

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 Hawaii is doing well and areas where it can improve.

STATE:

HAWAII

RANK:

N/A

out of 42 states + DC

Hawaii is the only state for which data on healthcare affordability burden and private payer prices are not available. The remaining data suggest there are policy steps that Hawaii should be taking to address healthcare affordability.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	4 OUT OF 10 POINTS Medicaid coverage for childless adults extends to 138% of FPL. Certain recent immigrants have state coverage options.	9 OUT OF 10 POINTS In 2018, HI was in the top third of states in terms of covering the uninsured, ranking 4 out of 50 states, plus DC, for this measure.	<i>Consider options that help families that earn too much to qualify for Medicaid like Basic Health Plan, reinsurance or supplementary premium subsidies. HI should also consider adding affordability criteria to its insurance rate review.</i>
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	2 OUT OF 10 POINTS HI provides some protections against skimpy, confusing STLD health plans.	N/A OUT OF 10 POINTS Survey data was insufficient to estimate healthcare affordability burdens in HI.	<i>HI should consider a suite of measures to ease consumer healthcare affordability burdens, including: comprehensive SMB protections; stronger protections against STLD health plans; and strategies to lower the cost of high-value care.</i>
REDUCE LOW-VALUE CARE 	2 OUT OF 10 POINTS HI requires some forms of patient safety reporting and ranks above average in terms of hospital antibiotic stewardship. The state has not measured the provision of low-value care.	9 OUT OF 10 POINTS HI ranks highly in terms of reducing C-sections for low risk mothers (7 out of 50 states, plus DC). HI ranks 7 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. HI should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. Additionally, HI should stop paying for 'never events' and use other techniques to reduce medical harm.</i>
CURB EXCESS PRICES IN THE SYSTEM 	1.5 OUT OF 10 POINTS As is common in many states, HI has done little to curb the rise of healthcare prices.	N/A OUT OF 10 POINTS Data on private sector prices, relative to the national median, was not available for Hawaii.	<i>Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. Hawaii should consider establishing strong price transparency requirements; 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/Hawaii

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HAWAII NOTES

Methodological Notes:

While most of the scorecard components received a score, overall state rank could not be calculated due to missing data. For a complete discussion of methodology, please see healthcarevaluehub.org/affordability-scorecard/methodology.

The Problem:

Survey data was insufficient to estimate healthcare affordability burdens in Hawaii. According to the BEA, healthcare spending in Hawaii totalled \$7,264 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 25.5%.*



Extend Coverage to All Residents:

Hawaii provides Medicaid coverage to some legally residing immigrant children and pregnant women 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 11.4% per year in Hawaii.*

Hawaii insurance regulations effectively eliminate short-term, limited-duration health plans.



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.

Ninety percent of Hawaii hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship – impressive, but short of the goal of 100% of hospitals.

* 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