

490M.

[(g) Beginning June 30, 1993, any nonprofit health service plan or insurer required to offer a mandated benefit for screening mammographs shall submit to the Commissioner for forwarding to the Committee and the Legislative Policy Committee, the following information on an annual basis:

- (1) The average charge for a screening mammogram;
- (2) The average allowed charge for a screening mammogram;
- (3) The average payout for a screening mammogram;
- (4) The total number of women covered, by age categories;
- (5) The total number of screening mammograms per year by age categories;
- (6) The total amount paid for screening mammograms;
- (7) The total amount paid for the treatment of breast cancer, by stage of the disease and age categories; and
- (8) Premium costs.

(h) (1) Beginning June 30, 1993, any nonprofit health service plan or insurer required to offer a mandated benefit for child wellness services shall submit to the Commissioner an annual report on:

- (i) The total costs for services under the child wellness services package;
 - (ii) The premium costs by component;
 - (iii) The total number of children covered;
 - (iv) Utilization of the child wellness services benefit by type of service;
- and
- (v) The total treatment costs and utilization for each of the diseases or disabilities that are preventable by the immunizations or detectable by screening.

(2) The Commissioner shall submit a copy of the report to the Committee within 30 days after the day on which the Commissioner receives the report.]

653.

~~(a) The Commissioner may adopt regulations to carry out the purposes of the Program.~~

~~(b) The Commissioner shall:~~

- ~~(1) Evaluate annually the Program under this subtitle; and~~
- ~~(2) Submit as part of the annual report required under § 23 of this article:~~