

# California Health Benefits Review Program

---

*Bridging the Divide: Lessons Learned Providing  
Evidence-Based Analysis to the California Legislature*

Lunch Brownbag SPH Sept 2020

Garen Corbett  
Director



# CHBRP: BRIDGING ACADEMIA & LEGISLATURE

## First Section:

- What is CHBRP?
- How our work is “used” in the policy analysis process?
- The Model: Lessons learned on bringing objective evidence-based information to the Legislature

# What is CHBRP?

- Independent, analytic resource (in statute) housed at UC to support the Legislature, grounded in objective policy analysis.
- Multi-disciplinary: drawing from faculty & researchers across the University of California.
- We provides rapid, evidence-based information to the Legislature, leveraging faculty expertise since 2003. Moved to UC Berkeley in December of 2017. Reauthorized Sept 2020.
- Neutral and unbiased analysis of introduced bills at the **request** of the Legislature

## HOW CHBRP WORKS

- Upon receipt Legislature's request, CHBRP convenes multi-disciplinary, analytic teams to provide rigorous, objective analysis *before* policy committee hearing.
- CHBRP staff manage and facilitates:
  - the teams, policy context, ensures reports come together as a cohesive whole.
  - CHBRP staff manage external relationships, contracts, administrative operations.

# CHBRP Analyses Provide:

## Policy Context

Whose health insurance would have to comply?

Are related laws already in effect?



## Medical Effectiveness

Which services and treatments are most relevant?

Does evidence indicate impact on outcomes?



## Impacts

Would benefit coverage, utilization, or cost change?

Would the public's health change?

# KEY DESIGN FEATURES OF CHBRP: LESSONS

- States can leverage partnerships with public universities in legislative process
- Ensure impartiality/ objectivity/ strong COI are essential
- The Legislature needs to “Freeze legislation” for analysis period and find or secure a designated revenue source.
- Facilitation, Collaboration and Speed are *essential!*
  - 60 Days: “Blessing and Curse”. Need robust tools/process
  - Peer review, feedback, and drafts create intense bursts of productivity and effort
  - Faculty can support sound policymaking

## KEY DESIGN FEATURES OF CHBRP: LESSONS

- Engagement with users and stakeholders.
- Year-round staff essential for maintaining institutional memory, tools, emphasis on Quality and Accuracy: Flexibility
- Faculty/researchers have stake and commitment to long-term success of the program. **They see IMPACT of their work.**
- Develop robust templates, timelines, and internal processes that ensure smooth flow
- Staff are policy/insurance experts but also are facilitators.

# CHBRP's Website: www.chbrp.org

The screenshot displays the CHBRP website in a browser window. The address bar shows the URL <http://chbrp.com/>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The website's header features a blue navigation bar with the following items: About CHBRP, Completed Analyses, and Recent Requests. Below the navigation bar, the main content area is divided into two columns. The left column contains a 'Quick Links' section with a list of links: About CHBRP, Completed Analyses, Recent Requests, Analysis Methodology, Other Publications, Recent Presentations, and Contact. The right column features a 'What's New?' section with a 'View All News' button and four news items, each with a title, date, and a 'Keep Reading' link:

- Updated: CHBRP's 2019 Analyses and Amendments to Bill Language**  
Posted 09/19/2019
- CHBRP has submitted an abbreviated analysis for AB 78: Health: Actuarial Value to the Legislature**  
Posted 08/05/2019
- New Presentation: Review of the 2019-2020 California State Budget**  
Posted 09/18/2019
- CHBRP's Summer 2019 Newsletter**  
Posted 08/01/2019

The browser's taskbar at the bottom shows the Windows logo, search icon, and several application icons (Edge, File Explorer, Chrome, Word, Outlook, PowerPoint). The system tray on the right indicates the time as 11:04 AM on 10/14/2019 and shows a zoom level of 75%.



