

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 Maine is doing well and areas where it can improve.

STATE:





MAINE

RANK:

9

out of 42 states + DC

Maine has relatively high healthcare spending per person and a high percentage of residents report affordability problems, suggesting a need for policymaker attention.

| | POLICY SCORE | OUTCOME SCORE | RECOMMENDATIONS |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EXTEND COVERAGE TO ALL RESIDENTS  | 7 OUT OF 10 POINTS Medicaid coverage for childless adults extends to 138% of FPL. Certain recent immigrants have state coverage options. | 7 OUT OF 10 POINTS In 2018, ME was in the middle third of states in terms of covering the uninsured, ranking 26 out of 50 states, plus DC, for this measure. | Consider adding affordability criteria to insurance rate review and consider coverage options for undocumented children. |
| MAKE OUT-OF-POCKET COSTS AFFORDABLE  | 6 OUT OF 10 POINTS ME has some protections against skimpy, confusing STLD plans; partial SMB protections; and has capped cost-sharing for Rx in the fully insured market. | 5 OUT OF 10 POINTS Forty-one percent of adult residents report healthcare OOP affordability burdens. ME ranked 27 out of 49 states, plus DC, for this measure. | Consider stronger SMB protections; stronger protections against STLD health plans; and implementing Standard Plan Designs in the Exchange. |
| REDUCE LOW-VALUE CARE  | 4 OUT OF 10 POINTS ME requires some forms of patient safety reporting & has enacted nonpayment policies for 'never events.' ME is below avg. for hospital antibiotic stewardship & has not measured the provision of low-value care. | 7 OUT OF 10 POINTS ME ranks average in terms of reducing C-sections for low risk mothers (20 out of 50 states, plus DC). ME ranks 12 out of 50 states, plus DC, in terms of per capita antibiotic prescribing. | Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. ME should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. Moreover, ME should increase efforts to address antibiotic overprescribing. |
| CURB EXCESS PRICES IN THE SYSTEM  | 4 OUT OF 10 POINTS While the state has an APCD, ME is otherwise a middle-ranked state with a few policies to curb the rise of healthcare prices. | 7.5 OUT OF 10 POINTS ME's private payer price levels are close to the national median, ranking 25 out of 42 states, plus DC, for this measure. | Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. ME should consider establishing a health spending oversight entity and creating health spending targets. |

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/Maine

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MAINE 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:

Forty-one percent of Maine adults report healthcare OOP affordability burdens, giving the state a rank of 27 out of 49 states, plus DC, for this measure. The most common burden reported was 'trouble paying medical bills' (34% of adults), followed by 'made changes to medical drugs because of cost.' According to the BEA, healthcare spending in Maine totalled \$7,935 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 12.4%.* Residents are struggling to afford needed healthcare. Maine has much work to do to ensure wise health spending and affordability for residents.

Extend Coverage to All Residents:



Maine uses reinsurance to reduce costs for those in the non-group market. Lawfully residing immigrant children and lawfully residing immigrant pregnant women are covered by Medicaid without a 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 8.4% per year in Maine*. Maine is exploring moving to a state-based exchange which could potentially provide additional policy tools to help those that purchase in the small group and individual market.

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-one percent of Maine hospitals have adopted the CDC's 'Core Elements' of antibiotic stewardship — short of the goal of 100% of hospitals.

LOOKING AHEAD: Maine is in the process of analyzing low-value care in their claims data.



Curb Excess Prices in the System:

Maine exhibits private payer price levels that are 283% 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