HEALTH INSURANCE …

- Covers medically necessary tests, treatments, and services (excepting some exclusions).
- Protects against some or all financial loss due to health-related expenses.
- Can be publicly or privately financed.
HEALTH INSURANCE …

• is regulated at the federal level or at both the federal and state level
• may be (or may not be) subject to state laws, such as benefit mandates
STATE-REGULATED HEALTH INSURANCE …

*health care service plan contracts* are:

- Subject to CA Health & Safety Code
- Regulated by DMHC
health insurance policies are:

• Subject to CA Insurance Code
• Regulated by CDI
SOURCES OF HEALTH INSURANCE

Resource:
Estimates of Sources of Health Insurance in California for 2022

February 4, 2021

Prepared by:
California Health Benefits Review Program
University of California, Berkeley
MC 3116
Berkeley, CA 94720-3116
T: (510) 664-5306

www.chbrip.org

Additional copies of this and other CHBRP products may be obtained by visiting the CHBRP website at www.chbrip.org

2022 ESTIMATES – CA HEALTH INSURANCE

Total CA Population – 39,425,000

Source: California Health Benefits Review Program, 2022
HEALTH INSURANCE MARKETS IN CALIFORNIA

*except county organized health systems (COHS)

Source: California Health Benefits Review Program, 2022
BENEFIT MANDATES LIST

Resource:
Health Insurance Benefit Mandates in California State and Federal Law

December 2021

Prepared by
California Health Benefits Review Program

www.chbhp.org

BENEFIT MANDATES

State Laws (Health & Safety/Insurance Codes)
• 82 benefit mandates in California

Federal Laws
• Pregnancy Discrimination Act
• Newborns’ & Mothers’ Health Protection Act
• Women’s Health and Cancer Rights Act
• Mental Health Parity and Addiction Equity Act
• Affordable Care Act (ACA)
  o Federal Preventive Services
  o Essential Health Benefits (EHBs)
FEDERAL PREVENTIVE SERVICES

Resource
The Federal Preventive Services
Health Insurance Benefit Mandate
and California’s Health Insurance
Benefit Mandates

January 28, 2021

Prepared by
California Health Benefits Review Program

www.chbrrp.org

Suggested Citation: California Health Benefits Review Program (CHBRRP), (2021), Resource: The Federal Preventive Services Health Insurance Benefit Mandate and California’s Health Insurance Benefit Mandates. Berkeley, CA.
FEDERAL PREVENTIVE SERVICES

73 Benefit Mandates from these sources:

- **USPSTF** (United States Preventive Services Task Force) A and B recommendations
- **HRSA** (Health Resources and Services Administration)
  - health plan coverage guidelines for women’s preventive services
  - comprehensive guidelines for infants, children, and adolescents
- **ACIP** (Advisory Committee on Immunization Practices) recommendations adopted by the CDC (Centers for Disease Control and Prevention)
ESSENTIAL HEALTH BENEFITS (EHBS)
ESSENTIAL HEALTH BENEFITS

Categories:
1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.
ESSENTIAL HEALTH BENEFITS

Total CA Population – 39,425,000

Notes: “Insured, Not Subject to CA EHBs” includes Medicare beneficiaries, enrollees in self-insured or large group plans/policies, and enrollees in grandfathered individual and small group plans/policies

Source: California Health Benefits Review Program, 2022
California Health Benefits Review Program

California Health Insurance

John Lewis, MPA
Associate Director
California Health Benefits Review Program

Overview: CHBRP

Providing Evidence-Based Analysis to the California Legislature

Garen Corbett, MS
Director

January 20, 2022
CHBRP: BRIDGING ACADEMIA & THE LEGISLATURE

• What is CHBRP?
• Who is CHBRP?
• How does CHBRP work?
• What resources does CHBRP have available?
WHAT IS CHBRP?

• Independent
• Multi-disciplinary
• Provides rapid, evidence-based information to the Legislature
• Neutral analysis of introduced bills at the request of the Legislature
WHO IS CHBRP?

- CHBRP Staff (based at UC Berkeley)
- Contract CHBRP Leads
- Task Force of faculty and researchers
- Actuarial firm: Milliman, Inc.
- Librarians
- National Advisory Council
- Content Experts (often researchers w specialized expertise on topic being analyzed)
- Student Assistants
- Graduate Summer Interns
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:

<table>
<thead>
<tr>
<th>Policy Context</th>
<th>Medical Effectiveness</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whose health insurance would have to comply?</td>
<td>Which services and treatments are most relevant?</td>
<td>Would benefit coverage, utilization, or cost change?</td>
</tr>
<tr>
<td>Are related laws already in effect?</td>
<td>Does evidence indicate impact on outcomes?</td>
<td>Would the public’s health change?</td>
</tr>
</tbody>
</table>
CHBRP’S 60 DAY OR LESS TIMELINE

1. Mandate Bill Introduced and Request sent to CHBRP
2. Team Analysis
3. Vice Chair/CHBRP Director Review
4. Revisions
5. National Advisory Council
6. Final to Legislature
CHBRP’S WEBSITE:  WWW.CHBRP.ORG
CHBRP’S ON SOCIAL MEDIA!
Showcasing CHBRP’s Methods:

A review of AB 97 Insulin Affordability

Adara Citron, MPH
Principal Policy Analyst

January 20, 2022
2021 ANALYSIS: AB 97 INSULIN AFFORDABILITY

As introduced, AB 97 would prohibit a deductible from being applied to insulin prescriptions
• Regardless of the type or quantity prescribed
• Other cost sharing (co-payments, co-insurance) would still be permitted

Quick facts:
• About 10% of the CA population has been diagnosed with diabetes
• Insulin can be used to treat all three types of diabetes
KEY FINDINGS

CALIFORNIA HEALTH BENEFITS REVIEW PROGRAM
MEDICAL EFFECTIVENESS IMPACTS

Key Questions:
1. Effects of cost sharing on insulin use/adherence for enrollees with diabetes?
2. Associated effects of cost sharing for insulin on health outcomes and utilization?
MEDICAL EFFECTIVENESS IMPACTS, CONT.

Key Findings:
1. Preponderance of evidence that cost sharing affects insulin use and adherence in patients with diabetes
2. Insufficient evidence on the effect of cost sharing for insulin on diabetes-related health outcomes and utilization

*Figure 4. Effect of Cost Sharing for Insulin Use & Adherence*
BENEFIT COVERAGE, UTILIZATION, AND COST IMPACTS

- 31% of enrollees using insulin at baseline have a deductible
- 3% average reduction in enrollee out-of-pocket costs
- Utilization of insulin by 0.26%

- Total net annual expenditures by $10,162,000 or 0.008%
  - Increase in total premiums of $23,853,000
  - Decrease in enrollee cost sharing of $13,691,000
PUBLIC HEALTH IMPACTS

• Majority of enrollees have expenditures for other services through which they meet their deductible

• 9.5% of insulin users ↓ cost-sharing by $20

• Utilization ↑ for some

• ? glycemic control, healthcare utilization, long-term complications, quality of life
Showcasing CHBRP’s Methods:

A review of AB 97 Insulin Affordability

Adara Citron, MPH
Principal Policy Analyst
Pop Quiz!
Questions? Want more info?
www.chbrp.org

Contacts:

Garen Corbett, MS, Director
garen.corbett@chbrp.org

John Lewis, MPA, Associate Director
john.lewis@chbrp.org

Adara Citron, MPH, Principal Policy Analyst
adara.citron@chbrp.org

Karen Shore, PhD, An-Chi Tsou, PhD
info@chbrp.org