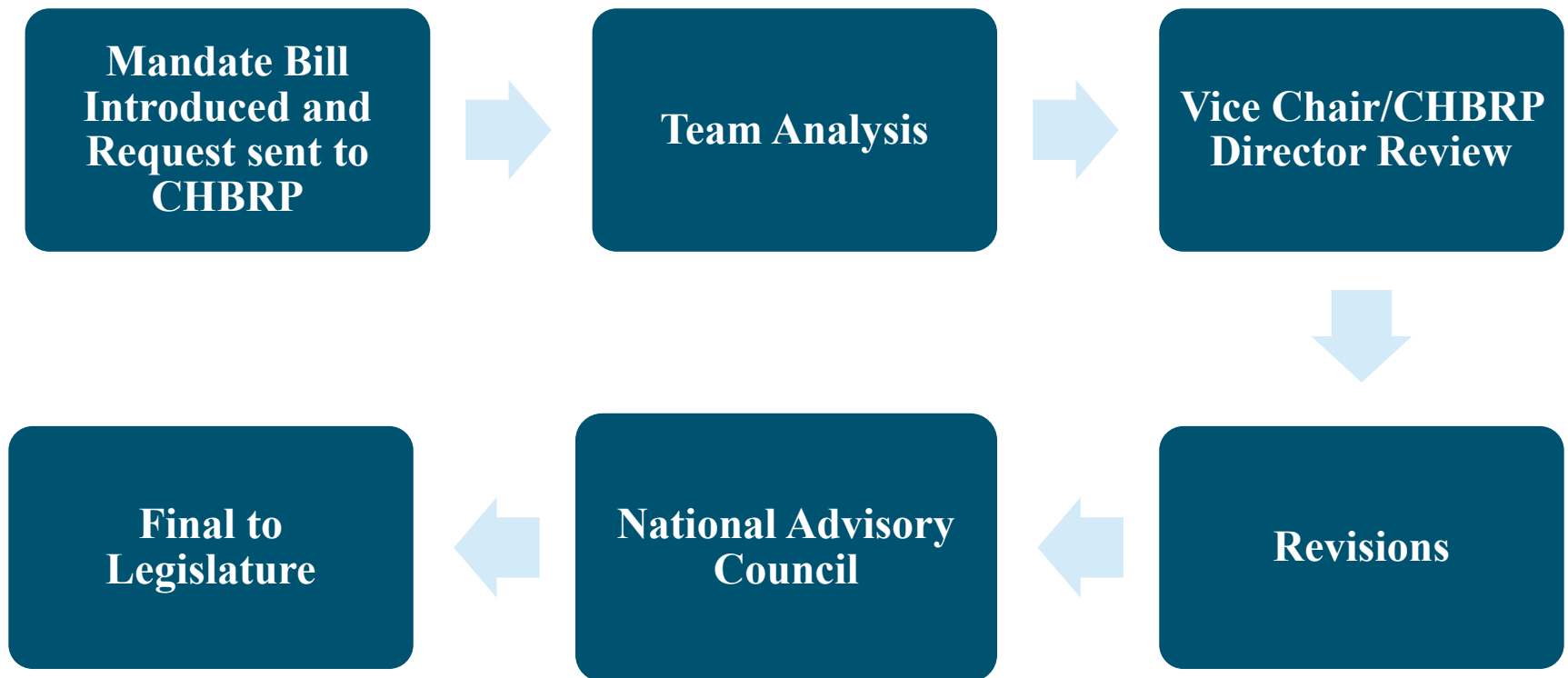
# California Health Benefits Review Program

---

## Rapid Analysis

Ana Ashby  
Policy Analyst

# CHBRP's 60-Day or Less Timeline



# Analytic Teams

- CHBRP Staff (based at UC Berkeley)
- Task Force of faculty and researchers
  - Medical Effectiveness Team
  - Cost Team
  - Public Health Team
- Actuarial firm: Milliman, Inc.
- Librarians
- Content Experts

## **External Reviewers:**

- National Advisory Council

# Analytic Sections

## Medical Effectiveness

What services/treatments are included?

Do they work? What studies have been done?



## Cost Projections

Will enrollees use it?

How much will it cost?



## Public Health Impacts

What impacts on the community's overall health?

What are the health outcomes?

# Actuarial Model, Example Table 1

Table 1. AB 1904 Impacts on Benefit Coverage, Utilization, and Cost, 2021

	Baseline (2021)	Postmandate Year 1 (2021)	Increase/ Decrease	Change Postmandate
<b>Benefit Coverage</b>				
Total enrollees with health insurance subject to state-level benefit mandates (a)	21,719,000	21,719,000	0	0.00%
Total enrollees with health insurance subject to AB 1904	21,719,000	21,719,000	0	0.00%
Percentage of enrollees with health insurance subject to AB 1904	100.0%	100.0%	0.0%	0.00%
Percentage of enrollees with health insurance fully compliant with AB 1904	99.9%	100.0%	0.1%	0.10%
<b>Utilization and Cost</b>				
Number of enrollees utilizing pelvic floor muscle training after pregnancy	74,200	74,300	100	0.13%
Counts of visits - pelvic floor muscle training after pregnancy	539,700	540,300	600	0.11%
Utilization per 1,000 covered enrollees - pelvic floor muscle training after pregnancy	24.87	24.88	0.01	0.04%
Average Cost/Visit - pelvic floor muscle training after pregnancy	\$111	\$111	\$0	0.00%
<b>Expenditures</b>				
<i>Premium (expenditures) by Payer</i>				
Private Employers for group insurance	\$54,037,059,000	\$54,037,059,000	\$0	0.00%
CalPERS HMO employer expenditures (b)	\$3,264,098,000	\$3,264,098,000	\$0	0.00%
Medi-Cal Managed Care Plan expenditures	\$29,218,820,000	\$29,218,820,000	\$0	0.00%
<i>Enrollee Premiums (expenditures)</i>				
Enrollees for individually purchased insurance	\$15,689,758,000	\$15,689,810,000	\$52,000	0.00%
Individually Purchased – Outside Exchange	\$4,412,875,000	\$4,412,927,000	\$52,000	0.00%
Individually Purchased – Covered California	\$11,276,883,000	\$11,276,883,000	\$0	0.00%
Enrollees with group insurance, CalPERS HMOs, Covered California, and Medi-Cal Managed Care (b)	\$15,867,227,000	\$15,867,227,000	\$0	0.00%
<i>Enrollee out-of-pocket expenses</i>				
For covered benefits (deductibles, copayments, etc.)	\$12,776,801,000	\$12,776,819,000	\$18,000	0.00%
<b>Total Expenditures</b>	<b>\$130,853,763,000</b>	<b>\$130,853,833,000</b>	<b>\$70,000</b>	<b>0.00%</b>

