

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

June 2017

Adara Citron, MPH, and Garen Corbett, MS

California Health Benefits Review Program (CHBRP)

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)

3 Main Components of a CHBRP Analysis

Medical Effectiveness	Cost Impacts	Public Health Impact
<ul style="list-style-type: none"> Does treatment/service work? Reviews peer reviewed publications, clinical guidelines, best practices, expert opinion 	<ul style="list-style-type: none"> Estimates impacts on benefit coverage, utilization and costs of the treatment/service Impacts on insurance premiums, cost sharing, and total expenditures Reflects impact 12 months post enactment 	<ul style="list-style-type: none"> Impacts on certain populations Impact on the social determinates of health Long term benefits and costs

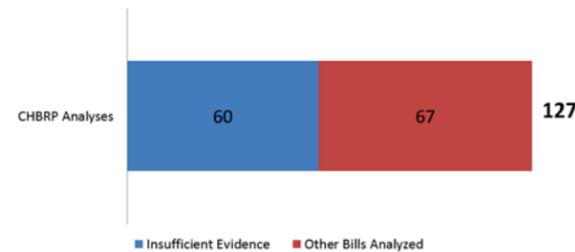
Research Objective

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.

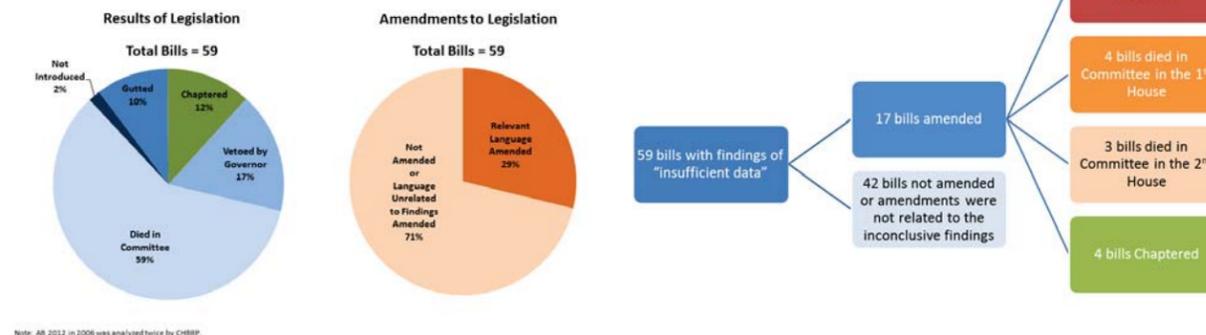
Findings

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



Status of Bills with findings of "Insufficient Evidence" at Conclusion of Legislative Session, 2004-2016



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.

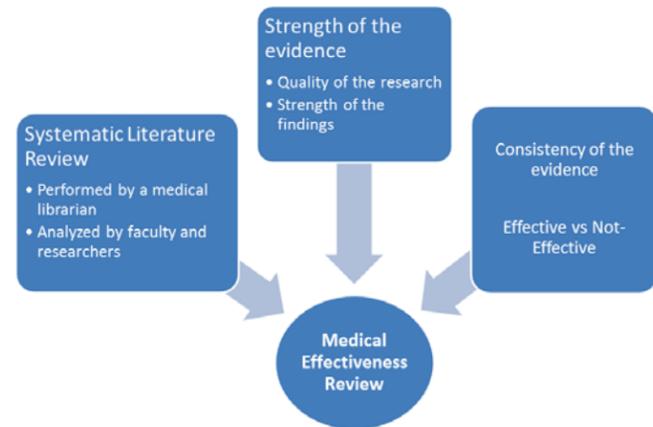
Over time, the availability and quality of evidence may evolve. Legislation that addresses innovative issues may not have conclusive evidence available at the time of analysis. As evidence develops, the conclusions of CHBRP reports may change. Topics introduced multiple times with multiple CHBRP analyses 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 of 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.



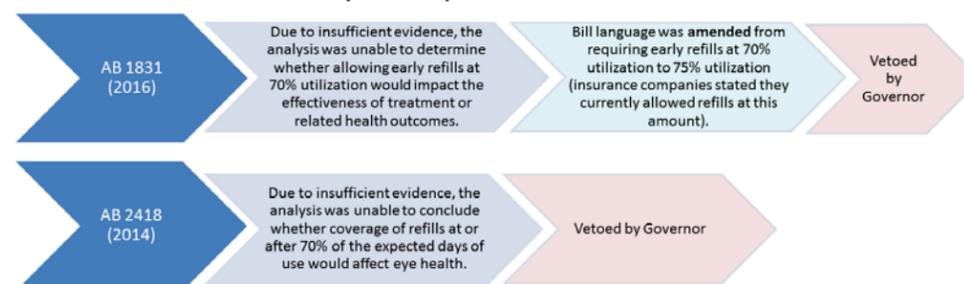
Study Design

Qualitatively examining CHBRP analyses (2004-2016), this review identifies which bill analyses were unable to draw medical effectiveness conclusions based on the available data, whether similar benefit mandate bills were introduced over time, and whether the bills were amended or altered after the analysis was completed.

An analysis was determined to have a finding of "insufficient evidence" if at least one outcome examined by the Medical Effectiveness review was inconclusive or the analysis stated there were no studies that examined the specific research question posed. Ambiguous outcomes were not included.

Spotlight

Topical Ophthalmic Refills



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.