Spring 5-11-2024

Mapping a Way Forward: Affordability and Equitability, 2024 Annual Health Law & Policy Symposium

Deborah Fournier
Insistuite for Health Policy & Practice

Comments

In February 2024, participants ranging from representatives of insurance carriers to hospitals attended IHPP's annual HL&P Symposium, 'Equitable and Affordable Healthcare: Mapping a Way Forward

The first half of the gathering examined trends in national and state healthcare cost data, affordability as a component of inequity in healthcare, and factors that could be driving costs.

The second half of the gathering featured interactive break-out groups, in which participants were assigned a category of healthcare cost policy: transparency, cost, and affordability. Each group reviewed, discussed, and selected one policy option from a menu of curated, state policy options within particular parameters.

The break-out groups fully utilized an hour to do their work and presented their selections to the entire audience at the end.

Affordability and Equitability:
Mapping a Way Forward

2024 ANNUAL IHPP HEALTH LAW & POLICY SYMPOSIUM

Welcome

Laura Davie, Interim Director, Institute for Health Policy & Practice (IHPP)

Rebecca Purdom, Associate Dean of Academic Affairs and Professor of Law

Deborah Fournier, Director , Health Law & Policy, IHPP

Staff:
Molly Bragg, Kate Crary, Bridget Green, Samantha Leiper, Susy Peoples, Erica Plante, Kim Persson, Becca Simon, Molly Umana

UNH Land, Water, and Life Acknowledgement

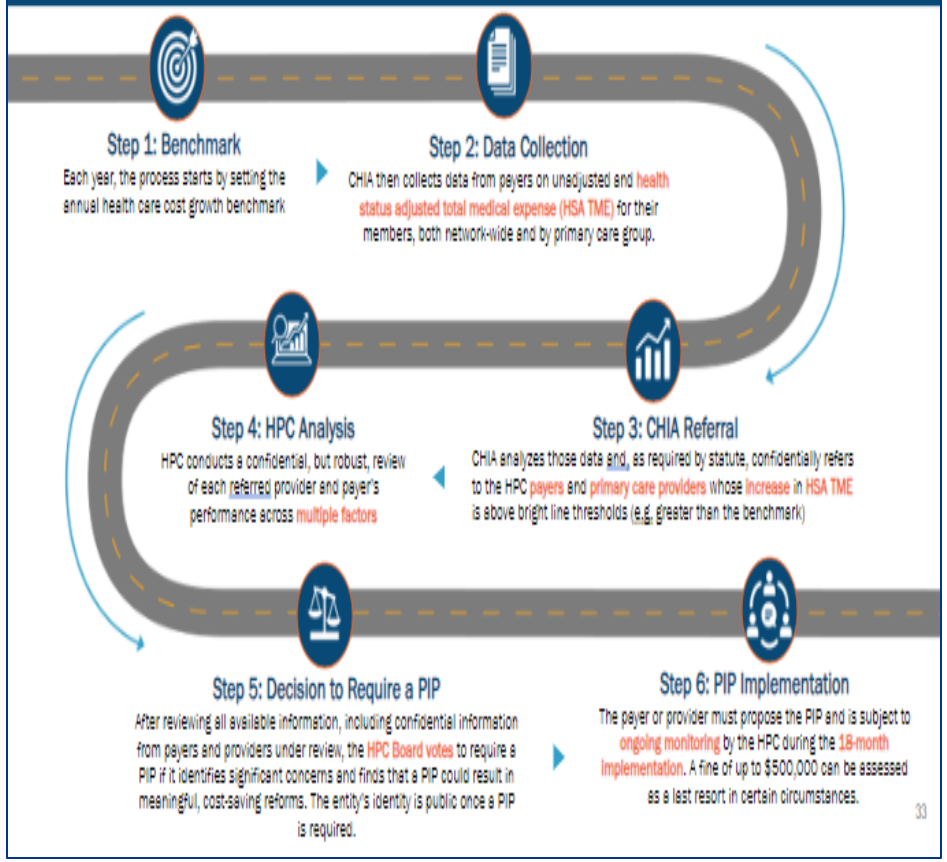
As we all journey on the trail of life, we wish to acknowledge the spiritual and physical connection the Pennacook, Abenaki, and Wabanaki Peoples have maintained to N'dakinna (homeland) and the aki (land), nebi (water), olakwika (flora), and awaasak (fauna) which the University of New Hampshire community is honored to steward today. We also acknowledge the hardships they continue to endure after the loss of unceded homelands and champion the university's responsibility to foster relationships and opportunities that strengthen the well-being of the Indigenous People who carry forward the traditions of their ancestors.

