

(5) Two representatives of carriers that use the services of a managed behavioral health care organization, appointed by the ~~Secretary~~ Health Care Access and Cost Commission;

(6) One psychologist, appointed by the Maryland Psychological Association;

(7) One nurse psychotherapist, appointed by the Psychiatric Advanced Practice Nurses of Maryland;

(8) One psychiatrist, appointed by the Maryland Psychiatric Society; and

(9) One social worker, appointed by the Maryland Society for Clinical Social Work.

(c) The ~~Secretary and the Executive Director~~ shall ~~jointly chair~~ of the Health Care Access and Cost Commission shall serve as the Chairman of the Task Force.

(d) The Task Force shall develop measures of quality for the provision of behavioral health care services to members or enrollees of managed behavioral health care organizations.

(e) In developing the measures of quality, the Task Force shall consider:

(1) Discharge rates for members or enrollees who receive ~~inpatient~~ in-patient mental health and substance abuse services;

(2) The average length of stay for members or enrollees who receive ~~inpatient~~ in-patient mental health and substance abuse services;

(3) The percentage of enrollees receiving ~~inpatient~~ in-patient and ~~outpatient~~ out-patient services for mental health and substance abuse;

(4) Readmission rates of members and enrollees who receive ~~inpatient~~ in-patient mental health and substance abuse treatment;

(5) The level of patient satisfaction with the quality of managed behavioral health care services received; and

(6) Any other quality measures that the Task Force deems appropriate.

(f) Subject to ~~§ 2-1246 of the State Government Article,~~ the Task Force shall report its findings to the Senate Finance Committee and the House Economic Matters Committee by December 15, 1999.

SECTION 4. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that, if practicable, the Health Care Access and Cost Commission indicate in the annual HMO Performance Report that an HMO has subcontracted for managed behavioral health care services.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act applies to any new policy, contract, certificate, or evidence of coverage under a health benefit plan that a carrier issues or delivers in the State on or after October 1, 1999.