

HOUSE BILL 814

C3, Q3

9lr0993
CF SB 802

By: **Delegates Pena–Melnyk, Acevero, Atterbeary, Bagnall, B. Barnes, D. Barnes, Barron, Bartlett, Barve, Boyce, Bridges, Brooks, Cain, Carr, Chang, Charkoudian, Conaway, Crutchfield, D.M. Davis, Dumais, Ebersole, Feldmark, Fennell, W. Fisher, Gilchrist, Glenn, Harrison, Haynes, Healey, Hettleman, Holmes, Ivey, Jackson, Jalisi, Jones, Kelly, Kerr, Korman, Krimm, Lehman, J. Lewis, R. Lewis, Lierman, Lisanti, Lopez, Love, Luedtke, McIntosh, Moon, Mosby, Palakovich Carr, Patterson, Proctor, Qi, Reznik, Rogers, Rosenberg, Sample–Hughes, Smith, Solomon, Stein, Stewart, Sydnor, Terrasa, Turner, Valderrama, Valentino–Smith, Washington, R. Watson, and P. Young**

Introduced and read first time: February 8, 2019

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Health Insurance Option**
3 **(Protect Maryland Health Care Act of 2019)**

4 FOR the purpose of establishing the Maryland Health Insurance Option and the purpose
5 of the Option; requiring the Maryland Health Benefit Exchange, the Maryland
6 Department of Health, and the State Comptroller to develop and implement certain
7 systems, policies, and practices; requiring certain systems, policies, and practices,
8 except under certain circumstances, to be operational on or before a certain date and
9 available for use by certain individuals when filing certain tax returns; authorizing
10 the Exchange, the Comptroller, and the Department to take certain action to
11 facilitate the implementation of the Option; requiring the Exchange to establish a
12 Maryland Health Insurance Option Advisory Workgroup; establishing the Maryland
13 Health Insurance Option Fund; providing for the purpose and administration of the
14 Fund; requiring the Exchange to prepare certain reports on the Fund; requiring the
15 Exchange or the Department to determine eligibility for certain insurance
16 affordability programs under certain circumstances; establishing certain eligibility
17 determination and enrollment procedures and requirements; requiring the
18 Department to assign a certain individual to and enroll a certain individual in a
19 managed care organization plan under certain circumstances; requiring the
20 Exchange to develop certain data privacy and data security safeguards; exempting
21 the Fund from a certain provision of law requiring interest earnings on State money
22 to accrue to the General Fund of the State; requiring a certain State income tax

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 return to be required to include certain information on certain uninsured individuals
2 and authorizing the Comptroller to include a separate form for the information;
3 providing an individual that files a certain tax return with a certain option to
4 indicate certain preferences for contact from the Exchange; requiring the
5 Comptroller to include in a certain form a certain number of check-off boxes that
6 specify a certain individual's options; requiring the Comptroller to develop certain
7 language for certain check-off boxes and instructions and provide a certain draft of
8 the language to the Exchange and the Advisory Workgroup; requiring the
9 Comptroller to honor a refund interception request for an insurance responsibility
10 amount following a certain order; requiring that a certain insurance responsibility
11 amount be assessed and collected in a certain manner; authorizing the Comptroller
12 to develop certain forms and notices; providing for the application of certain
13 provisions of this Act; requiring certain individuals who are under a certain age to
14 maintain certain minimum essential coverage for the individual and certain
15 household members; requiring a certain individual to pay a certain amount if certain
16 coverage is not maintained for a certain period of time of a certain taxable year;
17 establishing certain requirements for calculating an insurance responsibility
18 amount; providing for certain exemptions from the insurance responsibility amount
19 under certain circumstances; requiring certain individuals to indicate certain
20 minimum essential coverage on a certain income tax return; providing for an appeal
21 process for certain payments and denials of exemptions; requiring the Comptroller
22 to distribute certain revenue into the Fund; requiring the Comptroller to notify the
23 Exchange of a certain suspension of payment; requiring the Exchange to engage in
24 certain contact with a certain individual identified by a certain notice and facilitate
25 certain eligibility and enrollment in certain insurance affordability programs under
26 certain circumstances; authorizing the Exchange to extend a certain enrollment
27 period under certain circumstances; prohibiting certain individuals from being
28 required to pay a certain insurance responsibility amount if the individual makes a
29 certain election and certifies that a certain uninsured individual will enroll in certain
30 coverage within a certain enrollment period; providing for certain retroactive
31 ineligibility for a certain exemption if an uninsured individual does not comply with
32 a certain certification; providing that certain retroactive ineligibility does not apply
33 under certain circumstances; authorizing the Exchange to require or permit certain
34 notice; providing for the application of certain provisions of this Act; requiring
35 certain entities that provide minimum essential coverage to certain individuals in a
36 certain calendar year to provide the Comptroller with certain reports that include
37 certain information; requiring certain entities to provide certain statements to
38 certain individuals identified in certain reports on or before certain dates;
39 authorizing the Comptroller to convey to the Exchange certain information under
40 certain circumstances; defining certain terms; altering a certain term; stating the
41 legislative intent of the General Assembly; requiring the Advisory Workgroup to
42 submit a certain report to the General Assembly on or before a certain date;
43 providing for the severability of this Act; and generally relating to individual health
44 coverage.

45 BY repealing and reenacting, without amendments,
46 Article – Insurance

- 1 Section 31–101(a), (e), (g), (h), (o–2), and (r)
2 Annotated Code of Maryland
3 (2017 Replacement Volume and 2018 Supplement)
- 4 BY repealing and reenacting, with amendments,
5 Article – Insurance
6 Section 31–101(o–1)
7 Annotated Code of Maryland
8 (2017 Replacement Volume and 2018 Supplement)
- 9 BY adding to
10 Article – Insurance
11 Section 31–201 through 31–208 to be under the new subtitle “Subtitle 2. Maryland
12 Health Insurance Option”
13 Annotated Code of Maryland
14 (2017 Replacement Volume and 2018 Supplement)
- 15 BY repealing and reenacting, without amendments,
16 Article – State Finance and Procurement
17 Section 6–226(a)(2)(i)
18 Annotated Code of Maryland
19 (2015 Replacement Volume and 2018 Supplement)
- 20 BY repealing and reenacting, with amendments,
21 Article – State Finance and Procurement
22 Section 6–226(a)(2)(ii)112. and 113.
23 Annotated Code of Maryland
24 (2015 Replacement Volume and 2018 Supplement)
- 25 BY adding to
26 Article – State Finance and Procurement
27 Section 6–226(a)(2)(ii)114.
28 Annotated Code of Maryland
29 (2015 Replacement Volume and 2018 Supplement)
- 30 BY adding to
31 Article – Tax – General
32 Section 2–115; and 14–101 through 14–302 to be under the new title “Title 14.
33 Minimum Essential Health Coverage”
34 Annotated Code of Maryland
35 (2016 Replacement Volume and 2018 Supplement)
- 36 BY repealing and reenacting, with amendments,
37 Article – Tax – General
38 Section 13–918(a)
39 Annotated Code of Maryland
40 (2016 Replacement Volume and 2018 Supplement)

Preamble

1
2 WHEREAS, The Affordable Care Act has helped thousands of Maryland residents
3 obtain the financial security and access to health care that results from health coverage;
4 and

5 WHEREAS, Health care cost growth has slowed since the Affordable Care Act's
6 implementation; and

7 WHEREAS, Health care costs in Maryland remain higher than many families can
8 afford; and

9 WHEREAS, Despite the progress achieved under the Affordable Care Act, more work
10 is needed to bring more residents within the circle of coverage, thereby limiting insurance
11 costs for all State residents; and

12 WHEREAS, Federal legislation passed in 2017 undermined this progress by
13 eliminating the federal government's role in enforcing the individual responsibility
14 requirements of the Affordable Care Act, resulting in higher premium costs and more
15 uninsured individuals in Maryland; and

16 WHEREAS, The General Assembly is committed to filling the gap left by the federal
17 government by implementing an approach to the Affordable Care Act's individual
18 responsibility requirement that helps the uninsured receive coverage whenever possible;
19 and

20 WHEREAS, That commitment requires a State-based reporting system that
21 provides information about the health insurance status of Maryland residents for
22 successful implementation; and

23 WHEREAS, There is compelling evidence that third-party reporting is crucial for
24 ensuring compliance with tax provisions and providing a good source of third-party
25 reporting to help taxpayers and State officials verify whether an applicable individual
26 maintains minimum essential coverage; and

27 WHEREAS, Collection of the insurance responsibility amount is necessary to protect
28 the compelling State interests of protecting the health and welfare of State residents,
29 fostering economic stability and growth, ensuring a stable and well-functioning health
30 insurance market, and ensuring accurate determination of eligibility for premium tax
31 credits; and

32 WHEREAS, An effective State-level individual responsibility requirement, with a
33 strong definition of minimum essential coverage consistent with December 2017 rules for
34 the individual and small-group markets, may be the only way to fully protect current
35 insurance markets from instability in health insurance markets, including higher prices
36 and the possibility of areas without any insurance available; and

1 WHEREAS, Ensuring the stability of insurance markets, through maximizing the
2 enrollment of eligible individuals, including those with favorable health risks, is a
3 responsibility reserved for states under the McCarran–Ferguson Act and other federal law;
4 and

5 WHEREAS, Accuracy in determining eligibility for insurance affordability
6 programs, including premium tax credits, is essential to maintaining the integrity and
7 viability of such programs, on which hundreds of thousands of State residents rely for their
8 health coverage; now, therefore,

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

11 **Article – Insurance**

12 31–101.

13 (a) In this title the following words have the meanings indicated.

14 (e) (1) “Exchange” means the Maryland Health Benefit Exchange established
15 as a public corporation under § 31–102 of this title.

16 (2) “Exchange” includes:

17 (i) the Individual Exchange; and

18 (ii) the Small Business Health Options Program (SHOP Exchange).

19 (g) (1) “Health benefit plan” means a policy, contract, certificate, or agreement
20 offered, issued, or delivered by a carrier to an individual or small employer in the State to
21 provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services.

22 (2) “Health benefit plan” does not include:

23 (i) coverage only for accident or disability insurance or any
24 combination of accident and disability insurance;

25 (ii) coverage issued as a supplement to liability insurance;

26 (iii) liability insurance, including general liability insurance and
27 automobile liability insurance;

28 (iv) workers’ compensation or similar insurance;

29 (v) automobile medical payment insurance;

1 (vi) credit-only insurance;

2 (vii) coverage for on-site medical clinics; or

3 (viii) other similar insurance coverage, specified in federal regulations
4 issued pursuant to the federal Health Insurance Portability and Accountability Act, under
5 which benefits for health care services are secondary or incidental to other insurance
6 benefits.

7 (3) "Health benefit plan" does not include the following benefits if they are
8 provided under a separate policy, certificate, or contract of insurance, or are otherwise not
9 an integral part of the plan:

10 (i) limited scope dental or vision benefits;

11 (ii) benefits for long-term care, nursing home care, home health
12 care, community-based care, or any combination of these benefits; or

13 (iii) such other similar limited benefits as are specified in federal
14 regulations issued pursuant to the federal Health Insurance Portability and Accountability
15 Act.

16 (4) "Health benefit plan" does not include the following benefits if the
17 benefits are provided under a separate policy, certificate, or contract of insurance, there is
18 no coordination between the provision of the benefits and any exclusion of benefits under
19 any group health plan maintained by the same plan sponsor, and the benefits are paid with
20 respect to an event without regard to whether the benefits are provided under any group
21 health plan maintained by the same plan sponsor:

22 (i) coverage only for a specified disease or illness;

23 (ii) group hospital indemnity or other fixed indemnity insurance, if
24 the benefits are payable in a fixed dollar amount per period of time, such as \$100 per day
25 of hospitalization, regardless of the amount of expenses incurred; or

26 (iii) individual hospital indemnity or other fixed indemnity
27 insurance, if:

28 1. the benefits are paid in a fixed dollar amount per period of
29 hospitalization, illness, or service, regardless of the amount of expenses incurred and of the
30 amount of benefits provided with respect to the event or service under any other health
31 coverage; and

32 2. a notice is displayed prominently in the application
33 materials, in at least 14 point type, that has the following language in capital letters: "This
34 is a supplement to health insurance and is not a substitute for major medical coverage.
35 Lack of major medical coverage (or other minimum essential coverage) may result in an

1 additional payment with your taxes.”.

