District of Columbia

2021 Healthcare Affordability Policy Checklist

KEY
= implemented by state
= the state has implemented policies, but could improve

× = not implemented by state

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 checklist identifies areas where the District of Columbia is doing well and areas where it can improve. For the purposes of this project, the District of Columbia is considered a state.

1. CURB EXCESS HEALTHCARE PRICES:

- Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices.
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- Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization.



• Create a permanently convened health spending oversight entity.



• Create all-payer healthcare spending and quality benchmarks for the state.

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2. Reduce Low-Value Care:

• Require validated patient-safety reporting for hospitals.



• Universally implement antibiotic stewardship programs using CDC's 7 Core Elements.



· Analyze claims and EHR data to understand how much is spent on low- and no-value services.



3. Extend Coverage to All Residents:

• Expand Medicaid to cover adults up to 138% of the federal poverty level.



• Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.¹



Provide options for recent immigrants that don't qualify for the coverage above.²



• Conduct strong rate review of fully insured, private market options.



4. Make Out-of-Pocket Costs Affordable:

Protect patients from inadvertent surprise out-of-network medical bills.



• Limit the availability of skimpy and confusing short-term, limited-duration health plans.



• Waive or reduce cost-sharing for high-value services.



• Require insurers in a state-based exchange to offer evidence-based standard plan designs.

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Notes

- 1. D.C. does not offer a Basic Health Plan, reinsurance or augmented premium subsidies, however the District's Medicaid program extends coverage to adults up to 215% of the federal poverty level.
- 2. The District of Columbia offers Medicaid coverage to documented immigrant pregnant women and children without a five-year wait. Additionally, the D.C. Health Care Alliance provides coverage for low-income residents over the age of 21 who are not eligible for Medicaid and Cover All DC provides private coverage for District residents who do not meet eligibility requirements for private coverage, Medicaid or the Alliance.











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Contact the Hub: 2000 M Street, NW, Suite 400, Washington, DC 20036 (202) 828-5100 | www.HealthcareValueHub.org | @HealthValueHub