

SENATE BILL 1011

C3, Q3

8lr2349
CF 8lr2350

By: **Senators Feldman, Benson, Conway, Currie, Ferguson, Guzzone, Kagan, Kelley, King, Lee, Madaleno, Manno, McFadden, Middleton, Nathan-Pulliam, Oaks, Peters, Rosapepe, Smith, Young, and Zucker**
Introduced and read first time: February 5, 2018
Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Protect Maryland Health Care Act of 2018**

3 FOR the purpose of requiring the State Comptroller and the Maryland Health Benefit
4 Exchange to develop a certain system for a certain purpose; requiring the
5 Comptroller, the Exchange, and the Maryland Department of Health to develop and
6 implement a certain system; establishing a certain requirement for a certain system;
7 requiring the Exchange to use certain information for a certain purpose; authorizing
8 the Comptroller, the Exchange, and the Department to take certain actions for a
9 certain purpose; establishing certain requirements for certain forms and procedures
10 developed by the Comptroller, the Exchange, and the Department; establishing the
11 Maryland Insurance Stabilization Fund as a special, nonlapsing fund; establishing
12 the purpose of the Maryland Insurance Stabilization Fund; requiring the Exchange
13 to administer the Maryland Insurance Stabilization Fund; requiring the State
14 Treasurer to hold the Maryland Insurance Stabilization Fund and the Comptroller
15 to account for the Maryland Insurance Stabilization Fund; specifying the contents of
16 the Maryland Insurance Stabilization Fund; requiring certain uses for the Maryland
17 Insurance Stabilization Fund; providing for the investment of money in and
18 expenditures from the Maryland Insurance Stabilization Fund; requiring the State
19 Treasurer to prepare a certain annual report on the Maryland Insurance
20 Stabilization Fund and to submit a copy of the report to the General Assembly;
21 establishing the Health Insurance Down Payment Escrow Fund as a special,
22 nonlapsing fund; establishing the purpose of the Health Insurance Down Payment
23 Escrow Fund; requiring the Exchange to administer the Health Insurance Down
24 Payment Escrow Fund; requiring the State Treasurer to hold the Health Insurance
25 Down Payment Escrow Fund and the Comptroller to account for the Health
26 Insurance Down Payment Escrow Fund; requiring the Exchange to establish certain
27 accounts in the Health Insurance Down Payment Escrow Fund and issue to certain
28 account holders a certain statement; specifying the contents of the Health Insurance
29 Down Payment Escrow Fund; requiring the Health Insurance Down Payment

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Escrow Fund to be used for a certain purpose; providing for the investment of money
2 in and expenditures from the Health Insurance Down Payment Escrow Fund;
3 requiring interest earnings of certain funds to be credited to the funds; exempting
4 the funds from a certain provision of law requiring interest earnings on State money
5 to accrue to the General Fund of the State; requiring the Exchange to take certain
6 steps to establish eligibility for the Maryland Medical Assistance Program for certain
7 individuals; establishing certain requirements for the Exchange in implementing
8 certain requirements; requiring the Exchange to limit a certain burden on certain
9 individuals under certain circumstances; requiring the Exchange and the
10 Department to facilitate the enrollment of certain individuals in a certain managed
11 care organization in a certain manner; authorizing the Department to assign certain
12 individuals to a certain plan in a certain amount of time after a certain event;
13 requiring the Exchange to use certain enrollment procedures for certain individuals;
14 requiring the Exchange to take certain steps to establish eligibility for certain tax
15 credits and certain reductions in cost-sharing for certain individuals under certain
16 circumstances; requiring the Exchange to make a certain determination and assign
17 certain individuals to plans under certain circumstances; requiring the Exchange to
18 take certain steps to facilitate the enrollment of certain individuals into certain
19 coverage under certain circumstances; requiring the Exchange to notify certain
20 individuals of certain information under certain circumstances; requiring the
21 Exchange to ensure that certain coverage can be effectuated in a certain manner;
22 requiring the Exchange to obtain informed consent from certain individuals before
23 the effectuation of certain coverage; requiring the Exchange to adopt certain
24 procedures for informed consent; establishing requirements for the receipt of certain
25 coverage; requiring the Exchange to make a certain payment to a certain carrier for
26 the purchase of a certain plan and requiring a certain carrier to obtain the remainder
27 of certain premium payments owed to the carrier through certain tax credits;
28 requiring the Exchange to use certain methods to contact certain individuals to
29 provide certain information; requiring certain payments to be paid in a certain
30 manner under certain circumstances; requiring the transfer of certain payment
31 amounts to a certain fund under certain circumstances; requiring the Exchange and
32 the Comptroller to make certain determinations; requiring the Exchange to make
33 certain payments to certain carriers under certain circumstances; requiring the
34 Exchange to make a certain assessment and implement certain procedures under
35 certain circumstances; requiring a certain payment to revert to a certain fund under
36 certain circumstances; requiring the Exchange to develop certain policies and
37 procedures; requiring a certain option to be available to certain individuals;
38 requiring the Exchange to provide certain information in a certain manner; requiring
39 the Exchange, in consultation with the Comptroller, to provide certain opportunities;
40 requiring certain functions to begin operation during a certain open enrollment
41 period; authorizing certain individuals to make a certain payment for certain
42 coverage and to have the payment credited against a certain payment amount owed
43 on a certain income tax return for the individual under certain circumstances;
44 prohibiting a certain excess payment from being credited against certain tax liability
45 of a certain individual; requiring the Exchange and the Comptroller to make a
46 certain determination on or before a certain date and to establish a certain system if
47 a certain determination is made; requiring certain data to be subject to certain

1 privacy and security safeguards; requiring the Comptroller and the Exchange to
2 develop certain safeguards for a certain purpose; requiring the Comptroller to
3 establish certain checkoffs on a certain form; requiring the Comptroller to include in
4 a certain package a certain description of certain purposes for which certain
5 information may be used; requiring the Comptroller to disclose certain information
6 to the Exchange; requiring the Comptroller to provide an individual a certain
7 estimate under certain circumstances; requiring, beginning on a certain date, an
8 individual to maintain certain coverage for certain individuals; requiring that an
9 individual pay a certain payment under certain circumstances; requiring that the
10 payment be in addition to a certain State income tax and included with a certain
11 income tax return; requiring that certain individuals be jointly liable for the payment
12 under certain circumstances; establishing the amount of the payment; exempting an
13 individual who qualifies for a certain exemption under federal law or who paid a
14 certain payment from being assessed the payment; authorizing an individual to
15 claim a certain credit against the payment; requiring an individual to indicate
16 certain information on a certain income tax return; providing for a certain right to
17 appeal the assessment of the payment or the denial of a certain exemption or certain
18 credit; requiring the Comptroller to distribute certain revenue in a certain manner;
19 providing for the construction of certain provisions of this Act; providing for the
20 applicability of certain provisions of this Act; defining certain terms; and generally
21 relating to health coverage.

22 BY adding to

23 Article – Insurance

24 Section 33–101 through 33–605 to be under the new title “Title 33. Health Insurance
25 Payment and Stabilization Initiatives”

26 Annotated Code of Maryland

27 (2017 Replacement Volume)

28 BY repealing and reenacting, without amendments,

29 Article – State Finance and Procurement

30 Section 6–226(a)(2)(i)

31 Annotated Code of Maryland

32 (2015 Replacement Volume and 2017 Supplement)

33 BY repealing and reenacting, with amendments,

34 Article – State Finance and Procurement

35 Section 6–226(a)(2)(ii)101. and 102.

36 Annotated Code of Maryland

37 (2015 Replacement Volume and 2017 Supplement)

38 BY adding to

39 Article – State Finance and Procurement

40 Section 6–226(a)(2)(ii)103. and 104.

41 Annotated Code of Maryland

42 (2015 Replacement Volume and 2017 Supplement)

1 BY adding to
2 Article – Tax – General
3 Section 2–115 and 10–102.2
4 Annotated Code of Maryland
5 (2016 Replacement Volume and 2017 Supplement)

6 Preamble

7 WHEREAS, Despite the bipartisan opposition of elected leaders from across the
8 country, including Governor Hogan and nearly all of the Maryland Congressional
9 Delegation, President Trump recently signed into law a tax bill that ends federal
10 enforcement of the Affordable Care Act’s individual mandate; and

11 WHEREAS, The nonpartisan Congressional Budget Office projects that this step will
12 increase premiums in the individual market by 10% and cause 13,000,000 Americans to
13 lose health care coverage; and

14 WHEREAS, Maryland State government has a moral duty to protect its residents
15 from these irresponsible changes in policy; and

16 WHEREAS, Hardworking families who buy their own insurance today – real estate
17 agents, farmers, carpenters, child care workers, salespersons, and others – will see their
18 already high insurance costs become even less affordable as premiums skyrocket; and

19 WHEREAS, The Affordable Care Act has accomplished a tremendous amount in
20 Maryland, lowering the percentage of uninsured residents from 11% to 6%; and

21 WHEREAS, The end of the federal individual mandate enforcement gives Maryland
22 an opportunity to do an even better job covering thousands of our State’s remaining
23 uninsured by transforming individual mandate enforcement payments into
24 health insurance down payments that help hardworking families obtain health insurance;
25 and

26 WHEREAS, Keeping young and healthy adults within current insurance markets
27 and attracting young and healthy adults into coverage would prevent the substantial
28 premium increases for currently insured Maryland residents that would otherwise result
29 from the irresponsible federal policies described above; and

30 WHEREAS, To fill the gap left by federal legislation, Maryland should help
31 thousands of currently uninsured residents choose health coverage that meets their needs
32 and the needs of their families, thereby reducing, rather than increasing, insurance costs
33 for people who use their own money to purchase coverage; and

34 WHEREAS, At the same time, Maryland should restructure the Affordable Care
35 Act’s individual coverage requirements so that low–wage working Marylanders are not
36 asked to pay more than they can afford for health insurance; now, therefore,

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

3 **Article – Insurance**

4 **TITLE 33. HEALTH INSURANCE PAYMENT AND STABILIZATION INITIATIVES.**

5 **SUBTITLE 1. DEFINITIONS.**

6 **33-101.**

7 (A) IN THIS TITLE THE FOLLOWING WORDS HAVE THE MEANINGS
8 INDICATED.

