

CALCULATION OF THE LIABILITY, CONSIDERATION MAY NOT BE GIVEN TO:

(1) ANY PROCEEDS THAT AN INSURER PAYS FOR MEDICAL TREATMENT GIVEN AFTER THE LOSS OF CERTIFICATION; OR

(2) ADJUSTED GROSS INCOME THAT THE PATIENT OR PERSON RECEIVES AFTER THAT LOSS.

(C) EFFECT OF SECTION.

THIS SECTION DOES NOT AFFECT ANY ARRANGEMENT FOR PAYMENT OF COSTS DIRECTLY TO A MEDICAL PROVIDER BY AN INSURANCE COMPANY, GROUP HEALTH PLAN, OR PREPAID MEDICAL CARE PLAN.

REVISOR'S NOTE: This section is new language derived without substantive change from former Article 43, § 789(a) through (d).

In subsection (a)(2)(i) of this section, the word "medical", which formerly modified "treatment", is deleted in light of the ambiguity of the word "medical", which may be interpreted, narrowly, to refer only to treatment given by a physician or, broadly, to include treatment given by any health care provider.

In subsection (a)(2)(ii)1. of this section, reference to "the premium ... paid during the year for insurance" is substituted for "yearly premiums", for clarity.

In subsection (b) of this section, "treatment" is substituted for "care", for conformity.

As to subsection (a)(2) of this section and the definition of "adjusted gross income", see 26 U.S.C.A. § 62.

As to subsection (a)(1) of this section, the Commission to Revise the Annotated Code notes, for consideration by the General Assembly, that the phrase "any person liable for the debts of the patient" may be overly broad and inadvertently exclude all persons who are not liable for all "debts" of the patient. For examples of reimbursement for cost of care and treatment in other programs, see Title 16 of this article.

Defined terms: "Department" § 1-101
"Person" § 1-101

13-313. ANNUAL BUDGET REQUEST.