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: OKLAHOMA **RANK: 38** out of 50 states + DC

Policy Score	8.1	out of 40
Outcome Score	16.0	out of 40

TOTAL *24.1 out of 80 possible points*

According to SHADAC, 24% of Oklahoma adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in Oklahoma grew 31% between 2013 and 2021, totaling $6,878 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.

CURB EXCESS PRICES IN THE SYSTEM

POLICY SCORE

1.5 OUT OF 10 POINTS

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

OUTCOME SCORE

7.0 OUT OF 10 POINTS

OK is among the least expensive states, with inpatient/outpatient private payer prices at 199% of Medicare prices. Ranked 11 out of 50 states, plus DC.

RECOMMENDATIONS

Even states like OK with lower price levels than other states should consider building a strong price transparency tool, establishing a health spending oversight entity and creating health spending targets. OK should consider establishing a regulatory or collaborative relationship with the nonprofit APCD currently operating.

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*** Oklahoma does not have a state-affiliated all-payer claims database (APCD), and instead relies on a voluntary claims database managed by the nonprofit MyHealth Access Network, which aggregates claims data from Oklahoma Medicaid, commercial payers and Medicare. Data is analyzed to assess cost and utilization. The APCD contains claims for about 25% of the state's population. SB 924, Oklahoma Health Care Cost Reduction and Transparency Act of 2016, requires the Oklahoma State Department of Health to collect price and commercial payment information from hospitals and ambulatory surgical facilities, and to make this information available to the public on its website. Looking Ahead: In 2022, Oklahoma passed SB 1369 which creates a new Office of the State Coordinator for Health Information Exchange tasked with overseeing the state health information exchange. It states that, effective July 1, 2023, all providers licensed in the state shall report data to the office.
☒	***Create a permanently convened health spending oversight entity*** Oklahoma 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*** Oklahoma 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*** Oklahoma 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/Oklahoma**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

STATE: **OKLAHOMA** **RANK:** **38** out of 50 states + DC

REDUCE LOW-VALUE CARE

POLICY SCORE

0.4 OUT OF 10 POINTS

OK has not yet measured the extent of low-value care being provided. They have not enacted meaningful patient safety reporting. 82% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

2.9 OUT OF 10 POINTS

19% of Oklahoma residents have received at least one low-value care service, placing them in the middle range of states. Ranked 35 out of 50 states, plus DC.

RECOMMENDATIONS

OK 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*** Oklahoma 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. Oklahoma does not mandate any patient safety reporting or validation for CLABSI/CAUTI.
☒	***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 Oklahoma 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/Oklahoma**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

STATE: **OKLAHOMA** **RANK:** **38** out of 50 states + DC

EXTEND COVERAGE TO ALL RESIDENTS

POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
3.2 OUT OF **10** POINTS OK Medicaid coverage for childless adults extends to 138% of FPL. Only some immigrants can access state coverage options (see below).	**2.0** OUT OF **10** POINTS OK is among the states with the most uninsured people—14% of OK residents are uninsured. Ranked 50 out of 50 states, plus DC.	*OK 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. OK should also consider offering coverage options for legally residing immigrant children, undocumented children and adults, as well as establishing an effective rate review process.*

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

✓	***Expand Medicaid to cover adults up to 138% of the federal poverty level*** Oklahoma voters approved a Medicaid expansion initiative in 2020 and coverage began in July 2021. Since its implementation, Medicaid expansion in the state has decreased Oklahoma's uninsurance rate from 14% (2020) to 9.6% (2022).
✗	***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*** Oklahoma 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*** Oklahoma provides comprehensive benefits similar in scope to pregnancy-related Medicaid/CHIP, regardless of immigration status, through CHIP's "unborn child" option. The state offers no coverage options for legally residing children without a 5-year wait or for undocumented immigrants.
✗	***Conduct strong rate review of fully insured, private market options*** Oklahoma does not conduct effective rate review, per the federal government.

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/Oklahoma**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

STATE: OKLAHOMA **RANK:** 38 out of 50 states + DC

MAKE OUT-OF-POCKET COSTS AFFORDABLE

POLICY SCORE

3.0 OUT OF 10 POINTS

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

OUTCOME SCORE

6.0 OUT OF 10 POINTS

OK ranked 36 out of 50 states, plus DC on affordability burdens—24% of adults faced an affordability burden: not getting needed care due to cost (8%), delaying care due to cost (10%), changing medication due to cost (10%), problems paying medical bills (13%) or being uninsured due to cost (69% of uninsured population).

RECOMMENDATIONS

OK 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 OK wants to pursue standard plan design, they can establish a state-based exchange.

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

☒	***Limit the availability of short-term, limited-duration health plans*** Oklahoma 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*** Oklahoma 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—59% of ground ambulance rides in OK charged to commercial insurance plans had the potential for SMBs (2021).
✓	***Waive or reduce cost-sharing for high-value services*** Oklahoma requires any payment/discount made for the patient to be applied to their annual OOP cost-sharing requirement. In 2021, Oklahoma limited the amount a carrier can require a covered patient with diabetes to pay for a 30-day suply of insulin at $100, and in 2022, the state passed a law that caps the total amount a carrier can require a covered patient with diabetes to pay for a 30-day supply of insulin at $30, regardless of amount or type of insulin prescribed.
☒	***Require insurers in a state-based exchange to offer evidence-based standard plan designs*** Oklahoma 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.

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/Oklahoma**

ALTARUM HEALTHCARE VALUE HUB