

# 2021 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 Massachusetts is doing well and areas where it can improve.

STATE:

**MASSACHUSETTS**

RANK:

**1**

out of  
47 states  
+ DC

**TOTAL SCORE: 65.3 OUT OF 80 POSSIBLE POINTS**

Massachusetts has many policies to address affordability, but still has much work to do to ensure wise health spending and affordability for its residents. **According to the Healthcare Value Hub's CHESS survey, 51% of MA adults experienced healthcare affordability burdens as of 2021.\*** While MA's uninsurance rate (3%) may be a factor, healthcare is increasingly unaffordable largely due to high costs that affect everyone. According to the PCE, healthcare spending per person in MA grew 16% between 2013 and 2019, totaling \$9,324 in 2019.\*

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
<b>CURB EXCESS PRICES IN THE SYSTEM</b> 	<b>10 OUT OF 10 POINTS</b> MA is a leader in this area, with an active APCD, a healthcare spending oversight entity and all-sector spending targets.	<b>3.8 OUT OF 10 POINTS</b> High private prices are one factor driving costs. MA is in the middle range of states, with inpatient private payer prices 200% of Medicare prices. Ranked 28 out of 48 states, plus DC.	<i>Despite MA's strong policies, year-over-year increases in healthcare prices overwhelmingly still drive state healthcare spending. MA should consider exploring new policies that address high private payer prices, pricing outliers and unwarranted price variation beyond the policies they currently have.</i>
<b>REDUCE LOW-VALUE CARE</b> 	<b>10 OUT OF 10 POINTS</b> MA requires some forms of patient safety reporting. Encouragingly, 99% of hospitals have adopted antibiotic stewardship. MA has taken important steps to measure the extent of low-value care being provided.	<b>5.0 OUT OF 10 POINTS</b> MA's overuse of unnecessary care is close to the national average. Ranked 21 out of 50 states, plus DC.	<i>MA is the rare state that has taken the key initial steps to identify low-value care, but still has work to do. The next step is enacting a multi-stakeholder campaign to reduce the use of the services identified.</i>
<b>EXTEND COVERAGE TO ALL RESIDENTS</b> 	<b>9.3 OUT OF 10 POINTS</b> Medicaid coverage for childless adults to 138% of FPL. Some immigrants can access state coverage options. MA uses premium subsidies to reduce costs in the non-group market. Affordability review for private payer rates.	<b>10 OUT OF 10 POINTS</b> MA is among the states with the least uninsured people, still 3% of MA residents are uninsured. Ranked 1 out of 50 states, plus DC.	<i>Massachusetts should consider offering coverage options for undocumented adults.</i>
<b>MAKE OUT-OF-POCKET COSTS AFFORDABLE</b> 	<b>7.6 OUT OF 10 POINTS</b> MA has banned/heavily regulated skimpy short-term, limited-duration health plans, has partial surprise medical bill protections, caps cost-sharing for some high-value services patient-centered and has standard plan designs in exchange.	<b>9.6 OUT OF 10 POINTS</b> MA ranked well in terms of affordability burdens (4 out of 49 states, plus DC), but 9% of adults could not get needed medical care due to cost. The share of people with other affordability burdens is far higher.	<i>MA should consider a suite of measures to ease consumer burdens, such as surprise medical bill protections not addressed by the federal No Surprises Act.</i>

APCD = All-Payer Claims Database CHESS = Consumer Healthcare Experience State Survey CMS = Centers for Medicare and Medicaid Services EHR = Electronic Health Records FPL = Federal Poverty Level PCE = Personal Consumption Expenditure (Healthcare PCE measures spending growth among households as well as nonprofit, commercial and government hospitals/nursing homes) SHADAC = State Health Access Data Assistance Center SMB = Surprise Medical Bill STLD = Short-Term, Limited Duration

Full report and additional details at [www.HealthcareValueHub.org/Affordability-Scorecard/Massachusetts](http://www.HealthcareValueHub.org/Affordability-Scorecard/Massachusetts)

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## MASSACHUSETTS NOTES

### Methodological Notes:

State rank reflects the weighted sum of the policy and outcome scoring components. 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](https://healthcarevaluehub.org/affordability-scorecard/methodology).



### Curb Excess Prices in the System:

In order to receive credit for price transparency tools, a state's tool had to be public-facing, searchable by specific procedure and hospital and show the negotiated rate paid by insurance plans/patients (not chargemaster rate). Massachusetts's tool met this criteria. MA has a healthcare spending oversight entity that targets all spending, all-payer spending benchmarks or price controls that are mandatory for all and an APCD.



### Reduce Low-Value Care:

According to the Johns Hopkins Overuse Index created using Medicare data, MA's overuse of low-value care is 0.1 standard deviations above the national average, which is undesirable, but still relatively close to the national average. In 2018, the Massachusetts Health Policy Commission released a report looking at 19 low-or no-value tests, imaging services and procedures. The report found that one in five people covered by three major health insurers received low-value service from 2013-2015. Improper use of antibiotics is another type of low-value care. Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients—states were scored on what share of their hospitals follow the CDC's stewardship program. MA mandates patient safety reporting and validation for both CLABSI and CAUTI.



### Extend Coverage to All Residents:

MA provides premium and cost-sharing subsidies to certain individuals through its ConnectorCare program. MA offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait. All children, regardless of immigration status or income, are eligible for primary and preventive care through the Children's Medical Security Plan. MA also provides some services not covered through emergency Medicaid for income-eligible pregnant or post-partum people who would otherwise be ineligible due to immigration status. MA does not offer coverage options for undocumented adults. MA is an 'active purchaser,' which helps keep premiums down on the exchange. Additionally, the DOI can require issuers to provide a detailed description of the basis on which they reimburse different rates to similarly situated providers and describe efforts to reduce such variation. MA's Health Policy Commission can request and review issuer-provider contracts as part of its mandate to reduce healthcare cost growth.



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

High-deductible health plans create barriers to care for many families. According to SHADAC, the average family deductible among employer insurance plans in MA rose 36% between 2013 and 2019, totaling \$3,151 in 2019. States should consider exploring new policies to reduce financial barriers to care for people with high-deductible health plans, although there are limits to how much states can influence employer insurance and Medicare. In response to rising insurance costs, some people turn to STLD health plans. However, these policies offer poor coverage, can discriminate against people with pre-existing conditions and pose significant financial risks for consumers. States received credit depending on how much they limit or protect against these plans.

MA has partial protections against SMBs. 'Comprehensive' SMB protections include emergency departments and hospitals, apply to all insurance types, hold consumers harmless/prevent balance billing and adopt adequate payment standard or dispute resolution process. States with only some of these policies have 'partial' protections. The federal No Surprises Act prohibits surprise medical billing in most plans effective January 2022. However, it does not cover ground ambulances which often result in surprise bills. States can still implement protections in this area—40% of ground ambulance rides in MA charged to commercial insurance plans had the potential for surprise medical billing.\*

MA's standardized benefit plans limit deductibles and include pre-deductible services with low to moderate copay amounts, including: non-preventive primary care; specialty care; mental health and substance use disorder treatment; urgent care; and prescription drugs. Additionally, MA ConnectorCare eliminated cost-sharing for opioid addiction treatments in its standardized plans.

\* Informational data, not used in state score or ranking. Scorecard Updated: Sept. 16, 2021