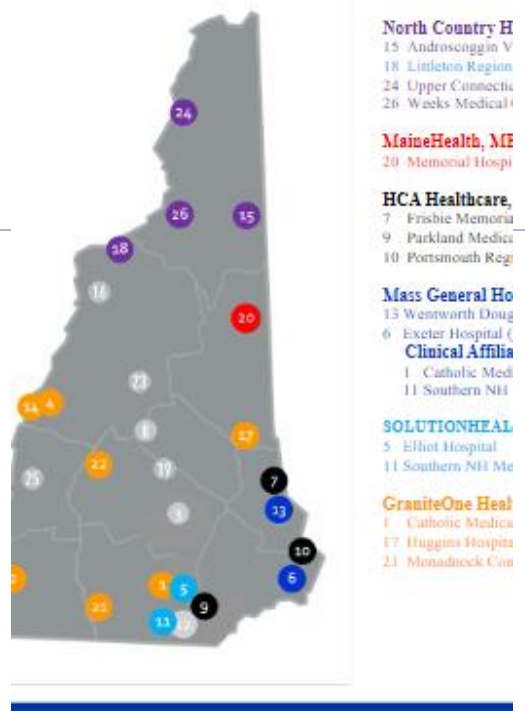
Support for this event provided by:

ENDOWMENT for Health

Steps on the Journey

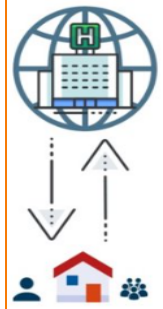
Other State Paths





Cost + Affordability

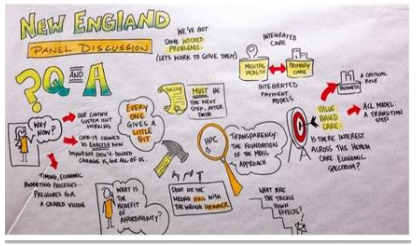
Addressing Healthcare Cost and Quality on the Systemic and Household Level

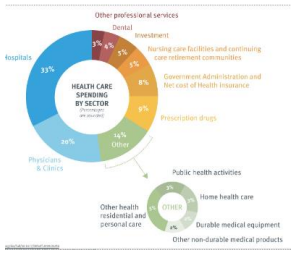


- **Cost Growth Benchmark**
  - A global, long-term strategy
- Monitor Overall Cost Growth
- Ensure Quality
- Increase Investments in Primary Care
- **Healthcare Affordability Index** CHAI Interactive Tool
  - A tool to shape policies that help CT residents by estimating the effect of healthcare reforms/proposals on capacity of CT residents to maintain coverage and meet basic economic needs.

OHS CONNECTICUT

Every Sector Is Impacted





Whose Costs?
Whose Affordability?
Trends in Data

“The cost of health isn’t a single problem, it’s a multi-dimensional one…”

“…There’s national health spending, consumer out-of-pocket costs, federal health spending (mostly for Medicare and Medicaid), state health spending (mostly Medicaid), employer premiums, and….[the most recently popular topic] getting better “value” for the health care dollar.

[Of this list]…two health cost problems stand out as legitimate health policy crises: **Affordability, especially for people who are sick and need a lot of health care; and national health spending.”**

The Two Health Care Cost Crises, January 18, 2024, Kaiser Family Foundation

National Health Expenditure Data

"U.S. National Health Expenditure Accounts Since 1964, the U.S. Department of Health and Human Services1 (HHS) has published an annual series of data presenting total national health expenditures (NHE).

These estimates, termed National Health Expenditure Accounts (NHEA), are compiled with the goal of measuring the total annual dollar amount of health care consumption in the U.S., as well as the dollar amount invested in medical sector structures and equipment and non-commercial research to procure health services in the future.

