

## Chapter 423

## (House Bill 814)

AN ACT concerning

~~**Maryland Health Insurance Option**~~  
~~**(Protect Maryland Health Care Act of 2019)**~~  
**Maryland Easy Enrollment Health Insurance Program**

FOR the purpose of establishing the Maryland ~~Health Insurance Option~~ Easy Enrollment Health Insurance Program and the purpose of the ~~Option Program~~; requiring the Maryland Health Benefit Exchange, the Maryland Department of Health, and the State Comptroller to develop and implement certain systems, policies, and practices; requiring certain systems, policies, and practices, except under certain circumstances, to be operational on or before a certain date and available for use by certain individuals when filing certain tax returns; authorizing the Exchange, the Comptroller, and the Department to take certain action to facilitate the implementation of the ~~Option Program~~; requiring the Exchange to establish a Maryland ~~Health Insurance Option~~ Easy Enrollment Health Insurance Program Advisory Workgroup; ~~establishing the Maryland Health Insurance Option Fund; providing for the purpose and administration of the Fund; requiring the Exchange to prepare certain reports on the Fund;~~ requiring the Exchange or the Department to determine eligibility for certain insurance affordability programs under certain circumstances; establishing certain eligibility determination and enrollment procedures and requirements; requiring the Department to assign a certain individual to and enroll a certain individual in a managed care organization plan under certain circumstances; requiring the Exchange to develop certain data privacy and data security safeguards; ~~exempting the Fund from a certain provision of law requiring interest earnings on State money to accrue to the General Fund of the State;~~ requiring the Comptroller to include a certain checkoff on a certain State income tax return form; requiring a certain State income tax return to be required to include certain information on certain uninsured individuals and ~~authorizing~~ requiring the Comptroller to include a certain separate form ~~for the information;~~ providing an individual that files a certain tax return with a certain option to indicate certain preferences for contact from the Exchange; requiring the Comptroller to include in a certain form a certain number of ~~check-off~~ checkoff boxes that specify a certain individual's options; requiring the Comptroller, in consultation with the Exchange and with the advice of the Workgroup, to develop certain language for certain ~~check-off~~ checkoff boxes and instructions ~~and provide a certain draft of the language to the Exchange and the Advisory Workgroup;~~ requiring the Comptroller to honor a refund interception request for an insurance responsibility amount following a certain order; requiring that a certain insurance responsibility amount be assessed and collected in a certain manner; authorizing the Comptroller to develop certain forms and notices; providing for the application of certain provisions of this Act; requiring certain individuals who are under a certain age to maintain certain minimum essential coverage for the individual and certain

~~household members; requiring a certain individual to pay a certain amount if certain coverage is not maintained for a certain period of time of a certain taxable year; establishing certain requirements for calculating an insurance responsibility amount; providing for certain exemptions from the insurance responsibility amount under certain circumstances; requiring certain individuals to indicate certain minimum essential coverage on a certain income tax return; providing for an appeal process for certain payments and denials of exemptions; requiring the Comptroller to distribute certain revenue into the Fund; requiring the Comptroller to notify the Exchange of a certain suspension of payment; requiring the Exchange to engage in certain contact with a certain individual identified by a certain notice and facilitate certain eligibility and enrollment in certain insurance affordability programs under certain circumstances; authorizing the Exchange to extend a certain enrollment period under certain circumstances; prohibiting certain individuals from being required to pay a certain insurance responsibility amount if the individual makes a certain election and certifies that a certain uninsured individual will enroll in certain coverage within a certain enrollment period; providing for certain retroactive ineligibility for a certain exemption if an uninsured individual does not comply with a certain certification; providing that certain retroactive ineligibility does not apply under certain circumstances; authorizing the Exchange to require or permit certain notice; providing for the application of certain provisions of this Act; requiring certain entities that provide minimum essential coverage to certain individuals in a certain calendar year to provide the Comptroller with certain reports that include certain information; requiring certain entities to provide certain statements to certain individuals identified in certain reports on or before certain dates; authorizing requiring the Comptroller to convey to the Exchange certain information under certain circumstances; defining certain terms; altering a certain term; stating the legislative intent of the General Assembly; requiring the Advisory Workgroup to advise the Comptroller on certain language and to submit a certain report to the General Assembly on or before a certain date; requiring the Comptroller to ensure that a certain tax system has certain capability and to submit a certain report to the General Assembly on or before a certain date; providing for the severability of this Act; and generally relating to individual health coverage.~~

BY repealing and reenacting, without amendments,

Article – Insurance

Section 31–101(a), (e), (g), (h), (o–2), and (r)

Annotated Code of Maryland

(2017 Replacement Volume and 2018 Supplement)

BY repealing and reenacting, with amendments,

Article – Insurance

Section 31–101(o–1)

Annotated Code of Maryland

(2017 Replacement Volume and 2018 Supplement)

BY adding to

Article – Insurance

Section 31–201 through ~~31–208~~ 31–207 to be under the new subtitle “Subtitle 2. Maryland ~~Health Insurance Option~~ *Easy Enrollment Health Insurance Program*”