2 (5) “Health benefit plan” does not include the following if offered as a
3 separate policy, certificate, or contract of insurance:

4 (i) Medicare supplemental insurance (as defined under § 1882(g)(1)
5 of the Social Security Act);

6 (ii) coverage supplemental to the coverage provided under Chapter
7 55 of Title 10, United States Code (Civilian Health and Medical Program of the Uniformed
8 Services (CHAMPUS)); or

9 (iii) similar supplemental coverage provided to coverage under a
10 group health plan if the coverage qualifies for the exception described in 45 C.F.R. §
11 146.145(b)(5)(i)(C).

12 (h) “Individual Exchange” means the division of the Exchange that serves the
13 individual health insurance market.

14 (o-1) **(1)** “Minimum essential coverage” [has the meaning stated in 26 U.S.C. §
15 5000A] **MEANS:**

16 **(I) MEDICARE;**

17 **(II) THE MARYLAND MEDICAL ASSISTANCE PROGRAM;**

18 **(III) THE MARYLAND CHILDREN’S HEALTH INSURANCE**
19 **PROGRAM;**

20 **(IV) MEDICAL COVERAGE UNDER 10 U.S.C. §§ 1071 THROUGH**
21 **1110B;**

22 **(V) A HEALTH CARE PROGRAM UNDER 38 U.S.C. §§ 1701**
23 **THROUGH 1788 OR 38 U.S.C. §§ 1802 THROUGH 1834, AS DETERMINED BY THE**
24 **SECRETARY OF VETERANS AFFAIRS IN COORDINATION WITH THE SECRETARY OF**
25 **HEALTH AND HUMAN SERVICES AND THE SECRETARY OF THE TREASURY;**

26 **(VI) A HEALTH PLAN UNDER 22 U.S.C. § 2504(E);**

27 **(VII) THE NONAPPROPRIATED FUND HEALTH BENEFITS**
28 **PROGRAM OF THE DEPARTMENT OF DEFENSE, ESTABLISHED UNDER 10 U.S.C. §**
29 **1587;**

30 **(VIII) COVERAGE UNDER AN ELIGIBLE EMPLOYER-SPONSORED**
31 **PLAN, AS DEFINED IN 26 U.S.C. § 5000A;**

1 (IX) COVERAGE UNDER A HEALTH PLAN OFFERED IN THE
2 INDIVIDUAL MARKET IN THE STATE;

3 (X) COVERAGE UNDER A GRANDFATHERED HEALTH PLAN; OR

4 (XI) OTHER COVERAGE AS THE SECRETARY OF HEALTH AND
5 HUMAN SERVICES, IN COORDINATION WITH THE SECRETARY OF THE TREASURY,
6 RECOGNIZES FOR PURPOSES OF 26 U.S.C. § 5000A.

7 (2) "MINIMUM ESSENTIAL COVERAGE" DOES NOT INCLUDE:

8 (I) HEALTH INSURANCE COVERAGE THAT CONSISTS OF
9 COVERAGE OF EXCEPTED BENEFITS DESCRIBED IN:

10 1. § 2791(C)(1) OF THE PUBLIC HEALTH SERVICE ACT;
11 OR

12 2. § 2791(C)(2), (3), OR (4) OF THE PUBLIC HEALTH
13 SERVICE ACT IF THE BENEFITS ARE PROVIDED UNDER A SEPARATE POLICY,
14 CERTIFICATE, OR CONTRACT OF INSURANCE;

15 (II) A SHORT-TERM LIMITED DURATION INSURANCE;

16 (III) AN ASSOCIATION HEALTH PLAN THAT FAILS TO MEET THE
17 REQUIREMENTS OF THE STATE SMALL GROUP MARKET OR, IN THE CASE OF A PLAN
18 PURCHASED BY SOLE PROPRIETORS, THE STATE INDIVIDUAL MARKET; OR

19 (IV) ANOTHER FORM OF COVERAGE IDENTIFIED BY THE
20 EXCHANGE THAT:

21 1. DOES NOT MEET THE REQUIREMENTS OF TITLE I OF
22 THE AFFORDABLE CARE ACT; AND

23 2. UNDERMINES THE STABILITY OR INCREASES
24 AVERAGE PREMIUMS IN THE INDIVIDUAL OR SMALL GROUP MARKET.

25 (o-2) "Plan year" has the meaning stated in § 15-1201 of this article.

26 (r) "Qualified health plan" means a health benefit plan that has been certified by
27 the Exchange to meet the criteria for certification described in § 1311(c) of the Affordable
28 Care Act and § 31-115 of this title.

29 **SUBTITLE 2. MARYLAND HEALTH INSURANCE OPTION.**

1 31-201.

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

4 (B) "ADVISORY WORKGROUP" MEANS THE MARYLAND HEALTH
5 INSURANCE OPTION ADVISORY WORKGROUP ESTABLISHED UNDER § 31-203 OF
6 THIS SUBTITLE.

7 (C) "COST-SHARING REDUCTION" MEANS A REDUCTION DESCRIBED IN §
8 1402(C) OF THE AFFORDABLE CARE ACT.

9 (D) "DEPARTMENT" MEANS THE MARYLAND DEPARTMENT OF HEALTH.

10 (E) "FUND" MEANS THE MARYLAND HEALTH INSURANCE OPTION FUND
11 ESTABLISHED UNDER § 31-204 OF THIS SUBTITLE.

12 (F) "INSURANCE AFFORDABILITY PROGRAM" MEANS:

13 (1) THE MARYLAND MEDICAL ASSISTANCE PROGRAM;

14 (2) THE MARYLAND CHILDREN'S HEALTH PROGRAM;

15 (3) PREMIUM TAX CREDITS; OR

16 (4) COST-SHARING REDUCTIONS.

17 (G) "INSURANCE RESPONSIBILITY AMOUNT" HAS THE MEANING STATED IN
18 § 14-101 OF THE TAX - GENERAL ARTICLE.

19 (H) "MODIFIED ADJUSTED GROSS INCOME" HAS THE MEANING STATED IN
20 42 U.S.C. § 1395R(I)(4)(A).

21 (I) "OPTION" MEANS THE MARYLAND HEALTH INSURANCE OPTION
22 ESTABLISHED UNDER § 31-202 OF THIS SUBTITLE.

23 (J) "POVERTY LINE" HAS THE MEANING STATED IN 42 U.S.C. §
24 1397JJ(C)(5).

25 (K) "PREMIUM TAX CREDITS" MEANS THE TAX CREDITS DESCRIBED IN §
26 36B OF THE INTERNAL REVENUE CODE.

1 **(L) “PROACTIVELY CONTACT” MEANS AN ATTEMPT BY THE EXCHANGE OR**
2 **THE DEPARTMENT TO REACH AN UNINSURED INDIVIDUAL BY:**

3 **(1) MAKING MULTIPLE ATTEMPTS TO CONTACT THE UNINSURED**
4 **INDIVIDUAL AS REQUESTED ON A STATE INCOME TAX RETURN IN ACCORDANCE**
5 **WITH § 2-115(B)(2) OF THE TAX – GENERAL ARTICLE;**

6 **(2) IF THE ATTEMPTS DESCRIBED IN ITEM (1) OF THIS SUBSECTION**
7 **DO NOT SUCCESSFULLY REACH THE UNINSURED INDIVIDUAL OR IF NO SPECIFIC**
8 **METHODS FOR CONTACTING THE UNINSURED INDIVIDUAL WERE REQUESTED,**
9 **MAKING MULTIPLE ATTEMPTS TO CONTACT THE UNINSURED INDIVIDUAL THROUGH**
10 **TELEPHONIC AND ELECTRONIC MEANS; AND**

11 **(3) IF THE ATTEMPTS DESCRIBED IN ITEMS (1) AND (2) OF THIS**
12 **SUBSECTION DO NOT SUCCESSFULLY REACH THE UNINSURED INDIVIDUAL TO**
13 **OBTAIN THE REQUESTED INFORMATION, SENDING PAPER FORMS OR NOTICES TO**
14 **THE UNINSURED INDIVIDUAL BY MAIL.**

15 **(M) “UNINSURED INDIVIDUAL” MEANS AN INDIVIDUAL UNDER THE AGE OF**
16 **65 YEARS WHO IS IDENTIFIED THROUGH A STATE INCOME TAX RETURN UNDER §**
17 **2-115 OF THE TAX – GENERAL ARTICLE AS NOT HAVING MINIMUM ESSENTIAL**
18 **COVERAGE.**

19 **(N) “ZERO-ADDITIONAL-COST PLAN” MEANS A QUALIFIED HEALTH PLAN**
20 **THAT IS OFFERED TO AN UNINSURED INDIVIDUAL AND HAS A PREMIUM THAT,**
21 **THROUGH THE END OF THE APPLICABLE PLAN YEAR, DOES NOT EXCEED THE SUM**
22 **OF:**

23 **(1) (I) THE INSURANCE RESPONSIBILITY AMOUNT APPLICABLE TO**
24 **THE UNINSURED INDIVIDUAL; AND**

25 **(II) ANY PREMIUM TAX CREDIT FOR WHICH THE UNINSURED**
26 **INDIVIDUAL QUALIFIES; OR**

27 **(2) (I) ANY PREMIUM TAX CREDIT FOR WHICH THE UNINSURED**
28 **INDIVIDUAL QUALIFIES; AND**

29 **(II) THE PORTION OF THE PREMIUM THAT IS ATTRIBUTABLE TO**
30 **CLAIMS FOR SERVICES THAT ARE NOT ESSENTIAL HEALTH BENEFITS UNDER §**
31 **1302(B) OF THE AFFORDABLE CARE ACT AS DETERMINED BY THE EXCHANGE.**

32 **31-202.**

1 **(A) THERE IS A MARYLAND HEALTH INSURANCE OPTION.**

2 **(B) THE PURPOSES OF THE OPTION ARE TO:**

3 **(1) ESTABLISH A STATE-BASED REPORTING SYSTEM TO PROVIDE**
4 **INFORMATION ABOUT THE HEALTH INSURANCE STATUS OF STATE RESIDENTS**
5 **THROUGH THE USE OF STATE INCOME TAX RETURNS TO IDENTIFY UNINSURED**
6 **INDIVIDUALS AND DETERMINE WHETHER AN UNINSURED INDIVIDUAL IS**
7 **INTERESTED IN OBTAINING MINIMUM ESSENTIAL COVERAGE;**

8 **(2) DETERMINE WHETHER AN UNINSURED INDIVIDUAL WHO IS**
9 **INTERESTED IN OBTAINING MINIMUM ESSENTIAL COVERAGE QUALIFIES FOR AN**
10 **INSURANCE AFFORDABILITY PROGRAM;**

11 **(3) PROACTIVELY CONTACT AN UNINSURED INDIVIDUAL WHO IS**
12 **INTERESTED IN OBTAINING MINIMUM ESSENTIAL COVERAGE TO ASSIST IN**
13 **ENROLLING THE UNINSURED INDIVIDUAL IN AN INSURANCE AFFORDABILITY**
14 **PROGRAM AND MINIMUM ESSENTIAL COVERAGE;**

15 **(4) IMPLEMENT AN INSURANCE RESPONSIBILITY PROGRAM**
16 **THROUGH WHICH UNINSURED INDIVIDUALS WHO CAN AFFORD MINIMUM ESSENTIAL**
17 **COVERAGE ARE INCENTIVIZED TO OBTAIN COVERAGE; AND**

18 **(5) MAXIMIZE ENROLLMENT OF ELIGIBLE UNINSURED INDIVIDUALS**
19 **IN INSURANCE AFFORDABILITY PROGRAMS AND MINIMUM ESSENTIAL COVERAGE TO**
20 **IMPROVE ACCESS TO CARE AND REDUCE INSURANCE COSTS FOR ALL RESIDENTS OF**
21 **THE STATE.**

