



September 20, 2019

BOARD OF DIRECTORS

Brian Allison
AFSCME

Mayra Alvarez
The Children's Partnership

Nancy "Nan" Brasmer
California Alliance for Retired Americans

Cynthia Buiza
California Immigrant Policy Center

Alma Hernandez
Service Employees International Union
State Council

Kiran Savage-Sangwan
California Pan-Ethnic Health Network

Lori Easterling
California Teachers Association

Stewart Ferry
National Multiple Sclerosis Society, MS
California Action Network

Aaron Fox
Los Angeles LGBT Center

Roma Guy
California Women's Agenda

Kelly Hardy
Children Now

Andrea San Miguel
Planned Parenthood Affiliates of California

Kathy Ko Chin
Asian and Pacific Islander American Health
Forum

Christina Livingston
Alliance of Californians for Community
Empowerment

Joseph Tomás Mckellar
PICO California

Maribel Nunez
California Partnership

Gary Passmore
Congress of California Seniors

Jeff Frietas
California Federation of Teachers

Art Pulaski
California Labor Federation

Emily Rusch
California Public Interest Research Group

Thomas Saenz
Mexican American Legal Defense &
Education Fund

Joan Pirkle Smith
Americans for Democratic Action

Horace Williams
California Black Health Network

Sonya Young
California Black Women's Health Project

Anthony Wright
Executive Director

Organizations listed for
identification purposes

AB 929 (Rivas)

Giving Covered California Data Necessary to Improve Health Outcomes, Cut Health Care Costs and Reduce Health Disparities while protecting Consumer Privacy

AB 929 requires health plans to give Covered California data necessary to improve health outcomes (who gets sick, who lives, who dies) while cutting health care costs (premiums, copays, deductibles) and reducing health disparities for communities of color and other vulnerable communities.

To accomplish the triple aim of improving health outcomes, cutting health care costs and reducing health disparities, AB 929 requires health plans to provide personal health information and financial data on how much health plans pay doctors and hospitals.

Examples of efforts to reduce costs, improve outcomes and decrease disparities:

- Tracking whether individual consumers are taking their diabetes medicine (and whether that varies by race/ethnicity, age or income)
- Reducing the rate at which consumers are readmitted to the hospital after a hospital stay: fewer readmissions is better, cheaper care—and it varies by race/ethnicity and income.
- Does every consumer have a primary care doctor? Again better, cheaper care.

Care cannot be improved without health information, and that information will continue to be protected under existing federal and state law.

Why isn't the data de-identified?

- When a consumer switches from Anthem to HealthNet, is their care better or worse?
- When hundreds of thousands of Californians switch from off-exchange coverage to on-exchange plans to take advantage of the new state subsidies, does it reduce disparities in care and improve outcomes?
- Almost half of Covered California enrollees go in and out of Covered California every year: without data from off-exchange products, how can we know whether efforts like those above are improving their care?

AB 929 makes Covered California a HIPAA agency subject to all of the requirements of HIPAA. HIPAA says that a state agency can be become a HIPAA agency by a "grant of state authority": AB929 is drafted as that "grant of authority" to Covered California. (So EFF is just plain wrong on this.)

AB 929 expressly protects consumer privacy by requiring that any data is made public in a manner that protects consumer privacy and is consistent with HIPAA and CMIA.