Annotated Code of Maryland  
(2017 Replacement Volume and 2018 Supplement)

~~BY repealing and reenacting, without amendments,  
Article – State Finance and Procurement  
Section 6–226(a)(2)(i)  
Annotated Code of Maryland  
(2015 Replacement Volume and 2018 Supplement)~~

~~BY repealing and reenacting, with amendments,  
Article – State Finance and Procurement  
Section 6–226(a)(2)(ii)112. and 113.  
Annotated Code of Maryland  
(2015 Replacement Volume and 2018 Supplement)~~

~~BY adding to  
Article – State Finance and Procurement  
Section 6–226(a)(2)(ii)114.  
Annotated Code of Maryland  
(2015 Replacement Volume and 2018 Supplement)~~

BY adding to  
Article – Tax – General  
Section 2–115; and 14–101 through 14–302 to be under the new title “Title 14. ~~Minimum Essential Health Coverage~~”  
Annotated Code of Maryland  
(2016 Replacement Volume and 2018 Supplement)

~~BY repealing and reenacting, with amendments,  
Article – Tax – General  
Section 13–918(a)  
Annotated Code of Maryland  
(2016 Replacement Volume and 2018 Supplement)~~

Preamble

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

~~WHEREAS, Health care cost growth has slowed since the Affordable Care Act’s implementation; and~~

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

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

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

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

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

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

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

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

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

~~WHEREAS, Accuracy in determining eligibility for insurance affordability programs, including premium tax credits, is essential to maintaining the integrity and~~

~~viability of such programs, on which hundreds of thousands of State residents rely for their health coverage; now, therefore,~~

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

### **Article – Insurance**

31–101.

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

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

(2) “Exchange” includes:

- (i) the Individual Exchange; and
- (ii) the Small Business Health Options Program (SHOP Exchange).

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

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

- (i) coverage only for accident or disability insurance or any combination of accident and disability insurance;
- (ii) coverage issued as a supplement to liability insurance;
- (iii) liability insurance, including general liability insurance and automobile liability insurance;
- (iv) workers’ compensation or similar insurance;
- (v) automobile medical payment insurance;
- (vi) credit–only insurance;
- (vii) coverage for on–site medical clinics; or
- (viii) other similar insurance coverage, specified in federal regulations issued pursuant to the federal Health Insurance Portability and Accountability Act, under

which benefits for health care services are secondary or incidental to other insurance benefits.

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

(i) limited scope dental or vision benefits;

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

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

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

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

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

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

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

2. a notice is displayed prominently in the application materials, in at least 14 point type, that has the following language in capital letters: “This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.”

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

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

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

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

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

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

**(I) MEDICARE;**

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

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

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

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

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

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

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

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

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

~~(XI) OTHER COVERAGE AS THE SECRETARY OF HEALTH AND HUMAN SERVICES, IN COORDINATION WITH THE SECRETARY OF THE TREASURY, RECOGNIZES FOR PURPOSES OF 26 U.S.C. § 5000A EXCHANGE RECOGNIZES, CONSISTENT WITH POLICY GOALS OF SUBTITLE 2 OF THIS TITLE.~~

(2) “MINIMUM ESSENTIAL COVERAGE” DOES NOT INCLUDE:

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

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

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

(II) A SHORT-TERM LIMITED DURATION INSURANCE;

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

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

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

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

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

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

**SUBTITLE 2. MARYLAND ~~HEALTH INSURANCE OPTION~~ EASY ENROLLMENT  
HEALTH INSURANCE PROGRAM.**

**31-201.**



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

(B) “ADVISORY WORKGROUP” MEANS THE MARYLAND ~~HEALTH INSURANCE OPTION~~ *EASY ENROLLMENT HEALTH INSURANCE PROGRAM* ADVISORY WORKGROUP ESTABLISHED UNDER § 31-203 OF THIS SUBTITLE.

(C) “COST-SHARING REDUCTION” MEANS A REDUCTION DESCRIBED IN § 1402(C) OF THE AFFORDABLE CARE ACT.

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

~~(E) “FUND” MEANS THE MARYLAND HEALTH INSURANCE OPTION FUND ESTABLISHED UNDER § 31-204 OF THIS SUBTITLE.~~

~~(F)~~ (E) “INSURANCE AFFORDABILITY PROGRAM” MEANS:

- (1) THE MARYLAND MEDICAL ASSISTANCE PROGRAM;
- (2) THE MARYLAND CHILDREN’S HEALTH PROGRAM;
- (3) PREMIUM TAX CREDITS; OR
- (4) COST-SHARING REDUCTIONS.

~~(G) “INSURANCE RESPONSIBILITY AMOUNT” HAS THE MEANING STATED IN § 14-101 OF THE TAX GENERAL ARTICLE.~~

~~(H)~~ (F) “MODIFIED ADJUSTED GROSS INCOME” HAS THE MEANING STATED IN 42 U.S.C. § 1395R(I)(4)(A).

