

~~{(a)} (B) (1) Subject to the limitations provided in this subsection, a certified patient [for whose treatment this State has paid] or any person liable for the debts of the patient shall [reimburse this State for the cost of the treatment] PROVIDE FINANCIAL INFORMATION REQUIRED BY THE KIDNEY DISEASE PROGRAM TO QUALIFY FOR COVERAGE.~~

~~(2) The patient or other person is not liable under this subsection for more than the sum off:~~

~~(i) Any proceeds of insurance, group health plan, or prepaid medical care that the insurer pays to the insured because of liability for the payment of the cost of treatment; and~~

~~(ii) The lesser of:~~

~~1. 5 percent of the patient's or person's adjusted gross income, as defined in the United States Internal Revenue Code for federal income tax purposes, less the premium that the patient or person paid during the year for insurance that paid proceeds under item (i) of this paragraph; or~~

~~2. An amount that the Department sets in conformity with Title 16 of this article] AN ANNUAL DEDUCTIBLE EQUAL TO 5 PERCENT OF THE PATIENT'S OR PERSON'S ADJUSTED GROSS INCOME, AS DEFINED IN THE UNITED STATE INTERNAL REVENUE CODE FOR FEDERAL INCOME TAX PURPOSES, PLUS 5 PERCENT OF LIQUID ASSETS ABOVE \$10,000.~~

~~(3) (1) A PATIENT OR OTHER PERSON WHOSE ANNUAL INCOME IS LESS THAN \$10,000 FOR 1 AND \$6,000 ADDITIONAL FOR UP TO 2 OTHER MEMBERS OF THE HOUSEHOLD SHALL BE DEEMED TO HAVE MET THE DEDUCTIBLE REQUIRED UNDER PARAGRAPH (2) OF THIS SUBSECTION.~~

~~(H) ANY OTHER INDIVIDUAL WHO DOES NOT MEET THE REQUIREMENTS OF SUBPARAGRAPH (1) OF THIS PARAGRAPH MUST PROVIDE EVIDENCE TO THE COMMISSION OF ANY HEALTH CARE EXPENDITURES THAT MAY QUALIFY AS DEDUCTIBLE AMOUNTS OR MAKE HEALTH CARE EXPENDITURES DURING THE CURRENT YEAR UNTIL THE DEDUCTIBLE CALCULATED UNDER PARAGRAPH (2) OF THIS SUBSECTION IS MET.~~

~~(4) PAYMENTS MADE BY THE PATIENT OR OTHER PERSON FOR LEGITIMATE HEALTH CARE EXPENSES MAY BE APPLIED TO THE DEDUCTIBLE CALCULATED UNDER PARAGRAPH (2) OF THIS SUBSECTION.~~

~~(5) ANY PROCEEDS OF INSURANCE, GROUP HEALTH PLAN, OR PREPAID MEDICAL CARE THAT AN INSURER PAYS TO THE INSURED MUST BE APPLIED TO THE COST OF TREATMENT.~~