



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
4000 Garden City Drive  
Hyattsville, Maryland 20785

February 3, 2026

The Honorable Heather Bagnall  
Health and Government Operations Committee  
House Office Building Room 240  
6 Bladen Street  
Annapolis, Maryland 21401

**RE: House Bill 316 – Confidentiality of Medical Records – Definition of Medical Record  
– Oppose Unless Amended**

Dear Chair Bagnall and Members of the Committee:

Kaiser Permanente appreciates the opportunity to provide comments on HB 316. We would like to thank the bill's sponsor, Delegate Aaron Kaufman, as well as the bill's proponents, for their willingness to discuss this matter with us and their collaborative spirit in working to address our shared goals of patient privacy and transparency.

While Kaiser Permanente supports the intent of ensuring that patients have access to relevant health information, we respectfully oppose House Bill 316 as currently drafted unless specific amendments are adopted. As written, the bill's expansion of the definition of "medical record" is overly broad, creating significant unintended adverse effects for both healthcare providers and the patients we serve.

Our primary concerns are as follows:

- 1. Impact on Administrative Efficiency and Innovation (e.g., ambient scribes):** The proposed definition includes all information recorded through audio or video means. This requirement would mandate that providers maintain the raw audio or video recordings used by administrative tools such as ambient scribes—technology that transcribes clinical encounters into written notes. Requiring the storage of these raw files within the Electronic Health Record (EHR) would create massive data storage challenges and introduce unnecessary security risks.

Kaiser Permanente has seen great success in using ambient scribe technology to reduce administrative burdens on clinicians, allowing them to focus more on direct patient care. KP's practice is to use those tools to generate transcriptions of clinical visits that can be included in the patient's medical record. We understand that impacting the ability of a health system to use this technology is not the sponsor's intent, so we recommend removing references to audio and video technology and retaining current law.

- 2. Inclusion of Extraneous Administrative Communications:** The bill's current scope would capture nearly any provider message containing identifying patient information. This would inadvertently pull extraneous administrative communications—such as scheduling messages or internal staff coordination regarding medical supplies—into the

permanent medical record. This creates an immense administrative burden for frontline staff and complicates operational workflows without providing a clear clinical benefit to the patient.

We recommend narrowing this language to target the specific issue proponents are seeking to solve. For instance, the definition could be limited to electronic message exchanges between a provider and a patient (or recipient) via third-party applications, if the goal is to capture clinical communication occurring outside of traditional EHR portals.

Kaiser Permanente remains committed to working with Delegate Kaufman and this Committee to find a balanced approach that protects patient information without hindering clinical innovation or burdening the healthcare delivery system with extraneous data.

For these reasons, we urge an unfavorable report on HB 316 unless these concerns are addressed through amendments.

Thank you for the opportunity to comment. Please feel free to contact me at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (919) 818-3285 with questions.

Sincerely,



Allison Taylor  
Head of Government Relations  
Kaiser Permanente Mid-Atlantic Region

AMENDMENT TO HOUSE BILL 316  
(First Reading File Bill)

On page 2, in line 1, in each instance, strike the brackets; in lines 1 through 3, strike beginning with “RECORDED” in line one down through “MEANS” in line 3; in line 21, strike “SENT OR RECEIVED BY” and substitute “EXCHANGED BETWEEN”; in line 22, after “PROVIDER”, insert “AND A PATIENT OR RECIPIENT”, and in the same line, after “THAT”, insert a colon; after line 22, insert:

“(I) RELATES TO THE HEALTH CARE OF THE PATIENT OR RECIPIENT RECEIVED FROM THAT HEALTH CARE PROVIDER; AND”; and in line 23, after “PATIENT” insert: “; AND

(II)”.