

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:

OREGON

RANK:

2

out of 50 states + DC

POLICY SCORE

35.4

out of 40

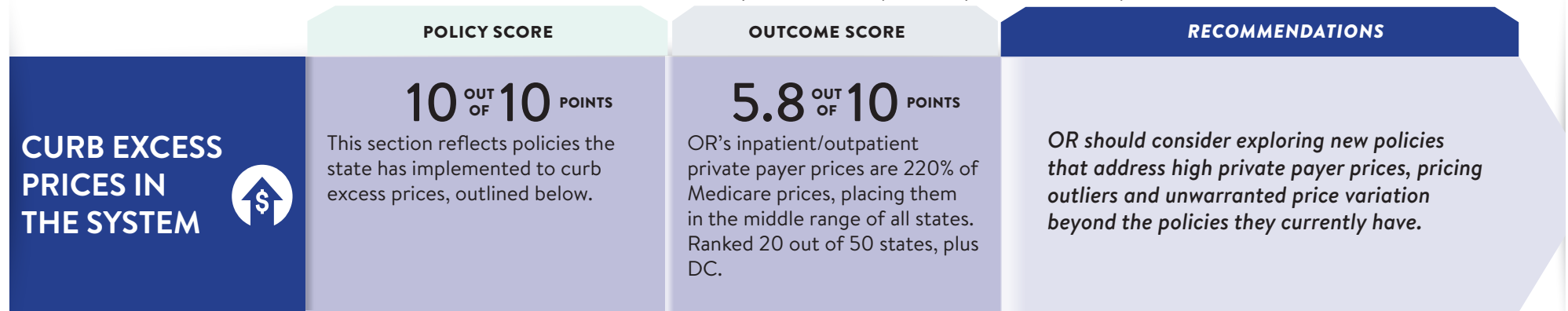
OUTCOME SCORE

27.7





out of 40




TOTAL
63.1 OUT OF 80
POSSIBLE POINTS

Setting the Stage: According to the Healthcare Value Hub's 2021 CHES survey, 61% of Oregon adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Oregon grew 39% between 2013 and 2021, totaling \$7,956 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 Oregon has a state-run all-payer claims database (APCD) that includes claims from commercial plans, Medicaid and Medicare. The APCD captures 92% of Oregon residents despite lacking some self-insured data (estimated to capture either 39% or 61% of self-insured enrollees depending, on the method used). Data is available to non-state users for study.
	Create a permanently convened health spending oversight entity Oregon has a permanently convened health spending oversight entity that targets all spending. In 2019, Oregon passed Senate Bill 889 which established the Sustainable Health Care Cost Growth Target (CGT) Program within the Oregon Health Authority (OHA); which sets a target for the annual per person rate of growth of health spending across the state, works with OHA to reduce waste and publishes reports on health care cost growth and spending trends.
	Create all-payer healthcare spending and quality benchmarks for the state Oregon's health spending benchmarks are required for certain providers based on size and impact qualifications. Oregon established their cost growth target in 2021, at 3.4% for the first 5 years, going down to 3% for the following 5 years, and estimates they will save \$31 billion between 2022 and 2030. The state requires performance improvement plans (PIPs) from any payer or provider organization that unreasonably exceeds the benchmark during any year, with fines assessed for late or incomplete data submission or PIPs. Payer or provider organizations that exceed the benchmark in any three out of five years are subject to financial penalty. Oregon passed legislation to establish a healthcare spending benchmark in 2019, and their first report on total healthcare spending and analysis of price increases was released in July 2022.
	Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices Oregon's price transparency tool, the Oregon Hospital Guide, met the criteria to receive credit as of Dec. 31, 2021. To receive credit, a state's tool must 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/Oregon

Healthcare Affordability State Policy Scorecard

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2

out of 50 states + DC

POLICY SCORE

8.2 OUT OF **10** POINTS

OR has taken important steps to measure the extent of low-value care being provided. They require some forms of patient safety reporting. 77% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

8.6 OUT OF **10** POINTS

Oregon was among the states with the least low-value care, with 11% of residents having received at least one low-value care service. Ranked 2 out of 50 states, plus DC.

RECOMMENDATIONS

OR is the rare state that has taken the key initial steps to identify low-value care. OR should consider the next step by enacting a multi-stakeholder campaign to reduce the use of the services identified.