~~(I)~~ (G) “OPTION” MEANS THE MARYLAND HEALTH INSURANCE OPTION ESTABLISHED UNDER § 31-202 OF THIS SUBTITLE.

~~(J)~~ ~~(H)~~ (G) “POVERTY LINE” HAS THE MEANING STATED IN 42 U.S.C. § 1397JJ(C)(5).

~~(K)~~ ~~(I)~~ (H) “PREMIUM TAX CREDITS” MEANS THE TAX CREDITS DESCRIBED IN § 36B OF THE INTERNAL REVENUE CODE.

~~(L)~~ ~~(J)~~ (I) “PROACTIVELY CONTACT” MEANS AN ATTEMPT BY THE EXCHANGE OR THE DEPARTMENT TO REACH AN UNINSURED INDIVIDUAL BY:

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

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

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

(J) “PROGRAM” MEANS THE MARYLAND EASY ENROLLMENT HEALTH INSURANCE PROGRAM ESTABLISHED UNDER § 31-202 OF THIS SUBTITLE.

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

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

~~(1) (I) THE INSURANCE RESPONSIBILITY AMOUNT APPLICABLE TO THE UNINSURED INDIVIDUAL; AND~~

~~(II) ANY PREMIUM TAX CREDIT FOR WHICH THE UNINSURED INDIVIDUAL QUALIFIES; OR~~

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

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

31-202.

(A) THERE IS A MARYLAND ~~HEALTH INSURANCE OPTION~~ EASY ENROLLMENT HEALTH INSURANCE PROGRAM.

(B) THE PURPOSES OF THE ~~OPTION~~ PROGRAM ARE TO:

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

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

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

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

~~(5)~~ (4) MAXIMIZE ENROLLMENT OF ELIGIBLE UNINSURED INDIVIDUALS IN INSURANCE AFFORDABILITY PROGRAMS AND MINIMUM ESSENTIAL COVERAGE TO IMPROVE ACCESS TO CARE AND REDUCE INSURANCE COSTS FOR ALL RESIDENTS OF THE STATE.

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

(2) EXCEPT AS PROVIDED IN ~~§§ 14-103(A) AND 14-201(B)~~ § 2-115(D) OF THE TAX - GENERAL ARTICLE, THE SYSTEMS, POLICIES, AND PRACTICES SHALL BE:

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

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

(D) TO FACILITATE THE MOST EFFICIENT IMPLEMENTATION OF THE ~~OPTION~~ PROGRAM, THE EXCHANGE, THE COMPTROLLER, AND THE DEPARTMENT MAY:

- (1) ENTER INTO AGREEMENTS;
- (2) ADOPT REGULATIONS;
- (3) ADOPT GUIDELINES;
- (4) ESTABLISH ACCOUNTS;
- (5) CONDUCT TRAININGS;
- (6) PROVIDE PUBLIC INFORMATION;
- (7) EDUCATE TAX PREPARERS; AND
- (8) TAKE ANY OTHER STEPS AS MAY BE NECESSARY TO ACCOMPLISH THE PURPOSE OF THE ~~OPTION~~ PROGRAM.

31-203.

(A) THE EXCHANGE SHALL ESTABLISH A MARYLAND ~~HEALTH INSURANCE~~ ~~OPTION~~ EASY ENROLLMENT HEALTH INSURANCE PROGRAM ADVISORY WORKGROUP TO PROVIDE ONGOING ADVICE REGARDING THE IMPLEMENTATION OF THE ~~OPTION~~ PROGRAM.

(B) THE ADVISORY WORKGROUP SHALL INCLUDE REPRESENTATION FROM:

- (1) THE OFFICE OF THE COMPTROLLER;
- (2) CONSUMER GROUPS;
- (3) EMPLOYERS;
- (4) INSURERS;
- (5) HEALTH CARE PROVIDERS;
- (6) NAVIGATORS OR OTHER CONSUMER ASSISTERS;
- (7) INSURANCE BROKERS OR AGENTS;

- (8) LABOR ORGANIZATIONS;
- (9) INCOME TAX PREPARERS;
- (10) NATIONAL POLICY EXPERTS; AND
- (11) ANY OTHER ORGANIZATIONS OR GROUPS SELECTED BY THE EXCHANGE.

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

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

~~31-204.~~

~~(A) THERE IS A MARYLAND HEALTH INSURANCE OPTION FUND.~~

~~(B) THE PURPOSE OF THE FUND IS TO PROVIDE FUNDING OR REIMBURSEMENT FOR:~~

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

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

~~(C) THE EXCHANGE SHALL ADMINISTER THE FUND.~~

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

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

~~(F) THE FUND SHALL CONSIST OF:~~

~~(1) AMOUNTS DISTRIBUTED TO THE EXCHANGE UNDER § 14-205 OF THE TAX GENERAL ARTICLE;~~

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

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

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

~~(G) THE FUND SHALL BE USED FOR:~~

~~(1) THE PAYMENT OF REASONABLE ADMINISTRATIVE COSTS INCURRED TO IMPLEMENT THE OPTION; AND~~

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

~~(i) STABILIZING, INCREASING ENROLLMENT IN, OR LOWERING PREMIUMS IN THE INDIVIDUAL MARKET; OR~~

~~(ii) PROVIDING INFORMATION ABOUT THE MOST EFFECTIVE MEANS TO ACCOMPLISH THE PURPOSES OF THE OPTION.~~

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

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

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

~~(i) (1) THE TREASURER SHALL INVEST THE MONEY OF THE FUND IN THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.~~

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

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

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

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

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

~~31-205.~~ 31-204.

