

(D) AVAILABILITY OF INFORMATION — TO LICENSED PHYSICIANS AND CONSUMERS.

(1) ON REQUEST, THE COMMISSIONER SHALL MAKE AVAILABLE TO CONSUMERS AND LICENSED PHYSICIANS THE INFORMATION COLLECTED UNDER SUBSECTION (C) OF THIS SECTION.

(2) WHEN PROVIDING THE INFORMATION, THE COMMISSIONER MAY INCLUDE A STATEMENT THAT THE COMMISSIONER DOES NOT GUARANTEE THE ACCURACY OF THE INFORMATION.

(3) THE COMMISSIONER MAY SET A FEE TO COVER THE COST OF PROVIDING THE INFORMATION UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(E) SAME — TO PATIENTS.

A LICENSED PHYSICIAN MAY MAKE AVAILABLE TO A PATIENT THE INFORMATION OBTAINED FROM THE COMMISSIONER UNDER SUBSECTION (D) OF THIS SECTION.

(F) REGULATIONS.

THE COMMISSIONER SHALL ADOPT REGULATIONS TO CARRY OUT THIS SECTION, INCLUDING REGULATIONS THAT DETERMINE THE EXTENT AND FORMAT OF THE INFORMATION REQUIRED UNDER SUBSECTION (C) OF THIS SECTION.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490U.

In subsection (a)(2) of this section, the reference to a pocket or envelope that "contains" certain substances is substituted for the former reference to a pocket or envelope that "consists of" those substances for clarity.

In subsection (a)(3) of this section, the reference to the "federal" Food and Drug Administration is substituted for former reference to the "U.S." Food and Drug Administration for clarity and accuracy. See 21 U.S.C. § 393.

Also in subsection (a)(3) of this section, the former reference to "artificial" breast implants is deleted as unnecessary in light of the definition of "breast implant" in subsection (a)(2) of this section.

In subsection (b)(1) of this section, the reference to hospital, medical, or surgical benefits provided "under health insurance policies" that are issued or delivered in the State is added for clarity.

In subsection (b)(2) of this section, the reference to health maintenance organizations "that provide hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State" is added to clarify the applicability of this section. Consequently, the former reference to insurers and nonprofit health service plans that provide benefits on an expense-incurred basis as "including" health maintenance organizations is deleted for accuracy since a health maintenance organization is not considered to be either an insurer or a nonprofit health service plan and does