Source: California Health Benefits Review Program, 2020.

Notes: (a) Enrollees in plans and policies regulated by DMHC or CDI aged 0 to 64 years as well as enrollees 65 years or older in employer-sponsored health insurance. This group includes commercial enrollees (including those associated with Covered California or CalPERS) and Medi-Cal beneficiaries enrolled in DMHC-regulated plans. (b) Enrollee premium expenditures include contributions by employees to employer-sponsored health insurance, health insurance purchased through Covered California, and contributions to Medi-Cal Managed Care.

Key: CalPERS HMOs = California Public Employees' Retirement System Health Maintenance Organizations; CDI = California Department of Insurance; DMHC = Department of Managed Health.

# How Analyses are Completed

- Analytic methods ([http://chbrp.org/analysis\\_methodology/index.php](http://chbrp.org/analysis_methodology/index.php))
- Templates/ guidance documents
- Detailed timeline
- Communication

Analysis of California Assembly/Senate Bill #

## BACKGROUND ON

### TEST/TREATMENT/SERVICE/CONDITION/DISEASE

The background section should provide broad, contextual information about the disease/condition/provider/intervention, regardless of health insurance while the PH section only describes specific changes attributable to the proposed mandate.

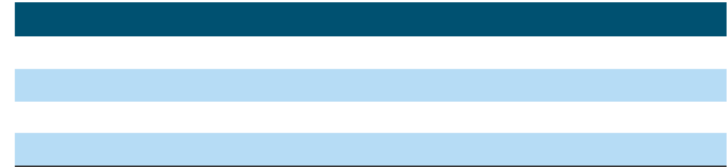
Insert paragraph(s) describing the subject of the bill (i.e., disease/condition/provider/intervention). This may include the history of the disease/condition, a basic clinical description or characteristics, and/or causes of disease. Review of applicable treatments should be decided by the bill team (ME and PH). List any limitations to the scope of what is considered part of the disease or condition for the purposes of the analysis!

### Name of Disease/Condition Prevalence in California

Present information about the incidence/prevalence of the disease or condition and, when agreed to by bill team, the use of treatment or intervention overall. Prevalence rates are generally presented in table form, by demographic characteristics (i.e., race/ethnicity, age, gender, income, etc.), preceded by a short summary of findings. This section notes differences and reserves the disparities discussion for the next section. Disparities cannot necessarily be discerned by prevalence rates alone (which may be unadjusted and/or not statistically significant).

The following table describes the prevalence of x by key demographic characteristics (e.g., race/ethnicity, age, gender, income, etc.).

Table 1. Prevalence of Disease/Condition by Key Demographic Characteristics, year



Source: California Health Benefits Review Program, 2020.

Note: This would be a general note that applies to the entire table.

\* Use an asterisk (\*) without parentheses if only one such note is needed. In the table, the asterisk is set closed (i.e., no space between the symbol and the text), but in the table notes, there is a space separating it from the following text.

(a) This would indicate a note applicable to a certain line in a table with more than one such note. Use lowercase letters (i.e., (a), (b), (c)) with parentheses. In the table, use a space before to separate it from the text; in the note in the table footer, use a space after. Do not use numbers for notes, as they could be confused with main-text footnotes.

Key: Define all acronyms and abbreviations here (not in the table), even if defined elsewhere, and set in alphabetical order, e.g., CDI = California Department of Insurance; DMHC = Department of Managed Health Care; HMO = health maintenance organization.

