

(4) If assessments exceed net losses of the pool the excess shall be held in an interest-bearing account and used by the Board to offset future losses or to reduce pool premiums. As used in this paragraph, "future losses" includes reserves for incurred but not reported claims.

(5) Each reinsuring carrier's proportion of the assessment shall be determined annually by the Board based on annual statements and other reports deemed necessary by the Board and filed by the reinsuring carriers with the Board.

(6) The plan of operation shall provide for the imposition of an interest penalty for late payment of assessments.

(7) (i) A reinsuring carrier may seek from the Commissioner a deferment from all or part of an assessment imposed by the Board. The request for deferment shall be made, in writing, to the Commissioner within 15 days of the member's receipt of the assessment notice.

(ii) The Commissioner may defer all or part of the assessment of a reinsuring carrier if the Commissioner determines that the payment of the assessment would place the reinsuring carrier in a financially impaired condition.

(iii) If all or part of an assessment against a reinsuring carrier is deferred, the amount deferred shall be assessed against the other participating carriers in a manner consistent with the basis for assessment set forth in this subsection. The reinsuring carrier receiving such deferment shall remain liable to the program for the amount deferred and shall be prohibited from reinsuring any individuals or groups in the pool until such time as it pays such assessments.

(e) Neither the participation in the program as reinsuring carriers, the establishment of rates, forms, or procedures, nor any other joint or collective action required by this section shall be the basis of any legal action, criminal or civil liability, or penalty against the program or any of its reinsuring carriers either jointly or separately.

SECTION 4. AND BE IT FURTHER ENACTED, That the Governor shall appoint the Maryland Standard Benefit Plan Task Force to advise the Medical Care Data Review Commission on the initial development of the standard comprehensive health benefit plan to be adopted in accordance with § 700 of Subtitle 55 of Article 48A and Title 19, Subtitle 15 of the Health - General Article. When appointing the members of the Task Force, the Governor shall, to the extent practicable, ensure that the Task Force is comprised of an appropriate and balanced mix of representatives of practitioners, hospitals, carriers, employers, labor, and consumers. By December 1, 1993, the Task Force shall submit recommendations to the Medical Care Data Review Commission on the overall design of the standard comprehensive health benefit plan including the specific scope and estimated cost of the benefits covered under the standard health benefit plan. In making recommendations, the Task Force, among other relevant factors, shall consider:

(a) The health benefit plans typically provided by Maryland employers to their employees, including the difference, if any, between the benefits offered under insured and self-insured benefit plans;