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## Assembly Approves Race, Ethnicity in Quality Reporting

by David Gorn

The Assembly yesterday passed a bill that requires state officials to include race and ethnicity when compiling health care quality data.

AB 411 by Assembly member Richard Pan (D-Sacramento) would not create any kind of difficulty for state officials, since that data already exists, according to Pan. The point is to make state officials use it, Pan said.

"It's similar to the way MRMIB (Managed Risk Medical Insurance Board) used to analyze Healthy Families data," Pan said. "This is a vital thing that we need to do."

The information is already being collected by the state Department of Health Care Services so it's not really much more work to mine that data for health disparities by race or ethnicity, Pan said.

In fact, it could be *less* work, said Ellen Wu, executive director of the California Pan-Ethnic Health Network.

"We know there are persistent and pervasive regional and ethnic disparities in California, especially among communities of color and those who are limited English-proficient," Wu said. "But we don't know where the disparities are within populations. If you could know that, and target your interventions more directly, wouldn't you want to know if it was higher in a specific population or in a certain zip code? Then you could target it, instead of trying to do it all."

It does seem like the type of information state health officials would want to have, Pan said. The legislation is necessary, he said, because it has not been happening without it.

"That's the whole point," Pan said. "They should share data more openly with the public, and often they don't do this. These are public programs, and we should all know what results we're getting from these programs. We need the legislation because it's not being done consistently, and they're not putting it out in a way so people can see the disparities and how we can address them."

Eventually, state health officials will welcome having this directive, Pan said.

"It's extremely important that the department (DHCS) identify what the health disparities are, and what can be done about them," Pan said.

"It's important for the department to know, the [Medi-Cal managed care health] plans need to know, patients need to know just what's going on here," Pan said.

The bill has a provision that includes sexual orientation as a potential health disparity, but that data currently is not being collected for privacy reasons. If that information becomes available, though, it's a disparity that could be addressed, Pan said.

**AB 411** passed the Assembly floor yesterday on a 51-17 vote and now heads to the Senate floor.