

(7) Analyze the medical care data base and provide, in aggregate form, an annual report on the variations in costs associated with health care practitioners;

(8) Ensure utilization of the medical care data base as a primary means to compile data and information and annually report on trends and variances regarding fees for service, cost of care, regional and national comparisons, and indications of malpractice situations;

(9) Establish standards for the operation and licensing of medical care electronic claims clearinghouses in Maryland;

(10) Reduce the costs of claims submission and the administration of claims for health care practitioners and payors;

(11) [Develop a uniform set of effective benefits to be offered as substantial, available, and affordable coverage in the nongroup market in accordance with § 15-606 of the Insurance Article;

(12)] Determine the cost of mandated health insurance services in the State in accordance with Title 15, Subtitle 15 of the Insurance Article; and

[(13)] (12) Promote the availability of information to consumers on charges by practitioners and reimbursements from payors.

SECTION 4. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article - Health - General

19-219.

~~(D) (1) (1) SUBJECT TO PARAGRAPH (II) OF THIS SUBSECTION, THE COMMISSION SHALL ASSESS EACH ACUTE CARE HOSPITAL IN THE STATE AN AMOUNT EQUAL TO 1% OF THE HOSPITAL'S GROSS ANNUAL REVENUE.~~

~~(II) THE ASSESSMENT SHALL BE COLLECTED IN ACCORDANCE WITH A SCHEDULE ESTABLISHED BY THE INSURANCE COMMISSIONER IN CONSULTATION WITH REPRESENTATIVES OF THE ACUTE CARE HOSPITALS.~~

~~(III) EACH ACUTE CARE HOSPITAL ASSESSED UNDER THIS SUBSECTION SHALL REMIT THE FULL AMOUNT OF THE ASSESSMENT TO THE BOARD OF THE MARYLAND HEALTH INSURANCE PLAN ESTABLISHED UNDER TITLE 14, SUBTITLE 5 OF THE INSURANCE ARTICLE.~~

~~(2) THE COMMISSION, IN CONSULTATION WITH THE BOARD OF THE MARYLAND HEALTH INSURANCE PLAN, SHALL REDETERMINE THE ASSESSMENT ON ACUTE CARE HOSPITALS IF THE COMMISSION FINDS THAT A 1% ASSESSMENT WILL RESULT IN THE LOSS OF THE STATE'S MEDICARE WAIVER UNDER § 1814(B) OF THE FEDERAL SOCIAL SECURITY ACT.~~

(D) (1) IN THIS SUBSECTION, "BASE HOSPITAL RATE" MEANS THE AGGREGATE VALUE TO PARTICIPATING COMMERCIAL HEALTH INSURANCE