

# 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 Florida is doing well and areas where it can improve.

STATE:

**FLORIDA**

RANK:

**28**

out of 42 states + DC

Florida has an average level of healthcare spending per person and an average rate of spending growth. A high percentage of residents report affordability problems, suggesting a need for policymaker attention.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
<b>EXTEND COVERAGE TO ALL RESIDENTS</b> 	<b>2 OUT OF 10 POINTS</b> Childless adults are not eligible for Medicaid and parents are only eligible if their incomes are less than 32% of FPL. Certain recent immigrants have state coverage options.	<b>3 OUT OF 10 POINTS</b> In 2018, FL was in the bottom third of states in terms of covering the uninsured, ranking 48 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. Additionally, consider adding affordability criteria to insurance rate review.</i>
<b>MAKE OUT-OF-POCKET COSTS AFFORDABLE</b> 	<b>4 OUT OF 10 POINTS</b> FL has enacted comprehensive SMB protections.	<b>6 OUT OF 10 POINTS</b> Thirty-eight percent of adult residents report healthcare OOP affordability burdens. As a result, FL ranked 21 out of 49 states, plus DC, for this measure.	<i>Consider protections against STLD health plans and enact provisions that lower the cost of high-value care.</i>
<b>REDUCE LOW-VALUE CARE</b> 	<b>2 OUT OF 10 POINTS</b> FL requires some forms of patient safety reporting. Encouragingly, FL performs above average for hospital antibiotic stewardship but has not measured the provision of low-value care.	<b>3 OUT OF 10 POINTS</b> FL ranks poorly in terms of reducing C-sections for low risk mothers (49 out of 50 states, plus DC). The state ranks 24 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 a comprehensive approach to affordability. FL should use claims &amp; EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. In addition, FL should stop paying for 'never events' and use other techniques to reduce medical harm. Moreover, Florida should increase efforts to address antibiotic overprescribing.</i>
<b>CURB EXCESS PRICES IN THE SYSTEM</b> 	<b>1.5 OUT OF 10 POINTS</b> As is common in many states, FL has done little to curb the rise of healthcare prices.	<b>7.8 OUT OF 10 POINTS</b> FL's private payer price levels are close to the national median, ranking 20 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive healthcare spending in a state. FL should consider establishing strong price transparency requirements; 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/Florida](http://www.HealthcareValueHub.org/Affordability-Scorecard/Florida)

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## FLORIDA 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](http://healthcarevaluehub.org/affordability-scorecard/methodology).

### The Problem:

Thirty-eight percent of Florida adults report healthcare OOP affordability burdens, giving the state a rank of 21 out of 49 states, plus DC, for this measure. The most common burden reported was 'trouble paying medical bills' (28% of adults), followed by 'made changes to medical drugs because of cost.' According to the BEA, healthcare spending in Florida totalled \$6,925 per person in 2018.\* Moreover, between 2013 and 2018, healthcare spending per person grew 20.2%.\* Residents are struggling to afford needed healthcare. Florida has much work to do to ensure wise health spending and affordability for residents.



### Extend Coverage to All Residents

Lawfully residing immigrant children covered by 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 7.9% per year in Florida.\*

OF NOTE: FL used to limit pre-existing condition exclusions on short-term, limited-duration plans that were renewable or lasted longer than six months, but that ended in mid-2019.



### 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.

Ninety-seven percent of Florida hospitals have adopted the CDC's 'Core Elements' of antibiotic stewardship – impressive, but short of the goal of 100% of hospitals.



### Reduce Excess Prices in the System:

Private payer price levels in Florida are 229% 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