

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 Oklahoma is doing well and areas where it can improve.

STATE:

OKLAHOMA

RANK:

42

out of 42 states + DC

Oklahoma has relatively low healthcare spending per person, and recent spending growth is impressively low, yet the percentage of residents reporting affordability problems is among the worst in the nation. Immediate policymaker attention is required.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	0 OUT OF 10 POINTS Childless adults are not eligible for Medicaid and parents are only eligible if their incomes are below 42% of FPL. Certain recent immigrants have state coverage options.	2 OUT OF 10 POINTS In 2018, OK was in the bottom third of states in terms of covering the uninsured, ranking 50 out of 50 states, plus DC, for this measure.	Increase coverage by expanding Medicaid to all low income state residents and consider options that help families earning too much to qualify for Medicaid like Basic Health Plan, reinsurance or supplementary premium subsidies. Additionally, OK should establish an effective rate review process.
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	0 OUT OF 10 POINTS OK has not enacted any of the policies that may protect state residents from high out-of-pocket costs.	2 OUT OF 10 POINTS Fifty-two percent of adult residents report healthcare OOP affordability burdens. OK ranked 47 out of 49 states, plus DC, for this measure.	In light of grave affordability problems, OK should consider a suite of measures to ease consumers' financial burdens, starting with comprehensive SMB protections – a proven strategy for helping consumers.
REDUCE LOW-VALUE CARE 	0 OUT OF 10 POINTS OK has not enacted meaningful patient safety reporting, ranks below average in terms of hospital antibiotic stewardship and has not measured the provision of low-value care.	3 OUT OF 10 POINTS OK ranks 33 out of 50 states, plus DC, in terms of reducing C-sections for low risk mothers and 37 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	OK should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. OK should also ban payments for 'never events' (combined with other techniques to reduce medical harm) and increase efforts to address antibiotic overprescribing.
CURB EXCESS PRICES IN THE SYSTEM 	3 OUT OF 10 POINTS Beyond establishing a voluntary APCD, OK has few policies to curb the rise of healthcare prices.	8.7 OUT OF 10 POINTS Private payer prices in OK are lower than the national median. The state ranks 8 out of 42 states, plus DC, for this measure.	Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. Even states with lower private payer price levels (like OK) should consider establishing strong price transparency requirements; a health spending oversight entity; and 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/Oklahoma

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OKLAHOMA 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:

Oklahoma is in the bottom third of states in terms of high healthcare affordability burdens (52% of adults report healthcare OOP affordability burdens), giving the state a rank of 47 out of 49 states, plus DC, for this measure. The most common burden reported was ‘trouble paying medical bills’ (40% of adults), followed by ‘made changes to medical drugs because of cost.’ According to the BEA, healthcare spending in Oklahoma totalled \$6,254 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 7.7%.* While spending per person in Oklahoma is low, residents are struggling to afford needed healthcare. This is, in part, due to high rates of uninsurance among the population. Oklahoma has much work to do to ensure wise health spending and affordability for residents.



Extend Coverage to All Residents:

Oklahoma provides some prenatal care to expectant mothers, regardless of immigration status, through CHIP’s unborn child option.

Oklahoma does not conduct effective rate review, per the Federal government.



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 8.8% per year in Oklahoma.*



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.

Seventy-three percent of Oklahoma hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship – short of the goal of 100% of hospitals.



Curb Excess Prices in the System:

Because submitting claims to Oklahoma’s APCD is voluntary, the state only has complete claims histories for about 25% of the state’s population.*

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