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December 5, 2016

BY ELECTRONIC SUBMISSION

Phyllis C. Borzi, Assistant Secretary  
Employee Benefits Security Administration  
U.S. Department of Labor  
200 Constitution Ave, N.W.  
Washington, DC 20210

RE: Comments on Department of Labor Notice of Proposed Rulemaking (Docket # EBSA-2016-0010;  
RIN 1210-AB63)

Dear Assistant Secretary Borzi:

Thank you for the opportunity to submit comments on the “proposed annual reporting requirements for plans that provide group health benefits, including the Schedule J, in light of the Supreme Court’s recent decision in *Gobeille v. Liberty Mutual Insurance Co.*, 136 S. Ct. 936 (2016).” This letter is submitted on behalf of the Massachusetts Executive Office of Health and Human Services (EOHHS). EOHHS is the single state agency for the Massachusetts Medicaid program (MassHealth), and oversees thirteen health and human services agencies and/or programs. Certain of these agencies and programs, including the Massachusetts Departments of Public Health and Mental Health, and the MassHealth program, rely on health care data from the Massachusetts All-Payer Claims Database (APCD) to conduct research and analysis which informs critically important program and policy development, and promotes and supports the wellness of all Massachusetts residents while ensuring that they have access to effective, high quality healthcare. To meet this objective, it is crucial that the APCD be as comprehensive as possible, and includes data from self-insured group health plans, a large and growing segment of the Massachusetts commercial insurance market.

EOHHS endorses the comments of the National Academy for State Health Policy (NASHP) submitted on September 20, 2016 recommending that the Department of Labor (DOL) require as part of Schedule J that group health plans submit a standardized health care claims dataset, to be tested through a pilot program in collaboration with states with APCDs. This approach will provide continued access to crucial health care data in Massachusetts.



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The following examples highlight EOHHS's reliance on comprehensive APCD data and our need to ensure that a comprehensive data set includes self-insured group health plan data:

- To understand trends in psychotropic prescribing practices among pediatric primary care providers and to develop the most effective and appropriate guidance, direction and interventions.
- As the central organizing data set for our innovative, legislatively mandated work on opioid overdoses in Massachusetts, critical to formulate interventions to reduce the numbers of fatal and non-fatal opioid overdoses.
- To track, measure and improve our Medicaid program, MassHealth, relating to the quality, cost, and effectiveness of health care provided to our beneficiaries, especially important as healthcare moves to value-based structures and accountable models of care.

Access to comprehensive claims data from all payers is crucial to ensure that health policy decisions and new and innovative programs are successful, and for these reasons we urge the DOL to adopt the approach proposed by NASHP. If we can provide additional information, please contact me at (617) 573-1660 or [jesse.caplan@state.ma.us](mailto:jesse.caplan@state.ma.us).

Sincerely yours,



Jesse M. Caplan, General Counsel