

- (2) DISMISSAL OF AN EMPLOYEE FROM EMPLOYMENT; OR
- (3) REFUSAL TO HIRE A PERSON OR TO PROMOTE AN EMPLOYEE.

(J) AN ORDER ENTERED UNDER THIS SECTION IS BINDING ON A PRESENT AND FUTURE EMPLOYER OF THE PARENT ON WHOM A COPY OF THIS ORDER IS SERVED.

12-102.1.

AN ADMINISTRATIVE ORDER FOR HEALTH INSURANCE COVERAGE ISSUED IN ANY OTHER STATE OR TERRITORY WILL BE ENFORCED TO THE SAME EXTENT IN A PROCEEDING UNDER THIS SUBTITLE AS AN ORDER FOR HEALTH INSURANCE COVERAGE ISSUED BY A COURT IN THIS STATE.

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15-109.

(d) As a condition of eligibility for medical assistance, a recipient is deemed to have assigned to the Secretary of Health and Mental Hygiene or the Secretary's designee any rights to [medical care support as determined by a court or administrative order and any rights to payment for medical care from health insurance as defined in Article 48A, § 66 of the Code] PAYMENT FOR MEDICAL CARE SERVICES FROM ANY THIRD PARTY WHO HAS THE LEGAL LIABILITY TO MAKE PAYMENTS FOR THOSE SERVICES, TO THE EXTENT OF ANY PAYMENTS MADE BY THE DEPARTMENT ON BEHALF OF THE RECIPIENT.

15-122.2.

(A) IN THIS SECTION, "CONVERTED FUNDS" MEANS THE AMOUNT RECEIVED IN PAYMENT BY A PERSON FROM AN INSURER FOR THE COST OF HEALTH SERVICES PROVIDED TO A CHILD WHICH WAS NOT USED TO REIMBURSE THE DEPARTMENT FOR MEDICAID COSTS INCURRED.

(B) EACH YEAR THE DEPARTMENT MAY REFER TO THE CENTRAL COLLECTION UNIT OF THE DEPARTMENT OF BUDGET AND FISCAL PLANNING FOR CERTIFICATION TO THE STATE COMPTROLLER THE NAME OF ANY PERSON WHO HAS RECEIVED CONVERTED FUNDS FOR THE INTERCEPTION OF ANY STATE TAX REFUND.

(C) THE DEPARTMENT SHALL NOTIFY THE PERSON CERTIFIED UNDER SUBSECTION (B) OF THIS SECTION THAT A CERTIFICATION HAS BEEN MADE BY THE DEPARTMENT.

(D) THE CERTIFICATION BY THE CENTRAL COLLECTION UNIT SHALL INCLUDE, IF KNOWN:

(1) THE FULL NAME OF THE PERSON CERTIFIED AND ANY OTHER NAMES KNOWN TO BE USED BY THAT PERSON;

(2) THE ADDRESS AND THE SOCIAL SECURITY NUMBER OF THE PERSON CERTIFIED; AND

(3) THE AMOUNT OF THE CONVERTED FUNDS.

(E) THE STATE COMPTROLLER SHALL: