
By: **Chairman, Health and Government Operations Committee (By Request
- Departmental - Insurance Administration, Maryland)**

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Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 29, 2005

CHAPTER _____

1 AN ACT concerning

2 **Discount Medical Plan Organizations and Discount Drug Plan**
3 **Organizations - Registration and Regulation**

4 FOR the purpose of providing for the regulation by the Maryland Insurance
5 Commissioner of certain discount medical plan organizations and discount drug
6 plan organizations; requiring the registration of certain entities as discount
7 medical plan organizations or discount drug plan organizations; providing for
8 the application and renewal process for registration; authorizing the
9 Commissioner to deny a registration or refuse to renew, suspend, or revoke a
10 registration under certain circumstances; prohibiting certain actions by a
11 discount medical plan organization and discount drug plan ~~organizations~~
12 organization; requiring certain disclosures to be made by discount medical plan
13 organizations and discount drug plan organizations; ~~requiring certain billing~~
14 ~~statements under certain circumstances; specifying that only certain individuals~~
15 ~~may sell discount medical plans and discount drug plans~~; requiring a plan
16 member to receive certain reimbursement if the plan member or a discount
17 medical plan organization or discount drug plan organization cancels
18 membership under certain circumstances; requiring that certain information
19 appear on certain discount cards; authorizing the examination of discount
20 medical plan organizations and discount drug plan organizations under certain
21 circumstances; authorizing the Commissioner to take certain actions to enforce
22 certain provisions of law; providing for certain penalties; providing for the
23 payment of the examinations; requiring an insurer, nonprofit health service
24 plan, health maintenance organization, or dental plan organization to meet
25 certain requirements; requiring the Commissioner to adopt certain regulations;
26 defining certain terms; providing for the application of this Act; and generally
27 relating to discount medical plan organizations and discount drug plan

1 organizations.

2 BY adding to

3 Article - Health - General

4 Section 19-706(ddd)

5 Annotated Code of Maryland

6 (2000 Replacement Volume and 2004 Supplement)

7 BY repealing and reenacting, with amendments,

8 Article - Insurance

9 Section 2-208

10 Annotated Code of Maryland

11 (2003 Replacement Volume and 2004 Supplement)

12 BY adding to

13 Article - Insurance

14 Section 14-601 through ~~14-611~~ 14-612, inclusive to be under the new subtitle

15 "Subtitle 6. Discount Medical Plan Organizations and Discount Drug Plan

16 Organizations"

17 Annotated Code of Maryland

18 (2002 Replacement Volume and 2004 Supplement)

19 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

20 MARYLAND, That the Laws of Maryland read as follows:

21 **Article - Health - General**

22 19-706.

23 (DDD) THE PROVISIONS OF TITLE 14, SUBTITLE 6 OF THE INSURANCE ARTICLE

24 APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

25 **Article - Insurance**

26 2-208.

27 The expense incurred in an examination made under § 2-205 of this subtitle, §
28 2-206 of this subtitle for surplus lines brokers and insurance holding corporations, §
29 23-207 of this article for premium finance companies, § 15-10B-19 of this article for
30 private review agents, [or] § 15-10B-20 of this article, OR § 14-610 OF THIS ARTICLE
31 FOR DISCOUNT MEDICAL PLAN ORGANIZATIONS AND DISCOUNT DRUG PLAN
32 ORGANIZATIONS shall be paid by the person examined in the following manner:

33 (1) the person examined shall pay to the Commissioner the travel
34 expenses, a living expense allowance, and a per diem as compensation for examiners,
35 actuaries, and typists:

1 (i) to the extent incurred for the examination; and

2 (ii) at reasonable rates set by the Commissioner;

3 (2) the Commissioner may present a detailed account of expenses
4 incurred to the person examined periodically during the examination or at the end of
5 the examination, as the Commissioner considers proper; and

6 (3) a person may not pay and an examiner may not accept any
7 compensation for an examination in addition to the compensation under paragraph
8 (1) of this section.

9 SUBTITLE 6. DISCOUNT MEDICAL PLAN ORGANIZATIONS AND DISCOUNT DRUG
10 PLAN ORGANIZATIONS.

11 14-601.

12 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
13 INDICATED.

14 (B) (1) "DISCOUNT DRUG PLAN" MEANS A BUSINESS ARRANGEMENT OR
15 CONTRACT IN WHICH A PERSON, IN EXCHANGE FOR FEES, DUES, CHARGES, OR
16 OTHER FINANCIAL CONSIDERATION PAID BY OR ON BEHALF OF A PLAN MEMBER,
17 ~~PROVIDES ACCESS FOR PLAN MEMBERS TO PURCHASE~~ THE RIGHT TO RECEIVE
18 DISCOUNTS ON SPECIFIED PHARMACEUTICAL SUPPLIES, PRESCRIPTION DRUGS, ~~AND~~
19 OR MEDICAL EQUIPMENT AND SUPPLIES AT A DISCOUNT FROM SPECIFIED
20 PROVIDERS.

21 (2) "DISCOUNT DRUG PLAN" DOES NOT INCLUDE A BUSINESS
22 ARRANGEMENT OR CONTRACT IN WHICH THE FEES, DUES, CHARGES, AND OTHER
23 FINANCIAL CONSIDERATION PAID BY OR ON BEHALF OF A PLAN MEMBER CONSIST
24 ONLY OF:

25 (I) A PAYMENT MADE DIRECTLY TO A PROVIDER AS A DISPENSING
26 OR TRANSACTIONAL FEE IN CONNECTION WITH THE PURCHASE OF
27 PHARMACEUTICAL SUPPLIES, PRESCRIPTION DRUGS, OR MEDICAL EQUIPMENT AND
28 SUPPLIES THAT ARE SUBJECT TO A DISCOUNT; OR

29 (II) AN ADMINISTRATIVE OR PROCESSING FEE PAID BY ANYONE
30 OTHER THAN A PLAN MEMBER TO A PROVIDER IN CONNECTION WITH THAT
31 PROVIDER'S PROVISION OF DISCOUNTS TO PLAN MEMBERS.

