

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.

(D) (1) IN ADDITION TO THE INFORMATION REQUIRED UNDER SUBSECTION (C) OF THIS SECTION, THE COMMISSION SHALL ANNUALLY DETERMINE THE FULL COST OF ALL EXISTING MANDATED HEALTH INSURANCE SERVICES IN THE STATE:

(I) AS A PERCENTAGE OF MARYLAND'S AVERAGE ANNUAL WAGE;  
AND

(II) AS A PERCENTAGE OF HEALTH INSURANCE PREMIUMS.

(2) IN MAKING ITS DETERMINATION, THE COMMISSION SHALL CONSIDER THE FULL COST OF THE EXISTING MANDATED HEALTH INSURANCE SERVICES:

(I) UNDER A TYPICAL GROUP AND INDIVIDUAL HEALTH BENEFIT PLAN IN THIS STATE;