Chapter 195

(Senate Bill 227)

AN ACT concerning

Maryland Health Care Commission – Assessment of Fees and Maryland Trauma Physician Services Fund – Revisions

FOR the purpose of repealing a certain requirement that the Maryland Insurance Commissioner notify the Maryland Health Care Commission of certain health insurance premiums on or before a certain date each year; altering the manner in which the Commission calculates certain fees assessed on certain payors; altering the maximum amount that may be expended from the Maryland Trauma Physician Services Fund for costs incurred in a fiscal year; and generally relating to the Maryland Health Care Commission.

BY repealing and reenacting, without amendments,
Article – Health – General
Section 19–111(a)(1), (2), (3), and (6) and 19–130(a)(1), (2), (5), and (6)
Annotated Code of Maryland
(2009 Replacement Volume and 2011 Supplement)

BY repealing
Article – Health – General
Section 19–111(g)
Annotated Code of Maryland
(2009 Replacement Volume and 2011 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 19–111(h) through (j) and 19–130(e)(1)
Annotated Code of Maryland
(2009 Replacement Volume and 2011 Supplement)

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

Article – Health – General

19–111.

(a) (1) In this section the following words have the meanings indicated.

(2) "Fund" means the Maryland Health Care Commission Fund.

(3) "Health benefit plan" has the meaning stated in § 15–1201 of the Insurance Article.

(6) "Payor" means:

(i) A health insurer or nonprofit health service plan that holds a certificate of authority and provides health insurance policies or contracts in the State in accordance with this article or the Insurance Article; or

(ii) A health maintenance organization that holds a certificate of authority in the State.

[(g) On or before May 30 of each year, the Insurance Commissioner shall notify the Commission of the total premiums earned in the State for health benefit plans of all payors in the State during the prior calendar year and each payor's total premiums earned in the State for health benefit plans for the same calendar year.**]**

[(h)**] (G)** The Commission shall:

(1) (i) Assess fees on payors in a manner that apportions the total amount of the fees to be assessed on payors under subsection (d)(1) of this section among each payor based on the ratio of each payor's total premiums **[**earned**] WRITTEN** in the State for health benefit plans to the total **[**earned**] WRITTEN** premiums of all payors **[**earned**] WRITTEN** in the State; and

(ii) On or before June 30 of each year, assess each payor a fee in accordance with item (i) of this item;

(2) (i) Assess fees for each hospital equal to the sum of:

1. The amount equal to one–half of the total fees to be assessed on hospitals under subsection (d)(1) of this section times the ratio of admissions of the hospital to total admissions of all hospitals; and

2. The amount equal to one–half of the total fees to be assessed on hospitals under subsection (d)(1) of this section times the ratio of gross operating revenue of each hospital to total gross operating revenues of all hospitals;

(ii) Establish minimum and maximum assessments; and

(iii) On or before June 30 of each year, assess each hospital a fee in accordance with item (i) of this item; and

(3) (i) Assess fees for each nursing home equal to the sum of:

1. The amount equal to one–half of the total fees to be assessed on nursing homes under subsection (d)(1) of this section times the ratio of admissions of the nursing home to total admissions of all nursing homes; and

2. The amount equal to one–half of the total fees to be assessed on nursing homes under subsection (d)(1) of this section times the ratio of gross operating revenue of each nursing home to total gross operating revenues of all nursing homes;

(ii) Establish minimum and maximum assessments; and

(iii) On or before June 30 of each year, assess each nursing home a fee in accordance with item (i) of this item.

[(i)**] (H)** (1) On or before September 1 of each year, each payor, hospital, and nursing home assessed under this section shall make payment to the Commission.

(2) The Commission shall make provisions for partial payments.

[(j)**] (I)** Any bill not paid within 30 days of the payment due date may be subject to an interest penalty to be determined and collected by the Commission.

19–130.

(a) (1) In this section the following words have the meanings indicated.

(2) "Fund" means the Maryland Trauma Physician Services Fund.

(5) (i) "Trauma center" means a facility designated by the Maryland Institute for Emergency Medical Services Systems as:

1. The State primary adult resource center;

2. A Level I trauma center;

3. A Level II trauma center;

4. A Level III trauma center;

5. A pediatric trauma center; or

6. The Maryland Trauma Specialty Referral Centers.

(ii) "Trauma center" includes an out–of–state pediatric trauma center that has entered into an agreement with the Maryland Institute for Emergency Medical Services Systems.

(6) "Trauma physician" means a physician who provides care in a trauma center or in a rehabilitation hospital to trauma patients on the State trauma registry as defined by the Maryland Institute for Emergency Medical Services Systems.

(e) (1) Except as provided in paragraph (2) of this subsection and notwithstanding any other provision of law, expenditures from the Fund for costs incurred in any fiscal year may not exceed revenues of the Fund **[**in that fiscal year**]**.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2012.

Approved by the Governor, May 2, 2012.