

~~(3) If the stenographic record is not made or transcribed, the Commissioner shall prepare an adequate record of the evidence and proceedings.~~  
2-303.2.

(A) THE ADMINISTRATION SHALL PREPARE ANNUALLY A COMPARISON GUIDE OF MEDICAL PROFESSIONAL LIABILITY INSURANCE PREMIUMS.

(B) THE COMPARISON GUIDE SHALL:

(1) LIST EACH INSURER AUTHORIZED TO PROVIDE MEDICAL PROFESSIONAL LIABILITY INSURANCE IN THE STATE;

(2) INCLUDE, FOR EACH SPECIALTY AND TERRITORY, THE BASE PREMIUM CHARGED BY AN INSURER FOR PHYSICIANS WITH POLICY LIMITS OF \$1,000,000 AND \$3,000,000; AND

(3) INCLUDE THE BASE PREMIUM CHARGED BY AN INSURER FOR A:

(I) HOSPITAL;

(II) MEDICAL DAY CARE CENTER;

(III) HOSPICE CARE PROGRAM;

(IV) ASSISTED LIVING PROGRAM; AND

(V) FREESTANDING AMBULATORY CARE FACILITY AS DEFINED IN § 19-3B-01 OF THE HEALTH - GENERAL ARTICLE.

(C) THE ADMINISTRATION SHALL PUBLISH THE COMPARISON GUIDE REQUIRED UNDER SUBSECTION (A) OF THIS SECTION ON ITS WEBSITE AND IN PRINTED FORM.

4-405.

(A) (1) EACH INSURER PROVIDING PROFESSIONAL LIABILITY INSURANCE TO A HEALTH CARE PROVIDER IN THE STATE SHALL SUBMIT TO THE COMMISSIONER INFORMATION ON:

(I) THE NATURE AND COST OF REINSURANCE;

(II) THE CLAIMS EXPERIENCE, BY CATEGORY, OF HEALTH CARE PROVIDERS;

(III) THE AMOUNT OF CLAIM SETTLEMENTS AND CLAIM AWARDS;

(IV) THE AMOUNT OF RESERVES FOR CLAIMS INCURRED AND INCURRED BUT UNREPORTED CLAIMS;

(V) THE NUMBER OF STRUCTURED SETTLEMENTS USED IN PAYMENT OF CLAIMS; AND

(VI) ANY OTHER INFORMATION RELATING TO HEALTH CARE MALPRACTICE CLAIMS PRESCRIBED BY THE COMMISSIONER IN REGULATION.