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**Comments on Department of Labor Notice of Proposed Rulemaking  
Docket # EBSA-2016-0010; RIN 1210-AB63  
Submitted by Cutler Institute of Health and Social Policy,  
Muskie School of Public Service, University of Southern Maine**

To Whom It May Concern:

We are responding to the Department of Labor's (DOL) request for public comments on its Notice of Proposed Rulemaking<sup>[1]</sup> and Notice of Proposed Revision of Annual Information Return/Reports<sup>[2]</sup> published on July 21, 2016, which proposes changes to the Form 5500 annual report for employee benefit plans. Specifically we are responding to "those conforming amendments and the proposed annual reporting requirements for plans that provide group health benefits, including the new Schedule J, in light of the Supreme Court's recent decision in *Gobeille v. Liberty Mutual Insurance Co.*, 136 S. Ct. 936 (2016)."<sup>[3]</sup>

The National Academy for State Health Policy (NASHP) and the All-Payer Claims Database Council (a collaboration between the National Association of Health Data Organizations (NAHDO) and the Institute for Health Policy at the University of New Hampshire), have submitted detailed comments reflecting a proposed approach to support DOL's needs for annual data and information articulated in the Proposed Rule by leveraging state infrastructure and investment in the collection of claims data in state APCDs. We are writing today to express our support for the approach described in the NASHP/APCD Council comments.

The Cutler Institute of Health and Social Policy at the Muskie School of Public Service within the University of Southern Maine supports states' efforts to mandate the collection and reporting of standardized health care claims data across payers through All-Payer Claims Databases. APCDs are an invaluable data source for health services research efforts to assess health care quality and cost variations across payers and to measure the impact of health care system delivery transformation efforts. The Cutler Institute has used APCD data in Maine, Vermont, and New Hampshire to assess regional differences in cost and quality, and to evaluate Maine's Multi-payer Patient Centered Medical Home pilot to assess its impact on cost efficiency and quality on all payers. This research has benefited policymakers and health plans alike by providing critical comparative quality and cost outcome data to inform program redesign and future investments.

We believe that collaboration with DOL in the partnership expressed in the NASHP and APCD Council's comments would be beneficial to DOL and the states as well as to the research community, and address the needs identified by DOL for oversight to the quality and cost of health care provided by ERISA plans, which are among the stated objectives of DOL's creation of Schedule J.

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<sup>[1]</sup> 81 Fed. Reg. 47496 (July 21, 2016).

<sup>[2]</sup> 81 Fed. Reg. 47534 (July 21, 2016).

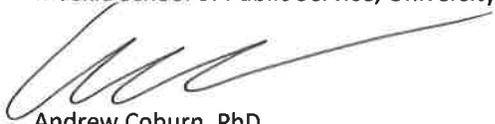
<sup>[3]</sup> 81 Fed. Reg. 47534, 47559 (July 21, 2016).

We respectfully request that DOL review the approach brought forward in the NASHP/APCD Council comments and consider the state partnership in the development of the final rules for the Form 5500 and Schedule J.

Sincerely,



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