(3) All payors; and

(4) All health care practitioners.

(c) (1) The total fees assessed by the Commission may not exceed ~~$8,250,000~~ *$10,000,000* in any fiscal year.

(2) The fees assessed by the Commission shall be used exclusively to cover the actual documented direct 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.

(4) The fees assessed may be expended only for purposes authorized by the provisions of this subtitle.

~~(d) Of the total fees assessed by the Commission under this section in any fiscal year, the Commission:~~

~~(1) In lieu of the application fees provided for in [§ 19-123] § 19-120 of this subtitle, shall assess:~~

~~(i) Hospitals and special hospitals for an amount not exceeding 36% of the total amount assessed; and~~

~~(ii) Nursing homes for an amount not exceeding 5% of the total amount assessed;~~

~~(2) Shall assess payors for an amount not exceeding 40% of the total amount assessed; and~~

~~(3) Shall assess health care practitioners for an amount not exceeding 19% of the total amount assessed.~~

(5) THE AMOUNT IN PARAGRAPH (1) OF THIS SUBSECTION LIMITS ONLY THE TOTAL FEES THE COMMISSION MAY ASSESS IN A FISCAL YEAR

(D) IN DETERMINING ASSESSMENTS OF THE TOTAL FEES, THE COMMISSION SHALL:

(1) USE A METHODOLOGY THAT ACCOUNTS FOR THE PORTION OF THE COMMISSION'S WORKLOAD ATTRIBUTABLE TO EACH INDUSTRY ASSESSED; AND

(2) RECALCULATE WORKLOAD DISTRIBUTION EVERY 4 YEARS.

(e) (1) The fees assessed in accordance with this section on health care practitioners shall be:

(i) Included in the licensing fee paid to the health care practitioner's licensing board; and

(ii) Transferred by the health care practitioner's licensing board to the Commission on a quarterly basis.