

**Amendment 5 to Council Bill 14-2018**

**BY: Greg Fox**

**Legislative Day No: 5**

**Date: May 7, 2018**

**Amendment No. 5**

1 *(This amendment proposes changes to the bill to specify who may provide a medical evaluation*  
2 *and proposes parameters for a third medical evaluation).*

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5  
6 On page 3, in line 16, strike “PHYSICIAN OR MENTAL HEALTH PROVIDER” and substitute  
7 “HEALTH CARE PROVIDER”.

8  
9 On the same page, in line 18, strike the semi-colon, and substitute the following:

10 “. FOR THE PURPOSES OF THIS SECTION, HEALTH CARE PROVIDER MEANS A  
11 LICENSED DOCTOR OF MEDICINE OR OSTEOPATHY WHO IS AUTHORIZED TO  
12 PRACTICE MEDICINE OR SURGERY AS WELL AS LICENSED PODIATRISTS, DENTISTS,  
13 CLINICAL PSYCHOLOGISTS, CLINICAL SOCIAL WORKERS AND OPTOMETRISTS;”.

14  
15 On the same page, in line 24, strike “OPINION ON” and substitute “EVALUATION OF”. Also,  
16 in the same line, strike “BEFORE AN”.

17  
18 On the same page, in line 25, before “EMPLOYEE”, insert “(1) BEFORE AN”.

19  
20 On the same page, in line 26, strike “MEDICAL OPINION ON” and substitute “EVALUATION  
21 BY A HEALTH CARE PROVIDER OF”.

22  
23 On the same page, in line 27, strike “OPINION” and substitute “EVALUATION”.

1 On the same page, in line 28, strike “OBTAIN A THIRD MEDIAL OPINION, FROM AN  
2 INDEPENDENT SOURCE, AND THE COUNTY SHALL RELY ON THE THIRD OPINION IN ITS  
3 DETERMINATION UNDER THIS SECTION.” and substitute the following:

4 “ACCEPT THE SECOND EVALUATION OR THE COUNTY MAY SEEK A THIRD  
5 EVALUATION IN ACCORDANCE WITH SUBSECTION (F) OF THIS SECTION.

6  
7 (2) THE COUNTY SHALL PAY FOR ALL COSTS INCURRED FOR THE SECOND  
8 EVALUATION IF:

9 (I) THE COST OF THE SECOND EVALUATION IS NOT COVERED BY THE  
10 EMPLOYEE’S HEALTH INSURANCE; AND

11 (II) THE EMPLOYEE DEMONSTRATES THAT THE EMPLOYEE CANNOT  
12 AFFORD THE COST OF THE SECOND EVALUATION.

13  
14 (F) THIRD EVALUATION. IF THE COUNTY DETERMINES THAT A THIRD EVALUATION IS  
15 NECESSARY, THE COUNTY SHALL OBTAIN A THIRD EVALUATION FROM AN  
16 INDEPENDENT, BOARD CERTIFIED HEALTH CARE PROVIDER:

17 (1) WHO SHALL BE MUTUALLY AGREED TO BY THE EMPLOYEE AND THE  
18 COUNTY;

19 (2) WHOSE COSTS SHALL BE PAID BY THE COUNTY; AND

20 (3) WHOSE OPINION SHALL BE BINDING ON THE PARTIES.”.

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