

(1) INCREASED ACCESS TO, OR THE AFFORDABILITY OF, ONE OR MORE HEALTH CARE PRODUCTS OR SERVICES BY OFFERING AND SELLING HEALTH CARE PRODUCTS OR SERVICES THAT ARE NOT REQUIRED OR PROVIDED FOR BY LAW; OR

~~(2) THROUGH PRICING POLICIES DESIGNED TO ENHANCE THE AFFORDABILITY OF HEALTH CARE PRODUCTS OR SERVICES THAT ARE REQUIRED OR PROVIDED FOR BY LAW, USED A GREATER PERCENTAGE OF PREMIUMS COLLECTED FOR MEDICAL CARE THAN A COMPARABLE FOR-PROFIT HEALTH INSURER AS DETERMINED BY THE COMMISSIONER;~~

~~(3) USED UNDERWRITING STANDARDS NOT REQUIRED BY LAW TO INCREASE THE AVAILABILITY OF ONE OR MORE HEALTH CARE SERVICES OR PRODUCTS; OR~~

(4) (2) SERVED THE PUBLIC INTEREST BY ANY METHOD OR PRACTICE APPROVED BY THE COMMISSIONER.

~~(D)~~ (E) THE COMMISSIONER MAY NOT CONSIDER THE FACT THAT A NONPROFIT HEALTH SERVICE PLAN OFFERS A PRODUCT THROUGH THE SUBSTANTIAL, AVAILABLE, AFFORDABLE COVERAGE PROGRAM WHEN DETERMINING WHETHER THE PLAN HAS SATISFIED THE REQUIREMENTS OF SUBSECTION ~~(B)~~ (C)(2) OF THIS SECTION.

~~(E)~~ (F) EACH REPORT FILED WITH THE COMMISSIONER UNDER SUBSECTION ~~(B)~~ (C) OF THIS SECTION IS A PUBLIC RECORD.

14-107.

(A) BY NOVEMBER 1 OF EACH YEAR, THE COMMISSIONER SHALL ISSUE AN ORDER NOTIFYING EACH NONPROFIT HEALTH SERVICE PLAN THAT IS REQUIRED TO FILE A REPORT UNDER § 14-106 OF THIS SUBTITLE OF WHETHER THE PLAN HAS SATISFIED THE REQUIREMENTS OF § 14-106 OF THIS SUBTITLE.

(B) (1) IF THE COMMISSIONER DETERMINES THAT A NONPROFIT HEALTH SERVICE PLAN HAS NOT SATISFIED THE REQUIREMENTS OF § 14-106 OF THIS SUBTITLE, THE NONPROFIT HEALTH SERVICE PLAN SHALL HAVE 1 YEAR FROM THE DATE THE COMMISSIONER ISSUED THE ORDER UNDER SUBSECTION (A) OF THIS SECTION TO COMPLY WITH THE REQUIREMENTS OF § 14-106 OF THIS SUBTITLE.

(2) IF AFTER THE TIME PERIOD PROVIDED UNDER PARAGRAPH (1) OF THIS SUBSECTION THE COMMISSIONER DETERMINES THAT A NONPROFIT HEALTH SERVICE PLAN HAS NOT SATISFIED THE REQUIREMENTS OF § 14-106 OF THIS SUBTITLE;

(I) THE COMMISSIONER SHALL REPORT THE DETERMINATION TO THE HOUSE ECONOMIC MATTERS COMMITTEE AND THE SENATE FINANCE COMMITTEE, INCLUDING THE REASONS FOR THE DETERMINATION; AND

(II) IF REQUIRED BY AN ACT OF THE GENERAL ASSEMBLY, THE NONPROFIT HEALTH SERVICE PLAN SHALL BE SUBJECT TO THE PREMIUM TAX UNDER TITLE 6, SUBTITLE 1 OF THIS ARTICLE, BEGINNING IN THE NEXT CALENDAR YEAR.