppose

Tuesday, February 3, 2026  
House Health Committee

The University of Maryland Medical System (UMMS) respectfully submits this letter in **opposition** to House Bill 316 – *Confidentiality of Medical Records – Definition of Medical Record* (“HB 316”).

UMMS provides primary, urgent, emergency, and specialty care at 11 hospitals and more than 150 medical facilities across the State. Our network includes academic, community, and specialty hospitals that together deliver 25 percent of all hospital-based care in Maryland, serving urban, suburban, and rural communities in 13 counties and Baltimore City.

HB 316 would dramatically expand the statutory definition of “medical record” by replacing the longstanding standard of information “entered in the record of a patient or recipient” with information “recorded by a health care provider through written, electronic, or other means, including audio or video means,” and adding “any electronic message sent or received by a health care provider that identifies or may readily be associated with the identity of a patient.”) This expansion would sweep vast categories of information into the medical record, including materials that are not part of the clinical chart, not used to make care decisions, and not maintained in a manner that supports patient-specific retrieval.

Specifically, UMMS has the following concerns with the legislation as introduced:

- 1. The bill creates a definition far broader than under federal law and industry practice.**  
The federal Health Insurance Portability and Accountability Act (HIPAA) allows for patient access to the “designated record set.” The designated record set includes medical records, billing records, and other records used to make decisions about patient care. Importantly, it does not grant patient access to incidental audio or video recordings or internal hospital communications. Under HB 316, however, nearly all recorded information would be converted into a medical record, and hospitals and healthcare providers would be faced with complying with two different standards – one state and one federal. The deviation from longstanding definitions and practices will also cause significant confusion for providers and patients.
- 2. The inclusion of audio and video recordings is operationally unworkable and poses privacy risks.**  
Hospitals routinely use video systems for non-clinical purposes such as facility security, which capture patients, visitors, and staff. These recordings are not indexed and are not

stored as clinical information. Given the number of patients treated by acute care hospitals and the volume of these records it would be virtually impossible to review, redact, and store these recordings in a manner consistent with the requirements of this legislation.

**3. The bill risks chilling candid internal communications that are essential to quality and safety efforts.**

Many communications related to internal hospital operations may be subject to the significantly broadened definition of medical record. If every message associated with a patient becomes a medical record, clinical and administrative staff may feel less able to candidly identify issues or propose improvements, thereby undermining patient safety initiatives.

**4. HB 316 imposes major new compliance costs without improving patient care.**

Hospitals would need to invest heavily in new infrastructure for data storage, search, retention, redaction, and oversight to manage the expanded record scope. These new obligations would divert critical resources away from direct patient care without enhancing transparency or health outcomes. Moreover, Maryland hospitals operate under a global budget system that limits their revenue and does not contemplate the outsized IT and cybersecurity costs associated with protecting medical records, making compliance with this expanded definition unfeasible financially. This fiscal reality will become even worse in the coming months and years with the loss of hundreds of millions to billions in Medicare and Medicaid funds under the new AHEAD Model Agreement and One Big Beautiful Bill Act.

For these reasons, the University of Maryland Medical System respectfully requests an ***unfavorable report*** on House Bill 316.

For more information, please contact:

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