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

STATE: UTAH **RANK: 25** out of 47 states + DC

***TOTAL SCORE:** 32.5 OUT OF 80 POSSIBLE POINTS*

Utah has much work to do to ensure wise health spending and affordability for its residents. According to the Healthcare Value Hub's CHESS survey, 60% of UT adults experienced healthcare affordability burdens as of 2018.* While UT's high uninsurance rate (9.7%) 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 UT grew 22% between 2013 and 2019, totaling $5,259 in 2019.*

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
CURB EXCESS PRICES IN THE SYSTEM	**4.0 OUT OF 10 POINTS** Beyond establishing an APCD, UT has few policies to curb the rise of healthcare prices.	**6.2 OUT OF 10 POINTS** High private prices are one factor driving costs. UT is among the least expensive states, with inpatient private payer prices at 173% of Medicare prices. Ranked 12 out of 48 states, plus DC.	*Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. Even states like UT with lower price levels than other areas should consider establishing a health spending oversight entity and creating health spending targets.*
REDUCE LOW-VALUE CARE	**0.9 OUT OF 10 POINTS** UT has not enacted meaningful patient safety reporting. Encouragingly, 98% of hospitals have adopted antibiotic stewardship. UT has not yet measured the extent of low-value care being provided.	**5.0 OUT OF 10 POINTS** UT's use of low-value care is close to the national average. Ranked 21 out of 50 states, plus DC.	*UT should use the findings from their upcoming report identifying overuse of low-value care services to enact a multi-stakeholder effort to reduce those services.*
EXTEND COVERAGE TO ALL RESIDENTS	**3.6 OUT OF 10 POINTS** Medicaid coverage for childless adults extends to 138% of FPL. Only some immigrants can access state coverage options (see back for details).	**5.6 OUT OF 10 POINTS** 10% of UT residents are uninsured. Ranked 34 out of 50 states, plus DC.	*UT 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. UT should also consider coverage options for legally residing pregnant people, undocumented children, pregnant people and adults and adding affordability criteria to rate review.*
MAKE OUT-OF-POCKET COSTS AFFORDABLE	**3.0 OUT OF 10 POINTS** UT has caps on cost-sharing for some high-value services.	**4.2 OUT OF 10 POINTS** 14% of adults could not get needed medical care due to cost. The share of people with other affordability burdens is far higher.	*UT should consider a suite of measures to ease consumer burdens, such as protections against short-term, limited-duration health plans and surprise medical bill protections not addressed by the federal No Surprises Act.*

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/Utah**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

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UTAH 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). Utah's tool met this criteria.

UT has an APCD.

Reduce Low-Value Care:

According to the Johns Hopkins Overuse Index created using Medicare data, UT's overuse of low-value care is 0.3 standard deviations above the national average, which is undesirable (however, the value is still relatively close to the national average).

UT passed legislation in March 2020 requiring the Department of Health to identify potential overuse of non-evidence-based care using claims data. The inaugural report must be completed on or before Nov. 1, 2021.

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.

Data on patient safety reporting is not available for Utah.

Extend Coverage to All Residents:

Medicaid coverage under expansion began on Jan. 1, 2020. Federal approval to implement work requirements was rescinded in 2021.

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

UT 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 UT rose 45% between 2013 and 2019, totaling $3,842 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.

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—69% of ground ambulance rides in UT charged to commercial insurance plans had the potential for surprise medical billing.*

UT launched an insulin savings program on June 1, 2020 allowing any Utah resident to purchase insulin at wholesale prices through the state and public employee plan.

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