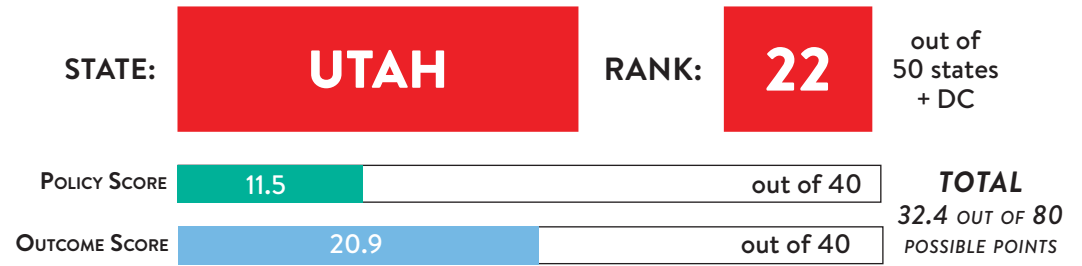
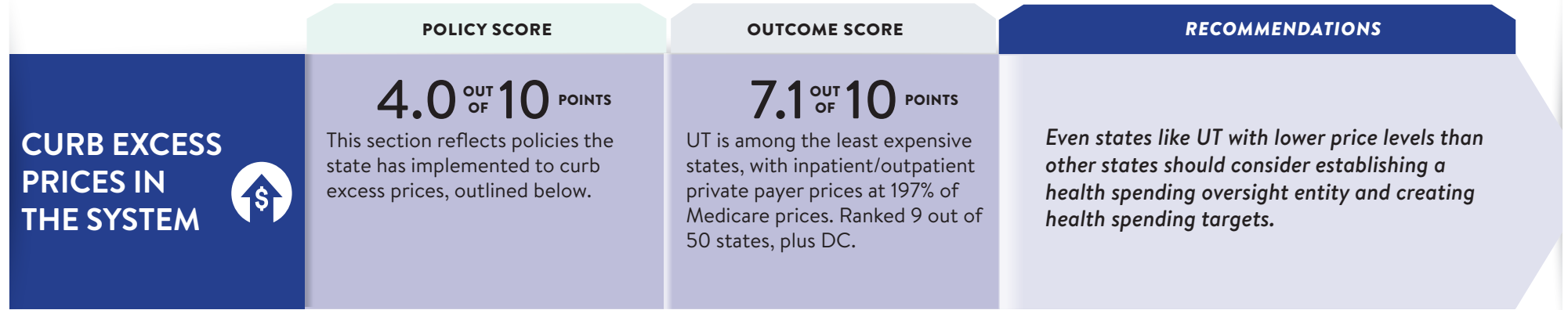


# 2022 Healthcare Affordability State Policy Scorecard

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.



Setting the Stage: According to the Healthcare Value Hub's 2018 CHES survey, 60% of Utah adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Utah grew 33% between 2013 and 2021, totaling \$5,735 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.

	<b>Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization</b> Utah's all-payer claims database (APCD) includes information on costs, payment and medical/pharmacy/dental claims from Medicaid and commercial payers, but not Medicare. Utah's APCD captures over 90% of individuals covered by group or individual commercial health insurance plans. The data is being actively used in cost research, such as exploring the cost of cataract surgeries and colonoscopies in Utah. Detailed data is available for external groups upon request.
	<b>Create a permanently convened health spending oversight entity</b> Utah did not have a permanently convened health spending oversight entity as of Dec. 31, 2021.
	<b>Create all-payer healthcare spending and quality benchmarks for the state</b> Utah did not have active health spending benchmarks as of Dec. 31, 2021.
	<b>Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices</b> Utah's tool met the criteria to receive credit as of Dec. 31, 2021. 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/Utah](http://www.HealthcareValueHub.org/Affordability-Scorecard/Utah)

# Healthcare Affordability State Policy Scorecard

STATE:

UTAH

RANK:

22

out of 50 states + DC

## POLICY SCORE

0.9 OUT OF 10 POINTS

UT has not yet measured the extent of low-value care being provided. 98% of hospitals have adopted antibiotic stewardship.

