



Academic Rigor on a Legislature's Timeline

The California Health Benefits Review Program (CHBRP) was established in 2002. Relying heavily on university-based researchers, CHBRP provides the California Legislature with timely, independent, and accurate analyses of proposed legislation related to health insurance benefits, including bills that would mandate benefit coverage and bills that would repeal existing benefit mandate laws.

Health Insurance Benefit Mandates

As defined by CHBRP's authorizing statute, a benefit mandate law requires health insurance products to provide any of the following: (1) coverage for screening, diagnosis, or treatment of a specific disease or condition; (2) coverage for specific types of health care treatments or services; (3) coverage for services by specific types of health care providers. A mandate may specify benefit coverage with specified terms, such as limits, co-pays, etc. A mandate may also require that benefit coverage be standard or may allow it to be offered separately.

A list of mandates current in California law is available on the CHBRP Web site.

CHBRP's Achievements

In eight years of active analysis, CHBRP has completed reports on more than eighty bills from the California Assembly or Senate. All reports are available on the CHBRP Web site, as is all bill language considered by the reports. Below is a partial list of topics addressed.

- Acupuncture (AB 72, 2011 / AB 54, 2007)
- Autism (AB 171, 2011 / SB 166 ("TBD1"), 2011)
- Basic Health Care Services (SB 890, 2010)
- Durable Medical Equipment Parity (AB 754, 2010 / AB 214, 2009 / SB 1198, 2008)

- Exemption from Mandates for Out-of-State Carriers (AB 1904, 2010 / SB 365, 2007)
- Hearing Aids for Children (AB 368, 2007 / SB 1223, 2006 / SB 1158, 2004)
- Maternity Services (SB 155, 2011 / AB 1825, 2010 / AB 98, 2009)
- Mental Health Parity (AB 154, 2011 / AB 1600, 2010 / AB 244, 2009 / AB 1887, 2008 / SB 572, 2005)
- Oral Chemotherapy Parity (AB 1000, 2011 / SB 961, 2010 / SB 161, 2009)
- Smoking Cessation (SB 136, 2011 / SB 220, 2010 / SB 24, 2007 / SB 576, 2005)

Each report summarizes scientific evidence regarding the medical effectiveness of clinical interventions relevant to the proposed benefit mandate or repeal, then estimates the expected impact on benefit coverage, costs, utilization, and public health. However, the reports make no recommendations or judgments, deferring all policy decision-making to the Legislature.

Policy makers consult CHBRP reports for guidance on issues of health benefits policy design. Information from CHBRP reports are frequently cited during the Legislature's committee hearings.

Supporters and opponents of mandate bills generally agree that CHBRP's review process has contributed to a reduction in the number of benefit mandate bills passing into law. However, both groups support the CHBRP review process, stating that the process enhances debate.

History and Methods

CHBRP was initially authorized by the passage of Assembly Bill (AB) 1996 (Chapter 795, Statutes of 2002). The program was reauthorized by the passage of Senate Bill 1704 (Chapter 684, Statutes of 2006) and again by the passage of AB 1540 (Chapter 298, Statutes of 2009). The State funds CHBRP's work through a small annual assessment on health plans and insurers in California.

CHBRP is comprised of a small analytic staff in the University of California's Office of the President, working with a Faculty Task Force and contracted actuarial consultants. Faculty represents several University of California campuses as well as Loma Linda University, University of Southern California, and Stanford University. Each analysis is completed during a 60-day period. The strict timeline ensures that reports are submitted before the Legislature formally considers the bill.

A strict conflict-of-interest policy ensures that no financial or other interest biases the reports. Experts in pertinent areas of clinical practice, clinical controversies, and research are retained to advise CHBRP on each bill. A National Advisory Council, made up of experts from outside the State of California, represents groups with an interest in health insurance benefit mandates.

Detailed descriptions of the methods developed to evaluate the effects of proposed health insurance benefit mandates are available on the CHBRP Web

site. Following are brief descriptions of CHBRP's analytic approach:

Medical Effectiveness

CHBRP applies the principles of evidence-based medicine to assess clinical issues pertinent to health benefit mandates. During the analysis, systematic reviews of current literature document the medical effectiveness (as measured by proven effect on health outcomes) of the screening, diagnostic, or treatment interventions likely to be affected by the mandate or repeal.

Cost Impacts

Using a regularly 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) cost of health insurance and utilization of the benefit. CHBRP presents current estimates and projects changes that would be expected after implementation of the mandate or repeal.

Public Health Impacts

CHBRP reviews pertinent health statistics, and then pairs Medical Effectiveness findings with expected post-mandate 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 health disparities related to race and gender.

Further Information: Please visit the Web site or contact CHBRP at the address below.

CHBRP ▪ University of California, Office of the President
1111 Franklin Street, 11th Floor, Oakland, CA 94607
www.chbrp.org || phone 510.287.3876 || fax 510.763.4253