

103^D CONGRESS
2^D SESSION

H. R. 4463

To provide for studies in order to establish a basis for evaluating the impact of health care reform.

IN THE HOUSE OF REPRESENTATIVES

MAY 19, 1994

Mr. STUDDS introduced the following bill; which was referred jointly to the Committees on Energy and Commerce and Ways and Means

A BILL

To provide for studies in order to establish a basis for evaluating the impact of health care reform.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Care Reform
5 Assessment Act of 1994”.

6 **SEC. 2. IDENTIFYING STRATEGIES FOR ASSESSING IMPACT**
7 **OF HEALTH CARE REFORM.**

8 (a) IN GENERAL.—Within 90 days after the date of
9 the enactment of this Act, the Secretary of Health and
10 Human Services shall seek to enter into an agreement

1 with the Institute of Medicine of the National Academy
2 of Sciences (or another nonprofit, nongovernmental orga-
3 nization or consortium of institutions) to study and report
4 on the impact of health care reform legislation at the na-
5 tional, regional, and State levels.

6 (b) PURPOSE.—The purpose of the study under this
7 section is to develop a detailed framework, using a pro-
8 spective, longitudinal study design, to assess the impact
9 of health care reforms on national goals, such as the goals
10 of assuring security of coverage, promoting simplicity of
11 administration, achieving health care savings, encouraging
12 individual responsibility, improving quality of care, pro-
13 moting choice, and improving health status.

14 (c) REPORT.—The Secretary shall require the organi-
15 zation conducting the study under this section to submit
16 to the Secretary and the Congress a report within 18
17 months after the date of the enactment of this Act. The
18 report shall include recommendations regarding each of
19 the following:

20 (1) What are appropriate indicators of national
21 progress towards meeting the national goals referred
22 to in subsection (b).

23 (2) What are appropriate study designs that
24 would assess the impact of health care reform on
25 these indicators and that could take into account

1 different approaches to health care reform that may
2 be used in different States and regions (or by dif-
3 ferent Federal agencies), as well as by foreign coun-
4 tries.

5 (3) What are data elements and public and pri-
6 vate sources of information for measuring such indi-
7 cators. With respect to such elements:

8 (A) What special requirements or authori-
9 ties are needed to permit access to confidential
10 data (and to assure continued confidentiality of
11 such data) needed to measure such indicators.

12 (B) What methods for obtaining these data
13 elements that are not currently in use would be
14 useful.

15 (C) What are the approaches to establish-
16 ing a core set of primary data as part of a na-
17 tional health care reform collection effort that
18 could overlap with the evaluation of health care
19 reform.

20 (D) What should be the relationship be-
21 tween Federal, State, and local agencies to
22 gather, report, and share information on health
23 care reform and its assessment.

1 (4) What are the nature, scope, and frequency
2 of reports that would best serve the Secretary and
3 the Congress for evaluating health reform efforts.

4 (5) What are the overall cost estimates associ-
5 ated with obtaining and evaluating this information
6 on the impact of health care reform.

7 (6) What are the ways that health care reform
8 assessment findings could be used by various groups,
9 such as patients, providers, insurers, employers, tax-
10 payers, and various government agencies.

11 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated \$1,000,000 to carry out the
13 study under this section.

14 **SEC. 3. DEVELOPING BASELINE FOR EVALUATING HEALTH**
15 **CARE REFORM.**

16 (a) IN GENERAL.—Not later than 1 year after the
17 date of the enactment of this Act, the Secretary of Health
18 and Human Services shall seek to enter into an agreement
19 with the Institute of Medicine of the National Academy
20 of Sciences (or another nonprofit, nongovernmental orga-
21 nization or consortium of institutions) to develop and re-
22 port on baseline information to measure access to, and
23 quality and cost of, health care and the individual and
24 public health status of permanent residents of the United
25 States.

1 (b) PURPOSE.—The purpose of the study under this
2 section is to establish a benchmark for assessing the short-
3 term and long-term impact of health care reform efforts
4 at the national, regional, and State level.

5 (c) RELATION TO OTHER STUDY.—

6 (1) DESIGN.—The baseline information to be
7 collected under this section shall be based, to the ex-
8 tent reasonable, on the study designs, data sources,
9 and indicators likely to be included in recommenda-
10 tions made under section 2(c).

11 (2) COORDINATION.—The Secretary shall seek,
12 to the extent reasonable, to enter into an agreement
13 under this section with the same organization that
14 is conducting the study under section 2, in order to
15 facilitate the maximum cooperation and coordination
16 in the performance of both studies.

17 (d) REPORT.—

18 (1) IN GENERAL.—The Secretary shall require
19 the organization conducting the study under this
20 section to submit to the Secretary and the Congress
21 a report within 30 months after the date of the en-
22 actment of this Act. The report shall include infor-
23 mation and assessments regarding the following (as
24 of the date of the enactment of this Act or prior to
25 implementation of health care reform):

1 (A) The levels of access to health care
2 services.

3 (B) The levels of quality of care of those
4 services.

5 (C) The cost of the care provided, based on
6 measures such as cost of services, the cost of
7 treating various conditions, and the average and
8 marginal cost of maintaining and improving
9 health.

10 (D) The health status of the public, as a
11 whole and by population subgroups.

12 (2) BASIS.—The information described in para-
13 graph (1) shall be reported in a manner that permits
14 separate evaluation of—

15 (A) health care services in the public and
16 private sectors, and

17 (B) different types of services, including
18 institutional services, ambulatory services, acute
19 services, long-term care services, mental health
20 services, and population-based services in the
21 public and private sectors.

22 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
23 authorized to be appropriated \$3,000,000 to carry out the
24 study under this section.

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