

2. the extent to which the insurance coverage is already generally available;
3. if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments;
4. if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship;
5. the level of public demand for the service;
6. the level of public demand for insurance coverage of the service;
7. the level of interest of collective bargaining agents in negotiating privately for inclusion of this coverage in group contracts; and
8. the extent to which the mandated health insurance service is covered by self-funded employer groups of employers in the State who employ at least 500 employees;

(ii) medical impacts, including:

1. the extent to which the service is generally recognized by the medical community as being effective and efficacious in the treatment of patients;
2. the extent to which the service is generally recognized by the medical community as demonstrated by a review of scientific and peer review literature; and
3. the extent to which the service is generally available and utilized by treating physicians; and

(iii) financial impacts, including:

1. the extent to which the coverage will increase or decrease the cost of the service;
2. the extent to which the coverage will increase the appropriate use of the service;
3. the extent to which the mandated service will be a substitute for a more expensive service;
4. the extent to which the coverage will increase or decrease the administrative expenses of insurers and the premium and administrative expenses of policy holders;
5. the impact of this coverage on the total cost of health care; and
6. the impact of all mandated health insurance services on employers' ability to purchase health benefits policies meeting their employees' needs.