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.

STATE: NEW HAMPSHIRE **RANK:** 11 out of 50 states + DC

Policy Score	18.8	out of 40
Outcome Score	26.5	out of 40

TOTAL 45.3 OUT OF 80 POSSIBLE POINTS

According to SHADAC, 20% of New Hampshire adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in New Hampshire grew 30% between 2013 and 2021, totaling $9,526 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.

CURB EXCESS PRICES IN THE SYSTEM

POLICY SCORE

4.3 OUT OF 10 POINTS

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

OUTCOME SCORE

5.9 OUT OF 10 POINTS

NH's inpatient/outpatient private payer prices are 218% of Medicare prices, placing them in the middle range of all states. Ranked 16 out of 50 states, plus DC.

RECOMMENDATIONS

NH 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*** New Hampshire's all-payer claims database (APCD), the Comprehensive Healthcare Information System, has been collecting data since 2005 and is a model APCD. Data includes Medicare, Medicaid and commercial plans, with medical, dental and pharmacy claims. Quality and average price data is publicly available online, with additional resources specifically for employers. Groups can also access additional data by request at a cost.
···	***Create a permanently convened health spending oversight entity*** New Hampshire has a permanently convened health spending oversight entity that targets drug spending. 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.
✗	***Create all-payer healthcare spending and quality benchmarks for the state*** New Hampshire 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*** New Hampshire's tool met the criteria to receive credit as of Dec. 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).

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/New-Hampshire**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

STATE: NEW HAMPSHIRE **RANK:** 11 out of 50 states + DC

REDUCE LOW-VALUE CARE

POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
1.7 OUT OF 10 POINTS	4.3 OUT OF 10 POINTS	*NH should consider using claims and EHR data to identify unnecessary care and enacting a multi-stakeholder effort to reduce it.*
NH has not yet measured the extent of low-value care being provided. They require some forms of patient safety reporting. 92% of hospitals have adopted antibiotic stewardship.	17% of NH residents have received at least one low-value care service, placing them in the middle range of states. Ranked 21 out of 50 states, plus DC.	

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*** New Hampshire 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. New Hampshire 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. 92% of New Hampshire hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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EXTEND COVERAGE TO ALL RESIDENTS

POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
6.0 OUT OF 10 POINTS NH Medicaid coverage for childless adults extends to 138% of FPL. No immigrant populations can access state coverage options. NH uses reinsurance to reduce costs in the non-group market.	7.7 OUT OF 10 POINTS 6% of NH residents are uninsured. Ranked 16 out of 50 states, plus DC.	*NH 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. NH should also consider offering coverage options for low-income immigrants that do not qualify for Medicaid/CHIP, as well as adding affordability criteria to rate review.*

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

✓	***Expand Medicaid to cover adults up to 138% of the federal poverty level*** New Hampshire has expanded Medicaid. The state received federal approval to implement Medicaid work requirements, however the requirements were vacated by a federal judge in 2021.
✓	***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*** New Hampshire received federal approval to implement a reinsurance program in 2020. The program began in 2021.
✗	***Provide options for immigrants that don't qualify for the coverage above*** New Hampshire offers no coverage options for legally residing immigrants without a 5-year wait or for undocumented immigrants.
···	***Conduct strong rate review of fully insured, private market options*** New Hampshire has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.

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MAKE OUT-OF-POCKET COSTS AFFORDABLE

POLICY SCORE

6.8 OUT OF 10 POINTS

NH has limited protections against short-term, limited duration health plans and has comprehensive protections against surprise medical bills. NH caps cost-sharing for some high-value services.

OUTCOME SCORE

8.6 OUT OF 10 POINTS

NH ranked 3 out of 50 states, plus DC on affordability burdens, but 20% of adults faced an affordability burden: not getting needed care due to cost (6%), delaying care due to cost (7%), changing medication due to cost (10%), problems paying medical bills (10%) or being uninsured due to cost (sample size too small).

RECOMMENDATIONS

NH should consider a suite of measures to ease consumer burdens, such as enacting stronger protections against short-term, limited-duration health plans and surprise medical bill protections not addressed by the federal No Surprises Act. If NH wants to pursue standard plan design, they can establish a state-based exchange.

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

⋯	***Limit the availability of short-term, limited-duration health plans*** New Hampshire has enacted some protections against short-term, limited duration health plans (STLDs) but there are still plans available with a max duration of over one year. 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*** New Hampshire has comprehensive protections against surprise medical bills (SMBs). '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—51% of ground ambulance rides in NH charged to commercial insurance plans had the potential for SMBs (2021). (New Hampshirehad a small sample size [1174] compared to other states, so interpret percentage with caution).
✓	***Waive or reduce cost-sharing for high-value services*** In 2020, New Hampshire capped cost-sharing for insulin to $30 for a 30-day supply for people with state-regulated commercial health insurance.
✗	***Require insurers in a state-based exchange to offer evidence-based standard plan designs*** New Hampshire 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.

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