9 (B) “BOARD” HAS THE MEANING STATED IN § 31-101 OF THIS ARTICLE.

10 (C) “CARRIER” MEANS:

11 (1) AN INSURER AUTHORIZED TO SELL HEALTH INSURANCE;

12 (2) A NONPROFIT HEALTH SERVICE PLAN;

13 (3) A HEALTH MAINTENANCE ORGANIZATION;

14 (4) A DENTAL PLAN ORGANIZATION; OR

15 (5) ANY OTHER ENTITY PROVIDING A PLAN OF HEALTH INSURANCE,
16 HEALTH BENEFITS, OR HEALTH SERVICES AUTHORIZED UNDER THIS ARTICLE OR
17 THE AFFORDABLE CARE ACT.

18 (D) “DEPARTMENT” MEANS THE MARYLAND DEPARTMENT OF HEALTH.

19 (E) “EXCHANGE” HAS THE MEANING STATED IN § 31-101 OF THIS ARTICLE.

20 (F) “EXCHANGE-QUALIFIED HEALTH PLAN” MEANS A HEALTH BENEFIT
21 PLAN THAT IS OFFERED IN THE INDIVIDUAL EXCHANGE AND HAS BEEN CERTIFIED
22 BY THE EXCHANGE TO MEET THE CRITERIA FOR CERTIFICATION DESCRIBED IN §
23 1311(C) OF THE AFFORDABLE CARE ACT AND § 31-115 OF THIS ARTICLE.

24 (G) “INDIVIDUAL EXCHANGE” HAS THE MEANING STATED IN § 31-101 OF
25 THIS ARTICLE.

26 (H) “MINIMUM ESSENTIAL COVERAGE” HAS THE MEANING STATED IN §
27 15-1301 OF THIS ARTICLE.

1 (I) "MODIFIED ADJUSTED GROSS INCOME" MEANS MODIFIED ADJUSTED
2 GROSS INCOME, AS USED TO DETERMINE ELIGIBILITY FOR MEDICAID OR PREMIUM
3 TAX CREDITS UNDER THE AFFORDABLE CARE ACT.

4 (J) "PAYMENT AMOUNT" MEANS A PAYMENT AMOUNT UNDER § 10-102.2(C)
5 OF THE TAX - GENERAL ARTICLE.

6 (K) "PREMIUM TAX CREDITS" MEANS THE TAX CREDITS DESCRIBED IN §
7 36B OF THE INTERNAL REVENUE CODE.

8 (L) "PROACTIVELY CONTACT" MEANS AN ATTEMPT BY THE EXCHANGE, THE
9 DEPARTMENT, CONTRACTORS OF THE EXCHANGE OR THE DEPARTMENT, AN
10 EXCHANGE-APPROVED INDIVIDUAL ASSISTER, OR A MEDICAID MANAGED CARE
11 ORGANIZATION SELECTED BY OR ASSIGNED TO A TAXPAYER OR HOUSEHOLD
12 MEMBER TO REACH THE TAXPAYER OR HOUSEHOLD MEMBER BY:

13 (1) MAKING MULTIPLE ATTEMPTS TO EMPLOY THE METHODS
14 REQUESTED BY THE TAXPAYER FOR CONTACTING THE TAXPAYER OR HOUSEHOLD
15 MEMBER BEFORE TAKING THE STEPS DESCRIBED IN ITEM (3) OF THIS SUBSECTION;

16 (2) IF NO SPECIFIC METHODS FOR CONTACTING THE TAXPAYER ARE
17 REQUESTED BY THE TAXPAYER, MAKING MULTIPLE ATTEMPTS TO CONTACT THE
18 TAXPAYER OR HOUSEHOLD MEMBER THROUGH TELEPHONIC AND ELECTRONIC
19 MEANS BEFORE TAKING THE STEPS DESCRIBED IN ITEM (3) OF THIS SUBSECTION;
20 AND

21 (3) IF THE METHODS DESCRIBED IN ITEMS (1) AND (2) OF THIS
22 SUBSECTION DO NOT SUCCESSFULLY REACH THE TAXPAYER OR HOUSEHOLD
23 MEMBER TO OBTAIN THE REQUESTED INFORMATION, SENDING PAPER FORMS OR
24 NOTICES TO THE TAXPAYER OR HOUSEHOLD MEMBER BY MAIL.

25 (M) "QUALIFIED HEALTH PLAN" HAS THE MEANING STATED IN § 31-101 OF
26 THIS ARTICLE.

27 (N) "ZERO-ADDITIONAL-COST PLAN" MEANS AN EXCHANGE-QUALIFIED
28 HEALTH PLAN THAT IS OFFERED TO AN INDIVIDUAL AND THAT CHARGES THE
29 INDIVIDUAL A PREMIUM THAT, THROUGH THE END OF THE APPLICABLE PLAN YEAR,
30 DOES NOT EXCEED THE SUM OF THE INDIVIDUAL'S PAYMENT AMOUNT AND THE
31 PREMIUM TAX CREDIT FOR WHICH THE INDIVIDUAL APPEARS TO QUALIFY, BASED
32 ON THE APPLICABLE RETURN.

33 **SUBTITLE 2. SYSTEMS FOR THE PURCHASE OF AND ENROLLMENT IN HEALTH**

1
2 **COVERAGE.**3 **33-201.**

4 (A) (1) THE COMPTROLLER AND THE EXCHANGE SHALL DEVELOP A
5 SYSTEM TO ENCOURAGE AN INDIVIDUAL TO USE THE INDIVIDUAL'S PAYMENT
6 AMOUNTS UNDER § 10-102.2(C) OF THE TAX - GENERAL ARTICLE TO PURCHASE
7 HEALTH INSURANCE AND TO FACILITATE AND STREAMLINE THE USE OF THE
8 PAYMENT AMOUNTS.

9 (2) THE SYSTEM SHALL BE:

10 (I) FULLY OPERATIONAL BY JANUARY 1, 2020; AND

11 (II) AVAILABLE FOR USE BY RESIDENTS OF THE STATE WHEN
12 FILING A STATE INCOME TAX RETURN FOR 2019 AND EACH YEAR THEREAFTER.

13 (B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE
14 COMPTROLLER, THE EXCHANGE, AND THE DEPARTMENT SHALL DEVELOP A
15 SYSTEM THROUGH WHICH A DETERMINATION OF ELIGIBILITY AND ENROLLMENT
16 INTO COVERAGE FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND THE
17 MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM IS DONE AS SOON AS
18 POSSIBLE AFTER AN UNINSURED INDIVIDUAL FILES A STATE INCOME TAX RETURN
19 INDICATING LIKELY ELIGIBILITY FOR THE MARYLAND MEDICAL ASSISTANCE
20 PROGRAM AND THE MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM.

21 (2) THE SYSTEM DESCRIBED UNDER PARAGRAPH (1) OF THIS
22 SUBSECTION MAY INITIATE COVERAGE UNDER THE MARYLAND MEDICAL
23 ASSISTANCE PROGRAM FOR AN UNINSURED INDIVIDUAL ONLY IF THE INDIVIDUAL
24 IS ELIGIBLE FOR COVERAGE UNDER THE MARYLAND MEDICAL ASSISTANCE
25 PROGRAM IN ACCORDANCE WITH 42 U.S.C. § 1395 AND TITLE 15 OF THE HEALTH -
26 GENERAL ARTICLE.

27 (3) TO THE EXTENT PRACTICABLE, THE EXCHANGE SHALL USE
28 INFORMATION ON THE INDIVIDUAL'S STATE INCOME TAX RETURN TO VERIFY
29 ELIGIBILITY FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND THE
30 MARYLAND CHILDREN'S HEALTH INSURANCE PROGRAM WITHOUT REQUESTING
31 INFORMATION FROM THE UNINSURED INDIVIDUAL.