(A) THE EXCHANGE OR THE DEPARTMENT, AS APPLICABLE, SHALL DETERMINE ELIGIBILITY FOR INSURANCE AFFORDABILITY PROGRAMS AS SOON AS POSSIBLE AFTER AN INDIVIDUAL FILES A STATE INCOME TAX RETURN ON WHICH THE INDIVIDUAL CHOSE A ~~CHECK-OFF~~ CHECKOFF BOX DESCRIBED IN ~~§ 2-215(C)(3)~~ § 2-115(C)(3) OF THE TAX – GENERAL ARTICLE INDICATING THAT AN UNINSURED INDIVIDUAL MAY BE INTERESTED IN OBTAINING MINIMUM ESSENTIAL COVERAGE.

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

(I) WITH INFORMATION ON A STATE INCOME TAX RETURN AND OTHER DATA FROM THIRD-PARTY DATA SOURCES, INCLUDING DATA DESCRIBED IN § 1413 OF THE AFFORDABLE CARE ACT OR AVAILABLE UNDER ~~§ 2-215(C)(5)~~ § 2-115(B)(2) OF THE TAX – GENERAL ARTICLE; AND

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

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

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

(II) RECORDING, BY TELEPHONIC OR ELECTRONIC MEANS, ATTESTATIONS AND ~~OTHER~~ DOCUMENTATION PROVIDED BY THE INDIVIDUAL WHO FILED THE TAX RETURN OR THE UNINSURED INDIVIDUAL; AND

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

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

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

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

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

~~31-206.~~ 31-205.

(A) THE EXCHANGE OR THE DEPARTMENT, AS APPLICABLE, SHALL MAKE A DETERMINATION OF ELIGIBILITY, IN ACCORDANCE WITH ~~§ 31-205~~ § 31-204 OF THIS SUBTITLE, FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM AND, IF APPLICABLE, THE MARYLAND CHILDREN'S HEALTH PROGRAM UNDER THIS SECTION, BEFORE DETERMINING ELIGIBILITY FOR ANY OTHER INSURANCE AFFORDABILITY PROGRAM.



(B) (1) IF AN UNINSURED INDIVIDUAL IS DETERMINED TO BE ELIGIBLE FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM, THE PROCEDURES DESCRIBED IN THIS SUBSECTION AND GUIDELINES ESTABLISHED BY THE EXCHANGE, IN CONSULTATION WITH THE DEPARTMENT, TO IMPLEMENT THIS SUBSECTION SHALL APPLY.

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

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

(I) ADVANCE NOTICE;

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

(III) AN OPPORTUNITY TO OPT OUT OF COVERAGE.

~~31-207.~~ 31-206.

(A) IF AN UNINSURED INDIVIDUAL IS NOT DETERMINED TO BE ELIGIBLE FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM OR THE MARYLAND CHILDREN'S HEALTH PROGRAM UNDER ~~§ 31-206~~ § 31-205 OF THIS SUBTITLE, THE EXCHANGE SHALL DETERMINE, IN ACCORDANCE WITH ~~§ 31-205~~ § 31-204 OF THIS SUBTITLE, WHETHER THE UNINSURED INDIVIDUAL IS ELIGIBLE FOR PREMIUM TAX CREDITS OR COST-SHARING REDUCTIONS AS DETERMINED UNDER THIS SECTION.

(B) (1) ~~(4)~~ A SPECIAL OR OTHER ENROLLMENT PERIOD FOR THE INDIVIDUAL MARKET SHALL BEGIN ON THE DATE AN INCOME TAX RETURN IS FILED BY OR ON BEHALF OF AN UNINSURED INDIVIDUAL THAT INCLUDES THE CHOICE DESCRIBED IN ~~§ 2-215(c)(3)~~ § 2-115(C)(3) OF THE TAX – GENERAL ARTICLE, IF THE RETURN IS FILED ON OR BEFORE THE DATE SPECIFIED BY THE EXCHANGE.

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

(2) THE ENROLLMENT PERIOD DESCRIBED IN THIS SUBSECTION SHALL LAST FOR A PERIOD OF TIME DETERMINED BY THE EXCHANGE BEFORE THE START OF THE CALENDAR YEAR THAT MAY NOT BE SHORTER THAN 14 DAYS.

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

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

(3) NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, THE EXCHANGE MAY COMPENSATE AN ENTITY FOR OUTREACH DESCRIBED IN PARAGRAPH ~~(1)~~ (2) OF THIS SUBSECTION IN A MANNER THAT REFLECTS, IN WHOLE OR IN PART, THE NUMBER OF UNINSURED INDIVIDUALS ENROLLED UNDER THIS SECTION AND ~~§ 33-501~~ § 31-204 OF THIS ~~TITLE~~ SUBTITLE BY THAT ENTITY.

