

# 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 Illinois is doing well and areas where it can improve.

STATE:

**ILLINOIS**

RANK:

**19**

out of 42 states + DC

Illinois 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
<b>EXTEND COVERAGE TO ALL RESIDENTS</b> 	<b>5 OUT OF 10 POINTS</b> Medicaid coverage for childless adults extends to 138% of FPL. Certain recent immigrants have state coverage options.	<b>7 OUT OF 10 POINTS</b> In 2018, IL was in the middle third of states in terms of covering the uninsured, ranking 20 out of 50 states, plus DC, for this measure.	Consider options that help families that make too much to qualify for Medicaid, like Basic Health Plan, reinsurance or supplementary premium subsidies, and consider adding affordability criteria to insurance rate review.
<b>MAKE OUT-OF-POCKET COSTS AFFORDABLE</b> 	<b>8 OUT OF 10 POINTS</b> IL has enacted some protections against skimpy, confusing STLD health plans; comprehensive SMB protections; and capped cost-sharing for Rx in the fully insured market.	<b>5 OUT OF 10 POINTS</b> Forty-one percent of adult residents report healthcare OOP affordability burdens. IL ranks 26 out of 49 states, plus DC, for this measure.	Consider stronger protections against STLD health plans.
<b>REDUCE LOW-VALUE CARE</b> 	<b>2 OUT OF 10 POINTS</b> IL requires some forms of patient safety reporting. IL performs below average for hospital antibiotic stewardship and has not measured the provision of low-value care.	<b>5 OUT OF 10 POINTS</b> IL ranks in the middle third of states in terms of reducing C-sections for low-risk mothers (27 out of 50 states, plus DC.) and ranks 23 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. IL should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. In addition, IL should stop paying for 'never events' and use other techniques to reduce this type of medical harm.
<b>CURB EXCESS PRICES IN THE SYSTEM</b> 	<b>0 OUT OF 10 POINTS</b> As is common in many states, IL has done little to curb the rise of healthcare prices.	<b>7.4 OUT OF 10 POINTS</b> Private payer prices in IL are near the national median. The state ranks 27 out of 42 states, plus DC, for this measure.	Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. IL should consider establishing strong price transparency requirements; creating a robust APCD; establishing a health spending oversight entity; and creating health spending targets.

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/Illinois](http://www.HealthcareValueHub.org/Affordability-Scorecard/Illinois)

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## ILLINOIS 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](http://healthcarevaluehub.org/affordability-scorecard/methodology).

### The Problem:

Forty-one percent of Illinois adults report healthcare OOP affordability burdens, giving the state a rank of 26 out of 49 states, plus DC. The most common burden reported was ‘made changes to medical drugs because of cost’ (31% of adults), followed by ‘trouble paying medical bills.’ According to the BEA, healthcare spending in Illinois totalled \$7,441 per person in 2018.\* Moreover, between 2013 and 2018, healthcare spending per person grew 23.9%.\* Residents are struggling to afford needed healthcare. Illinois has much work to do to ensure wise health spending and affordability for residents.



### Extend Coverage to All Residents:

Lawfully residing immigrant children are covered by Medicaid without a 5-year wait. Illinois is one of a handful of states to provide Medicaid coverage to children, regardless of immigration status. Currently, all pregnant women up to 213% FPL are eligible for full Medicaid coverage during pregnancy and 60 days postpartum, regardless of immigration status.

LOOKING AHEAD: In 2019, a new law passed extending full Medicaid coverage to pregnant women up to 213% FPL from 60 days to 12 months postpartum for citizens and lawful permanent residents, regardless of date of entry.



### 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 7.2% per year in Illinois.\*



### 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.

Eighty-three percent of Illinois 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:

Private payer price levels in Illinois are 225% 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