

**Representative Suzanne Harrison** proposes the following substitute bill:

**IDENTIFYING WASTEFUL HEALTH CARE SPENDING**

2020 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Suzanne Harrison**

Senate Sponsor: Evan J. Vickers

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**LONG TITLE**

**General Description:**

This bill requires the Department of Health to identify potential overuse of non-evidence-based health care.

**Highlighted Provisions:**

This bill:

▸ requires the Department of Health to contract with an organization ~~H→~~ **[in-order] for an analysis ←H** to

identify potential overuse of non-evidence-based health care; ~~H→~~ **[and]**

**▸ requires the Health Data Committee to:**

• **review the results from the analysis;**

• **review scientific literature and solicit input on duplication in health care; and**

• **solicit input on instances of non-alignment in health care metrics; and ←H**

▸ requires the Department of Health to annually report on the ~~H→~~ **[results of the analysis] findings of the Health Data Committee ←H**.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:⊕**



**1st Sub. H.B. 195**

21 ☛AMENDS:

22           **63I-1-226**, as last amended by Laws of Utah 2019, Chapters 67, 136, 246, 289, 455 and  
23 last amended by Coordination Clause, Laws of Utah 2019, Chapter 246

24 ENACTS:

25           **26-33a-117**, Utah Code Annotated 1953

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27 *Be it enacted by the Legislature of the state of Utah:*

28 Section 1. Section **26-33a-117** is enacted to read:

29 **26-33a-117. Identifying potential overuse of non-evidence-based health care.**

30 (1) The department shall, in accordance with Title 63G, Chapter 6a, Utah Procurement

31 Code, contract with an entity to provide a nationally-recognized health waste calculator that:

32 (a) uses principles such as the principles of the Choosing Wisely initiative of the

33 American Board of Internal Medicine Foundation; and

34 (b) is approved by the committee.

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

36 (a) analyze the data in the state's All Payer Claims Database; and

37 (b) flag data entries that the calculator identifies as potential overuse of non-

38 evidence-based health care.

39 (3) The department, or a third party organization that the department contracts with in

40 accordance with Title 63G, Chapter 6a, Utah Procurement Code, shall:

41 (a) analyze the data described in Subsection (2)(b);

42 (b) review current scientific literature about medical services that are best practice;

43 (c) review current scientific literature about eliminating duplication in health care;

43a **H→ (d) solicit input from Utah health care providers, health systems, insurers, and other**

43b **stakeholders regarding duplicative health care quality initiatives and instances of non-**

43c **alignment in metrics used to measure health care quality that are required by different health**

43d **systems; ←H**

44 **H→ [(d)] (e) ←H solicit input from Utah health care providers, health systems, insurers, and**

44a **other**

45 **stakeholders on methods to avoid overuse of non-evidence-based health care; and**

46 **H→ [(e)] (f) ←H present the results of the analysis, research, and input described in**

46a **Subsections**

47 **(3)(a) through H→ [(d)] (e) ←H to the committee.**

48 (4) The committee shall:

49 (a) make recommendations for action and opportunities for improvement based on the

50 results described in Subsection (3) H→ [(e); and] (f);

50a **(b) make recommendations on methods to bring into alignment the various health care quality**

50b **metrics different entities in the state use; and ←H**

51 **H→ [(b)] (c) ←H identify priority issues and recommendations to include in an annual**

51a **report.**

- 52            ⊕(5) The department, or the third party organization described in Subsection (3) shall:
- 53            (a) compile the report described in Subsection (4) ~~H~~→ (b) ~~(c)~~ ←~~H~~ ; and
- 54            (b) submit the report to the committee for approval.
- 55            (6) Beginning in 2021, on or before November 1 each year, the department shall
- 56            submit the report approved in Subsection (5)(b) to the Health and Human Services Interim