

(2) The Commission may adopt regulations that waive the fee assessed under this section for a specific class of health care practitioners.

(3) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE COMMISSION SHALL ADOPT REGULATIONS TO PERMIT A WAIVER OF THE FEE ASSESSMENT REQUIREMENTS FOR CERTAIN HEALTH CARE PRACTITIONERS.

(II) IN ADOPTING REGULATIONS TO PERMIT A WAIVER OF THE FEE ASSESSMENT REQUIREMENTS FOR CERTAIN HEALTH CARE PRACTITIONERS, THE COMMISSION SHALL:

1. CONSIDER THE HOURLY WAGES OF THE HEALTH CARE PRACTITIONERS; AND

2. GIVE PREFERENCE TO EXEMPTING HEALTH CARE PRACTITIONERS WITH AN AVERAGE HOURLY WAGE SUBSTANTIALLY BELOW THAT OF OTHER HEALTH CARE PRACTITIONERS.

(f) (1) There is a Maryland Health Care Commission Fund.

(2) The Fund is a special continuing, nonlapsing fund that is not subject to § 7-302 of the State Finance and Procurement Article.

(3) The Treasurer shall separately hold, and the Comptroller shall account for, the Fund.

(4) The Fund shall be invested and reinvested in the same manner as other State funds.

(5) Any investment earnings shall be retained to the credit of the Fund.

(6) The Fund shall be subject to an audit by the office of legislative audits as provided for in § 2-1220 of the State Government Article.

(7) This section may not be construed to prohibit the Fund from receiving funds from any other source.

(8) The Fund shall be used only to provide funding for the Commission and for the purposes authorized under this subtitle.

(g) On or before May 30 of each year, the Insurance Commissioner shall notify the Commission of the total premiums [collected] EARNED in the State for health benefit plans of all payors in the State during the prior calendar year and each payor's total premiums EARNED in the State for health benefit plans for the same calendar year.

(h) The Commission shall:

(1) (i) Assess fees on payors in a manner that apportions the total amount of the fees to be assessed on payors under subsection (d)(2) of this section among each payor based on the ratio of each payor's total premiums [collected] EARNED in the State for health benefit plans to the total [collected] EARNED premiums of all payors [collected] EARNED in the State; and