

ACTION IN WHICH DAMAGES OF \$5,000 OR LESS ARE SOUGHT IS NOT SUBJECT TO THE PROVISIONS OF THIS SUBTITLE.

(B) A CLAIM FILED UNDER THIS SUBTITLE AND AN INITIAL PLEADING FILED IN ANY SUBSEQUENT ACTION MAY NOT CONTAIN A STATEMENT OF THE AMOUNT OF DAMAGES SOUGHT OTHER THAN THAT THEY ARE LESS THAN OR MORE THAN A REQUIRED JURISDICTIONAL AMOUNT.

### 3-2A03. HEALTH CLAIMS ARBITRATION OFFICE.

(A) THE HEALTH CLAIMS ARBITRATION OFFICE IS CREATED AS A UNIT IN THE EXECUTIVE DEPARTMENT. IT IS HEADED BY A DIRECTOR APPOINTED BY THE GOVERNOR WITH THE ADVICE AND CONSENT OF THE SENATE.

(B) THE DIRECTOR SHALL RECEIVE THE SALARY AND MAY EMPLOY THE STAFF PROVIDED IN THE STATE BUDGET. HE SHALL PERFORM THE DUTIES SET FORTH IN THIS SUBTITLE.

(C) THE DIRECTOR SHALL PREPARE A LIST OF QUALIFIED PERSONS WILLING TO SERVE AS ARBITRATORS OF HEALTH CARE MALPRACTICE CLAIMS. HE SHALL INCLUDE AMONG OTHERS ON THE LIST PERSONS ON THE AMERICAN ARBITRATION ASSOCIATION LIST OF ARBITRATORS WHO ARE WILLING TO SERVE. THE LIST SHALL BE DIVIDED INTO THREE CATEGORIES, ONE CONTAINING THE NAMES OF ATTORNEYS, ONE CONTAINING THE NAMES OF INDIVIDUALS WHO ARE HEALTH CARE PROVIDERS, AND ONE CONTAINING THE NAMES OF PERSONS FROM THE GENERAL PUBLIC WHO ARE NEITHER ATTORNEYS, HEALTH CARE PROVIDERS, OR AGENTS OR EMPLOYEES OF AN INSURANCE COMPANY OR SOCIETY. THE LIST OF HEALTH CARE PROVIDERS SHALL, IF PRACTICABLE, INCLUDE AT LEAST ONE HEALTH CARE PROVIDER FROM EACH RECOGNIZED SPECIALTY, WITH THE SPECIALTY BEING DESIGNATED WITH THE NAME.

(D) THE DIRECTOR SHALL BY REGULATION DETERMINE THE FEES THAT MAY BE CHARGED BY ARBITRATORS FOR SERVICES RENDERED BY THEM IN PROCEEDINGS CONDUCTED PURSUANT TO THIS SUBTITLE.

[[ (E) THE COSTS OF THE HEALTH CLAIMS ARBITRATION OFFICE AND THE ARBITRATORS' FEES SHALL BE AS PROVIDED IN THE STATE BUDGET. ]]

### 3-2A04. FILING OF CLAIM; APPOINTMENT OF ARBITRATORS.

(A) A PERSON HAVING A CLAIM AGAINST A HEALTH CARE PROVIDER FOR DAMAGE DUE TO A MEDICAL INJURY SHALL FILE HIS CLAIM WITH THE DIRECTOR. THE DIRECTOR SHALL CAUSE A COPY OF THE CLAIM TO BE SERVED UPON THE HEALTH CARE PROVIDER BY THE APPROPRIATE SHERIFF IN ACCORDANCE WITH THE MARYLAND RULES. THE HEALTH CARE PROVIDER SHALL FILE A RESPONSE WITH THE DIRECTOR AND SERVE A COPY ON THE CLAIMANT WITHIN THE TIME PROVIDED IN THE MARYLAND RULES FOR FILING A RESPONSIVE PLEADING TO A DECLARATION. THE CLAIM AND THE RESPONSE MAY INCLUDE A STATEMENT THAT THE MATTER IN CONTROVERSY FALLS WITHIN ONE OR MORE PARTICULAR