

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 213  
(I-19)

Introduced by: Colorado

Subject: Data Completeness and the House of Medicine

Referred to: Reference Committee B

1 Whereas, The AMA, through its founding of the AMA Integrated Health Model Initiative, its  
2 creation of the External Advisory Committee for Value-Based Care, and its collaboration with  
3 multiple other data projects and initiatives has demonstrated its understanding that use and  
4 control of health data by physicians is essential to the profession and to our patients' health; and  
5

6 Whereas, Our AMA has explicit policy (policy entitled "Price Transparency, D-155.987")  
7 endorsing one particular type of health care data organization, All-Payer Claims Databases  
8 (APCDs), specifically stating that, "Our AMA will work with states to support and strengthen the  
9 development of all-payer claims databases"; and

10 Whereas, APCDs are rapidly becoming an essential part of health care data infrastructure  
11 throughout the US, having been established in 17 states, with 5 other states currently in the  
12 process of implementing APCDs, and 5 additional states participating in voluntary claims-based  
13 submission efforts<sup>1</sup>; and

14 Whereas, In places where APCDs have examined cost/utilization/quality measures, they have  
15 often absolved physicians of primary culpability for the current ills of American healthcare,  
16 centered physicians as the solution to such ills, and will likely increase in utilization for, and by,  
17 physicians in the future; and

18 Whereas, The Supreme Court decision in the case *Gobeille v. Liberty Mutual Insurance*  
19 Company has limited the ability of APCDs to maintain their comprehensive data completeness,  
20 by preventing states from compelling self-funded group health plans defined under the  
21 Employee Retirement Income Security Act (ERISA) to submit their data to APCDs, but left open  
22 the possibility that the United States Department of Labor (DOL) may fix the loss of data to state  
23 APCDs by imposing a federal requirement that ERISA plans submit health care claims data<sup>2</sup>;  
24 and

25 Whereas, The DOL issued a Notice of Proposed Rulemaking on July 21, 2016 requesting public  
26 comments on its proposed reporting requirements for group health plans (called Schedule J)  
27 seeking specific comments in light of the *Gobeille* decision, with the National Academy for State  
28 Health Policy (NASHP), the All-Payer Claims Database Council (APCD Council), and the  
29 National Association of Health Data Organizations (NAHDO) all responding in efforts to  
30 encourage a rulemaking process that would allow sharing of data from ERISA plans in a

<sup>1</sup> State-by-State APCD Establishment Analysis. *Interactive State Report Map*, All-Payer Claims Database Council, <https://www.apcdcouncil.org/state/map>.

<sup>2</sup> Riley, Trish. *Gobeille v. Liberty Mutual: Decision*, National Academy for State Health Policy, <https://nashp.org/gobeille-vs-liberty-mutual-decision/>.

1 consistent manner with consistent definitions as defined by a methodology called the Common  
2 Data Layout<sup>3</sup>; and

3  
4 Whereas, Despite efforts by multiple organizations to advance the rule making process as  
5 regards Schedule J by the DOL in matters related to the *Gobeille v. Liberty Mutual Insurance*  
6 *Company* decision, such is currently “stalled out” at the federal level secondary to current  
7 federal departmental vacancies and work backlogs due to current political gridlock as regards  
8 filling such vacancies within cabinet departments; and

9  
10 Whereas, A “squeaky wheel phenomenon” currently exists in Washington, D.C., where only  
11 those federal initiatives deemed most critical to government and stakeholders are likely to be  
12 prioritized within cabinet departments; and

13  
14 Whereas, The AMA, by lending its voice to an already extant effort to improve the capacity of  
15 APCDs, could achieve maximal impact for its physician members with a very small and finite  
16 outlay of personnel, resources, and political capital to ensure that a rapidly growing piece of  
17 health care infrastructure, that might potentially benefit physicians, will be as complete and  
18 comprehensive as possible; therefore be it

19  
20 RESOLVED, That our American Medical Association amend section 4 of policy D-155.987,  
21 “Price Transparency,” by addition to read as follows:

22  
23 4. Our AMA will work with states and the federal government to support and  
24 strengthen the development of all-payer claims databases. (Modify Current HOD  
25 Policy); and be it further

26  
27 RESOLVED, That our AMA work with the National Academy for State Health Policy (NASHP),  
28 the All-Payer Claims Database Council (APCD Council), the National Association of Health Data  
29 Organizations (NAHDO), and other interested organizations to speed promulgation of final rule  
30 making as regards Schedule J by the United States Department of Labor (DOL) in matters  
31 related to the *Gobeille v. Liberty Mutual Insurance Company* decision (Directive to Take Action);  
32 and be it further

33  
34 RESOLVED, That, in supporting a rule making process by the DOL in matters related to the  
35 *Gobeille v. Liberty Mutual Insurance Company* decision, our AMA support the adoption of a  
36 standardized set of health care claims data such as the Common Data Layout, support that any  
37 DOL requirement for plans to submit health care claims data must be tied to current rule making  
38 processes (such as its proposed Schedule J), and support that the DOL implement a pilot  
39 program to collect health care claims data in cooperation with state APCDs. (Directive to Take  
40 Action)

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 10/04/19

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<sup>3</sup>NASHP Staff. *Next Steps for APCDs: US Department of Labor (DOL) Rulemaking*, National Academy for State Health Policy, <https://nashp.org/next-steps-for-apcds-us-department-of-labor-dol-rulemaking/>.

## RELEVANT AMA POLICY

### Price Transparency D-155.987

1. Our AMA encourages physicians to communicate information about the cost of their professional services to individual patients, taking into consideration the insurance status (e.g., self-pay, in-network insured, out-of-network insured) of the patient or other relevant information where possible.
2. Our AMA advocates that health plans provide plan enrollees or their designees with complete information regarding plan benefits and real time cost-sharing information associated with both in-network and out-of-network provider services or other plan designs that may affect patient out-of-pocket costs.
3. Our AMA will actively engage with health plans, public and private entities, and other stakeholder groups in their efforts to facilitate price and quality transparency for patients and physicians, and help ensure that entities promoting price transparency tools have processes in place to ensure the accuracy and relevance of the information they provide.
4. Our AMA will work with states to support and strengthen the development of all-payer claims databases.
5. Our AMA encourages electronic health records vendors to include features that assist in facilitating price transparency for physicians and patients.
6. Our AMA encourages efforts to educate patients in health economics literacy, including the development of resources that help patients understand the complexities of health care pricing and encourage them to seek information regarding the cost of health care services they receive or anticipate receiving.
7. Our AMA will request that the Centers for Medicare and Medicaid Services expand its Medicare Physician Fee Schedule Look-up Tool to include hospital outpatient payments.

Citation: CMS Rep. 4, A-15; Reaffirmed in lieu of: Res. 121, A-16; Reaffirmed in lieu of: Res. 213, I-17; Reaffirmed: BOT Rep. 14, A-18; Reaffirmed in lieu of: Res. 112, A-19;