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.

STATE: CONNECTICUT **RANK: 5** out of 50 states + DC

Policy Score	27.6	out of 40
Outcome Score	26.2	out of 40

TOTAL *53.8 OUT OF 80 POSSIBLE POINTS*

Setting the Stage: According to the Healthcare Value Hub's 2022 CHESS survey, 55% of Connecticut adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Connecticut grew 11% between 2013 and 2020, totaling $7,780 in 2020. The COVID-19 pandemic may have affected healthcare spending in 2020.

CURB EXCESS PRICES IN THE SYSTEM

POLICY SCORE

9.0 OUT OF 10 POINTS

This section reflects policies the state has implemented to curb excess prices, outlined below.

OUTCOME SCORE

5.9 OUT OF 10 POINTS

CT's inpatient/outpatient private payer prices are 219% of Medicare prices, placing them in the middle range of all states. Ranked 18 out of 50 states, plus DC.

RECOMMENDATIONS

CT should consider enacting regulatory consequences for payers and large providers who exceed the cost growth benchmark. CT should also consider building a strong price transparency tool.

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*** Connecticut has an all-payer claims database (APCD) run by the Office of Health Strategies which requires insurers to submit medical, pharmacy and dental claims data used to report cost, use and quality information. APCD data is only available by formal application, and is actively being used to analyze cost and utilization issues.
✓	***Create a permanently convened health spending oversight entity*** Connecticut has a permanently convened health spending oversight entity that targets all spending.
✓	***Create all-payer healthcare spending and quality benchmarks for the state*** Connecticut implemented their healthcare cost benchmarking program in 2021, which is mandatory for all providers, setting the growth rate at 3.4% for 2021, to gradually decline to 2.9% by 2023 and hold there through 2025. However, there appears to be no enforcement mechanism. OHS must also set targets for increased primary care spending as a percentage of total healthcare spending, to reach 10% by 2025, and develop quality benchmarks across all public and private payers beginning in 2022.
✗	***Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices*** Connecticut 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/Connecticut**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

STATE: CONNECTICUT **RANK: 5** out of 50 states + DC

REDUCE LOW-VALUE CARE

POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
1.8 OUT OF 10 POINTS	**5.7 OUT OF 10 POINTS**	*CT should consider using claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it.*
CT has not yet measured the extent of low-value care being provided. They require some forms of patient safety reporting. 93% of hospitals have adopted antibiotic stewardship.	CT was among the states with the least low-value care, with 15% of residents having received at least one low-value care service. Ranked 12 out of 50 states, plus DC.	

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

☒	***Analyze claims and electronic health records data to understand how much is spent on low- and no-value services*** Connecticut did not measure the provision of low-value care as of Dec. 31, 2021.
⋯	***Require validated patient-safety reporting for hospitals*** Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Connecticut mandates patient safety reporting for CLABSI/CAUTI but does not require validation.
✓	***Universally implement antibiotic stewardship programs using CDC's 7 Core Elements*** 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. 93% of Connecticut hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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/Connecticut**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

STATE: CONNECTICUT **RANK:** 5 out of 50 states + DC

EXTEND COVERAGE TO ALL RESIDENTS

POLICY SCORE

7.2 OUT OF 10 POINTS

CT Medicaid coverage for childless adults extends to 138% of FPL. Only lawfully residing immigrant children/ pregnant women can access state coverage options. CT uses premium subsidies to reduce costs in the non-group market.

OUTCOME SCORE

8.4 OUT OF 10 POINTS

CT is among the states with the least uninsured people, still 5% of CT residents are uninsured. Ranked 8 out of 50 states, plus DC.

RECOMMENDATIONS

CT should consider offering coverage options for undocumented children of all ages and adults and consider adding affordability criteria to rate review. CT might also consider pursuing a Public Option.

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

✓	***Expand Medicaid to cover adults up to 138% of the federal poverty level*** Connecticut has partially expanded Medicaid beyond the federal minimum 138% FPL. Parents in Conecticut are eligible for Medicaid up to 160% FPL.
✓	***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*** The Covered CT Program pays premiums and all cost-sharing amounts for certain Connecticut residents. Plans to provide coverage for dental and medical transportation have been approved but not implemented.
···	***Provide options for immigrants that don't qualify for the coverage above*** Connecticut provides Medicaid coverage for eligible lawfully residing immigrant pregnant women and children without a 5-year wait. The state does not offer coverage options for undocumented nonpregnant adults. Looking ahead: Beginning Jan. 1, 2023, Connecticut will provide Medicaid coverage for children ages twelve and younger, regardless of immigration status, and will continue providing coverage for those individuals until age 19. The state also extended prenatal care to income-qualified women regardless of immigration status starting April 2022, and up to a year of postpartum care starting April 2023.
···	***Conduct strong rate review of fully insured, private market options*** Connecticut has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.

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/Connecticut**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

STATE: CONNECTICUT **RANK:** 5 out of 50 states + DC

MAKE OUT-OF-POCKET COSTS AFFORDABLE

POLICY SCORE

9.6 OUT OF 10 POINTS

CT has banned or heavily regulated short-term, limited-duration health plans; has comprehensive protections against surprise medical bills and No Surprises Act loopholes; caps cost-sharing for some high-value services; and provides patient-centered, standard plan designs on their exchange.

OUTCOME SCORE

6.2 OUT OF 10 POINTS

CT ranked 13 out of 50 states, plus DC on affordability burdens but 22% of adults faced an affordability burden: not getting needed care due to cost (7%), delaying care due to cost (7%), changing medication due to cost (11%), problems paying medical bills (13%) or being uninsured due to cost (sample size too small).

RECOMMENDATIONS

CT is a leader in select policies intended to make out-of-pocket costs more affordable, but residents still experience affordability problems. CT should consider exploring new policies targeting high deductibles and prescription drugs, although there are limits to state influence on employer insurance and Medicare.

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

⋯	***Limit the availability of short-term, limited-duration health plans*** Connecticut has heavily regulated short-term, limited duration health plans (STLDs) to the point that no plans are offered. 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*** Connecticut has comprehensive protections against surprise medical bills (SMBs), plus additional protections for lab work bills not covered by the federal No Surprises Act. 'Comprehensive' 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 SMBs in most plans effective January 2022. However, it does not cover ground ambulances. States can still implement protections in this area—44% of ground ambulance rides in CT charged to commercial insurance plans had the potential for SMBs (2021).
✓	***Waive or reduce cost-sharing for high-value services*** Connecticut requires any payment/discount made for the patient to be applied to their annual OOP cost-sharing requirement. The state limits cost-sharing in most plans for certain high-value services and limits the number of services subject to co-insurance. Standardized benefit plans include pre-deductible services with low to moderate copay amounts, including: non-preventive primary care; specialty care; mental health and substance use disorder treatment; and urgent care services. Connecticut also mandates separate prescription drug deductibles to lower financial barriers to needed medication. Beginning Jan. 1, 2022, the state will cap the monthly cost for insulin and non-insulin diabetes medication at $25 and $100 for devices and equipment.
✓	***Require insurers in a state-based exchange to offer evidence-based standard plan designs*** Connecticut has a state-based exchange with standard plan design. 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.

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/Connecticut**

ALTARUM HEALTHCARE VALUE HUB