~~(d) (1) THE EXCHANGE SHALL IMPLEMENT THE POLICIES AND PROCESS DESCRIBED IN THIS SUBSECTION ONLY IF THE EXCHANGE DETERMINES THAT:~~

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

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

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

~~(2) IF THE EXCHANGE MAKES THE DETERMINATIONS DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION, THE EXCHANGE AND THE COMPTROLLER SHALL, AFTER CONSULTING WITH THE ADVISORY WORKGROUP AND PROVIDING~~

~~ADVANCE NOTICE TO THE GENERAL ASSEMBLY, IMPLEMENT A PROCESS FOR AUTOMATIC ENROLLMENT OF AN UNINSURED INDIVIDUAL IN A ZERO ADDITIONAL COST PLAN IF:~~

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

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

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

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

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

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

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

~~(III) IF MORE THAN ONE HOUSEHOLD MEMBER IS AN UNINSURED INDIVIDUAL ELIGIBLE FOR A ZERO ADDITIONAL COST PLAN AND IT IS NOT POSSIBLE TO ENROLL ALL THE HOUSEHOLD MEMBERS IN THE PLAN THAT PROVIDES THEM WITH THE MAXIMUM VALUE AS ESTABLISHED UNDER PARAGRAPH (3) OF THIS~~

~~SUBSECTION, THE EXCHANGE CONSULTS WITH THE AFFECTED HOUSEHOLD MEMBERS BEFORE ENROLLMENT;~~

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

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

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

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

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

~~31-208. 31-207.~~

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

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

~~Article State Finance and Procurement~~

~~6-226.~~

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

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

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

~~113. the Veteran Employment and Transition Success Fund;~~

~~AND~~

~~114. THE MARYLAND HEALTH INSURANCE OPTION FUND.~~

**Article - Tax - General**

**2-115.**

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

**(2) “ADVISORY WORKGROUP” HAS THE MEANING STATED IN § 31-201 OF THE INSURANCE ARTICLE.**

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

**(4) “EXCHANGE” HAS THE MEANING STATED IN § 31-101 OF THE INSURANCE ARTICLE.**

**(5) “INSURANCE AFFORDABILITY PROGRAM” HAS THE MEANING STATED IN § 31-201 OF THE INSURANCE ARTICLE.**

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

**(I) IDENTIFY THE UNINSURED INDIVIDUAL, INCLUDING WHEN MATCHING DATA AVAILABLE FROM THIRD-PARTY DATA SOURCES;**

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

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

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

~~(8)~~ (7) “MINIMUM ESSENTIAL COVERAGE” HAS THE MEANING STATED IN § 31-101 OF THE INSURANCE ARTICLE.

~~(9)~~ (8) “OPTION” MEANS THE MARYLAND HEALTH INSURANCE OPTION ESTABLISHED UNDER § 31-202 OF THE INSURANCE ARTICLE.

~~(10)~~ (9) (8) “PREMIUM TAX CREDITS” MEANS THE TAX CREDITS DESCRIBED IN § 36B OF THE INTERNAL REVENUE CODE.

(9) “PROGRAM” MEANS THE MARYLAND EASY ENROLLMENT HEALTH INSURANCE PROGRAM ESTABLISHED UNDER § 31-202 OF THE INSURANCE ARTICLE.

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

~~(12)~~ (11) “UNINSURED INDIVIDUAL” HAS THE MEANING STATED IN § 31-201 OF THE INSURANCE ARTICLE.

(B) (1) THE COMPTROLLER SHALL INCLUDE ON THE INDIVIDUAL INCOME TAX RETURN FORM A CHECKOFF FOR INDICATING WHETHER THE INDIVIDUAL, OR EACH SPOUSE IN THE CASE OF A JOINT RETURN, AND ANY INDIVIDUAL CLAIMED AS A DEPENDENT ON THE TAX RETURN IS AN UNINSURED INDIVIDUAL AT THE TIME THE TAX RETURN IS FILED.

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

(1) WHETHER THE UNINSURED INDIVIDUAL REMAINS UNINSURED AT THE TIME THE TAX RETURN IS FILED THE AGE OF EACH UNINSURED INDIVIDUAL;

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

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

1. IS NOT AVAILABLE FROM A RELIABLE THIRD-PARTY DATA SOURCE;
2. IS NOT OTHERWISE REQUIRED TO BE PROVIDED ON THE RETURN; AND
3. DOES NOT PERTAIN TO CITIZENSHIP OR IMMIGRATION STATUS.

