

Now That's SLIHCQ! – The Source to Launch Database of State Laws Impacting Healthcare Cost and Quality at Virtual Summit

By: [Laura Hagen](#), Graduate Research Fellow

The Source is ecstatic to announce that, on May 17, 2019, in partnership with [Catalyst for Payment Reform \(“CPR”\)](#), we will launch the [State Laws Impacting Healthcare Cost and Quality \(“SLIHCQ”\) Database](#) at our Virtual Summit event. [Register here](#) for the webinar.

The SLIHCQ Database, initially funded by the [Robert Wood Johnson Foundation](#), is an interactive tool that catalogues ongoing state legislative efforts to implement healthcare reform. The SLIHCQ Database is the natural extension of The Source’s existing legislation tracker that covers all 50 U.S. states, originally launched in 2015. We are proud to present this expanded tool as the culmination of over a year’s worth of work by a team of health policy researchers and legal scholars from both The Source and CPR.

This free database allows the public to search state healthcare laws impacting healthcare costs and quality, specifically in five main categories:

Health insurance benefit design laws govern the structure of health insurance plans and the balance between costs and

coverage. These laws often work in tandem with payment methods to encourage consumers to use lower-cost or higher-value providers. State regulation of benefit design include mandates of certain benefits that are medically necessary or bans of exclusions based on pre-existing conditions.

Example: [Maine Rev. Stat. Ann. Tit. 24-a, § 4318-A](#) states that a carrier offering a health plan shall establish a benefit design in which enrollees are directly incentivized to shop for low-cost, high-quality participating providers for comparable health services. Incentives may include cash payments, gift cards, credits, or reductions in premiums, copayments, or deductibles.

Provider network laws govern the design and structure of how consumers access healthcare providers. For example, a law may require a benefit plan to provide access to certain types of providers (e.g., low-cost or high-quality) for certain illnesses. They may also regulate HMOs, telehealth networks, or who qualifies as a provider.

Example: [Massachusetts Gen. L. Ch. 176J, § 15](#) requires that any insurer offering a tiered network plan, which places providers in different tiers based on their cost and quality performance, to clearly and conspicuously indicate the cost-sharing (e.g., copayment, coinsurance) differences for consumers/patients in the various tiers.

Price transparency laws encourage consumer engagement in healthcare shopping to help lower costs and promote quality care. This category includes laws to promote transparency of price information, provider directories, transparency on websites, databases of information, published reports, right to

shop programs (which financially incentivize patients to choose the best value providers), and disclosure of price information to consumers upon request.

Example: [Connecticut Gen. Stat. Ann. § 38a-478k](#) states that no contract shall prohibit providers from discussing treatment options and services available in or out of network nor prohibit the provider from disclosing the method the managed care organization uses to pay the provider, if requested by the enrollee.

Provider payment laws regulate how providers are paid. They typically encourage or restrict certain models, such as fee-for-service, pay-for-performance, quality-based payment models, site neutral payments, global budgets, capitation, shared-savings programs, among others.

Example: [Tennessee Code Ann. § 71-5-151](#) describes the state Medicaid agency's development of episodes of care (like bundled payments) and other payment reform initiatives.

Healthcare market power laws relate to the oversight of healthcare markets and often encourage competition and/or access to healthcare. The SLIHCQ Database covers laws regarding competition (e.g., antitrust, mergers, contract provisions, trade secrets), provider networks, establishment or regulation of ACA marketplaces, and rate regulation.

Example: [N.Y. Pub. Health Law §§ 2999-aa & 2999-bb](#) states that the department has the authority to set regulations, standards, fees related to proposed collaborations, integrations, mergers or acquisitions of integrated health care delivery systems.

The SLIHCQ Database is intuitively designed to allow users to customize and filter their searches. Search by selecting specific areas of healthcare legislation in the Key Issues menu, toggle different jurisdictions, and/or limit results to enacted laws or current session bills. Each statute is also downloadable in a pdf file.

Purchasers, state and local lawmakers, and other policymakers can utilize the database in different ways to improve access, quality, and efficiency, as well as reduce costs in healthcare.

Keep following The Source for analysis of the key trends, new initiatives, and exciting developments we discovered in creating the Database!