# 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: NEVADA** **RANK: 27** out of 50 states + DC

| | | |
|---|---|---|
| Policy Score | 12.4 | out of 40 |
| Outcome Score | 18.2 | out of 40 |

**TOTAL** 30.6 OUT OF 80 POSSIBLE POINTS

Setting the Stage: According to the Healthcare Value Hub's 2022 CHESS survey, 65% of Nevada adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Nevada grew 29% between 2013 and 2021, totaling $5,976 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**

**4.5 OUT OF 10 POINTS**

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

**OUTCOME SCORE**

**3.5 OUT OF 10 POINTS**

NV's inpatient/outpatient private payer prices are 260% of Medicare prices, placing them in the middle range of all states. Ranked 30 out of 50 states, plus DC.

**RECOMMENDATIONS**

***Even states like NV with lower price levels than other states should consider adding negotiated prices to their price transparency tool.***

*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***<br>In 2021, Nevada passed SB 40 which requires the Department of Health and Human Services to establish an all-payer claims database (APCD) with mandatory data submission for state-regulated insurers and voluntary submission for employer-sponsored plans, among others. The state is also required to publish annual reports on the cost and quality of healthcare, including actual patient costs and prescription medication costs and utilization. It has an anticipated go-live date of January 2023, although lack of funding has led to delays. |
| ✓ | ***Create a permanently convened health spending oversight entity***<br>Nevada has a permanently convened health spending oversight entity that targets all spending. Nevada has taken steps to create a state cost growth measurement and benchmarking program. Although not yet in effect, these benchmarks will be overseen mainly by the Patient Protection Commission (PPC), established in 2019. |
| ✗ | ***Create all-payer healthcare spending and quality benchmarks for the state***<br>Nevada did not have active health spending benchmarks as of Dec. 31, 2021. Nevada's Governor signed an Executive Order in 2021 establishing a Health Care Cost Growth Target, to begin in 2022 and run through 2027, with an option to continue. Nevada's Patient Protection Commission is working to develop a healthcare cost growth benchmark with support from the Peterson-Milbank Program for Sustainable Health Care Costs. |
| ✗ | ***Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices***<br>Nevada 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). Nevada's tool shows charges, but 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/Nevada**

ALTARUM HEALTHCARE VALUE HUB

# Healthcare Affordability State Policy Scorecard

**STATE:** NEVADA **RANK:** 27 out of 50 states + DC

## REDUCE LOW-VALUE CARE

| POLICY SCORE | OUTCOME SCORE | RECOMMENDATIONS |
|---|---|---|
| 1.3 OUT OF 10 POINTS | 5.0 OUT OF 10 POINTS | *NV should consider using claims and EHR data to identify unnecessary care and enacting a multi-stakeholder effort to reduce it.* |
| NV has not yet measured the extent of low-value care being provided. They have not enacted meaningful patient safety reporting. 95% of hospitals have adopted antibiotic stewardship. | 16% of NV residents have received at least one low-value care service, placing them in the middle range of states. Ranked 16 out of 50 states, plus DC. | |

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

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|---|---|
| ☒ | ***Analyze claims and electronic health records data to understand how much is spent on low- and no-value services***<br>Nevada did not measure the provision of low-value care as of Dec. 31, 2021. |
| ⋯ | ***Require validated patient-safety reporting for hospitals***<br>Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Nevada mandates CLABSI reporting alone with no other requirements. |
| ✓ | ***Universally implement antibiotic stewardship programs using CDC's 7 Core Elements***<br>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 Nevada hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit. |

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**STATE:** NEVADA **RANK:** 27 out of 50 states + DC

## EXTEND COVERAGE TO ALL RESIDENTS

| POLICY SCORE | OUTCOME SCORE | RECOMMENDATIONS |
|---|---|---|
| 3.6 OUT OF 10 POINTS<br>NV Medicaid coverage for childless adults extends to 138% of FPL. Only some immigrants can access state coverage options (see below). | 4.2 OUT OF 10 POINTS<br>NV is among the states with the most uninsured people—11% of NV residents are uninsured. Ranked 44 out of 50 states, plus DC. | *NV is developing a public option plan and should consider other immediate options for residents earning too much to qualify for Medicaid, such as premium subsidies. NV should also consider offering coverage options for legally residing immigrant pregnant people, as well as undocumented children, pregnant people and adults. NV should consider adding affordability criteria to rate review.* |

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

| | |
|---|---|
| ✓ | ***Expand Medicaid to cover adults up to 138% of the federal poverty level***<br>Nevada 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***<br>Nevada did not offer any additional coverage options for residents earning too much to qualify for Medicaid as of Dec. 31, 2021. Nevada's legislature passed a Medicaid buy-in program in 2017 that was vetoed by the Governor. In 2021, Nevada passed a law that paves the way to develop a public option by creating a state-managed health insurance plan by 2026. |
| ··· | ***Provide options for immigrants that don't qualify for the coverage above***<br>Nevada offers Medicaid coverage to lawfully residing immigrant children without a 5-year wait but offers no coverage options for legally residing pregnant women without a 5-year wait or for undocumented immigrants. |
| ··· | ***Conduct strong rate review of fully insured, private market options***<br>Nevada 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

**3.0 OUT OF 10 POINTS**

NV has limited protections against short-term, limited duration health plans and has partial protections against surprise medical bills and No Surprises Act loopholes.

### OUTCOME SCORE

**5.5 OUT OF 10 POINTS**

NV ranked 18 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 (8%), problems paying medical bills (12%) or being uninsured due to cost (sample size too small).

### RECOMMENDATIONS

*NV 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. NV should also consider waiving or reducing cost-sharing for high-value services and requiring standard plan design on their exchange.*

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

| | |
|---|---|
| ⋯ | ***Limit the availability of short-term, limited-duration health plans***<br>Nevada has enacted some protections against short-term, limited duration health plans (STLDs) with durations of less than one year but no other consumer protections. 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***<br>Nevada has partial protections against surprise medical bills (SMBs), plus additional protections for other facility (urgent care) 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—60% of ground ambulance rides in NV charged to commercial insurance plans had the potential for SMBs (2021). |
| ☒ | ***Waive or reduce cost-sharing for high-value services***<br>Nevada did not require waiving or reducing cost-sharing for high-value services as of Dec. 31, 2021. Looking Forward: In 2022, Nevada's Governor announced that the state will be joining the Northwest Prescription Drug Consortium, operated by Oregon and Washington, to reduce prescription drug costs. The program will primarily benefit Nevada's uninsured and underinsured, including those who have medications with high co-pays or deductibles, but is available to all Nevada residents, regardless of insurance program or status. |
| ☒ | ***Require insurers in a state-based exchange to offer evidence-based standard plan designs***<br>Nevada has a state-based exchange but has not implemented 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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