

2022 Healthcare Affordability State Policy Scorecard

This Scorecard looks at both policies and related outcomes across four affordability-related areas that were implemented as of Dec. 31, 2021. Lawmakers, regulators, consumer advocates and the public can use the Scorecards to understand how their state performs when it comes to healthcare affordability policies and outcomes relative to other states and identify opportunities to improve.

Setting the stage: According to SHADAC, 24% of Hawaii adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in Hawaii grew 38% between 2013 and 2021, totaling \$7,449 in 2021. Please note some of the outcome measures in this Scorecard include data from 2020, which may have been impacted by the COVID-19 pandemic.

STATE:

HAWAII

RANK:

16

out of
50 states
+ DC

POLICY SCORE

7.7

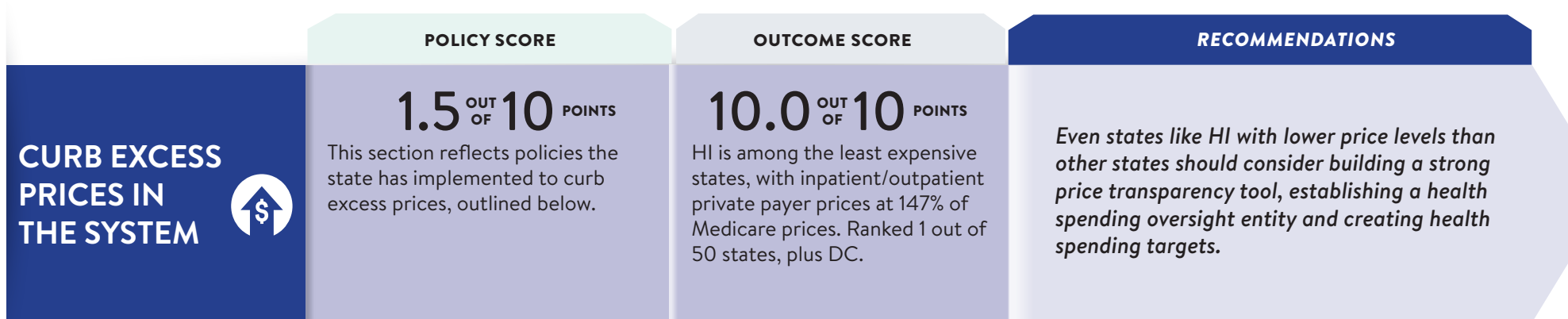
out of 40

OUTCOME SCORE

34.1

out of 40

TOTAL
41.8 OUT OF 80
POSSIBLE POINTS



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

...	Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization Hawaii's all-payer claims database (APCD) is still in the planning stages after being authorized in 2016.
✗	Create a permanently convened health spending oversight entity Hawaii did not have a permanently convened health spending oversight entity as of Dec. 31, 2021.
✗	Create all-payer healthcare spending and quality benchmarks for the state Hawaii did not have active health spending benchmarks as of Dec. 31, 2021.
✗	Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices Hawaii did not have a tool that met the criteria to receive credit. To receive credit, a state's tool has to be public-facing, searchable by specific procedure and hospital and show the negotiated rate paid by insurance plans/patients (not chargemaster rate).

KEY:  = implemented by state  = not implemented by state  = the state has implemented policies, but could be enhanced

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

Healthcare Affordability State Policy Scorecard

STATE:

HAWAII

RANK:

16

out of
50 states
+ DC

POLICY SCORE

0.4 OUT OF **10** POINTS

HI has not yet measured the extent of low-value care being provided. They have not enacted meaningful patient safety reporting. 84% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

10.0 OUT OF **10** POINTS

HI was among the states with the least low-value care, with 9% of residents having received at least one low-value care service. Ranked 1 out of 50 states, plus DC.

RECOMMENDATIONS

HI's lower percentage of low value care is less than the national average, however they can still enact policies to curb low-value care further. HI should consider using claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it.

REDUCE LOW-VALUE CARE



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



Analyze claims and electronic health records data to understand how much is spent on low- and no-value services

Hawaii did not measure the provision of low-value care as of Dec. 31, 2021.



Require validated patient-safety reporting for hospitals

Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Hawaii does not mandate any patient safety reporting or validation for CLABSI/CAUTI.



