



# Sunset Review of UCA 26-33a-117

STATE OF UTAH  
DIVISION OF DATA, SYSTEMS AND EVALUATION  
JUNE 7, 2022

To: Health and Human Services Interim Committee  
From: Carl Letamendi  
Subject: UCA 26-33a-117: *Identifying potential overuse of non-evidence-based health care*

## **Is/Did the statute/program accomplish[ing] its objective?**

Yes, the statute is accomplishing its overarching objectives which is for the Department of Health and Human Services (DHHS) to perform the following:

- contract with an entity that provides the health waste calculator;
- analyze data flagged as 'wasteful' in the All Payer Claims Database (APCD);
- review scientific literature about medical services that are best practice and elimination of duplication in health care; solicit input from health care stakeholders;
- produce an analysis, and leverage the [Utah Health Data Committee](#) with regard to making recommendations for action and opportunities for improvement, recommendations on aligning health care quality metrics;
- and identify priority issues.

## **Is the statute/program necessary? Does it need to continue? If so, for how long? (Up to 10 years)**

Yes, DHHS believes the program should continue for at least 2 more years.

An [inaugural report submitted to the legislature in November 2021](#) allowed DHHS to create a baseline. Claims in the APCD for calendar years 2019-2021 will be used for the November 2022 report. Extending the sunset would allow the state to check for trends and better understand how much potential overuse of non-evidence based health care Utahns received throughout the pandemic, and thereafter.

Continuing to monitor claims flagged wasteful would facilitate identifying trends, and possibly facilitating any ensuing interventions aimed at reducing duplicative or non-evidence based health care.

## **Are there ways to improve the statute/program?**

At present, the team within the department charged with carrying forth UCA 26-33a-117 (OHCS) is meeting the statutory requirement by analyzing the data, conferring with the Utah Health Data Committee and other stakeholders, facilitating conversations to put together a list of recommendations, and producing a report.

An improvement to the statute could include identifying an entity responsible for reviewing the recommendations with the healthcare system and determining where collective action in a specific area might be productive. An entity like the One Utah Health Collaborative could perform this function.

If the legislature would like to go beyond analyzing and reporting the results, and pursue action or an intervention to decrease use of non-evidence based healthcare, it can use the report to consider specific areas for potential legislation.

If the sunset were to be extended, the Department would need to have the funding for this continue as well to cover the costs of administering the requirements of this statute.

Separately, if providers would like to confidentially contact the Office of Health Care Statistics and see their own results, there is an opportunity for that as well. The [inaugural report submitted to the legislature in November 2021](#) includes a playbook provided by Milliman (Appendix C, pg 56-73), which describes possible initiatives and action items for minimizing low-value care.