

(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 HEALTH CARE 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:

(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] § 15-606 OF THE INSURANCE ARTICLE.

SECTION 3. AND BE IT FURTHER ENACTED, That the provisions of this Act may not be construed to prevent or restrict the Health Services Cost Review Commission from establishing standards for approving a purchasing differential with regard to hospital rates.

SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take effect July 1, 1997 and shall remain in effect until September 30, 1997.

SECTION 4. AND BE IT FURTHER ENACTED, That, except as provided in Section 5 of this Act, this Act shall take effect July 1, 1997.

SECTION 4. 5. AND BE IT FURTHER ENACTED, That, except for Section 1 of this Act, Section 2 of this Act shall take effect October 1, 1997.

Approved April 29, 1997.