

2022 Healthcare Affordability State Policy Scorecard

This Scorecard looks at both policies and related outcomes across four affordability-related areas that were implemented as of Dec. 31, 2021. Lawmakers, regulators, consumer advocates, and the public can use the Scorecards to understand how their state performs when it comes to healthcare affordability policies and outcomes relative to other states and identify opportunities to improve.

Setting the stage: According to SHADAC, 23% of Alaska adults experienced affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in Alaska grew 36% between 2013 and 2021, totaling \$11,473 in 2021. Please note some of the outcome measures in this Scorecard include data from 2020, which may have been impacted by the COVID-19 pandemic.

STATE:

ALASKA

RANK:

45

out of 50 states + DC

POLICY SCORE

7.5

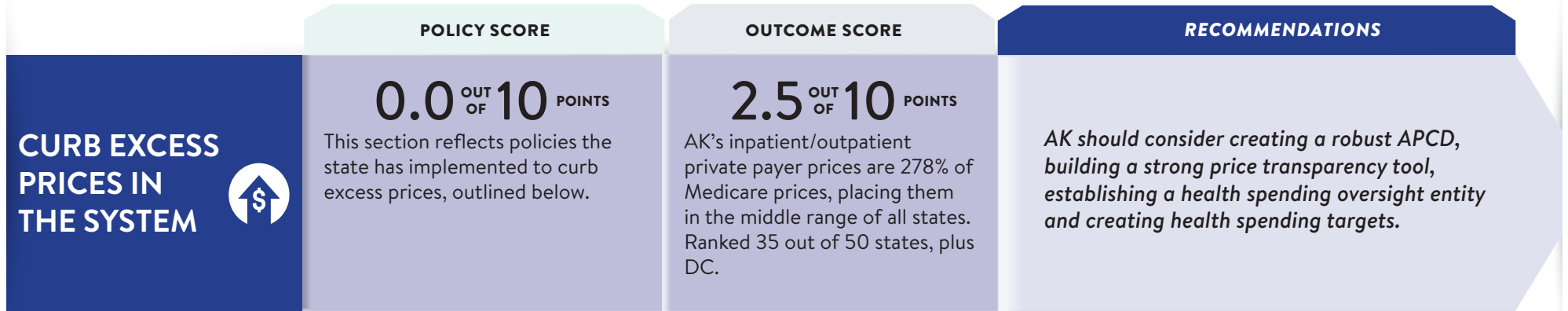
out of 40

OUTCOME SCORE

12.8

out of 40

TOTAL
20.3 OUT OF 80
POSSIBLE POINTS



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization

In 2020, the Alaska Healthcare Transformation Project released a report about the feasibility of an all-payer claims database (APCD) for Alaska. In 2021, the Alaska Senate's Health and Social Services Committee heard testimony on SB 93 which would have authorized creation of an APCD, but the bill died in committee.



Create a permanently convened health spending oversight entity

Alaska did not have a permanently convened health spending oversight entity as of Dec. 31, 2021.



Create all-payer healthcare spending and quality benchmarks for the state

Alaska did not have active health spending benchmarks as of Dec. 31, 2021.



Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices

Alaska did not have a tool that met the criteria to receive credit. To receive credit, a state's tool has to be public-facing, searchable by specific procedure and hospital and show the negotiated rate paid by insurance plans/patients (not chargemaster rate).

KEY:  = implemented by state  = not implemented by state  = the state has implemented policies, but could be enhanced

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/Alaska

Healthcare Affordability State Policy Scorecard

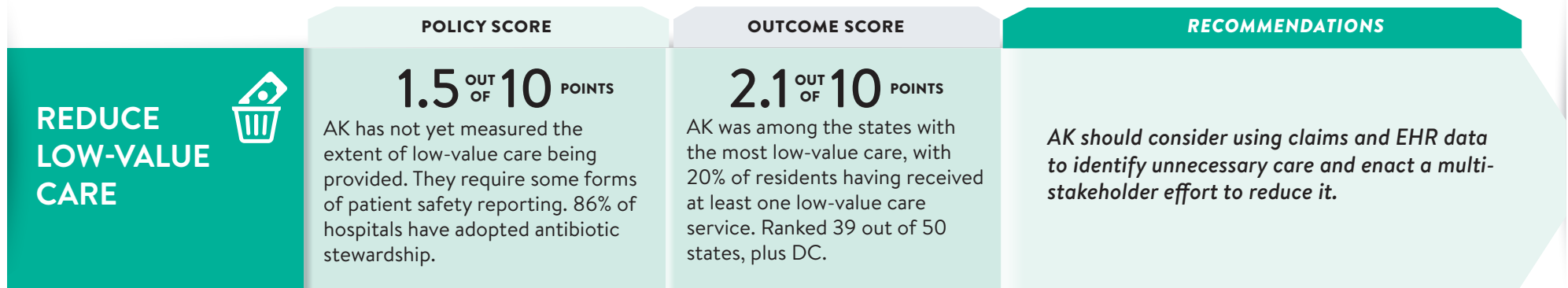
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THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	<p>Analyze claims and electronic health records data to understand how much is spent on low- and no-value services</p> <p>Alaska did not measure the provision of low-value care as of December 31, 2021.</p>
	<p>Require validated patient-safety reporting for hospitals</p> <p>Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Alaska mandates patient safety reporting for CLABSI/CAUTI but does not require validation.</p>
	<p>Universally implement antibiotic stewardship programs using CDC's 7 Core Elements</p> <p>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, and states were scored on what share of their hospitals follow the CDC's stewardship program. 86% of Alaska hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.</p>

