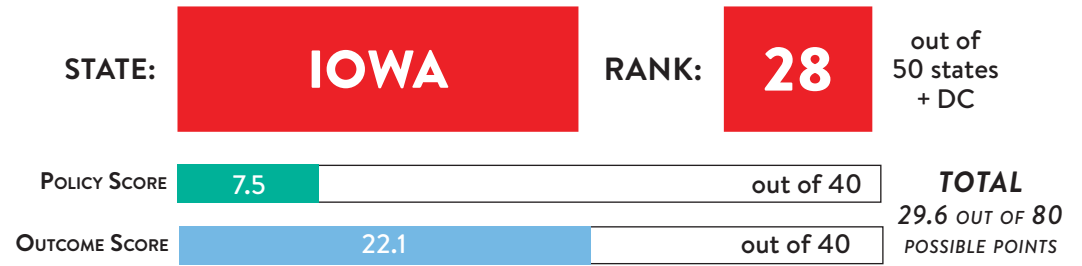
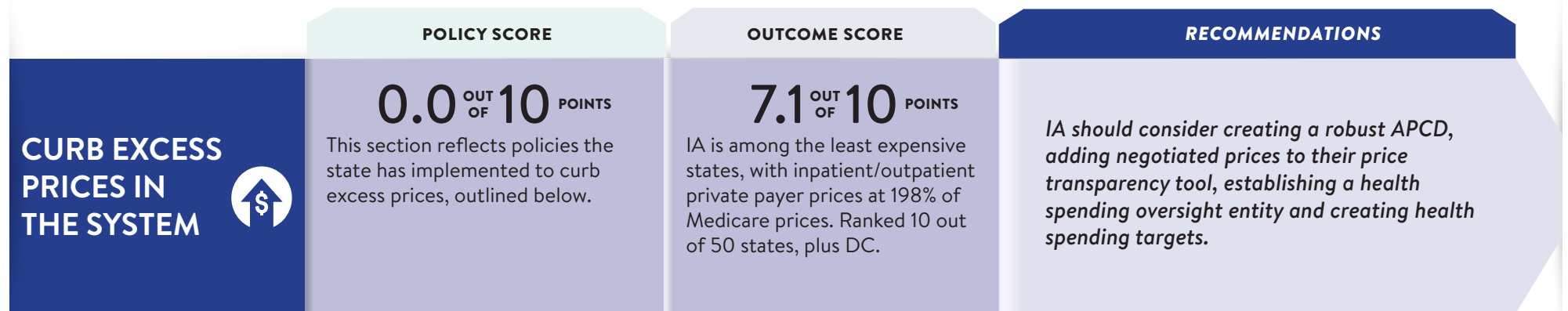


2022 Healthcare Affordability State Policy Scorecard

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 SHADAC, 26% of Iowa adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in Iowa grew 25% between 2013 and 2021, totaling \$6,894 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.

<input checked="" type="checkbox"/>	Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization Iowa does not have an all-payer claims database (APCD). In 2011, the legislature directed the Iowa Department of Human Services (DHS) to develop a plan for an APCD, and DHS issued the report including recommendations. However, it appears the plan was not pursued further.
<input checked="" type="checkbox"/>	Create a permanently convened health spending oversight entity Iowa did not have a permanently convened health spending oversight entity as of Dec. 31, 2021.
<input checked="" type="checkbox"/>	Create all-payer healthcare spending and quality benchmarks for the state Iowa did not have active health spending benchmarks as of Dec. 31, 2021.
<input checked="" type="checkbox"/>	Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices Iowa 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). Iowa's tool includes charges, but does not include 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/Iowa

Healthcare Affordability State Policy Scorecard

STATE:

IOWA

RANK:

28

out of 50 states + DC

POLICY SCORE

1.7 OUT OF 10 POINTS

IA has not yet measured the extent of low-value care being provided. They require some forms of patient safety reporting. 92% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

3.6 OUT OF 10 POINTS

18% of Iowa 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.

RECOMMENDATIONS

IA should consider using claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it.

REDUCE LOW-VALUE CARE



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

	Analyze claims and electronic health records data to understand how much is spent on low- and no-value services
	Iowa 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. In Iowa, reporting of CLABSI/CAUTI is voluntary, but validation is required if there is a report.
	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. 92% of Iowa hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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28

out of 50 states + DC

POLICY SCORE

3.6 OUT OF 10 POINTS

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

OUTCOME SCORE

8.6 OUT OF 10 POINTS

IA is among the states with the least uninsured people, still 5% of IA residents are uninsured. Ranked 7 out of 50 states, plus DC.

RECOMMENDATIONS

IA should consider options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in and a Public Option. Consider offering coverage options for legally residing immigrant pregnant people; undocumented children, pregnant people and adults. Also consider adding affordability criteria to rate review.

EXTEND COVERAGE TO ALL RESIDENTS



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



Expand Medicaid to cover adults up to 138% of the federal poverty level

Iowa has expanded Medicaid. The state charges premiums to some enrollees, however premiums have been suspended during the COVID-19 public health emergency, and it is unclear if they will be reinstated given CMS decisions in other states under the Biden administration. Lawmakers considered, but did not pass, Medicaid work requirement legislation in 2020.



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

Iowa did not offer any additional coverage options for residents earning too much to qualify for Medicaid as of Dec. 31, 2021.



Provide options for immigrants that don't qualify for the coverage above

Iowa 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. The state covers immigrant children in foster care with state-only funds.



Conduct strong rate review of fully insured, private market options

Iowa 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:

IOWA

RANK:

28

out of 50 states + DC

POLICY SCORE

2.2 OUT OF 10 POINTS

IA has limited protections against short-term, limited duration health plans and partial protections against surprise medical bills.

OUTCOME SCORE

2.8 OUT OF 10 POINTS

IA ranked 41 out of 50 states, plus DC on affordability burdens—26% 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 (7%), problems paying medical bills (16%) or being uninsured due to cost (sample size too small).

RECOMMENDATIONS

IA should consider a suite of measures to ease consumer burdens, such as: stronger protections against short-term, limited-duration health plans; surprise medical bill protections not addressed by the federal No Surprises Act; and waiving or reducing cost-sharing for high-value services. If IA 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

Iowa has enacted some protections against short-term, limited duration health plans (STLDs) but there are still plans available with a maximum duration of over one year. 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

Iowa has partial protections against surprise medical bills (SMBs). '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—36% of ground ambulance rides in IA charged to commercial insurance plans had the potential for SMBs (2021).






Waive or reduce cost-sharing for high-value services

Iowa did not require waiving or reducing cost-sharing for high-value services as of Dec. 31, 2021.



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

Iowa 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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