(I) COMPARE COSTS BETWEEN VARIOUS TREATMENT SETTINGS;

AND

- (II) PROVIDE INFORMATION TO CONSUMERS, PROVIDERS, AND PURCHASERS OF HEALTH CARE SERVICES;
  - (5) FOSTER THE DEVELOPMENT OF PRACTICE PROTOCOLS: AND
- (6) DEVELOP A UNIFORM SET OF EFFECTIVE BENEFITS TO BE INCLUDED IN THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN TO APPLY UNDER SUBTITLE 55 OF ARTICLE 48A OF THE CODE; AND
- (7) <u>DEVELOP A PAYMENT SYSTEM, INCLUDING A FEE SCHEDULE, FOR HEALTH CARE SERVICES PROVIDED BY PHYSICIANS AND COVERED UNDER THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN.</u>
- (3) <u>ESTABLISH AND DEVELOP A MEDICAL CARE DATA BASE ON HEALTH</u>
  CARE SERVICES RENDERED BY HEALTH CARE PRACTITIONERS;
- (4) ENCOURAGE THE DEVELOPMENT OF CLINICAL RESOURCE MANAGEMENT SYSTEMS TO PERMIT THE COMPARISON OF COSTS BETWEEN VARIOUS TREATMENT SETTINGS AND THE AVAILABILITY OF INFORMATION TO CONSUMERS, PROVIDERS, AND PURCHASERS OF HEALTH CARE SERVICES;
- (5) DEVELOP A UNIFORM SET OF EFFECTIVE BENEFITS TO BE INCLUDED IN THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN TO APPLY UNDER SUBTITLE 55 OF ARTICLE 48A OF THE CODE;
- (6) ANALYZE THE MEDICAL CARE DATA BASE AND PROVIDE, IN AGGREGATE FORM, AN ANNUAL REPORT ON THE VARIATIONS IN COSTS ASSOCIATED WITH HEALTH CARE PRACTITIONERS;
- (7) ENSURE UTILIZATION OF THE MEDICAL CARE DATA BASE AS A PRIMARY MEANS TO COMPILE DATA AND INFORMATION AND ANNUALLY REPORT ON TRENDS AND VARIANCES REGARDING FEES FOR SERVICE, COST OF CARE, REGIONAL AND NATIONAL COMPARISONS, AND INDICATIONS OF MALPRACTICE SITUATIONS;
  - (8) DEVELOP A PAYMENT SYSTEM FOR HEALTH CARE SERVICES;
- (9) ESTABLISH STANDARDS FOR THE OPERATION AND LICENSING OF MEDICAL CARE ELECTRONIC CLAIMS CLEARINGHOUSES IN MARYLAND;
  - (10) FOSTER THE DEVELOPMENT OF PRACTICE PARAMETERS; AND
- (11) REDUCE THE COSTS OF CLAIMS SUBMISSION AND THE ADMINISTRATION OF CLAIMS FOR HEALTH CARE PRACTITIONERS AND PAYORS.

  19–1503.
- (A) (1) THE COMMISSION SHALL CONSIST OF SEVEN MEMBERS APPOINTED BY THE GOVERNOR WITH THE ADVICE AND CONSENT OF THE SENATE.