

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:

NORTH DAKOTA

RANK:

33

out of 50 states + DC

POLICY SCORE

6.9

out of 40

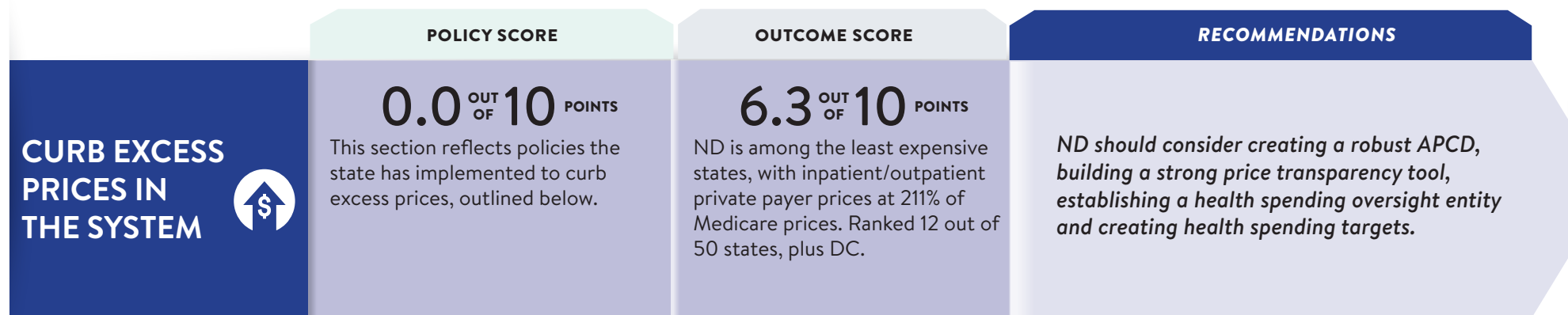
OUTCOME SCORE

18.5

out of 40

TOTAL
25.4 OUT OF 80
POSSIBLE POINTS

According to SHADAC, 23% of North Dakota adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in North Dakota grew 41% between 2013 and 2021, totaling \$9,947 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.



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

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization North Dakota has not yet taken any action to form an all-payer claims database (APCD). |
| <input checked="" type="checkbox"/> | Create a permanently convened health spending oversight entity North Dakota did not have a permanently convened health spending oversight entity as of Dec. 31, 2021. In 2021, North Dakota created the Prescription Drug Cost Transparency program under which prescription drug manufacturers, pharmacy benefit managers and health insurers must meet certain disclosure requirements related to the cost of prescription drugs. Though this does not earn North Dakota credit in this category, the state's efforts should be noted. |
| <input checked="" type="checkbox"/> | Create all-payer healthcare spending and quality benchmarks for the state North Dakota did not have active health spending benchmarks as of Dec. 31, 2021. |
| <input checked="" type="checkbox"/> | Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices North Dakota 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/North-Dakota

Healthcare Affordability State Policy Scorecard

STATE:

**NORTH
DAKOTA**

RANK:

33

out of
50 states
+ DC

POLICY SCORE

0.3 OUT OF **10** POINTS

ND has not yet measured the extent of low-value care being provided. They have not enacted meaningful patient safety reporting. 80% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

0.0 OUT OF **10** POINTS

North Dakota was among the states with the most low-value care, with 23% of residents having received at least one low-value care service. Ranked 49 out of 50 states, plus DC.

RECOMMENDATIONS

ND should consider using claims and EHR data to identify unnecessary care and enacting 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

North Dakota 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. North Dakota 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. 80% of North Dakota hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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STATE:

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RANK:

33

out of
50 states
+ DC

POLICY SCORE

6.0 OUT OF **10** POINTS

ND Medicaid coverage for childless adults extends to 138% of FPL. No immigrant populations can access state coverage options. ND uses reinsurance to reduce costs in the non-group market.

OUTCOME SCORE

6.9 OUT OF **10** POINTS

7% of ND residents are uninsured. Ranked 22 out of 50 states, plus DC.

RECOMMENDATIONS

ND 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. ND should also consider offering coverage options for low-income immigrants that do not qualify for Medicaid/CHIP 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

North Dakota 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

North Dakota has operated a 1332 State Innovation Waiver funding a reinsurance program since 2020.



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

North Dakota 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

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

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POLICY SCORE

0.6 OUT OF **10** POINTS

ND has limited protections against short-term, limited duration health plans.

OUTCOME SCORE

5.3 OUT OF **10** POINTS

ND ranked 20 out of 50 states, plus DC on affordability burdens—23% of adults faced an affordability burden: not getting needed care due to cost (6%), delaying care due to cost (8%), changing medication due to cost (8%), problems paying medical bills (14%) or being uninsured due to cost (sample size too small).

RECOMMENDATIONS

ND 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. ND should also consider waiving or reducing cost-sharing for high-value services. If ND 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

North Dakota 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

North Dakota 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—13% of ground ambulance rides in North Dakota charged to commercial insurance plans had the potential for SMBs (2021). (ND had a small sample size [160] compared to other states, so interpret percentage with caution.)



Waive or reduce cost-sharing for high-value services

North Dakota 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

North Dakota has an exclusively 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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