

(3) (i) The limitations set forth in paragraph (1) of this subsection and § 13-213 of this subtitle shall apply to each 4-year election cycle beginning on January 1 following the gubernatorial election and continuing until December 31 that is 4 years later.

(ii) Without regard to when a contribution or transfer is expended or used, the contribution or transfer shall be charged against the limitation for the election cycle in which:

1. The check is written or dated; or
2. The cash or other thing of value is received.

(b) Except as otherwise provided by law, an individual, association, unincorporated association, corporation, or other entity may make contributions in accordance with the limitations on contributions set forth in this section, provided that, for the purpose of determining the maximum amount that a corporation may contribute, a contribution by a corporation and any wholly owned subsidiary of the corporation or 2 or more corporations owned by the same stockholders shall be considered as being made by 1 contributor.

(C) IT IS UNLAWFUL FOR ANY ASSOCIATION, UNINCORPORATED ASSOCIATION, CORPORATION, OR ANY OTHER ENTITY THAT, ~~EITHER DIRECTLY OR INDIRECTLY,~~ DERIVES THE MAJORITY OF ITS OPERATING FUNDS FROM STATE FUNDING TO CONTRIBUTE ANY MONEY OR THING OF VALUE TO ANY CANDIDATE OR POLITICAL COMMITTEE DURING A 4-YEAR ELECTION CYCLE.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 1999.

Approved May 27, 1999.

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## CHAPTER 554

### (Senate Bill 350)

AN ACT concerning

#### **Health Insurance - ~~Private Review Agents~~ - Coverage Determinations and Retroactive Adverse Decisions**

FOR the purpose of ~~altering the circumstances under which a private review agent may retrospectively render an adverse decision regarding preauthorized or approved health care services; and generally relating to private review agents and retroactive adverse decisions in health insurance~~ repealing certain circumstances under which a private review agent may render a retroactive adverse decision for preauthorized health care services based on a lack of coverage for an individual or a specific health care service; requiring that certain group health insurance contracts contain a provision requiring certain entities to continue to pay the premium for an insured individual until notice of