

Healthcare Affordability State Policy Scorecard

Polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This scorecard identifies areas where Connecticut is doing well and areas where it can improve.

STATE:





CONNECTICUT

RANK:

10

out of 42 states + DC

Connecticut has relatively high healthcare spending per person but a comparatively low percentage of residents report affordability problems. Recent spending growth has moderated, suggesting that policymaking efforts are achieving some success.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	4 OUT OF 10 POINTS Medicaid coverage for childless adults extends to 138% of FPL. Certain recent immigrants have some state coverage options.	8 OUT OF 10 POINTS In 2018, CT was in the top third of states in terms of covering the uninsured, ranking 8 out of 50 states, plus DC, for this measure.	<i>Consider options that help families that earn too much to qualify for Medicaid, like Basic Health Plan, reinsurance or supplementary premium subsidies. Consider adding affordability criteria to insurance rate review.</i>
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	7 OUT OF 10 POINTS CT offers some protections against skimpy, confusing STLD health plans; comprehensive SMB protections; and patient-centered, standard plan designs on the Exchange.	9 OUT OF 10 POINTS CT out-performs many states in reducing healthcare affordability burdens (although 26% adults are still burdened). CT ranked 5 out of 49 states, plus DC, for this measure.	<i>Consider strategies to lower the cost of high-value care.</i>
REDUCE LOW-VALUE CARE 	3 OUT OF 10 POINTS CT requires some forms of patient safety reporting & has non-payment policies for 'never events.' CT is above avg. for hospital antibiotic stewardship, but has not measured the provision of low-value care.	3 OUT OF 10 POINTS CT ranks poorly in terms of reducing C-sections for low risk mothers (43 out of 50 states, plus DC). CT ranks 25 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	<i>Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. CT should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. Additionally, CT should increase efforts to address antibiotic overprescribing.</i>
CURB EXCESS PRICES IN THE SYSTEM 	4 OUT OF 10 POINTS Outside of establishing an APCD and increasing price transparency, CT has enacted few policies to curb the rise of healthcare prices.	6.7 OUT OF 10 POINTS Private payer prices in CT are well above the national median. The state ranks 34 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. CT should consider establishing a health spending oversight entity and health spending targets.</i>

APCD = All-Payer Claims Database FPL = Federal Poverty Level EHR = Electronic Health Records OOP = Out-of-Pocket Costs SMB = Surprise Medical Bill STLD = Short-Term, Limited-Duration

See state notes on page 2.

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/Connecticut

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CONNECTICUT NOTES

Methodological Notes:

State rank reflects the weighted sum of the policy and outcome scoring components. In this summation, the Extend Coverage to All Residents category received the biggest weight (reflecting its large impact on the uninsured population) and Reduce Low-Value Care received the smallest weight, reflecting its smaller impact on spending. A lower state rank number (i.e. close to 1) reflects a higher overall score and better performance when compared to other states.

For a complete discussion of methodology, please see healthcarevaluehub.org/affordability-scorecard/methodology.

The Problem:

Connecticut out-performs many states in terms of reducing healthcare affordability burdens, although 26% of adults are still burdened, giving the state a rank of 5 out of 49 states, plus DC, for this measure. The most common burden reported was ‘made changes to medical drugs because of cost’ (20% of adults), followed by ‘trouble paying medical bills.’ According to the BEA, healthcare spending in Connecticut totaled \$7,889 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 12.4%.* Connecticut has much work to do to ensure wise health spending and affordability for residents.



Extend Coverage to All Residents:

Connecticut offers Medicaid coverage to lawfully residing immigrant children and pregnant women without a 5-year wait.

Of Note: Parents in Connecticut can get Medicaid up to 155% of FPL.



Make Out-of-Pocket Costs Affordable:

High-deductible health plans create barriers to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 8% per year in Connecticut.*

Connecticut insurance regulations effectively eliminate short-term, limited-duration health plans.



Reduce Low-Value Care:

Addressing medical harm to improve patient safety can take many forms. One form is declining payment for services related to “never events,” serious reportable events identified by the National Quality Forum (NQF) that should never occur in a healthcare setting. Connecticut prohibits billing for “never events” and related care.

Eighty-eight percent of Connecticut hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship – short of the goal of 100% of hospitals.



Curb Excess Prices in the System:

The Connecticut Office of Health Strategy launched the Healthscore CT cost estimator in late 2020 for 46 common procedures.

NOTE: The very high healthcare prices seen in Alaska (relative to the national median) means that most other states received a relatively good outcome score for this category.

* Informational data, not used in state score or ranking. DOI = Department of Insurance BEA = U.S. Bureau of Economic Analysis • Scorecard Updated: Jan. 7, 2020