

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 New Hampshire is doing well and areas where it can improve.

STATE:

NEW HAMPSHIRE

RANK:

17

out of 42 states + DC

New Hampshire has relatively high healthcare spending per person, yet the percentage of residents reporting affordability problems is slightly lower than the national average. High recent spending growth suggests that policymakers need to bring a broad focus addressing affordability.

POLICY SCORE

OUTCOME SCORE

RECOMMENDATIONS

EXTEND COVERAGE TO ALL RESIDENTS



3 OUT OF 10 POINTS

Medicaid coverage for childless adults extends to 138% of FPL.

8 OUT OF 10 POINTS

In 2018, NH was in the top third of states in terms of covering the uninsured, ranking 14 out of 50 states, plus DC, for this measure.

In 2020, a new reinsurance will help families that earn too much to qualify for Medicaid. The state should also consider adding affordability criteria to the factors considered during insurance rate review.

MAKE OUT-OF-POCKET COSTS AFFORDABLE



5 OUT OF 10 POINTS

NH has some protections against skimpy, confusing STLD health plans and comprehensive SMB protections.

7 OUT OF 10 POINTS

NH surpasses many states in reducing healthcare OOP affordability burdens, although 33% of adult residents are still burdened. NH ranked 10 out of 49 states, plus DC, for this measure.

NH should consider stronger protections against STLD health plans and strategies that lower the cost of high-value care.

REDUCE LOW-VALUE CARE



2 OUT OF 10 POINTS

NH requires some forms of patient safety reporting, but performs below average for hospital antibiotic stewardship and has not measured the provision of low-value care.

6 OUT OF 10 POINTS

NH ranks 26 out of 50 states, plus DC, in terms of reducing C-sections for low-risk mothers and 15 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. NH should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. NH should also stop paying for 'never events,' use other techniques to reduce medical harm and increase efforts to address antibiotic overprescribing.

CURB EXCESS PRICES IN THE SYSTEM



4 OUT OF 10 POINTS

NH has an APCD, but is otherwise a middle-ranked state with a few policies to curb the rise of healthcare prices.

6.5 OUT OF 10 POINTS

NH is among the most expensive states, with private payer prices well above the national median. The state ranks 36 out of 42 states, plus DC, for this measure.

Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. NH should consider establishing 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/New-Hampshire

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NEW HAMPSHIRE 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:

New Hampshire has surpassed many other states in terms of reducing healthcare affordability burdens – ranking 10 out of 49 states, plus DC, for this measure. Nevertheless, 33% of adult residents are still burdened. The most common burden reported was ‘trouble paying medical bills’ (23% of adults), followed by ‘made changes to medical drugs because of cost.’ According to the BEA, healthcare spending in New Hampshire totaled \$8,906 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 23.4%.* New Hampshire has much work to do to ensure wise health spending and affordability for residents.



Extend Coverage to All Residents:

LOOKING AHEAD: New Hampshire is seeking a waiver to implement reinsurance to bring down the cost of non-group coverage in 2021.



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 11.8% per year in New Hampshire.*



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 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:

Private payer prices in New Hampshire are 236% 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: Feb. 7, 2020