22 **(C) (1) THE EXCHANGE, THE DEPARTMENT, AND THE COMPTROLLER**
23 **SHALL DEVELOP AND IMPLEMENT SYSTEMS, POLICIES, AND PRACTICES THAT**
24 **ENCOURAGE, FACILITATE, AND STREAMLINE DETERMINATION OF ELIGIBILITY FOR**
25 **INSURANCE AFFORDABILITY PROGRAMS AND ENROLLMENT IN MINIMUM ESSENTIAL**
26 **COVERAGE TO ACHIEVE THE PURPOSES OF THE OPTION.**

27 **(2) EXCEPT AS PROVIDED IN §§ 14-103(A) AND 14-201(B) OF THE TAX**
28 **- GENERAL ARTICLE, THE SYSTEMS, POLICIES, AND PRACTICES SHALL BE:**

29 **(I) OPERATIONAL ON OR BEFORE JANUARY 1, 2020; AND**

30 **(II) AVAILABLE FOR USE BY RESIDENTS OF THE STATE WHEN**
31 **FILING A STATE INCOME TAX RETURN FOR TAXABLE YEARS THAT BEGIN AFTER**
32 **DECEMBER 31, 2018.**

1 **(D) TO FACILITATE THE MOST EFFICIENT IMPLEMENTATION OF THE**
2 **OPTION, THE EXCHANGE, THE COMPTROLLER, AND THE DEPARTMENT MAY:**

3 **(1) ENTER INTO AGREEMENTS;**

4 **(2) ADOPT REGULATIONS;**

5 **(3) ADOPT GUIDELINES;**

6 **(4) ESTABLISH ACCOUNTS;**

7 **(5) CONDUCT TRAININGS;**

8 **(6) PROVIDE PUBLIC INFORMATION;**

9 **(7) EDUCATE TAX PREPARERS; AND**

10 **(8) TAKE ANY OTHER STEPS AS MAY BE NECESSARY TO ACCOMPLISH**
11 **THE PURPOSE OF THE OPTION.**

12 **31-203.**

13 **(A) THE EXCHANGE SHALL ESTABLISH A MARYLAND HEALTH INSURANCE**
14 **OPTION ADVISORY WORKGROUP TO PROVIDE ONGOING ADVICE REGARDING THE**
15 **IMPLEMENTATION OF THE OPTION.**

16 **(B) THE ADVISORY WORKGROUP SHALL INCLUDE REPRESENTATION FROM:**

17 **(1) THE OFFICE OF THE COMPTROLLER;**

18 **(2) CONSUMER GROUPS;**

19 **(3) EMPLOYERS;**

20 **(4) INSURERS;**

21 **(5) HEALTH CARE PROVIDERS;**

22 **(6) NAVIGATORS OR OTHER CONSUMER ASSISTERS;**

23 **(7) INSURANCE BROKERS OR AGENTS;**

24 **(8) LABOR ORGANIZATIONS;**

1 **(9) INCOME TAX PREPARERS;**

2 **(10) NATIONAL POLICY EXPERTS; AND**

3 **(11) ANY OTHER ORGANIZATIONS OR GROUPS SELECTED BY THE**
4 **EXCHANGE.**

5 **(C) THE ADVISORY WORKGROUP SHALL MEET AT LEAST ONCE EVERY 6**
6 **MONTHS.**

7 **(D) THIS SECTION MAY NOT BE CONSTRUED TO PREVENT THE EXCHANGE**
8 **FROM CONVENING OTHER FORMAL OR INFORMAL WORKING OR ADVISORY GROUPS**
9 **TO FACILITATE THE IMPLEMENTATION OF THE OPTION.**

10 **31-204.**

11 **(A) THERE IS A MARYLAND HEALTH INSURANCE OPTION FUND.**

12 **(B) THE PURPOSE OF THE FUND IS TO PROVIDE FUNDING OR**
13 **REIMBURSEMENT FOR:**

14 **(1) REASONABLE ADMINISTRATIVE COSTS INCURRED TO IMPLEMENT**
15 **THE OPTION, INCLUDING COSTS INCURRED BEFORE THE RECEIPT OF AMOUNTS**
16 **DESCRIBED IN SUBSECTION (F)(1) OF THIS SECTION; AND**

17 **(2) MEASURES THAT HELP STABILIZE THE INDIVIDUAL INSURANCE**
18 **MARKET, INCREASE ENROLLMENT OF ELIGIBLE INDIVIDUALS, LOWER PREMIUMS**
19 **FOR INDIVIDUAL INSURANCE, OR OBTAIN INFORMATION TO GUIDE THE**
20 **ACCOMPLISHMENT OF THOSE GOALS.**

21 **(C) THE EXCHANGE SHALL ADMINISTER THE FUND.**

22 **(D) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT TO**
23 **§ 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.**

24 **(E) THE STATE TREASURER SHALL HOLD THE FUND SEPARATELY, AND THE**
25 **EXCHANGE SHALL ACCOUNT FOR THE FUND.**

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

27 **(1) AMOUNTS DISTRIBUTED TO THE EXCHANGE UNDER § 14-205 OF**
28 **THE TAX – GENERAL ARTICLE;**

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

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

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

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

7 **(1) THE PAYMENT OF REASONABLE ADMINISTRATIVE COSTS**
8 **INCURRED TO IMPLEMENT THE OPTION; AND**

9 **(2) FOR AMOUNTS THAT REMAIN IN THE FUND AFTER THE PAYMENTS**
10 **DESCRIBED UNDER ITEM (1) OF THIS SUBSECTION ARE MADE, MEASURES THE**
11 **EXCHANGE DETERMINES ARE MOST EFFECTIVE IN:**

12 **(I) STABILIZING, INCREASING ENROLLMENT IN, OR LOWERING**
13 **PREMIUMS IN THE INDIVIDUAL MARKET; OR**

14 **(II) PROVIDING INFORMATION ABOUT THE MOST EFFECTIVE**
15 **MEANS TO ACCOMPLISH THE PURPOSES OF THE OPTION.**

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

18 **(1) WITH AN APPROPRIATION FROM THE FUND APPROVED BY THE**
19 **GENERAL ASSEMBLY IN THE STATE BUDGET; OR**

20 **(2) BY BUDGET AMENDMENT AS PROVIDED FOR IN TITLE 7, SUBTITLE**
21 **2 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.**

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

24 **(2) ANY INVESTMENT EARNINGS OF THE FUND SHALL BE CREDITED**
25 **TO THE FUND.**

26 **(3) NO PART OF THE FUND MAY REVERT OR BE CREDITED TO THE**
27 **GENERAL FUND OR ANY SPECIAL FUND OF THE STATE.**

28 **(4) A DEBT OR AN OBLIGATION OF THE FUND IS NOT A DEBT OF THE**

1 STATE OR A PLEDGE OF CREDIT OF THE STATE.

2 (J) (1) AFTER THE END OF EACH FISCAL YEAR DURING WHICH THE FUND
3 IS OPERATING, THE EXCHANGE SHALL PREPARE AN ANNUAL REPORT ON THE FUND
4 THAT INCLUDES AN ACCOUNTING OF ALL FINANCIAL RECEIPTS AND EXPENDITURES
5 TO AND FROM THE FUND.

6 (2) THE EXCHANGE SHALL SUBMIT A COPY OF THE REPORT TO THE
7 GENERAL ASSEMBLY IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT
8 ARTICLE.

9 31-205.

10 (A) THE EXCHANGE OR THE DEPARTMENT, AS APPLICABLE, SHALL
11 DETERMINE ELIGIBILITY FOR INSURANCE AFFORDABILITY PROGRAMS AS SOON AS
12 POSSIBLE AFTER AN INDIVIDUAL FILES A STATE INCOME TAX RETURN ON WHICH
13 THE INDIVIDUAL CHOSE A CHECK-OFF BOX DESCRIBED IN § 2-215(C)(3) OF THE
14 TAX - GENERAL ARTICLE INDICATING THAT AN UNINSURED INDIVIDUAL MAY BE
15 INTERESTED IN OBTAINING MINIMUM ESSENTIAL COVERAGE.

16 (B) (1) TO THE MAXIMUM EXTENT PRACTICABLE, THE EXCHANGE OR THE
17 DEPARTMENT, AS APPLICABLE, SHALL VERIFY AN UNINSURED INDIVIDUAL'S
18 ELIGIBILITY FOR AN INSURANCE AFFORDABILITY PROGRAM:

19 (I) WITH INFORMATION ON A STATE INCOME TAX RETURN AND
20 OTHER DATA FROM THIRD-PARTY DATA SOURCES, INCLUDING DATA DESCRIBED IN
21 § 1413 OF THE AFFORDABLE CARE ACT OR AVAILABLE UNDER § 2-215(C)(5) OF THE
22 TAX - GENERAL ARTICLE; AND

23 (II) WITHOUT REQUESTING ADDITIONAL INFORMATION OR
24 ATTESTATIONS FROM THE UNINSURED INDIVIDUAL.

25 (2) IF ADDITIONAL ATTESTATIONS OR DOCUMENTATION FROM THE
26 UNINSURED INDIVIDUAL ARE REQUIRED TO ESTABLISH ELIGIBILITY FOR AN
27 INSURANCE AFFORDABILITY PROGRAM, THE EXCHANGE OR THE DEPARTMENT, AS
28 APPLICABLE, SHALL TAKE STEPS TO LIMIT THE BURDEN ON THE UNINSURED
29 INDIVIDUAL, INCLUDING:

30 (I) PROACTIVELY CONTACTING THE INDIVIDUAL WHO FILED
31 THE TAX RETURN OR THE UNINSURED INDIVIDUAL;

32 (II) RECORDING, BY TELEPHONIC OR ELECTRONIC MEANS,
33 ATTESTATIONS AND OTHER DOCUMENTATION PROVIDED BY THE INDIVIDUAL WHO

1 FILED THE TAX RETURN OR THE UNINSURED INDIVIDUAL; AND

2 (III) IF THE ATTESTATIONS OR DOCUMENTATION REQUIRED TO
3 DETERMINE ELIGIBILITY ARE NOT OBTAINED USING THE STEPS DESCRIBED IN
4 ITEMS (I) AND (II) OF THIS PARAGRAPH, FACILITATING THE SELECTION OF AN
5 AUTHORIZED REPRESENTATIVE FOR THE UNINSURED INDIVIDUAL.

6 (D) (1) BEFORE DETERMINING ELIGIBILITY OF AN UNINSURED
7 INDIVIDUAL FOR AN INSURANCE AFFORDABILITY PROGRAM, THE EXCHANGE OR
8 THE DEPARTMENT, AS APPLICABLE, SHALL ATTEMPT TO VERIFY THE CITIZENSHIP
9 STATUS OF THE UNINSURED INDIVIDUAL AND EACH HOUSEHOLD MEMBER LISTED
10 ON THE STATE INCOME TAX RETURN, BASED ON THE INFORMATION AVAILABLE
11 FROM THE RETURN AND RELIABLE THIRD-PARTY SOURCES OF CITIZENSHIP DATA.

12 (2) IF THE PROCESS DESCRIBED IN PARAGRAPH (1) OF THIS
13 SUBSECTION DOES NOT CONFIRM THAT THE UNINSURED INDIVIDUAL AND EACH
14 HOUSEHOLD MEMBER LISTED ON THE STATE INCOME TAX RETURN IS A UNITED
15 STATES CITIZEN, THE EXCHANGE AND THE DEPARTMENT MAY NOT SEEK
16 ADDITIONAL VERIFICATION OR TAKE OTHER STEPS TO DETERMINE ELIGIBILITY FOR
17 OR ENROLL THE UNINSURED INDIVIDUAL IN AN INSURANCE AFFORDABILITY
18 PROGRAM UNTIL THE UNINSURED INDIVIDUAL PROVIDES AFFIRMATIVE CONSENT
19 USING FORMS AND PROCEDURES APPROVED BY THE EXCHANGE.

20 (3) THE AFFIRMATIVE CONSENT REQUIRED UNDER PARAGRAPH (2)
21 OF THIS SUBSECTION MAY BE SATISFIED THROUGH THE PROCEDURES DESCRIBED
22 IN 42 U.S.C. § 1320B-7(D).

