

(3) **THE EFFECT OF COMPETITION ON PAYMENTS TO PHYSICIANS AND OTHER HEALTH CARE PROVIDERS;**

(4) **THE TRENDS FOR PHYSICIAN AND OTHER HEALTH CARE PROVIDER SHORTAGES BY SPECIALTY AND GEOGRAPHIC AREA AND ANY IMPACT ON HEALTH CARE ACCESS AND QUALITY CAUSED BY SUCH SHORTAGES, INCLUDING ~~EMERGENCY DEPARTMENT~~ EMERGENCY DEPARTMENT OVERCROWDING;**

(5) **THE AMOUNT OF UNCOMPENSATED CARE BEING PROVIDED BY PHYSICIANS AND OTHER HEALTH CARE PROVIDERS AND THE TRENDS IN UNCOMPENSATED CARE IN MARYLAND AND IN OTHER STATES;**

(6) **THE EXTENT TO WHICH CURRENT REIMBURSEMENT METHODS RECOGNIZE AND REWARD HIGHER QUALITY OF CARE;~~AND~~**

(7) **METHODS USED BY LARGE PURCHASERS OF HEALTH CARE TO EVALUATE ADEQUACY AND COST OF PROVIDER NETWORKS ;~~AND~~**

(8) **(I) THE PRACTICE BY CERTAIN HEALTH INSURANCE CARRIERS OF REQUIRING HEALTH CARE PROVIDERS WHO JOIN A PROVIDER NETWORK OF A CARRIER TO ALSO SERVE ON A PROVIDER NETWORK OF A DIFFERENT CARRIER; AND**

(II) THE EFFECT OF THE PRACTICE DESCRIBED IN ITEM (I) OF THIS ITEM ON HEALTH CARE PROVIDER PAYMENTS AND WILLINGNESS TO SERVE ON PROVIDER NETWORKS OF HEALTH INSURANCE CARRIERS.

(F) **THE TASK FORCE SHALL DEVELOP RECOMMENDATIONS REGARDING:**

(1) **SPECIFIC OPTIONS THAT ARE AVAILABLE, GIVEN LIMITATIONS OF THE FEDERAL ERISA LAW, TO CHANGE PHYSICIAN AND OTHER HEALTH CARE PROVIDER REIMBURSEMENTS, IF NEEDED;**

(2) **THE SUFFICIENCY OF PRESENT STATUTORY FORMULAS FOR THE REIMBURSEMENT OF NONCONTRACTING PHYSICIANS AND OTHER HEALTH CARE PROVIDERS BY HEALTH MAINTENANCE ORGANIZATIONS;**

(3) **WHETHER THE MARYLAND INSURANCE ADMINISTRATION AND THE ATTORNEY GENERAL CURRENTLY HAVE SUFFICIENT AUTHORITY TO REGULATE RATE SETTING AND MARKET-RELATED PRACTICES ~~BY INSURANCE~~**