Academic Rigor on a Legislature's Timeline

Drawing heavily on faculty and researchers based at the University of California, the California Health Benefits Review Program (CHBRP) provides the California Legislature with timely, independent, and rigorous evidence-based analyses of proposed health insurance benefits-related legislation (bills). Most frequently, CHBRP has been asked to analyze proposed health insurance benefit mandates.

As defined by CHBRP's authorizing statute, a benefit mandate requires health insurance to: (1) cover screening, diagnosis, or treatment of a specific disease or condition; (2) cover specific types of health care treatments or services; (3) or cover services by specific types of health care providers. A mandate may also (4) specify acceptable terms of benefit coverage, such as cost-sharing, visit limits, prior authorization protocols, etc.

Benefit Floors. As noted in Table A, California's Legislature has continued to introduce health insurance benefits-related legislation, despite the presence of a number of "benefit floors":

- Since 1975, California law and regulation have required health insurance regulated by the Department of Managed Health Care (DMHC) to cover medically necessary Basic Health Care Services (BHCS).
- Since 2010, the Affordable Care Act (ACA) has required a portion of health insurance to cover federally specified preventive services (FPS).
- Since 2014, the ACA has also required portions of the small group and the individual health insurance markets to cover Essential Health Benefits (EHB).

The Legislature relies on CHBRP to provide context for any interaction between proposed legislation and existing state or federal laws or regulations. EHBs are one prominent example.

Table A: Benefit Floors and CHBRP's Recent Bill Analyses

BHCS

FPS

EHB

Year	Bill Number - Topic
2017	AB 391 – Asthma Preventive Services in Medi-Cal
	AB 447 – Continuous Glucose Monitors
	AB 1074 – Pervasive Development Disorder or Autism
	AB 1107 – Oncology Clinical Pathway Act
	AB 1316 – Childhood Lead Poisoning: Prevention
	AB 1353 – Drug Utilization Management Exceptions
	AB 1534 – HIV Specialists
	AB 1601 – Hearing Aids: Minors
	SB 172 – Fertility Preservation
	SB 221 – HIV-Associated Lipodystrophy
	SB 399 – Pervasive Development Disorder or Autism
2016	AB 533 – Out-of-Network Coverage
	AB 796 – Autism and Pervasive Developmental Disorders
	AB 1763 – Colorectal Cancer Screenings
	AB 1831 – Topical Ophthalmic Refills
	AB 1954 – Reproductive Health Care Services
	AB 2004 – Pediatric Hearing Aids
	AB 2050 – Prescription Refill Synchronization
	AB 2084– Medi-Cal Coverage for Comprehensive Medication Management
	AB 2209 – Clinical Pathways
	AB 2372 – HIV Specialists
	AB 2507 – Telehealth
	AB 2764 – Mammography
	SB 999 – Annual Supply of Contraceptives
	SB 1034 – Autism

Key: Assembly Bill = AB; Basic Health Care Services = BHCS; Essential Health Benefits = EHB; Federally Specified Preventive Services = FPS; Senate Bill = SB

CHBRP's Analyses and Methods. CHBRP has completed analyses of more than 100 bills from the California Legislature, all available at www.chbrp.org. Each analysis is completed within a 60-day period. This strict timeline ensures that reports are submitted before the Legislature formally considers the bill. A typical report summarizes scientific evidence regarding the **medical effectiveness** of clinical interventions relevant to the bill and estimates the **cost** and **public health impacts**.

To ensure objectivity, CHBRP's analyses do not offer recommendations, deferring all policy decision-making to the Legislature. The table above includes a partial list of topics addressed, organized by legislative cycle.

CHBRP projects the incremental, or marginal, impact of the proposed bill in the first year of implementation, should it pass into law. Detailed descriptions of the methods developed to evaluate the effects of proposed health insurance benefit bills are available at www.chbrp.org. The following are brief descriptions of CHBRP's analytic approach.

Medical Effectiveness. CHBRP applies evidence-based principles to assess health outcomes pertinent to the bills. During the analysis, systematic literature reviews document the medical effectiveness of the screening, diagnostic, or treatment interventions likely to be affected by the bill.

Cost Impacts. Using an annually updated actuarial model, CHBRP presents cost impacts as three sets of information: (1) coverage for the specified benefit; (2) utilization of benefit-relevant screening, diagnostic, or treatment interventions; and (3) resulting cost of health insurance due to changes in benefit coverage and utilization.

Public Health Impacts. CHBRP reviews pertinent health statistics, and then pairs medical effectiveness findings with expected post-implementation utilization to project impacts on health outcomes for the affected populations (e.g., the effect of asthma self-management training on the reduction of hospitalizations for asthma). CHBRP also considers each bill's potential impact on disparities related to race and ethnicity, gender, and on the social determinants of health.

History and Structure. CHBRP was initially authorized[1] by the passage of Assembly Bill (AB) 1996 (Chapter 795, Statutes of 2002). It has been reauthorized four times, most recently in 2017, extending CHBRP's sunset date through 2020. The state funds CHBRP's work through a small annual assessment on health plans and insurers in California.

CHBRP is comprised of a small team of staff in the University of California's Office of the President, who coordinate the contributions of its Faculty Task Force, researchers, librarians, and a contracted actuarial firm. The task force is drawn from several University of California campuses, a list that currently includes Berkeley, Davis, Irvine, Los Angeles, San Diego, and San Francisco.[2]

A strict conflict-of-interest policy ensures that no financial or other interests bias the analyses. Experts in pertinent areas of clinical practice, clinical controversies, and research are retained to advise CHBRP on each bill. Guidance and review of CHBRP analyses is also provided by a National Advisory Council, made up of health care and health policy experts from outside of California.[3]

CHBRP's Other Publications. CHBRP regularly produces and updates various resources, as well as issue and policy briefs, all of which are available at www.chbrp.org:

- *Estimates of Sources of Health Insurance in California*
- *Health Insurance Benefit Mandates in California State and Federal Law*
- *Federal Preventive Services Benefit Mandate and California Benefit Mandates*
- *California's Mandates and the ACA's EHBs*

[1] CHBRP's full authorizing statute and history is available at http://chbrp.org/about_chbrp/faqs/index.php.
[2] A list of Faculty Task Force members is available at http://chbrp.com/about_chbrp/task_force/index.php
[3] National Advisory Council members are listed at http://chbrp.com/about_chbrp/national_advisory_council/index.php