



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans

1310 G Street, N.W.
Washington, D.C. 20005
202.626.4800
www.BCBS.com

November 15, 2021

Commissioner Jessica Altman, Co-Chair
Commissioner Ricardo Lara, Co-Chair
Workstream Five, Special Committee on Race and Insurance
National Association of Insurance Commissioners
444 North Capitol Street NW, Suite 700
Washington, D.C. 20001-1512

Submitted electronically to: Jolie Matthews (jmatthews@naic.org)

RE: Comments on Revised Draft Principles for Data Collection

Dear Commissioners Altman and Lara:

The Blue Cross Blue Shield Association (BCBSA) appreciates the opportunity to provide comments on the revised draft Principles for Data Collection distributed by the Special (EX) Committee on Race and Insurance (Special Committee – Workstream 5). BCBSA supports the continued efforts to advance diversity and inclusion and address racial disparities that disadvantage people of color and historically underrepresented communities.

BCBSA is a national federation of 35 independent, community-based and locally operated Blue Cross and Blue Shield (BCBS) companies (Plans) that collectively provide health care coverage for one in three Americans. For more than 90 years, Blue Cross and Blue Shield companies have offered quality health care coverage in all markets across America — serving those who purchase coverage on their own, as well as those who obtain coverage through an employer, Medicare and Medicaid.

As we have previously shared, BCBSA believes everyone should have access to high-quality health coverage and care regardless of race, ethnicity, national origin, sex, gender identity, sexual orientation, religion, education level, age, geography or disability. We agree we must recognize the negative impact of long-standing structures of racism and discrimination, underlying bias and social factors on the health and well-being of many Americans. To that end, every BCBS company across the country, and in Puerto Rico, has launched at least one local initiative to address health disparities.

BCBSA's commitment to health equity is illustrated in the policy recommendations outlined in our Issue Brief, [Addressing Health Disparities and Inequities in Communities of Color](#), which also aligns with the Special Committee's efforts to promote improved access to quality, affordable coverage and culturally competent care. To successfully achieve these shared objectives, we believe it is foundational for the Special Committee to take a collaborative approach to data collection practices across the health care system, recognizing that several different organizations and government agencies are already engaged in considering the parameters and appropriate practices on collection and use of health equity data. We encourage the National Association of Insurance Commissioners (NAIC) to provide a collaborative forum for broad stakeholder engagement and recommend that NAIC convene all stakeholders to: 1) identify current barriers, 2) identify best practices for data collection; and 3) foster ideas to reduce disparate or duplicative requirements and practices at both the federal

and state levels. BCBSA is currently doing our part by working to build a multi-stakeholder coalition to drive the development and adoption of uniform standards for the collection and use of REL data, which are critical before government mandates are placed on insurers or other entities. We are happy to keep the NAIC apprised of further developments on the industry standards development work of the multi-industry coalition.

As encouraged during the last Workstream 5 call, BCBSA has provided an attached redline reflecting our suggested edits to the revised principles. We recognize the significant work by the NAIC on the development of these principles and share your overall goals. However, for meaningful progress to be achieved on data collection and appropriate use principles, more work is required to reach consensus among all the stakeholders. We respectfully ask that Workstream 5 continue to work toward meaningful consensus among all stakeholders on these important principles and not rush to finalization.

Below is an overview and explanation of our proposed changes:

Data Collection:

- BCBSA believes health insurance companies should enable processes to facilitate the systematic collection of REL and SOGI data where industry standards exist and have been adopted by the health care ecosystem, including providers, payers and others. We suggest adding the above language to subsection a) to recognize the current lack of industry standards and the need to establish such practices.
- We encourage the development and identification of best practices regarding data collection strategies and recommend specifying utilization of “industry-wide best practices” in the revised principles document.
- BCBSA supports the inclusion of a “prefer to not answer” option in the revised principles. In addition, we recommend adding an “other” option to help identify additional future data collection categories.
- BCBSA supports health insurance companies having the opportunity to pursue programs and distinctions to demonstrate how companies are meeting diversity, equity and inclusion goals for employees, members and enrollees, including but not exclusive to NCQA’s Distinction in Multicultural Health Care. We suggest broadening the language in subsection e) to reflect support for the overall goal without limiting insurers to a single credentialing source.
- BCBSA suggests the addition of subsection d) health insurers have existing requirements regarding training and compliance on maintaining privacy of sensitive information requires further clarification. We suggest adding reference to “sensitive information” at the end of the subsection.
- BCBSA believes it is premature to include the provider REL data requirements in the principles at this time. We recommend instead further evaluation and consideration through the NAIC’s Provider Network white paper process. As currently drafted, the revised principles suggest insurers should be requiring demographic information from providers in order to meet network adequacy standards.

Data Use and Regulation:

- As noted above and in our previous comments, BCBSA continues to believe efforts to collect and report REL and SOGI data should take existing federal and state laws into consideration. We recommend revising the language in subsection a) to reflect that, and adding language suggesting health insurers and regulators make clear when certain demographic data was not reported specifically due to prohibition by existing law. BCBSA also recommends adding language that suggests insurance departments distinguish between the collection of demographic data to be used for specific purposes, such as analysis of health disparities and care management, from the prohibited use of demographic data in rating, underwriting practices or benefit determinations.
- BCBSA recommends adding a subsection clarifying that existing federal and state privacy laws serve as the standard for any information sharing or analysis. Insurers and insurance departments should ensure that information shared publicly is aggregated and does not identify any single individual.
- BCBSA supports the evaluation of algorithms for bias and recommends expanding the language to capture evaluation for purposes of identifying *and mitigating* bias (or disparate impact).
- In subsection e), BCBSA recommends the language be revised in a way that requires insurance department collection of demographic data from public databases, federal and state, to seek opportunities for the departments to better understand and address issues around health equity.

Appendix:

- BCBSA supports the inclusion of language in the appendix that data be collected at a granular level to allow for disaggregation, particularly for certain demographics.
- In subsection e) where the revised principles reference modifying enrollment and renewal interfaces in the event of low data collection, BCBSA recommends adding “where legally permissible” to the end of the sentence.

We appreciate the opportunity to share our views with the Special Committee and welcome the opportunity to further discuss our comments. If you have questions, please contact Randi Chapman, managing director, state relations, at Randi.Chapman@bcbsa.com or Lauren Choi, managing director for health data and technology policy, at Lauren.Choi@bcbsa.com.

Sincerely,



Justine Handelman
Senior Vice President
Office of Policy and Representation