

~~(II) THE EFFECTIVENESS OF THE MANDATED HEALTH INSURANCE BENEFIT ON IMPROVING HEALTH STATUS;~~

~~(III) THE PERCENTAGE OF THE POPULATION UTILIZING THE MANDATED HEALTH INSURANCE BENEFIT; AND~~

~~(IV) ANY OTHER INFORMATION THE ADVISORY PANEL CONSIDERS APPROPRIATE.~~

~~(H) (1) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND THE ADMINISTRATION SHALL PROVIDE STAFF SUPPORT TO THE ADVISORY PANEL.~~

~~(D) AS PART OF THE REVIEW REQUIRED UNDER SUBSECTION (C) OF THIS SECTION, THE COMMISSION SHALL EVALUATE THE EFFECTIVENESS OF ALL CURRENT AND PROPOSED MANDATED HEALTH INSURANCE BENEFITS IN:~~

~~(1) MAINTAINING AND IMPROVING HEALTH STATUS;~~

~~(2) REDUCING UNNECESSARY CONSUMPTION OF HEALTH CARE SERVICES; AND~~

~~(3) MAKING HEALTH CARE COVERAGE MORE AFFORDABLE.~~

~~(C) (1) THE COMMISSION SHALL ASSESS THE SOCIAL, MEDICAL, AND FINANCIAL IMPACTS OF A PROPOSED MANDATED HEALTH INSURANCE SERVICE.~~

~~(2) IN ASSESSING A PROPOSED MANDATED HEALTH INSURANCE SERVICE AND TO THE EXTENT THAT INFORMATION IS AVAILABLE, THE COMMISSION SHALL CONSIDER:~~

~~(I) SOCIAL IMPACTS, INCLUDING:~~

~~1. THE EXTENT TO WHICH THE SERVICE IS GENERALLY UTILIZED BY A SIGNIFICANT PORTION OF THE POPULATION;~~

~~2. THE EXTENT TO WHICH THE INSURANCE COVERAGE IS ALREADY GENERALLY AVAILABLE;~~

~~3. IF COVERAGE IS NOT GENERALLY AVAILABLE, THE EXTENT TO WHICH THE LACK OF COVERAGE RESULTS IN INDIVIDUALS AVOIDING NECESSARY HEALTH CARE TREATMENTS;~~

~~4. IF COVERAGE IS NOT GENERALLY AVAILABLE, THE EXTENT TO WHICH THE LACK OF COVERAGE RESULTS IN UNREASONABLE FINANCIAL HARDSHIP;~~

~~5. THE LEVEL OF PUBLIC DEMAND FOR THE SERVICE;~~

~~6. THE LEVEL OF PUBLIC DEMAND FOR INSURANCE COVERAGE OF THE SERVICE;~~

~~7. THE LEVEL OF INTEREST OF COLLECTIVE BARGAINING AGENTS IN NEGOTIATING PRIVATELY FOR INCLUSION OF THIS COVERAGE IN GROUP CONTRACTS; AND~~