32 (C) "DISCOUNT DRUG PLAN ORGANIZATION" MEANS AN ENTITY ~~WHICH, IN~~
33 ~~EXCHANGE FOR FEES, DUES, CHARGES, OR OTHER FINANCIAL CONSIDERATION,~~
34 ~~PROVIDES ACCESS FOR PLAN MEMBERS TO PURCHASE PHARMACEUTICAL SUPPLIES,~~
35 ~~PRESCRIPTION DRUGS, AND MEDICAL EQUIPMENT AND SUPPLIES THROUGH A~~
36 DISCOUNT DRUG PLAN THAT:

37 (1) ESTABLISHES A DISCOUNT DRUG PLAN; AND

1 (2) CONTRACTS DIRECTLY OR INDIRECTLY WITH PROVIDERS OR
 2 PROVIDER NETWORKS TO PROVIDE PHARMACEUTICAL SUPPLIES, PRESCRIPTION
 3 DRUGS, OR MEDICAL EQUIPMENT AND SUPPLIES AT A DISCOUNT TO PLAN MEMBERS.

4 (D) "DISCOUNT MEDICAL PLAN" MEANS A BUSINESS ARRANGEMENT OR
 5 CONTRACT IN WHICH A PERSON, IN EXCHANGE FOR FEES, DUES, CHARGES, OR
 6 OTHER FINANCIAL CONSIDERATION PAID BY OR ON BEHALF OF A PLAN MEMBER,
 7 PROVIDES ACCESS FOR PLAN MEMBERS TO PROVIDERS OF MEDICAL SERVICES AND
 8 ~~THE RIGHT TO RECEIVE MEDICAL SERVICES FROM THOSE PROVIDERS AT A~~
 9 DISCOUNT THE RIGHT TO RECEIVE DISCOUNTS ON SPECIFIED MEDICAL SERVICES
 10 FROM SPECIFIED PROVIDERS.

11 (E) "DISCOUNT MEDICAL PLAN ORGANIZATION" MEANS AN ENTITY ~~WHICH, IN~~
 12 ~~EXCHANGE FOR FEES, DUES, CHARGES, OR OTHER FINANCIAL CONSIDERATION,~~
 13 ~~PROVIDES ACCESS FOR PLAN MEMBERS TO PROVIDERS OF MEDICAL SERVICES AND~~
 14 ~~THE RIGHT TO RECEIVE MEDICAL SERVICES FROM THOSE PROVIDERS THROUGH A~~
 15 DISCOUNT MEDICAL PLAN THAT:

16 (1) ESTABLISHES A DISCOUNT MEDICAL PLAN; AND

17 (2) CONTRACTS DIRECTLY OR INDIRECTLY WITH PROVIDERS OR
 18 PROVIDER NETWORKS TO PROVIDE MEDICAL SERVICES AT A DISCOUNT TO PLAN
 19 MEMBERS.

20 (F) "HOSPITAL SERVICES" HAS THE MEANING STATED IN § 19-201 OF THE
 21 HEALTH - GENERAL ARTICLE.

22 ~~(F)~~ ~~(G)~~ "MEDICAL SERVICES" MEANS ANY CARE, SERVICE, OR TREATMENT
 23 OF ILLNESS OR DYSFUNCTION OF, OR INJURY TO, THE HUMAN BODY, INCLUDING;
 24 ~~BUT NOT LIMITED TO, PHYSICIAN CARE, INPATIENT CARE, HOSPITAL SURGICAL~~
 25 ~~SERVICES, EMERGENCY SERVICES, OUTPATIENT SERVICES, AMBULANCE SERVICES,~~
 26 DENTAL CARE SERVICES, VISION CARE SERVICES, MENTAL HEALTH SERVICES,
 27 SUBSTANCE ABUSE SERVICES, CHIROPRACTIC SERVICES, PODIATRIC CARE
 28 SERVICES, AND LABORATORY SERVICES.

29 ~~(G)~~ ~~"MEDICARE APPROVED DRUG CARD PROGRAM" MEANS A DRUG CARD~~
 30 ~~PROGRAM APPROVED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.~~

31 (H) "MEDICARE PRESCRIPTION DRUG PLAN" MEANS A PLAN THAT PROVIDES A
 32 MEDICARE PART D PRESCRIPTION DRUG BENEFIT IN ACCORDANCE WITH THE
 33 REQUIREMENTS OF THE FEDERAL MEDICARE MODERNIZATION ACT.

34 ~~(H)~~ ~~(I)~~ "PLAN MEMBER" MEANS ANY ~~PERSON INDIVIDUAL~~ WHO, ~~FOR THE~~
 35 ~~PAYMENT OF PAYS~~ FEES, DUES, CHARGES, OR OTHER FINANCIAL CONSIDERATION;
 36 ~~HAS CONTRACTED~~ FOR THE RIGHT TO RECEIVE THE ~~PURPORTED~~ BENEFITS OF A
 37 DISCOUNT MEDICAL PLAN OR A DISCOUNT DRUG PLAN.

38 ~~(I)~~ ~~(J)~~ "PROVIDER" MEANS:

1 (1) ANY PERSON OR INSTITUTION WHICH IS CONTRACTED, DIRECTLY OR
 2 INDIRECTLY, WITH A DISCOUNT MEDICAL PLAN ORGANIZATION TO PROVIDE
 3 MEDICAL SERVICES TO PLAN MEMBERS; OR

4 (2) ANY PERSON OR INSTITUTION WHICH IS CONTRACTED, DIRECTLY OR
 5 INDIRECTLY, WITH A DISCOUNT DRUG PLAN ORGANIZATION TO PROVIDE
 6 PHARMACEUTICAL SUPPLIES, PRESCRIPTION DRUGS, ~~AND~~ OR MEDICAL EQUIPMENT
 7 AND SUPPLIES TO PLAN MEMBERS.

8 14-602.

9 (A) ~~UNLESS OTHERWISE STATED~~ EXCEPT AS PROVIDED IN SUBSECTION (B) OF
 10 THIS SECTION, THIS SUBTITLE DOES NOT APPLY TO AN INSURER, NONPROFIT
 11 HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION, OR DENTAL
 12 PLAN ORGANIZATION THAT HOLDS A CERTIFICATE OF AUTHORITY IN THIS STATE.

13 (B) AN INSURER, NONPROFIT HEALTH SERVICE PLAN, HEALTH
 14 MAINTENANCE ORGANIZATION, OR DENTAL PLAN ORGANIZATION SHALL:

15 (1) COMPLY WITH §§ 14-606 THROUGH 14-611 OF THIS SUBTITLE;

16 (2) NOTIFY THE COMMISSIONER IN WRITING THAT IT SELLS, MARKETS,
 17 OR SOLICITS A DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN IN THE STATE;
 18 AND

19 (3) MAINTAIN ON FILE WITH THE COMMISSIONER A CURRENT LIST OF
 20 THE PERSONS AUTHORIZED TO SELL, MARKET, OR SOLICIT A DISCOUNT MEDICAL
 21 PLAN OR DISCOUNT DRUG PLAN ESTABLISHED BY THE INSURER, NONPROFIT
 22 HEALTH SERVICE PLAN, HEALTH MAINTENANCE ORGANIZATION, OR DENTAL PLAN
 23 ORGANIZATION.