REDUCE LOW-VALUE CARE



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	Analyze claims and electronic health records data to understand how much is spent on low- and no-value services
	The Oregon Health Leadership Council and Oregon Health Authority led an effort to evaluate spending on 47 low-value care services from 2016-2018. The “Better Health for Oregonians: Opportunities to Reduce Low-Value Care” report was released in July 2020. Although the state has measured low-value care being provided, it has not yet enacted a campaign to reduce the use of identified services.
	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. Oregon 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. 77% of Oregon hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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POLICY SCORE

9.4 OUT OF **10** POINTS

OR Medicaid coverage for childless adults extends to 138% of FPL. Only some immigrants can access state coverage options (see below). OR uses reinsurance to reduce costs in the non-group market. Private payer rates are subject to affordability review.

OUTCOME SCORE

7.3 OUT OF **10** POINTS

7% of OR residents are uninsured. Ranked 20 out of 50 states, plus DC.

RECOMMENDATIONS

OR should consider additional options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in or a Public Option. OR should ensure their upcoming Cover All People program offers coverage options for undocumented adults of all ages.

EXTEND COVERAGE TO ALL RESIDENTS



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	Expand Medicaid to cover adults up to 138% of the federal poverty level
	Oregon 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
	Oregon operates a state-based reinsurance program through a 1332 State Innovation Waiver. A bill passed in 2019 established a task force to recommend the design of a public option plan, which Oregon is continuing to explore to extend affordable coverage to individuals who are ineligible for Medicaid pursuant to HB 2010, which was signed into law in July 2021.
	Provide options for immigrants that don't qualify for the coverage above
	Oregon offers Medicaid coverage to lawfully residing immigrant children without a 5-year wait and uses state-only funds to cover income-eligible children, regardless of immigration status. The state provides comprehensive benefits similar in scope to pregnancy-related Medicaid/CHIP, regardless of immigration status, through CHIP's "unborn child" option, as well as 12 months of postpartum care and reproductive healthcare, regardless of immigration status. Looking ahead: In 2021, Oregon passed the Cover All People Act, expanding Oregon Health Plan eligibility to adults who would be eligible for Medicaid if not for their immigration status, including DACA recipients. Effective July 1, 2022, health coverage for adults ages 19-25, and 55 years and older is available, regardless of immigration status, through the Healthier Oregon program. Funding was inadequate to cover all age groups during the program's first year, so adults ages 26-54 do not yet have coverage.
	Conduct strong rate review of fully insured, private market options
	Oregon has incorporated some affordability criteria into the rate review process. Oregon's Department of Insurance has the authority to request data on insurers' cost containment and quality improvement efforts through rate filings. Insurers offering individual and small-group plans must justify proposed premium rates in writing, showing that they are not excessive and explaining how the insurer is working to reduce costs. Additionally, Oregon has incorporated additional transparency and accountability standards through public comment periods and public hearings.

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POLICY SCORE

7.8 OUT OF **10** POINTS

OR has limited protections against short-term, limited duration health plans and has comprehensive protections against surprise medical bills. OR caps cost-sharing for some high-value services and provides patient-centered, standard plan designs on their exchange.

OUTCOME SCORE

6.0 OUT OF **10** POINTS

OR ranked 14 out of 50 states, plus DC on affordability burdens—22% of adults faced an affordability burden: not getting needed care due to cost (6%), delaying care due to cost (7%), changing medication due to cost (10%), problems paying medical bills (12%) or being uninsured due to cost (81% of uninsured population).

RECOMMENDATIONS

OR should consider a suite of measures to ease consumer burdens, such as enacting stronger protections against short-term, limited-duration health plans and surprise medical bill protections not addressed by the federal No Surprises Act.

MAKE OUT-OF-POCKET COSTS AFFORDABLE



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

Oregon has enacted some protections against short-term, limited duration health plans (STLDs) but there are still plans available with a maximum duration of over one year. 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

Oregon has comprehensive protections against surprise medical bills (SMBs). ‘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—63% of ground ambulance rides in OR charged to commercial insurance plans had the potential for SMBs (2021).



Waive or reduce cost-sharing for high-value services

Oregon’s standardized benefit plans include the following 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 prescription drugs. Oregon is the only state with a standard benefit design that features higher cost-sharing for services considered overused.



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

Oregon 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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