32 (C) THE COMPTROLLER, THE EXCHANGE, AND THE DEPARTMENT MAY:

(1) ENTER INTO AGREEMENTS;

- 1 **(2) ADOPT REGULATIONS;**
- 2 **(3) ADOPT GUIDELINES;**
- 3 **(4) ESTABLISH ACCOUNTS;**
- 4 **(5) CONDUCT TRAININGS;**
- 5 **(6) PROVIDE PUBLIC INFORMATION;**
- 6 **(7) EDUCATE TAX PREPARERS; AND**
- 7 **(8) TAKE ANY OTHER STEPS AS MAY BE NECESSARY TO FACILITATE**
8 **THE MOST EFFECTIVE IMPLEMENTATION OF THIS TITLE.**

9 **(D) IN DEVELOPING FORMS AND PROCEDURES FOR THE GENERAL PUBLIC**
10 **TO IMPLEMENT THIS TITLE, THE COMPTROLLER, THE EXCHANGE, AND THE**
11 **DEPARTMENT SHALL USE LANGUAGE AND PROCEDURES THAT, TO THE MAXIMUM**
12 **EXTENT POSSIBLE:**

- 13 **(1) ARE SIMPLE, CLEAR, AND EASY TO UNDERSTAND;**
- 14 **(2) ARE EFFECTIVE IN ENCOURAGING UNINSURED RESIDENTS OF THE**
15 **STATE TO OBTAIN HEALTH COVERAGE; AND**
- 16 **(3) MAKE IT EASY FOR UNINSURED RESIDENTS OF THE STATE TO**
17 **OBTAIN HEALTH COVERAGE.**

18 **SUBTITLE 3. MARYLAND INSURANCE STABILIZATION FUND.**

19 **33-301.**

- 20 **(A) THERE IS A MARYLAND INSURANCE STABILIZATION FUND.**
- 21 **(B) THE PURPOSE OF THE FUND IS TO PROVIDE FUNDING FOR:**
- 22 **(1) THE EXCHANGE'S REASONABLE ADMINISTRATIVE COSTS OF**
23 **IMPLEMENTING THIS TITLE; AND**
- 24 **(2) ANY MEASURES THAT STABILIZE THE INDIVIDUAL INSURANCE**
25 **MARKET OR LOWER PREMIUMS FOR INDIVIDUAL INSURANCE.**
- 26 **(C) THE EXCHANGE SHALL ADMINISTER THE FUND.**

1 (D) **THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT TO**
2 **§ 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.**

3 (E) **THE STATE TREASURER SHALL HOLD THE FUND SEPARATELY, AND THE**
4 **COMPTROLLER SHALL ACCOUNT FOR THE FUND.**

5 (F) **THE FUND SHALL CONSIST OF:**

6 (1) **AMOUNTS TRANSFERRED OR REVERTED TO OR DEPOSITED INTO**
7 **THE FUND UNDER § 33-602(C)(3) AND (E)(3) OF THIS TITLE AND § 2-115(C)(2) AND**
8 **(4) OF THE TAX – GENERAL ARTICLE;**

9 (2) **INCOME FROM INVESTMENTS MADE ON BEHALF OF THE FUND;**

10 (3) **INTEREST ON DEPOSITS OR INVESTMENTS OF MONEY IN THE**
11 **FUND; AND**

12 (4) **ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR**
13 **THE BENEFIT OF THE FUND.**

14 (G) **THE FUND SHALL BE USED FOR:**

15 (1) **THE PAYMENT OF REASONABLE ADMINISTRATIVE COSTS**
16 **INCURRED BY THE EXCHANGE TO IMPLEMENT THIS TITLE;**

17 (2) **THE PROVISION OF REINSURANCE THAT LOWERS THE EXPOSURE**
18 **OF INDIVIDUAL MARKET CARRIERS TO UNEXPECTEDLY HIGH COSTS INCURRED BY**
19 **PARTICULAR MEMBERS;**

20 (3) **THE PROVISION OF ADDITIONAL EXCHANGE-APPROVED**
21 **INDIVIDUAL ASSISTANCE;**

22 (4) **PROVIDING SUBSIDIES THAT SUPPLEMENT PREMIUM TAX**
23 **CREDITS OR COST-SHARING REDUCTIONS DESCRIBED IN § 1402(C) OF THE**
24 **AFFORDABLE CARE ACT;**

25 (5) **INCENTIVES FOR CARRIERS TO OFFER EXCHANGE-QUALIFIED**
26 **HEALTH PLAN COVERAGE IN UNDERSERVED COUNTIES TO INCREASE INDIVIDUAL**
27 **CHOICE IN SELECTING COVERAGE AND LOWERING PREMIUMS BY INCREASING**
28 **COMPETITION; AND**

29 (6) **OTHER MEASURES DEEMED EFFECTIVE BY THE EXCHANGE IN**

1 STABILIZING THE INDIVIDUAL MARKET AND LOWERING PREMIUMS.

2 (H) EXPENDITURES FROM THE FUND FOR THE PURPOSES AUTHORIZED
3 UNDER SUBSECTION (G) OF THIS SECTION MAY BE MADE ONLY:

4 (1) WITH AN APPROPRIATION FROM THE FUND APPROVED BY THE
5 GENERAL ASSEMBLY IN THE STATE BUDGET; OR

6 (2) BY BUDGET AMENDMENT AS PROVIDED FOR IN TITLE 7, SUBTITLE
7 2 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

8 (I) (1) THE COMPTROLLER SHALL INVEST THE MONEY OF THE FUND IN
9 THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.

10 (2) ANY INVESTMENT EARNINGS OF THE FUND SHALL BE CREDITED
11 TO THE FUND.

12 (3) NO PART OF THE FUND MAY REVERT OR BE CREDITED TO THE
13 GENERAL FUND OR ANY SPECIAL FUND OF THE STATE.

14 (4) A DEBT OR AN OBLIGATION OF THE FUND IS NOT A DEBT OF THE
15 STATE OR A PLEDGE OF CREDIT OF THE STATE.

16 (J) (1) AT THE END OF THE FISCAL YEAR, THE STATE TREASURER SHALL
17 PREPARE AN ANNUAL REPORT ON THE FUND THAT INCLUDES AN ACCOUNTING OF
18 ALL FINANCIAL RECEIPTS AND EXPENDITURES TO AND FROM THE FUND.

19 (2) THE STATE TREASURER SHALL SUBMIT A COPY OF THE REPORT
20 TO THE GENERAL ASSEMBLY IN ACCORDANCE WITH § 2-1246 OF THE STATE
21 GOVERNMENT ARTICLE.

22 SUBTITLE 4. HEALTH INSURANCE DOWN PAYMENT ESCROW FUND.

23 33-401.

24 (A) THERE IS A HEALTH INSURANCE DOWN PAYMENT ESCROW FUND.

25 (B) THE PURPOSE OF THE FUND IS TO HOLD PAYMENT AMOUNTS FROM AN
26 INDIVIDUAL TAXPAYER TO HELP THE INDIVIDUAL TAXPAYER PURCHASE HEALTH
27 INSURANCE.

28 (C) THE EXCHANGE SHALL ADMINISTER THE FUND.

1 (D) **THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT TO**
2 **§ 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.**

3 (E) **THE STATE TREASURER SHALL HOLD THE FUND SEPARATELY, AND THE**
4 **COMPTROLLER SHALL ACCOUNT FOR THE FUND.**

5 (F) (1) **THE EXCHANGE SHALL ESTABLISH AN ACCOUNT IN THE FUND**
6 **FOR EACH INDIVIDUAL TAXPAYER WHO MAKES A PAYMENT UNDER § 10-102.2(C) OF**
7 **THE TAX – GENERAL ARTICLE.**

8 (2) **THE EXCHANGE SHALL ISSUE TO EACH ACCOUNT HOLDER UNDER**
9 **PARAGRAPH (1) OF THIS SUBSECTION A STATEMENT THAT PROVIDES THE**
10 **FOLLOWING INFORMATION RELATING TO EACH ACCOUNT:**

11 (I) **THE BEGINNING ACCOUNT BALANCE;**

12 (II) **WITHDRAWALS FROM THE ACCOUNT DURING THE**
13 **IMMEDIATELY PRECEDING YEAR; AND**

14 (III) **THE ENDING ACCOUNT BALANCE.**

15 (G) **THE FUND CONSISTS OF:**

16 (1) **PAYMENT AMOUNTS PAID BY INDIVIDUAL TAXPAYERS UNDER §**
17 **10-102.2(C) OF THE TAX – GENERAL ARTICLE;**

18 (2) **INCOME FROM INVESTMENTS MADE ON BEHALF OF THE FUND;**

19 (3) **INTEREST ON DEPOSITS OR INVESTMENTS OF MONEY IN THE**
20 **FUND; AND**

21 (4) **ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR**
22 **THE BENEFIT OF THE FUND.**

23 (H) **THE FUND SHALL BE USED FOR THE PURCHASE OF A QUALIFIED**
24 **HEALTH PLAN FOR A TAXPAYER OR MEMBER OF THE TAXPAYER’S HOUSEHOLD WHO**
25 **MADE A PAYMENT AMOUNT FOR USE AS A DOWN PAYMENT TO PURCHASE HEALTH**
26 **INSURANCE.**

27 (I) (1) **THE STATE TREASURER SHALL INVEST THE MONEY OF THE FUND**
28 **IN THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.**

29 (2) **ANY INVESTMENT EARNINGS OF THE FUND SHALL BE CREDITED**

1 TO THE FUND.

2 (3) A DEBT OR AN OBLIGATION OF THE FUND IS NOT A DEBT OF THE
3 STATE OR A PLEDGE OF CREDIT OF THE STATE.

4 SUBTITLE 5. MARYLAND MEDICAL ASSISTANCE PROGRAM ELIGIBILITY AND
5 ENROLLMENT PROCEDURES.

6 33-501.

7 (A) IF THE EXCHANGE RECEIVES THE INFORMATION THE COMPTROLLER
8 HAS BEEN AUTHORIZED TO PROVIDE UNDER § 2-115(B) OF THE TAX – GENERAL
9 ARTICLE, THE EXCHANGE SHALL TAKE ALL FEASIBLE STEPS TO DETERMINE
10 WHETHER THE TAXPAYER OR HOUSEHOLD MEMBER IS ELIGIBLE FOR THE
11 MARYLAND MEDICAL ASSISTANCE PROGRAM AS SOON AS POSSIBLE, WITHOUT
12 IMPOSING AVOIDABLE PROCEDURAL BURDENS ON THE TAXPAYER OR HOUSEHOLD
13 MEMBER.

