

(i) CHAIR THE TASK FORCE;

(ii) ESTABLISH SUBCOMMITTEES AND APPOINT SUBCOMMITTEE CHAIRS AS NECESSARY TO FACILITATE THE WORK OF THE TASK FORCE; AND

(iii) PROVIDE STAFF SUPPORT FOR THE TASK FORCE FROM THE DEPARTMENT.

(2) TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE TASK FORCE SHALL REASONABLY REFLECT THE GEOGRAPHIC, RACIAL, ETHNIC, CULTURAL, AND GENDER DIVERSITY OF ~~THE~~ THE STATE.

(3) IN PERFORMING ~~IT~~ ITS DUTIES, THE TASK FORCE SHALL INVITE ALL INTERESTED GROUPS, INCLUDING PHYSICIAN GROUPS, HEALTH CARE PROVIDER SPECIALTY GROUPS, EMPLOYERS, AND HEALTH INSURANCE CARRIERS, TO PRESENT TESTIMONY OR OTHER INFORMATION TO THE TASK FORCE CONCERNING:

(i) THE ISSUES TO BE STUDIED BY THE TASK FORCE;

(ii) DATA ON THE REIMBURSEMENTS PAID TO PHYSICIANS AND OTHER HEALTH CARE PROVIDERS BY HEALTH INSURANCE CARRIERS;

(iii) TRENDS RELATING TO REIMBURSEMENT RATES AND TOTAL PAYMENTS ~~PAID~~ TO PHYSICIANS AND OTHER HEALTH CARE PROVIDERS BY HEALTH INSURANCE CARRIERS ~~AND HEALTH BENEFIT PLANS~~; AND

(iv) DATA AND TRENDS IN PHYSICIAN AND OTHER HEALTH CARE PROVIDER WORKFORCE SUPPLY AND FUTURE DEMAND.

(E) THE TASK FORCE SHALL EXAMINE:

(1) REIMBURSEMENT RATES AND TOTAL PAYMENTS ~~PAID~~ TO ~~MARYLAND~~ PHYSICIANS AND OTHER HEALTH CARE PROVIDERS BY SPECIALTY AND GEOGRAPHIC AREA AND TRENDS IN SUCH REIMBURSEMENT RATES AND TOTAL PAYMENTS, INCLUDING A COMPARISON OF REIMBURSEMENT RATES, TOTAL PAYMENTS, AND TRENDS IN OTHER STATES;

(2) THE IMPACT OF CHANGES IN REIMBURSEMENTS ON ACCESS TO HEALTH CARE AND ON HEALTH CARE DISPARITIES, VOLUME OF SERVICES, AND QUALITY OF CARE;