24 ~~(B)~~ (C) THIS SUBTITLE DOES NOT APPLY TO MEDICARE APPROVED DRUG
 25 CARD PROGRAMS PRESCRIPTION DRUG PLANS.

26 14-603.

27 (A) (1) ~~A PERSON MUST~~ AN ENTITY SHALL REGISTER WITH THE
 28 COMMISSIONER AS A DISCOUNT MEDICAL PLAN ORGANIZATION BEFORE ~~THE~~
 29 ~~PERSON SELLS, MARKETS, OR SOLICITS A DISCOUNT MEDICAL PLAN~~ A DISCOUNT
 30 MEDICAL PLAN ESTABLISHED BY THAT ENTITY IS SOLD, MARKETED, OR SOLICITED
 31 IN THE STATE.

32 (2) A DISCOUNT MEDICAL PLAN MAY NOT BE SOLD, MARKETED, OR
 33 SOLICITED IN THE STATE UNLESS THE DISCOUNT MEDICAL PLAN ORGANIZATION
 34 THAT ESTABLISHED THE DISCOUNT MEDICAL PLAN IS REGISTERED WITH THE
 35 COMMISSIONER.

36 (B) (1) ~~A PERSON MUST~~ AN ENTITY SHALL REGISTER WITH THE
 37 COMMISSIONER AS A DISCOUNT DRUG PLAN ORGANIZATION BEFORE ~~THE PERSON~~

1 ~~SELLS, MARKETS, OR SOLICITS A DISCOUNT DRUG PLAN~~ A DISCOUNT DRUG PLAN
2 ESTABLISHED BY THAT ENTITY IS SOLD, MARKETED, OR SOLICITED IN THE STATE.

3 (2) A DISCOUNT DRUG PLAN MAY NOT BE SOLD, MARKETED, OR
4 SOLICITED IN THE STATE UNLESS THE DISCOUNT DRUG PLAN ORGANIZATION THAT
5 ESTABLISHED THE DISCOUNT DRUG PLAN IS REGISTERED WITH THE
6 COMMISSIONER.

7 (C) AN APPLICANT FOR REGISTRATION SHALL:

8 (1) FILE WITH THE COMMISSIONER AN APPLICATION ON THE FORM
9 THAT THE COMMISSIONER REQUIRES; AND

10 (2) PAY TO THE COMMISSIONER AN APPLICATION FEE OF \$250.

11 (D) AN ENTITY THAT IS REQUIRED TO REGISTER WITH THE COMMISSIONER
12 UNDER BOTH SUBSECTIONS (A) AND (B) OF THIS SECTION MAY FILE ONE
13 APPLICATION WITH THE COMMISSIONER AND PAY ONE APPLICATION FEE.

14 (E) AN APPLICANT SHALL FILE WITH ITS APPLICATION A LIST OF THE
15 PERSONS AUTHORIZED TO SELL, MARKET, OR SOLICIT A DISCOUNT MEDICAL PLAN
16 OR DISCOUNT DRUG PLAN ESTABLISHED BY THE APPLICANT.

17 14-604.

18 (A) A REGISTRATION EXPIRES ON THE SECOND JUNE 30 FOLLOWING THE
19 REGISTRATION UNLESS IT IS RENEWED AS PROVIDED IN THIS SECTION.

20 (B) BEFORE A REGISTRATION EXPIRES, THE REGISTRANT MAY RENEW IT FOR
21 AN ADDITIONAL 2-YEAR TERM, IF THE REGISTRANT:

22 (1) OTHERWISE IS ENTITLED TO BE REGISTERED;

23 (2) FILES WITH THE COMMISSIONER A RENEWAL APPLICATION ON THE
24 FORM THAT THE COMMISSIONER REQUIRES; AND

25 (3) PAYS TO THE COMMISSIONER A RENEWAL FEE OF \$150.

26 (C) AN APPLICATION FOR RENEWAL OF A REGISTRATION SHALL BE
27 CONSIDERED MADE IN A TIMELY MANNER IF IT IS POSTMARKED ON OR BEFORE
28 JUNE 30 OF THE YEAR OF RENEWAL.

29 (D) SUBJECT TO THE PROVISIONS OF § 14-605 OF THIS SUBTITLE, THE
30 COMMISSIONER SHALL RENEW THE REGISTRATION OF EACH REGISTRANT THAT
31 MEETS THE REQUIREMENTS OF THIS SECTION.

32 (E) A REGISTRANT SHALL MAINTAIN ON FILE WITH THE COMMISSIONER A
33 CURRENT LIST OF THE PERSONS AUTHORIZED TO SELL, MARKET, OR SOLICIT A
34 DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN ESTABLISHED BY THE
35 REGISTRANT.

1 14-605.

2 (A) SUBJECT TO THE HEARING PROVISIONS OF TITLE 2 OF THIS ARTICLE, THE
3 COMMISSIONER MAY DENY A REGISTRATION TO AN APPLICANT OR REFUSE TO
4 RENEW, SUSPEND, OR REVOKE THE REGISTRATION OF A REGISTRANT IF THE
5 APPLICANT OR REGISTRANT, OR AN OFFICER, DIRECTOR, OR EMPLOYEE OF THE
6 APPLICANT OR REGISTRANT:

7 (1) MAKES A MATERIAL MISSTATEMENT OR MISREPRESENTATION IN AN
8 APPLICATION FOR REGISTRATION;

9 (2) FRAUDULENTLY OR DECEPTIVELY OBTAINS OR ATTEMPTS TO
10 OBTAIN A REGISTRATION FOR THE APPLICANT OR REGISTRANT OR FOR ANOTHER;

11 (3) HAS BEEN CONVICTED OF A FELONY OR OF A MISDEMEANOR
12 INVOLVING MORAL TURPITUDE;

13 (4) IN CONNECTION WITH THE ADMINISTRATION OF A DISCOUNT
14 MEDICAL PLAN OR DISCOUNT DRUG PLAN, COMMITS FRAUD OR ENGAGES IN
15 ILLEGAL OR DISHONEST ACTIVITIES; ~~OR~~

16 (5) HAS VIOLATED ANY PROVISION OF THIS ~~ARTICLE~~ SUBTITLE OR A
17 REGULATION ADOPTED UNDER IT;

