1. SHALL BE INCLUDED IN THE REASONABLE COSTS OF EACH HOSPITAL WHEN ESTABLISHING THE HOSPITAL'S RATES;

2. MAY NOT BE CONSIDERED IN DETERMINING THE REASONABLENESS OF RATES OR HOSPITAL FINANCIAL PERFORMANCE UNDER COMMISSION METHODOLOGIES; AND

3. MAY NOT BE LESS AS A PERCENTAGE OF NET PATIENT REVENUE THAN THE ASSESSMENT OF .8128% THAT WAS IN EXISTENCE ON JULY 1, 2007; AND

(II) EACH HOSPITAL SHALL REMIT MONTHLY ONE–TWELFTH OF THE AMOUNT ASSESSED UNDER PARAGRAPH (1)(II) OF THIS SUBSECTION TO THE MARYLAND HEALTH INSURANCE PLAN FUND ESTABLISHED UNDER TITLE 14, SUBTITLE 5 OF THE INSURANCE ARTICLE, FOR THE PURPOSE OF OPERATING AND ADMINISTERING THE MARYLAND HEALTH INSURANCE PLAN.

(4) THE ASSESSMENT AUTHORIZED UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY NOT EXCEED 3% IN THE AGGREGATE OF ANY HOSPITAL'S TOTAL NET REGULATED PATIENT REVENUE.

(5) FUNDS GENERATED FROM THE ASSESSMENT UNDER THIS SUBSECTION MAY BE USED ONLY TO:

(I) SUPPLEMENT COVERAGE UNDER THE MEDICAL ASSISTANCE PROGRAM BEYOND THE ELIGIBILITY REQUIREMENTS IN EXISTENCE ON JANUARY 1, 2008; AND

(II) PROVIDE FUNDING FOR THE OPERATION AND ADMINISTRATION OF THE MARYLAND HEALTH INSURANCE PLAN.

(E) ON OR BEFORE JANUARY 1 EACH YEAR, THE COMMISSION SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY THE FOLLOWING INFORMATION:

(1) THE AGGREGATE REDUCTION IN HOSPITAL UNCOMPENSATED CARE REALIZED FROM THE EXPANSION OF HEALTH CARE COVERAGE UNDER CHAPTER 7 OF THE ACTS OF THE GENERAL ASSEMBLY OF THE 2007 SPECIAL SESSION; AND