## OUTCOME SCORE

6.4 OUT OF 10 POINTS

Utah was among the states with the least low-value care, with 14% of residents having received at least one low-value care service. Ranked 8 out of 50 states, plus DC.

## RECOMMENDATIONS

*UT should use the findings from their upcoming report identifying overuse of low-value care services to enact a multi-stakeholder effort to reduce those services.*

## REDUCE LOW-VALUE CARE



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

✗	<p><b>Analyze claims and electronic health records data to understand how much is spent on low- and no-value services</b></p> <p>Utah did not measure the provision of low-value care as of Dec. 31, 2021. Utah passed legislation in March 2020 requiring the Department of Health to identify potential overuse of non-evidence-based care using claims data. The report examined forty-eight measures and determined that the total amount of healthcare waste across those measures accounted for approximately \$42 million, or 5% of the total health expenditure. The report can be found here: <a href="https://health.utah.gov/wp-content/uploads/UDOH-OHCS-Waste-Calculator-Report-FINAL-10.31.21.pdf">https://health.utah.gov/wp-content/uploads/UDOH-OHCS-Waste-Calculator-Report-FINAL-10.31.21.pdf</a></p>
✗	<p><b>Require validated patient-safety reporting for hospitals</b></p> <p>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 Utah.</p>
✓	<p><b>Universally implement antibiotic stewardship programs using CDC's 7 Core Elements</b></p> <p>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. 98% of Utah hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.</p>

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# Healthcare Affordability State Policy Scorecard

STATE:

UTAH

RANK:

22

out of 50 states + DC

## POLICY SCORE

3.6 OUT OF 10 POINTS

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

## OUTCOME SCORE

5.7 OUT OF 10 POINTS

9% of UT residents are uninsured. Ranked 34 out of 50 states, plus DC.

## RECOMMENDATIONS

UT 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. UT should also consider offering coverage options for legally residing immigrants who are pregnant as well as undocumented pregnant women and children. UT should add affordability criteria to rate review.

## EXTEND COVERAGE TO ALL RESIDENTS



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

	<b>Expand Medicaid to cover adults up to 138% of the federal poverty level</b>
	Utah has expanded Medicaid. Federal approval to implement work requirements was rescinded in 2021.
	<b>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</b>
	Utah did not offer any additional coverage options for residents earning too much to qualify for Medicaid as of Dec. 31, 2021.
	<b>Provide options for immigrants that don't qualify for the coverage above</b>
	Utah offers Medicaid coverage to lawfully residing immigrant children without a 5-year wait but has no coverage options for legally residing pregnant women without a 5-year wait or for undocumented immigrants.
	<b>Conduct strong rate review of fully insured, private market options</b>
	Utah 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:

**UTAH**

RANK:

**22**

out of 50 states + DC

## POLICY SCORE

**3.0** OUT OF **10** POINTS

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

## OUTCOME SCORE

**1.7** OUT OF **10** POINTS

UT ranked 48 out of 50 states, plus DC on affordability burdens—27% of adults faced an affordability burden: not getting needed care due to cost (9%), delaying care due to cost (10%), changing medication due to cost (12%), problems paying medical bills (12%) or being uninsured due to cost (sample size too small).

## RECOMMENDATIONS

*UT 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 UT 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**

Utah 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**

Utah 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—69% of ground ambulance rides in UT charged to commercial insurance plans had the potential for SMBs (2021).



### **Waive or reduce cost-sharing for high-value services**

Utah launched an insulin savings program on June 1, 2020, allowing any Utah resident to purchase insulin at wholesale prices through the state and public employee plan.



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

Utah conducts plan management activities on a 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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