



An Independent Licensee of the Blue Cross and Blue Shield Association

LATE

February 18, 2016

The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection and Health
The Honorable Michelle N. Kidani, Vice Chair
Senate Committee on Commerce, Consumer Protection and Health

Re: SB 2389 – Relating to Health

Dear Chair Baker, Vice Chair Kidani, and Committee Members:

The Hawaii Medical Association (HMSA) respectfully opposes and offers comments on SB 2389, which broadens the scope of health and health care data and other information submitted to SHPDA.

HMSA appreciates and shares the Committee's interest in ensuring that health care services offered in our state are both reasonably affordable and high quality. However, SB 2389 as drafted does not advance that interest and may pose a risk to our members.

We therefore would ask the Committee to consider the following concerns before advancing this measure:

- Subsection (7) needs further clarification with regard to the types, frequency, and level of claim data being requested. Without specifications certain proprietary information that helps HMSA negotiate for the best rates for our members could potentially be in jeopardy. We therefore suggest the following amendments to subsection (7):

(7) Health care services claims and payment data including information regarding claims or payments for health care services submitted to or received from any payer or insurer.

(a) Information regarding claims and payments for health services shall include aggregate claims paid and aggregate utilization data showing utilization and cost per service by broad service category.

We would also ask that the following language be included as (c) in subsection (7) to require a negotiated data sharing agreement between the issuer and the state entity designated to receive any health care services claim and payment data:

(c) The entity accepting health care services claims and payment data shall be required to enter into a negotiated data sharing agreement with any payer or insurer before data is submitted.

- Currently there are no qualifications within this bill to ensure that the data being requested from issuers is properly deidentified according to any state or federal standard. We therefore suggest language that clearly indicates that all data that is disclosed as part of this section be deidentified to comply with state and federal standards.
- We have concerns with provisions in this measure that would require HMSA to release any claims data to the University of Hawaii (UH). Protecting our members' personal health data and sensitive information is of utmost importance to HMSA. The Committee should therefore consider language be placed in SB 2389 requiring compliance with all state and federal privacy



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protection laws; specifically the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We share the Committee's interest in efforts around transparency in order to better serve members and policymakers alike and look forward to continuing ongoing meetings with state officials on these issues. Earlier in this process there was discussion of creating a stakeholder advisory council to focus on these types of complex and sensitive data sharing issues; we would support that effort and urge the Committee to consider deferring SB 2389 and instead establish a formal task force or working group to report back to the legislature with recommendations.

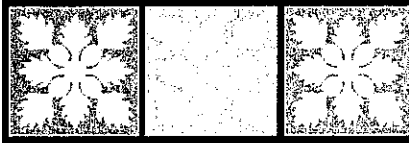
Thank you for allowing us to testify in opposition to SB 2389.

Sincerely,

A handwritten signature in black ink, appearing to read "JD", is written over a horizontal line.

Jennifer Diesman
Vice President, Government Relations

LATE



Hawaii Association of Health Plans

February 18, 2016

Senator Rosalyn Baker, Chair
Senator Michelle Kidani, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: SB 2389 – Relating to Health

Dear Chair Baker, Vice Chair Kidani, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) submits comments in opposition to SB 2389, which broadens the scope of health and health care data and other information submitted to SHPDA.

HAHP certainly appreciates and shares the Committee's interest in ensuring that health care services are both reasonably affordable and high quality, however we believe that SB 2389 does not necessarily address that interest as written. In particular we believe that certain proprietary information may be potentially jeopardized if the types of data being requested are not defined. In addition, we have concerns that member privacy may be at risk unless assurances are made that the data being requested from issuers is properly de-identified according to any state or federal standards.

Health plans currently submit aggregated claims and utilization data to meet state and federal transparency requirements. This measure would potentially require plans to provide different data which would come at an additional cost to plans.

Thank you for the opportunity to testify and we appreciate your consideration for our concerns.

Sincerely,
Paula Arcena
HAHP Public Policy Committee

Cc: HAHP Board Members

• AlohaCare • HMAA • HMSA • HWMG • Kaiser Permanente • MDX Hawaii
• 'Ohana Health Plan • UHA • UnitedHealthcare •

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