

(b) The health benefits required to be covered under federal law for federally qualified health maintenance organizations and under standard health benefit plans adopted by other states; and

(c) The impact of the proposed comprehensive standard health benefit plan on:

(1) The ability of employers to offer or continue to offer employment-based health insurance coverage;

(2) Reducing uncompensated care borne by practitioners and hospitals; and

(3) Encouraging self-insured employers to voluntarily participate in the community rated health insurance pool.

SECTION 5. AND BE IT FURTHER ENACTED, That:

(a) (1) Annually by October 1, the Insurance Commissioner shall determine the number of individuals in the State who are under the age of 65 and who are covered under an insured health benefit plan issued by an insurer authorized to engage in the insurance business in the State or under a prepaid health benefit package of a health maintenance organization that operates in the State.

(2) The Insurance Commissioner shall accept registration from public and private employers and employee groups or associations in the State that offer health benefit plans under the Employee Retirement Income Security Act or other self-insured plans and that would agree to obtain insured health benefits for their employees or groups for a minimum period of 3 years under an insurance plan issued by an insurer authorized to engage in the insurance business in the State or under a prepaid health benefit package of a health maintenance organization that operates in the State and that would be subject to Section 3 of this Act. Upon request of the insurer or HMO being considered by a registering group of up to 250 employees, the registering group shall provide claims and demographic information sufficient to assist insurers and HMOs to develop rates that are adequate, not excessive and not unfairly discriminatory, and in accordance with Article 48A, § 702 of the Code.

(b) When the Insurance Commissioner determines that at least 37 percent of Maryland's total population under the age of 65 participates in an adjusted community rated pool as specified in Article 48A, § 702 of the Code as enacted by this Act or are enrolled in plans sponsored by employers or groups for which the Insurance Commissioner has obtained registrations, excluding individuals under the age of 65 covered by Medicare, Medicaid, CHAMPUS, and Federal Employee Health Benefits program, Section 3 of this Act shall take effect the second January 1 following the date of the determination.

(c) The Insurance Commissioner must submit an annual report in accordance with § 2-1312 of the State Government Article by December 31 of each year. The report must specify the number of individuals under the age of 65 who are covered under an insured health benefit plan and by registered employers.

(b) Section 3 of this Act shall take effect the second January 1 following a determination by the Insurance Commissioner that at least 60 percent of Maryland's total population under the age of 65 are covered under an insured health benefit plan or are enrolled