HUMAN RESEARCH DETERMINATION FORM

This form is only for use on projects that are not yet initiated and there is either a question whether it qualifies for human research or a Not human research determination might be required. The IRB does not issue retrospective determinations. If you are concerned that you have conducted human subjects research without prior approval from the IRB please contact our office at irb@umn.edu

PROJECT PLAN COVER PAGE:

Protocol Title	Linking voter registration and health insurance claims data to facilitate novel analyses of politics and health
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1.0   Description of Activity

1.1   Purpose

The purpose of this research is to assess the degree to which political partisanship is a factor in health care utilization and health care delivery. This is an investigator-initiated research project. We have the following specific research questions:

a)   (Patient Focused) How does the use of health care services that could be characterized as ideologically charged (e.g., vaccine uptake, use of contraceptives, abortion, sterilization, end-of-life care) vary by party affiliation of patients (registered Democrats, Independents, and Republicans) and over time?

b)   (Patient Focused) Do registered Democrats, Republicans, and Independents have different patterns of use of preventive services, outpatient care, mental health care, emergency care, inpatient admissions, and prescription medication use? If so, how have these patterns changed over time?

c)   (Patient Focused) Do registered Democrats, Republicans, and Independents have different patterns of diagnoses of depression and other mental health conditions, cardiovascular disease (e.g., myocardial infarction), and other health conditions? If so, how have these patterns changed over time?

d)   (Provider Focused) Does provider party affiliation influence practice patterns (e.g., prescribing patterns, referrals, patients' health care use), separately from patient needs and patient panel composition? If so, does it do so for ideologically charged and all other services (e.g., preventive care, prescription medications) equally? We will initially just look at the party affiliation of patients, but maybe subsequently examine consonance or dissonance (degree of matching) with patient panel as a deeper layer.

e)   (Provider Focused) Does use of ICD-10 Z codes for unmet health-related social needs and social determinants of health vary by provider party affiliation, separately from patient demographics, health status, insurance type, and/or place of service?

f)   Although these research questions do not explicitly mention cost, any utilization differences identified would have implications for provider revenue as well as plan expenditures and out-of-pocket costs. Cumulative out-of-pocket costs impact patients' decisions to use care so they are an important measure for adjustment or stratification potentially even if not used as an outcome.

g)   How does party affiliation (and/or change in party registration affiliation) influence provider propensity to treat Medicaid and/or uninsured (self-pay) patients?

1.2   Procedures

This is a retrospective analysis of existing health insurance claims data, merged with publicly-available information on voter registration. We will use detailed health insurance claims data from

the Colorado All-Payer Claims Database (APCD), which is available to researchers through its vendor organization, the Center for Improving Value in Health Care (CIVHC). We will enter into a DUA with CIVHC to obtain these data. The researchers will have no intervention or contact with the people included in this dataset. The analysis of these data will take place at the University of Minnesota's secure servers.

1.3 **Program Evaluation/Quality Assurance Review/Quality Improvement Projects:**

N/A

- Seeks to develop new knowledge or validate new treatments rather than to assess the implementation of existing knowledge.
  ☐ **Yes** ☐ **No**
  Explain:
- The methodology employs a standard research design, such as randomization.
  ☐ **Yes** ☐ **No**
  Explain: We will employ standard non-experimental statistical methods for
- The protocol is fixed with a rigid goal, methodology, population, time period, etc.
  ☐ **Yes** ☐ **No**
  Explain:
- The funding for the activity comes from the outside organizations such as the NIH or those with a commercial interest in the results;
  ☐ **Yes** ☐ **No**
  Explain:
- There will be a delay in the implementation of results;
  ☐ **Yes** ☐ **No**
  Explain:
- The risks from the intervention to participants are greater than minimal.
  ☐ **Yes** ☐ **No**
  Explain:
- The program being implemented for a research purpose, or altered or controlled in some way to answer a research question.
  ☐ **Yes** ☐ **No**
  Explain:

1.4 **Data and/or specimens**

- **Data and/or Specimen Collection and Analysis**
  We will receive data from CIVHC that link publicly available Colorado voter registration files, which include longitudinal data on party affiliation and voting activity, with the Colorado All Payer Claims Database (APCD), which contains health insurance claims for the vast majority of Colorado residents (over 70%), at the individual level, using name, sex, and ZIP code, for each year from 2014 to 2022. These data already exist, and are derived from health insurance claims submissions. There is no direct contact with any individuals represented in the data.

  CIVHC will separately link voter registration with National Plan and Provider Enumeration System (NPPES) data by clinician name, sex, and location, which can be merged back onto the CO APCD by National Provider Identifier (NPI). Colorado is an ideal setting for this project as it has a high rate of voter registration and considerable variation in partisanship throughout the state and over time.

  Once the data are received on the University of Minnesota servers, the research team will produce summary statistics of the data and will conduct multivariate regression analysis of the insurance claims data.

- **Data and/or Specimen Collection Method**
  The health insurance claims data for this study already exist. The Colorado All Payer Claims Data are collected and curated by CIVHC, which then enters into contracts with researchers to use the data for specific research projects. We will obtain the data from CIVHC following the execution of a Data Use Agreement.

- **Identifiability of Data or Specimens**
  The data that we will receive will be stripped of any individual identifiers. The health insurance claims data will include specific dates of service, and the Zip codes of the people receiving services.