14 (B) IN IMPLEMENTING SUBSECTION (A) OF THIS SECTION, THE EXCHANGE
15 SHALL:

16 (1) AVOID MAKING A REQUEST TO THE TAXPAYER OR HOUSEHOLD
17 MEMBER TO PROVIDE ATTESTATIONS OR DOCUMENTATION THAT ARE DUPLICATIVE
18 OF INFORMATION THE COMPTROLLER HAS BEEN AUTHORIZED TO PROVIDE UNDER
19 § 2-115(B) OF THE TAX – GENERAL ARTICLE; AND

20 (2) TREAT DATA FROM THE TAXPAYER'S FEDERAL INCOME TAX
21 RETURN AS REASONABLY COMPATIBLE WITH AN ATTESTATION OF MODIFIED
22 ADJUSTED GROSS INCOME AT MEDICAID-QUALIFYING LEVELS IF THE DATA SHOWS
23 INCOME AT THOSE LEVELS DURING THE TAXABLE YEAR.

24 (C) IF ADDITIONAL ATTESTATIONS OR DOCUMENTATION FROM THE
25 TAXPAYER OR HOUSEHOLD MEMBER ARE REQUIRED TO ESTABLISH ELIGIBILITY,
26 THE EXCHANGE SHALL TAKE STEPS TO LIMIT THE BURDEN ON THE TAXPAYER OR
27 HOUSEHOLD MEMBER, INCLUDING:

28 (1) HAVING EXCHANGE STAFF OR CONTRACTORS OF THE EXCHANGE
29 PROACTIVELY CONTACT THE TAXPAYER OR HOUSEHOLD MEMBER;

30 (2) RECORDING ATTESTATIONS AND OTHER INFORMATION FROM THE
31 TAXPAYER OR HOUSEHOLD MEMBER TELEPHONICALLY OR ELECTRONICALLY
32 WHENEVER POSSIBLE, RATHER THAN REQUIRING SUBMISSION OF WRITTEN
33 DOCUMENTS WHEN ATTESTATIONS OR OTHER INFORMATION MUST BE GATHERED

1 FROM THE TAXPAYER OR HOUSEHOLD MEMBER; AND

2 (3) FACILITATING A SELECTION OF AN AUTHORIZED
3 REPRESENTATIVE BY THE TAXPAYER OR HOUSEHOLD MEMBER IF THE STEPS
4 DESCRIBED IN ITEMS (1) AND (2) OF THIS SUBSECTION DO NOT SUFFICE IN
5 OBTAINING ATTESTATIONS OR DOCUMENTATION REQUIRED TO DETERMINE
6 ELIGIBILITY.

7 (D) (1) THE EXCHANGE AND THE DEPARTMENT SHALL FACILITATE A
8 MEDICAID-ELIGIBLE TAXPAYER'S OR HOUSEHOLD MEMBER'S ENROLLMENT IN A
9 MANAGED CARE ORGANIZATION IN AN EXPEDITIOUS MANNER BY INITIATING THE
10 PROCESS FOR SELECTING A MANAGED CARE ORGANIZATION PLAN AS SOON AS
11 POSSIBLE, AND IN NO CASE MORE THAN 10 BUSINESS DAYS FOLLOWING THE
12 EXCHANGE'S RECEIPT OF THE INFORMATION THE COMPTROLLER HAS BEEN
13 AUTHORIZED TO PROVIDE UNDER § 2-115(B) OF THE TAX - GENERAL ARTICLE.

14 (2) IF A TAXPAYER OR HOUSEHOLD MEMBER FAILS TO SELECT A
15 MANAGED CARE ORGANIZATION WITHIN A PERIOD OF TIME ESTABLISHED BY THE
16 EXCHANGE OR THE DEPARTMENT, THE DEPARTMENT SHALL ASSIGN THE
17 TAXPAYER OR HOUSEHOLD MEMBER TO A MANAGED CARE ORGANIZATION PLAN NOT
18 LESS THAN 30 DAYS AFTER THE INITIATION OF PLAN SELECTION BY THE EXCHANGE
19 AND DEPARTMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION.

20 SUBTITLE 6. HEALTH INSURANCE DOWN PAYMENT INITIATIVE.

21 33-601.

22 (A) THE EXCHANGE SHALL USE THE DEFAULT ENROLLMENT PROCEDURES
23 DESCRIBED IN THIS SECTION FOR A TAXPAYER WHO:

24 (1) AUTHORIZES DISCLOSURE UNDER § 2-115(B) OF THE TAX -
25 GENERAL ARTICLE;

26 (2) INDICATES THAT ONE OR MORE HOUSEHOLD MEMBERS ARE
27 UNINSURED AT THE TIME OF FILING THE TAX RETURN; AND

28 (3) HAS A PAYMENT AMOUNT DEPOSITED IN THE HEALTH INSURANCE
29 DOWN PAYMENT ESCROW FUND UNDER § 2-115(C)(2)(II) OF THE TAX - GENERAL
30 ARTICLE.

31 (B) (1) IF THE EXCHANGE RECEIVES THE INFORMATION THE
32 COMPTROLLER HAS BEEN AUTHORIZED TO PROVIDE UNDER § 2-115(B)(1) OF THE
33 TAX - GENERAL ARTICLE OR THE EXCHANGE IMPLEMENTS DEFAULT ENROLLMENT

1 PROCEDURES UNDER § 33-602(E)(2) OF THIS SUBTITLE, THE EXCHANGE SHALL
2 TAKE ALL FEASIBLE STEPS TO ESTABLISH ELIGIBILITY FOR PREMIUM TAX CREDITS
3 AND REDUCTIONS IN COST-SHARING FOR THE TAXPAYER OR HOUSEHOLD MEMBER
4 AS SOON AS POSSIBLE, WITHOUT IMPOSING AVOIDABLE PROCEDURAL BURDENS ON
5 THE TAXPAYER OR HOUSEHOLD MEMBER.

6 (2) IN IMPLEMENTING PARAGRAPH (1) OF THIS SUBSECTION, THE
7 EXCHANGE SHALL TAKE STEPS TO LIMIT THE BURDEN ON THE TAXPAYER OR
8 HOUSEHOLD MEMBER, INCLUDING:

9 (I) AVOIDING MAKING A REQUEST TO THE TAXPAYER OR
10 HOUSEHOLD MEMBER TO PROVIDE ATTESTATIONS OR DOCUMENTATION OF
11 INFORMATION THE COMPTROLLER HAS BEEN AUTHORIZED TO PROVIDE UNDER §
12 2-115(B) OF THE TAX - GENERAL ARTICLE;

13 (II) HAVING EXCHANGE STAFF OR CONTRACTORS OF THE
14 EXCHANGE PROACTIVELY CONTACT THE TAXPAYER OR HOUSEHOLD MEMBER WHEN
15 ATTESTATIONS OR DOCUMENTATION FROM THE TAXPAYER OR HOUSEHOLD
16 MEMBER ARE REQUIRED TO ESTABLISH ELIGIBILITY DUE TO THE UNAVAILABILITY
17 OF NECESSARY DATA FROM A THIRD-PARTY SOURCE;

18 (III) RECORDING ATTESTATIONS AND OTHER INFORMATION
19 FROM THE TAXPAYER OR HOUSEHOLD MEMBER TELEPHONICALLY OR
20 ELECTRONICALLY WHENEVER POSSIBLE, RATHER THAN REQUIRING SUBMISSION OF
21 WRITTEN DOCUMENTS WHEN ATTESTATIONS OR OTHER INFORMATION MUST BE
22 GATHERED FROM THE TAXPAYER OR HOUSEHOLD MEMBER; AND

23 (IV) FACILITATING THE SELECTION OF AN AUTHORIZED
24 REPRESENTATIVE BY THE TAXPAYER OR HOUSEHOLD MEMBER IF THE STEPS
25 DESCRIBED IN ITEMS (I) THROUGH (III) OF THIS PARAGRAPH DO NOT SUFFICE IN
26 OBTAINING ATTESTATIONS OR DOCUMENTATIONS NEEDED TO DETERMINE
27 ELIGIBILITY.

28 (C) (1) THE EXCHANGE SHALL DETERMINE WHETHER THE TAXPAYER OR
29 HOUSEHOLD MEMBER IS OFFERED ONE OR MORE ZERO-ADDITIONAL-COST PLANS.

30 (2) SUBJECT TO PARAGRAPH (3) OF THIS SUBSECTION, IF MORE THAN
31 ONE ZERO-ADDITIONAL-COST PLAN IS OFFERED TO THE TAXPAYER OR HOUSEHOLD
32 MEMBER, THE EXCHANGE SHALL ASSIGN THE TAXPAYER OR HOUSEHOLD MEMBER
33 TO THE PLAN WITH THE HIGHEST ACTUARIAL VALUE.