18 (6) PROVIDES A FALSE, FALSELY DISPARAGING, OR MISLEADING ORAL
19 OR WRITTEN STATEMENT, VISUAL DESCRIPTION, OR OTHER REPRESENTATION OF
20 ANY KIND THAT HAS THE CAPACITY, TENDENCY, OR EFFECT OF DECEIVING OR
21 MISLEADING CONSUMERS;

22 (7) MAKES A REPRESENTATION THAT A DISCOUNT MEDICAL PLAN OR
23 DISCOUNT DRUG PLAN HAS A SPONSORSHIP, APPROVAL, CHARACTERISTIC, USE, OR
24 BENEFIT THAT IT DOES NOT HAVE;

25 (8) HAS VIOLATED § 13-301 OF THE COMMERCIAL LAW ARTICLE; OR

26 (9) FAILS TO MAINTAIN ON FILE WITH THE COMMISSIONER A CURRENT
27 LIST OF THE PERSONS AUTHORIZED TO SELL, MARKET, OR SOLICIT A DISCOUNT
28 MEDICAL PLAN OR DISCOUNT DRUG PLAN ESTABLISHED BY THE APPLICANT OR THE
29 REGISTRANT.

30 (B) THIS SECTION DOES NOT LIMIT ANY REGULATORY POWER OF THE
31 COMMISSIONER UNDER TITLE 2 OF THIS ARTICLE.

32 14-606.

33 ~~(A) THIS SECTION APPLIES TO AN INSURER, NONPROFIT HEALTH SERVICE~~
34 ~~PLAN, OR HEALTH MAINTENANCE ORGANIZATION THAT HOLDS A CERTIFICATE OF~~
35 ~~AUTHORITY IN THIS STATE.~~

1 ~~(B)~~ A DISCOUNT MEDICAL PLAN ORGANIZATION AND A DISCOUNT DRUG PLAN
2 ORGANIZATION MAY NOT:

3 (1) USE IN ~~ITS~~ THEIR ADVERTISEMENTS, MARKETING MATERIAL,
4 BROCHURES, AND DISCOUNT CARDS THE TERM "INSURANCE" EXCEPT:

5 (I) IN THE NAME OF AN INSURER, NONPROFIT HEALTH SERVICE
6 PLAN, OR HEALTH MAINTENANCE ORGANIZATION WHOSE CORPORATE NAME
7 INCLUDES THE WORD "INSURANCE"; ~~OR~~

8 (II) WHEN COMPARING THE DISCOUNT MEDICAL PLAN OR
9 DISCOUNT DRUG PLAN TO INSURANCE OR OTHERWISE DISTINGUISHING THE
10 DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN FROM INSURANCE; OR

11 ~~(H)~~ (III) AS OTHERWISE PROVIDED IN THIS SUBTITLE;

12 (2) USE IN ~~ITS~~ THEIR ADVERTISEMENTS, MARKETING MATERIAL,
13 BROCHURES, AND DISCOUNT CARDS, THE TERMS "HEALTH PLAN", "COVERAGE",
14 "COPAY", "COPAYMENTS", "PREEXISTING CONDITIONS", "GUARANTEED ISSUE",
15 "PREMIUM", "~~ENROLLMENT~~", "PPO", "PREFERRED PROVIDER ORGANIZATION", OR
16 OTHER TERMS IN A CONTEXT THAT COULD REASONABLY MISLEAD A PERSON INTO
17 BELIEVING THE DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN WAS HEALTH
18 INSURANCE;

19 (3) HAVE RESTRICTIONS ON ACCESS TO DISCOUNT MEDICAL PLAN OR
20 DISCOUNT DRUG PLAN PROVIDERS, INCLUDING, BUT NOT LIMITED TO, WAITING
21 PERIODS AND NOTIFICATION PERIODS;

22 (4) PAY PROVIDERS ANY FEES FOR MEDICAL SERVICES,
23 PHARMACEUTICAL SUPPLIES, PRESCRIPTION DRUGS, OR MEDICAL EQUIPMENT AND
24 SUPPLIES;

25 (5) REFUSE TO MODIFY A PLAN MEMBER'S METHOD OF PAYMENT UPON
26 REQUEST, UNLESS A SPECIFIC METHOD OF PAYMENT IS REQUIRED AS A TERM OF
27 THE PLAN AND WAS AGREED TO IN WRITING IN ADVANCE BY THE MEMBER;

28 (6) IF MEMBERSHIP IS BILLED ON A MONTHLY BASIS, REFUSE TO
29 PERMIT A MEMBER TO TERMINATE MEMBERSHIP WITHOUT FINANCIAL PENALTY ON
30 NO MORE THAN 30 DAYS' WRITTEN NOTICE; OR

31 (7) (I) CONTINUE ELECTRONIC FUND TRANSFER AS A METHOD OF
32 PAYMENT MORE THAN ~~40 BUSINESS~~ 30 CALENDAR DAYS AFTER THE PLAN MEMBER
33 HAS REQUESTED TERMINATION OF ELECTRONIC FUND TRANSFER IN WRITING; OR

34 (II) REQUIRE THE MEMBER TO NOTIFY MORE THAN ONE ENTITY
35 THAT IS EITHER THE DISCOUNT MEDICAL PLAN ORGANIZATION OR THE DISCOUNT
36 DRUG PLAN ORGANIZATION OR AN ENTITY IDENTIFIED BY THE DISCOUNT MEDICAL
37 PLAN ORGANIZATION OR THE DISCOUNT DRUG PLAN ORGANIZATION THAT
38 ELECTRONIC FUND TRANSFER SHOULD BE TERMINATED.

1 14-607.

