

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:

LOUISIANA

RANK:

31

out of 50 states + DC

POLICY SCORE

8.2

out of 40

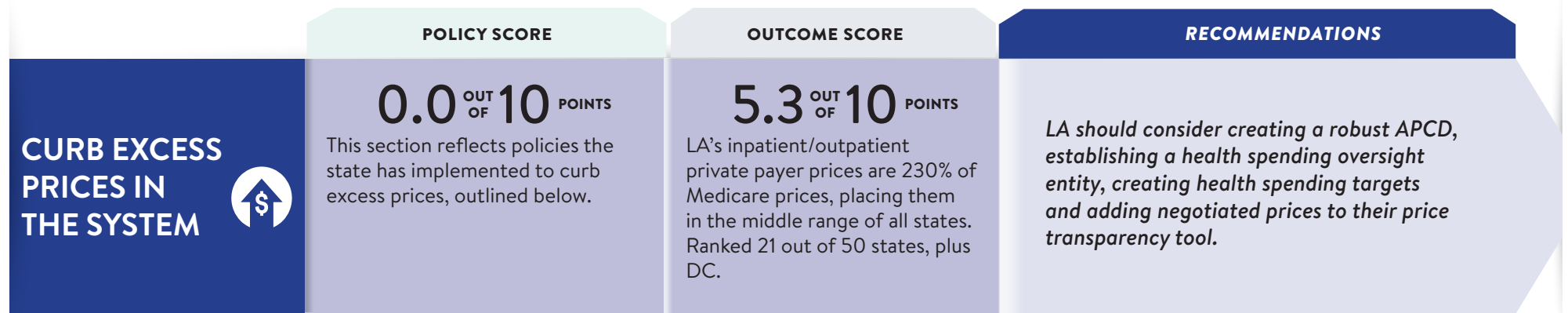
OUTCOME SCORE

20.0


out of 40


TOTAL
28.2 OUT OF 80
POSSIBLE POINTS


According to SHADAC, 23% of Louisiana adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in Louisiana grew 41% between 2013 and 2021, totaling \$7,679 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.




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**

Louisiana does not have an active all-payer claims database (APCD). The state appears to have had a voluntary APCD initiative in 2009 run by the nonprofit Louisiana Health Care Quality Forum, however the initiative is now defunct.
-  **Create a permanently convened health spending oversight entity**

Louisiana 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**

Louisiana 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**

Louisiana 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). Louisiana's tool shows charges only, not negotiated rates.

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/Louisiana

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POLICY SCORE

0.4 OUT OF **10** POINTS

LA has not yet measured the extent of low-value care being provided. 82% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

3.6 OUT OF **10** POINTS

18% of LA residents have received at least one low-value care service, placing them in the middle range of states. Ranked 27 out of 50 states, plus DC.

RECOMMENDATIONS




LA should consider using claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it.

REDUCE LOW-VALUE CARE



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
	Louisiana 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. Data on patient safety reporting is not available for Louisiana.
✗	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. 82% of Louisiana hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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POLICY SCORE

4.8 OUT OF **10** POINTS

LA Medicaid coverage for childless adults extends to 138% of FPL. Only some immigrants can access state coverage options (see below).

OUTCOME SCORE

5.9 OUT OF **10** POINTS

9% of LA residents are uninsured. Ranked 32 out of 50 states, plus DC.





RECOMMENDATIONS

LA should consider options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in or a Public Option. LA should also consider offering coverage options for undocumented children and adults, as well as adding affordability criteria to rate review.

EXTEND COVERAGE TO ALL RESIDENTS



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

	Expand Medicaid to cover adults up to 138% of the federal poverty level Louisiana has expanded Medicaid.
	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 Louisiana did not offer any additional coverage options for residents earning too much to qualify for Medicaid as of Dec. 31, 2021.
	Provide options for immigrants that don't qualify for the coverage above Louisiana offers Medicaid coverage to lawfully residing immigrant children without a 5-year wait. Comprehensive benefits similar in scope to pregnancy-related Medicaid/CHIP are available regardless of immigration status through CHIP's "unborn child" option. The state offers no coverage options for undocumented children/non-pregnant adults.
	Conduct strong rate review of fully insured, private market options Louisiana has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.

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POLICY SCORE

3.0 OUT OF **10** POINTS

LA caps cost-sharing for some high-value services.

OUTCOME SCORE

5.2 OUT OF **10** POINTS

LA ranked in 21 out of 50 states, plus DC on affordability burdens—23% 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 (9%), problems paying medical bills (13%) or being uninsured due to cost (82% of uninsured population).

RECOMMENDATIONS

LA should consider a suite of measures to ease consumer burdens, such as enacting protections against short-term, limited-duration health plans and surprise medical bill protections not addressed by the federal No Surprises Act. If LA wants to pursue standard plan design, they can establish a state-based exchange.

MAKE OUT-OF-POCKET COSTS AFFORDABLE



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

✗	Limit the availability of short-term, limited-duration health plans	Louisiana 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	Louisiana 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—39% of ground ambulance rides in Louisiana charged to commercial insurance plans had the potential for SMBs (2021).
✔	Waive or reduce cost-sharing for high-value services	Louisiana requires any payment/discount made for the patient to be applied to their annual OOP cost-sharing requirement. The state caps cost-sharing for specialty-tier prescription drugs after a deductible is reached.
✗	Require insurers in a state-based exchange to offer evidence-based standard plan designs	Louisiana 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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