SECTION 2 OF THIS ACT, THE INSURANCE COMMISSIONER, IN CONSULTATION WITH THE REPRESENTATIVES OF THE AGENCIES, ASSOCIATIONS, AND ORGANIZATIONS DESCRIBED UNDER SECTION 2 OF THIS ACT, SHALL STUDY THE FEASIBILITY OF A UNIFORM VOUCHER FORM FOR HEALTH CARE PROVIDERS.

SECTION 2. AND BE IT FURTHER ENACTED, That:

- (a) There is a Task Force to Study Patient and Provider Appeal and Grievance Mechanisms;
 - (b) The Task Force shall consist of the following members:
- (1) Three representatives of the Medical and Chirurgical Faculty of Maryland, of whom one shall be a nonphysician licensed health care provider, appointed by the Governor;
- (2) Three representatives of Maryland health maintenance organizations, appointed by the Governor;
- (3) (4) (3) Three members of the House Economic Matters Committee of Delegates, appointed by the Speaker of the Maryland House of Delegates; and
- (4) (5) (4) Three members of the Senate Finance Committee, appointed by the President of the Senate of Maryland;
- (c) From among the members of the Task Force, the Governor shall designate a Chairman of the Task Force;
 - (d) The members of the Task Force shall serve without compensation;
 - (e) The Task Force shall:
- (1) Evaluate the use and effectiveness of patient and provider grievance and appeal mechanisms currently in law that are used to appeal decisions of health maintenance organizations; and
- (2) Based on the evaluation conducted, make recommendations concerning:
 - (i) The use and effectiveness of these appeal mechanisms; and
 - (ii) The need for legislative action; and
- (f) On or before October 15, 1996, the House Chairman of the Task Force shall report the recommendations of the Task Force to the House Economic Matters Committee and the Senate Chairman of the Task Force shall report the recommendations of the Task Force to the Senate Finance Committee.

SECTION 3. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect June 1, 1996.