California Health Benefits Review Program

Bridging the Divide: Lessons Learned Providing Evidence-Based Analysis to the California Legislature

Faculty at the UC Berkeley School of Public Health

Garen Corbett
Director
CHBRP: BRIDGING ACADEMIA & LEGISLATURE

Take-Aways from my 10 Minutes:

• Impact: How our work is “used” in the policy analysis process?
• Our structure that allows this bridge to work?
• How one can bring objective, timely, evidence-based information to the Legislature
• What areas of expertise are leveraged?
What is CHBRP?

- Independent, analytic resource (in statute) housed at UC to support the Legislature, grounded in objective policy analysis.

- Multi-disciplinary: drawing from faculty & researchers across the University of California.

- We provide rapid, evidence-based information to the Legislature, leveraging faculty expertise since 2003. Moved to UC Berkeley in December of 2017.

- Neutral and unbiased analysis of introduced bills at the request of the Legislature.
HOW CHBRP WORKS

- Upon receipt Legislature’s request, CHBRP convenes multi-disciplinary, analytic teams to provide rigorous, objective analysis **before** policy committee hearing.

- CHBRP staff manage and facilitates:
  - the teams, policy context, ensures reports come together as a cohesive whole.
  - CHBRP staff manage external relationships, contracts, administrative operations.
CHBRP Analyses Provide:

### Policy Context
- Whose health insurance would have to comply?
- Are related laws already in effect?

### Medical Effectiveness
- Which services and treatments are most relevant?
- Does evidence indicate impact on outcomes?

### Impacts
- Would benefit coverage, utilization, or cost change?
- Would the public’s health change?
KEY DESIGN FEATURES OF CHBRP: LESSONS

- States can deepen and leverage partnerships with public universities in legislative process
- Ensure impartiality/ objectivity/ strong COI are essential
- The Legislature needs to “Freeze legislation” for analysis period and find or secure a designated revenue source.
- Collaboration and Speed are essential!
  - 60 Days: “Blessing and Curse”. Need robust tools/process
  - Peer review, feedback, and drafts create intense bursts of productively and effort
KEY DESIGN FEATURES OF CHBRP: LESSONS

- Continuous quality improvement
- Engagement with users and stakeholders.
- Year-round staff essential for maintaining institutional memory, tools, emphasis on Quality and Accuracy: Flexibility
- Faculty/researchers have stake and commitment to long-term success of the program. They see IMPACT of their work.
- Develop robust templates, timelines, and internal processes that ensure smooth flow
CHBRP’s Website: www.chbrp.org
California
Health Benefits
Review Program

Rapid Analysis

Adara Citron
Principal Policy Analyst
CHBRP’s 60-Day or Less Timeline

- Mandate Bill Introduced and Request sent to CHBRP
- Team Analysis
- Vice Chair/CHBRP Director Review
  - Revisions
  - National Advisory Council
  - Final to Legislature
Analytic Teams

• CHBRP Staff (based at UC Berkeley)

• Task Force of faculty and researchers
  – Medical Effectiveness Team
  – Cost Team
  – Public Health Team

• Actuarial firm: Milliman, Inc.

• Librarians

• Content Experts

External Reviewers:

• National Advisory Council
## Analytic Sections

### Medical Effectiveness

| What services/treatments are included? | Do they work? What studies have been done? |

### Cost Projections

| Will enrollees use it? | How much will it cost? |

### Public Health Impacts

| What impacts on the community’s overall health? | What are the health outcomes? |
### Table 1. SB 600 Impacts on Benefit Coverage, Utilization, and Cost, 2020

<table>
<thead>
<tr>
<th>Benefit coverage</th>
<th>Baseline</th>
<th>Postmandate</th>
<th>Increase/Decrease</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total enrollees with health insurance</td>
<td>34,490,000</td>
<td>34,490,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>subject to state-level benefit mandates (a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total enrollees with health insurance</td>
<td>16,899,000</td>
<td>16,899,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>subject to SB 600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of enrollees with health</td>
<td>63%</td>
<td>62%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>insurance subject to SB 600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of enrollees with fertility</td>
<td>168,092</td>
<td>168,000</td>
<td>99</td>
<td>59.29%</td>
</tr>
<tr>
<td>preservation coverage fully compliant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with SB 600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of enrollees with fertility</td>
<td>0.94%</td>
<td>1.03%</td>
<td>99</td>
<td>10.529%</td>
</tr>
<tr>
<td>preservation coverage fully compliant</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>with SB 600</td>
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### Utilization and unit cost

<table>
<thead>
<tr>
<th>Number of enrollees of child-bearing age with cancer diagnosis where treatment might result in iatrogenic infertility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of enrollees with cancer using cryopreservation covered by insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embryo</td>
</tr>
<tr>
<td>Mature oocyte</td>
</tr>
<tr>
<td>Sperm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of enrollees with cancer using cryopreservation, not covered by insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embryo</td>
</tr>
<tr>
<td>Mature oocyte</td>
</tr>
<tr>
<td>Sperm</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Average cost per cryopreservation procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embryo</td>
</tr>
<tr>
<td>Mature oocyte</td>
</tr>
<tr>
<td>Sperm</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Expenditures</th>
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<tbody>
<tr>
<td>Private employers for group insurance</td>
</tr>
<tr>
<td>CalPERS HMO employer expenditures (c) (d)</td>
</tr>
<tr>
<td>Medi-Cal Managed Care Plan expenditures</td>
</tr>
</tbody>
</table>
How Analyses are Completed

- Templates/ guidance documents
- Detailed timeline
- Communication
Key Takeaways

In order to complete analyses within 60 days, CHBRP:

• Has existing contracts with faculty and researchers across the UC system
• Clearly defines section content and methods
• Provides tools to complete actions quickly
California Health Benefits Review Program

Resources for Faculty and Students

Ana Ashby
Policy Analyst
CHBRP CAN SUPPORT FACULTY AND STUDENTS THROUGH:

- Guest lectures on current policy topics
- Analyses, resources, and other products
- Internships and assistantships
GUEST LECTURES

- UCSD Example: Independent Study in Health Policy
- Possible topics:
  - Health Insurance in California 101
  - Test/Treatments/Services that have interested the Legislature
  - Components to independent analyses
  - Real-world uses for literature reviews
ANALYSES, RESOURCES, AND OTHER PRODUCTS

Recent Presentations

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>September 13, 2019</td>
<td>Review of 2019-2020 California State Budget</td>
<td>CHIRP Faculty Task Force Meeting</td>
</tr>
<tr>
<td>February 6, 2019</td>
<td>2019 CHIRP Annual Legislative Briefing Presentations</td>
<td>CHIRP Legislative Briefing</td>
</tr>
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Resource:
Health Insurance Benefit Mandates in California State and Federal Law
January 2, 2019
SUMMER INTERNSHIPS

- Master’s or Doctoral candidates
- 40 hours per week, paid
- Bill tracking
- Regulatory updates
- Stakeholder meetings
- Independent projects
ASSISTANTSHIPS

- Graduate/undergraduate students
- 15-20 hours per week, paid
- Bill tracking
- Social media updates
- Stakeholder meetings
- Administrative Support
Questions? Want more info?  
www.chbrp.org

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