

Maryland

2021 Healthcare Affordability Policy Checklist

KEY

-  = implemented by state
-  = the state has implemented policies, but could improve
-  = not implemented by state

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 Maryland 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.¹ 
- Create all-payer healthcare spending and quality benchmarks for the state.² 

2. REDUCE LOW-VALUE CARE:

- Require validated patient-safety reporting for hospitals.³ 
- Universally implement antibiotic stewardship programs using CDC's 7 Core Elements.⁴ 
- Analyze claims and EHR data to understand how much is spent on low- and no-value services. 

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/MARYLAND

NOTES

1. MD's healthcare spending oversight entity—the Health Services Cost Review Commission—monitors the efficiency and effectiveness of hospitals using financial data to inform recommendations on global hospital spending targets. MD also passed legislation in 2021 to fund its Prescription Drug Affordability Board, established in 2019. MD does not have an oversight entity that monitors all healthcare spending.
2. MD's innovative global budgets help contain hospital spending. Additionally, the Prescription Drug Affordability Board may begin to set upper payment limits for drugs purchased by public entities in 2022, pending approval from the General Assembly. In 2023, the board will recommend whether the Assembly should pass legislation to expand upper payment limits to all purchasers.
3. Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. MD 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.
4. 96% of MD hospitals have adopted antibiotic stewardship. For more information, see: <https://www.cdc.gov/antibiotic-use/stewardship-report/current.html>.
5. MD operates a state-based reinsurance program through a 1332 State Innovation Waiver. The program builds off of MD's prior experience administering a supplemental state-based reinsurance program in 2015 and 2016.
6. MD offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait. MD does not offer coverage options for undocumented children/pregnant people/adults.
7. MD has effective rate review as classified by CMS, but does not incorporate affordability criteria into rate review.
8. MD 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 61% of ground ambulance rides in MD charged to commercial insurance plans had the potential for surprise medical billing.
10. MD prohibits that co-payment or co-insurance for specialty-tier drugs from exceeding \$150 for a supply of up to 30 days. Co-payment or co-insurance for prescription drugs cannot exceed the retail price.
11. The MD Health Benefit Exchange considered requiring carriers to offer standard plans as a certification requirement, but ultimately approved Value Plan requirements instead. Value Plans offer consumers lower deductibles and more pre-deductible coverage, while promoting cost-sharing structures that increase use of high-value care and align with state population health goals.



ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from Arnold Ventures and the Robert Wood Johnson Foundation, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

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