

HOUSE BILL 710

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6lr2760
CF SB 258

By: **Delegates Glenn and W. Miller**

Introduced and read first time: February 5, 2016

Assigned to: Economic Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Workers' Compensation – Medical Benefits – Payment of Medical Services and**
3 **Treatment**

4 FOR the purpose of requiring a provider to submit to an employer or an employer's insurer,
5 within a certain period of time, a certain bill and documentation for certain medical
6 services or treatment provided to a covered employee under a certain provision of
7 law; prohibiting the employer or the employer's insurer from being required to pay a
8 certain bill except under certain circumstances; and generally relating to the
9 payment for medical services and treatment provided under the workers'
10 compensation law.

11 BY repealing and reenacting, with amendments,
12 Article – Labor and Employment
13 Section 9–660
14 Annotated Code of Maryland
15 (2008 Replacement Volume and 2015 Supplement)

16 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
17 That the Laws of Maryland read as follows:

18 **Article – Labor and Employment**

19 9–660.

20 (a) In addition to the compensation provided under this subtitle, if a covered
21 employee has suffered an accidental personal injury, compensable hernia, or occupational
22 disease the employer or its insurer promptly shall provide to the covered employee, as the
23 Commission may require:

24 (1) medical, surgical, or other attendance or treatment;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (2) hospital and nursing services;

2 (3) medicine;

3 (4) crutches and other apparatus; and

4 (5) artificial arms, feet, hands, and legs and other prosthetic appliances.

5 (b) The employer or its insurer shall provide the medical services and treatment
6 required under subsection (a) of this section for the period required by the nature of the
7 accidental personal injury, compensable hernia, or occupational disease.

8 (c) Except as provided in § 9–736(b) and (c) of this title, any award or order of the
9 Commission under this section may not be construed to:

10 (1) reopen any case; or

11 (2) allow any previous award to be changed.

12 **(D) (1) WITHIN 45 DAYS AFTER THE DATE MEDICAL SERVICE OR**
13 **TREATMENT IS PROVIDED TO A COVERED EMPLOYEE UNDER SUBSECTION (A) OF**
14 **THIS SECTION, A PROVIDER SHALL SUBMIT TO THE EMPLOYER OR THE EMPLOYER’S**
15 **INSURER A BILL FOR AND DOCUMENTATION SUMMARIZING THE SERVICES OR**
16 **TREATMENT PROVIDED.**

17 **(2) THE EMPLOYER OR THE EMPLOYER’S INSURER MAY NOT BE**
18 **REQUIRED TO PAY A BILL SUBMITTED AFTER THE 45–DAY PERIOD REQUIRED UNDER**
19 **PARAGRAPH (1) OF THIS SUBSECTION UNLESS:**

20 **(I) THE PROVIDER FILES AN APPLICATION FOR PAYMENT WITH**
21 **THE COMMISSION WITHIN 3 YEARS FROM THE DATE THE SERVICE OR TREATMENT IS**
22 **PROVIDED; AND**

23 **(II) THE COMMISSION EXCUSES THE UNTIMELY SUBMISSION**
24 **FOR GOOD CAUSE.**

25 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
26 October 1, 2016.