

ASSEMBLY BILL

No. 2315

Introduced by Assembly Member Conway

February 19, 2010

An act to amend Section 910 of the Government Code, relating to government tort claims.

LEGISLATIVE COUNSEL'S DIGEST

AB 2315, as introduced, Conway. Government tort claims.

Existing law bars a suit for money or damages against a public entity on a cause of action for which a claim is required to be presented, until a written claim therefor has been presented to the public entity and acted upon by the Victim Compensation and Government Claims Board, the governing body of a local public entity, or the Judicial Council, as applicable, or has been deemed to have been rejected, except as specified. Existing law specifies the contents of the claim, including the name and address of the claimant, and the date, place, and circumstances giving rise to the claim.

This bill would require a claimant whose claim includes past or future medical treatment, upon request of the public entity or its representative, to provide his or her social security number, Medicare health insurance claim number (HICN), any alternate name, date of birth, and gender within 30 days of the request in order to assist with Medicare Secondary Payer Mandatory Reporting, as specified. The bill also would require the claimant, upon request of the public entity or its representative, to complete a Medicare Beneficiary Inquiry Form, as described.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 910 of the Government Code is amended
2 to read:

3 910. A claim shall be presented by the claimant or by a person
4 acting on his or her behalf and shall show all of the following:

5 (a) The name and post office address of the claimant.

6 (b) The post office address to which the person presenting the
7 claim desires notices to be sent.

8 (c) The date, place, and other circumstances of the occurrence
9 or transaction ~~which~~ *that* gave rise to the claim asserted.

10 (d) A general description of the indebtedness, obligation, injury,
11 damage, or loss incurred so far as it may be known at the time of
12 presentation of the claim.

13 (e) The name or names of the public employee or employees
14 causing the injury, damage, or loss, if known.

15 (f) The amount claimed if it totals less than ten thousand dollars
16 (\$10,000) as of the date of presentation of the claim, including the
17 estimated amount of any prospective injury, damage, or loss,
18 insofar as it may be known at the time of the presentation of the
19 claim, together with the basis of computation of the amount
20 claimed. If the amount claimed exceeds ten thousand dollars
21 (\$10,000), no dollar amount shall be included in the claim.
22 However, it shall indicate whether the claim would be a limited
23 civil case.

24 (g) *Upon request of the public entity or its representative, a*
25 *claimant whose claim includes past or future medical treatment*
26 *shall provide his or her social security number, Medicare health*
27 *insurance claim number (HICN), any alternate name, date of birth,*
28 *and gender within 30 days of the request in order to assist with*
29 *Medicare Secondary Payer Mandatory Reporting, as defined by*
30 *Section 111 of the Medicare, Medicaid and SCHIP Extension Act*
31 *of 2007 (MMSEA; 42 U.S.C. Sec. 1395y(b)(8)). Additionally, upon*
32 *request of the public entity or its representative, the claimant shall*
33 *complete the Medicare Beneficiary Inquiry Form, as suggested by*
34 *the Centers for Medicare and Medicaid Services’ “ALERT:*
35 *Compliance Guidance Regarding Obtaining Individual HICNs*

1 *and/or SSNs for Non-Group Health Plan (NGHP) Reporting Under*
2 *42 U.S.C. 1395y(b)(7)” (May 26, 2009, as amended).*

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