

# 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 Nevada is doing well and areas where it can improve.

STATE:




**NEVADA**

RANK:

**39**

out of 42 states + DC

Nevada has relatively low healthcare spending per person, yet many residents report affordability problems and recent spending growth is high. Immediate policymaker attention is required.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
<b>EXTEND COVERAGE TO ALL RESIDENTS</b> 	<b>3 OUT OF 10 POINTS</b> Medicaid coverage for childless adults extends to 138% of FPL. Certain recent immigrants have state coverage options.	<b>4 OUT OF 10 POINTS</b> In 2018, NV was in the bottom third of states in terms of covering the uninsured, ranking 45 out of 50 states, plus DC, for this measure.	<i>Consider options that help families that make too much to qualify for Medicaid, like Basic Health Plan, reinsurance or supplementary premium subsidies. Consider adding affordability criteria to insurance rate review.</i>
<b>MAKE OUT-OF-POCKET COSTS AFFORDABLE</b> 	<b>1 OUT OF 10 POINTS</b> NV has enacted partial measures to protect against skimpy, confusing STLD plans.	<b>3 OUT OF 10 POINTS</b> Forty-eight percent of adults residents report healthcare OOP affordability burdens. NV ranks 43 out of 49 states, plus DC, for this measure.	<i>Nevada kicks off 2020 with new partial SMB protections, but, in light of grave affordability problems, NV should consider a suite of measures to ease consumer burdens, including even stronger SMB and STLD health plan protections, and strategies that lower the cost of high-value care.</i>
<b>REDUCE LOW-VALUE CARE</b> 	<b>1 OUT OF 10 POINTS</b> NV requires some forms of patient safety reporting. NV is about average for hospital antibiotic stewardship and has not measured the extent of low-value care provided.	<b>5 OUT OF 10 POINTS</b> NV ranks poorly in terms of reducing C-sections for lo- risk mothers (40 out of 50 states plus DC). NV ranks 14 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. NV should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. Moreover, NV should increase efforts to address antibiotic overprescribing.</i>
<b>CURB EXCESS PRICES IN THE SYSTEM</b> 	<b>0 OUT OF 10 POINTS</b> As is common in many states, NV has done little to curb the rise of healthcare prices.	<b>7.4 OUT OF 10 POINTS</b> Private payer prices in NV are close to the national median. NV state ranks 26 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive healthcare spending in a state. Even states with lower price levels (like NV) should consider strong price transparency requirements. NV should consider creating a robust APCD; 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/Nevada](http://www.HealthcareValueHub.org/Affordability-Scorecard/Nevada)

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## NEVADA 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](http://healthcarevaluehub.org/affordability-scorecard/methodology).

### The Problem:

Nevada is in the bottom third of states in terms of high healthcare affordability burdens, with 48% of adults report healthcare out-of-pocket affordability burdens, giving the state a rank of 43 out of 49 states, plus DC, for this measure. The most common burden reported was 'made changes to medical drugs because of cost' (31% of adults), followed by 'trouble paying medical bills.' According to the BEA, healthcare spending in Nevada totalled \$5,948 per person in 2018.\* Moreover, between 2013 and 2018 healthcare spending per person grew 34.5%.\* While spending per person is comparatively low, residents are struggling to afford needed healthcare. Nevada has much work to do to ensure wise health spending and affordability for residents.



### Extend Coverage to All Residents:

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



### Make Out-of-Pocket Costs Affordable:

In 2020, AB 469 goes into effect, preventing out-of-network emergency care providers from overcharging patients.

High-deductible health plans are a barrier to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 7.8% per year in Nevada\*.



### 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-three percent of Nevada hospitals have adopted the CDC's 'Core Elements' of antibiotic stewardship – short of the goal of 100% of all hospitals.

Nevada has not yet measured the extent of low-value care being provided.



### 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