- (2) THE INSURANCE COMMISSIONER, IN COOPERATION WITH THE COMMISSION, MAY MAKE PROVISIONS FOR PARTIAL PAYMENTS.
- (3) THE TOTAL AMOUNT OF THE FEE FOR ALL PAYORS SHALL BE SET EACH YEAR BY A MEMORANDUM FROM THE COMMISSION.
- (4) THE INSURANCE COMMISSIONER SHALL APPORTION THE FEE AMONG THE CARRIERS SUBJECT TO ASSESSMENT UNDER THIS SECTION BASED ON THE RATIO OF EACH CARRIERS TOTAL PREMIUMS COLLECTED IN THIS STATE TO THE TOTAL COLLECTED PREMIUMS OF ALL CARRIERS IN THIS STATE.
- (C) ON OR BEFORE SEPTEMBER 1 OF EACH YEAR, EACH PAYOR ASSESSED A FEE IN ACCORDANCE WITH THIS SECTION SHALL MAKE PAYMENT TO THE INSURANCE COMMISSIONER.
- (D) ON OR BEFORE SEPTEMBER 30 OF EACH YEAR, THE INSURANCE COMMISSIONER SHALL FORWARD TO THE COMMISSION THE FEES ASSESSED UNDER THIS SECTION

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THIS SUBTITLE MAY BE CITED AS THE "MARYLAND HEALTH INSURANCE REFORM ACT".

SECTION 2. AND BE IT FURTHER ENACTED, That the terms of the initial members of the health care planning and data commission shall expire as follows:

- (1) Two members in 1997:
- (2) Three members in 1999;
- (3) Three members in 2001; and
- (4) Three members in 2003.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 1993.

## Article 48A - Insurance Code

## 490B.

- (a) Every insurer providing professional liability insurance to a physician licensed in Maryland in accordance with Title 14 of the Health Occupations Article, or to a hospital, nurse, dentist, podiatrist, optometrist, or chiropractor licensed under the Health General Article or the Health Occupations Article, and every self-insured hospital shall report quarterly, any claim or action for damages for personal injuries claimed to have been caused by an error, omission, or negligence in the performance of the insured's professional services, or based on a claimed performance of professional services without consent, if the claim resulted in:
  - (1) A final judgment in any amount;
  - (2) A settlement in any amount; or