- (2) <u>WITHIN 30 DAYS FOLLOWING THE END OF EACH CALENDAR</u> QUARTER, AN AMOUNT EQUAL TO THE PREMIUM TAX EXEMPTION VALUE OF THE NONPROFIT HEALTH MAINTENANCE ORGANIZATION FOR THE QUARTER.
- (1) AS PROVIDED IN SUBSECTION (C)(1) OF THIS SECTION, TO THE MEDICAL ASSISTANCE PROGRAM ACCOUNT ESTABLISHED UNDER § 19-104.1 OF THIS ARTICLE TO BE USED TO SUPPORT THE PROVISION OF HEALTH CARE TO ELICIBLE INDIVIDUALS; AND
- (2) AS PROVIDED IN SUBSECTION (C)(2) OF THIS SECTION, TO THE COMMUNITY HEALTH RESOURCES COMMISSION FUND ESTABLISHED UNDER § 19 2112 OF THE HEALTH—GENERAL ARTICLE TO BE USED TO INCREASE ACCESS TO HEALTH CARE THROUGH COMMUNITY HEALTH RESOURCES.
 - (C) A NONPROFIT HEALTH MAINTENANCE ORGANIZATION SHALL TRANSFER:
 - (1) TO THE MEDICAL ASSISTANCE PROGRAM ACCOUNT:
- (I) ON OR BEFORE AUGUST 1, 2005, AN AMOUNT EQUAL TO THE PREMIUM TAX EXEMPTION VALUE OF THE NONPROFIT HEALTH MAINTENANCE ORGANIZATION FOR THE LAST 6 MONTHS OF FISCAL YEAR 2005; AND
- (II) WITHIN 30 DAYS FOLLOWING THE END OF EACH CALENDAR QUARTER DURING FISCAL YEARS 2006 AND 2007, AN AMOUNT EQUAL TO THE PREMIUM. TAX EXEMPTION VALUE OF THE NONPROFIT HEALTH MAINTENANCE ORGANIZATION FOR THE QUARTER; AND
- (2) TO THE COMMUNITY HEALTH RESOURCES COMMISSION FUND, WITHIN 30 DAYS FOLLOWING THE END OF EACH CALENDAR QUARTER DURING FISCAL YEAR 2008 AND EACH FISCAL YEAR THEREAFTER, AN AMOUNT EQUAL TO THE PREMIUM TAX EXEMPTION VALUE OF THE NONPROFIT HEALTH MAINTENANCE ORGANIZATION FOR THE QUARTER.
- (D) ON OR BEFORE MARCH 1 OF EACH YEAR, A NONPROFIT HEALTH MAINTENANCE ORGANIZATION SHALL FILE A REPORT WITH THE COMMISSIONER ESTABLISHING THAT THE NONPROFIT HEALTH MAINTENANCE ORGANIZATION TRANSFERRED FUNDS EQUAL TO ITS PREMIUM TAX EXEMPTION VALUE DURING THE PRECEDING CALENDAR YEAR AS REQUIRED BY THIS SECTION.

14-102.

- (h) The provisions of subsections (d) and (e) of this section and §§ £14–106, <u>14–106.1</u>, 14–115(d), <u>14–106.1</u>, 14–115(d), <u>14–106.1</u>, 14–115(d), (e), (f), and (g), and 14–139(d) and (e) of this subtitle do not apply to a nonprofit health service plan that insures between 1 and 10,000 covered lives in Maryland or issues contracts for only one of the following services:
 - (1) podiatric;
 - (2) chiropractic;
 - (3) pharmaceutical;