

# 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 the Healthcare Value Hub's 2022 CHES survey, 63% of Maine adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Maine grew 30% between 2013 and 2021, totaling \$8,670 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:

MAINE

RANK:

9

out of  
50 states  
+ DC

POLICY SCORE

28.7

out of 40

OUTCOME SCORE

21.4

out of 40

**TOTAL**  
50.1 out of 80  
POSSIBLE POINTS

## POLICY SCORE

## OUTCOME SCORE

## RECOMMENDATIONS

### CURB EXCESS PRICES IN THE SYSTEM



4.3 OUT OF 10 POINTS

This section reflects policies the state has implemented to curb excess prices, outlined below.

2.7 OUT OF 10 POINTS

ME's inpatient/outpatient private payer prices are 275% of Medicare prices, placing them in the middle range of all states. Ranked 34 out of 50 states, plus DC.

*Even states like ME with lower price levels than other states should consider creating health spending targets and expanding their oversight entity to target all spending.*

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

Maine's all-payer claims database (APCD) was established in 2003 and includes data from commercial payers, third party administrators/self-funded plans, Medicaid, Medicare, Pharmacy Benefit Managers and other payers. Some data is available through public dashboards and more detailed/custom data is available on request at a cost. Maine APCD data has been used to create recent reports on cost and utilization, such as Prescription Drug Costs and Utilization. In 2021, Maine passed LD 541 which created an advisory committee tasked with making recommendations to the Maine Health Data Organization (MHDO) about what health data trends to analyze and what data to make public.



#### Create a permanently convened health spending oversight entity

Maine has a permanently convened health spending oversight entity that targets drug spending. In 2019, Maine 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 was released in 2021. Maine 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. Looking Ahead: In early 2022, Maine passed a bill requiring the Office of Affordable Health Care to analyze barriers to affordable healthcare/coverage and develop proposals to improve affordability and coverage for individuals and small businesses.



#### Create all-payer healthcare spending and quality benchmarks for the state

Maine 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

Maine's tool met the criteria to receive credit as of December 31, 2021. 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). The CompareMaine web tool provides the median dollar amount the insurance company and the insured individual pay a facility and/or a provider for a healthcare procedure (i.e. negotiated 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/Maine](http://www.HealthcareValueHub.org/Affordability-Scorecard/Maine)

# Healthcare Affordability State Policy Scorecard

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## POLICY SCORE

8.6 OUT OF 10 POINTS

ME has taken important steps to measure the extent of low-value care being provided. They require some forms of patient safety reporting. 89% of hospitals have adopted antibiotic stewardship.

## OUTCOME SCORE

7.9 OUT OF 10 POINTS

ME was among the states with the least low-value care, with 12% of residents having received at least one low-value care service. Ranked 4 out of 50 states, plus DC.

## RECOMMENDATIONS

*ME is the rare state that has taken the key initial steps to identify low-value care. ME should consider the next step by enacting a multi-stakeholder campaign to reduce the use of the services identified.*

### 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**

In collaboration with the Maine Quality Forum, VBI Health released a May 2020 report analyzing spending on 47 low-value services in the state. Although the state has measured low-value care being provided, it has not yet enacted a campaign to reduce the use of identified services



#### **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. Maine mandates patient safety reporting for CLABSI/CAUTI but does not require validation.



#### **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. 89% of Maine hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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## POLICY SCORE

7.2 OUT OF 10 POINTS

ME 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.

## OUTCOME SCORE

6.6 OUT OF 10 POINTS

8% of ME residents are uninsured. Ranked 24 out of 50 states, plus DC.

## RECOMMENDATIONS

ME should consider additional options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in or a Public Option. ME should also consider offering coverage options for undocumented children and adults, as well as 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

Maine expanded Medicaid through a ballot initiative.



### 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

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



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

Maine offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait. Effective July 1, 2022, Maine offers health coverage for children under age 21 and prenatal care to pregnant residents regardless of immigration status through the CHIP "unborn child" option. Notably, Maine's Medicaid program included immigrant healthcare before 2011 when coverage was revoked. The legislature has considered multiple bills that would reinstate health coverage for all immigrants, such as LD 718 in the 2021 and 2022 sessions and through the LD1995 supplemental budget bill. However, these bills have not passed, and the state does not offer coverage options for undocumented non-pregnant adults.



### Conduct strong rate review of fully insured, private market options

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

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## POLICY SCORE

**8.6** OUT OF **10** POINTS

ME has banned or heavily regulated short-term, limited-duration health plans and has comprehensive protections against surprise medical bills and No Surprises Act loopholes. ME caps cost-sharing for some high-value services.

## OUTCOME SCORE

**4.2** OUT OF **10** POINTS

ME ranked 35 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 (11%), changing medication due to cost (12%), problems paying medical bills (15%) or being uninsured due to cost (sample size too small).

## RECOMMENDATIONS

*Maine is a leader in select policies intended to make out-of-pocket costs more affordable, but residents still suffer from affordability problems. The state should consider exploring new policies targeting high deductibles and prescription drugs, although there are limits to state influence on employer insurance and Medicare.*

## 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

Maine 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

Maine has comprehensive protections against surprise medical bills (SMBs), plus additional protections for ground ambulance bills not covered by the federal No Surprises Act. 'Comprehensive' 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 SMBs in most plans effective January 2022. However, it does not cover ground ambulances. States can still implement protections in this area—39% of ground ambulance rides in Maine charged to commercial insurance plans had the potential for SMBs (2021). (Maine had a small sample size [1208] compared to other states, so interpret percentage with caution.)



### Waive or reduce cost-sharing for high-value services

Maine requires any payment/discount made for the patient to be applied to their annual OOP cost-sharing requirement. The state 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.



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

Maine has a state-based exchange but has not implemented standard plan design as of Dec. 31, 2021. Looking Ahead: Maine has implemented a standardized plan initiative which will be available in 2022. 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.

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