

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

STATE:

NEW HAMPSHIRE

RANK:

14

out of 47 states + DC

TOTAL SCORE: 43.7 OUT OF 80 POSSIBLE POINTS

New Hampshire 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, 11% of NH 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 NH's uninsurance rate (6.3%) 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 NH grew 28% between 2013 and 2019, totaling \$9,380 in 2019.*

| | POLICY SCORE | OUTCOME SCORE | RECOMMENDATIONS |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CURB EXCESS PRICES IN THE SYSTEM  | 4.3 OUT OF 10 POINTS NH has made some progress in this area, with an active APCD and a drug spending oversight entity. However, their policies can still be expanded. | 3.0 OUT OF 10 POINTS High private prices are one factor driving costs. NH's inpatient private payer prices are 208% of Medicare prices, placing them in the middle range of all states. Ranked 35 out of 48 states, plus DC. | Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. NH should consider creating health spending targets and expanding their oversight entity to target all spending beyond drugs. |
| REDUCE LOW-VALUE CARE  | 1.9 OUT OF 10 POINTS NH requires some forms of patient safety reporting. 96% of hospitals have adopted antibiotic stewardship. NH has not yet measured the extent of low-value care being provided. | 9.0 OUT OF 10 POINTS NH has less low-value care than the national average. Ranked 2 out of 50 states, plus DC. | NH's overuse of low-value care is less than the national average; however, they can still enact policies to improve care for residents. NH 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  | 3.0 OUT OF 10 POINTS Medicaid coverage for childless adults extends to 138% of FPL. No immigrant populations can access state coverage options. | 7.9 OUT OF 10 POINTS 6% of NH residents are uninsured. Ranked 14 out of 50 states, plus DC. | NH 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. NH should consider coverage options for low-income immigrants that do not qualify for Medicaid/CHIP and adding affordability criteria to rate review. |
| MAKE OUT-OF-POCKET COSTS AFFORDABLE  | 7.6 OUT OF 10 POINTS NH has limited protections against short-term, limited-duration health plans, comprehensive surprise medical bill protections and caps cost-sharing for some high-value services. | 7.0 OUT OF 10 POINTS 11% of adults could not get needed medical care due to cost. The share of people with other affordability burdens is far higher. | NH 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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NEW HAMPSHIRE 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). New Hampshire's tool met this criteria.

NH has a healthcare spending oversight entity that targets drug spending and an APCD. A 2020 law established a Prescription Drug Affordability Board that will advise state lawmakers on strategies to improve prescription drug affordability for public plans providing coverage for state, county and municipal employees. The board will set price targets on specific medications that may cause affordability challenges, among other responsibilities.



Reduce Low-Value Care:

According to the Johns Hopkins Overuse Index created using Medicare data, NH's overuse of low-value care is -1.7 standard deviations below the national average, which is likely a good thing assuming they are also delivering appropriate care.

New Hampshire 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:

NH received federal approval to implement Medicaid work requirements, however the requirements were vacated by a federal judge in 2021. NH received federal approval to implement a reinsurance program in 2020. The program is slated to begin in 2021. NH offers no coverage options for immigrant populations. NH 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 NH rose 28% between 2013 and 2019, totaling \$4,379 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.

NH 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—51% of ground ambulance rides in NH charged to commercial insurance plans had the potential for surprise medical billing (NH had a small sample size [1174] compared to other states, so interpret percentage with caution).*

In 2020, NH capped cost-sharing for insulin to \$30 for a 30-day supply for people with state-regulated commercial health insurance.

* Informational data, not used in state score or ranking. Scorecard Updated: Oct. 27, 2021.