# Key Takeaways

In order to complete analyses within 60 days, CHBRP:

- Has existing contracts with faculty and researchers across the UC system
- Clearly defines section content and methods
- Provides tools to complete actions quickly

# California Health Benefits Review Program

---

*Resources for Faculty and Students*

Ana Ashby

Policy Analyst



# CHBRP CAN SUPPORT FACULTY AND STUDENTS THROUGH:

- Guest lectures on current policy topics
- Analyses, resources, and other products
- Internships and assistantships

# GUEST LECTURES

- UCSD Example: Independent Study in Health Policy
- Possible topics:
  - Health Insurance in California 101
  - Test/Treatments/Services that have interested the Legislature
  - Components to independent analyses
  - Real-world uses for literature reviews



# ANALYSES, RESOURCES, AND OTHER PRODUCTS

HEALTH BENEFITS REVIEW PROGRAM  
Providing Objective Legislative Analysis

## Recent Presentations

Home | Recent Presentations

[Edit Content Area](#) [Edit Meta Data](#) [Admin Panel](#) [Help](#)

2020			
January 23, 2020	<a href="#">2020 CHBRP Annual Legislative Briefing</a>	CHBRP Legislative Briefing	Sacramento, California
2019			
December 13, 2019	<a href="#">CA Approaches to Tackling Prescription Drug Costs</a>	AcademyHealth State-University Partnership Learning Network (SUPLN) Panel	Washington, D.C.
October 17, 2019	<a href="#">Introduction to CHBRP</a>	University of California, Berkeley - School of Public Health	Berkeley, California

## Resource:

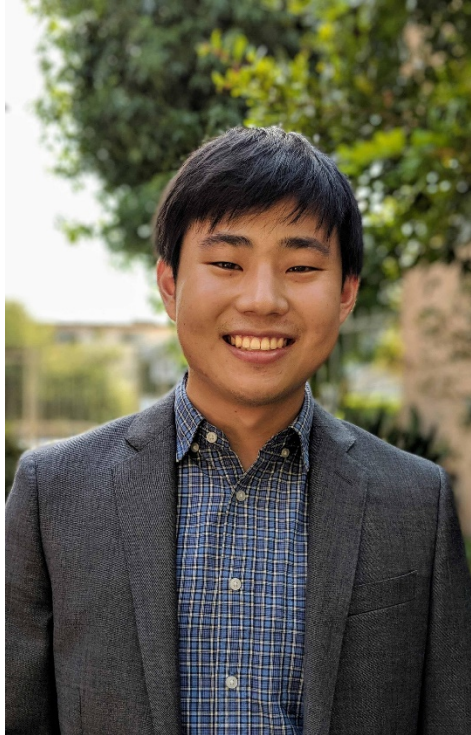
## Health Insurance Benefit Mandates in California State and Federal Law

December 5, 2019

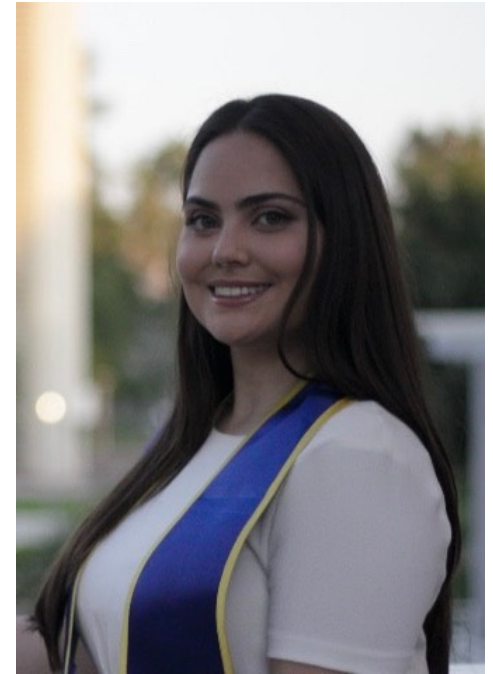
## Issue Brief:

## Estimates of Sources of Health Insurance in California for 2021

# SUMMER INTERNSHIPS



- Master's or Doctoral candidates
- 40 hours per week, paid
- Bill tracking
- Regulatory updates
- Stakeholder meetings
- Independent projects



# ASSISTANTSHIPS

- Graduate/undergraduate students
- 15-20 hours per week, paid
- Bill tracking
- Social media updates
- Stakeholder meetings
- Administrative Support



Questions? Want more info?  
[www.chbrp.org](http://www.chbrp.org)

**Contacts:**

Garen Corbett, Director  
[gcorbett@berkeley.edu](mailto:gcorbett@berkeley.edu)

John Lewis, Associate Director  
[john.lewis@berkeley.edu](mailto:john.lewis@berkeley.edu)

Adara Citron, Principal Policy Analyst  
[adara.citron@berkeley.edu](mailto:adara.citron@berkeley.edu)

Ana Ashby, Policy Analyst  
[ana.ashby@berkeley.edu](mailto:ana.ashby@berkeley.edu)

Follow CHBRP:

