

~~(4) EMPLOYED PRICING POLICIES THAT ENHANCE THE AFFORDABILITY OF HEALTH CARE SERVICES OR HEALTH CARE PRODUCTS AND RESULT IN A HIGHER MEDICAL LOSS RATIO THAN THAT ESTABLISHED BY A COMPARABLE FOR PROFIT HEALTH INSURER, OR~~

~~[(2)] (5) served the public interest by any method or practice approved by the Commissioner.~~

~~(e) [(1)] [A] NOTWITHSTANDING SUBSECTION (D) OF THIS SECTION, A nonprofit health service plan that is subject to this section and issues comprehensive health care benefits in the State shall:~~

~~(1) OFFER HEALTH CARE PRODUCTS IN THE INDIVIDUAL MARKET;~~

~~(2) OFFER HEALTH CARE PRODUCTS IN THE SMALL EMPLOYER GROUP MARKET IN ACCORDANCE WITH TITLE 15, SUBTITLE 12 OF THIS ARTICLE; AND~~

~~(3) administer and subsidize the Senior Prescription Drug Program established under Title 14, Subtitle 5, Part II of this title.~~

~~[(2)] (F) The subsidy required under the Senior Prescription Drug Program may not exceed the value of the nonprofit health service plan's premium tax exemption under § 6-101(b) of this article.~~

~~[(6)] (G) Each report filed with the Commissioner under subsection (e) 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] HEALTH AND GOVERNMENT OPERATIONS 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 COMMISSIONER SHALL ISSUE AN ORDER REQUIRING THE NONPROFIT HEALTH SERVICE PLAN TO PAY the premium tax under Title 6, Subtitle 1 of this article;~~