

- (ii) the claims experience, by category, of health care providers;
- (iii) the amount of claim settlements and claim awards;
- (iv) the amount of reserves for claims incurred and incurred but unreported claims;
- (v) the number of structured settlements used in payment of claims; and
- (vi) any other information relating to health care malpractice claims prescribed by the Commissioner in regulation.

(2) (I) ~~【The Commissioner shall adopt regulations on the submission of information described in paragraph (1) of this subsection】 AN INSURER SUBJECT TO THE REPORTING REQUIREMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL NOTIFY THE COMMISSIONER OF ANY INFORMATION THAT THE INSURER CONSIDERS PROPRIETARY AND THIS INFORMATION SHALL BE TREATED AS CONFIDENTIAL AND MAY NOT BE DISCLOSED BY THE COMMISSIONER.~~

(II) IN ACCORDANCE WITH § 10-617(D) OF THE STATE GOVERNMENT ARTICLE, THE COMMISSIONER SHALL DENY INSPECTION OF ANY PART OF A REPORT SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION THAT THE COMMISSIONER DETERMINES CONTAINS CONFIDENTIAL COMMERCIAL INFORMATION OR CONFIDENTIAL FINANCIAL INFORMATION.

(b) In addition to the information required under subsection (a) of this section, FOR EACH CLAIM FILED WITH THE DIRECTOR OF THE HEALTH CARE ALTERNATIVE DISPUTE RESOLUTION OFFICE UNDER § 3-2A-04 OF THE COURTS ARTICLE, each insurer providing professional liability insurance to a health care provider in the State shall submit to the Commissioner the following information:

- (1) (i) name of insurer;
- (ii) name of insurer group;
- (iii) claim file identification;
- (iv) name of person completing form;
- (v) telephone number (area code); and
- (vi) date form completed;
- (2) (i) date of injury;
- (ii) date injury reported to insurer; and
- (iii) date claim closed;
- (3) age AND GENDER of insured person at time of injury;
- [(4) whether the injured person was employed at the time of injury;
- (5)] (4) (i) type of injury; [and]