34 (3) IF MORE THAN ONE ZERO-ADDITIONAL-COST PLAN:

1 **(I) HAS THE HIGHEST ACTUARIAL VALUE, THE EXCHANGE**
2 **SHALL ASSIGN THE TAXPAYER OR HOUSEHOLD MEMBER TO THE PLAN WITH THE**
3 **MOST GENEROUS COVERAGE OF PRE-DEDUCTIBLE SERVICES, AS DETERMINED**
4 **UNDER STANDARDS ADOPTED BY THE EXCHANGE;**

5 **(II) HAS THE HIGHEST ACTUARIAL VALUE AND HAS THE SAME**
6 **GENEROUS COVERAGE OF PRE-DEDUCTIBLE SERVICES, THE EXCHANGE SHALL**
7 **ASSIGN THE TAXPAYER OR HOUSEHOLD MEMBER TO THE PLAN WITH THE LOWEST**
8 **PREMIUM; OR**

9 **(III) HAS THE HIGHEST ACTUARIAL VALUE, HAS THE SAME**
10 **GENEROUS COVERAGE OF PRE-DEDUCTIBLE SERVICES, AND HAS THE SAME**
11 **PREMIUM, THE EXCHANGE SHALL ASSIGN THE TAXPAYER OR HOUSEHOLD MEMBER**
12 **TO A PLAN CHOSEN AT RANDOM.**

13 **(D) ONCE THE EXCHANGE HAS IDENTIFIED THE ZERO-ADDITIONAL-COST**
14 **PLAN IN WHICH THE TAXPAYER OR HOUSEHOLD MEMBER WILL BE ENROLLED, THE**
15 **EXCHANGE SHALL TAKE ALL FEASIBLE STEPS TO FACILITATE THE INDIVIDUAL'S**
16 **ENROLLMENT INTO COVERAGE, INCLUDING PROVIDING THE CARRIER SPONSORING**
17 **THE PLAN WITH INFORMATION THAT THE CARRIER MAY NEED TO COMPLETE THE**
18 **ENROLLMENT PROCESS, WHILE ENSURING COMPLIANCE WITH THE DATA PRIVACY**
19 **AND DATA SECURITY SAFEGUARDS ESTABLISHED UNDER § 33-605 OF THIS**
20 **SUBTITLE.**

21 **(E) IF AN INDIVIDUAL ENROLLED IN A ZERO-ADDITIONAL-COST PLAN**
22 **UNDER THIS SECTION WILL HAVE AN ADVANCE PREMIUM TAX CREDIT USED TO HELP**
23 **PAY THE APPLICABLE PREMIUM, THE EXCHANGE SHALL NOTIFY THE INDIVIDUAL**
24 **AND OBTAIN CONFIRMATION OF THE INDIVIDUAL'S UNDERSTANDING THAT:**

25 **(1) AN ADVANCE PREMIUM TAX CREDIT IS BEING USED TO HELP PAY**
26 **THE INDIVIDUAL'S PREMIUM;**

27 **(2) THE INDIVIDUAL IS LEGALLY OBLIGATED TO FILE A FEDERAL**
28 **INCOME TAX RETURN THAT RECONCILES THE ADVANCE PREMIUM TAX CREDIT WITH**
29 **THE HOUSEHOLD CIRCUMSTANCES SHOWN ON THE RETURN; AND**

30 **(3) THE INDIVIDUAL IS LEGALLY OBLIGATED TO INFORM THE**
31 **EXCHANGE OF CHANGES IN HOUSEHOLD CIRCUMSTANCES, AFTER THE PERIOD**
32 **SHOWN ON THE INDIVIDUAL'S MOST RECENT FEDERAL INCOME TAX RETURN, THAT**
33 **MAY CHANGE THE INDIVIDUAL'S PREMIUM TAX CREDIT ELIGIBILITY.**

34 **(F) (1) THE EXCHANGE SHALL ENSURE THAT COVERAGE UNDER THIS**
35 **SECTION CAN BE EFFECTUATED PROMPTLY EVEN IF THE OPEN ENROLLMENT**

1 PERIOD FOR QUALIFIED HEALTH PLANS IS NO LONGER IN EFFECT.

2 (2) THE EXCHANGE MAY ACHIEVE THE REQUIREMENT UNDER
3 PARAGRAPH (1) OF THIS SUBSECTION THROUGH MEASURES THAT INCLUDE:

4 (I) ESTABLISHING A SPECIAL ENROLLMENT PERIOD FOR A
5 DEFAULT ENROLLMENT UNDER THIS SECTION; OR

6 (II) ESTABLISHING A PROCEDURE THROUGH WHICH A CARRIER
7 SPONSORING EXCHANGE-QUALIFIED HEALTH PLANS MAY VOLUNTARILY ELECT TO
8 ACCEPT INDIVIDUALS WHO ENROLL UNDER THIS SECTION, PROVIDED THAT THE
9 ELECTION:

10 1. SHALL CONSTITUTE AN ENFORCEABLE AGREEMENT
11 TO OFFER COVERAGE TO ALL INDIVIDUALS WHO ARE REFERRED TO THE CARRIER
12 UNDER THIS SECTION;

13 2. SHALL BE COMMUNICATED TO THE EXCHANGE USING
14 METHODS AND WITHIN TIME FRAMES DETERMINED BY THE EXCHANGE; AND

15 3. MAY NOT BE DEEMED AN AGREEMENT TO ENROLL
16 OTHER INDIVIDUALS OUTSIDE ESTABLISHED OPEN OR SPECIAL ENROLLMENT
17 PERIODS.

18 (G) (1) BEFORE COVERAGE IS EFFECTUATED UNDER THIS SECTION, THE
19 CARRIER SHALL OBTAIN INFORMED CONSENT FROM THE PROSPECTIVE MEMBER
20 REFERRED TO THE CARRIER.

21 (2) THE EXCHANGE SHALL ADOPT PROCEDURES FOR INFORMED
22 CONSENT THAT ADHERE, AS CLOSELY AS POSSIBLE, TO PROCEDURES USED IN
23 OTHER ENROLLMENT PROCESSES USED BY EXCHANGE-QUALIFIED HEALTH PLANS.

24 (H) (1) AFTER THE STEPS DESCRIBED IN SUBSECTIONS (B) THROUGH (G)
25 OF THIS SECTION ARE COMPLETE, THE TAXPAYER OR HOUSEHOLD MEMBER SHALL
26 RECEIVE COVERAGE AT THE EARLIEST FEASIBLE DATE, AS DETERMINED UNDER
27 GUIDELINES ADOPTED BY THE EXCHANGE.

28 (2) THE EXCHANGE SHALL PAY TO THE CARRIER THE FULL AMOUNT
29 OF THE DOWN PAYMENT APPLICABLE TO THE TAXPAYER OR HOUSEHOLD MEMBER
30 FOR THE PURCHASE OF THE PLAN OFFERED BY THE CARRIER AND THE CARRIER
31 SHALL OBTAIN THE REMAINDER OF PREMIUM PAYMENTS OWED FOR THE PLAN
32 THROUGH ADVANCE PREMIUM TAX CREDITS FOR WHICH THE TAXPAYER OR
33 HOUSEHOLD MEMBER QUALIFIES.

1 **33-602.**

2 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
3 INDICATED.

4 (2) "DOWN PAYMENT" MEANS A PAYMENT RECEIVED BY THE
5 EXCHANGE UNDER § 10-102.2 OF THE TAX - GENERAL ARTICLE TO HELP AN
6 UNINSURED TAXPAYER OR HOUSEHOLD MEMBER PURCHASE QUALIFIED HEALTH
7 PLAN COVERAGE.

8 (3) "NEXT OPEN ENROLLMENT PERIOD" MEANS THE FIRST OPEN
9 ENROLLMENT PERIOD THAT FOLLOWS THE RECEIPT OF AN INDIVIDUAL'S PAYMENT
10 AMOUNT.

11 (B) BEFORE THE NEXT OPEN ENROLLMENT PERIOD BEGINS, THE
12 EXCHANGE SHALL USE APPROPRIATE METHODS TO CONTACT EACH INDIVIDUAL
13 FOR WHOM THE EXCHANGE HAS RECEIVED A DOWN PAYMENT TO PROVIDE THE
14 INDIVIDUAL WITH THE FOLLOWING INFORMATION:

15 (1) THE AMOUNT OF THE DOWN PAYMENT TO HELP THE INDIVIDUAL
16 PURCHASE QUALIFIED HEALTH PLAN COVERAGE;

17 (2) THAT IF A DOWN PAYMENT IS NOT USED DURING THE NEXT OPEN
18 ENROLLMENT PERIOD TO PURCHASE COVERAGE, IT WILL REVERT TO THE
19 MARYLAND HEALTH INSURANCE STABILIZATION FUND AND WILL NOT BE
20 AVAILABLE FOR THE INDIVIDUAL'S FUTURE USE TO PURCHASE HEALTH COVERAGE;

21 (3) THE AVAILABILITY OF PREPAYMENT AMOUNTS DESCRIBED IN §
22 33-603 OF THIS SUBTITLE; AND

23 (4) KEY FEATURES OF QUALIFIED HEALTH PLANS THAT ARE
24 AVAILABLE TO THE INDIVIDUAL, INCLUDING THE IMPACT OF THE INFORMATION
25 DESCRIBED IN THIS SUBSECTION ON THE COST TO THE INDIVIDUAL IN PURCHASING
26 QUALIFIED HEALTH PLAN COVERAGE.

27 (C) (1) IF AN INDIVIDUAL FOR WHOM A DOWN PAYMENT HAS BEEN HELD
28 BY THE EXCHANGE CHOOSES TO ENROLL IN AN EXCHANGE-QUALIFIED HEALTH
29 PLAN, THE DOWN PAYMENT SHALL BE PAID TO THE CARRIER OFFERING THE
30 EXCHANGE-QUALIFIED HEALTH PLAN, DIVIDED INTO 12 EQUAL AMOUNTS PAID
31 EACH MONTH.