Universally implement antibiotic stewardship programs using CDC's 7 Core Elements

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, and states were scored on what share of their hospitals follow the CDC's stewardship program. 84% of Hawaii hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

KEY: = implemented by state = not implemented by state = the state has implemented policies, but could be enhanced

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

Healthcare Affordability State Policy Scorecard

STATE:

HAWAII

RANK:

16

out of
50 states
+ DC

POLICY SCORE

4.2 OUT OF 10 POINTS

HI Medicaid coverage for childless adults extends to 138% of FPL. Only lawfully residing immigrant children/pregnant women can access state coverage options.

OUTCOME SCORE

9.2 OUT OF 10 POINTS

HI is among the states with the least uninsured people, still 4% of HI residents are uninsured. Ranked 3 out of 50 states, plus DC.

RECOMMENDATIONS

HI 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. Also consider offering coverage options for undocumented children, pregnant people, adults and adding affordability criteria to rate review.

EXTEND COVERAGE TO ALL RESIDENTS



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



Expand Medicaid to cover adults up to 138% of the federal poverty level

Hawaii has expanded Medicaid.



Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies

Hawaii did not offer any additional coverage options for residents earning too much to qualify for Medicaid as of Dec. 31, 2021. Although Hawaii does not operate a reinsurance program, the state uses a 1332 waiver to circumvent the ACA-required Small Business Health Options Program (SHOP). The state still receives pass-through funding through the 1332 waiver, which equates to what Hawaii would receive in small business tax credits with a SHOP.



Provide options for immigrants that don't qualify for the coverage above

Hawaii offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait. The state does not currently offer comprehensive coverage options for undocumented children, pregnant people or adults. A breast and cervical cancer control program is available to residents, regardless of their immigration status.



Conduct strong rate review of fully insured, private market options

Hawaii has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.

KEY: = implemented by state = not implemented by state = the state has implemented policies, but could be enhanced

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

Healthcare Affordability State Policy Scorecard

STATE:

HAWAII

RANK:

16

out of
50 states
+ DC

POLICY SCORE

1.6 OUT OF 10 POINTS

HI has banned or heavily regulated short-term, limited-duration health plans.

OUTCOME SCORE

4.9 OUT OF 10 POINTS

HI ranked 29 out of 50 states, plus DC on affordability burdens—24% of adults faced an affordability burden: not getting needed care due to cost (8%), delaying care due to cost (7%), changing medication due to cost (6%), problems paying medical bills (10%) or being uninsured due to cost (sample size too small).

RECOMMENDATIONS

HI should consider a suite of measures to ease consumer burdens, such as enacting surprise medical bill protections not addressed by the federal No Surprises Act and waiving or reducing cost-sharing for high-value services. If HI wants to pursue standard plan design, they can establish a state-based exchange.

MAKE
OUT-OF-
POCKET COSTS
AFFORDABLE



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



Limit the availability of short-term, limited-duration health plans

Hawaii has heavily regulated short-term, limited duration health plans (STLDs) to the point that no plans are offered. Some people choose STLD health plans for their lower monthly premiums compared to ACA-compliant plans. However, they offer poor coverage, can discriminate against people with pre-existing conditions and pose financial risks for consumers. States received credit depending on how much they limit these plans.



Protect patients from inadvertent surprise out-of-network medical bills

Hawaii has no state-level protections against surprise medical bills (SMBs). The federal No Surprises Act prohibits SMBs in most plans effective January 2022. However, it does not cover ground ambulances. States can still implement protections in this area (data on ground ambulance surprise medical billing was not available for Hawaii).



Waive or reduce cost-sharing for high-value services

Hawaii did not require waiving or reducing cost-sharing for high-value services as of Dec. 31, 2021.



Require insurers in a state-based exchange to offer evidence-based standard plan designs

Hawaii conducts plan management activities on a federally facilitated marketplace and cannot implement standardized plans unless they establish a state-based exchange. Standard plan design makes cost-sharing the same across plans within metal tiers, making it easier for consumers to compare plans. They also help regulators and exchanges negotiate or set rates with insurance carriers, which may translate to lower prices for consumers.

KEY:  = implemented by state  = not implemented by state  = the state has implemented policies, but could be enhanced

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