California Legislators’ Response to Inconclusive Analyses: Lessons Learned from the California Health Benefits Review Program (CHBRP)

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CHBRP provides independent analysis of the medical, financial, and public health impacts of proposed health insurance benefit bills. CHBRP staff work with faculty across the University of California, as well as actuarial consultants, to complete each requested analysis during a 60-day period, before the Legislature votes.

Types of Bills CHBRP Analyzes
Health insurance related:
1. Treatment or services
2. Type of provider
3. Terms and conditions (e.g. cost-sharing and service limits)

Research Objective
CHBRP is sometimes unable to draw conclusions regarding the medical effectiveness of some proposed insurance mandates due to insufficient data. This research examines the trends and impacts of these inconclusive analyses on Legislators’ actions.

Findings

Of the 127 analyses CHBRP produced between 2004 and 2016, 60 analyses included inconclusive findings due to insufficient evidence. This includes one bill that was analyzed twice within one year.

Number of Bills Analyzed, 2004-2016

<table>
<thead>
<tr>
<th>CHBRP Analyses</th>
<th>60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconclusive Evidence</td>
<td>67</td>
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<tr>
<td>Other Bils Analyzed</td>
<td>127</td>
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Spotlight

Conclusions

CHBRP analyses may contribute (directly or indirectly) to changes in proposed legislation. When CHBRP analyses are unable to draw conclusions due to insufficient evidence, some proposed legislation has evolved to address the inconclusive aspects of the bill.

Over time, the availability and quality of evidence may evolve. Legislation that addresses innovative issues may not have conclusive evidence available at the time of analysis. As evidence develops, the conclusions of CHBRP reports may change. Topics introduced multiple times with multiple CHBRP analyses may demonstrate this changing level of evidence. Conclusions may change from “insufficient data” to “limited” to “preponderance of evidence”, demonstrating the effectiveness of a health care service or treatment.

Other reasons analyses may find insufficient data include: lack of evidence due to a health condition that affects a very small number or people; data are not stratified in a way CHBRP researchers need to address the research question; or the legislation addresses an emerging topic that has not yet been researched.

External forces such as budget constraints, the Governor’s priorities, Legislators’ political interests, or interaction with federal legislation may also impact the movement and success of legislation.

Implications for Policy and Policy Makers

Legislators and stakeholders in California view CHBRP as a trusted and independent source for accurate analyses of proposed health insurance mandate bills. As we enter into a period of uncertainty regarding federal health policy, states may again have a prominent role and heavy workload regarding health insurance related topics.

Legislators have the challenge of balancing the affordability of insurance coverage with comprehensive benefits. Ensuring trusted evidence-based analyses are available aids legislative decision-making. Conveying differences in evidence provides additional context, along with other dynamics in the political process.