32 (2) IF AN INDIVIDUAL ELECTS THE PREPAYMENT OPTION DESCRIBED

1 IN § 33-603 OF THIS SUBTITLE, THE PREPAYMENT AMOUNT SHALL BE PAID TO THE
2 CARRIER OFFERING THE EXCHANGE-QUALIFIED HEALTH PLAN, DIVIDED INTO 12
3 EQUAL AMOUNTS PAID EACH MONTH.

4 (3) IF AN INDIVIDUAL TERMINATES QUALIFIED HEALTH PLAN
5 ENROLLMENT BEFORE ALL OF THE AMOUNTS DESCRIBED IN PARAGRAPH (1) OR (2)
6 OF THIS SUBSECTION HAVE BEEN PAID TO THE CARRIER, THE REMAINING UNSPENT
7 AMOUNTS SHALL BE TRANSFERRED TO THE MARYLAND INSURANCE STABILIZATION
8 FUND.

9 (D) (1) THE EXCHANGE AND THE COMPTROLLER SHALL DETERMINE
10 WHETHER IT IS ADMINISTRATIVELY FEASIBLE TO MAKE THE PAYMENTS DESCRIBED
11 IN SUBSECTION (C) OF THIS SECTION TO A CARRIER FOR PURCHASE OF A QUALIFIED
12 HEALTH PLAN THAT IS NOT AN EXCHANGE-QUALIFIED HEALTH PLAN.

13 (2) IF THE EXCHANGE AND THE COMPTROLLER MAKE AN
14 AFFIRMATIVE DETERMINATION UNDER PARAGRAPH (1) OF THIS SUBSECTION AND
15 AN INDIVIDUAL FOR WHOM A DOWN PAYMENT IS BEING HELD BY THE EXCHANGE
16 CHOOSES TO ENROLL IN A QUALIFIED HEALTH PLAN THAT IS NOT AN
17 EXCHANGE-QUALIFIED HEALTH PLAN, THE EXCHANGE SHALL MAKE THE
18 PAYMENTS DESCRIBED IN SUBSECTION (C) OF THIS SECTION TO THE CARRIER OF
19 THE QUALIFIED HEALTH PLAN CHOSEN BY THE INDIVIDUAL.

20 (E) (1) IF AN INDIVIDUAL FOR WHOM A DOWN PAYMENT IS BEING HELD
21 BY THE EXCHANGE DOES NOT AFFIRMATIVELY SELECT A QUALIFIED HEALTH PLAN
22 DURING THE OPEN ENROLLMENT PERIOD, THE EXCHANGE SHALL ASSESS WHETHER
23 A ZERO-ADDITIONAL-COST PLAN IS AVAILABLE FOR THE INDIVIDUAL.

24 (2) IF A ZERO-ADDITIONAL-COST PLAN IS AVAILABLE FOR THE
25 INDIVIDUAL, THE EXCHANGE SHALL IMPLEMENT THE DEFAULT ENROLLMENT
26 PROCEDURES UNDER § 33-601 OF THIS ARTICLE.

27 (3) IF A ZERO-ADDITIONAL-COST PLAN IS NOT AVAILABLE FOR THE
28 INDIVIDUAL, THE DOWN PAYMENT SHALL REVERT TO THE MARYLAND INSURANCE
29 STABILIZATION FUND.

30 (F) (1) THE EXCHANGE SHALL DEVELOP POLICIES AND PROCEDURES
31 THROUGH WHICH AN INDIVIDUAL, DURING AN OPEN ENROLLMENT PERIOD, MAY
32 MAKE A PREPAYMENT TO HELP PURCHASE AN EXCHANGE-QUALIFIED HEALTH PLAN
33 UNDER SUBSECTION (C)(2) OF THIS SECTION AND § 33-603 OF THIS SUBTITLE.

34 (2) THE OPTION TO MAKE A PREPAYMENT TO HELP PURCHASE AN
35 EXCHANGE-QUALIFIED HEALTH PLAN UNDER SUBSECTION (C)(2) OF THIS SECTION

1 AND § 33-603 OF THIS SUBTITLE SHALL BE AVAILABLE TO AN INDIVIDUAL,
2 REGARDLESS OF WHETHER OR NOT THE INDIVIDUAL HAS A DOWN PAYMENT BEING
3 HELD FOR THE INDIVIDUAL BY THE EXCHANGE.

4 (3) (I) THE EXCHANGE SHALL PROVIDE PUBLIC INFORMATION
5 ABOUT THE PREPAYMENT OPTION UNDER SUBSECTION (C)(2) OF THIS SECTION AND
6 § 33-603 OF THIS SUBTITLE USING NORMAL CHANNELS FOR COMMUNICATING
7 INFORMATION ABOUT OPEN ENROLLMENT TO POTENTIALLY AFFECTED
8 INDIVIDUALS.

9 (II) IN CONSULTATION WITH THE COMPTROLLER, THE
10 EXCHANGE SHALL PROVIDE OPPORTUNITIES THROUGH WHICH AN INDIVIDUAL CAN
11 ESTIMATE THE INDIVIDUAL'S FORTHCOMING PAYMENT AMOUNT UNDER § 10-102.2
12 OF THE TAX - GENERAL ARTICLE.

13 (4) (I) THE EXCHANGE AND THE COMPTROLLER SHALL
14 DETERMINE WHETHER IT IS ADMINISTRATIVELY FEASIBLE TO MAKE A PREPAYMENT
15 UNDER SUBSECTION (C)(2) OF THIS SECTION AND § 33-603 OF THIS SUBTITLE TO
16 HELP PURCHASE A QUALIFIED HEALTH PLAN THAT IS NOT AN
17 EXCHANGE-QUALIFIED HEALTH PLAN.

18 (II) IF THE EXCHANGE AND THE COMPTROLLER MAKE AN
19 AFFIRMATIVE DETERMINATION UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH
20 AND AN INDIVIDUAL USING THE PREPAYMENT OPTION CHOOSES TO ENROLL IN A
21 QUALIFIED HEALTH PLAN THAT IS NOT AN EXCHANGE-QUALIFIED HEALTH PLAN,
22 THE EXCHANGE SHALL MAKE THE PAYMENTS DESCRIBED IN SUBSECTION (C)(2) OF
23 THIS SECTION TO THE CARRIER OF THE QUALIFIED HEALTH PLAN CHOSEN BY THE
24 INDIVIDUAL.

25 (G) IF DETERMINED ADMINISTRATIVELY FEASIBLE BY THE BOARD AND THE
26 COMPTROLLER, THE FUNCTIONS DESCRIBED IN SUBSECTION (F) OF THIS SECTION
27 SHALL BEGIN OPERATION DURING THE OPEN ENROLLMENT PERIOD IMMEDIATELY
28 PRECEDING THE 2020 PLAN YEAR.

29 33-603.

30 (A) AN INDIVIDUAL WHO MAY OWE A PAYMENT AMOUNT MAY MAKE A
31 LUMP-SUM PAYMENT FOR QUALIFIED HEALTH PLAN COVERAGE AND HAVE THAT
32 PAYMENT CREDITED AGAINST ANY PAYMENT AMOUNT THAT THE INDIVIDUAL
33 WOULD OTHERWISE OWE ON THE INDIVIDUAL'S NEXT INCOME TAX RETURN IF THE
34 INDIVIDUAL:

35 (1) IN MAKING THE LUMP-SUM PAYMENT, IDENTIFIES IT AS A

1 PREPAYMENT UNDER THIS SECTION;

2 (2) COMPLETES ANY APPLICABLE FORMS REQUIRED BY THE
3 EXCHANGE; AND

4 (3) ENROLLS IN A QUALIFIED HEALTH PLAN FOR THE PLAN YEAR
5 FOLLOWING THE START OF THE APPLICABLE OPEN ENROLLMENT PERIOD.

6 (B) IF THE AMOUNT CLAIMED BY AN INDIVIDUAL AS A PREPAYMENT UNDER
7 THIS SECTION EXCEEDS THE PAYMENT AMOUNT THE INDIVIDUAL OWES WHEN
8 FILING THE INDIVIDUAL'S NEXT INCOME TAX RETURN, THE EXCESS MAY NOT BE
9 CREDITED AGAINST THE INDIVIDUAL'S STATE INCOME TAX LIABILITY OR RETURNED
10 TO THE INDIVIDUAL.

11 (C) THE EXCHANGE SHALL DEVELOP AND IMPLEMENT POLICIES AND
12 PROCEDURES THROUGH WHICH THE EXCHANGE SHALL:

13 (1) RECEIVE THE LUMP-SUM PAYMENTS DESCRIBED IN SUBSECTION
14 (A) OF THIS SECTION;

15 (2) MAKE PAYMENTS TO CARRIERS UNDER § 33-602(C)(2) OF THIS
16 SUBTITLE; AND

17 (3) IMPLEMENT PROCEDURES, INCLUDING RECONCILIATION
18 PROCEDURES, TO PREVENT, DETECT, AND CORRECT INACCURATE OR OTHERWISE
19 IMPROPER PLAN PAYMENTS, INCLUDING PAYMENTS MADE ON BEHALF OF AN
20 INDIVIDUAL WHO HAS TERMINATED ENROLLMENT IN A QUALIFIED HEALTH PLAN.

21 33-604.

