

6. ONE SHALL REPRESENT A NONPROFIT HEALTH CARE ADVOCACY ASSOCIATION ORGANIZED IN THE STATE;

7. ONE SHALL REPRESENT THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND;

8. ONE SHALL REPRESENT THE MARYLAND HOSPITAL ASSOCIATION;

9. ONE SHALL REPRESENT THE MIDATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS;

10. ONE SHALL BE A THIRD PARTY ADMINISTRATOR;

11. ONE SHALL BE AN INSURANCE PRODUCER; AND

12. TWO SHALL BE MEMBERS OF THE PUBLIC.

(C) THE MEMBERS OF THE COMMITTEE SERVE AT THE PLEASURE OF THE PRESIDING OFFICERS.

(D) THE PRESIDENT OF THE SENATE AND THE SPEAKER OF THE HOUSE OF DELEGATES SHALL APPOINT A SENATOR AND A DELEGATE, RESPECTIVELY, TO SERVE AS CO-CHAIRMEN.

(E) THE MARYLAND INSURANCE ADMINISTRATION AND THE DEPARTMENT OF LEGISLATIVE SERVICES, OFFICE OF POLICY ANALYSIS, SHALL PROVIDE STAFF ASSISTANCE TO THE COMMITTEE.

(F) THE COMMITTEE SHALL EXAMINE AND EVALUATE THE ABILITY OF THE NONPROFIT HEALTH SERVICE PLANS IN THE STATE THAT CARRY THE BLUECROSS AND BLUESHIELD TRADEMARK TO MEET THE FOLLOWING GOALS:

(1) PROVIDE INDIVIDUALS AND BUSINESSES WITH AFFORDABLE AND ACCESSIBLE HEALTH INSURANCE;

(2) CONTRIBUTE TO THE IMPROVEMENT OF THE OVERALL HEALTH STATUS OF MARYLAND RESIDENTS;

(3) PROVIDE FINANCIAL OR IN-KIND SUPPORT FOR PUBLIC HEALTH PROGRAMS;

(4) EMPLOY UNDERWRITING STANDARDS IN A MANNER THAT INCREASES THE AVAILABILITY OF ONE OR MORE HEALTH CARE SERVICES OR PRODUCTS;

(5) EMPLOY PRICING POLICIES THAT:

(I) ENHANCE THE AFFORDABILITY OF HEALTH CARE SERVICES OR PRODUCTS;

(II) RESULT IN A HIGHER MEDICAL LOSS RATIO THAN THAT ESTABLISHED BY A COMPARABLE FOR-PROFIT HEALTH INSURER; AND