23 (4) IF CITIZENSHIP IS NOT VERIFIED AND AFFIRMATIVE CONSENT IS
24 NOT PROVIDED IN ACCORDANCE WITH PARAGRAPH (2) OF THIS SUBSECTION, THE
25 EXCHANGE AND THE DEPARTMENT MAY NOT TAKE ANY FURTHER STEPS TO
26 DETERMINE AN UNINSURED INDIVIDUAL'S ELIGIBILITY FOR OR ENROLL AN
27 UNINSURED INDIVIDUAL IN AN INSURANCE AFFORDABILITY PROGRAM.

28 31-206.

29 (A) THE EXCHANGE OR THE DEPARTMENT, AS APPLICABLE, SHALL MAKE A
30 DETERMINATION OF ELIGIBILITY, IN ACCORDANCE WITH § 31-205 OF THIS
31 SUBTITLE, FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND, IF
32 APPLICABLE, THE MARYLAND CHILDREN'S HEALTH PROGRAM UNDER THIS
33 SECTION, BEFORE DETERMINING ELIGIBILITY FOR ANY OTHER INSURANCE
34 AFFORDABILITY PROGRAM.

35 (B) (1) IF AN UNINSURED INDIVIDUAL IS DETERMINED TO BE ELIGIBLE

1 FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND
2 CHILDREN'S HEALTH PROGRAM, THE PROCEDURES DESCRIBED IN THIS
3 SUBSECTION AND GUIDELINES ESTABLISHED BY THE EXCHANGE, IN CONSULTATION
4 WITH THE DEPARTMENT, TO IMPLEMENT THIS SUBSECTION SHALL APPLY.

5 (2) IF AN UNINSURED INDIVIDUAL FAILS TO SELECT A MANAGED
6 CARE ORGANIZATION PLAN WITHIN A PERIOD OF TIME ESTABLISHED BY THE
7 EXCHANGE, THE DEPARTMENT SHALL ASSIGN THE UNINSURED INDIVIDUAL TO AND
8 PROMPTLY ENROLL THE UNINSURED INDIVIDUAL IN A MANAGED CARE
9 ORGANIZATION PLAN.

10 (3) BEFORE THE DEPARTMENT ASSIGNS AN UNINSURED INDIVIDUAL
11 TO A MANAGED CARE ORGANIZATION PLAN, THE UNINSURED INDIVIDUAL SHALL
12 RECEIVE:

13 (I) ADVANCE NOTICE;

14 (II) AN OPPORTUNITY TO SELECT ANOTHER MANAGED CARE
15 ORGANIZATION PLAN WITHIN THE PERIOD OF TIME ESTABLISHED BY THE
16 EXCHANGE; AND

17 (III) AN OPPORTUNITY TO OPT OUT OF COVERAGE.

18 31-207.

19 (A) IF AN UNINSURED INDIVIDUAL IS NOT DETERMINED TO BE ELIGIBLE
20 FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND
21 CHILDREN'S HEALTH PROGRAM UNDER § 31-206 OF THIS SUBTITLE, THE
22 EXCHANGE SHALL DETERMINE, IN ACCORDANCE WITH § 31-205 OF THIS SUBTITLE,
23 WHETHER THE UNINSURED INDIVIDUAL IS ELIGIBLE FOR PREMIUM TAX CREDITS OR
24 COST-SHARING REDUCTIONS AS DETERMINED UNDER THIS SECTION.

25 (B) (1) (I) A SPECIAL OR OTHER ENROLLMENT PERIOD FOR THE
26 INDIVIDUAL MARKET SHALL BEGIN ON THE DATE AN INCOME TAX RETURN IS FILED
27 BY OR ON BEHALF OF AN UNINSURED INDIVIDUAL THAT INCLUDES THE CHOICE
28 DESCRIBED IN § 2-215(C)(3) OF THE TAX - GENERAL ARTICLE, IF THE RETURN IS
29 FILED ON OR BEFORE THE DATE SPECIFIED BY THE EXCHANGE.

30 (II) THE DATE SPECIFIED BY THE EXCHANGE MAY BE NOT
31 LATER THAN THE DATE SPECIFIED IN § 10-820(A)(1) AND (3) OF THE TAX -
32 GENERAL ARTICLE.

33 (2) THE ENROLLMENT PERIOD DESCRIBED IN THIS SUBSECTION

1 SHALL LAST FOR A PERIOD OF TIME DETERMINED BY THE EXCHANGE BEFORE THE
2 START OF THE CALENDAR YEAR THAT MAY NOT BE SHORTER THAN 14 DAYS.

3 (C) (1) INFORMATION ABOUT THE ENROLLMENT PERIOD DESCRIBED IN
4 SUBSECTION (B) OF THIS SECTION SHALL BE COMMUNICATED TO THE PUBLIC AND
5 AFFECTED INDIVIDUALS THROUGH MEASURES THAT MAY INCLUDE LANGUAGE IN
6 THE INSTRUCTIONS FOR THE STATE INDIVIDUAL INCOME TAX RETURN, IF
7 INCLUSION OF THE LANGUAGE IS APPROVED BY THE COMPTROLLER.

8 (2) THE EXCHANGE IS AUTHORIZED TO CONDUCT OUTREACH TO
9 UNINSURED INDIVIDUALS DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION,
10 USING METHODS THAT MAY INCLUDE WRITTEN NOTICES AND THE PROVISION OF
11 INDIVIDUALIZED ASSISTANCE BY INSURANCE AGENTS AND BROKERS, NAVIGATORS,
12 TAX PREPARERS, AND EXCHANGE CONTRACTORS AND STAFF.

13 (3) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE,
14 THE EXCHANGE MAY COMPENSATE AN ENTITY FOR OUTREACH DESCRIBED IN
15 PARAGRAPH (1) OF THIS SUBSECTION IN A MANNER THAT REFLECTS, IN WHOLE OR
16 IN PART, THE NUMBER OF UNINSURED INDIVIDUALS ENROLLED UNDER THIS
17 SECTION AND § 33-501 OF THIS TITLE BY THAT ENTITY.

18 (D) (1) THE EXCHANGE SHALL IMPLEMENT THE POLICIES AND PROCESS
19 DESCRIBED IN THIS SUBSECTION ONLY IF THE EXCHANGE DETERMINES THAT:

20 (I) THE POLICIES AND PROCESS WOULD PROVIDE MINIMUM
21 ESSENTIAL COVERAGE TO AT LEAST 40,000 RESIDENTS WHO WOULD OTHERWISE BE
22 UNINSURED, DESPITE THE OTHER PROVISIONS OF THIS SUBTITLE;

23 (II) THERE IS NO SIGNIFICANT RISK THAT CHANGES IN FEDERAL
24 POLICY OR INSURANCE MARKETS WILL PREVENT THE ACHIEVEMENT OF COVERAGE
25 GAINS DESCRIBED IN ITEM (I) OF THIS PARAGRAPH THROUGH AUTOMATIC
26 ENROLLMENT IN A QUALIFIED HEALTH PLAN AS PROVIDED FOR IN PARAGRAPH (2)
27 OF THIS SUBSECTION; AND

28 (III) REASONABLE ADMINISTRATIVE COSTS TO IMPLEMENT THE
29 POLICIES AND PROCESS, INCLUDING COSTS INCURRED BY THE COMPTROLLER AND
30 THE EXCHANGE, ARE FULLY COVERED WITH FUNDS FROM THE MARYLAND
31 INSURANCE OPTION FUND ESTABLISHED UNDER § 31-204 OF THIS SUBTITLE.

32 (2) IF THE EXCHANGE MAKES THE DETERMINATIONS DESCRIBED IN
33 PARAGRAPH (1) OF THIS SUBSECTION, THE EXCHANGE AND THE COMPTROLLER
34 SHALL, AFTER CONSULTING WITH THE ADVISORY WORKGROUP AND PROVIDING
35 ADVANCE NOTICE TO THE GENERAL ASSEMBLY, IMPLEMENT A PROCESS FOR

1 AUTOMATIC ENROLLMENT OF AN UNINSURED INDIVIDUAL IN A
2 ZERO-ADDITIONAL-COST PLAN IF:

3 (I) AN INDIVIDUAL WHO FILES A STATE INCOME TAX RETURN
4 SELECTS A CHECK-OFF BOX ON THE RETURN AS DESCRIBED IN § 2-115(D)(3)(I) OF
5 THE TAX - GENERAL ARTICLE INDICATING THAT AN UNINSURED INDIVIDUAL MAY
6 BE INTERESTED IN OBTAINING MINIMUM ESSENTIAL COVERAGE;

7 (II) THE UNINSURED INDIVIDUAL HAS QUALIFIED FOR
8 PREMIUM TAX CREDITS BUT HAS NOT BEEN ENROLLED IN A QUALIFIED HEALTH
9 PLAN BY THE END OF THE ENROLLMENT PERIOD ESTABLISHED BY THE EXCHANGE
10 IN ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION; AND

11 (III) THE UNINSURED INDIVIDUAL IS ELIGIBLE FOR ONE OR
12 MORE ZERO-ADDITIONAL-COST PLANS.

13 (3) AS PART OF THE PROCESS DESCRIBED IN PARAGRAPH (2) OF THIS
14 SUBSECTION, THE EXCHANGE SHALL IMPLEMENT A RANKING SYSTEM THAT
15 IDENTIFIES THE ZERO-ADDITIONAL-COST PLAN THAT PROVIDES THE MOST VALUE
16 TO AN UNINSURED INDIVIDUAL IF THE UNINSURED INDIVIDUAL IS ELIGIBLE FOR
17 MORE THAN ONE ZERO-ADDITIONAL-COST PLAN.

18 (4) THE PROCESS DESCRIBED IN PARAGRAPH (2) OF THIS
19 SUBSECTION SHALL ENSURE THAT BEFORE AN UNINSURED INDIVIDUAL IS
20 AUTOMATICALLY ENROLLED IN A ZERO-ADDITIONAL-COST PLAN:

21 (I) THE UNINSURED INDIVIDUAL IS INFORMED ABOUT THE
22 ZERO-ADDITIONAL-COST PLAN IN WHICH THE UNINSURED INDIVIDUAL WILL BE
23 AUTOMATICALLY ENROLLED AND IS GIVEN A REASONABLE CHANCE TO OPT OUT OF
24 THE PLAN BEFORE COVERAGE BEGINS;

25 (II) IF THE ZERO-ADDITIONAL-COST PLAN HAS AN ACTUARIAL
26 VALUE BELOW A THRESHOLD IDENTIFIED BY THE EXCHANGE, THE UNINSURED
27 INDIVIDUAL IS OFFERED A CHANCE TO ENROLL IN AN ALTERNATIVE PLAN WITH A
28 HIGHER ACTUARIAL VALUE BY PAYING A REQUIRED ADDITIONAL PREMIUM BEFORE
29 BEING AUTOMATICALLY ENROLLED IN THE ZERO-ADDITIONAL-COST PLAN;

30 (III) IF MORE THAN ONE HOUSEHOLD MEMBER IS AN UNINSURED
31 INDIVIDUAL ELIGIBLE FOR A ZERO-ADDITIONAL-COST PLAN AND IT IS NOT
32 POSSIBLE TO ENROLL ALL THE HOUSEHOLD MEMBERS IN THE PLAN THAT PROVIDES
33 THEM WITH THE MAXIMUM VALUE AS ESTABLISHED UNDER PARAGRAPH (3) OF THIS
34 SUBSECTION, THE EXCHANGE CONSULTS WITH THE AFFECTED HOUSEHOLD
35 MEMBERS BEFORE ENROLLMENT;

1 (IV) THE METHOD OF PAYING CARRIERS MINIMIZES OVERALL
2 ADMINISTRATIVE COSTS, ENSURES TIMELY PAYMENTS THAT PREVENT DEFAULTS,
3 AND PREVENTS CONSUMERS FROM EXPERIENCING INVOLUNTARY DEFAULT OR
4 OTHER ADVERSE EVENTS DUE TO ERRORS BY THE EXCHANGE, THE COMPTROLLER,
5 OR A QUALIFIED HEALTH PLAN;

6 (V) A CARRIER WILL NOT BE PAID FOR PERIODS DURING WHICH
7 THE UNINSURED INDIVIDUAL IS NOT COVERED, EXCEPT FOR GRACE PERIODS
8 DURING WHICH THE UNINSURED INDIVIDUAL IS ENROLLED IN A
9 ZERO-ADDITIONAL-COST PLAN OFFERED BY THE CARRIER;

10 (VI) A CARRIER WILL NOT BE REQUIRED TO INITIATE COVERAGE
11 WITHOUT RECEIVING THE INITIAL MONTH'S FULL PREMIUM PAYMENT FOR A
12 ZERO-ADDITIONAL-COST PLAN OFFERED BY THE CARRIER;

13 (VII) THE UNINSURED INDIVIDUAL ENTERS INTO A BINDING
14 CONTRACT OF INSURANCE WITH THE CARRIER THAT OFFERS THE
15 ZERO-ADDITIONAL-COST PLAN, CONSISTENT WITH STANDARDS DEVELOPED BY THE
16 EXCHANGE IN CONSULTATION WITH THE ADMINISTRATION; AND

17 (VIII) THE UNINSURED INDIVIDUAL IS INFORMED OF THE DUTIES
18 AND RISKS ASSOCIATED WITH USING ADVANCE PREMIUM TAX CREDITS TO OBTAIN
19 COVERAGE AND HAS THE OPPORTUNITY TO PREVENT ENROLLMENT OR TERMINATE
20 COVERAGE AFTER RECEIVING THE INFORMATION.

