Oklahoma

2021 Healthcare Affordability Policy Checklist

KEY
 = implemented by state
 = the state has implemented policies, but could improve
 = not implemented by state

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 checklist identifies areas where Oklahoma is doing well and areas where it can improve.

1. Curb Excess Healthcare Prices:	
 Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices. 	×
 Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization.¹ 	\bigcirc
Create a permanently convened health spending oversight entity.	X
Create all-payer healthcare spending and quality benchmarks for the state.	×
2. Reduce Low-Value Care:	
Require validated patient-safety reporting for hospitals. ²	N/A
• Universally implement antibiotic stewardship programs using CDC's 7 Core Elements. ³	
Analyze claims and EHR data to understand how much is spent on low- and no-value services.	×
3. Extend Coverage to All Residents:	
• Expand Medicaid to cover adults up to 138% of the federal poverty level. ⁴	×
 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. 	×
 Provide options for immigrants that don't qualify for the coverage above.⁵ 	
Conduct strong rate review of fully insured, private market options. ⁶	×
4. Make Out-of-Pocket Costs Affordable:	
 Protect patients from inadvertent surprise out-of-network medical bills.⁷ 	×
Limit the availability of short-term, limited-duration health plans.	X
Waive or reduce cost-sharing for high-value services.	×

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

NOTES

- 1. Oklahoma's APCD data submission is voluntary. The APCD contains complete claims histories for about 25% of the state's population.
- 2. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Data on patient safety reporting is not available for Oklahoma. For more information, see: https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables.
- 3. 83% of OK hospitals have adopted antibiotic stewardship. For more information, see: https://www.cdc.gov/antibiotic-use/stewardship-report/current.html.
- 4. In 2020, Oklahoma voters approved a Medicaid expansion initiative. The expansion took effect in July 2021. See: https://apnews.com/article/joe-biden-michael-brown-oklahoma-medicaid-government-and-politics-86d02af31c7 536093942dd09b02fc2e5.
- 5. Some level of prenatal care is available, regardless of immigration status, through CHIP's "unborn child" option. OK does not offer Medicaid coverage for legally residing immigrant children without a 5-year wait and undocumented children/adults.
- 6. Oklahoma does not conduct effective rate review, per the federal government.
- 7. 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 for consumers. An analysis by Johns Hopkins University conducted specially for Altarum revealed that 59% of ground ambulance rides in OK charged to commercial insurance plans had the potential for surprise medical billing.











ABOUT ALTARUM'S HEALTHCARE VALUE HUB

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