

MARYLAND REGISTER

Proposed Action on Regulations

Transmittal Sheet PROPOSED OR REPROPOSED Actions on Regulations	Date Filed with AELR Committee	TO BE COMPLETED BY DSD
	07/01/2015	Date Filed with Division of State Documents
		Document Number
		Date of Publication in MD Register

1. Desired date of publication in Maryland Register: 8/7/2015

2. COMAR Codification

Title Subtitle Chapter Regulation

14 09 01 04

14 09 02 02

3. Name of Promulgating Authority

Workers Compensation Commission

4. Name of Regulations Coordinator

Amy Lackington

Telephone Number

410-864-5300

Mailing Address

10 E. Baltimore Street

City State Zip Code

Baltimore MD 21202

Email

alackington@wcc.state.md.us

5. Name of Person to Call About this Document

Amy Lackington

Telephone No.

410-864-5300

Email Address

alackington@wcc.state.md.us

6. Check applicable items:

New Regulations

Amendments to Existing Regulations

Date when existing text was downloaded from COMAR online: June 30, 2015.

Repeal of Existing Regulations

Recodification

Incorporation by Reference of Documents Requiring DSD Approval

Reproposal of Substantively Different Text:

: Md. R
(vol.) (issue) (page nos) (date)

Under Maryland Register docket no.: --P.

7. Is there emergency text which is identical to this proposal:

Yes No

If yes, corresponding proposed text published in:

same issue

future issue

previous issue; it appeared in

: Md. R
(vol.) (issue) (page no's) (date)

Under Maryland Register docket no.: --E.

8. Incorporation by Reference

Check if applicable: Incorporation by Reference (IBR) approval form(s) attached and 18 copies of documents proposed for incorporation submitted to DSD. (Submit 18 paper copies of IBR document to DSD and one copy to AELR.)

9. Public Body - Open Meeting

OPTIONAL - If promulgating authority is a public body, check to include a sentence in the Notice of Proposed Action that proposed action was considered at an open meeting held pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.

OPTIONAL - If promulgating authority is a public body, check to include a paragraph that final action will be considered at an open meeting.

10. Children's Environmental Health and Protection

Check if the system should send a copy of the proposal to the Children's Environmental Health and Protection Advisory Council.

11. Certificate of Authorized Officer

I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by H. Scott

Curtis, Assistant Attorney General, (telephone #410-864-5313) on June 30, 2015. A written copy of the approval is on file at this agency.

Name of Authorized Officer

Lauren Sfekas Godwin

Title

Acting Appointing Authority

Telephone No.

410-864-5300

Date

June 30, 2015

**Title 14
INDEPENDENT AGENCIES**

Subtitle 09 WORKERS' COMPENSATION COMMISSION

14.09.01 General Administrative

Subtitle 09 WORKERS' COMPENSATION COMMISSION

14.09.02 Requirements for Filing and Amending Claims

Authority: Authority: Health-General Article, § 4-303; Labor and Employment Article, §§ 9-307, 9-309, 9-314, 9-602, 9-701, 9-709, 9-710, 9-711, and 9-736; State Government Article, § 10-1103; Annotated Code of Maryland

Notice of Proposed Action

□

The Workers' Compensation Commission proposes to amend existing Regulation .04 under COMAR 14.09.01, and existing Regulation .02 under COMAR 14.09.02.

This action was considered at a public meeting held on June 25, 2015, notice of which was given by publication in 42:12 Md.R. 786 (June 12, 2015), pursuant to General Provisions Article, § 3-302(c), Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to amend the current regulations that unnecessarily restrict the ability of a claimant to "cure" an improperly submitted claim within a reasonable time, with the effect that certain claims may be barred by limitations as identified in Hranicka v. Chesapeake Surgical, ___ Md. ___ (Md., June 18, 2015).

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Amy Lackington, Administrator, Workers' Compensation Commission, 10 E. Baltimore Street, Baltimore, MD 21202, or call 410-864-5300, or email to alackington@wcc.state.md.us, or fax to 410-864-5301. Comments will be accepted through September 8, 2015. A public hearing has not been scheduled.

Open Meeting

Final action on the proposal will be considered by the Workers' Compensation Commission during a public meeting to be held on September 24, 2015, at 10 E. Baltimore Street, Baltimore, MD 21202.

Economic Impact Statement Part C

A. Fiscal Year in which regulations will become effective: FY 2016

B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?

No

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

No additional funds are necessary for the implementation of these regulations.

E. If these regulations have no economic impact under Part A, indicate reason briefly:

These regulations have no economic impact under Part A.

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

These regulations have minimal or no economic impact on small businesses under Part B.

G. Small Business Worksheet:

N/A

Attached Document:

14.09.01 (downloaded 06/30/15)

.04 Filing Forms and Documents with the Commission.

A. *With the exception of filing and amending claims in accordance with Regulation 14.09.02.02, [F]forms and documents may be filed with the Commission by one of the following methods:*

(1) – (3) (text unchanged)

B. (text unchanged)

14.09.02 (downloaded 06/30/15)

.02 Requirements for Filing and Amending Claims.

A. Claim for Benefits.

(1) – (7) (text unchanged)

(8) [Date of]Filing *in Person or by Mail.*

(a) A claim is considered filed on the date that a completed and signed claim form, including the signed authorization for disclosure of health information, is received by the Commission *in person or by mail addressed to the Commission's principal office in Baltimore City.*

(b) (text unchanged)

(9) Electronic Submission.

(a) A claim that is submitted electronically is not considered filed until the signed claim form, including the signed authorization for disclosure of health information, is received by the Commission *in person or by mail addressed to the Commission's principal office in Baltimore City.*

(b) *For any claim form that has not been rejected or returned as incomplete under §A(2) of this regulation, [T]the Commission's date of receipt is determined by the date stamp affixed on the electronically submitted claim form[.], provided that the signed claim form, including the signed authorization for disclosure of health information, is received by the Commission in person or by mail addressed to the Commission's principal office in Baltimore City within 30 days of the electronically submitted claim.*

(c) *For any claim electronically submitted but not received by the Commission as provided in §A(9)(b) of this regulation, the claim will be dismissed.*

B. Social Security Number.

(1) – (5) (text unchanged)