

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 Rhode Island is doing well and areas where it can improve.

STATE:

RHODE ISLAND

RANK:

8

out of 42 states + DC

The percentage of residents with affordability issues is lower than the US average, but with 35% of adults burdened by healthcare costs, Rhode Island policymakers have more work to do!

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	6 OUT OF 10 POINTS Medicaid coverage for childless adults goes to 138% of FPL. Certain recent immigrants have state coverage options.	9 OUT OF 10 POINTS In 2018, RI was in the top third of states in terms of covering the uninsured, ranking 4 out of 50 states, plus DC, for this measure.	<i>In 2020 a new reinsurance program will help families that make too much to qualify for Medicaid, but Rhode Island should also consider coverage options for undocumented children.</i>
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	4 OUT OF 10 POINTS RI protects against skimpy, confusing STLD health plans. RI has partial SMB protections.	7 OUT OF 10 POINTS RI has surpassed many other states in reducing healthcare affordability burdens (although 35% adults are still burdened). RI ranked 13 out of 49 states, plus DC, for this measure.	<i>Consider stronger SMB protections and measures that lower the cost of high-value care.</i>
REDUCE LOW-VALUE CARE 	1 OUT OF 10 POINTS RI has not enacted meaningful patient safety reporting. RI ranks highly for hospital antibiotic stewardship but has not measured the extent of low-value care provided.	4 OUT OF 10 POINTS RI ranks 29 out of 50 states, plus DC, in terms of reducing C-sections for low risk mothers. RI ranks 31 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	<i>Curtailing low- and no-value care is key to improving affordability. RI should use claims & EHR data to identify unnecessary care & enact a multi-stakeholder effort to reduce it; stop paying for 'never events'; use other methods & policies to reduce medical harm and increase efforts to combat antibiotic overprescribing.</i>
CURB EXCESS PRICES IN THE SYSTEM 	7 OUT OF 10 POINTS RI is a leader state in terms of policies to curb the rise of healthcare prices, with a healthcare spending oversight entity, mandatory health spending targets and other policies.	9.2 OUT OF 10 POINTS RI is a top ranked state, keeping private payer prices below the national median, ranking 5 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive healthcare spending in a state. RI should continue current policies and consider strong 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/Rhode-Island

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RHODE ISLAND 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:

Rhode Island has surpassed many other states in reducing healthcare affordability burdens, although 35% adults are still burdened. The most common burden reported was 'trouble paying medical bills' (24% of adults), followed by 'made changes to medical drugs because of cost.' According to the BEA, healthcare spending in Rhode Island totaled \$7,510 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 7.9%.* Like all states, Rhode Island still has work to do to ensure wise health spending and affordability for residents.



Extend Coverage to All Residents:

Lawfully residing immigrant children are covered without a 5-year wait. Some level of prenatal care is available, regardless of immigration status, through CHIP's "unborn child" option.

Rhode Island incorporates affordability criteria into rate review and has an active purchaser exchange.



Make Out-of-Pocket Costs Affordable:

Rhode Island insurance regulations effectively eliminate short-term, limited-duration health plans.

A 2018 law instituted a reinsurance program which will lower coverage costs for 2020.

High-deductible health plans create barriers to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 10.9% per year in Rhode Island.*



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.

One-hundred percent of Rhode Island hospitals have adopted the CDC's 'Core Elements' of antibiotic stewardship. However, Rhode Island has not yet measured the extent of low-value care being provided more generally.



Curb Excess Prices in the System:

Rhode Island's health spending oversight entity is funded temporarily by a grant. However, the permanently funded Office of the Health Insurance Commissioner imposes affordability standards on all fully-insured commercial insurers in the state. Moreover, the state has transitioned hospital payments to value-based payments with capped price increases

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: Feb. 7, 2020