

SB0600/877676/1

BY: Finance Committee

AMENDMENTS TO SENATE BILL 600
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 4, after “requiring” insert “certain claim application forms that are filed with the Workers’ Compensation Commission for an alleged work-related injury or occupational disease to include”; in the same line, after “release” insert “to certain persons”; strike beginning with “to” in line 5 down through “disease” in line 6 and substitute “; providing that an authorization includes the release of certain information, is effective for a certain period of time, and does not restrict the redisclosure of certain medical information or written material to certain persons”; and in lines 9 and 10, strike “in a certain manner”.

AMENDMENT NO. 2

On page 2, in line 26, after “IS” insert “**INCLUDED WITH THE CLAIM APPLICATION FORM**”; and in line 27, after “COMMISSION” insert “**IN ACCORDANCE WITH § 9-709(A), § 9-710(B), OR § 9-711(A) OF THE LABOR AND EMPLOYMENT ARTICLE**”.

On page 3, in line 14, after “(a)” insert “**(1)**”; in line 17, strike “(1)” and substitute “**(I)**”; in the same line, strike the brackets; strike in their entirety lines 18 and 19; in line 20, strike “**(3)**” and substitute “**(II)**”; and after line 21, insert:

“(2) (I) A CLAIM APPLICATION FORM FILED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE AN AUTHORIZATION BY THE CLAIMANT FOR THE RELEASE, TO THE CLAIMANT’S ATTORNEY, THE CLAIMANT’S EMPLOYER, AND THE INSURER OF THE CLAIMANT’S EMPLOYER, OR AN AGENT OF THE CLAIMANT’S ATTORNEY, THE CLAIMANT’S EMPLOYER, OR THE INSURER

(Over)

OF THE CLAIMANT’S EMPLOYER, OF MEDICAL INFORMATION THAT IS RELEVANT TO:

1. THE MEMBER OF THE BODY THAT WAS INJURED, AS INDICATED ON THE CLAIM APPLICATION FORM; AND

2. THE DESCRIPTION OF HOW THE ACCIDENTAL PERSONAL INJURY OCCURRED, AS INDICATED ON THE CLAIM APPLICATION FORM.

(II) AN AUTHORIZATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH:

1. INCLUDES THE RELEASE OF INFORMATION RELATING TO THE HISTORY, FINDINGS, OFFICE AND PATIENT CHARTS, FILES, EXAMINATION AND PROGRESS NOTES, AND PHYSICAL EVIDENCE;

2. IS EFFECTIVE FOR 1 YEAR FROM THE DATE THE CLAIM IS FILED; AND

3. DOES NOT RESTRICT THE REDISCLOSURE OF MEDICAL INFORMATION OR WRITTEN MATERIAL RELATING TO THE AUTHORIZATION TO A MEDICAL MANAGER, HEALTH CARE PROFESSIONAL, OR CERTIFIED REHABILITATION PRACTITIONER.”.

On page 4, in line 25, after “(b)” insert “(1)”; and in line 28, strike “(1)” and substitute “(I)”.

On page 5, strike in their entirety lines 1 and 2; in lines 3, 4, and 6, strike “(3)”, “(4)”, and “(5)”, respectively, and substitute “(II)”, “(III)”, and “(IV)”, respectively; and after line 7, insert:

“(2) (I) A CLAIM APPLICATION FORM FILED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE AN AUTHORIZATION BY THE CLAIMANT FOR THE RELEASE, TO THE CLAIMANT’S ATTORNEY, THE COVERED EMPLOYEE’S EMPLOYER, AND THE INSURER OF THE COVERED EMPLOYEE’S EMPLOYER, OR AN AGENT OF THE CLAIMANT’S ATTORNEY, THE COVERED EMPLOYEE’S EMPLOYER, OR THE INSURER OF THE COVERED EMPLOYEE’S EMPLOYER, OF MEDICAL INFORMATION THAT IS RELEVANT TO:

1. THE MEMBER OF THE BODY THAT WAS INJURED, AS INDICATED ON THE CLAIM APPLICATION FORM; AND

2. THE DESCRIPTION OF HOW THE ACCIDENTAL PERSONAL INJURY OCCURRED, AS INDICATED ON THE CLAIM APPLICATION FORM.

(II) AN AUTHORIZATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH:

1. INCLUDES THE RELEASE OF INFORMATION RELATING TO THE HISTORY, FINDINGS, OFFICE AND PATIENT CHARTS, FILES, EXAMINATION AND PROGRESS NOTES, AND PHYSICAL EVIDENCE;

2. IS EFFECTIVE FOR 1 YEAR FROM THE DATE THE CLAIM IS FILED; AND

3. DOES NOT RESTRICT THE REDISCLOSURE OF MEDICAL INFORMATION OR WRITTEN MATERIAL RELATING TO THE AUTHORIZATION TO A MEDICAL MANAGER, HEALTH CARE PROFESSIONAL, OR CERTIFIED REHABILITATION PRACTITIONER.”.

On page 5, in line 18, after “(a)” insert “**(1)**”; in lines 20 and 21, strike “AND AN AUTHORIZATION FOR THE SIMULTANEOUS RELEASE OF ALL RELEVANT MEDICAL INFORMATION”; in lines 24 and 25, strike “(1)” and “(2)”, respectively, and substitute “**(I)**” and “**(II)**”, respectively; and after line 27, insert:

“(2) (I) A CLAIM APPLICATION FORM FILED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE AN AUTHORIZATION BY THE CLAIMANT FOR THE RELEASE, TO THE CLAIMANT’S ATTORNEY, THE CLAIMANT’S OR COVERED EMPLOYEE’S EMPLOYER, AND THE INSURER OF THE CLAIMANT’S OR COVERED EMPLOYEE’S EMPLOYER, OR AN AGENT OF THE CLAIMANT’S ATTORNEY, THE CLAIMANT’S OR COVERED EMPLOYEE’S EMPLOYER, OR THE INSURER OF THE CLAIMANT’S OR COVERED EMPLOYEE’S EMPLOYER, OF MEDICAL INFORMATION THAT IS RELEVANT TO:

1. THE MEMBER OF THE BODY THAT WAS INJURED, AS INDICATED ON THE CLAIM APPLICATION FORM; AND

2. THE DESCRIPTION OF HOW THE OCCUPATIONAL DISEASE OCCURRED, AS INDICATED ON THE CLAIM APPLICATION FORM.

(II) AN AUTHORIZATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH:

- 1. INCLUDES THE RELEASE OF INFORMATION RELATING TO THE HISTORY, FINDINGS, OFFICE AND PATIENT CHARTS, FILES, EXAMINATION AND PROGRESS NOTES, AND PHYSICAL EVIDENCE;**
- 2. IS EFFECTIVE FOR 1 YEAR FROM THE DATE THE CLAIM IS FILED; AND**
- 3. DOES NOT RESTRICT THE REDISCLOSURE OF MEDICAL INFORMATION OR WRITTEN MATERIAL RELATING TO THE AUTHORIZATION TO A MEDICAL MANAGER, HEALTH CARE PROFESSIONAL, OR CERTIFIED REHABILITATION PRACTITIONER.”.**