

(II) THEIR IMPACT ON MAINTAINING AND IMPROVING HEALTH AND ENCOURAGING CONSUMERS TO USE ONLY THE HEALTH CARE SERVICES THEY NEED; AND

(III) THEIR IMPACT ON THE AFFORDABILITY OF HEALTH CARE COVERAGE.

(3) THE HEALTH CARE ACCESS AND COST COMMISSION MAY EXCLUDE FROM THE PLAN:

(I) A HEALTH CARE SERVICE, BENEFIT, COVERAGE, OR REIMBURSEMENT FOR COVERED HEALTH CARE SERVICES THAT IS REQUIRED UNDER THIS ARTICLE OR THE HEALTH - GENERAL ARTICLE TO BE PROVIDED OR OFFERED IN A HEALTH BENEFIT PLAN THAT IS ISSUED OR DELIVERED IN THE STATE BY A CARRIER; OR

(II) REIMBURSEMENT REQUIRED BY STATUTE, BY A HEALTH BENEFIT PLAN FOR A SERVICE WHEN THAT SERVICE IS PERFORMED BY A HEALTH CARE PROVIDER WHO IS LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE AND WHOSE SCOPE OF PRACTICE INCLUDES THAT SERVICE.

(4) THE PLAN SHALL INCLUDE UNIFORM DEDUCTIBLES AND COST-SHARING ASSOCIATED WITH ITS BENEFITS, AS DETERMINED BY THE HEALTH CARE ACCESS AND COST COMMISSION.

(5) IN ESTABLISHING COST-SHARING AS PART OF THE PLAN, THE HEALTH CARE ACCESS AND COST COMMISSION SHALL:

(I) INCLUDE COST-SHARING AND OTHER INCENTIVES TO HELP CONSUMERS USE ONLY THE SERVICES THEY NEED;

(II) BALANCE THE EFFECT OF COST-SHARING IN REDUCING PREMIUMS AND IN AFFECTING UTILIZATION OF APPROPRIATE SERVICES; AND

(III) LIMIT THE TOTAL COST-SHARING THAT MAY BE INCURRED BY AN INDIVIDUAL IN A YEAR.

Article - Health - General

19-1502.

(c) The purpose of the Commission is to:

(10) Foster the development of practice parameters; [and]

(11) Reduce the costs of claims submission and the administration of claims for health care practitioners and payors; AND

(12) DEVELOP A UNIFORM SET OF EFFECTIVE BENEFITS TO BE OFFERED AS SUBSTANTIAL, AVAILABLE, AND AFFORDABLE COVERAGE IN THE NONGROUP MARKET IN ACCORDANCE WITH ARTICLE 48A, § 490S(A-1) OF THE CODE.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows: