

## Sunset Overview

### Purpose

Section [26-33a-117](#) requires the Department of health to contract with an entity to implement a health waste calculator to analyze the state's All Payer Claims Database and to identify areas of potential overuse of non-evidence-based health care. Requires the Health Data Committee to make recommendations for action and identify opportunities for improvement. Requires the Department of health to compile a report.

### Current Sunset Date

December 31, 2023 (Utah Code Section [631-1-226](#))

### Sections of Code that Sunset

- Section [26-33a-117](#)

#### 26-33a-117. Identifying potential overuse of non-evidence-based health care.

(1) The department shall, in accordance with Title 63G, Chapter 6a, Utah Procurement Code, contract with an entity to provide a nationally-recognized health waste calculator that:

- (a) uses principles such as the principles of the Choosing Wisely initiative of the American Board of Internal Medicine Foundation; and
- (b) is approved by the committee.

(2) The department shall use the calculator described in Subsection (1) to:

- (a) analyze the data in the state's All Payer Claims Database; and
- (b) flag data entries that the calculator identifies as potential overuse of non-evidence-based health care.

(3) The department, or a third party organization that the department contracts with in accordance with Title 63G, Chapter 6a, Utah Procurement Code, shall:

- (a) analyze the data described in Subsection (2)(b);
- (b) review current scientific literature about medical services that are best practice;
- (c) review current scientific literature about eliminating duplication in health care;
- (d) solicit input from Utah health care providers, health systems, insurers, and other stakeholders regarding duplicative health care quality initiatives and instances of non-alignment in metrics used to measure health care quality that are required by different health systems;
- (e) solicit input from Utah health care providers, health systems, insurers, and other stakeholders on methods to avoid overuse of non-evidence-based health care; and
- (f) present the results of the analysis, research, and input described in Subsections (3)(a) through (e) to the committee.

(4) The committee shall:

- (a) make recommendations for action and opportunities for improvement based on the results described in Subsection (3)(f);
- (b) make recommendations on methods to bring into alignment the various health care quality metrics different entities in the state use; and
- (c) identify priority issues and recommendations to include in an annual report.

(5) The department, or the third party organization described in Subsection (3) shall:

- (a) compile the report described in Subsection (4)(c); and
- (b) submit the report to the committee for approval.

(6) Beginning in 2021, on or before November 1 each year, the department shall submit the report approved in Subsection (5)(b) to the Health and Human Services Interim Committee.