2 (A) ~~THIS SECTION APPLIES TO AN INSURER, NONPROFIT HEALTH SERVICE~~
3 ~~PLAN, OR HEALTH MAINTENANCE ORGANIZATION THAT HOLDS A CERTIFICATE OF~~
4 ~~AUTHORITY IN THIS STATE.~~

5 ~~(B)~~ (A) THE FOLLOWING DISCLOSURES ~~MUST SHALL~~ BE MADE IN WRITING
6 PRINTED IN 12 POINT TYPE TO ANY PROSPECTIVE MEMBER OF A DISCOUNT MEDICAL
7 PLAN ORGANIZATION AND ~~MUST SHALL~~ BE INCLUDED IN ANY ~~ADVERTISEMENTS,~~
8 MARKETING MATERIALS, OR BROCHURES RELATING TO A DISCOUNT MEDICAL PLAN.
9 ~~THE DISCLOSURES MUST BE PRINTED IN 12 POINT TYPE OR IN THE LARGEST TYPE~~
10 ~~USED IN THE DOCUMENT IN WHICH THE DISCLOSURE IS MADE, WHICHEVER IS~~
11 ~~LARGER. THE DISCLOSURES MUST INCLUDE:~~

12 (1) A STATEMENT THAT THE DISCOUNT MEDICAL PLAN IS ~~A DISCOUNT~~
13 ~~MEDICAL PLAN AND NOT HEALTH INSURANCE;~~

14 (2) A STATEMENT THAT MEMBERSHIP IN THE DISCOUNT MEDICAL PLAN
15 ENTITLES MEMBERS TO DISCOUNTS FOR CERTAIN MEDICAL SERVICES OFFERED BY
16 PROVIDERS WHO HAVE AGREED TO PARTICIPATE IN THE DISCOUNT MEDICAL PLAN;

17 (3) A STATEMENT THAT THE ~~PLAN~~ DISCOUNT MEDICAL PLAN
18 ORGANIZATION ITSELF DOES NOT PAY PROVIDERS OF MEDICAL SERVICES FOR
19 SERVICES PROVIDED TO PLAN MEMBERS;

20 (4) A STATEMENT THAT THE PLAN MEMBER IS REQUIRED TO PAY FOR
21 ANY MEDICAL SERVICE PROVIDED, BUT IS ENTITLED TO RECEIVE A DISCOUNT ON
22 CERTAIN IDENTIFIED MEDICAL SERVICES FROM THOSE PROVIDERS WHO HAVE
23 CONTRACTED WITH THE DISCOUNT MEDICAL PLAN ORGANIZATION;

24 (5) A DESCRIPTION OF THE MEDICAL SERVICES SUBJECT TO DISCOUNT,
25 A DESCRIPTION OF THE DISCOUNTS THAT THE PLAN MEMBER IS ENTITLED TO
26 RECEIVE, AND THE MECHANISM BY WHICH A CURRENT OR PROSPECTIVE PLAN
27 MEMBER CAN OBTAIN THE ~~IDENTITY NAMES~~ OF THE PROVIDERS WHO HAVE
28 CONTRACTED WITH THE DISCOUNT MEDICAL PLAN ORGANIZATION TO OFFER
29 DISCOUNTS TO PLAN MEMBERS;

30 (6) THE CORPORATE NAME, LOCATION, AND CONTACT INFORMATION,
31 INCLUDING A TELEPHONE NUMBER, FOR THE DISCOUNT MEDICAL PLAN
32 ORGANIZATION; ~~AND~~

33 (7) ALL FEES, DUES, CHARGES, OR OTHER FINANCIAL CONSIDERATION
34 TO BE PAID BY OR ON BEHALF OF THE PLAN MEMBER WITH RESPECT TO THE
35 MEMBER'S PARTICIPATION IN THE DISCOUNT MEDICAL PLAN, INCLUDING ALL FEES
36 OR CHARGES RELATING TO THE PROCESSING OF DISCOUNTS OR BILLING; AND

37 (8) A STATEMENT THAT THE DISCOUNT MEDICAL PLAN DOES NOT AND
38 MAY NOT BY LAW OFFER A DISCOUNT ON HOSPITAL SERVICES.

1 ~~(C)~~ (B) THE FOLLOWING DISCLOSURES ~~MUST SHALL~~ BE MADE IN WRITING
2 PRINTED IN 12 POINT TYPE TO ANY PROSPECTIVE MEMBER OF A DISCOUNT DRUG
3 PLAN ORGANIZATION AND MUST SHALL BE INCLUDED IN ANY ~~ADVERTISEMENTS,~~
4 ~~MARKETING MATERIALS; OR BROCHURES RELATING TO A DISCOUNT DRUG PLAN;~~
5 ~~THE DISCLOSURES MUST BE PRINTED IN 12 POINT TYPE OR IN THE LARGEST TYPE~~
6 ~~USED IN THE DOCUMENT IN WHICH THE DISCLOSURE IS MADE, WHICHEVER IS~~
7 ~~LARGER. THE DISCLOSURES MUST INCLUDE:~~

8 (1) A STATEMENT THAT THE DISCOUNT DRUG PLAN IS A ~~DISCOUNT~~
9 ~~DRUG PLAN AND NOT; HEALTH~~

10 (I) INSURANCE; OR

11 (II) A MEDICARE PRESCRIPTION DRUG PLAN;

12 (2) A STATEMENT THAT MEMBERSHIP IN THE DISCOUNT DRUG PLAN
13 ENTITLES MEMBERS TO DISCOUNTS FOR CERTAIN PHARMACEUTICAL SUPPLIES,
14 PRESCRIPTION DRUGS, ~~AND OR~~ MEDICAL EQUIPMENT AND SUPPLIES OFFERED BY
15 PROVIDERS WHO HAVE AGREED TO PARTICIPATE IN THE DISCOUNT DRUG PLAN;

16 (3) A STATEMENT THAT THE ~~PLAN~~ DISCOUNT DRUG PLAN
17 ORGANIZATION ITSELF DOES NOT PAY PROVIDERS OF PHARMACEUTICAL SUPPLIES,
18 PRESCRIPTION DRUGS, AND MEDICAL EQUIPMENT AND SUPPLIES PROVIDED TO
19 PLAN MEMBERS;

20 (4) A STATEMENT THAT THE DISCOUNT DRUG PLAN MEMBER IS
21 REQUIRED TO PAY FOR ALL PHARMACEUTICAL SUPPLIES, PRESCRIPTION DRUGS,
22 AND MEDICAL EQUIPMENT AND SUPPLIES PROVIDED, BUT IS ENTITLED TO RECEIVE
23 A DISCOUNT ON CERTAIN IDENTIFIED PHARMACEUTICAL SUPPLIES, PRESCRIPTION
24 DRUGS, ~~AND OR~~ MEDICAL EQUIPMENT AND SUPPLIES FROM THOSE PROVIDERS WHO
25 HAVE CONTRACTED WITH THE DISCOUNT DRUG PLAN ORGANIZATION;

26 (5) A DESCRIPTION OF THE DISCOUNTS THAT THE DISCOUNT DRUG
27 PLAN MEMBER IS ENTITLED TO RECEIVE AND THE MECHANISM BY WHICH A
28 CURRENT OR PROSPECTIVE PLAN MEMBER CAN OBTAIN;

29 (I) UNLESS THE DISCOUNT DRUG PLAN OFFERS AN OPEN
30 FORMULARY, A LISTING OF THE ITEMS, INCLUDING PRESCRIPTION DRUGS, SUBJECT
31 TO DISCOUNT; AND

