



Sunset Review: Utah Health Data Authority Act

STATE OF UTAH
DIVISION OF DATA, SYSTEMS AND EVALUATION
June 30, 2023

To: Health and Human Services Interim Committee
From: Kyle Lunt, Director, Division of Data, Systems, and Evaluation
Subject: Sunset Review of [26B-8-5](#) "Utah Health Authority Act"

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

Yes. In response to a growing concern about health care costs, the Utah Legislature enacted the "Utah Health Data Authority Act" during the 1990 General Session. This Act established the Utah Health Data Committee (HDC) and defined its purpose "to direct a Statewide effort to collect, analyze, and distribute health care data to facilitate the promotion and accessibility of quality and cost-effective health care and to facilitate interaction among those with concern for health care issues."

The committee is composed of 15 members who represent various perspectives from industry and community-public health, purchasers, providers, payers, and patients. Through this public-private collaboration, the Health Care Statistics Program (HCSP) ensures objective baselines for the collection, analysis, and use of healthcare data are established while preserving patient privacy and confidentiality.

Under the direction of the HDC, the HCSP within the Department of Health and Human Services (DHHS) manages six major statewide healthcare databases:

- Hospital Inpatient Discharge Database (Since 1992)
- Ambulatory Surgery Encounter Database (Since 1996)
- Emergency Department Encounter Database (Since 1996)
- Health Plan Enrollee Satisfaction Surveys (Since 1996)
- Health Plan Quality Comparative Analyses (Since 1996)
- All Payer Claims Database (Since 2009)

These data are made available by HCSP, as allowed by statute, for bona fide research or statistical purposes in accordance with Section [501\(11\)](#) of this statute and Utah Administrative rule [R428-2-3\(dd\)](#). These statutes and rules support statewide efforts to facilitate the promotion and accessibility of quality and cost-effective health care; as well as to facilitate interaction among

those with concern for health care issues. Stakeholders coordinate with DHHS to request data collected under UCA [26B-1-413\(3\)\(b\)](#), Health Data Committee. These include:

- **Health Care Consumers** who use cost and quality data on health plans and facilities to make informed decisions about their health.
- **Health care providers** who evaluate facility data to identify key variations for quality improvement and patient safety.
- **Academic researchers** who use cost and utilization data to quantify the importance of research results.
- The **public health** community who use cost and utilization data to inform program development and promotion.
- **Health plans** who use customer satisfaction and quality data for quality improvement and marketing.

It is important to note that data shared is in accordance with UCA [26B-8-507\(1\)\(b\)](#).

In addition, these data support statewide efforts including:

- Publish data regarding air ambulance charges under UCA [26B-4-106](#);
- For use by the State Auditor's Office within the health care price transparency tool described in UCA [67-3-11](#);
- Reporting on primary care spending within Utah under UCA [26B-8-504\(1\)\(g\)](#);
- Reporting on measures of cost and quality for routine and preventative care and treatment of illness and conditions, such as diabetes, heart disease, and other illness or conditions at the clinical level under UCA [26B-3-137\(5\)](#); and
- To aid in the fulfillment of statutory activities within the Utah Statewide Immunization Information System operated by DHHS, Utah Cancer Registry operated by the University of Utah (in collaboration with DHHS), and the state medical examiner, as defined in UCA [26B-8-201](#), or the medical examiner's designee.

Is the statute/program necessary? Does it need to continue? If so, for how long?

Yes. DHHS requests elimination of the sunset or an extension of this statute through 2033. This will allow HCSP, under the direction of the HDC, to continue to have the authority to collect, validate, analyze, and present data associated with the aforementioned databases.

These data are used by the Department and select stakeholders for bona fide research or statistical purposes in accordance with [UCA 26B-8-501\(11\)](#), and Utah Administrative rule [R428-2-3\(dd\)](#) which includes:

- The promotion and accessibility of quality and cost-effective health care;
- Supporting the Utah Medicaid program in meeting federal reporting requirements as it relates to their beneficiaries; and
- Facilitating interaction among those with concern for health care issues across the state.