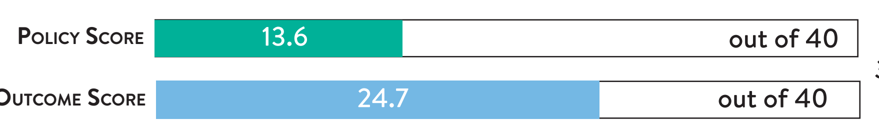
2022 Healthcare Affordability State Policy Scorecard

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:

RANK: **19** out of 50 states + DC

Policy Score / Outcome Score



TOTAL
38.3 out of 80
possible points

Setting the stage: According to SHADAC, 22% of District of Columbia adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in District of Columbia grew 30% between 2013 and 2021, totaling $12,201 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.

	POLICY SCORE	OUTCOME SCORE	*RECOMMENDATIONS*
CURB EXCESS PRICES IN THE SYSTEM	**0.0** out of **10** points This section reflects policies the state has implemented to curb excess prices, outlined below.	**4.5** out of **10** points DC's inpatient/outpatient private payer prices are 244% of Medicare prices, placing them in the middle range of all states. Ranked 26 out of 50 states, plus DC.	*DC should consider creating a robust APCD, building a strong price transparency tool, establishing a health spending oversight entity and creating health spending targets.*

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*** The District of Columbia has not yet taken any action to form an all-payer claims database (APCD).
☒	***Create a permanently convened health spending oversight entity*** The District of Columbia 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*** The District of Columbia did not have active health spending benchmarks as of Dec. 31, 2021. The District of Columbia attempted to outlaw excessive pricing in the sale of prescription drugs in 2005, but the law was overturned in court.
☒	***Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices*** The District of Columbia 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).

= 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/DC**

Healthcare Affordability State Policy Scorecard

STATE: **DISTRICT OF COLUMBIA** RANK: **19** out of 50 states + DC

REDUCE LOW-VALUE CARE

POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
2.0 OUT OF **10** POINTS DC has not yet measured the extent of low-value care being provided. They require some forms of patient safety reporting. 100% of hospitals have adopted antibiotic stewardship.	**4.3** OUT OF **10** POINTS 17% of DC residents have received at least one low-value care service, placing them in the middle range of states. Ranked 21 out of 50 states, plus DC.	*DC should consider using claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it.*

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*** The District of Columbia 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. The District of Columbia 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. 100% of District of Columbia hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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Healthcare Affordability State Policy Scorecard

STATE: DISTRICT OF COLUMBIA **RANK:** 19 out of 50 states + DC

	POLICY SCORE	OUTCOME SCORE	*RECOMMENDATIONS*
EXTEND COVERAGE TO ALL RESIDENTS	**6.0** OUT OF **10** POINTS DC Medicaid coverage for childless adults extends to 215% of FPL. DC is also a leader in providing coverage options for legally residing and undocumented immigrants.	**9.3** OUT OF **10** POINTS DC is among the states with the least uninsured people, still 4% of DC residents are uninsured. Ranked 2 out of 50 states, plus DC.	*DC should consider options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in and a Public Option. DC should also consider offering affordable coverage options for undocumented immigrants with incomes above the Alliance limit and adding affordability criteria to rate review.*

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

Expand Medicaid to cover adults up to 138% of the federal poverty level

The District of Columbia has expanded Medicaid beyond the federal minimum 138%. Parents in the District of Columbia are eligible for Medicaid up to 221% of FPL while other adults are eligible up to 215% of 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 District of Columbia did not offer any additional coverage options for residents earning too much to qualify for Medicaid as of Dec. 31, 2021. As part of its COVID relief efforts, the District covered past-due Marketplace premiums from January 2020 to August 2021. Looking Ahead: Beginning 2023, the District will provide low or no-cost health insurance to employees and their families of licensed child development centers and homes.

Provide options for immigrants that don't qualify for the coverage above

The District of Columbia offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait. The Immigrant Children's Program provides full scope benefits for low-income immigrant residents under the age of 21 who are otherwise eligible for Medicaid. The DC Healthcare Alliance provides limited-scope medical benefits within a defined provider network for those 21 and over. Coverage includes doctor visits, prenatal care, prescription drugs and dental services up to $1,000 among other services. Coverage does not include vision, mental health or substance use services, long-term care over 30 days, medical transportation, open heart surgery, organ transplant or out of network care. Cover All DC allows residents who are not eligible for marketplace plans, Medicaid or the Alliance to purchase private coverage without subsidies.

Conduct strong rate review of fully insured, private market options

The District of Columbia has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.

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Healthcare Affordability State Policy Scorecard

STATE: DISTRICT OF COLUMBIA **RANK:** 19 out of 50 states + DC

MAKE OUT-OF-POCKET COSTS AFFORDABLE	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
	5.6 OUT OF 10 POINTS DC has banned or heavily regulated short-term, limited-duration health plans; caps cost-sharing for some high-value services; and provides patient-centered, standard plan designs on their exchange.	6.6 OUT OF 10 POINTS DC ranked 10 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 (8%), changing medication due to cost (8%), problems paying medical bills (12%) or being uninsured due to cost (sample size too small).	*DC should consider a suite of measures to ease consumer burdens, such as surprise medical bill protections not addressed by the federal No Surprises Act.*

This checklist identifies the policies that were evaluated for this section.

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

The District of Columbia 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

The District of Columbia has no state-level protections against surprise medical bills (SMBs), however the Department of Insurance, Securities and Banking proposed rulemaking that includes SMB protections. However, it does not cover ground ambulances. States can still implement protections in this area—77% of ground ambulance rides in DC charged to commercial insurance plans had the potential for SMBs (2021). (DC had a small sample size [545] compared to other states, so interpret percentage with caution.)

Waive or reduce cost-sharing for high-value services

The District of Columbia's standardized benefit plans include pre-deductible services with low to moderate copay amounts, including: non-preventive primary care, specialty care, laboratory and diagnostic testing, mental health and substance use disorder treatment, urgent care and generic drugs. DC also mandates separate prescription drug deductibles to lower financial barriers to needed medication. Looking Ahead: Beginning 2022, standard plans cover insulin and diabetes supplies at no cost. Beginning 2023, standard plans will provide certain services, medications and supplies for Type 2 diabetics with no cost-sharing

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

The District of Columbia 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.

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