22 (A) ON OR BEFORE SEPTEMBER 1, 2018, THE EXCHANGE AND THE
23 COMPTROLLER SHALL DETERMINE WHETHER INFORMATION AVAILABLE THROUGH
24 FEDERAL REPORTING SYSTEMS WILL BE SUFFICIENT, BEGINNING IN 2020, TO
25 VERIFY THE STATEMENTS ABOUT HEALTH INSURANCE STATUS THAT ARE INCLUDED
26 IN THE CHECKOFF DESCRIBED IN § 2-115 OF THE TAX - GENERAL ARTICLE.

27 (B) IF THE EXCHANGE AND THE COMPTROLLER DETERMINE THAT THE
28 INFORMATION DESCRIBED IN SUBSECTION (A) OF THIS SECTION WILL NOT BE
29 SUFFICIENT FOR VERIFICATION, THE EXCHANGE AND THE COMPTROLLER SHALL
30 ESTABLISH A COMPARABLE SYSTEM FOR VERIFICATION OF THE HEALTH INSURANCE
31 STATUS OF INDIVIDUALS.

32 33-605.

1 (A) DATA CONVEYED UNDER THIS TITLE SHALL BE SUBJECT TO
 2 APPLICABLE DATA PRIVACY AND DATA SECURITY SAFEGUARDS ESTABLISHED
 3 UNDER SUBSECTION (B) OF THIS SECTION.

4 (B) (1) THE EXCHANGE AND THE COMPTROLLER SHALL DEVELOP A
 5 DETAILED SET OF DATA PRIVACY AND DATA SECURITY SAFEGUARDS TO GOVERN THE
 6 CONVEYANCE OF DATA UNDER THIS TITLE.

7 (2) THE SAFEGUARDS DEVELOPED UNDER PARAGRAPH (1) OF THIS
 8 SUBSECTION SHALL ENSURE THAT THE CONVEYANCE OF DATA UNDER THIS TITLE
 9 COMPLIES WITH REQUIREMENTS UNDER FEDERAL AND STATE LAW.

10 **Article – State Finance and Procurement**

11 6–226.

12 (a) (2) (i) Notwithstanding any other provision of law, and unless
 13 inconsistent with a federal law, grant agreement, or other federal requirement or with the
 14 terms of a gift or settlement agreement, net interest on all State money allocated by the
 15 State Treasurer under this section to special funds or accounts, and otherwise entitled to
 16 receive interest earnings, as accounted for by the Comptroller, shall accrue to the General
 17 Fund of the State.

18 (ii) The provisions of subparagraph (i) of this paragraph do not apply
 19 to the following funds:

20 101. the Advance Directive Program Fund; [and]

21 102. the Make Office Vacancies Extinct Matching Fund;

22 **103. THE MARYLAND INSURANCE STABILIZATION FUND;**

23 AND

24 **104. THE HEALTH INSURANCE DOWN PAYMENT ESCROW**
 25 **FUND.**

26 **Article – Tax – General**

27 **2–115.**

28 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
 29 INDICATED.

30 (2) “AFFORDABLE CARE ACT” HAS THE MEANING STATED IN § 1–101

1 OF THE INSURANCE ARTICLE.

2 (3) "EXCHANGE" MEANS THE MARYLAND HEALTH BENEFIT
3 EXCHANGE.

4 (4) "HEALTH INSURANCE DOWN PAYMENT ESCROW FUND" MEANS
5 THE FUND ESTABLISHED UNDER § 33-302 OF THE INSURANCE ARTICLE.

6 (5) "INSURANCE-RELEVANT INFORMATION" MEANS INFORMATION
7 ABOUT A TAXPAYER OR A MEMBER OF THE TAXPAYER'S HOUSEHOLD THAT IS
8 NEEDED FOR THE EXCHANGE TO:

9 (I) IDENTIFY THE MEMBER OR TAXPAYER;

10 (II) FACILITATE THE DETERMINATION OF ELIGIBILITY FOR THE
11 MARYLAND MEDICAL ASSISTANCE PROGRAM, THE MARYLAND CHILDREN'S
12 HEALTH PROGRAM, PREMIUM TAX CREDITS DESCRIBED IN § 36B OF THE INTERNAL
13 REVENUE CODE, OR COST-SHARING REDUCTIONS DESCRIBED IN § 1402(C) OF THE
14 AFFORDABLE CARE ACT; OR

15 (III) FACILITATE ENROLLMENT IN HEALTH INSURANCE
16 COVERAGE.

17 (6) "MARYLAND INSURANCE STABILIZATION FUND" MEANS THE
18 FUND ESTABLISHED UNDER § 33-301 OF THE INSURANCE ARTICLE.

19 (7) "MINIMUM ESSENTIAL COVERAGE" HAS THE MEANING STATED IN
20 § 15-1301 OF THE INSURANCE ARTICLE.

21 (B) (1) THE COMPTROLLER SHALL INCLUDE ON THE INDIVIDUAL
22 INCOME TAX RETURN FORM A PROMINENTLY DISPLAYED CHECKOFF DESIGNATED
23 AS "AUTHORIZATION TO DISCLOSE TAXPAYER HEALTH INSURANCE INFORMATION
24 TO THE MARYLAND HEALTH BENEFIT EXCHANGE".

25 (2) THE CHECKOFF SHALL STATE THAT IF THE INDIVIDUAL DID NOT
26 HAVE HEALTH COVERAGE DURING THE TAXABLE YEAR, AS REQUIRED UNDER §
27 10-102.2(B) OF THIS ARTICLE:

28 (I) THE INDIVIDUAL MAY BE ELIGIBLE TO PARTICIPATE IN AN
29 INSURANCE AFFORDABILITY PROGRAM THAT PROVIDES HEALTH INSURANCE
30 COVERAGE AT ZERO ADDITIONAL COST TO THE TAXPAYER;

31 (II) THE INDIVIDUAL, OR EACH SPOUSE IN THE CASE OF A JOINT

1 RETURN, MAY AUTHORIZE THE COMPTROLLER TO PROVIDE TO THE EXCHANGE, THE
2 INSURANCE-RELEVANT INFORMATION FROM THE INDIVIDUAL INCOME TAX RETURN
3 FORM FOR THE PURPOSE OF FACILITATING ENROLLMENT IN HEALTH INSURANCE
4 COVERAGE, INCLUDING COVERAGE THAT MAY BE AVAILABLE AT ZERO ADDITIONAL
5 COST TO THE TAXPAYER;

6 (III) THE INDIVIDUAL MAY AUTHORIZE THE EXCHANGE TO
7 OBTAIN INFORMATION NEEDED TO VERIFY THE HOUSEHOLD MEMBER'S ELIGIBILITY
8 FOR INSURANCE AFFORDABILITY PROGRAMS AND FOR ENROLLMENT IN HEALTH
9 INSURANCE COVERAGE;

10 (IV) THE INDIVIDUAL'S PAYMENT AMOUNT UNDER § 10-102.2(C)
11 OF THIS ARTICLE MAY BE USED TO PURCHASE HEALTH INSURANCE COVERAGE AND
12 LIMIT FUTURE YEAR TAX OBLIGATIONS; AND

13 (V) THE INDIVIDUAL MAY WAIVE CONFIDENTIALITY FOR THE
14 EXCHANGE OR THE MARYLAND DEPARTMENT OF HEALTH TO ACCESS
15 THIRD-PARTY SOURCES OF INFORMATION THAT MAY BE NECESSARY IN
16 FACILITATING A DETERMINATION OF ELIGIBILITY FOR HEALTH INSURANCE
17 COVERAGE.

18 (3) THE CHECKOFF SHALL GIVE THE TAXPAYER THE OPPORTUNITY
19 TO INDICATE THE BEST WAY FOR THE EXCHANGE TO REACH THE TAXPAYER TO
20 FACILITATE ENROLLMENT IN HEALTH INSURANCE COVERAGE.

21 (C) (1) THE COMPTROLLER SHALL INCLUDE ON THE INDIVIDUAL
22 INCOME TAX RETURN FORM A PROMINENTLY DISPLAYED CHECKOFF DESIGNATED
23 AS "AUTHORIZATION TO DEPOSIT PAYMENT AMOUNT TO THE MARYLAND
24 INSURANCE STABILIZATION FUND WITHOUT RECEIVING ANY HEALTH INSURANCE
25 COVERAGE IN RETURN".

26 (2) THE CHECKOFF SHALL STATE THAT:

27 (I) IF THE INDIVIDUAL IS REQUIRED TO PAY A PAYMENT
28 AMOUNT UNDER § 10-102.2(C) OF THIS ARTICLE, THE INDIVIDUAL, OR EACH SPOUSE
29 IN THE CASE OF A JOINT RETURN, MAY AUTHORIZE THE COMPTROLLER TO DEPOSIT
30 THE PAYMENT AMOUNT IN THE MARYLAND INSURANCE STABILIZATION FUND; AND

31 (II) EXCEPT AS PROVIDED IN PARAGRAPH (4) OF THIS
32 SUBSECTION, IF THE INDIVIDUAL, OR EACH SPOUSE IN THE CASE OF A JOINT
33 RETURN, DOES NOT PROVIDE THE COMPTROLLER THE AUTHORIZATION UNDER
34 ITEM (I) OF THIS PARAGRAPH, THE PAYMENT AMOUNT WILL BE DEPOSITED IN THE
35 HEALTH INSURANCE DOWN PAYMENT ESCROW FUND AND WILL BE RESERVED TO

1 HELP PAY FOR HEALTH INSURANCE COVERAGE THAT COVERS THE INDIVIDUAL, OR
2 EACH SPOUSE IN THE CASE OF A JOINT RETURN, AND DEPENDENTS OF THE
3 TAXPAYER.

