

SECTION 3. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article - Health - General

19-111.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "FUND" MEANS THE HEALTH CARE ACCESS ~~AND COST~~ COMMISSION FUND.

(3) "HEALTH BENEFIT PLAN" HAS THE MEANING STATED IN § 15-201 OF THE INSURANCE ARTICLE.

(4) (4) "HEALTH CARE PRACTITIONER" MEANS ANY INDIVIDUAL WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES.

(4) (5) "NURSING HOME" MEANS A RELATED INSTITUTION THAT IS CLASSIFIED AS A NURSING HOME.

(6) (6) "PAYOR" MEANS:

(I) A HEALTH INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT HOLDS A CERTIFICATE OF AUTHORITY AND PROVIDES HEALTH INSURANCE POLICIES OR CONTRACTS IN THE STATE IN ACCORDANCE WITH THIS ARTICLE OR THE INSURANCE ARTICLE; OR

(II) A HEALTH MAINTENANCE ORGANIZATION THAT HOLDS A CERTIFICATE OF AUTHORITY IN THE STATE.

(B) SUBJECT TO THE PROVISIONS OF SUBSECTION (D) OF THIS SECTION, THE COMMISSION SHALL ASSESS A FEE ON:

- (1) ALL HOSPITALS;
- (2) ALL NURSING HOMES;
- (3) ALL PAYORS; AND
- (4) ALL HEALTH CARE PRACTITIONERS.

(C) (1) THE TOTAL FEES ASSESSED BY THE COMMISSION MAY NOT EXCEED \$8,250,000 IN ANY FISCAL YEAR.

(2) THE FEES ASSESSED BY THE COMMISSION SHALL BE USED EXCLUSIVELY TO COVER THE ACTUAL DOCUMENTED DIRECT AND INDIRECT COSTS OF FULFILLING THE STATUTORY AND REGULATORY DUTIES OF THE COMMISSION IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE.

(3) THE COMMISSION SHALL PAY ALL FUNDS COLLECTED FROM THE FEES ASSESSED IN ACCORDANCE WITH THIS SECTION INTO THE FUND.