

Appendix A: Overview of OTA Assessment: Technology, Insurance, and the Health Care System

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■ Background

Congress has been concerned for many years with serious and growing problems of health care costs, access, and quality. In response to a request from the Senate Committee on Labor and Human Resources (Edward Kennedy, then Chairman) that was endorsed by the House Committee on Energy and Commerce (John Dingell, then Chairman), the House Committee on Ways and Means Subcommittee on Health (Bill Gradison, then Ranking Minority Member), and Senator Charles E. Grassley (Committees on Budget, Finance, Special Committee on Aging), the Office of Technology Assessment's (OTA) assessment, *Technology, Insurance, and the Health Care System* addresses these congressional concerns by focusing on the following issues:

1. What does the available literature say about the impact of health insurance on access to care and patient health outcomes?
2. Can a minimum benefit package for uninsured people be fashioned from the perspective of effectiveness and cost-effectiveness?

In addition, Senator Ted Stevens (as a member of the Technology Assessment Board) asked OTA to examine an additional question under the auspices of this assessment:

3. What cost implications do the leading types of health care reform proposals have in seven areas: health care spending and savings; Federal, State, and local budgets; employers (large and small); employment; households (low-, middle-, and upper-income); other costs in the economy; and administrative costs?

The assessment was approved by the Technology Assessment Board in April 1991, and began in July 1991. In June 1992, the letter was received from Senator Stevens. An advisory panel for the overall assessment was formed in November 1991. The advisory panel met in January 1992, December 1992, and in May 1993.

■ Documents Produced as Part of the Assessment

The following documents have been or will be available as part of the assessment.

■ PUBLICATIONS AVAILABLE FROM THE U.S. GOVERNMENT PRINTING OFFICE

Does Health Insurance Make a Difference? September 1992.

This interim report, requested by the U.S. Senate Labor and Human Resources Committee, summarizes the state of the literature on the rela-

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tionships among insurance coverage, access, and patient health outcomes; provides a conceptual framework for evaluating access to health care and the health effects of such access; and provides an overview of insured and uninsured populations in the United States as of 1990. The background paper is available from the U.S. Superintendent of Documents (GPO stock number 052-003-01301-1, \$5.00 per copy).

An Inconsistent Picture: A Compilation of Analyses of the Economic Impacts of Competing Approaches to Health Care Reform by Experts and Stakeholders, June 1993.

This report compiles and summarizes available analyses of the economic impacts of four major competing approaches to health care reform (popularly known as “single payer,” “play or pay,” “individual tax credits or vouchers,” and “managed competition”). The report was requested by Senator Ted Stevens, and was released in June 1993. The report is available from the U.S. Superintendent of Documents (GPO stock number 052-003-01327-4, \$8.00 per copy).

Benefit Design Series—Publications from this series of reports explore issues involved in designing a benefit package based on effectiveness and cost effectiveness, in relation to other critical factors in benefit design. Two of the topics (clinical preventive services; mental health/substance abuse) were chosen in part because of Congressional interest in them as contentious, “gray” areas in benefit design and in part because of OTA’s already-existing expertise in the topics. Patient cost-sharing was in some respects a new area for OTA, but was an issue of particular importance in the benefit design debates. The general issues report will pull together lessons learned about benefit design from the other reports in the Benefit Design Series and from other sources, including previous work by OTA. The reports in this series are:

Benefit Design in Health Care Reform: Clinical Preventive Services, September 1993.

This report addresses issues pertaining to insurance coverage of clinical preventive services. The report describes how information on effectiveness and cost-effectiveness can, and cannot, be used for purposes of insurance benefit design and for improving access to effective clinical preventive services. This report is available from the U.S. Superintendent of Documents (GPO stock number 052-003-01340-1, \$7.50 per copy).

Benefit Design in Health Care Reform: Background Paper—Patient Cost-Sharing, September 1993.

This background paper describes what is known, and not known, about the effects of patient cost-sharing on the use of health care services, expenditures, and health outcomes based on a review of the literature. This background paper is available from the U.S. Superintendent of Documents (GPO stock number 052-003-01339-8, \$4.50 per copy).

■ BACKGROUND PAPERS AVAILABLE ONLY FROM OTA

These background papers are available from OTA. For congressional use call 202/224-9241, and for public use, call 202/228-6590.

Health Insurance: The Hawaii Experience—Background Paper, June 1993.

This background paper provides a detailed look at the State that is often considered a model for what other States can do to help provide universal or near-universal health insurance coverage for their residents. Unfortunately, valid data were not available to demonstrate either the overall financial costs of Hawaii’s approach or the health effects on residents.

Coverage of Preventive Services: Provisions of Selected Current Health Care Reform Proposals, October 1992.

This background paper summarizes the provisions of selected congressional (102d Congress) and private health care reform proposals with respect to the coverage of clinical preventive services.

■ **Contractor Papers Available from National Technical Information Service, Congressional Research Service, or from the Authors**

Primary Care for the Uninsured: A Review of the Literature, Congressional Research Service, May 1993.

Paper prepared under contract to OTA by David Blumenthal, M.D., M.P.P., Elizabeth Mort, M.D.,

M.P.H., and Jennifer N. Edwards, M.H.S., Health Policy Research and Development Unit, General Internal Medicine, Massachusetts General Hospital.

The Relationship Among Insurance Coverage, Access to Services and Health Outcomes: Case Study of Depression, July 1993.

Paper prepared under contract to OTA by Thomas McGuire, Ph.D., Department of Economics, Boston University, Boston, MA.

Universal Health Insurance and Uninsured People: Effects on Use and Cost, August 1994.

Paper prepared under contract to OTA and CRS, by Steven Long and M. Susan Marquis, RAND Corporation, Washington, DC.