21 31-208.

22 (A) THE EXCHANGE SHALL DEVELOP A DETAILED SET OF DATA PRIVACY
23 AND DATA SECURITY SAFEGUARDS TO GOVERN THE CONVEYANCE, STORAGE, AND
24 UTILIZATION OF DATA UNDER THE OPTION.

25 (B) THE SAFEGUARDS DEVELOPED UNDER SUBSECTION (A) OF THIS
26 SECTION SHALL ENSURE THAT THE CONVEYANCE, STORAGE, AND UTILIZATION OF
27 DATA UNDER THE OPTION COMPLY WITH APPLICABLE REQUIREMENTS OF FEDERAL
28 AND STATE LAW.

29 Article – State Finance and Procurement

30 6-226.

31 (a) (2) (i) Notwithstanding any other provision of law, and unless
32 inconsistent with a federal law, grant agreement, or other federal requirement or with the
33 terms of a gift or settlement agreement, net interest on all State money allocated by the

1 State Treasurer under this section to special funds or accounts, and otherwise entitled to
2 receive interest earnings, as accounted for by the Comptroller, shall accrue to the General
3 Fund of the State.

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

6 112. the Pretrial Services Program Grant Fund; [and]

7 113. the Veteran Employment and Transition Success Fund;

8 AND

9 114. THE MARYLAND HEALTH INSURANCE OPTION FUND.

10 Article – Tax – General

11 2–115.

12 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
13 INDICATED.

14 (2) “ADVISORY WORKGROUP” HAS THE MEANING STATED IN § 31–201
15 OF THE INSURANCE ARTICLE.

16 (3) “AFFORDABLE CARE ACT” HAS THE MEANING STATED IN § 1–101
17 OF THE INSURANCE ARTICLE.

18 (4) “EXCHANGE” HAS THE MEANING STATED IN § 31–101 OF THE
19 INSURANCE ARTICLE.

20 (5) “INSURANCE AFFORDABILITY PROGRAM” HAS THE MEANING
21 STATED IN § 31–201 OF THE INSURANCE ARTICLE.

22 (6) “INSURANCE–RELEVANT INFORMATION” MEANS INFORMATION
23 ABOUT AN UNINSURED INDIVIDUAL THAT IS NEEDED FOR THE EXCHANGE TO:

24 (I) IDENTIFY THE UNINSURED INDIVIDUAL, INCLUDING WHEN
25 MATCHING DATA AVAILABLE FROM THIRD–PARTY DATA SOURCES;

26 (II) FACILITATE THE DETERMINATION OF THE UNINSURED
27 INDIVIDUAL’S ELIGIBILITY FOR AN INSURANCE AFFORDABILITY PROGRAM; OR

28 (III) FACILITATE ENROLLMENT BY THE UNINSURED INDIVIDUAL
29 IN A PLAN WITH MINIMUM ESSENTIAL COVERAGE.

1 (7) “MARYLAND HEALTH INSURANCE OPTION FUND” MEANS THE
2 FUND ESTABLISHED UNDER § 31–204 OF THE INSURANCE ARTICLE.

3 (8) “MINIMUM ESSENTIAL COVERAGE” HAS THE MEANING STATED IN
4 § 31–101 OF THE INSURANCE ARTICLE.

5 (9) “OPTION” MEANS THE MARYLAND HEALTH INSURANCE OPTION
6 ESTABLISHED UNDER § 31–202 OF THE INSURANCE ARTICLE.

7 (10) “PREMIUM TAX CREDITS” MEANS THE TAX CREDITS DESCRIBED
8 IN § 36B OF THE INTERNAL REVENUE CODE.

9 (11) “QUALIFIED HEALTH PLAN” MEANS A HEALTH BENEFIT PLAN
10 THAT HAS BEEN CERTIFIED BY THE EXCHANGE TO MEET THE CRITERIA FOR
11 CERTIFICATION DESCRIBED IN § 1311(C) OF THE AFFORDABLE CARE ACT AND §
12 31–115 OF THIS TITLE.

13 (12) “UNINSURED INDIVIDUAL” HAS THE MEANING STATED IN §
14 31–201 OF THE INSURANCE ARTICLE.

15 (B) (1) IF A STATE INCOME TAX RETURN INDICATES THAT AN INDIVIDUAL
16 LACKED MINIMUM ESSENTIAL COVERAGE FOR 3 OR MORE MONTHS DURING THE
17 TAXABLE YEAR, AND THE UNINSURED INDIVIDUAL IS UNDER THE AGE OF 65 AT THE
18 TIME THE RETURN IS FILED, THE TAX RETURN SHALL BE REQUIRED TO INCLUDE THE
19 FOLLOWING INFORMATION AS TO EACH UNINSURED INDIVIDUAL:

20 (I) WHETHER THE UNINSURED INDIVIDUAL REMAINS
21 UNINSURED AT THE TIME THE TAX RETURN IS FILED;

22 (II) IF THE UNINSURED INDIVIDUAL REMAINS UNINSURED AT
23 THE TIME THE TAX RETURN IS FILED, ELECTION BY THE INDIVIDUAL FILING THE TAX
24 RETURN OF ONE OF THE TWO CHECK–OFF BOXES DESCRIBED IN SUBSECTION (C) OF
25 THIS SECTION; AND

26 (III) IF THE INDIVIDUAL WHO FILES A TAX RETURN CHOOSES THE
27 CHECK–OFF BOX DESCRIBED IN SUBSECTION (C)(3) OF THIS SECTION, ANY
28 INFORMATION DETERMINED BY THE EXCHANGE AS ESSENTIAL TO DETERMINING
29 ELIGIBILITY FOR INSURANCE AFFORDABILITY PROGRAMS, IF THE INFORMATION:

30 1. IS NOT AVAILABLE FROM A RELIABLE THIRD–PARTY
31 DATA SOURCE;

1 **(I) DEVELOP LANGUAGE FOR THE CHECK-OFF BOXES**
2 **DESCRIBED IN PARAGRAPHS (3) AND (4) OF THIS SUBSECTION THAT IS AS SIMPLE,**
3 **CLEAR, AND EASY TO UNDERSTAND AS POSSIBLE;**

4 **(II) INCLUDE WITH THE INSTRUCTIONS FOR THE STATE INCOME**
5 **TAX RETURN A DESCRIPTION OF THE EFFECTS OF CHOOSING THE**
6 **CHECK-OFF BOXES DESCRIBED IN PARAGRAPHS (3) AND (4) OF THIS SUBSECTION,**
7 **INCLUDING THE PURPOSES FOR WHICH THE INFORMATION DISCLOSED UNDER**
8 **SUBSECTION (B)(1)(III) OF THIS SECTION MAY BE USED; AND**

9 **(III) PROVIDE DRAFT CHECK-OFF BOX LANGUAGE FOR**
10 **COMMENT TO THE EXCHANGE AND TO THE ADVISORY WORKGROUP.**

11 **(6) IF AN INDIVIDUAL WHO FILES A TAX RETURN MAKES THE**
12 **ELECTION DESCRIBED IN PARAGRAPH (3) OF THIS SUBSECTION, NOTWITHSTANDING**
13 **THE PROHIBITION UNDER § 13-202 OF THIS ARTICLE, THE COMPTROLLER SHALL**
14 **CONVEY TO THE EXCHANGE ALL INSURANCE-RELEVANT INFORMATION CONTAINED**
15 **ON THE RETURN.**

16 **(D) EXCEPT AS PROVIDED IN §§ 14-103(C) AND 14-201(B) OF THIS ARTICLE,**
17 **THIS SECTION SHALL APPLY TO RETURNS FILED FOR TAXABLE YEARS BEGINNING**
18 **AFTER DECEMBER 31, 2018.**

19 13-918.

20 (a) The Comptroller shall honor income tax refund interception requests in the
21 following order:

22 (1) a refund interception request to collect an unpaid State, county, or
23 municipal tax;

24 (2) a refund interception request under Title 10, Subtitle 1, Part II of the
25 Family Law Article;

26 **(3) A REFUND INTERCEPTION REQUEST TO COLLECT AN INSURANCE**
27 **RESPONSIBILITY AMOUNT UNDER § 14-201(C) OF THIS ARTICLE;**

28 **[(3)] (4)** a refund interception request for converted funds under §
29 15-122.2 of the Health – General Article;

30 **[(4)] (5)** a refund interception request under § 3-304 of the State Finance
31 and Procurement Article;

32 **[(5)] (6)** any other refund interception request by the State, county, or
33 other political subdivision of the State;

1 ~~[(6)] (7)~~ a request for intercept made by a taxing official under Part IV of
2 this subtitle; and

3 ~~[(7)] (8)~~ a request for intercept made by a federal official under Part VI of
4 this subtitle.

5 **TITLE 14. MINIMUM ESSENTIAL HEALTH COVERAGE.**

6 **SUBTITLE 1. DEFINITIONS; GENERAL PROVISIONS.**

7 **14-101.**

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

10 (B) “ADVISORY WORKGROUP” HAS THE MEANING STATED IN § 31-201 OF
11 THE INSURANCE ARTICLE.

12 (C) “AFFORDABLE CARE ACT” HAS THE MEANING STATED IN § 1-101 OF
13 THE INSURANCE ARTICLE.

14 (D) “ENROLLMENT PERIOD” MEANS THE ENROLLMENT PERIOD
15 ESTABLISHED UNDER § 31-307(B) OF THE INSURANCE ARTICLE.

16 (E) “EXCHANGE” HAS THE MEANING STATED IN § 31-101 OF THE
17 INSURANCE ARTICLE.

18 (F) “INSURANCE AFFORDABILITY PROGRAMS” HAS THE MEANING STATED
19 IN § 31-201 OF THE INSURANCE ARTICLE.

20 (G) “INSURANCE-RELEVANT INFORMATION” HAS THE MEANING STATED IN
21 § 2-215 OF THIS ARTICLE.

22 (H) “INSURANCE RESPONSIBILITY AMOUNT” MEANS THE AMOUNT AN
23 INDIVIDUAL WHO FILES A STATE INCOME TAX RETURN IS REQUIRED TO PAY UNDER
24 § 14-201(C) OF THIS TITLE.

25 (I) “MARYLAND HEALTH INSURANCE OPTION FUND” MEANS THE FUND
26 ESTABLISHED UNDER § 31-204 OF THE INSURANCE ARTICLE.