4 (3) IF THE INDIVIDUAL, OR EACH SPOUSE IN THE CASE OF A JOINT
5 RETURN, DOES NOT PROVIDE THE COMPTROLLER THE AUTHORIZATION UNDER
6 PARAGRAPH (2)(I) OF THIS SUBSECTION, EXCEPT AS PROVIDED UNDER PARAGRAPH
7 (4) OF THIS SUBSECTION, THE COMPTROLLER SHALL DEPOSIT THE PAYMENT
8 AMOUNT MADE UNDER § 10-102.2(C) OF THIS ARTICLE INTO THE HEALTH
9 INSURANCE DOWN PAYMENT ESCROW FUND.

10 (4) IF THE TAXPAYER'S RETURN IS FILED AFTER THE DATE SPECIFIED
11 IN § 6072(A) OF THE INTERNAL REVENUE CODE, THE PAYMENT AMOUNT MADE
12 UNDER § 10-102.2(C) OF THIS ARTICLE SHALL BE DEPOSITED IN THE MARYLAND
13 INSURANCE STABILIZATION FUND.

14 (D) THE COMPTROLLER SHALL INCLUDE WITH THE INDIVIDUAL INCOME
15 TAX RETURN PACKAGE A DESCRIPTION OF THE PURPOSES FOR WHICH THE
16 INFORMATION AUTHORIZED TO BE DISCLOSED UNDER THE CHECKOFF
17 ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION MAY BE USED.

18 (E) IF THE INDIVIDUAL, OR EACH SPOUSE IN THE CASE OF A JOINT RETURN,
19 AUTHORIZES THE COMPTROLLER TO DISCLOSE THE INFORMATION DESCRIBED
20 UNDER SUBSECTION (B) OF THIS SECTION, THE COMPTROLLER SHALL DISCLOSE
21 THE INFORMATION TO THE EXCHANGE, NOTWITHSTANDING THE PROHIBITION
22 UNDER § 13-202 OF THIS ARTICLE.

23 (F) (1) BEFORE THE BEGINNING OF AN ANNUAL OPEN ENROLLMENT
24 PERIOD IN THE EXCHANGE, THE COMPTROLLER SHALL PROVIDE AN INDIVIDUAL AN
25 ESTIMATE OF THE PAYMENT AMOUNT THE INDIVIDUAL WILL OWE ON THE
26 INDIVIDUAL'S NEXT INCOME TAX RETURN IF THE INDIVIDUAL DOES NOT MAINTAIN
27 MINIMUM ESSENTIAL COVERAGE DURING THE CURRENT CALENDAR YEAR.

28 (2) NOTHING UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY BE
29 CONSTRUED TO:

30 (I) ESTABLISH ANY LIABILITY OF THE COMPTROLLER OR THE
31 EXCHANGE FOR ANY ERROR COMMITTED IN DEVELOPING OR PROVIDING THE
32 ESTIMATES DESCRIBED UNDER PARAGRAPH (1) OF THIS SUBSECTION; OR

33 (II) RELIEVE ANY INDIVIDUAL TAXPAYER OF THE OBLIGATION
34 TO DETERMINE THE TAXPAYER'S LIKELY PAYMENT AMOUNT.

1 **10-102.2.**

2 (A) (1) THIS SECTION DOES NOT APPLY TO A NONRESIDENT, INCLUDING
3 A NONRESIDENT SPOUSE AND A NONRESIDENT DEPENDENT.

4 (2) ALL REFERENCES TO FEDERAL LAW CONTAINED IN THIS SECTION
5 SHALL BE CONSTRUED AS REFERENCES TO FEDERAL LAW AS IN EFFECT ON
6 DECEMBER 15, 2017, INCLUDING APPLICABLE REGULATIONS AND ADMINISTRATIVE
7 GUIDANCE THAT WERE IN EFFECT ON THAT DATE.

8 (B) BEGINNING JANUARY 1, 2019, AN INDIVIDUAL SHALL MAINTAIN FOR
9 THE INDIVIDUAL, AND FOR EACH DEPENDENT OF THE INDIVIDUAL, MINIMUM
10 ESSENTIAL COVERAGE.

11 (C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION AND EXCEPT
12 AS PROVIDED UNDER SUBSECTION (E) OF THIS SECTION, AN INDIVIDUAL SHALL PAY
13 AN AMOUNT DETERMINED UNDER SUBSECTION (D) OF THIS SECTION IF THE
14 INDIVIDUAL FAILS TO MAINTAIN THE COVERAGE REQUIRED UNDER SUBSECTION (B)
15 OF THIS SECTION FOR 3 OR MORE MONTHS OF THE TAXABLE YEAR.

16 (2) ANY PAYMENT DUE UNDER PARAGRAPH (1) OF THIS SUBSECTION
17 FOR ANY MONTH IN WHICH AN INDIVIDUAL FAILS TO MAINTAIN THE COVERAGE
18 REQUIRED UNDER SUBSECTION (B) OF THIS SECTION SHALL BE:

19 (I) IN ADDITION TO THE STATE INCOME TAX UNDER §
20 10-105(A) OF THIS SUBTITLE; AND

21 (II) INCLUDED WITH THE STATE INCOME TAX RETURN FILED BY
22 THE INDIVIDUAL UNDER SUBTITLE 8 OF THIS TITLE FOR THE TAXABLE YEAR THAT
23 INCLUDES THE MONTHS IN WHICH COVERAGE WAS NOT MAINTAINED AS REQUIRED
24 UNDER SUBSECTION (B) OF THIS SECTION.

25 (3) IF AN INDIVIDUAL WHO IS SUBJECT TO A PAYMENT UNDER THIS
26 SECTION FILES A JOINT STATE INCOME TAX RETURN UNDER § 10-807 OF THIS TITLE,
27 THE INDIVIDUAL AND THE INDIVIDUAL'S SPOUSE JOINTLY SHALL BE LIABLE FOR
28 THE PAYMENT.

29 (D) THE AMOUNT OF THE PAYMENT IMPOSED UNDER SUBSECTION (C) OF
30 THIS SECTION SHALL BE EQUAL TO THE GREATER OF:

31 (1) 2.5% OF THE SUM OF THE INDIVIDUAL'S FEDERAL MODIFIED
32 ADJUSTED GROSS INCOME, AS DEFINED IN 42 U.S.C. § 1395R, AND THE FEDERAL
33 MODIFIED ADJUSTED GROSS INCOME OF ALL INDIVIDUALS CLAIMED ON THE

1 INDIVIDUAL'S INCOME TAX RETURN; OR

2 (2) THE FOLLOWING AMOUNTS PER INDIVIDUAL, WHICH SHALL BE
3 ADJUSTED ANNUALLY FOR INFLATION:

4 (I) \$695 FOR EACH ADULT; AND

5 (II) \$347.50 FOR EACH CHILD UNDER 18 YEARS OLD.

6 (E) AN INDIVIDUAL MAY NOT BE ASSESSED A PAYMENT UNDER SUBSECTION
7 (C) OF THIS SECTION IF:

8 (1) THE INDIVIDUAL QUALIFIES FOR AN EXEMPTION UNDER 26
9 U.S.C. § 5000A; OR

10 (2) THE INDIVIDUAL PAID THE FEDERALLY IMPOSED PAYMENT
11 UNDER 26 U.S.C. § 5000A.

12 (F) AN INDIVIDUAL MAY CLAIM A CREDIT AGAINST THE PAYMENT ASSESSED
13 UNDER SUBSECTION (C) OF THIS SECTION IN AN AMOUNT EQUAL TO THE LUMP-SUM
14 PAYMENT PAID BY THE INDIVIDUAL DURING THE TAXABLE YEAR FOR QUALIFIED
15 HEALTH PLAN COVERAGE UNDER § 33-603 OF THE INSURANCE ARTICLE.

16 (G) AN INDIVIDUAL SHALL INDICATE ON THE INCOME TAX RETURN FOR THE
17 INDIVIDUAL, IN THE FORM REQUIRED BY THE COMPTROLLER, WHETHER MINIMUM
18 ESSENTIAL COVERAGE WAS MAINTAINED AS REQUIRED UNDER SUBSECTION (B) OF
19 THIS SECTION OR WHETHER AN EXEMPTION IS CLAIMED FOR:

20 (1) THE INDIVIDUAL;

21 (2) THE INDIVIDUAL'S SPOUSE IN THE CASE OF A MARRIED COUPLE;
22 AND

23 (3) EACH DEPENDENT CHILD OF THE INDIVIDUAL, IF ANY.

24 (H) ANY INDIVIDUAL SHALL HAVE THE RIGHT TO APPEAL, IN ACCORDANCE
25 WITH THE PROCEDURES OF TITLE 13, SUBTITLE 5 OF THIS ARTICLE, A PAYMENT
26 ASSESSED UNDER SUBSECTION (B) OF THIS SECTION, THE DENIAL OF AN EXEMPTION
27 UNDER SUBSECTION (E) OF THIS SECTION, OR THE DENIAL OF A CREDIT UNDER
28 SUBSECTION (F) OF THIS SECTION.

29 (I) THE COMPTROLLER SHALL DISTRIBUTE THE REVENUE FROM THE
30 PAYMENT ASSESSED UNDER SUBSECTION (B) OF THIS SECTION IN THE MANNER
31 DESCRIBED UNDER § 2-115 OF THIS ARTICLE.

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
2 1, 2018.