

Healthcare Affordability State Policy Scorecard

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 scorecard identifies areas where New York is doing well and areas where it can improve.

STATE:





NEW YORK

RANK:

5

out of 42 states + DC

New York has relatively high healthcare spending per person, but a comparatively low percentage of residents report affordability problems, suggesting policy efforts are achieving some success.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	8 OUT OF 10 POINTS Medicaid coverage for childless adults extends to 138% of FPL. NY is also a leader in terms of coverage for recent and undocumented child immigrants.	8 OUT OF 10 POINTS In 2018, NY was in the top third of states in terms of covering the uninsured, ranking 9 out of 50 states, plus DC, for this measure.	<i>NY should consider adding affordability criteria to its insurance rate review and adding coverage options for undocumented adults.</i>
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	10 OUT OF 10 POINTS NY has enacted measures to protect against skimpy, confusing STLD health plans and comprehensive SMB protections. NY prohibits the use of Rx specialty tiers in their fully-insured market and has patient-centered, standard plan designs in the Exchange.	10 OUT OF 10 POINTS NY has surpassed many other states in reducing healthcare affordability burdens (although 26% adults are still burdened), ranking 3 out of 49 states, plus DC, for this measure.	<i>NY is a leader in alleviating healthcare affordability burdens — use existing tool set for continued progress.</i>
REDUCE LOW-VALUE CARE 	2 OUT OF 10 POINTS NY has not enacted meaningful patient safety reporting but performs above average for hospital antibiotic stewardship, though it has not yet measured the provision of low-value care.	2 OUT OF 10 POINTS NY ranks poorly in terms of reducing C-sections for low-risk mothers (40 out of 50 states, plus DC) and ranks 36 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	<i>Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. NY should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. Moreover, the state should strengthen policies to address medical harm and increase efforts to address antibiotic overprescribing.</i>
CURB EXCESS PRICES IN THE SYSTEM 	3 OUT OF 10 POINTS While the state has an APCD, NY is otherwise a middle-ranked state with a few policies to curb the rise of healthcare prices.	5.9 OUT OF 10 POINTS NY is among the most expensive states, with private payer prices well above the national median, ranking 40 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. NY should consider strong price transparency requirements, establishing a health spending oversight entity and creating health spending targets.</i>

APCD = All-Payer Claims Database FPL = Federal Poverty Level EHR = Electronic Health Records OOP = Out-of-Pocket Costs SMB = Surprise Medical Bill STLD = Short-Term, Limited-Duration

See state notes on page 2.

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

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NEW YORK NOTES

Methodological Notes:

State rank reflects the weighted sum of the policy and outcome scoring components. In this summation, the Extend Coverage to All Residents category received the biggest weight (reflecting its large impact on the uninsured population) and Reduce Low-Value Care received the smallest weight, reflecting its smaller impact on spending. A lower state rank number (i.e. close to 1) reflects a higher overall score and better performance when compared to other states.

For a complete discussion of methodology, please see healthcarevaluehub.org/affordability-scorecard/methodology.

The Problem:

New York has surpassed many other states in reducing healthcare affordability burdens, ranking 3 out of 49 states, plus DC, for this measure, though 26% adults are still burdened. The most common burden reported was ‘made changes to medical drugs because of cost’ (18% of adults), followed by ‘trouble paying medical bills.’ According to the BEA, healthcare spending in New York totalled \$8,551 per person in 2018. Moreover, between 2013 and 2018, healthcare spending per person grew 22.4%.* New York has much work to do to ensure wise health spending and affordability for residents.



Extend Coverage to All Residents:

New York uses Basic Health Plan (BHP), to reduce costs for those in the non-group market. Lawfully residing immigrant children and pregnant women are covered by Medicaid without a 5-year wait. Prenatal care is available regardless of immigration status.

Of Note: In 2019, New York City offered undocumented immigrants access to healthcare through a new \$100 million program and has provided coverage for undocumented immigrant children since 1990.



Make Out-of-Pocket Costs Affordable:

High-deductible health plans create barrier to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 14.5% per year in New York.* New York’s Basic Health Program, the Essential Plan, offers standardized benefits and low cost sharing; standard plan designs in the Exchange strive to keep deductibles as low as possible, but only generic Rx have standard copay.



Reduce Low-Value Care:

Addressing medical harm to improve patient safety can take many forms. One form is declining payment for services related to “never events,” serious reportable events identified by the National Quality Forum (NQF) that should never occur in a healthcare setting.

Eighty-nine percent of New York hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship – short of the goal of 100% of all hospitals.



Curb Excess Prices in the System:

Private payer levels in New York are 178% higher than prices paid by Medicare.*

NOTE: The very high healthcare prices seen in Alaska (relative to the national median), means that most other states received a relatively good outcome score for this category.

* Informational data, not used in state score or ranking. DOI = Department of Insurance BEA = U.S. Bureau of Economic Analysis • Scorecard Updated: Jan. 7, 2020