32 (II) THE ~~IDENTITY~~ NAMES OF THE PROVIDERS WHO HAVE
33 CONTRACTED TO OFFER DISCOUNTS TO PLAN MEMBERS;

34 (6) THE CORPORATE NAME, LOCATION, AND CONTACT INFORMATION,
35 INCLUDING A TELEPHONE NUMBER, FOR THE DISCOUNT DRUG PLAN
36 ORGANIZATION; AND

37 (7) ALL FEES, DUES, CHARGES, OR OTHER FINANCIAL CONSIDERATION
38 TO BE PAID BY OR ON BEHALF OF THE PLAN MEMBER WITH RESPECT TO THE

1 MEMBER'S PARTICIPATION IN THE DISCOUNT DRUG PLAN, INCLUDING ALL FEES OR
2 CHARGES RELATING TO THE PROCESSING OF DISCOUNTS OR BILLING.

3 ~~(D) UNLESS THE PROVIDER GIVES THE PLAN MEMBER A STATEMENT THAT~~
4 ~~IDENTIFIES THE NONDISCOUNTED CHARGE AND THE DISCOUNT APPLIED AT THE~~
5 ~~TIME THAT THE MEDICAL SERVICE IS PROVIDED OR THE PHARMACEUTICAL~~
6 ~~SUPPLIES, PRESCRIPTION DRUGS, OR MEDICAL EQUIPMENT AND SUPPLIES ARE~~
7 ~~PURCHASED, DISCOUNT MEDICAL PLAN ORGANIZATIONS AND DISCOUNT DRUG PLAN~~
8 ~~ORGANIZATIONS MUST, WITHIN 30 DAYS OF THE DATE ON WHICH THE SERVICE IS~~
9 ~~PROVIDED OR THE ITEM IS PURCHASED, FORWARD A DETAILED BILLING STATEMENT~~
10 ~~TO THE PLAN MEMBER. THE STATEMENT REQUIRED BY THIS SUBSECTION SHALL:~~

11 ~~(1) BE PROVIDED TO THE PLAN MEMBER REGARDLESS OF THE PLAN~~
12 ~~MEMBER'S METHOD OF PAYMENT; AND~~

13 ~~(2) ITEMIZE THE NONDISCOUNTED COST OF EACH SERVICE PROVIDED~~
14 ~~OR ITEM PURCHASED, THE DISCOUNT APPLIED TO EACH SERVICE OR ITEM, THE~~
15 ~~FINAL COST TO THE PLAN MEMBER, AND, IF APPLICABLE, THE AMOUNT PAID OR~~
16 ~~TRANSMITTED TO THE PROVIDER BY THE PLAN ON BEHALF OF THE PLAN MEMBER~~
17 ~~FOR WHICH THE MEMBER HAS BEEN BILLED, TOGETHER WITH THE AMOUNT OF ANY~~
18 ~~FEES OR CHARGES WHICH THE PLAN HAS BILLED TO THE MEMBER IN CONNECTION~~
19 ~~WITH THE SERVICES OR ITEMS IDENTIFIED ON THE STATEMENT.~~

20 (C) IF A DISCOUNT MEDICAL PLAN OR A DISCOUNT DRUG PLAN IS SOLD,
21 MARKETED, OR SOLICITED BY TELEPHONE, THE DISCLOSURES REQUIRED BY
22 SUBSECTIONS (A) AND (B) OF THIS SECTION SHALL BE:

23 (1) MADE ORALLY; AND

24 (2) INCLUDED WITH THE MEMBERSHIP CARD WHEN MAILED TO THE
25 PROSPECTIVE PLAN MEMBER.

26 (D) THE FOLLOWING DISCLOSURES SHALL BE MADE IN WRITING IN 12 POINT
27 TYPE IN ANY ADVERTISEMENT RELATING TO A DISCOUNT MEDICAL PLAN:

28 (1) A STATEMENT THAT THE DISCOUNT MEDICAL PLAN IS NOT
29 INSURANCE;

30 (2) A STATEMENT THAT MEMBERSHIP IN THE DISCOUNT MEDICAL PLAN
31 ENTITLES MEMBERS TO DISCOUNTS FOR CERTAIN MEDICAL SERVICES OFFERED BY
32 PROVIDERS WHO HAVE AGREED TO PARTICIPATE IN THE DISCOUNT MEDICAL PLAN;

33 (3) A STATEMENT THAT THE PLAN MEMBER, AND NOT THE DISCOUNT
34 MEDICAL PLAN ORGANIZATION, IS REQUIRED TO PAY FOR ALL MEDICAL SERVICES
35 PROVIDED;

36 (4) THE NAME, LOCATION, AND CONTACT INFORMATION, INCLUDING A
37 TELEPHONE NUMBER, FOR THE DISCOUNT MEDICAL PLAN ORGANIZATION;

1 (5) A STATEMENT OF THE MECHANISM BY WHICH A PROSPECTIVE PLAN
2 MEMBER MAY OBTAIN THE NAMES OF THE PROVIDERS WHO HAVE CONTRACTED TO
3 OFFER DISCOUNTS TO PLAN MEMBERS; AND

4 (6) A STATEMENT THAT THE DISCOUNT MEDICAL PLAN DOES NOT AND
5 MAY NOT BY LAW OFFER A DISCOUNT ON HOSPITAL SERVICES IN MARYLAND.

6 (E) THE FOLLOWING DISCLOSURES SHALL BE MADE IN WRITING IN 12 POINT
7 TYPE IN ANY ADVERTISEMENT RELATING TO A DISCOUNT DRUG PLAN:

8 (1) A STATEMENT THAT THE DISCOUNT DRUG PLAN IS NOT:

9 (I) INSURANCE; OR

10 (II) A MEDICARE PRESCRIPTION DRUG PLAN;

11 (2) A STATEMENT THAT MEMBERSHIP IN THE DISCOUNT DRUG PLAN
12 ENTITLES MEMBERS TO DISCOUNTS FOR CERTAIN PHARMACEUTICAL SUPPLIES,
13 PRESCRIPTION DRUGS, OR MEDICAL EQUIPMENT AND SUPPLIES OFFERED BY
14 PROVIDERS WHO HAVE AGREED TO PARTICIPATE IN THE DISCOUNT DRUG PLAN;

15 (3) A STATEMENT THAT THE PLAN MEMBER, AND NOT THE DISCOUNT
16 DRUG PLAN ORGANIZATION, IS REQUIRED TO PAY FOR ALL PHARMACEUTICAL
17 SUPPLIES, PRESCRIPTION DRUGS, OR MEDICAL EQUIPMENT AND SUPPLIES
18 PROVIDED;

19 (4) THE NAME, LOCATION, AND CONTACT INFORMATION, INCLUDING A
20 TELEPHONE NUMBER, FOR THE DISCOUNT DRUG PLAN ORGANIZATION; AND

21 (5) A STATEMENT OF THE MECHANISM BY WHICH A PROSPECTIVE PLAN
22 MEMBER MAY OBTAIN THE NAMES OF THE PROVIDERS WHO HAVE CONTRACTED TO
23 OFFER DISCOUNTS TO PLAN MEMBERS.

