

(5) linkages between financing mechanisms and performance measures;

(6) disseminating scientifically sound, evidence-based information to health care providers regarding prevention and treatment of targeted chronic conditions;

(7) coordinating with appropriate chronic care resources to collect data and evaluate the clinical, social, and economic impact of chronic care and prevention activities in different regions of the State; and

(8) considering best practices across the public and private sectors, including existing initiatives in Maryland, such as the P3 Program, and the experiences of other states.

(c) In developing the chronic care management plan, the Department of Health and Mental Hygiene and the Maryland Health Quality and Cost Council shall consult with:

(1) physicians;

(2) pharmacists;

(3) hospitals;

(4) health insurance carriers, including managed care organizations;

(5) patient advocates;

(6) community mental health providers; and

(7) federally qualified health centers; and

~~(7)~~ (8) registered nurses.

(d) The Maryland Health Quality and Cost Council may accept funds from any source, including grants and donations, to cover costs associated with the study of chronic care management and development of the chronic care management plan.

(e) On or before December 1, 2009, the Department of Health and Mental Hygiene and the Maryland Health Quality and Cost Council shall submit the chronic care management plan to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly.

~~Article Health General~~