Employer-Level Access to Reporting & Analytics (ELARA) Act

A Targeted Transparency Solution for Employer Health Plans

The Issue

Small and mid-sized fully insured employers are responsible for managing affordable, high-quality health coverage for their employees, but they often lack access to the claims data needed to control costs and make informed decisions. The ELARA Act provides a practical, privacy-protected solution by giving employers access to the information necessary to manage their health plans effectively.

> ***Employers are legally responsible for managing plan costs and compliance without the data necessary to do so responsibly.***

What the ELARA Act Does

The ELARA Act requires health insurers to provide employers with timely, standardized claims information upon request, while preserving strict privacy protections.

Key provisions:

- Requires a standardized claims report within 30 days of written request
- Allows up to two reports per plan year
- Includes claims, utilization, enrollment, premium, and high-cost claims data
- Applies to private and governmental employers sponsoring insured group health plans
- Maintains HIPAA compliance through certification, de-identification, and limits on use

The Act does not require public disclosure, patient access, or use beyond plan administration and fiduciary oversight.

Why It Makes Sense

The ELARA Act is a measured transparency reform that aligns data access with financial and legal responsibility.

- Strengthens fiduciary oversight of employer-sponsored plans
- Supports cost containment by identifying utilization patterns and cost drivers
- Creates insurer accountability through uniform reporting standards
- Improves market efficiency without altering benefits, pricing, or networks
- Protects patient privacy and limits data use to legitimate plan functions

Why This Matters

- Employers are the largest purchasers of health insurance, including small businesses, school districts, municipalities, and other public employers
- Rising healthcare costs directly affect wages, hiring, and taxpayer budgets yet employers lack basic data to manage those costs
- Public employers and local governments need visibility into claims trends to responsibly steward public funds
- The Act is enforced through state insurance regulation, ensuring insurers follow clear, uniform standards
- The bill does not expand benefits or increase mandates —it simply ensures transparency for plans already regulated by the state

Built-In Safeguards

- Applies only to group health plans regulated under state insurance law
- Requires strict HIPAA compliance and limits data use to plan administration
- Provides de-identified or aggregated data absent employer certification
- Exempts governmental employer reports from public-records disclosure
- Includes a good-faith compliance safe harbor for carriers

If employers are legally and financially responsible for group health plans, they must have guaranteed, timely access to the claims data required to manage costs, ensure accountability, and make informed decisions that protect employees, strengthen businesses, and safeguard public funds. Without this access, they are expected to fulfill fiduciary duties without the tools necessary to do so responsibly.

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