

(I) (1) THE COMMISSIONER SHALL ADOPT REGULATIONS:

(I) ESTABLISHING A STANDARD FORM TO BE COMPLETED BY A ~~BASIC~~ LIMITED BENEFITS POLICYHOLDER UNDER SUBSECTION (F)(1)(I) THAT GATHERS DEMOGRAPHIC DATA ON THE POLICYHOLDER AND INSURED UNDER THE POLICY;

(II) ESTABLISHING A STANDARD FORMAT FOR THE SUBMISSION TO THE COMMISSIONER BY AN INSURER OR NONPROFIT HEALTH SERVICE PLAN OF DATA CONCERNING THE UTILIZATION OF BENEFITS AND CLAIMS INFORMATION UNDER ~~BASIC~~ LIMITED BENEFITS POLICIES;

(III) ESTABLISHING FOR ~~BASIC~~ LIMITED BENEFITS POLICIES A MINIMUM LOSS RATIO AND A LIMIT ON THE NUMBER OF AGE BANDS WHICH MAY BE APPLIED; AND

(IV) TO ENFORCE THE PROVISIONS OF THIS SECTION.

(2) BY JULY 1 OF EACH CALENDAR YEAR, EACH INSURER OR NONPROFIT HEALTH SERVICE PLAN SHALL PROVIDE TO THE COMMISSIONER THE INFORMATION REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION IN A FORMAT APPROVED BY THE COMMISSIONER.

(3) THE COMMISSIONER SHALL APPROVE ~~BASIC~~ LIMITED BENEFIT POLICY RATES AND TERMS BEFORE THE POLICY MAY BE ISSUED AND SHALL ENSURE THAT RATES CHARGED BEAR A REASONABLE AND FAIR RELATIONSHIP TO THE BENEFITS PROVIDED.

#### Article - Health - General

19-703.

(E) (1) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SUBTITLE, A HEALTH MAINTENANCE ORGANIZATION MAY OFFER A BENEFIT PACKAGE THAT PROVIDES AT A MINIMUM BENEFITS REQUIRED BY ARTICLE 48A, § 490-O OF THE CODE FOR A ~~BASIC~~ LIMITED BENEFITS POLICY.

(2) A BENEFIT PACKAGE OFFERED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL:

(I) BE SUBJECT TO THE APPROVAL OF THE INSURANCE COMMISSIONER; AND

(II) SATISFY THE REQUIREMENTS OF ARTICLE 48A, § 490-O OF THE CODE.

SECTION 2. AND BE IT FURTHER ENACTED, That, ~~on or before July 1 of each year,~~ the Insurance Commissioner shall report to the House Economic Matters Committee and the Senate Finance Committee, and the Joint Committee on Health Care Cost Containment, of the General Assembly ~~on~~ :