

(2) THE APPROPRIATE STANDARDS AND OPERATING REQUIREMENTS NECESSARY TO ENHANCE THE COORDINATION AND INTEGRATION OF CARE RENDERED TO ENROLLEES OF A HEALTH NETWORK;

(3) THE PROCEDURES AND PERFORMANCE MEASURES TO EXERCISE APPROPRIATE OVERSIGHT OF THE COST AND UTILIZATION OF SERVICES RENDERED BY HEALTH NETWORKS;

(4) THE STANDARDS NECESSARY TO ENSURE THAT HEALTH NETWORKS ESTABLISH ONGOING QUALITY ASSURANCE AND UTILIZATION PROGRAMS THAT STRESS HEALTH OUTCOMES AND THE APPROPRIATE USE OF PRACTICE PARAMETERS;

(5) THE STANDARDS NECESSARY TO ENSURE THAT HEALTH NETWORKS:

(I) ENROLL INDIVIDUALS WHO ARE BROADLY REPRESENTATIVE OF THE VARIOUS AGE, RACIAL, ETHNIC, AND INCOME GROUPS WITHIN THEIR REGIONAL AREA; AND

(II) DO NOT USE THE DESIGN OF THEIR HEALTH CARE PROVIDER NETWORK OR MARKETING EFFORTS TO DISCOURAGE ENROLLMENT FROM HIGH RISK OR SPECIAL NEEDS POPULATIONS;

(6) THE NECESSARY STANDARDS TO HELP ENSURE THAT HEALTH NETWORKS ARE ACCOUNTABLE TO THE REGIONS AND COMMUNITIES THEY SERVICE INCLUDING:

(I) THE GOVERNANCE OF THE HEALTH NETWORK; AND

(II) THE COMMITMENT TO IMPROVING THE OVERALL COMMUNITY HEALTH STATUS AND SERVICE TO THE UNINSURED;

(7) THE NECESSARY SOLVENCY AND RESERVE REQUIREMENTS FOR INTEGRATED HEALTH NETWORKS THAT CONTRACT DIRECTLY WITH INDIVIDUALS OR EMPLOYERS AND RETAIN THE RISK FOR DELIVERING HEALTH BENEFITS;

(8) IN CONSULTATION WITH THE ATTORNEY GENERAL'S OFFICE, THE NEED TO AMEND EXISTING STATE LAWS TO REMOVE CURRENT BARRIERS OR DISINCENTIVES TO THE PROMOTION AND FORMATION OF HEALTH NETWORKS INCLUDING:

(I) THE ANTITRUST LAWS; AND

(II) CERTIFICATE OF NEED LAWS;

(9) THE EFFECT OF MANAGED CARE AND MANAGED CARE REGULATION IN OTHER STATES ON HEALTH CARE SERVICE DELIVERY AND ON COST CONTAINMENT IN THOSE STATES;

(10) THE CAPACITY OF HEALTH CARE NETWORKS TO PROVIDE A CHOICE OF ANY HEALTH CARE PROVIDER TO THEIR SUBSCRIBERS OR ENROLLEES;