



February 28, 2022

Via the Maryland General Assembly Website

Madam Chair Shane E. Pendergrass  
House Health and Government Operations Committee  
Of the Maryland General Assembly

RE: House Bill 643 ("HB 643")

Dear Madam Chair Pendergrass and House Health and Government Operations Committee Members:

Thank you for accepting the testimony of Ciox Health, LLC ("Ciox") regarding HB 643. Ciox is the country's largest release of information company assisting medical providers with the proper disclosure of patient medical records while protecting patient privacy. Ciox serves some of the largest health systems and hospitals in the state of Maryland. If this bill passes as-is it will unnecessarily complicate the release of information process by requiring the disclosure of more information than is typically desired by the average requestor.

Ciox acknowledges a small segment of third-party requestors of medical records may have a need to obtain the "data" defined in 4-301(j)(2)(v), however, Ciox is OPPOSED to HB 643 in its current state for the following reasons:

- (1) First, there is no definition provided for "*data or information relating...to the health care of the patient...*" Without clarification, this vague statement will likely lead to confusion amongst medical providers and their business associates as to what is intended by the legislature to be disclosed in response to each and every request for medical records.
- (2) HB 643 amends the definition of "medical record" by including "*data or information relating to any electronic, oral, written, or other transmission regarding the health care of a patient...*". Including data or information relating to the record in the definition of medical record is overly broad and unnecessary for the great majority of record requests. For example, a patient wanting their records for review to understand their current diagnoses and treatment plan will not typically need data about when the record was created, how it is maintained and stored, or when it was accessed and by whom. Providing "data" as described in the bill will not typically add value for the average request but will instead confuse the requestor leaving them wondering why they are receiving this information.





(3) Producing the “data” as mentioned in HB 643 will be wasteful and increase labor costs. Not only do the average requestors not want or need the “data” as defined by SB385, obtaining such data and including it with each record request will require significant time and labor to retrieve and duplicate in electronic format. The “data” contemplated by HB 643 is not typically stored in a universally readable format with the actual medical records, so for the information to be retrieved and converted to a readable format by the recipient the information must with additional steps and converted to a universally readable format such as a .tiff, .jpg. or .pdf. This is additional time, labor and expense, that will go to waste as the typical requestor does not want or need this information.

Ciox suggests that if the bill is to require disclosure of “data” as defined in HB 643 then it further clarify what is included in “data and information” relating to the healthcare of the patient and that this data or information be required to be disclosed only in certain circumstances where appropriate and when specifically requested.

Respectfully submitted,

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Deputy General Counsel and Director of Government Relations  
Ciox Health, LLC