27 (J) “MARYLAND MODIFIED ADJUSTED GROSS INCOME” MEANS THE SUM OF:

28 (1) MARYLAND ADJUSTED GROSS INCOME, AS DESCRIBED IN §

1 **10-203 OF THIS ARTICLE; AND**

2 **(2) OTHER INCOME THAT:**

3 **(I) CAN BE ASCERTAINED BASED ENTIRELY ON INFORMATION**
4 **PROVIDED ON THE PORTIONS OF THE STATE INCOME TAX RETURN THAT ARE NOT**
5 **AFFECTED BY THIS ARTICLE; AND**

6 **(II) HAVE BEEN IDENTIFIED BY THE EXCHANGE, ON OR BEFORE**
7 **JUNE 1 OF THE APPLICABLE TAXABLE YEAR, AS NECESSARY TO PREVENT**
8 **SIGNIFICANT ERRORS IN THE DETERMINATION OF ELIGIBILITY FOR INSURANCE**
9 **AFFORDABILITY PROGRAMS.**

10 **(K) "MEDICAL HEALTH CARE" MEANS HEALTH TREATMENT BY OR**
11 **SUPERVISED BY A MEDICAL DOCTOR THAT IS CUSTOMARILY COVERED BY HEALTH**
12 **INSURANCE POLICIES QUALIFYING AS MINIMUM ESSENTIAL COVERAGE.**

13 **(L) "MINIMUM ESSENTIAL COVERAGE" HAS THE MEANING STATED IN §**
14 **31-101 OF THE INSURANCE ARTICLE.**

15 **(M) "POVERTY LINE" HAS THE MEANING STATED IN § 31-201 OF THE**
16 **INSURANCE ARTICLE.**

17 **(N) "PROACTIVELY CONTACT" HAS THE MEANING STATED IN § 31-201 OF**
18 **THE INSURANCE ARTICLE.**

19 **(O) "UNINSURED INDIVIDUAL" HAS THE MEANING STATED IN § 31-201 OF**
20 **THE INSURANCE ARTICLE.**

21 **14-102.**

22 **(A) EXCEPT AS PROVIDED IN SUBSECTION (B) OF THIS SECTION AND §**
23 **14-204(B) OF THIS TITLE, AN INSURANCE RESPONSIBILITY AMOUNT SHALL BE**
24 **ASSESSED AND COLLECTED IN THE MANNER DESCRIBED IN TITLE 13 OF THIS**
25 **ARTICLE.**

26 **(B) IN CONSULTATION WITH THE EXCHANGE AND THE ADVISORY**
27 **WORKGROUP, THE COMPTROLLER MAY DEVELOP FORMS AND NOTICES THAT APPLY**
28 **ONLY TO THE INSURANCE RESPONSIBILITY AMOUNT.**

29 **14-103.**

30 **(A) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,**

1 THIS SECTION APPLIES ONLY TO A TAXABLE YEAR THAT:

2 (I) BEGINS AFTER DECEMBER 31, 2018; AND

3 (II) ENDS BEFORE THE INDIVIDUAL RESPONSIBILITY TO
4 MAINTAIN HEALTH COVERAGE, DESCRIBED IN § 14-201(B) OF THIS TITLE, TAKES
5 EFFECT.

6 (2) IF THE COMPTROLLER DETERMINES, AFTER CONSULTATION
7 WITH THE EXCHANGE, THAT THE IMPLEMENTATION OF THIS SECTION IS NOT
8 ADMINISTRATIVELY FEASIBLE FOR A TAX YEAR THAT BEGINS AFTER DECEMBER 31,
9 2018, THE COMPTROLLER MAY DELAY IMPLEMENTATION OF THIS SECTION TO A TAX
10 YEAR THAT BEGINS AFTER DECEMBER 31, 2019.

11 (B) IN CONSULTATION WITH THE EXCHANGE AND THE ADVISORY
12 WORKGROUP, THE COMPTROLLER SHALL DEVELOP FORMS, INSTRUCTIONS, AND
13 PROCEDURES THAT ACCOMPLISH THE FOLLOWING OBJECTIVES:

14 (1) IDENTIFY INDIVIDUALS WHO FILE A STATE INCOME TAX RETURN
15 AND WHO WOULD POTENTIALLY BE LIABLE FOR AN INSURANCE RESPONSIBILITY
16 AMOUNT UNDER § 14-201(C) OF THIS TITLE IF THE OBLIGATION DESCRIBED IN §
17 14-201(B) OF THIS TITLE HAD BEEN IN EFFECT DURING THE TAXABLE YEAR
18 APPLICABLE TO THE RETURN;

19 (2) INFORM THE INDIVIDUALS OF THE ADVERSE CONSEQUENCES
20 THAT COULD POTENTIALLY APPLY IF THEY CONTINUE TO LACK MINIMUM
21 ESSENTIAL COVERAGE UNTIL THE DATE THE REQUIREMENT DESCRIBED IN §
22 14-201(B) OF THIS TITLE TAKES EFFECT; AND

23 (3) ALLOW AND ENCOURAGE INDIVIDUALS WHO ARE UNINSURED AT
24 THE TIME A TAX RETURN IS FILED TO ENROLL IN HEALTH COVERAGE USING
25 PROCEDURES DESCRIBED IN § 2-215 OF THIS ARTICLE AND TITLE 31, SUBTITLE 2
26 OF THE INSURANCE ARTICLE.

27 **SUBTITLE 2. INDIVIDUAL RESPONSIBILITY TO MAINTAIN MINIMUM ESSENTIAL**
28 **COVERAGE.**

29 **14-201.**

30 (A) THIS SUBTITLE DOES NOT APPLY TO A NONRESIDENT, INCLUDING A
31 NONRESIDENT SPOUSE AND A NONRESIDENT DEPENDENT.

32 (B) BEGINNING JANUARY 1, 2021, AN INDIVIDUAL UNDER THE AGE OF 65

1 YEARS SHALL MAINTAIN MINIMUM ESSENTIAL COVERAGE FOR THE INDIVIDUAL AND
2 EACH HOUSEHOLD MEMBER CLAIMED ON A TAX RETURN WHO IS UNDER THE AGE OF
3 65 YEARS.

4 (C) (1) EXCEPT AS PROVIDED UNDER §§ 14-203 AND 14-207 OF THIS
5 SUBTITLE, IF THE COVERAGE REQUIRED UNDER SUBSECTION (B) OF THIS SECTION
6 IS NOT MAINTAINED FOR 3 OR MORE MONTHS OF THE TAXABLE YEAR, THE
7 UNINSURED INDIVIDUAL SHALL PAY AN AMOUNT DETERMINED UNDER § 14-202 OF
8 THIS SUBTITLE.

9 (2) ANY PAYMENT DUE UNDER PARAGRAPH (1) OF THIS SUBSECTION
10 SHALL BE:

11 (I) IN ADDITION TO AND DUE ON THE SAME DATE AS THE STATE
12 INCOME TAX DUE UNDER § 10-105(A) OF THIS ARTICLE; AND

13 (II) INCLUDED WITH OTHER PAYMENTS MADE IN ACCORDANCE
14 WITH THE STATE INCOME TAX RETURN FILED BY THE INDIVIDUAL UNDER TITLE 10,
15 SUBTITLE 8 OF THIS ARTICLE FOR THE TAXABLE YEAR THAT INCLUDES THE MONTHS
16 IN WHICH COVERAGE WAS NOT MAINTAINED AS REQUIRED UNDER SUBSECTION (B)
17 OF THIS SECTION.

18 (3) IF AN INDIVIDUAL WHO IS SUBJECT TO A PAYMENT UNDER THIS
19 SECTION FILES A JOINT STATE INCOME TAX RETURN UNDER § 10-807 OF THIS
20 ARTICLE, THE INDIVIDUAL AND THE INDIVIDUAL'S SPOUSE JOINTLY SHALL BE
21 LIABLE FOR THE PAYMENT.

22 14-202.

23 (A) SUBJECT TO SUBSECTIONS (C) AND (D) OF THIS SECTION, THE
24 INSURANCE RESPONSIBILITY AMOUNT SHALL BE EQUAL TO THE GREATER OF:

25 (1) 2.5% OF THE SUM OF THE INDIVIDUAL'S MARYLAND MODIFIED
26 ADJUSTED GROSS INCOME AND THE MARYLAND MODIFIED ADJUSTED GROSS
27 INCOME OF ALL INDIVIDUALS CLAIMED ON THE INDIVIDUAL'S INCOME TAX RETURN,
28 MINUS THE FILING THRESHOLD FOR FEDERAL INCOME TAX RETURNS APPLICABLE
29 TO THE INDIVIDUAL; OR

30 (2) SUBJECT TO SUBSECTION (B) OF THIS SECTION, THE FOLLOWING
31 AMOUNTS PER INDIVIDUAL:

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

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

2 **(B) THE AMOUNTS SPECIFIED UNDER SUBSECTION (A)(2) OF THIS SECTION**
3 **SHALL BE ADJUSTED FOR TAXABLE YEARS BEGINNING AFTER DECEMBER 31, 2019,**
4 **IN ACCORDANCE WITH THIS SUBSECTION BY MULTIPLYING THE AMOUNT BY A**
5 **PERCENTAGE EQUAL TO THE QUOTIENT OF:**

6 **(1) THE AVERAGE OF THE CONSUMER PRICE INDEX FOR ALL URBAN**
7 **CONSUMERS AS OF THE CLOSE OF THE 12-MONTH PERIOD ENDING ON AUGUST 31**
8 **OF THE CALENDAR YEAR, AS PUBLISHED BY THE UNITED STATES DEPARTMENT OF**
9 **LABOR, USING THE REVISION OF THE CONSUMER PRICE INDEX THAT IS MOST**
10 **CONSISTENT WITH THE CONSUMER PRICE INDEX FOR CALENDAR YEAR 1986; AND**

11 **(2) THE CONSUMER PRICE INDEX FOR 2019.**

12 **(B) THE INSURANCE RESPONSIBILITY AMOUNT MAY NOT EXCEED AN**
13 **AMOUNT DETERMINED BY THE EXCHANGE ON OR BEFORE JUNE 1 OF THE TAXABLE**
14 **YEAR THAT REPRESENTS THE LOWER OF:**

15 **(1) THE AVERAGE STATE PREMIUM FOR BRONZE-LEVEL PLANS; OR**

16 **(2) THE AVERAGE NATIONAL PREMIUM FOR BRONZE-LEVEL PLANS,**
17 **IF THE EXCHANGE FINDS THAT THE AVERAGE CAN BE DETERMINED RELIABLY**
18 **USING CREDIBLE DATA SOURCES.**

19 **(C) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THE**
20 **INSURANCE RESPONSIBILITY AMOUNT SHALL BE REDUCED:**

21 **(I) BY ANY PENALTY PAYMENT MADE TO THE FEDERAL**
22 **GOVERNMENT UNDER 26 U.S.C. § 5000A AS A RESULT OF THE INDIVIDUAL OR**
23 **ANOTHER MEMBER OF THE INDIVIDUAL'S HOUSEHOLD EXPERIENCING A PERIOD**
24 **WITHOUT MINIMUM ESSENTIAL COVERAGE DURING THE TAXABLE YEAR; AND**

25 **(II) BY A PERCENTAGE THAT REFLECTS THE PORTION OF THE**
26 **YEAR, IN TERMS OF MONTHS, DURING WHICH THE INDIVIDUAL OR THE INDIVIDUAL'S**
27 **DEPENDENT WHO FAILED TO MAINTAIN THE COVERAGE REQUIRED BY § 14-201(B)**
28 **OF THIS SUBTITLE FOR 3 OR MORE MONTHS OF THE TAX YEAR EITHER:**

29 1. **MAINTAINED MINIMUM ESSENTIAL COVERAGE; OR**

30 2. **WAS NOT A STATE RESIDENT.**

31 **(2) THE INSURANCE RESPONSIBILITY AMOUNT MAY NOT BE REDUCED**

1 BELOW \$0.

2 14-203.

