

(3) ~~THE INDIVIDUAL HAS HELD A DIRECT PAY HEALTH INSURANCE POLICY FOR AT LEAST 6 MONTHS OR IS ELIGIBLE FOR CONTINUATION OF BENEFITS THROUGH THE FORMER EMPLOYER AND THE PROVISIONS OF THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985, P.L. 99-272, ARTICLE 48A, 354T, 354GG, 477K, 490 I, AND THE CODE OF MARYLAND REGULATIONS 09.30.61 AND 09.30.84 AND ANY SUBSEQUENT MODIFICATIONS TO THE ACT;~~

(4) THE INDIVIDUAL IS NOT ELIGIBLE FOR HEALTH INSURANCE THROUGH ANOTHER FAMILY MEMBER; ~~AND~~

(5) A PHYSICIAN CERTIFIES THAT THE INDIVIDUAL IS:

(I) HIV POSITIVE; AND

(II) DUE TO THIS ILLNESS, THE INDIVIDUAL IS EITHER TOO ILL TO CONTINUE WORKING IN THE INDIVIDUAL'S CURRENT POSITION, OR THERE IS A SUBSTANTIAL LIKELIHOOD THAT WITHIN 3 MONTHS THE INDIVIDUAL WILL BE UNABLE TO WORK; AND

(6) THE INDIVIDUAL IS A RESIDENT OF THE STATE.

15-203.

(A) THE DEPARTMENT SHALL ADOPT REGULATIONS FOR THE PAYMENT OF HEALTH INSURANCE PREMIUMS TO INSURANCE CARRIERS OR EMPLOYERS UNDER THE PROGRAM.

(B) ~~THE PROGRAM SHALL PAY 100 PERCENT OF THE COST OF THE INDIVIDUAL'S HEALTH INSURANCE PREMIUM AND UP TO 2 PERCENT ADDITIONAL REIMBURSEMENT TO EMPLOYERS FOR ADMINISTRATIVE COSTS IN ACCORDANCE WITH THE PROVISIONS OF THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985, P.L. 99-272, AND ANY SUBSEQUENT MODIFICATIONS TO THE ACT.~~

15-204.

THE DEPARTMENT SHALL ADOPT REGULATIONS THAT AUTHORIZE THE DENIAL, RESTRICTION, OR TERMINATION OF BENEFITS FOR RECIPIENTS WHO COMMIT ACTS OF ABUSE OR FRAUD AGAINST THE PROGRAM.

15-205.

(A) THE DEPARTMENT SHALL, SUBJECT TO § 2-1312 OF THE STATE GOVERNMENT ARTICLE, PROVIDE THE GOVERNOR AND THE GENERAL ASSEMBLY WITH AN ANNUAL REPORT SUMMARIZING THE PROGRAM EXPENDITURES, NUMBERS OF RECIPIENTS, PROGRAM EFFECTIVENESS, ~~AND THE ESTIMATED SAVINGS TO THE MEDICAL ASSISTANCE PROGRAM, ADDITIONAL COSTS INCURRED BY PRIVATE INSURANCE COMPANIES, AND THE LOSS OF FEDERAL FUNDING.~~