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 checklist identifies areas where South Carolina is doing well and areas where it can improve.

### 1. Curb Excess Healthcare Prices:
- Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices. 
  - Not implemented by state
- Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization.
  - Implemented by state
- Create a permanently convened health spending oversight entity.
  - Not implemented by state
- Create all-payer healthcare spending and quality benchmarks for the state.
  - Not implemented by state

### 2. Reduce Low-Value Care:
- Require validated patient-safety reporting for hospitals.
  - The state has implemented policies, but could improve
- Universally implement antibiotic stewardship programs using CDC’s 7 Core Elements.
  - Implemented by state
- Analyze claims and EHR data to understand how much is spent on low- and no-value services.
  - Not implemented by state

### 3. Extend Coverage to All Residents:
- Expand Medicaid to cover adults up to 138% of the federal poverty level.
  - Not implemented by state
- 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.
  - Not implemented by state
- Provide options for immigrants that don’t qualify for the coverage above.
  - The state has implemented policies, but could improve
- Conduct strong rate review of fully insured, private market options.
  - The state has implemented policies, but could improve

### 4. Make Out-of-Pocket Costs Affordable:
- Protect patients from inadvertent surprise out-of-network medical bills.
  - Not implemented by state
- Limit the availability of short-term, limited-duration health plans.
  - Not implemented by state
- Waive or reduce cost-sharing for high-value services.
  - Not implemented by state
- Require insurers in a state-based exchange to offer evidence-based standard plan designs.
  - Not implemented by state

Additional detail is available at: [www.HealthcareValueHub.org/Affordability-Scorecard/South-Carolina](http://www.HealthcareValueHub.org/Affordability-Scorecard/South-Carolina)
**Notes**

1. Claims submission to South Carolina’s APCD is voluntary.

2. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. South Carolina mandates reporting and validation for CLABSI, but not for CAUTI. For more information, see: [https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables](https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables).

3. 97% of SC hospitals have adopted antibiotic stewardship. For more information, see: [https://www.cdc.gov/antibiotic-use/stewardship-report/current.html](https://www.cdc.gov/antibiotic-use/stewardship-report/current.html).

4. SC offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait. SC does not offer Medicaid coverage for undocumented children/pregnant people/adults.

5. SC has effective rate review as classified by CMS, but does not incorporate affordability criteria into rate review.

6. The federal No Surprises Act prohibits surprise medical billing in most plans effective January 2022. However, it does not cover ground ambulances which often result in surprise bills for consumers. An analysis by Johns Hopkins University conducted specially for Altarum revealed that data on ground ambulance surprise medical billing was not available for SC.