

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

STATE:

ILLINOIS

RANK:

20

out of 47 states + DC

TOTAL SCORE: 36.8 OUT OF 80 POSSIBLE POINTS

Illinois has much work to do to ensure wise health spending and affordability for its residents. According to the Healthcare Value Hub's CHES survey, 56% of IL adults experienced healthcare affordability burdens as of 2020.* While IL's uninsurance rate (7.4%) 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 IL grew 24% between 2013 and 2019, totaling \$7,378 in 2019.*

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
CURB EXCESS PRICES IN THE SYSTEM 	0.0 OUT OF 10 POINTS As is common in many states, IL has done little to curb the rise of healthcare prices.	5.2 OUT OF 10 POINTS High private prices are one factor driving costs. IL's inpatient private payer prices are 184% of Medicare prices, placing them in the middle range of all states. Ranked 21 out of 48 states, plus DC.	Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. IL should consider creating a robust APCD, strong price transparency requirements, establishing a health spending oversight entity and creating health spending targets.
REDUCE LOW-VALUE CARE 	0.7 OUT OF 10 POINTS IL has not enacted meaningful patient safety reporting. 90% of hospitals have adopted antibiotic stewardship. IL has not yet measured the extent of low-value care being provided.	5.0 OUT OF 10 POINTS IL's use of low-value care is close to the national average. Ranked 21 out of 50 states, plus DC.	IL should consider using claims and EHR data to identify unnecessary care and enacting a multi-stakeholder effort to reduce it.
EXTEND COVERAGE TO ALL RESIDENTS 	6.0 OUT OF 10 POINTS Medicaid coverage for childless adults extends to 138% of FPL. IL is also a leader in providing coverage options for legally residing and undocumented immigrants.	7.1 OUT OF 10 POINTS 7% of IL residents are uninsured. Ranked 22 out of 50 states, plus DC.	IL should consider options for residents earning too much to qualify for Medicaid, like a Basic Health Plan, premium subsidies, Medicaid buy-in and a public option. IL should also consider offering coverage options for undocumented immigrant adults of all ages and adding affordability criteria to rate review.
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	7.6 OUT OF 10 POINTS IL has limited protections against short-term, limited-duration health plans, comprehensive surprise medical bill protections and caps cost-sharing for some high-value services.	5.2 OUT OF 10 POINTS 13% of IL adults could not get needed medical care due to cost. The share of people with other affordability burdens is far higher.	IL should consider a suite of measures to ease consumer burdens, such as stronger protections against short-term limited-duration health plans.

APCD = All-Payer Claims Database CHES = 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

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ILLINOIS 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). Illinois did not have a tool that met this criteria.

IL has none of the four policy elements measured for this category. IL lawmakers considered, but did not pass, legislation to create a Prescription Drug Affordability Board in 2020.



Reduce Low-Value Care:

According to the Johns Hopkins Overuse Index created using Medicare data, IL's overuse of low-value care is 0.4 standard deviations above the national average, which is undesirable (however the value is still relatively close to the national average). Data on patient safety reporting is not available for Illinois. 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:

IL offers Medicaid coverage to lawfully residing immigrant children without a 5-year wait and the All Kids program provides coverage to children regardless of immigration status. IL was the first state to cover children's care and organ transplants for unauthorized immigrants and offers full Medicaid benefits for pregnant women, regardless of immigration status, through CHIP's "unborn child" option. Beginning Dec. 1, 2020, the Health Benefits for Immigrant Seniors program provides insurance coverage for people 65 and older who are undocumented or have been legal permanent residents for less than five years. IL expanded eligibility criteria to include adults age 55 and up in 2021. Looking Ahead: IL will also start covering maternal and postpartum services for 12 months after pregnancy regardless of immigration status after a waiver approval in 2021. IL has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.



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 IL rose 49% between 2013 and 2019, totaling \$3,849 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.

IL has comprehensive protections against SMBs. 'Comprehensive' SMB 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 SMBs. States can still implement protections in this area—74% of ground ambulance rides in IL charged to commercial insurance plans had the potential for surprise medical billing.* IL caps cost-sharing for prescription drugs in the fully-insured market. In Jan. 2021, IL capped out-of-pocket insulin costs at \$100 for a 30-day supply.

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