~~(2)~~ (3) FOR AN INDIVIDUAL WHO FILES A TAX RETURN AND CHOOSES THE ~~CHECK-OFF~~ CHECKOFF BOX DESCRIBED IN SUBSECTION (C)(3) OF THIS SECTION, THE RETURN SHALL GIVE THE INDIVIDUAL WHO FILED THE TAX RETURN THE OPTION TO INDICATE THE UNINSURED INDIVIDUAL'S PREFERRED METHOD FOR THE EXCHANGE TO CONTACT THE INDIVIDUAL WHO FILED THE TAX RETURN OR THE UNINSURED INDIVIDUAL TO FACILITATE EITHER DETERMINATION OF ELIGIBILITY FOR INSURANCE AFFORDABILITY PROGRAMS OR ENROLLMENT IN HEALTH COVERAGE.

~~(3) THE COMPTROLLER MAY STRUCTURE THE RETURN SO THAT THE ITEMS DESCRIBED IN THIS SECTION ARE INCLUDED IN A SEPARATE FORM THAT IS REQUIRED ONLY FOR INDIVIDUALS WHO FILE A TAX RETURN INDICATING THAT AN INDIVIDUAL WAS UNINSURED FOR 3 OR MORE MONTHS DURING THE TAXABLE YEAR.~~

~~(c) (1) THE COMPTROLLER SHALL INCLUDE ON THE INCOME TAX RETURN FORM TWO CHECK-OFF BOXES DESCRIBED IN THIS SUBSECTION.~~

~~(2) THE CHECK-OFF BOXES MAY BE PLACED ON THE SEPARATE FORM DESCRIBED IN SUBSECTION (B)(3) OF THIS SECTION.~~

(C) (1) IN ACCORDANCE WITH THIS SUBSECTION, THE COMPTROLLER SHALL INCLUDE WITH THE INCOME TAX RETURN FORM A SEPARATE FORM THAT IS REQUIRED ONLY FOR INDIVIDUALS WHO FILE A TAX RETURN INDICATING THAT AN INDIVIDUAL IS AN UNINSURED INDIVIDUAL AT THE TIME THE TAX RETURN IS FILED.

(2) THE SEPARATE FORM SHALL INCLUDE TWO ~~CHECK-OFF~~ CHECKOFF BOXES AS DESCRIBED IN PARAGRAPHS (3) AND (4) OF THIS SUBSECTION AND THE INFORMATION DESCRIBED IN SUBSECTION (B)(2) AND (3) OF THIS SECTION.

(3) ONE ~~CHECK-OFF~~ CHECKOFF BOX SHALL GIVE AN INDIVIDUAL WHO FILES A TAX RETURN THE CHOICE TO HAVE THE EXCHANGE ~~DETERMINE THE UNINSURED INDIVIDUAL'S ELIGIBILITY FOR AN INSURANCE AFFORDABILITY PROGRAM OR ZERO ADDITIONAL COST PLAN, USING INFORMATION FROM THE TAX RETURN AND OTHER AVAILABLE INFORMATION:~~

(I) BASED ON INFORMATION IN THE INDIVIDUAL'S TAX RETURN, DETERMINE THE UNINSURED INDIVIDUAL'S ELIGIBILITY FOR INSURANCE AFFORDABILITY PROGRAMS; AND

(II) OBTAIN ADDITIONAL DATA THAT MAY BE RELEVANT TO DETERMINE THE UNINSURED INDIVIDUAL'S ELIGIBILITY FOR INSURANCE AFFORDABILITY PROGRAMS.

(4) ONE ~~CHECK-OFF~~ CHECKOFF BOX SHALL ALLOW AN INDIVIDUAL WHO FILES A TAX RETURN THE CHOICE TO:

~~(I) NOT HAVE THE EXCHANGE MAKE THE DETERMINATIONS DETERMINATION DESCRIBED IN PARAGRAPH (3) OF THIS SUBSECTION; AND~~

~~(II) ACKNOWLEDGE THAT ELECTING THIS CHOICE MEANS THE UNINSURED INDIVIDUALS WILL NOT BE ENROLLED IN MINIMUM ESSENTIAL COVERAGE AS A RESULT OF FILING THE TAX RETURN.~~

(5) THE COMPTROLLER, IN CONSULTATION WITH THE EXCHANGE AND WITH THE ADVICE OF THE ADVISORY WORKGROUP, SHALL:

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

(II) ~~INCLUDE WITH~~ DEVELOP LANGUAGE FOR THE INSTRUCTIONS FOR THE STATE INCOME TAX RETURN THAT INCLUDES A DESCRIPTION OF THE EFFECTS OF CHOOSING THE ~~CHECK-OFF~~ CHECKOFF BOXES DESCRIBED IN PARAGRAPHS (3) AND (4) OF THIS SUBSECTION, INCLUDING THE PURPOSES FOR WHICH THE INFORMATION DISCLOSED UNDER SUBSECTION ~~(B)(1)(II) OF THIS SECTION~~ MAY BE USED; AND



~~(III) PROVIDE DRAFT CHECK OFF BOX LANGUAGE FOR COMMENT TO THE EXCHANGE AND TO THE ADVISORY WORKGROUP ENSURE THAT THE LANGUAGE DEVELOPED UNDER ITEM (I) OF THIS PARAGRAPH IS AS SIMPLE, CLEAR, AND EASY TO UNDERSTAND AS POSSIBLE.~~

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

(D) (1) EXCEPT AS PROVIDED IN ~~§§ 14-103(C) AND 14-201(B) OF THIS ARTICLE~~ PARAGRAPH (2) OF THIS SUBSECTION, THIS SECTION SHALL APPLY TO RETURNS FILED FOR TAXABLE YEARS BEGINNING AFTER DECEMBER 31, 2018.

