

To assist us as quickly and comprehensively as possible, please include the following information.

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I am a clinician practicing in Maryland and I am writing to express opposition to HB0316.

HB0316 would significantly expand the definition of a “medical record” to include internal clinical communications and raw audio recordings produced by ambient AI documentation tools. While the bill is framed as a privacy measure, it would have serious unintended consequences for patient privacy, clinical care, and the usability of the medical record.

In clinical practice today, tools such as secure messaging and ambient documentation are used to improve efficiency and allow clinicians to focus more fully on the patient. Messages that are associated with patient care are used for coordination and are retained only as long as operationally necessary. Similarly, ambient AI documentation systems briefly process audio from a clinical encounter to generate a draft note, after which the raw recording is deleted. The clinician then reviews and edits the summarized note that becomes the official medical record.

HB0316 would fundamentally change this model by effectively requiring the retention of raw audio recordings and informal communications as part of the permanent medical record. This raises significant patient-privacy concerns.

A clinical encounter often includes conversations that patients do not expect—or want—to be preserved verbatim. Patients may disclose highly sensitive information about mental health, trauma, substance use, family conflict, immigration status, reproductive health, or other deeply personal matters. They may also discuss third parties, family members, or circumstances unrelated to the final clinical assessment. In current practice, clinicians document only the information that is medically relevant and necessary for care. Raw audio recordings, by contrast, would capture every word spoken in the room, including comments that patients reasonably assume will not be permanently preserved.

Mandating the retention of these recordings creates a record far more intrusive than traditional clinical documentation. It also increases the risk of exposure of sensitive information through data breaches, legal discovery, or inappropriate access. Healthcare systems already work diligently to minimize the amount of protected health information retained in order to reduce these risks. HB0316 moves in the opposite direction by requiring the long-term storage of highly sensitive, unfiltered data.

There is also a significant concern that patients will change how openly they communicate if they know every word of a clinical encounter may be permanently recorded and stored. The clinician-patient relationship depends on trust and candid conversation. Patients must feel comfortable discussing difficult or embarrassing topics in order for clinicians to provide appropriate care. Permanent retention of raw recordings risks chilling these conversations and ultimately undermines the quality of care.

In addition to the privacy concerns, the bill creates a substantial operational burden. Retaining massive volumes of secure messages and audio recordings for many years would require extensive new storage, governance, and compliance infrastructure. HB0316 does not address how healthcare systems are expected to manage these requirements or absorb the associated costs.

Most importantly, this proposal undermines the purpose of the medical record itself: to clearly communicate the clinically relevant information necessary for diagnosis and treatment. Expanding the

record to include informal communications and raw media will make records harder to navigate, increase clinician burden, and obscure critical clinical information.

For these reasons, I respectfully urge you not to advance HB0316 and instead engage clinicians, health systems, and patient advocates in developing policies that protect privacy while supporting high-quality care and responsible adoption of clinical technology.

Thank you for your consideration.

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