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: NEW YORK **RANK:** 15 out of 50 states + DC

Policy Score	22.0	out of 40
Outcome Score	20.4	out of 40

TOTAL 42.4 OUT OF 80 POSSIBLE POINTS

Setting the Stage: According to the Healthcare Value Hub's 2019 CHESS survey, 52% of New York adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in New York grew 35% between 2013 and 2021, totaling $9,006 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

1.8 OUT OF 10 POINTS

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

OUTCOME SCORE

3.4 OUT OF 10 POINTS

NY's inpatient/outpatient private payer prices are 263% of Medicare prices, placing them in the middle range of all states. Ranked 31 out of 50 states, plus DC.

RECOMMENDATIONS

NY should consider creating health spending targets and expanding their oversight entity to target all spending. NY should also consider improving their existing APCD to ensure current, complete cost data is available at the provider level, not only the regional level.

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*** New York's all-payer claims database (APCD) includes medical, dental and pharmacy claims data from Medicare, Medicaid and state-sponsored private plans. However, the APCD's public-facing NYS Health Connector only provides cost data at the regional level, not the provider level, and no data is available beyond 2017, severely limiting the tool's usefulness. The state has undertaken some efforts to improve the APCD, including consumer interviews and additional research in response to federal hospital price transparency requirements.
⋯	***Create a permanently convened health spending oversight entity*** New York has a permanently convened health spending oversight entity that targets drug spending. New York established the Drug Accountability Board in 2020, however it has not published any reports.
☒	***Create all-payer healthcare spending and quality benchmarks for the state*** New York 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*** New York 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). New York's State Health Connector provides charges and costs, but not negotiated prices. Looking Ahead: in April 2021, the Dept. of Health commissioned the development of a price transparency tool in the form of a consumer-friendly website that would provide healthcare pricing for all the state's care providers in one place.

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/New-York**

ALTARUM HEALTHCARE VALUE HUB

Healthcare Affordability State Policy Scorecard

STATE: NEW YORK **RANK:** 15 out of 50 states + DC

REDUCE LOW-VALUE CARE

POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
1.8 OUT OF 10 POINTS	**3.6 OUT OF 10 POINTS**	*NY should consider using claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it.*
NY has not yet measured the extent of low-value care being provided. They require some forms of patient safety reporting. 95% of hospitals have adopted antibiotic stewardship.	18% of NY 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.	

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☒	***Analyze claims and electronic health records data to understand how much is spent on low- and no-value services*** New York 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. New York mandates reporting and validation for CLABSI, but not for 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. 95% of New York hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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EXTEND COVERAGE TO ALL RESIDENTS

POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
8.4 OUT OF **10** POINTS	**8.2** OUT OF **10** POINTS	*NY should consider offering coverage options for undocumented adults of all ages and adding affordability criteria to rate review.*
NY Medicaid coverage for childless adults extends to 138% of FPL. Only some immigrants can access state coverage options (see below). NY provides additional coverage options through a Basic Health Plan.	NY is among the states with the least uninsured people, still 5% of NY residents are uninsured. Ranked 9 out of 50 states, plus DC.	

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

✓	***Expand Medicaid to cover adults up to 138% of the federal poverty level*** New York 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*** New York operates a Basic Health Plan program for residents under 200% FPL who are ineligible for Medicaid.
···	***Provide options for immigrants that don't qualify for the coverage above*** New York offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait and uses state-only funds to cover income-eligible children regardless of immigration status through the Child Health Plus program as well as prenatal care. In 2019, New York City started offering undocumented immigrants access to health care through a new $100 million program, however this is not a statewide program. Looking Ahead: Starting March 1, 2023, New York Medicaid will cover 12 months of post partum care regardless of immigration status, and effective Jan. 1, 2023, the state will offer Medicaid coverage to seniors 65 years and older, regardless of immigration status. New York has considered legislation that would extend coverage to adult residents of all ages regardless of immigration status but so far these bills have not passed.
···	***Conduct strong rate review of fully insured, private market options*** New York has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.

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MAKE OUT-OF-POCKET COSTS AFFORDABLE

POLICY SCORE

10 OUT OF 10 POINTS

NY has banned or heavily regulated short-term, limited-duration health plans and has comprehensive protections against surprise medical bills and No Surprises Act loopholes. NY caps cost-sharing for some high-value services and provides patient-centered, standard plan designs on their exchange.

OUTCOME SCORE

5.2 OUT OF 10 POINTS

NY ranked 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 (7%), changing medication due to cost (9%), problems paying medical bills (13%) or being uninsured due to cost (78% of uninsured population).

RECOMMENDATIONS

NY is a leader in select policies intended to make out-of-pocket costs more affordable, but residents still suffer from affordability problems. NY should consider exploring new policies targeting high deductibles, although there are limits to state influence on employer insurance and Medicare.

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✓	***Limit the availability of short-term, limited-duration health plans*** New York has banned short-term, limited duration health plans (STLDs). 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*** New York has comprehensive protections against surprise medical bills (SMBs), plus additional protections for ground ambulance bills not covered by the federal No Surprises Act. '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—59% of ground ambulance rides in NY charged to commercial insurance plans had the potential for SMBs (2021).
✓	***Waive or reduce cost-sharing for high-value services*** New York's Basic Health Program offers standardized benefits and low cost sharing. Standard plan designs in the exchange aim to keep deductibles as low as possible, but only generic drugs have standard copays in the design. The state also prohibits the use of prescription drug specialty tiers in the fully insured market to reduce financial barriers to care. In 2020, New York limited cost-sharing for insulin to $100 per 30-day supply for people with state-regulated commercial insurance.
✓	***Require insurers in a state-based exchange to offer evidence-based standard plan designs*** New York has a state-based exchange with standard plan design; however, non-standard plans are still available. 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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