24 14-608.

25 ~~ONLY AN INDIVIDUAL WHO IS LICENSED UNDER TITLE 10, SUBTITLE 1 OF THIS~~
26 ~~ARTICLE TO SELL LIFE AND HEALTH INSURANCE MAY NEGOTIATE, SOLICIT, OR SELL~~
27 ~~A DISCOUNT MEDICAL PLAN OR A DISCOUNT DRUG PLAN.~~

28 (A) (1) IF A PLAN MEMBER CANCELS MEMBERSHIP IN A DISCOUNT MEDICAL
29 PLAN OR A DISCOUNT DRUG PLAN WITHIN THE FIRST 30 DAYS AFTER THE EFFECTIVE
30 DATE OF ENROLLMENT, THE PLAN MEMBER SHALL RECEIVE A REIMBURSEMENT OF
31 ALL FEES, DUES, CHARGES, OR OTHER FINANCIAL CONSIDERATION, EXCEPT A
32 NOMINAL FEE ASSOCIATED WITH ENROLLMENT COSTS THAT WERE PART OF THE
33 COST OF THE CARD, ON RETURN OF THE DISCOUNT MEDICAL PLAN CARD TO THE
34 DISCOUNT MEDICAL PLAN ORGANIZATION OR RETURN OF THE DISCOUNT DRUG
35 PLAN CARD TO THE DISCOUNT DRUG PLAN ORGANIZATION.

1 (2) A DISCOUNT MEDICAL PLAN ORGANIZATION OR DISCOUNT DRUG
2 PLAN ORGANIZATION MAY NOT RETAIN A FEE UNDER THIS SUBSECTION UNLESS
3 THE FEE HAS BEEN APPROVED IN ADVANCE BY THE COMMISSIONER.

4 (3) THE COMMISSIONER SHALL ADOPT REGULATIONS THAT ESTABLISH
5 A PROCEDURE BY WHICH A DISCOUNT MEDICAL PLAN ORGANIZATION OR DISCOUNT
6 DRUG PLAN ORGANIZATION MAY OBTAIN APPROVAL FOR THE AMOUNT THAT MAY BE
7 RETAINED AS A FEE UNDER THIS SUBSECTION.

8 (B) IF A DISCOUNT MEDICAL PLAN ORGANIZATION OR A DISCOUNT DRUG
9 PLAN ORGANIZATION CANCELS A MEMBERSHIP FOR ANY REASON OTHER THAN
10 NONPAYMENT BY THE PLAN MEMBER, THE DISCOUNT MEDICAL PLAN
11 ORGANIZATION OR DISCOUNT DRUG PLAN ORGANIZATION SHALL MAKE A PRO RATA
12 REIMBURSEMENT OF ALL FEES, DUES, CHARGES, OR OTHER FINANCIAL
13 CONSIDERATION TO THE PLAN MEMBER WITHIN 30 CALENDAR DAYS AFTER THE
14 DATE OF CANCELLATION.

15 14-609.

16 (A) ~~THIS SECTION APPLIES TO AN INSURER~~
17 ~~PLAN, OR HEALTH MAINTENANCE ORGANIZATION THAT HOLDS A CERTIFICATE OF~~
18 ~~AUTHORITY IN THIS STATE.~~

19 (B) (A) EACH DISCOUNT MEDICAL PLAN ORGANIZATION AND EACH
20 DISCOUNT DRUG ORGANIZATION SHALL PROVIDE TO ~~ITS~~ A PLAN MEMBERS MEMBER
21 OR TO A PLAN MEMBER FOR THE MEMBER'S FAMILY A DISCOUNT CARD THAT
22 INCLUDES, AT A MINIMUM, THE FOLLOWING DATA ELEMENTS:

23 (1) A STATEMENT THAT THE DISCOUNT MEDICAL PLAN OR DISCOUNT
24 DRUG PLAN IS NOT INSURANCE OR A MEDICARE PRESCRIPTION DRUG PLAN;

25 (+) (2) (I) THE NAME OR IDENTIFYING TRADEMARK OF THE
26 DISCOUNT MEDICAL PLAN ORGANIZATION OR THE DISCOUNT DRUG PLAN
27 ORGANIZATION; OR

28 (II) THE NAME OR IDENTIFYING TRADEMARK OF THE PROVIDER
29 NETWORKS THAT PARTICIPATE WITH THE DISCOUNT MEDICAL PLAN OR DISCOUNT
30 DRUG PLAN; AND

31 (2) ~~THE ADDRESS OF THE DISCOUNT MEDICAL PLAN ORGANIZATION OR~~
32 ~~THE DISCOUNT DRUG PLAN ORGANIZATION;~~

33 (3) ~~THE NAME AND IDENTIFICATION NUMBER OF THE PLAN MEMBER;~~
34 ~~AND~~

35 (+) (3) THE TELEPHONE NUMBER THAT THE PLAN MEMBER MAY CALL
36 FOR ASSISTANCE.

1 ~~(C)~~ ~~(1)~~ ~~THE MEMBERSHIP CARD SHALL BE ISSUED TO EACH PLAN MEMBER~~
 2 ~~BY A DISCOUNT MEDICAL PLAN ORGANIZATION OR A DISCOUNT DRUG PLAN~~
 3 ~~ORGANIZATION.~~

4 ~~(2)~~ ~~(B)~~ IF A CHANGE OCCURS IN ANY OF THE DATA ELEMENTS
 5 REQUIRED UNDER SUBSECTION ~~(B)~~ ~~(A)~~ OF THIS SECTION, A DISCOUNT MEDICAL PLAN
 6 ORGANIZATION OR A DISCOUNT DRUG ORGANIZATION SHALL REISSUE A DISCOUNT
 7 CARD.

8 14-610.

