

Healthcare Affordability State Policy Scorecard

Polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This scorecard identifies areas where Ohio is doing well and areas where it can improve.

STATE:

OHIO

RANK:

26

out of 42 states + DC

Ohio has relatively high healthcare spending per person and a high percentage of residents report affordability problems, suggesting a need for policymaker attention.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	4 OUT OF 10 POINTS Medicaid coverage for childless adults extends to 138% of FPL. Certain recent immigrants have state coverage options.	8 OUT OF 10 POINTS In 2018, OH was in the middle third of states in terms of covering the uninsured, ranking 19 out of 50 states, plus DC, for this measure.	Consider options that help families that make too much to qualify for Medicaid, like Basic Health Plan, reinsurance or supplementary premium subsidies. Additionally, OH should consider adding affordability criteria to its insurance rate review.
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	1 OUT OF 10 POINTS OH has some protections against skimpy, confusing STLD health plans.	4 OUT OF 10 POINTS Forty-three percent of adult residents report healthcare OOP affordability burdens. As a result, OH ranked 30 out of 49 states, plus DC.	In light of grave affordability problems, OH should consider a suite of measures to ease consumer burdens, including SMB protections; stronger protections against STLD health plans; and enacting provisions that lower the cost of high-value care.
REDUCE LOW-VALUE CARE 	1 OUT OF 10 POINTS OH requires some forms of patient safety reporting. OH is an average performer for hospital antibiotic stewardship and has not measured the provision of low-value care.	4 OUT OF 10 POINTS OH ranks average in terms of reducing C-sections for low risk mothers (23 out of 50 states, plus DC). OH ranks 42 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. OH should use claims & EHR data to identify unnecessary care & enact a multi-stakeholder effort to reduce it. OH should stop paying for 'never events,' use other techniques to reduce medical harm & increase efforts to address antibiotic overprescribing.
CURB EXCESS PRICES IN THE SYSTEM 	0 OUT OF 10 POINTS As is common in many states, OH has done little to curb the rise of healthcare prices.	8.6 OUT OF 10 POINTS OH is a top-ranked state, keeping private payer prices below the national median, ranking 11 out of 42 states, plus DC.	Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. Even states with lower price levels (like OH) should consider strong price transparency requirements. OH should also consider creating a robust APCD; establishing a health spending oversight entity; and creating health spending targets.

APCD = All-Payer Claims Database FPL = Federal Poverty Level EHR = Electronic Health Records OOP = Out-of-Pocket Costs SMB = Surprise Medical Bill STLD = Short-Term, Limited-Duration

See state notes on page 2.

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/Ohio

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OHIO NOTES

Methodological Notes:

State rank reflects the weighted sum of the policy and outcome scoring components. In this summation, the Extend Coverage to All Residents category received the biggest weight (reflecting its large impact on the uninsured population) and Reduce Low-Value Care received the smallest weight, reflecting its smaller impact on spending. A lower state rank number (i.e. close to 1) reflects a higher overall score and better performance when compared to other states.

For a complete discussion of methodology, please see healthcarevaluehub.org/affordability-scorecard/methodology.

The Problem:

Forty-three percent of Ohio adults report healthcare OOP affordability burdens, giving the state a ranking of 30 out of 49 states, plus DC, for this measure. The most common burden reported was ‘trouble paying medical bills’ (32% of adults), followed by ‘made changes to medical drugs because of cost.’ According to the BEA, healthcare spending in Ohio totalled \$7,685 per person in 2018.* Moreover, between 2013 and 2018 healthcare spending per person grew 16.8%.* Residents are struggling to afford needed healthcare (in part due to high rates of uninsurance among the population). Ohio has much work to do to ensure wise health spending and affordability for residents.



Extend Coverage to All Residents:

Lawfully residing immigrant children and pregnant women can get coverage through Medicaid without a 5-year wait.



Make Out-of-Pocket Costs Affordable:

High-deductible health plans create barriers to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 7.7% per year in Ohio.*



Reduce Low-Value Care:

Addressing medical harm to increase patient safety can take many forms. One form is declining payment for services related to “never events,” serious reportable events identified by the National Quality Forum (NQF) that should never occur in a healthcare setting.

Eighty-six percent of Ohio hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship – short of the goal of 100% of hospitals.



Curb Excess Prices in the System:

Private payer price levels in Ohio are 241% higher than prices paid by Medicare.*

NOTE: The very high healthcare prices seen in Alaska (relative to the national median), means that most other states received a relatively good outcome score for this category.

* Informational data, not used in state score or ranking. DOI = Department of Insurance BEA = U.S. Bureau of Economic Analysis • Scorecard Updated: Jan. 7, 2020