

(1) Due to the rapid changes the health care market is experiencing, the Maryland Health Care Access and Cost Commission shall study and make recommendations on the findings that result from the study on the desirability of a statewide payment system for health care practitioners;

(2) The study shall include an evaluation of:

(a) The goals of a statewide payment system;

(b) The appropriateness of the payment system mandated in § 19-1509 of the Health - General Article to achieving these goals;

(c) The feasibility and desirability of including reimbursement methodologies other than fee-for-service in a statewide payment system;

(d) The continuing need for a statewide payment system, in light of the changes in the health care market; and

(e) Any other factors the Commission regards as important; and

(3) The Maryland Health Care Access and Cost Commission shall report its findings and recommendations to the Senate Finance Committee and the House Environmental Matters Committee on or before ~~August~~ November 1, 1997.

SECTION 6. AND BE IT FURTHER ENACTED, That:

(1) The Maryland Health Care Access and Cost Commission may not implement the provisions of § 19-1509(b) of the Health - General Article before January 1, 1998; and

(2) If the Maryland Health Care Access and Cost Commission decides to implement the provisions of § 19-1509(b) of the Health - General Article, the Maryland Health Care Access and Cost Commission, in accordance with § 10-111 of the State Government Article, shall submit for emergency adoption proposed regulations that would carry out the provisions of § 19-1509(b) of the Health - General Article on or before January 1, 1999.

SECTION 7. AND BE IT FURTHER ENACTED, That, notwithstanding the provisions of Section 1 of this Act and Article 48A, § 698A of the Code, Article 48A, Subtitle 55 of the Code does not apply to the renewal of any health benefit plan that was issued prior to June 1, 1997 to a self-employed individual by an authorized insurer that does not have any health benefit plan in force on or after June 1, 1997 that provides coverage to a small employer (as that term is defined in Section 2 of Chapter 9 of the Acts of the General Assembly of 1993), and any renewal of such plan is not a renewal of a health benefit plan providing coverage to a small employer for any purpose under Article 48A, Subtitle 55 of the Code.

SECTION 8. AND BE IT FURTHER ENACTED, That, notwithstanding the provisions of Section 2 of this Act and § 15-1202 of the Insurance Article, Title 15, Subtitle 12 of the Insurance Article does not apply to the renewal of any health benefit plan that was issued prior to October 1, 1997 to a self-employed individual by an authorized insurer that does not have any health benefit plan in force on or after October