

# HOUSE BILL 115

C3, J1, P3

8lr0756

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By: **Delegates Tarrant, Barve, Braveboy, Cane, Conaway, Glenn, Hammen, Harrison, Ivey, Kipke, Kullen, Montgomery, Oaks, Pendergrass, Reznik, Riley, Robinson, Stukes, V. Turner, Valderrama, Walker, and Weldon**

Introduced and read first time: January 17, 2008

Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 20, 2008

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Medical Assistance Programs and Maryland Children's Health Program -**  
3 **Statements on State-Issued ~~Checks~~ Check Stubs**

4 FOR the purpose of requiring the Department of Health and Mental Hygiene to  
5 collaborate with the Office of the Comptroller or the Office of the State  
6 Treasurer to form a statement advising certain individuals that they may be  
7 eligible to enroll in certain medical assistance programs or the Maryland  
8 Children's Health Program and to print the statement on certain State-issued  
9 ~~checks~~ check stubs; requiring that a certain statement require certain contact  
10 information; authorizing that a certain statement may be altered under certain  
11 circumstances; and generally relating to medical assistance programs and  
12 Maryland Children's Health Program statements on State-issued ~~checks~~ check  
13 stubs.

14 BY adding to  
15 Article - Health - General  
16 Section 15-102.1(c) and 15-304(c)  
17 Annotated Code of Maryland  
18 (2005 Replacement Volume and 2007 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**

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 15-102.1.

2 (C) (1) THE DEPARTMENT SHALL COLLABORATE WITH THE OFFICE  
3 OF THE COMPTROLLER OR THE OFFICE OF THE STATE TREASURER TO:

4 (I) FORM A ONE-SENTENCE STATEMENT ADVISING THAT  
5 INDIVIDUALS WHO CANNOT AFFORD HEALTH INSURANCE MAY BE ELIGIBLE TO  
6 ENROLL IN A MEDICAL ASSISTANCE PROGRAM; AND

7 (II) PRINT THE STATEMENT FORMED UNDER ITEM (I) OF  
8 THIS PARAGRAPH:

9 1. ON EACH STATE-ISSUED TAX REFUND CHECK  
10 STUB;

11 2. ~~ON EACH STATE ISSUED VENDOR PAYMENT~~  
12 ~~CHECK; AND~~

13 ~~3.~~ ONCE EACH PAY QUARTER, ON EACH  
14 STATE-ISSUED EMPLOYEE PAYCHECK STUB; AND

15 3. ON EACH STATE-ISSUED CHILD SUPPORT  
16 PAYMENT CHECK STUB.

17 (2) THE STATEMENT SHALL INCLUDE A TELEPHONE NUMBER OR  
18 OTHER CONTACT INFORMATION THAT AN INDIVIDUAL MAY USE TO RECEIVE  
19 MORE INFORMATION ON ELIGIBILITY FOR MEDICAL ASSISTANCE PROGRAMS.

20 (3) THE STATEMENT MAY BE ALTERED BY THE DEPARTMENT IN  
21 COLLABORATION WITH THE OFFICE OF THE COMPTROLLER OR THE OFFICE OF  
22 THE STATE TREASURER TO:

23 (I) PROVIDE THE MOST CURRENT INFORMATION;

24 (II) FIT WITHIN THE SPACE CONSTRAINTS OF THE  
25 DIFFERENT TYPES OF CHECKS LISTED IN PARAGRAPH (1)(II) OF THIS  
26 SUBSECTION; OR

27 (III) COMBINE IT WITH THE STATEMENT REQUIRED UNDER §  
28 15-304(C) OF THIS TITLE, IF APPROPRIATE.

29 15-304.

1           **(C) (1) THE DEPARTMENT SHALL COLLABORATE WITH THE OFFICE**  
 2 **OF THE COMPTROLLER OR THE OFFICE OF THE STATE TREASURER TO:**

3                   **(I) FORM A ONE-SENTENCE STATEMENT ADVISING THAT**  
 4 **INDIVIDUALS WHO CANNOT AFFORD HEALTH INSURANCE MAY BE ELIGIBLE TO**  
 5 **ENROLL IN THE MARYLAND CHILDREN'S HEALTH PROGRAM; AND**

6                   **(II) PRINT THE STATEMENT FORMED UNDER ITEM (I) OF**  
 7 **THIS PARAGRAPH:**

8                           **1. ON EACH STATE-ISSUED TAX REFUND CHECK**  
 9 **STUB;**

10                           **2. ~~ON EACH STATE-ISSUED VENDOR PAYMENT~~**  
 11 **~~CHECK; AND~~**

12                           **~~3.~~ ONCE EACH PAY QUARTER, ON EACH**  
 13 **STATE-ISSUED EMPLOYEE PAYCHECK STUB; AND**

14                           **3. ON EACH STATE-ISSUED CHILD SUPPORT**  
 15 **PAYMENT CHECK STUB.**

16           **(2) THE STATEMENT SHALL CONTAIN A TELEPHONE NUMBER OR**  
 17 **OTHER CONTACT INFORMATION THAT AN INDIVIDUAL MAY USE TO RECEIVE**  
 18 **MORE INFORMATION ON ELIGIBILITY FOR THE MARYLAND CHILDREN'S**  
 19 **HEALTH PROGRAM.**

20           **(3) THE STATEMENT MAY BE ALTERED BY THE DEPARTMENT IN**  
 21 **COLLABORATION WITH THE OFFICE OF THE COMPTROLLER OR THE OFFICE OF**  
 22 **THE STATE TREASURER TO:**

23                   **(I) PROVIDE THE MOST CURRENT INFORMATION;**

24                   **(II) FIT WITHIN THE SPACE CONSTRAINTS OF THE**  
 25 **DIFFERENT TYPES OF CHECKS LISTED IN PARAGRAPH (1)(II) OF THIS**  
 26 **SUBSECTION; OR**

27                   **(III) COMBINE IT WITH THE STATEMENT REQUIRED UNDER §**  
 28 **15-102.1(C) OF THIS TITLE, IF APPROPRIATE.**

29           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
 30 October 1, 2008.