2021 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 Connecticut is doing well and areas where it can improve. It reflects policies implemented as of Dec. 31, 2020.

STATE: CONNECTICUT **RANK: 11** out of 47 states + DC

***TOTAL SCORE:* 46.1 OUT OF 80 POSSIBLE POINTS**

Connecticut has much work to do to ensure wise health spending and affordability for its residents. According to the Healthcare Value Hub's CHESS survey, 51% of CT adults experienced healthcare affordability burdens as of 2020.* While CT's uninsurance rate (5.9%) may be a factor, healthcare is increasingly unaffordable largely due to high costs that affect everyone. According to the PCE, healthcare spending per person in CT grew 17% between 2013 and 2019, totaling $8,218 in 2019.*

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
CURB EXCESS PRICES IN THE SYSTEM	**6.0 OUT OF 10 POINTS** CT has made some progress in this area, with a healthcare all-spending oversight entity and an APCD. However, their policies can still be expanded.	**2.7 OUT OF 10 POINTS** High private prices are one factor driving costs. CT is among the most expensive states, with inpatient private payer prices at 212% of Medicare prices. Ranked 38 out of 48 states, plus DC.	*Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. CT should consider codifying its cost growth benchmark and enacting regulatory consequences for payers and large providers who exceed the benchmark. CT should also consider establishing strong price transparency requirements.*
REDUCE LOW-VALUE CARE	**1.8 OUT OF 10 POINTS** CT requires some forms of patient safety reporting. 94% of hospitals have adopted antibiotic stewardship. CT has not yet measured the extent of low-value care being provided.	**5.0 OUT OF 10 POINTS** CT's use of low-value care is close to the national average. Ranked 21 out of 50 states, plus DC.	*CT should consider using claims and EHR data to identify unecessary care and enacting a multi-stakeholder effort to reduce it.*
EXTEND COVERAGE TO ALL RESIDENTS	**4.5 OUT OF 10 POINTS** Medicaid coverage for childless adults extends to 138% of FPL. Only lawfully residing immigrant children/pregnant women can access state coverage options.	**8.1 OUT OF 10 POINTS** CT is among the states with the least uninsured people, still 6% of CT residents are uninsured. Ranked 12 out of 50 states, plus DC.	*CT should consider offering coverage options for undocumented children and adults of all ages and adding affordability criteria to rate review.*
MAKE OUT-OF-POCKET COSTS AFFORDABLE	**9.6 OUT OF 10 POINTS** CT has banned or heavily regulated short-term, limited-duration health plans; comprehensive surprise medical bill protections; caps cost-sharing for some high-value services; and has patient-centered, standard plan designs in its exchange.	**8.4 OUT OF 10 POINTS** CT ranked well in terms of affordability burdens (8 out of 49 states, plus DC), but 10% of adults could not get needed medical care due to cost. The share of people with other affordability burdens is far higher.	*CT is a leader in select policies intended to make out-of-pocket costs more affordable and should continue to develop it's toolset to further progress.*

APCD = All-Payer Claims Database **CHESS** = Consumer Healthcare Experience State Survey **CMS** = Centers for Medicare and Medicaid Services **EHR** = Electronic Health Records **FPL** = Federal Poverty Level **PCE** = Personal Consumption Expenditure (Healthcare PCE measures spending growth among households as well as nonprofit, commercial and government hospitals/nursing homes) **SHADAC** = State Health Access Data Assistance Center **SMB** = Surprise Medical Bill **STLD** = Short-Term, Limited-Duration

Full report and additional details at **www.HealthcareValueHub.org/Affordability-Scorecard/Connecticut**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

STATE: CONNECTICUT **RANK:** 11 out of 42 states + DC

CONNECTICUT NOTES

Methodological Notes:

State rank reflects the weighted sum of the policy and outcome scoring components. 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.

Curb Excess Prices in the System:

In order to receive credit for price transparency tools, a state's tool had to be public-facing, searchable by specific procedure and hospital, and show the negotiated rate paid by insurance plans/patients (not chargemaster rate). Connecticut did not have a tool that met this criteria. CT has an All-Payer Claims Database (APCD). Legislation passed in 2020 directs the Office of Health Strategy (OHS) to develop annual healthcare cost benchmarks for calendar years 2021-2025. OHS must also set targets for increased primary care spending as a percentage of total healthcare spending, to reach 10% by 2025, and develop quality benchmarks across all public and private payers beginning in 2022. Additionally, the office launched the Healthscore CT cost estimator in late 2020 with data for 46 common procedures.

Reduce Low-Value Care:

According to the Johns Hopkins Overuse Index created using Medicare data, CT's overuse of low-value care is 0.1 standard deviations above the national average, which is undesirable (however the value is still relatively close to the national average). Reducing medical error is one way to address low-value care. Connecticut mandates patient safety reporting for CLABSI/CAUTI but does not require validation. Improper use of antibiotics is another type of low-value care. Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients—states were scored on what share of their hospitals follow the CDC's stewardship program.

Extend Coverage to All Residents:

Beginning July 1, 2021, the Covered CT Program will pay premiums and all cost-sharing amounts for certain CT residents. Plans to provide coverage for dental and medical transportation have been approved but not implemented. CT provides Medicaid coverage for eligible lawfully residing immigrant pregnant women and children without a 5-year wait. CT does not offer coverage options for undocumented children/pregnant people/adults. Looking ahead: in 2021, CT passed legislation allowing children eight years old and younger, regardless of their immigration status, to qualify for Connecticut's Medicaid program beginning Jan. 1, 2023. The measure also extends prenatal care and up to a year of postpartum care for income-qualified women regardless of immigration status. CT law requires the Department of Insurance's approval before insurance companies may increase premiums for people covered by non-group health plans. The Department can ask an insurer for more information, approve a smaller increase or reject the increase that has been proposed. This authority does not apply to rate increases for large group health plans.

Make Out-of-Pocket Costs Affordable:

High-deductible health plans create barriers to care for many families. According to SHADAC, the average family deductible among employer insurance plans in CT rose 41% between 2013 and 2019, totaling $4,199 in 2019. States should consider exploring new policies to reduce financial barriers to care for people with high-deductible health plans, although there are limits to how much states can influence employer insurance and Medicare. In response to rising insurance costs, some people turn to STLD health plans, which offer lower monthly premiums compared to ACA-compliant plans. However, these policies offer less coverage, can discriminate against people with pre-existing conditions and pose significant financial risks for consumers. States received credit depending on how much they limit or protect against these plans. CT has comprehensive protections against surprise medical billing. 'Comprehensive' surprise medical billing protections include emergency departments and hospitals, apply to all insurance types, hold consumers harmless/prevent balance billing, and adopt adequate payment standard or dispute resolution process. States with only some of these policies have 'partial' protections. The federal No Surprises Act prohibits surprise medical billing in most plans effective January 2022. However, it does not cover ground ambulances which often result in surprise bills. States can still implement protections in this area—44% of ground ambulance rides in CT charged to commercial insurance plans had the potential for surprise medical billing.* CT limits cost-sharing in most plans for certain high-value services and limits the number of services subject to co-insurance. Standardized benefit plans include pre-deductible services with low to moderate copay amounts, including: non-preventive primary care, specialty care, mental health and substance use disorder treatment and urgent care services. CT also mandates separate prescription drug deductibles to lower financial barriers to needed medication. Beginning Jan. 1, 2022, CT will cap the monthly cost for insulin and non-insulin diabetes medication at $25 and $100 for devices and equipment.

* Informational data, not used in state score or ranking. Scorecard Updated: Oct. 26, 2021