

# The Manatt State Cost Containment Update

October 04, 2021

## Health Data Corner

The Health Data Corner compiles the latest state health care data capacity innovations and policy developments, as well as showcases novel data analytic use cases emerging from states. Other developments featured here include national/federal health/health care data use cases that may have state implications and provide potential opportunities for replication.

### September 2021 Update

#### APCD Updates

- In 2021, six states are considering or have passed new legislation establishing all-payer claims databases (APCDs), including:

Alaska Senate Bill 93 was considered in 2021 and referred to the Finance Committee for further study; this legislation followed a feasibility analysis conducted in 2020;

Indiana House Bill 1402 was signed by the Governor in April 2021, establishing an APCD;

Nevada Senate Bill 40 was signed by the Governor in June 2021, establishing an APCD, following a 2020 Request for Information;

Tennessee House Bill 1258 was considered in April 2021 to establish an APCD using Consolidated Appropriations Act (CAA) funds and was sent to “summer study” by the Insurance Subcommittee;

Texas House Bill 2090 was signed by the Governor in June 2021, establishing a statewide APCD to “increase public transparency of health care information and improve the quality of health care in the state,”

effective September 1, 2021; and West Virginia Senate Bill 390 moved the state Health Care Authority under the state Department of Health and Human Services (DHHS), instead of being a separate entity, and gave authority of the APCD to the secretary of DHHS, effective from passage in March 2021.

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## Other Data Updates

- The **Health Care Cost Institute (HCCI)** released several new reports, including:

One on provider price variation, revealing significant variation in median prices for specific services both across metro areas and within metro areas;<sup>1</sup> and

Another on COVID-19’s impact on service utilization, which found significant reductions in preventive services in 2020 compared with 2019, including childhood immunizations, mammograms and pap smears, colonoscopies, and prostate cancer screenings.

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- The National Association of Insurance Commissioners’ (NAIC) Special Committee on Race and Insurance has published draft **Principles for Data Collection**, establishing high-level guiding principles for the collection, use, and regulation of enrollee race, ethnicity, and other demographic data in the business of health insurance. These principles emphasize the expectation for health insurance companies to collect, maintain, protect, and report such data, and to do so in a voluntary manner that uses strategies and collection language that has been consumer-tested and widely recognized for accuracy and responsiveness. The report also provides examples, best practices, and additional resources that can be leveraged to support implementation of such data collection.
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<sup>1</sup><sup>th</sup> In examining six service items across metro areas, HCCI found an up to 25-fold variation in median prices (specifically, this variation was observed for blood test median prices, which had a median price of \$18 in Toledo, Ohio, compared with \$443 in Beaumont-Port Arthur, Texas. Even within the same metro areas, certain services could cost up to 39 times more (again, this observation was for blood test median prices, which, within El Paso, Texas, demonstrated the most variation – an \$808 difference in their 10<sup>th</sup> and 90<sup>th</sup> percentile prices).