§8706. Revenues and expenditures

1. Transition funding.

[PL 1999, c. 353, §10 (RP).]

2. Permanent funding. Permanent funding for the organization is provided from reasonable costs, user fees and assessments according to this subsection and as provided by rules adopted by the board.

   A. Fees may be charged for the reasonable costs of duplicating, mailing, publishing and supplies.

   B. Reasonable user fees must be charged on a sliding scale for the right to access and use the health data and information available from the organization. Fees may be charged for services provided to the department on a contractual basis. Fees may be reduced or waived for users that demonstrate a plan to use the data or information in research of general value to the public health or inability to pay the scheduled fees, as provided by rules adopted by the board.

   C. The operations of the organization must be supported from 4 sources as provided in this paragraph:

      (1) Fees collected pursuant to paragraphs A and B;

      (2) Annual assessments of not less than $100 assessed against the following entities licensed under Titles 24 and 24-A: nonprofit hospital and medical service organizations, health insurance carriers and health maintenance organizations on the basis of the total annual health care premium; and 3rd-party administrators, carriers that provide only administrative services for a plan sponsor and pharmacy benefits managers that process and pay claims on the basis of claims processed or paid for each plan sponsor. The assessments are to be determined on an annual basis by the board. Health care policies issued for specified disease, accident, injury, hospital indemnity, disability, long-term care or other limited benefit health insurance policies are not subject to assessment under this subparagraph. For purposes of this subparagraph, policies issued for dental services are not considered to be limited benefit health insurance policies. The total dollar amount of assessments under this subparagraph must equal the assessments under subparagraph (3);

      (3) Annual assessments of not less than $100 assessed by the organization against providers. The assessments are to be determined on an annual basis by the board. The total dollar amount of assessments under this subparagraph must equal the assessments under subparagraph (2); and

      (4) Annual assessments of $500 assessed by the organization against prescription drug manufacturers, wholesale drug distributors and pharmacy benefits managers.

   The aggregate level of annual assessments under subparagraphs (2), (3) and (4) must be an amount sufficient to meet the organization's expenditures authorized in the state budget established under Title 5, chapter 149. The board may waive assessments otherwise due under subparagraphs (2), (3) and (4) when a waiver is determined to be in the interests of the organization and the parties to be assessed.

   [PL 2019, c. 470, §7 (AMD).]

3. Use of funds. The organization shall use the revenues from fees, assessments and user fees to defray the costs incurred by the board pursuant to this chapter, including staff salaries, administrative expenses, data system expenses, consulting fees and any other reasonable costs incurred to administer this chapter.

4. **Budget.** The expenditures of the organization are subject to legislative approval in the biennial budget process.


5. **Unexpended funds.** Any funds not expended at the end of a fiscal year may not lapse but must be carried forward to the succeeding fiscal year.


6. **Deposit with Treasurer of State.** The organization shall deposit all payments made pursuant to this section with the Treasurer of State into a dedicated account. The deposits must be used for the sole purpose of paying the expenses of the organization.


**SECTION HISTORY**

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