



March 30, 2022

The Honorable Richard Pan
Chair, Senate Health Committee
1021 O St., Room 3130
Sacramento, CA 95814

Re: SB 1033 (Pan): Demographic Data – Commercial Coverage – SUPPORT As Introduced on February 15, 2021

Dear Senator Pan,

On behalf of Connecting for Better Health, we thank you for your leadership and authorship of SB 1033 (Pan). This bill would require commercial health plans and health insurers to assess the cultural, linguistic, and health-related social needs such as lack of housing, nutrition and other community supports, of their enrollees and insured groups. These requirements will further support efforts to identify and then address health disparities, improve health care quality and outcomes, and address overall population health. Additionally, SB 1033 would require the Department of Managed Health Care (DMHC) to establish and enforce standardized categories for demographic data collection and develop a program to provide technical assistance, support, and training to health plans and providers on best practices for the collection of this data at all points of care.

Connecting for Better Health is a coalition representing diverse health care organizations and leaders including consumers, providers, and health plans, that supports the advancement of health data exchange policy in California. Our vision is that every Californian and their care team have the information and insights they need to make health care seamless, high quality, and affordable. Health equity and the use of standards-based methods of data collection underpin our priority areas of focus for 2022, including a focus on CalAIM and on immunization data sharing. Without the standardized and uniform collection of cultural, linguistic, and health-related social needs data, we will fall short in achieving CalAIM's promise of tackling social determinants of health and will miss crucial insights that can help us target interventions during the present pandemic and emergencies to come. SB 1033 will help to set standards for our health plans and subsequently their provider and health information organization partners, solving a key piece of our state's data sharing puzzle. And the technical assistance for plans including education and training on self-identified demographic data and the collection of health-related social needs data will be an important investment towards the state's larger data exchange efforts.

The process of eliminating health disparities and racial inequities starts with high quality data. California passed SB 853 (2003), the Health Care Language Assistance Act. The first of its kind in the country, the law was intended to hold health plans accountable for the provision of language services – requiring health plans and health insurers to provide their enrollees with interpreter services, translated materials, and to collect data on race, ethnicity, and language to address health inequities. However,



twenty years later, despite SB 853's data requirements, health plan data varies substantially with commercial coverage lagging far behind both Medi-Cal and Medicare.¹

This variation in data quality and collection of demographic data by commercial plans, has hindered Covered California's ability to measure and hold health plans accountable for improving health outcomes for its diverse members in key areas including hypertension, diabetes, asthma and mental health.² Beginning in 2025 and annually thereafter, DMHC will be tasked with holding public and private health plans accountable for meeting health equity and quality goals such as those established by Covered California, necessitating the need for an update to SB 853.

SB 1033 includes important updates to state law, by establishing a requirement on commercial plans to meet national health equity accreditation and to utilize best practice survey methods for the collection and reporting of demographic data and health-related social needs data for smaller populations such as Asian, Native Hawaiian and Pacific Islander, American Indian/Alaska Native, Lesbian, Gay, Bisexual, Transgender (LGBTQ+), and persons with disabilities. The bill establishes clear, enforceable standards for plans and providers as well as incentives to improve their data practices which will lead to more equitable health outcomes. With high-quality data the state and private insurers can better identify, monitor immediate health system problems and address health-related social needs.

For all these reasons, we thank you for your leadership on SB 1033 and respectfully request an "aye" vote.

Sincerely,

Timi Leslie
Connecting for Better Health
President, BluePath Health

CC: Senate Health Committee, Members

¹ "Health Equity and Social Determinants of Health in HEDIS: Data for Measurement," NCQA Issues Brief, June 2021. https://www.ncqa.org/wp-content/uploads/2021/06/20210622_NCQA_Health_Equity_Social_Determinants_of_Health_in_HEDIS.pdf

² "Covered California Holding Health Plans Accountable for Quality and Delivery System Reform," December 2019. https://hbex.coveredca.com/data-research/library/CoveredCA_Holding_Plans_Accountable_Dec2019.pdf