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- (A) EACH CARRIER SHALL ESTABLISH AN ENROLLMENT PROCESS—IN ACCORDANCE WITH THIS SECTION.
- (B) EACH INDIVIDUAL IN THE STATE SHALL BE OFFERED THE OPPORTUNITY TO ENROLL IN A HEALTH BENEFIT PLAN WITHIN 30 DAYS AFTER THE INDIVIDUAL ESTABLISHES RESIDENCY IN THE STATE:
 - (C) EACH CARRIER SHALL:
- (1) ESTABLISH AN ANNUAL PERIOD, OF NOT LESS THAN 30 DAYS, DURING WHICH INDIVIDUALS MAY ENROLL IN A HEALTH BENEFIT PLAN OR CHANGE THE HEALTH BENEFIT PLAN IN WHICH THE INDIVIDUAL IS ENROLLED; AND
- (2) PROVIDE FOR A SPECIAL ENROLLMENT PERIOD IN WHICH AN INDIVIDUAL IS PERMITTED TO CHANGE THE INDIVIDUAL OR FAMILY BASIS OF COVERAGE OR THE HEALTH BENEFIT PLAN IN WHICH THE INDIVIDUAL IS ENROLLED IF THE INDIVIDUAL:
- (I) THROUGH MARRIAGE, DIVORCE, BIRTH OR ADOPTION OF A CHILD, OR SIMILAR CIRCUMSTANCES, EXPERIENCES A CHANGE IN FAMILY COMPOSITION: OR
- (II) EXPERIENCES A CHANGE IN EMPLOYMENT STATUS INCLUDING A SIGNIFICANT CHANGE IN THE TERMS AND CONDITIONS OF EMPLOYMENT.
- (D) PLANS FOR OPEN ENROLLMENT AND SPECIAL ENROLLMENT PERIODS SHALL BE FILED WITH THE INSURANCE COMMISSIONER.
- (A) THE COMMISSION SHALL ESTABLISH AND MAINTAIN A UNIFIED HEALTH CARE DATA BASE TO ENABLE IT TO:
 - (1) COMPARE COSTS BETWEEN VARIOUS TREATMENT SETTINGS: AND
- (2) PROVIDE INFORMATION TO CONSUMERS AND PURCHASERS OF HEALTH CARE.
- (B) THE DATA BASE SHALL CONTAIN UNIQUE PATIENT AND PROVIDER IDENTIFIERS AND A UNIFORM CODING SYSTEM AND SHALL REFLECT ALL HEALTH CARE-UTILIZATION, COSTS, AND RESOURCES IN THIS STATE AND HEALTH CARE UTILIZATION AND COSTS FOR SERVICES PROVIDED TO MARYLAND RESIDENTS IN ANOTHER STATE.

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(A) CARRIERS AND GOVERNMENTAL AGENCIES SHALL FILE REPORTS, DATA, SCHEDULES, STATISTICS, OR OTHER INFORMATION DETERMINED BY THE COMMISSION TO BE NECESSARY TO CARRY OUT THE PURPOSES OF THIS SUBTITLE. THE INFORMATION MAY INCLUDE: