

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 Kansas is doing well and areas where it can improve.

STATE:

KANSAS

RANK:

29

out of 42 states + DC

Kansas has relatively low healthcare spending per person, yet a high percentage of residents report affordability problems, suggesting a need for immediate policymaker attention.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS 	2 OUT OF 10 POINTS Childless adults are not eligible for Medicaid and parents are only eligible if their incomes are below 38% of FPL.	6 OUT OF 10 POINTS In 2018, KS was in the middle third of states in terms of covering the uninsured, ranking 32 out of 50 states, plus DC, for this measure.	<i>Increase coverage by expanding Medicaid to all low-income state residents and consider options that help families earning too much to qualify for Medicaid like Basic Health Plan, reinsurance or supplementary premium subsidies. In addition, consider adding affordability criteria to insurance rate review.</i>
MAKE OUT-OF-POCKET COSTS AFFORDABLE 	1 OUT OF 10 POINTS KS has enacted some policies to protect state residents against skimpy, confusing STLD health plans.	3 OUT OF 10 POINTS Nearly half (47%) of KS adults report healthcare affordability problems. KS ranks 42 out of 49 states, plus DC, for this measure.	<i>In light of grave affordability problems, KS should consider a suite of measures to ease consumers' financial burdens, including: comprehensive surprise medical bill protections; stronger protections against short-term, limited-duration health plans and strategies to lower the cost of high-value care.</i>
REDUCE LOW-VALUE CARE 	2 OUT OF 10 POINTS KS requires some forms of patient safety reporting & has enacted non-payment policies for 'never events.' KS is below avg. for hospital antibiotic stewardship & has not measured the provision of low-value care.	4 OUT OF 10 POINTS KS ranks 21 out of 50 states, plus DC, for reducing C-sections for low-risk mothers and 40 out of 50 states, plus DC, for per capita antibiotic prescribing.	<i>Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. KS should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. Moreover, Kansas should increase efforts to address antibiotic overprescribing.</i>
CURB EXCESS PRICES IN THE SYSTEM 	3 OUT OF 10 POINTS Other than establishing an APCD, KS has enacted few policies to curb the rise of healthcare prices.	8.6 OUT OF 10 POINTS Private payer prices in Kansas are lower than the national median. The state ranks 9 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. Even states with lower private payer price levels (like KS) should consider establishing strong price transparency requirements; a health spending oversight entity; and health spending targets.</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/Kansas

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KANSAS 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:

Kansas is in the bottom third of states in terms of percentage of residents that report experiencing one or more healthcare affordability burdens (47% of adults report healthcare OOP affordability burdens), giving the state a rank of 42 out of 49 states, plus DC, for this measure. The most common burden reported was ‘made changes to medical drugs because of cost’ (35% of adults), followed by ‘trouble paying medical bills.’ According to the BEA, healthcare spending in Kansas totalled \$6,592 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 13.9%.* Residents are struggling to afford needed healthcare, in part, due to high rates of uninsurance among the population. Kansas has much work to do to ensure wise healthcare spending and affordability for residents.

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 8.4% per year in Kansas.*

Kansas limits short-term, limited-duration plans’ initial term to 12 months and only allows for one renewal.

Reduce Low-Value Care:



Addressing medical harm to improve 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.

Sixty-six percent of Kansas hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship — short of the goal of 100% of hospitals.

Reduce Excess Prices in the System:



Private payer price levels in Kansas are 219% higher than prices paid by Medicare.*

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