

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 Utah is doing well and areas where it can improve.

STATE:





UTAH

RANK:

35

out of 42 states + DC

Utah has relatively low healthcare spending per person, but ranks among the worst in the nation for percentage of residents reporting affordability problems. Immediate policymaker attention is required.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	2 OUT OF 10 POINTS Childless adults are not eligible for Medicaid and parents are only eligible if their incomes are below 60% of FPL. Certain recent immigrants have state coverage options.	6 OUT OF 10 POINTS In 2018, UT was in the middle third of states in terms of covering the uninsured, ranking 34 out of 50 states, plus DC, for this measure.	<i>UT's planned Medicaid expansion will help very low income families. The state should also consider supplementary premium subsidies and options that help families that make too much to qualify for Medicaid, like Basic Health Plan, reinsurance or supplementary premium subsidies.</i>
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	1 OUT OF 10 POINTS UT has some protections against skimpy, confusing STLD health plans.	1 OUT OF 10 POINTS Fifty-three percent of adult residents report healthcare OOP affordability burdens. UT ranks 48 out of 49 states, plus DC, for this measure.	<i>In light of grave affordability problems, UT should consider a suite of measures to ease consumer burdens, including: SMB protections; stronger protections against STLD health plans; and strategies to lower the cost of high-value care.</i>
REDUCE LOW-VALUE CARE 	3 OUT OF 10 POINTS UT requires some forms of patient safety reporting & has enacted non-payment policies for 'never events.' UT is above avg. for hospital antibiotic stewardship but has not measured the provision of low-value care.	8 OUT OF 10 POINTS UT ranks highly in terms of reducing C-sections for low risk mothers (2 out of 50 states, plus DC). The state ranks 16 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. UT should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. UT should also increase efforts to address antibiotic overprescribing.</i>
CURB EXCESS PRICES IN THE SYSTEM 	3 OUT OF 10 POINTS Beyond establishing an APCD, UT is a middle-ranked state with few policies to curb the rise of healthcare prices.	8.6 OUT OF 10 POINTS Private payer prices in UT are below the national median. The state ranks 10 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. Even states with lower price levels (like UT) should consider creating strong price transparency requirements, a robust APCD, a health spending oversight entity and 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/Utah

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UTAH 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:

Utah residents report grave healthcare affordability problems — fifty-three percent of adults report healthcare OOP affordability burdens, giving the state a rank of 48 out of 49 states, plus DC, for this measure. The most common burden reported was ‘made changes to medical drugs because of cost’ (47% of adults), followed by ‘trouble paying medical bills.’ According to the BEA, healthcare spending in Utah totalled \$5,289 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 18.6%.* While spending per person is comparatively low compared to other states, residents are struggling to afford needed healthcare. This is, in part, due to high rates of uninsurance among the population. Utah has much work to do to ensure wise health spending and affordability for its residents.

Extend Coverage to All Residents:



LOOKING AHEAD: Utah will implement Medicaid expansion (passed by ballot measure in 2018) beginning in 2020.

Lawfully residing immigrant children covered under Medicaid without 5-year wait.

Make Out-of-Pocket Costs Affordable:



High-deductible health plans create barriers to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 5.9% per year in Utah.*

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. It is the policy of the Utah Hospital Association to not seek payment for costs associated with the occurrence of a serious event if the event was preventable and within the control of the hospital.

Ninety-six percent of Utah hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship — impressive, but short of the goal of 100% of hospitals.

Curb Excess Prices in the System:



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