

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 Oregon is doing well and areas where it can improve.

STATE:




OREGON

RANK:

3

out of 42 states + DC

Oregon has an average level of healthcare spending per person, yet a high percentage of residents report affordability problems, suggesting a need for policymaker attention.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	9 OUT OF 10 POINTS Medicaid coverage for childless adults extends to 138% of FPL. Certain recent immigrants have state coverage options.	7 OUT OF 10 POINTS In 2018, OR was in the middle third of states in terms of covering the uninsured, ranking 21 out of 50 states, plus DC, for this measure.	<i>Consider coverage options for undocumented adults.</i>
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	6 OUT OF 10 POINTS OR has some protections against skimpy and confusing STLD plans; comprehensive SMB protections; and evidence-based, standard plan designs in the Exchange.	6 OUT OF 10 POINTS Thirty-nine percent of adult residents report healthcare OOP affordability burdens. As a result, OR ranked 22 out of 49 states, plus DC, for this measure.	<i>Consider creating stronger protections against STLD health plans and measures that lower the cost of high-value care.</i>
REDUCE LOW-VALUE CARE 	4 OUT OF 10 POINTS OR requires some patient safety reporting and nonpayment policies for 'never events;' performs below average for hospital antibiotic stewardship; and has not measured the provision of low-value care.	9 OUT OF 10 POINTS OR ranks highly in terms of reducing C-sections for low risk mothers (14 out of 50 states, plus DC). OR ranks 2 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. OR should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it.</i>
CURB EXCESS PRICES IN THE SYSTEM 	9.7 OUT OF 10 POINTS OR is a leader in terms of enacting policies to curb the rise of healthcare prices, with strong price transparency rules; a healthcare spending oversight entity; and mandatory all spending targets.	6.2 OUT OF 10 POINTS OR is among the most expensive states, with private payer prices well above the national median, ranking 38 out of 42 states, plus DC, for this measure.	<i>OR should use its existing tool set to address pricing outliers and unwarranted price variation.</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/Oregon

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OREGON 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:

Thirty-nine percent of Oregon adults report healthcare OOP affordability problems, giving the state a rank of 22 out of 49 states, plus DC, for this measure. The most common burden reported was ‘trouble paying medical bills’ (30% of adults), followed by ‘made changes to medical drugs because of cost.’ According to the BEA, healthcare spending in Oregon totalled \$7,320 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 26.9%.* Residents are struggling to afford needed healthcare. Oregon has much work to do to ensure wise health spending and affordability for residents.



Extend Coverage to All Residents:

Oregon uses reinsurance to reduce costs for those in the non-group market. Lawfully residing immigrant children are covered by Medicaid without a 5-year wait, and some level of prenatal care is available, regardless of immigration status, through CHIP’s “unborn child” option.

2009 legislation gave the Oregon DOI authority to request data on insurance companies’ cost containment and quality improvement efforts through rate filings.



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 13.6% per year in Oregon.* Oregon is the only state with a standard benefit design that features higher cost-sharing for services considered overused.



Reduce Low-Value Care:

Addressing medical harm to increase 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.

Oregon is the only state that mandates the use of clinical evidence in coverage decisions.

Sixty-nine percent of Oregon 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:

Starting in 2019, the Oregon state employee health plan sets in-network reimbursement for hospitals at 200 percent of Medicare’s reimbursement rates and hospitals that opt out will receive only 185%.*

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