(ii) one bariatric surgeon;

(4) one consumer, appointed by the Maryland Weight Loss Surgery Legislative Action Committee; and

(5) one representative of the Maryland Health Care Commission.

(c) The members of the Task Force shall appoint a chairman from among their members.

(d) A member of the Task Force is not entitled to compensation or reimbursement for expenses.

(e) The Task Force shall:

(1) review the [utilization review procedures currently used by health insurance carriers that provide surgical treatment for morbid obesity under § 15–839 of the Insurance Article] LITERATURE ON THE SURGICAL TREATMENT OF MORBID OBESITY; AND

(2) [review the National Institutes of Health guidelines and any other nationally recognized guidelines or criteria for the surgical treatment of morbid obesity; and

(3)] recommend a set of guidelines or criteria that are appropriate for the utilization review of the surgical treatment of morbid obesity, and reasonable procedures for documenting patient compliance with the guidelines or criteria.

(f) The Task Force shall report its findings and recommendations, in accordance with § 2–1246 of the State Government Article, to the Senate Finance Committee and the House Health and Government Operations Committee on or before December 1, [2004] 2007.

(G) THE MARYLAND HEALTH CARE COMMISSION AND THE MARYLAND INSURANCE ADMINISTRATION SHALL PROVIDE THE STAFFING FOR THE TASK FORCE.

SECTION 3. AND BE IT FURTHER ENACTED, That, on or before December 15, 2004 AND ANNUALLY THEREAFTER, the Maryland Insurance Administration shall report, in accordance with § 2–1246 of the State Government Article, to the Senate Finance Committee and the House Health and Government Operations Committee, [for the period from June 1, 2004, through November 30, 2004] FOR THE 12-MONTH PERIOD FOLLOWING THE DATE THE PRECEDING REPORT IS PROVIDED, on:

(1) the number of complaints filed with the Administration relating to the denial of coverage for the surgical treatment of morbid obesity;

(2) the health insurance carrier that denied coverage and the reason given for the denial; and

(3) whether the Administration upheld or reversed the denial of coverage and the basis of the decision.