9 ~~(A)~~ ~~THIS SECTION APPLIES TO AN INSURER, NONPROFIT HEALTH SERVICE~~
 10 ~~PLAN, OR HEALTH MAINTENANCE ORGANIZATION THAT HOLDS A CERTIFICATE OF~~
 11 ~~AUTHORITY IN THIS STATE.~~

12 ~~(B)~~ ~~(A)~~ WHENEVER THE COMMISSIONER CONSIDERS IT ADVISABLE, THE
 13 COMMISSIONER MAY EXAMINE THE AFFAIRS, TRANSACTIONS, ACCOUNTS, RECORDS,
 14 AND ASSETS OF A DISCOUNT MEDICAL PLAN ORGANIZATION OR DISCOUNT DRUG
 15 PLAN ORGANIZATION.

16 ~~(C)~~ ~~(B)~~ THE EXAMINATION SHALL BE CONDUCTED IN ACCORDANCE WITH §
 17 2-207 OF THIS ARTICLE.

18 ~~(D)~~ ~~(C)~~ THE EXPENSE OF THE EXAMINATION SHALL BE PAID IN
 19 ACCORDANCE WITH § 2-208 OF THIS ARTICLE.

20 ~~(E)~~ ~~(D)~~ THE REPORTS OF THE EXAMINATION AND INVESTIGATION SHALL BE
 21 ISSUED IN ACCORDANCE WITH § 2-209 OF THIS ARTICLE.

22 14-611.

23 ~~(A)~~ ~~THIS SECTION APPLIES TO AN INSURER, NONPROFIT HEALTH SERVICE~~
 24 ~~PLAN, OR HEALTH MAINTENANCE ORGANIZATION THAT HOLDS A CERTIFICATE OF~~
 25 ~~AUTHORITY IN THIS STATE.~~

26 ~~(B)~~ ~~(A)~~ TO ENFORCE THIS SUBTITLE AND ANY REGULATION ADOPTED
 27 UNDER IT, THE COMMISSIONER MAY ISSUE AN ORDER:

28 (1) THAT REQUIRES THE VIOLATOR TO CEASE AND DESIST FROM THE
 29 IDENTIFIED VIOLATION AND FURTHER SIMILAR VIOLATIONS;

30 (2) THAT REQUIRES THE VIOLATOR TO TAKE SPECIFIC AFFIRMATIVE
 31 ACTION TO CORRECT THE VIOLATION; ~~AND~~

32 (3) THAT REQUIRES THE VIOLATOR TO MAKE RESTITUTION OF MONEY,
 33 PROPERTY, OR OTHER ASSETS TO A PERSON WHO HAS SUFFERED FINANCIAL INJURY
 34 BECAUSE OF THE VIOLATION; OR

35 (4) THAT REQUIRES A DISCOUNT MEDICAL PLAN ORGANIZATION OR A
 36 DISCOUNT DRUG PLAN ORGANIZATION TO MAKE RESTITUTION OF MONEY.

1 PROPERTY, OR OTHER ASSETS TO A PERSON WHO HAS SUFFERED FINANCIAL INJURY
2 BECAUSE OF A VIOLATION BY ANY PERSON AUTHORIZED TO SELL, MARKET, SOLICIT,
3 OR ADMINISTER A DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN
4 ESTABLISHED BY THE DISCOUNT MEDICAL PLAN ORGANIZATION OR DISCOUNT
5 DRUG PLAN ORGANIZATION WHILE THE PERSON IS ACTING WITH THE ACTUAL OR
6 APPARENT AUTHORITY OF THE DISCOUNT MEDICAL PLAN ORGANIZATION OR
7 DISCOUNT DRUG PLAN ORGANIZATION.

8 ~~(C)~~ (B) (1) AN ORDER OF THE COMMISSIONER ISSUED UNDER THIS
9 SECTION MAY BE SERVED ON A VIOLATOR WHO IS REGISTERED UNDER THIS
10 SUBTITLE IN THE MANNER PROVIDED IN TITLE 2 OF THIS ARTICLE.

11 (2) AN ORDER OF THE COMMISSIONER ISSUED UNDER THIS SECTION
12 MAY BE SERVED ON A VIOLATOR WHO IS NOT REGISTERED UNDER THIS SUBTITLE IN
13 THE MANNER PROVIDED FOR SERVICE ON AN UNAUTHORIZED INSURER THAT DOES
14 AN ACT OF INSURANCE BUSINESS IN TITLE 4 OF THIS ARTICLE.

15 (3) A REQUEST FOR A HEARING ON ANY ORDER ISSUED UNDER THIS
16 SUBSECTION DOES NOT STAY THAT PORTION OF THE ORDER THAT REQUIRES THE
17 VIOLATOR TO CEASE AND DESIST FROM CONDUCT IDENTIFIED IN THE ORDER.

18 (4) THE COMMISSIONER MAY FILE A PETITION IN THE CIRCUIT COURT
19 OF ANY COUNTY TO ENFORCE AN ORDER ISSUED UNDER THIS SECTION, WHETHER
20 OR NOT A HEARING HAS BEEN REQUESTED OR, IF REQUESTED, WHETHER OR NOT A
21 HEARING HAS BEEN HELD.

22 (5) IN AN ACTION BROUGHT BY THE COMMISSIONER UNDER THIS
23 SECTION, THE COMMISSIONER MAY RECOVER FOR THE USE OF THE STATE
24 REASONABLE ATTORNEY'S FEES AND THE COSTS OF THE ACTION.

25 ~~(D)~~ (C) (1) IN ADDITION TO ANY OTHER ENFORCEMENT ACTION TAKEN BY
26 THE COMMISSIONER UNDER THIS SECTION, THE COMMISSIONER MAY IMPOSE A
27 CIVIL PENALTY OF NOT MORE THAN \$10,000 FOR EACH VIOLATION OF THIS SUBTITLE.

28 (2) NOTWITHSTANDING PARAGRAPH (1) OF THIS SUBSECTION, THE
29 COMMISSIONER MAY IMPOSE A CIVIL PENALTY OF NOT MORE THAN \$1,000 PER DAY
30 FOR EACH DAY THAT A PERSON IS IN VIOLATION OF § 14-603 OF THIS SUBTITLE.

31 ~~(E)~~ (D) THIS SECTION DOES NOT LIMIT ANY REGULATORY POWER OF THE
32 COMMISSIONER UNDER THIS ARTICLE.

33 14-612.

34 THE COMMISSIONER SHALL ADOPT REGULATIONS TO CARRY OUT THE
35 PROVISIONS OF THIS SUBTITLE.

36 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take
37 effect October 1, 2005.

