Oregon
2021 Healthcare Affordability Policy Checklist

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 Oregon 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. ⬡

- Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization. ⬡

- Create a permanently convened health spending oversight entity. ⬡

- Create all-payer healthcare spending and quality benchmarks for the state.[1] ☒

2. Reduce Low-Value Care:

- Require validated patient-safety reporting for hospitals.[2] ⬡

- Universally implement antibiotic stewardship programs using CDC's 7 Core Elements.[3] ☒

- Analyze claims and EHR data to understand how much is spent on low- and no-value services.[4] ⬡

3. Extend Coverage to All Residents:

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

- 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.[5] ⬡

- Provide options for immigrants that don't qualify for the coverage above.[6] ⊖

- Conduct strong rate review of fully insured, private market options.[7] ⬡

4. Make Out-of-Pocket Costs Affordable:

- Protect patients from inadvertent surprise out-of-network medical bills.[8, 9] ⬡

- Limit the availability of short-term, limited-duration health plans. ⊖

- Waive or reduce cost-sharing for high-value services.[10] ⬡

- Require insurers in a state-based exchange to offer evidence-based standard plan designs.[11] ⬡

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Additional detail is available at:
www.HealthcareValueHub.org/Affordability-Scorecard/Oregon

NOTES

1. OR passed legislation to establish a healthcare spending benchmark in 2019. OR's first report on total healthcare spending and analysis of price increases is expected to be released in Fall 2021.

2. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. OR mandates patient safety reporting and validation for both CLABSI and CAUTI. For more information, see: https://www.cdc.gov/hai/data/portal/progress-report.html#Data_tables.

3. 77% of OR hospitals have adopted antibiotic stewardship. For more information, see: https://www.cdc.gov/antibiotic-use/stewardship-report/current.html.

4. The Oregon Health Leadership Council and Oregon Health Authority led an effort to evaluate spending on 47 low-value care services from 2016-2018. The "Better Health for Oregonians: Opportunities to Reduce Low-Value Care" report was released in July 2020.

5. Oregon operates a state-based reinsurance program through a 1332 State Innovation Wwaiver. A law passed in 2019 established a task force to recommend the design of a Public Option plan.

6. OR offers Medicaid coverage to lawfully residing immigrant children without a 5-year wait; uses state-only funds to cover income-eligible children regardless of immigration status; and provides some services not covered through Emergency Medicaid for certain pregnant or postpartum women who would otherwise be ineligible due to immigration status. OR does not offer coverage options for legally residing immigrant pregnant people or undocumented adults. Looking ahead: In 2021, OR passed HB 3352 (Cover All People) to expand Oregon Health Plan eligibility to adults who would be eligible for Medicaid if not for their immigration status, including DACA recipients.

7. OR's DOI has the authority to request data on insurers' cost containment and quality improvement efforts through rate filings. Insurers offering individual and small-group plans must justify proposed premium rates in writing, showing that they are not excessive and explaining how the insurer is working to reduce costs.

8. OR has comprehensive protections against surprise medical billing. 'Comprehensive' surprise medical billing 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. For more information, see: https://www.commonwealthfund.org/publications/maps-and-interactives/2021/feb/state-balance-billing-protections.

9. 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. An analysis by Johns Hopkins University conducted specially for Altarum revealed that 63% of ground ambulance rides in OR charged to commercial insurance plans had the potential for surprise medical billing.

10 OR standardized benefit plans include the following pre-deductible services with low to moderate copay amounts, including: non-preventive primary care; specialty care; laboratory and diagnostic testing; mental health and substance use disorder treatment; urgent care; and generic prescription drugs.

11. OR is the only state with a standard benefit design that features higher cost-sharing for services considered overused.