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

STATE: MAINE **RANK: 8** out of 47 states + DC

***TOTAL SCORE:** 53.7 OUT OF 80 POSSIBLE POINTS*

Maine has many policies to address affordability, but still has much work to do to ensure wise health spending and affordability for its residents. According to SHADAC, 12% of ME adults could not get needed medical care due to cost as of 2019, and the share of people with other affordability burdens is far higher. While ME's uninsurance rate (8%) 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 ME grew 23% between 2013 and 2019, totaling $8,216 in 2019.*

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
CURB EXCESS PRICES IN THE SYSTEM	**4.3 OUT OF 10 POINTS** ME has made some progress in this area, with an active APCD and a drug spending oversight entity. However, their policies can still be expanded.	**2.2 OUT OF 10 POINTS** High private prices are one factor driving costs. ME is among the most expensive states, with inpatient private payer prices at 217% of Medicare prices. Ranked 41 out of 48 states, plus DC.	*Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. ME should consider creating health spending targets.*
REDUCE LOW-VALUE CARE	**8.2 OUT OF 10 POINTS** ME has not enacted meaningful patient safety reporting. 89% of hospitals have adopted antibiotic stewardship. ME has taken important steps to measure the extent of low-value care being provided.	**10 OUT OF 10 POINTS** ME has less low-value care than the national average. Ranked 1 out of 50 states, plus DC.	*ME is the rare state that has taken the key initial steps to identify low-value care. The next step is enacting a multi-stakeholder campaign to reduce the use of the services identified.*
EXTEND COVERAGE TO ALL RESIDENTS	**7.5 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. ME uses reinsurance to reduce costs in the non-group market.	**6.8 OUT OF 10 POINTS** 8% of ME residents are uninsured. Ranked 26 out of 50 states, plus DC.	*ME should consider coverage options for residents earning too much to qualify for Medicaid, like premium subsidies, a Basic Health Plan, Medicaid buy-in and a public option. ME should also consider offering coverage options for undocumented children, pregnant people and adults. The state should consider adding affordability criteria to rate review.*
MAKE OUT-OF-POCKET COSTS AFFORDABLE	**8.6 OUT OF 10 POINTS** ME has banned or heavily regulated short-term, limited-duration health plans, enacted comprehensive surprise medical bill protections and caps cost-sharing for some high-value services.	**6.1 OUT OF 10 POINTS** 12% of adults could not get needed medical care due to cost. The share of people with other affordability burdens is far higher.	*ME should consider a suite of measures to ease consumer burdens, such as requiring standard plan design on their state exchange.*

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/Maine**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

STATE: MAINE **RANK: 8** out of 47 states + DC

MAINE 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). Maine's tool met this criteria.

ME has a healthcare spending oversight entity that targets drug spending and an APCD. In 2019, ME passed a bill to establish the Maine Prescription Drug Affordability Board, which will develop prescription drug spending targets and recommendations for meeting those targets for drugs purchased by certain public payors. The first report on drug spending targets is due in 2021. ME passed a law in 2021 to establish an Office on Affordable Health Care that would analyze trends in healthcare costs and examine the relationship between cost and patient access to healthcare.

Reduce Low-Value Care:

According to the Johns Hopkins Overuse Index created using Medicare data, ME's overuse of low-value care is -2.9 standard deviations below the national average, which is likely a good thing assuming they are also delivering appropriate care.

In collaboration with the Maine Quality Forum, VBID Health released a May 2020 report analyzing spending on 47 low-value services in the state.

Maine mandates CLABSI reporting alone with no other requirements.

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:

ME operates a state-based reinsurance program through a 1332 State Innovation Waiver.

ME offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait. ME does not offer coverage options for undocumented children/pregnant people/adults.

ME 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 ME rose 36% between 2013 and 2019, totaling $3,994 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.

ME has comprehensive protections against SMB. '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 surprise bills. States can still implement protections in this area—39% of ground ambulance rides in ME charged to commercial insurance plans had the potential for surprise medical billing (ME had a small sample size [1208] compared to other states, so interpret percentage with caution).* ME caps cost-sharing for prescription drugs in the fully-insured market and limited cost-sharing for insulin to $35 per 30-day supply in January 2021.

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