



Appendix 4: NAC Review Criteria and Guidelines

A National Advisory Council (NAC) reviews the California Health Benefits Review Program's (CHBRP's) analyses for quality and objectivity before they are transmitted to the Legislature. This document provides the criteria and guidelines used for these reviews.

Guidelines for NAC Review of Draft Bill Analyses

Purpose of the review: To help assure the accuracy, responsiveness, completeness, and clarity of CHBRP analyses of proposed health insurance benefit mandates and repeals undertaken for the California legislature.

Structure of bill analyses: The bill analyses are structured around specific issues mentioned in CHBRP's authorizing statute, which asks the University of California to address the medical impacts of mandated services, as well as the estimated financial and public health impacts, of each bill. When a particular piece of legislation would mandate something other than the coverage of services (e.g., access to certain types of providers), CHBRP may decide to modify the structure of the written report. To provide the Legislature with other information it deems more relevant to the bill's potential impacts.

Audience: CHBRP's primary audience is the California State Legislature; CHBRP submits each report to the committee that requested it (either the Assembly Committee on Health or the Senate Committee on Health) as well as to the author(s) of the legislation analyzed. Other members and committees of the Legislature, as well as California state government agencies such as the Office of the Governor, the Departments of Managed Health Care and Insurance, and the California Public Employees Retirement System (CalPERS), may also be interested in our analyses. CHBRP's authorizing statute further requests CHBRP to make its written analyses available to the public on its website, www.chbrp.org. There may be additional interest in CHBRP reports both in California and nationally.

Review Criteria: CHBRP asks the Peer reviewer to comment on the extent to which the report meets the criteria of 1) accuracy and objectivity 2) responsiveness to the legislative request 3) completeness, and 4) clarity of presentation using the specific questions on the review form as a guide to the extent they are helpful.

Review of CHBRP Draft Bill Analysis

Date:

Reviewer Name:

Bill Number or Name of Draft Report:

Using as much space as you need, please comment in the boxes below on the extent to which the draft report meets each of the following criteria using the specific questions as a guide to the extent they are helpful. There is space at the bottom of the form for other general comments or mention of specific parts of the text about which you have comments. **When possible please indicate whether your comment might fall into the following categories 1) suggestions 2) issues or items that you identify that you want to make sure the authors are aware of or are considering 3) serious concerns that must be addressed.**

Accuracy and Objectivity:

- Are conclusions adequately supported with objective evidence?
 - Does the analysis adequately discuss situations for which evidence does not exist and discuss the implications of this lack of evidence?
 - Does the analysis avoid perceptions of bias, for instance, by noting when cited studies are conducted by interested parties or by properly framing findings that may have resulted from biased research or reporting?
 - Are potentially politically-sensitive issues handled appropriately, using neutral language?
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Responsiveness:

- Are the analyses, findings and conclusions relevant to the bill in question?
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Completeness:

- Does the analysis adequately address each of the issues of medical, financial, and public health impacts specified in CHBRP's authorizing statute? If not, does the text or appendices offer an explanation? *(See attached Check list)*
 - To the best of your knowledge, does the report exclude any high-quality evidence that would alter the findings or conclusions of the report?
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Clarity:

- Does the executive summary concisely and clearly summarize the findings described in the analysis?
 - Are the findings clearly and concisely stated in understandable language?
 - Is supporting evidence described in sufficient detail?
 - Upon first mention, are technical terms defined appropriately for an interested lay audience?
 - Is the organization of the report easy to follow and appropriate for the topic?
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Other Comments:

The California Health Benefits Review Program: National Advisory Council Review Criteria

Issues to be Addressed in CHBRP Analyses (Source: California Health and Safety Code at Section 127660 et. seq.)

<p>(1) Public health impacts, including, but not limited to, all of the following:</p>	<p>(A) The impact on the health of the community, including the reduction of communicable disease and the benefits of prevention such as those provided by childhood immunizations and prenatal care.</p> <p>(B) The impact on the health of the community, including diseases and conditions where gender and racial disparities in outcomes are established in peer-reviewed scientific and medical literature.</p> <p>(C) The extent to which the proposed service or repeal of existing services impacts premature death and the economic loss associated with disease.</p>
<p>(2) Medical impacts, including, but not limited to, all of the following:</p>	<p>(A) The extent to which the benefit or service is generally recognized by the medical community as being effective in the screening, diagnosis, or treatment of a condition or disease, as demonstrated by a review of scientific and peer-reviewed medical literature.</p> <p>(B) The extent to which the benefit or service is generally available and utilized by treating physicians.</p> <p>(C) The contribution of the benefit or service to the health status of the population, including the results of any research demonstrating the efficacy of the benefit or service compared to alternatives, including not providing the benefit or service. <i>[Note that this is addressed in the Public Health Impacts section since the criterion is similar to (A).]</i></p> <p>(D) The extent to which the proposed services do not diminish or eliminate access to currently available health care services. <i>[Note that this is addressed in the Financial Impacts section since the criterion is similar to (G).]</i></p>
<p>(3) Financial impacts, including, but not limited to, all of the following:</p>	<p>(A) The extent to which the coverage, or repeal of coverage will increase or decrease the benefit or cost of the service.</p> <p>(B) The extent to which the coverage, or repeal of coverage will increase the utilization of the benefit or service, or will be a substitute for, or affect the cost of, alternative services.</p>

- (C) The extent to which the coverage, or repeal of coverage will increase or decrease the administrative expenses of health care service plans and health insurers and the premium and expenses of subscribers, enrollees, and policyholders.
- (D) The impact of this coverage, or repeal of coverage on the total cost of health care.
- (E) The potential cost or savings to the private sector, including the impact on small employers as defined in paragraph (1) of subdivision (I) of Section 1357, the Public Employees' Retirement System, other retirement systems funded by the state or by a local government, individuals purchasing individual health insurance, and publicly funded state health insurance programs, including the Medi-Cal program[¶] and the Healthy Families Program.[§]
- (F) The extent to which costs resulting from lack of coverage or repeal of coverage are shifted to other payers, including both public and private entities.
- (G) The extent to which mandating or repealing the proposed benefit or service does not diminish or eliminate access to currently available health care services.
- (H) The extent to which the benefit or service is generally utilized by a significant portion of the population.
- (I) The extent to which health care coverage for the benefit or service is already generally available.
- (J) The level of public demand for health care coverage for the benefit or service, including the level of interest of collective bargaining agents in negotiating privately for inclusion of this coverage in group contracts, and the extent to which the mandated benefit or service is covered by self-funded employer groups.
- (K) In assessing and preparing a written analysis of the financial impact of a mandated benefit or legislation proposing to repeal a mandated benefit or service pursuant to this paragraph, the Legislature requests the University of California to use a certified actuary or other person with relevant knowledge and expertise to determine the financial impact.

[¶] Medi-Cal is California's Medicaid program. [§] Healthy Families is California's State Children's Health Insurance Program.