

(i) A profile of:

1. Those persons purchasing and covered under a limited benefits policy; and
2. The utilization of benefits and claims information under limited benefits policies, based on the data required under subsection (i) of this section; and

(ii) Data concerning:

1. The availability and affordability of limited benefits policies;
2. The number of insurers offering limited benefits policies;
3. The prices and levels of benefits of the limited benefits policies offered;
4. The number of limited benefits policies in effect;
5. The effectiveness of limited benefits policies in reducing the number of insureds in the State; and
6. The impact of limited benefits policies on the health insurance market and the population of uninsureds in the State.

(3) (i) The Commissioner shall make a report by January 1, 1993, that includes a comparative analysis of available limited benefits policies and comparably priced nonlimited benefits policies that include mandated benefits.

(ii) For the report required under this paragraph, the Commissioner shall:

1. Compare premium cost, administrative costs, profit margins, and benefits covered under the comparable policies; and
2. Assess the impact of any alternative initiatives such as small group market reform on the costs and coverage of the comparable nonlimited policies.

(4) The Commissioner shall make a report by July 1, 1993, concerning methods to facilitate the transition of insureds from a limited benefits policy to a standard policy.

(5) The Commissioner shall cooperate with the House Economic Matters Committee, the Senate Finance Committee, and the Joint Committee on Health Care Cost Containment of the General Assembly and provide any other relevant and appropriate information, in addition to the required reports, as requested.

(6) Based on the information reported under this subsection, the Commissioner shall make recommendations relating to the termination of limited benefits policies and the transition to nonlimited benefits policies.]