3 (A) AN INDIVIDUAL WHO FILES A TAX RETURN MAY NOT BE REQUIRED TO
4 PAY AN INSURANCE RESPONSIBILITY AMOUNT FOR AN UNINSURED INDIVIDUAL
5 WHO:

6 (1) QUALIFIES FOR AN EXEMPTION UNDER 26 U.S.C. § 5000A;

7 (2) IS NOT AN APPLICABLE INDIVIDUAL UNDER 26 U.S.C. § 5000A;

8 (3) HAD A MARYLAND MODIFIED ADJUSTED GROSS INCOME OF NOT
9 MORE THAN 138% OF THE POVERTY LINE FOR THE TAX YEAR;

10 (4) SUBMITS A SWORN AFFIDAVIT WITH THE INCOME TAX RETURN
11 AFFIRMING THAT THE UNINSURED INDIVIDUAL:

12 (I) DID NOT MAINTAIN MINIMUM ESSENTIAL COVERAGE
13 BECAUSE OF SINCERELY HELD RELIGIOUS BELIEFS THAT CAUSE THE UNINSURED
14 INDIVIDUALS TO OBJECT TO VIRTUALLY ALL FORMS OF TREATMENT THAT COULD
15 BE COVERED BY HEALTH INSURANCE; AND

16 (II) DID NOT OBTAIN MEDICAL HEALTH CARE DURING THE TAX
17 YEAR;

18 (5) HAS BECOME ENROLLED IN THE MARYLAND MEDICAL
19 ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM AT
20 THE TIME THE RETURN IS FILED;

21 (6) MEETS THE REQUIREMENTS OF § 14-207(A) OF THIS SUBTITLE;

22 (7) MEETS THE QUALIFICATIONS DESCRIBED IN § 14-207(B) OF THIS
23 SUBTITLE; OR

24 (8) IS EXEMPT UNDER STANDARDS ADOPTED BY THE EXCHANGE, IN
25 CONSULTATION WITH THE COMPTROLLER.

26 (B) (1) IN DETERMINING WHETHER AN UNINSURED INDIVIDUAL IS
27 EXEMPT UNDER SUBSECTION (A)(1) OR (2) OF THIS SECTION:

28 (I) FOR PURPOSES OF AN EXEMPTION UNDER 26 U.S.C. §
29 5000A, THE REQUIRED CONTRIBUTION FOR AN INDIVIDUAL ELIGIBLE FOR MINIMUM

1 ESSENTIAL COVERAGE UNDER BOTH AN ELIGIBLE EMPLOYER-SPONSORED PLAN
2 AND A QUALIFIED HEALTH PLAN IS THE LESSER OF THE AMOUNTS THAT THE
3 INDIVIDUAL WOULD HAVE TO PAY FOR COVERAGE OF EACH TYPE;

4 (II) FOR PURPOSES OF A HOUSEHOLD WITH A MARYLAND
5 MODIFIED ADJUSTED GROSS INCOME ABOVE 138% AND AT OR BELOW 250% OF THE
6 POVERTY LINE FOR THE TAX YEAR, THE INDIVIDUAL SHALL BE EXEMPT BASED ON
7 AN INABILITY TO AFFORD COVERAGE IF THE INDIVIDUAL'S REQUIRED
8 CONTRIBUTION FOR MINIMUM ESSENTIAL COVERAGE EXCEEDS:

9 1. FOR AN INDIVIDUAL WITH A MARYLAND MODIFIED
10 ADJUSTED GROSS INCOME AT OR BELOW 150% OF THE POVERTY LINE FOR THE TAX
11 YEAR, 3% OF THE INDIVIDUAL'S MARYLAND MODIFIED ADJUSTED GROSS INCOME;

12 2. FOR AN INDIVIDUAL WITH A MARYLAND MODIFIED
13 ADJUSTED GROSS INCOME ABOVE 150% AND AT OR BELOW 200% OF THE POVERTY
14 LINE FOR THE TAX YEAR, 4% OF THE INDIVIDUAL'S MARYLAND MODIFIED ADJUSTED
15 GROSS INCOME; OR

16 3. FOR AN INDIVIDUAL WITH A MARYLAND MODIFIED
17 ADJUSTED GROSS INCOME ABOVE 200% OF THE POVERTY LINE FOR THE TAX YEAR,
18 6.3% OF THE INDIVIDUAL'S MARYLAND MODIFIED ADJUSTED GROSS INCOME.

19 (2) THE EXCHANGE SHALL MAKE DETERMINATIONS, IN ACCORDANCE
20 WITH STANDARDS ADOPTED BY THE EXCHANGE, AS TO WHETHER AN UNINSURED
21 INDIVIDUAL IS EXEMPT UNDER SUBSECTION (A) OF THIS SECTION.

22 14-204.

23 (A) AN INDIVIDUAL WHO FILES A TAX RETURN SHALL INDICATE ON THE
24 INCOME TAX RETURN, IN THE FORM REQUIRED BY THE COMPTROLLER, WHETHER
25 MINIMUM ESSENTIAL COVERAGE WAS MAINTAINED AS REQUIRED UNDER §
26 14-201(B) OF THIS SUBTITLE OR WHETHER AN EXEMPTION IS CLAIMED FOR AN
27 UNINSURED INDIVIDUAL IDENTIFIED BY THE TAX RETURN.

28 (B) (1) AN INDIVIDUAL SHALL HAVE THE RIGHT TO APPEAL TO THE
29 EXCHANGE, IN ACCORDANCE WITH THE PROCEDURES OF § 10-222 OF THE STATE
30 GOVERNMENT ARTICLE, AN INSURANCE RESPONSIBILITY PAYMENT OR THE DENIAL
31 OF AN EXEMPTION UNDER § 14-203 OF THIS SUBTITLE.

32 (2) IN CONDUCTING AN APPEAL, THE EXCHANGE SHALL
33 INCORPORATE PROCEDURES TO SAFEGUARD TAXPAYER RIGHTS WITHOUT
34 IMPOSING UNDUE ADMINISTRATIVE BURDENS, WHILE USING THE APPEALS PROCESS

1 AS AN OPPORTUNITY TO FACILITATE ENROLLMENT IN MINIMUM ESSENTIAL
2 COVERAGE FOR UNINSURED INDIVIDUALS.

3 (3) NOTWITHSTANDING § 3-103 OF THIS ARTICLE, ANY APPEAL OF A
4 DECISION BY THE EXCHANGE UNDER THIS SUBSECTION SHALL BE GOVERNED BY §
5 10-222 OF THE STATE GOVERNMENT ARTICLE.

6 14-205.

7 THE COMPTROLLER SHALL DISTRIBUTE THE REVENUE FROM THE INSURANCE
8 RESPONSIBILITY AMOUNT TO THE EXCHANGE, FOR DEPOSIT INTO THE MARYLAND
9 HEALTH INSURANCE OPTION FUND.

10 14-206.

11 (A) THE COMPTROLLER PROMPTLY SHALL NOTIFY THE EXCHANGE IF:

12 (1) AN INDIVIDUAL WHO FILED A TAX RETURN ELECTED THE OPTION
13 DESCRIBED IN § 2-115(C)(3) OF THIS ARTICLE FOR AN UNINSURED INDIVIDUAL; AND

14 (2) A DETERMINATION OF WHETHER AN INSURANCE RESPONSIBILITY
15 AMOUNT IS DUE OR THE AMOUNT OF THE PAYMENT HAS BEEN SUSPENDED,
16 INCLUDING DUE TO FACTORS RELATED TO THE RETURN OTHER THAN AS DESCRIBED
17 IN § 2-115 OF THIS ARTICLE.

18 (B) ON RECEIPT OF THE NOTICE GIVEN UNDER SUBSECTION (A) OF THIS
19 SECTION, THE EXCHANGE PROACTIVELY SHALL CONTACT THE INDIVIDUAL WHO
20 FILED THE TAX RETURN OR THE UNINSURED INDIVIDUAL DESCRIBED IN THE NOTICE
21 TO EXPLAIN THE UNINSURED INDIVIDUAL'S OPTIONS AND TO FACILITATE A
22 DETERMINATION OF ELIGIBILITY FOR INSURANCE AFFORDABILITY PROGRAMS AND
23 ENROLLMENT IN MINIMUM ESSENTIAL COVERAGE.

24 (C) THE EXCHANGE MAY EXTEND THE ENROLLMENT PERIOD, AS
25 DETERMINED APPROPRIATE BY THE EXCHANGE, FOR AN INDIVIDUAL WITH
26 RESPECT TO WHOM NOTICE WAS GIVEN TO THE EXCHANGE UNDER SUBSECTION (A)
27 OF THIS SECTION.

28 14-207.

29 (A) THIS SECTION DOES NOT APPLY TO TAXABLE YEARS THAT BEGIN AFTER
30 A DATE SPECIFIED BY THE COMPTROLLER IF THE EXCHANGE MAKES THE
31 DETERMINATION TO IMPLEMENT POLICIES AND A PROCESS FOR
32 ZERO-ADDITIONAL-COST PLANS AS DESCRIBED IN § 31-207(D) OF THE INSURANCE

1 **ARTICLE.**

2 **(B) EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION, AN INDIVIDUAL**
3 **MAY NOT BE REQUIRED TO PAY AN INSURANCE RESPONSIBILITY AMOUNT IF THE**
4 **INDIVIDUAL FILING THE APPLICABLE TAX RETURN:**

5 **(1) MAKES THE ELECTION DESCRIBED IN § 2-115(C)(3) OF THIS**
6 **ARTICLE;**

7 **(2) FILES THE RETURN ON OR BEFORE A DATE SPECIFIED BY THE**
8 **EXCHANGE; AND**

9 **(3) CERTIFIES THAT AN UNINSURED INDIVIDUAL:**

10 **(I) AT THE TIME THE RETURN IS FILED, HAS BEEN UNINSURED**
11 **CONTINUOUSLY FOR AT LEAST 3 MONTHS;**

12 **(II) WILL ENROLL IN MINIMUM ESSENTIAL COVERAGE WITHIN**
13 **THE ENROLLMENT PERIOD; AND**

14 **(III) WILL MAINTAIN THE COVERAGE THROUGH THE END OF THE**
15 **CALENDAR YEAR DURING WHICH THE RETURN IS FILED.**

16 **(C) THE DATE SPECIFIED BY THE EXCHANGE FOR PURPOSES OF**
17 **SUBSECTION (B)(2) OF THIS SECTION MAY NOT BE LATER THAN THE DATE SPECIFIED**
18 **IN § 10-820(A) OF THE TAX - GENERAL ARTICLE.**

19 **(D) EXCEPT AS PROVIDED IN SUBSECTIONS (E) THROUGH (I) OF THIS**
20 **SECTION, AN INDIVIDUAL MAY NOT BE REQUIRED TO PAY AN INSURANCE**
21 **RESPONSIBILITY AMOUNT IF:**

22 **(1) THE IMMEDIATELY PRECEDING TAXABLE YEAR'S RETURN FILED**
23 **BY OR ON BEHALF OF AN UNINSURED INDIVIDUAL MET THE REQUIREMENTS**
24 **DESCRIBED IN SUBSECTION (B) OF THIS SECTION;**

25 **(2) MINIMUM ESSENTIAL COVERAGE BEGAN BY THE DATE DESCRIBED**
26 **IN SUBSECTION (B) OF THIS SECTION; AND**

27 **(3) THE UNINSURED INDIVIDUAL RETAINED MINIMUM ESSENTIAL**
28 **COVERAGE THROUGH THE END OF THE CALENDAR YEAR, AS PROMISED IN THE**
29 **CERTIFICATION.**

30 **(E) EXCEPT AS PROVIDED IN SUBSECTION (H) OF THIS SECTION, IF A**

1 CERTIFICATION IS MADE ON BEHALF OF AN UNINSURED INDIVIDUAL UNDER
2 SUBSECTION (B) OF THIS SECTION AND THE UNINSURED INDIVIDUAL DOES NOT
3 OBTAIN AND RETAIN MINIMUM ESSENTIAL COVERAGE THROUGHOUT THE PERIOD
4 DESCRIBED IN SUBSECTION (B) OF THIS SECTION, THEN THE UNINSURED
5 INDIVIDUAL SHALL:

6 (1) BECOME RETROACTIVELY INELIGIBLE FOR THE EXEMPTION
7 CLAIMED, UNDER THAT CERTIFICATION, ON THE PREVIOUS YEAR'S TAX RETURN;
8 AND

9 (2) BE INELIGIBLE FOR AN EXEMPTION ON THE CURRENT TAX YEAR'S
10 RETURN.

11 (F) (1) IN DETERMINING WHETHER SUBSECTION (E) OF THIS SECTION
12 APPLIES TO AN UNINSURED INDIVIDUAL, THE COMPTROLLER'S INITIAL
13 DETERMINATION MAY RELY ON REPORTS PROVIDED UNDER § 14-301 OF THIS TITLE.

