

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 Delaware is doing well and areas where it can improve.

STATE:

DELAWARE

RANK:

13

out of 42 states + DC

Delaware has relatively high healthcare spending per person, yet the percentage of residents reporting affordability problems is slightly lower than the national average. High recent spending growth suggests that policymakers should continue to focus on the underlying cost of care as part of a broader approach to affordability problems.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	4 OUT OF 10 POINTS Medicaid coverage for single adults extends to 138% of FPL. Certain recent immigrants have some state coverage options.	8 OUT OF 10 POINTS In 2018, DE was in the top third of states in terms of covering the uninsured, ranking 14 out of 50 states, plus DC.	<i>Delaware's new reinsurance program significantly lowered premiums for 2020. The state should consider other options that help families earning too much to qualify for Medicaid like Basic Health Plan or supplementary premium subsidies. DE should also consider adding affordability criteria to insurance rate review.</i>
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	6 OUT OF 10 POINTS DE offers some protections against skimpy, confusing STLD health plans and partial protections against SMBs. DE caps cost-sharing for prescription drugs in the fully insured market.	6 OUT OF 10 POINTS Thirty-seven percent of adult residents report healthcare OOP affordability burdens, giving DE a rank of 17 out of 49 states, plus DC, for this measure.	<i>Consider strengthening SMB protections and protections against STLD health plans.</i>
REDUCE LOW-VALUE CARE 	0 OUT OF 10 POINTS DE has not enacted meaningful patient safety reporting for hospitals nor measured the provision of low-value care. The state ranks poorly in terms of hospital antibiotic stewardship.	4 OUT OF 10 POINTS DE ranks poorly in terms of reducing C-sections for low-risk mothers (33 out of 50 states, plus DC) and per capita antibiotic prescribing (32 out of 50 states, plus DC).	<i>Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. DE should use claims/EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it; stop paying for 'never events;' and increase efforts to address antibiotic overprescribing.</i>
CURB EXCESS PRICES IN THE SYSTEM 	9 OUT OF 10 POINTS DE is a leader in terms of policies to curb the rise of healthcare prices, with a health spending oversight entity and health spending targets, among other policies.	6.9 OUT OF 10 POINTS Private payer prices in DE are well above the national median. The state ranks 33 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. DE should consider strengthening price transparency requirements.</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/Delaware

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DELAWARE 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:

Thirty-seven percent of Delaware adults report healthcare OOP affordability burdens, giving the state a rank of 17 out of 49 states, plus DC, for this measure. The most common burden reported was 'made changes to medical drugs because of cost' (29% of adults), followed by 'trouble paying medical bills.' According to the BEA, healthcare spending in Delaware totalled \$8,710 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 20.3%.* Delaware residents are struggling to afford needed healthcare. The state has much work to do to ensure wise health spending and affordability for residents.



Extend Coverage to All Residents:

Delaware provides Medicaid coverage to lawfully residing immigrant children and pregnant women without a 5-year wait.

LOOKING FORWARD: Delaware's new reinsurance program reduced premiums for Marketplace coverage that began January 1, 2020 by an average 19%.



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 6.6% per year in Delaware.*



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.

Seventy-five percent of Delaware 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:

Delaware is the only state that combines their health spending benchmark with quality benchmarks.

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