(2) IF THE COMPTROLLER DETERMINES, AFTER CONSULTATION WITH THE EXCHANGE, THAT THE IMPLEMENTATION OF THIS SECTION IS NOT ADMINISTRATIVELY FEASIBLE FOR TAXABLE YEARS BEGINNING AFTER DECEMBER 31, 2018, THE COMPTROLLER MAY DELAY IMPLEMENTATION OF THIS SECTION TO TAXABLE YEARS BEGINNING AFTER DECEMBER 31, 2019.

~~13-918.~~

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

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

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

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

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

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

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

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

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

~~TITLE 14. MINIMUM ESSENTIAL HEALTH COVERAGE.~~

~~SUBTITLE 1. DEFINITIONS; GENERAL PROVISIONS.~~

~~14-101.~~

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

~~(B) "ADVISORY WORKGROUP" HAS THE MEANING STATED IN § 31-201 OF THE INSURANCE ARTICLE.~~

~~(C) "AFFORDABLE CARE ACT" HAS THE MEANING STATED IN § 1-101 OF THE INSURANCE ARTICLE.~~

~~(D) "ENROLLMENT PERIOD" MEANS THE ENROLLMENT PERIOD ESTABLISHED UNDER § 31-307(B) OF THE INSURANCE ARTICLE.~~

~~(E) "EXCHANGE" HAS THE MEANING STATED IN § 31-101 OF THE INSURANCE ARTICLE.~~

~~(F) "INSURANCE AFFORDABILITY PROGRAMS" HAS THE MEANING STATED IN § 31-201 OF THE INSURANCE ARTICLE.~~

~~(G) "INSURANCE RELEVANT INFORMATION" HAS THE MEANING STATED IN § 2-215 OF THIS ARTICLE.~~

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

~~(I) "MARYLAND HEALTH INSURANCE OPTION FUND" MEANS THE FUND ESTABLISHED UNDER § 31-204 OF THE INSURANCE ARTICLE.~~

~~(J) "MARYLAND MODIFIED ADJUSTED GROSS INCOME" MEANS THE SUM OF:~~

~~(1) MARYLAND ADJUSTED GROSS INCOME, AS DESCRIBED IN § 10-203 OF THIS ARTICLE; AND~~

~~(2) OTHER INCOME THAT:~~

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

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

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

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

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

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

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

~~14-102.~~

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

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

~~14-103.~~

~~(A) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, THIS SECTION APPLIES ONLY TO A TAXABLE YEAR THAT:~~

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

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

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

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

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

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

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

~~SUBTITLE 2. INDIVIDUAL RESPONSIBILITY TO MAINTAIN MINIMUM ESSENTIAL COVERAGE.~~

~~14-201.~~

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

~~(B) BEGINNING JANUARY 1, 2021, AN INDIVIDUAL UNDER THE AGE OF 65 YEARS SHALL MAINTAIN MINIMUM ESSENTIAL COVERAGE FOR THE INDIVIDUAL AND~~

~~EACH HOUSEHOLD MEMBER CLAIMED ON A TAX RETURN WHO IS UNDER THE AGE OF 65 YEARS.~~

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

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

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

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

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

~~14 202.~~

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

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

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

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

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

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

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

~~(2) THE CONSUMER PRICE INDEX FOR 2019.~~

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

~~(1) THE AVERAGE STATE PREMIUM FOR BRONZE LEVEL PLANS; OR~~

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

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

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

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

~~1. MAINTAINED MINIMUM ESSENTIAL COVERAGE; OR~~

~~2. WAS NOT A STATE RESIDENT.~~

~~(2) THE INSURANCE RESPONSIBILITY AMOUNT MAY NOT BE REDUCED BELOW \$0.~~

~~14-203.~~

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

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

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

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

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

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

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

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

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

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

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

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

~~(I) FOR PURPOSES OF AN EXEMPTION UNDER 26 U.S.C. § 5000A, THE REQUIRED CONTRIBUTION FOR AN INDIVIDUAL ELIGIBLE FOR MINIMUM ESSENTIAL COVERAGE UNDER BOTH AN ELIGIBLE EMPLOYER SPONSORED PLAN AND A QUALIFIED HEALTH PLAN IS THE LESSER OF THE AMOUNTS THAT THE INDIVIDUAL WOULD HAVE TO PAY FOR COVERAGE OF EACH TYPE;~~

