

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 Nebraska is doing well and areas where it can improve.

STATE:

NEBRASKA

RANK:

38

out of 42 states + DC

Nebraska has an average level of healthcare spending per person, yet a high percentage of residents report affordability problems, suggesting a need for policymaker attention.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	3 OUT OF 10 POINTS Childless adults are not eligible for Medicaid; parents are only eligible if their incomes are below 63% of FPL. Certain recent immigrants have state coverage options.	6 OUT OF 10 POINTS In 2018, NE was in the middle third of states in terms of covering the uninsured, ranking 30 out of 50 states, plus DC, for this measure.	<i>Close the coverage gap by expanding Medicaid to all very low income state residents and consider options that help families that make too much to qualify for Medicaid, like Basic Health Plan, reinsurance or supplementary premium subsidies. Consider adding affordability criteria to insurance rate review.</i>
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	1 OUT OF 10 POINTS NE has some protections against skimpy, confusing STLD health plans.	3 OUT OF 10 POINTS Forty-nine percent of adult residents report healthcare OOP affordability burdens. NE ranks 44 out of 49 states, plus DC, for this measure.	<i>In light of grave affordability problems, NE should consider a suite of measures to ease consumer burdens, including SMB protections; stronger protections against STLD health plans; and strategies that lower the cost of high-value care.</i>
REDUCE LOW-VALUE CARE 	2 OUT OF 10 POINTS NE requires some forms of patient safety reporting. NE is below average for hospital antibiotic stewardship and has not measured the extent of low-value care provided.	3 OUT OF 10 POINTS NE ranks 24 out of 50 states plus DC, in terms of reducing C-sections for low-risk mothers. NE ranks 44 out of 50 states plus DC, in terms of per capita antibiotic prescribing.	<i>Curtailing low- and no-value care is a key part of improving affordability. NE should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it; stop paying for 'never events' and use other techniques to reduce medical harm; and increase efforts to address antibiotic overprescribing.</i>
CURB EXCESS PRICES IN THE SYSTEM 	0 OUT OF 10 POINTS As is common in many states, NE has done little to curb the rise of healthcare prices.	7.6 OUT OF 10 POINTS Private payer prices in NE are close to the national median. The state ranks 22 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive healthcare spending in a state. Even states with lower price levels (like NE) should consider strong price transparency requirements. NE should consider creating a robust APCD; establishing a health spending oversight entity; and creating health spending targets.</i>

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/Nebraska

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NEBRASKA 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:

Nebraska residents report grave healthcare affordability problems — the state is in the bottom third of states in terms of high healthcare affordability burdens. Forty-nine percent of adults report healthcare out-of-pocket affordability burdens, ranking 44 out of 49 states, plus DC, for this measure. The most common burden reported was ‘trouble paying medical bills’ (38% of adults), followed by ‘made changes to medical drugs because of cost.’ According to the BEA, healthcare spending in Nebraska totalled \$7,449 per person in 2018.* Moreover, between 2013 and 2018 healthcare spending per person grew 19.6%.* Residents are struggling to afford needed healthcare (in part due to high rates of uninsurance among the population). Nebraska has much work to do to ensure wise health spending and affordability for residents.



Extend Coverage to All Residents:

LOOKING AHEAD: Nebraska voters passed Medicaid expansion by ballot measure in 2018, but it has not been implemented. The Nebraska HHS has proposed an expansion waiver that includes a two-tiered benefits system, work and wellness requirements and changes to retroactive eligibility.

Lawfully residing immigrant children and pregnant women are covered without a 5-year wait. Some level of prenatal care is available, regardless of immigration status, through CHIP’s “unborn child” option.



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 5.4% per year in Nebraska.*

Nebraska’s only short-term, limited-duration health plan protection is the requirement of clear consumer disclosure.



Reduce Low-Value Care:

Addressing medical harm to improve 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-one percent of Nebraska hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship—short of the goal of 100% of hospitals.

The state has not yet measured the extent of low-value care being provided.



Curb Excess Prices in the System:

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