

SUBTITLE 15. MANDATED HEALTH INSURANCE SERVICES EVALUATION.

15-1501.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "COMMISSION" MEANS THE HEALTH CARE ACCESS AND COST COMMISSION.

(3) (I) "MANDATED HEALTH INSURANCE SERVICE" MEANS A LEGISLATIVE PROPOSAL OR STATUTE THAT WOULD REQUIRE A PARTICULAR HEALTH CARE SERVICE TO BE PROVIDED OR OFFERED IN A HEALTH BENEFIT PLAN, BY A CARRIER OR OTHER ORGANIZATION AUTHORIZED TO PROVIDE HEALTH BENEFIT PLANS IN THE STATE.

(II) "MANDATED HEALTH INSURANCE SERVICE", AS APPLICABLE TO ALL CARRIERS, DOES NOT INCLUDE SERVICES ENUMERATED TO DESCRIBE A HEALTH MAINTENANCE ORGANIZATION UNDER § 19-702(F)(2) OF THE HEALTH - GENERAL ARTICLE.

(B) THIS SECTION DOES NOT AFFECT THE ABILITY OF THE GENERAL ASSEMBLY TO ENACT LEGISLATION ON MANDATED HEALTH INSURANCE SERVICES.

(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;