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

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

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

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

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

~~14-204.~~

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

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

~~(2) IN CONDUCTING AN APPEAL, THE EXCHANGE SHALL INCORPORATE PROCEDURES TO SAFEGUARD TAXPAYER RIGHTS WITHOUT IMPOSING UNDUE ADMINISTRATIVE BURDENS, WHILE USING THE APPEALS PROCESS AS AN OPPORTUNITY TO FACILITATE ENROLLMENT IN MINIMUM ESSENTIAL COVERAGE FOR UNINSURED INDIVIDUALS.~~



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

~~14-205.~~

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

~~14-206.~~

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

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

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

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

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

~~14-207.~~

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

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

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

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

~~(3) CERTIFIES THAT AN UNINSURED INDIVIDUAL:~~

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

~~(II) WILL ENROLL IN MINIMUM ESSENTIAL COVERAGE WITHIN THE ENROLLMENT PERIOD; AND~~

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

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

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

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

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

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

~~(E) EXCEPT AS PROVIDED IN SUBSECTION (H) OF THIS SECTION, IF A CERTIFICATION IS MADE ON BEHALF OF AN UNINSURED INDIVIDUAL UNDER SUBSECTION (B) OF THIS SECTION AND THE UNINSURED INDIVIDUAL DOES NOT~~

~~OBTAIN AND RETAIN MINIMUM ESSENTIAL COVERAGE THROUGHOUT THE PERIOD DESCRIBED IN SUBSECTION (B) OF THIS SECTION, THEN THE UNINSURED INDIVIDUAL SHALL:~~

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

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

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

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

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

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

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

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

~~(I) EITHER:~~

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

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

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

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

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

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

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

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

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

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

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

### ~~SUBTITLE 3. STATE BASED INFORMATION SYSTEM.~~

#### ~~14-301.~~

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

~~(B) “APPLICABLE ENTITY” MEANS:~~

~~(1) WITH RESPECT TO EMPLOYMENT BASED MINIMUM ESSENTIAL COVERAGE, AN EMPLOYER OR OTHER SPONSOR OF AN EMPLOYMENT BASED HEALTH PLAN;~~

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

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

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

~~14-302.~~

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

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

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

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

~~(4) ANY OTHER INFORMATION THE COMPTROLLER REQUIRES.~~

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

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

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

~~(2) AN APPLICABLE ENTITY IS NOT REQUIRED TO FILE A REPORT WITH THE COMPTROLLER IF THE U.S. TREASURY DEPARTMENT PROVIDES THE SAME INFORMATION TO THE COMPTROLLER, BASED ON INFORMATION IN RETURNS FILED UNDER § 6055 OF THE INTERNAL REVENUE CODE OF 1986.~~

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

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

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

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

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

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

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

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

~~SECTION 2. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that all references contained in this Act to federal law included in, modified by,~~

~~or promulgated to help implement the federal Patient Protection and Affordable Care Act, as amended by the federal Health Care and Education Reconciliation Act of 2010, and any regulations adopted or guidance issued under the Acts, shall be the provision in effect on or before December 15, 2017.~~

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

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

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

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

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

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

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

SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland ~~Health Insurance Option~~ *Easy Enrollment Health Insurance Program* Advisory Workgroup required to be established under § 31-203 of the Insurance Article, as enacted by Section 1 of this Act, shall:

(1) advise the Comptroller on the language the Comptroller is required to develop under § 2-115(c) of the Tax – General Article, as enacted by Section 1 of this Act; and

(2) on or before December 31, 2022, report to the General Assembly, in accordance with § 2-1246 of the State Government Article, on:

(i) the effectiveness of the Maryland ~~Health Insurance Option~~ *Easy Enrollment Health Insurance Program* established under Section 1 of this Act;

(ii) recommendations as to whether implementing an individual responsibility amount or implementing automatic enrollment of individuals in a qualified health benefit plan in the individual market is feasible and in the best interest of the State; and

(iii) if the Workgroup determines that implementing an insurance responsibility amount is feasible and in the best interest of the State, the dollar amount of the individual responsibility amount and whether the State should provide an individual the option of obtaining health insurance instead of paying the individual responsibility amount.

SECTION 3. AND BE IT FURTHER ENACTED, That the Comptroller shall:

(1) ensure that the integrated tax system to which the Office of the Comptroller is currently transitioning is a system that has the capability to collect individual responsibility amounts; and

(2) on or before December 1, 2020, report to the General Assembly, in accordance with § 2-1246 of the State Government Article, on the progress the Office of the Comptroller has made in transitioning to the integrated tax system and the costs and time needed to include functionality to process and collect individual responsibility amounts in the integrated tax system.

SECTION ~~5~~ 4. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that, in the case of an uninsured minor child, communications regarding insurance affordability programs or enrollment in minimum essential coverage may be addressed to the child's parent or guardian.

SECTION ~~6~~ 5. AND BE IT FURTHER ENACTED, That, if any provision of this Act or the application thereof to any person or circumstance is held invalid for any reason in a court of competent jurisdiction, the invalidity does not affect other provisions or any other application of this Act that can be given effect without the invalid provision or application, and for this purpose the provisions of this Act are declared severable.

SECTION ~~7~~ 6. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2019.

**Approved by the Governor, May 13, 2019.**