



Maryland
Hospital Association

**House Bill 316-
Confidentiality of Medical Records - Definition of Medical Record**

Position: *Oppose*
February 3, 2026
House Health Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in opposition of House Bill 316. This bill would result in one of, if not the, broadest definitions of medical records in the nation and impose substantial compliance, storage, and administrative burdens without offering any clear benefit to patients.

Medical records are kept as part of a patient's official clinical file and document care, guide treatment, and support communication among treating providers.

HB 316 significantly broadens the definition of medical record to encompass emails, secure messages, coordination notes, and other informal communications that are not part of the clinical decision-making process. These materials were never meant to serve as formal records and often include early impressions, administrative details, or internal conversations that do not support diagnosis or treatment.

Maryland's current approach strikes a careful balance by protecting patient access to meaningful information while preserving the integrity of internal quality and operational processes. HB 316 would disrupt that balance and make records less clear, less useful, and far more burdensome for both patients and providers. For example, the proposed definition would potentially require providers to include hospital hallway security footage in a patient's medical record. Although the intention may be to reflect modern communication practices, this approach combines routine operational exchanges with true clinical documentation.

This expansion would also create major storage, retention, and compliance challenges. Communication platforms used for email, messaging, or scheduling are not designed to meet medical record standards. They lack the structure needed to reliably track, archive, or retrieve information across large systems. Treating all such communications as part of the record would force major investments in storage capacity, new technology integrations, and broad policy changes. These new burdens would add significant cost and complexity without improving the accuracy or completeness of patient documentation.

HB 316 is overly broad and an unworkable expansion of the medical record definition that would impose dramatic new costs, create extensive compliance risks, and undermine the essential purpose of clinical documentation.

For these reasons, we respectfully urge an unfavorable report on HB 316.

For more information, please contact:

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