

Public Comment from the Bureau of Economic Analysis:

Ms. Doris Lefkowitz
Reports Clearance Officer
Agency for Healthcare Research and Quality
Center for Financing, Access, and Cost Trends
540 Gaither Road
Rockville, MD 20850

RE: *Federal Register* notice of June 16, 2009, for the Agency for Healthcare Research and Quality's (AHRQ) Medical Expenditure Panel Survey--Insurance Component (MEPS-IC) (OMB Number: 0935-0110)

Dear Ms. Lefkowitz:

The Bureau of Economic Analysis (BEA) strongly supports the continued collection of data by the AHRQ on the Medical Expenditure Panel Survey--Insurance Component (MEPS-IC). The data collected on the MEPS-IC form is critical to key components of BEA's economic statistics.

BEA uses data from the MEPS-IC to derive national estimates of employer contributions for group health insurance for the private sector and state and local government (a component of compensation) and to prepare estimates of employee contributions for group health insurance (a component of personal consumption expenditures -- PCE).

BEA also uses the MEPS-IC to prepare separate, state-level estimates for the employer contributions to the health care cost of their employees for private ownership, for local ownership, and for state ownership. MEPS data are also used to adjust source data from the Quarterly Census of Employment and Wages (QCEW) for certain states that exclude pretax employee contributions to health insurance from their definition of wages for the QCEW. A list of items used by BEA is provided in the attachment below.

AHRQ's expediting the survey to make the results available a year earlier has reduced the revisions to the BEA health estimates. The magnitude of the reduction in revisions ultimately depends upon the timeliness of data for state and local health coverage and whether the final MEPS-IC data are received prior to the publication of the annual revision to the national accounts which is usually in July of each year. The new collection and dissemination method has accelerated the timing by several months, allowing BEA to use the data and lessen the magnitude of the revisions.

Please keep BEA informed concerning any modifications to this form. We are particularly interested in any modifications proposed during the forms' approval process that would substantially affect our use of these data. For additional information, please contact Ruth Bramblett, Source Data Coordinator, on 202-606-9653 or by e-mail at Ruth.Bramblett@bea.gov. Should you need assistance in justifying this form to the Office of Management and Budget, please do not hesitate to contact BEA.

Sincerely,
 /s/
 Dennis J. Fixler
 Chief Statistician

ATTACHMENT

Uses of the AHRQ MEPS-IC by BEA

Items	Used for
<p>Employer contributions for private and state and local employees</p> <p>Employer and employees contributions for health insurance</p>	<p>National Income and Product Accounts to estimate:</p> <p>Employer contributions for Group Health Insurance</p> <p>PCE health estimates</p>
<p>Total employer contributions for family coverage (current and retirees together)</p> <p>Total employer contributions for single coverage (current and retirees together)</p> <p>Total employment (excludes retirees)</p> <p>Total enrollees (current and retirees together)</p> <p>Total single enrollees (current and retirees together)</p> <p>Total family enrollees (current and retirees together)</p> <p>Total active enrollees (only current employees)</p> <p>Total retiree enrollees (only retirees)</p> <p>Standard errors for each of the preceding variables' values</p>	<p>State Level-Data for all items</p>

AHRQ's Response to the Bureau of Economic Analysis:

Dear Dr. Fixler:

Thank you for your comments regarding the 60-Day Federal Register notice for the collection of the 2010-2011 Medical Expenditure Panel Survey – Insurance Component (MEPS-IC).

The Bureau of Economic Analysis's (BEA) strong support for the continuation of the MEPS-IC program that was expressed in your comments is very much appreciated. We are pleased that AHRQ's effort to collect and release the annual MEPS-IC estimates a year earlier has lessened the magnitude of revisions to your health estimates.

Per your request, we will be sure to inform you of any changes to the MEPS-IC survey questionnaires that could affect the BEA's use of the data.

Sincerely yours,

Doris Lefkowitz
AHRQ Reports Clearance Officer

Public Comment from Jean Public:

From: jean public [mailto:usacitizen1@live.com]
Sent: Friday, August 21, 2009 9:08 PM
To: Lefkowitz, Doris C. (AHRQ)
Cc: OS OIRA (HHS/OS)
Subject: PUBLIC COMMENT ON FEDERAL REGISTER

THIS SHOULD NOT BE DONE EVERY YEAR. IT DOES NOT NEED TO BE DONE EVERY YEAR. IT IS TOO EXPENSIVE TO DO EVERY YEAR. THIS ENDLESS HARRYING OF EMPLOYERS IS USELESS SINCE THE MATERIAL DOES NOT HAVE TO BE THAT CURRENT. THIS YEAR OK. BUT NOT NEXT YEAR. YOU ARE WASTING TAX DOLLARS WITH DUPLICATION, ENDLESS DUPLICATION.

JEAN PUBLIC 15 ELM ST FLORHAM PARK NJ 07932

AHRQ's Response to Jean Public:

J. PUBLIC
15 ELM ST
FLORHAM PARK NJ 07932

Dear Ms. Public:

Thank you for your comments regarding the 30-Day Federal Register notice for the collection of the 2010-2011 Medical Expenditure Panel Survey – Insurance Component (MEPS-IC). The purpose of this note is to respond to the concerns expressed in your e-mail.

Annual data from the MEPS-IC are used by other federal agencies in developing key measures of the US economy related to health care. One important user of the annual MEPS-IC data is the Centers for Medicare and Medicaid Services (CMS). CMS needs the data to produce the National Health Accounts on a yearly basis. Another agency that uses MEPS-IC data annually is the Bureau of Economic Analysis (BEA). BEA needs the MEPS-IC data to compile the Gross Domestic Product series.

The MEPS-IC also provides information to National and State level policymakers regarding health insurance coverage provided by employers. Having the most current data possible is important in the development of policy. MEPS-IC data have been used extensively to inform the current debate over health care reform. In addition, the State of New Jersey has used MEPS-IC statistics frequently in helping to determine how to best provide health insurance coverage for its citizens.

I hope the information above explains the issues that you raised in your e-mail.

Sincerely yours,

Doris Lefkowitz