14 (2) THE UNINSURED INDIVIDUAL OR INDIVIDUAL WHO FILED THE TAX
15 RETURN MAY APPEAL THE COMPTROLLER'S INITIAL DETERMINATION, USING THE
16 PROCEDURES DESCRIBED IN SUBSECTION (B) OF THIS SECTION.

17 (G) IF AN UNINSURED INDIVIDUAL BECOMES RETROACTIVELY INELIGIBLE
18 UNDER SUBSECTION (E)(1) OF THIS SECTION, THE INCOME TAX OWED ON BEHALF OF
19 THE UNINSURED INDIVIDUAL ON THE CURRENT TAX YEAR'S RETURN SHALL
20 INCREASE BY THE SUM OF:

21 (1) THE INSURANCE RESPONSIBILITY AMOUNT THAT WOULD HAVE
22 BEEN REQUIRED ON THE PREVIOUS TAX YEAR'S RETURN; AND

23 (2) INTEREST FOR LATE PAYMENT OF TAX, CALCULATED BASED ON
24 THE INDIVIDUAL RESPONSIBILITY AMOUNT DESCRIBED IN ITEM (1) OF THIS
25 SUBSECTION.

26 (H) (1) SUBSECTION (E) OF THIS SECTION MAY NOT BE CONSTRUED TO
27 APPLY TO AN INDIVIDUAL WHO:

28 (I) EITHER:

29 1. DELAYS THE START OF COVERAGE BEYOND THE
30 ENROLLMENT PERIOD; OR

31 2. TERMINATES COVERAGE BEFORE THE END OF THE
32 CALENDAR YEAR AS REQUIRED BY SUBSECTION (B)(3)(III) OF THIS SECTION; AND

1 (II) BEFORE THE DELAY OR TERMINATION, OBTAINS A
2 DETERMINATION BY THE EXCHANGE THAT THE RESULTING COVERAGE GAP EITHER:

3 1. SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION,
4 QUALIFIES FOR AN EXEMPTION UNDER § 14-203 OF THIS SUBTITLE, OR

5 2. INVOLVES AN INDIVIDUAL WHO IS NO LONGER A
6 STATE RESIDENT.

7 (2) THE EXEMPTION FOR SHORT COVERAGE GAPS UNDER §
8 5000A(E)(4) OF THE INTERNAL REVENUE CODE MAY NOT BE USED FOR THE
9 PURPOSE OF PARAGRAPH (1)(II)1 OF THIS SUBSECTION.

10 (I) THE EXCHANGE MAY REQUIRE OR ALLOW THE PROVISION OF NOTICES
11 THAT:

12 (1) ARE ISSUED BY THE EXCHANGE OR CARRIERS SPONSORING
13 QUALIFIED HEALTH PLANS;

14 (2) INFORM INDIVIDUALS WHO HAVE MADE THE CERTIFICATION
15 DESCRIBED IN SUBSECTION (B)(3)(II) AND (III) OF THIS SECTION ABOUT THE
16 CONSEQUENCES OF FAILING TO COMPLY WITH THE CERTIFICATION;

17 (3) ENCOURAGE THE INDIVIDUALS TO COMPLY WITH THE
18 CERTIFICATIONS DESCRIBED IN SUBSECTION (B)(3)(II) AND (III) OF THIS SECTION
19 BY OBTAINING AND RETAINING MINIMUM ESSENTIAL COVERAGE; AND

20 (4) PROMPTLY INFORM THE COMPTROLLER WHEN AN INDIVIDUAL
21 WHO MADE THE CERTIFICATIONS DESCRIBED IN SUBSECTION (B)(3)(II) AND (III) OF
22 THIS SECTION FAILS TO COMPLY WITH THE CERTIFICATIONS.

23 SUBTITLE 3. STATE-BASED INFORMATION SYSTEM.

24 14-301.

25 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
26 INDICATED.

27 (B) "APPLICABLE ENTITY" MEANS:

28 (1) WITH RESPECT TO EMPLOYMENT-BASED MINIMUM ESSENTIAL
29 COVERAGE, AN EMPLOYER OR OTHER SPONSOR OF AN EMPLOYMENT-BASED

1 HEALTH PLAN;

2 (2) WITH RESPECT TO COVERAGE PROVIDED THROUGH THE
3 MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S
4 HEALTH PROGRAM, THE MARYLAND DEPARTMENT OF HEALTH; OR

5 (3) WITH RESPECT TO ANY OTHER MINIMUM ESSENTIAL COVERAGE
6 PROVIDED, CARRIERS LICENSED OR OTHERWISE AUTHORIZED TO OFFER MINIMUM
7 ESSENTIAL COVERAGE.

8 (C) "TAXPAYER IDENTIFICATION NUMBER" MEANS THE NUMBER REQUIRED
9 TO BE INCLUDED ON A FEDERAL INCOME TAX RETURN UNDER 26 U.S.C. § 6109.

10 14-302.

11 (A) EXCEPT AS PROVIDED UNDER SUBSECTION (B) OF THIS SECTION, EACH
12 APPLICABLE ENTITY THAT PROVIDES MINIMUM ESSENTIAL COVERAGE TO AN
13 INDIVIDUAL DURING A CALENDAR YEAR SHALL, AT THE TIME AND IN THE FORM
14 DETERMINED BY THE COMPTROLLER, PROVIDE AN INFORMATION REPORT THAT
15 INCLUDES:

16 (1) THE NAME, ADDRESS, AND TAXPAYER IDENTIFICATION NUMBER
17 OF THE PRIMARY INSURED INDIVIDUAL;

18 (2) THE NAME AND TAXPAYER IDENTIFICATION NUMBER OF EACH
19 INDIVIDUAL OBTAINING COVERAGE UNDER THE POLICY;

20 (3) THE DATES DURING WHICH EACH INDIVIDUAL WAS COVERED
21 UNDER MINIMUM ESSENTIAL COVERAGE DURING THE CALENDAR YEAR; AND

22 (4) ANY OTHER INFORMATION THE COMPTROLLER REQUIRES.

23 (B) (1) A REPORT IS DEEMED TO MEET THE REQUIREMENTS OF
24 SUBSECTION (A) OF THIS SECTION IF THE REPORT:

25 (I) INCLUDES THE INFORMATION CONTAINED IN A RETURN
26 DESCRIBED IN § 6055 OF THE INTERNAL REVENUE CODE OF 1986; OR

27 (II) CONSISTS OF THE APPLICABLE ELECTRONIC FILE
28 PROVIDED UNDER THAT SECTION TO THE SECRETARY OF THE UNITED STATES
29 DEPARTMENT OF THE TREASURY.

30 (2) AN APPLICABLE ENTITY IS NOT REQUIRED TO FILE A REPORT

1 WITH THE COMPTROLLER IF THE U.S. TREASURY DEPARTMENT PROVIDES THE
2 SAME INFORMATION TO THE COMPTROLLER, BASED ON INFORMATION IN RETURNS
3 FILED UNDER § 6055 OF THE INTERNAL REVENUE CODE OF 1986.

4 (C) EXCEPT AS PROVIDED IN SUBSECTION (E) OF THIS SECTION, EACH
5 APPLICABLE ENTITY REQUIRED TO MAKE A REPORT UNDER THIS SECTION SHALL
6 PROVIDE TO EACH INDIVIDUAL IDENTIFIED IN THE REPORT A WRITTEN STATEMENT
7 THAT INCLUDES:

8 (1) THE NAME AND ADDRESS OF THE ENTITY REQUIRED TO PROVIDE
9 THE FORM AND THE PHONE NUMBER OF THE INFORMATION CONTACT FOR THE
10 ENTITY; AND

11 (2) THE INFORMATION REQUIRED TO BE SHOWN, WITH RESPECT TO
12 THE INDIVIDUAL, ON THE REPORT DESCRIBED IN SUBSECTION (B) OF THIS SECTION.

13 (D) EXCEPT AS PROVIDED IN SUBSECTION (E) OF THIS SECTION, AN
14 APPLICABLE ENTITY SHALL PROVIDE THE WRITTEN STATEMENT REQUIRED UNDER
15 SUBSECTION (C) OF THIS SECTION ON OR BEFORE JANUARY 31 OF EACH CALENDAR
16 YEAR IMMEDIATELY FOLLOWING THE CALENDAR YEAR IN WHICH MINIMUM
17 ESSENTIAL COVERAGE WAS PROVIDED TO THE INDIVIDUAL BY THE APPLICABLE
18 ENTITY.

19 (E) AN APPLICABLE ENTITY THAT PROVIDES A REPORT IN ACCORDANCE
20 WITH SUBSECTION (B) OF THIS SECTION IS NOT REQUIRED TO PROVIDE THE
21 RESIDENT WITH THE STATEMENT DESCRIBED IN SUBSECTIONS (C) AND (D) OF THIS
22 SECTION.

23 (F) IN THE CASE OF COVERAGE PROVIDED BY AN APPLICABLE ENTITY THAT
24 IS A GOVERNMENTAL UNIT OR AN AGENCY OR INSTRUMENTALITY OF A
25 GOVERNMENTAL UNIT, THE OFFICER OR EMPLOYEE WHO ENTERS INTO THE
26 AGREEMENT TO PROVIDE THE COVERAGE SHALL BE RESPONSIBLE FOR THE
27 REPORTS AND STATEMENTS REQUIRED BY THIS SECTION.

28 (G) AN APPLICABLE ENTITY MAY CONTRACT WITH THIRD-PARTY SERVICE
29 PROVIDERS, INCLUDING INSURANCE CARRIERS, TO PROVIDE THE REPORTS AND
30 STATEMENTS REQUIRED BY THIS SECTION.

31 (H) THE COMPTROLLER MAY CONVEY TO THE EXCHANGE INFORMATION IT
32 RECEIVES UNDER THIS SECTION, IF THE COMPTROLLER DETERMINES THAT THE
33 INFORMATION WOULD HELP THE STATE IMPLEMENT MORE EFFECTIVELY THE
34 MARYLAND HEALTH INSURANCE OPTION, ESTABLISHED UNDER § 31-202 OF THE
35 INSURANCE ARTICLE.

1 SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General
2 Assembly that all references contained in this Act to federal law included in, modified by,
3 or promulgated to help implement the federal Patient Protection and Affordable Care Act,
4 as amended by the federal Health Care and Education Reconciliation Act of 2010, and any
5 regulations adopted or guidance issued under the Acts, shall be the provision in effect on
6 or before December 15, 2017.

7 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before November 1,
8 2021, the Health Insurance Option Advisory Workgroup required to be established under
9 § 31–203 of the Insurance Article, as enacted by Section 1 of this Act, shall:

10 (1) conduct a study on whether adding an automatic or default enrollment
11 policy for the individual market, through which individuals would be enrolled by default in
12 zero–additional–cost plans unless they opt out of the coverage or elect a different plan,
13 would be beneficial to the State; and

14 (2) report to the General Assembly, in accordance with § 2–1246 of the
15 State Government Article, on its recommendations resulting from the study.

16 SECTION 4. AND BE IT FURTHER ENACTED, That it is the intent of the General
17 Assembly that in developing returns, instructions, forms, and procedures to implement
18 Section 1 of this Act, the Maryland Health Benefits Exchange, the Comptroller, and the
19 Maryland Department of Health shall use language and procedures that, to the maximum
20 extent possible:

21 (1) are simple, clear, and easy to understand;

22 (2) are effective in encouraging residents of the State to obtain and retain
23 health coverage; and

24 (3) make it as easy as possible for residents of the State to obtain and retain
25 health coverage.

26 SECTION 5. AND BE IT FURTHER ENACTED, That it is the intent of the General
27 Assembly that, in the case of an uninsured minor child, communications regarding
28 insurance affordability programs or enrollment in minimum essential coverage may be
29 addressed to the child’s parent or guardian.

30 SECTION 6. AND BE IT FURTHER ENACTED, That, if any provision of this Act or
31 the application thereof to any person or circumstance is held invalid for any reason in a
32 court of competent jurisdiction, the invalidity does not affect other provisions or any other
33 application of this Act that can be given effect without the invalid provision or application,
34 and for this purpose the provisions of this Act are declared severable.

35 SECTION 7. AND BE IT FURTHER ENACTED, That this Act shall take effect June
36 1, 2019.