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	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
 <p>EXTEND COVERAGE TO ALL RESIDENTS</p>	<p>6.0 OUT OF 10 POINTS</p> <p>AK Medicaid coverage for childless adults extends to 138% of FPL. No immigrant populations can access state coverage options. AK uses reinsurance to reduce costs in the non-group market.</p>	<p>3.2 OUT OF 10 POINTS</p> <p>AK is among the states with the most uninsured people—13% of AK residents are uninsured. Ranked 47 out of 50 states, plus DC.</p>	<p><i>AK should consider additional options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in and a Public Option. Also consider offering coverage options for low-income immigrants that do not qualify for Medicaid/CHIP and consider adding affordability criteria to rate review.</i></p>

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	<p>Expand Medicaid to cover adults up to 138% of the federal poverty level</p> <p>Alaska has expanded Medicaid.</p>
	<p>Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies</p> <p>Alaska implemented a reinsurance program under a 1332 State Innovation Waiver. The waiver was approved in 2017 and has been in effect since 2018.</p>
	<p>Provide options for immigrants that don't qualify for the coverage above</p> <p>Alaska offers no coverage options for legally residing immigrants without a 5-year wait or for undocumented immigrants.</p>
	<p>Conduct strong rate review of fully insured, private market options</p> <p>Alaska has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.</p>

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POLICY SCORE

0.0 OUT OF **10** POINTS

AK has not enacted any of the policies to reduce out-of-pocket costs, outlined below.

OUTCOME SCORE

5.0 OUT OF **10** POINTS

AK ranked 27 out of 50 states, plus DC on affordability burdens—23% of adults faced an affordability burden: not getting needed care due to cost (11%), delaying care due to cost (9%), changing medication due to cost (11%), problems paying medical bills (12%) or being uninsured due to cost (sample size too small).

RECOMMENDATIONS

AK should consider a suite of measures to ease consumer burdens, such as: protections against short-term, limited-duration health plans; surprise medical bill protections not addressed by the federal No Surprises Act; and waiving or reducing cost-sharing for high-value services. If AK wants to pursue standard plan design, they can establish a state-based exchange.

MAKE OUT-OF-POCKET COSTS AFFORDABLE



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Limit the availability of short-term, limited-duration health plans

Alaska has no protections against short-term, limited duration health plans (STLDs) beyond federal regulations. Some people choose STLD health plans for their lower monthly premiums compared to ACA-compliant plans. However, they offer poor coverage, can discriminate against people with pre-existing conditions and pose financial risks for consumers. States received credit depending on how much they limit these plans.



Protect patients from inadvertent surprise out-of-network medical bills

Alaska has no state-level protections against surprise medical bills (SMBs). The federal No Surprises Act prohibits SMBs in most plans effective January 2022. However, it does not cover ground ambulances. States can still implement protections in this area—68% of ground ambulance rides in Alaska charged to commercial insurance plans had the potential for SMBs (2021). (Alaska had a small sample size [222] compared to other states, so interpret percentage with caution.)



Waive or reduce cost-sharing for high-value services

Alaska did not require waiving or reducing cost-sharing for high-value services as of Dec. 31, 2021.



Require insurers in a state-based exchange to offer evidence-based standard plan designs

Alaska has an exclusively federally facilitated marketplace and cannot implement standardized plans unless they establish a state-based exchange. Standard plan design makes cost-sharing the same across plans within metal tiers, making it easier for consumers to compare plans. They also help regulators and exchanges negotiate or set rates with insurance carriers, which may translate to lower prices for consumers.

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