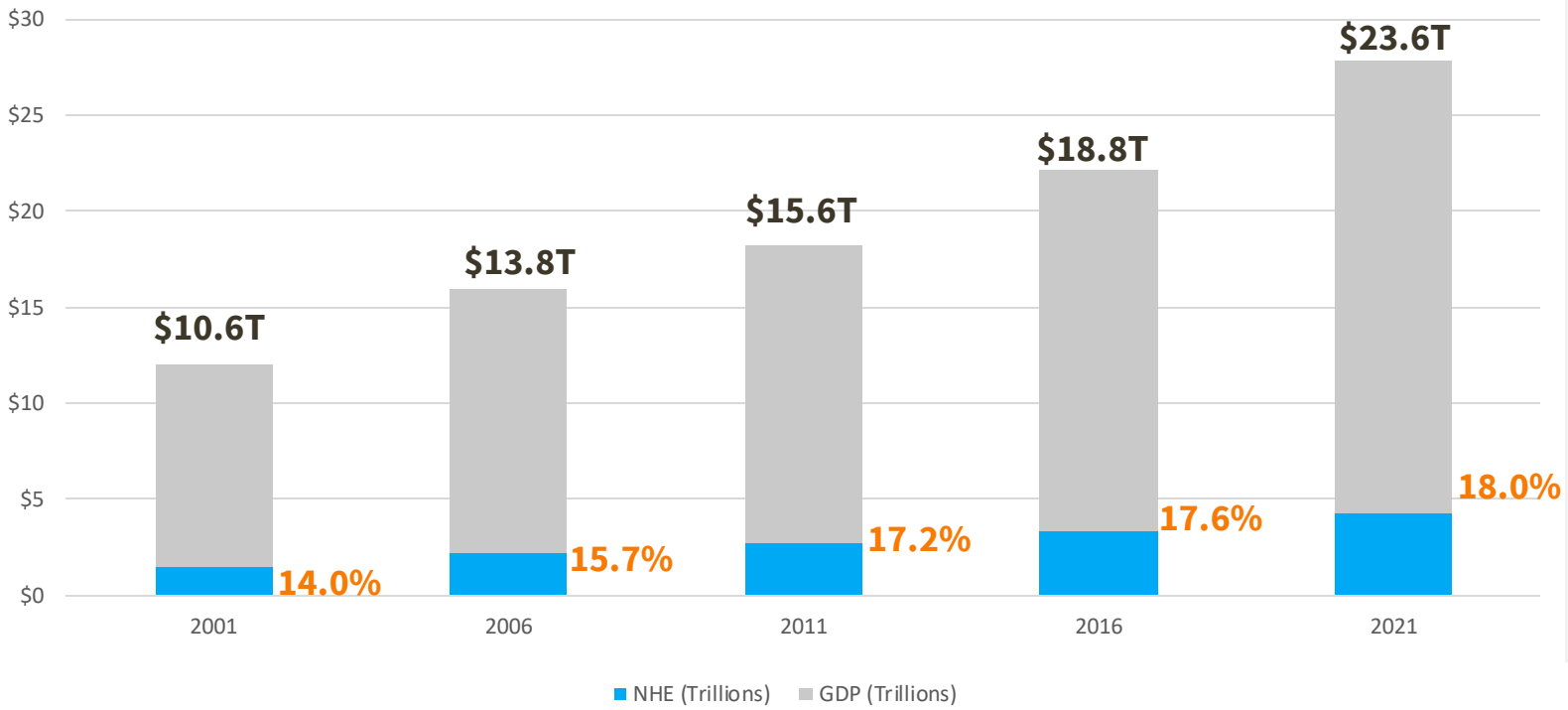
The NHEA are generally compatible with a production-based accounting structure such as the National Income and Product Accounts (NIPA).

Three primary characteristics of the NHEA flow from this framework. **First,** the NHEA are comprehensive because they contain all of the main components of the health care system within a unified mutually exclusive and exhaustive structure. **Second,** the NHEA are multidimensional, encompassing not only expenditures for medical goods and services, but also the payers that finance these expenditures. **Third,** the NHEA are consistent because they apply a common set of definitions that allow comparisons among categories and over time. "

https://www.cms.gov/files/document/definitions-sources-and-methods.pdf

Over the last two decades, national health care spending has nearly tripled, growing faster than national income to comprise almost $1 out of every $5 of our country's gross domestic product.

National Health Expenditures as % of GDP (2001–2021)



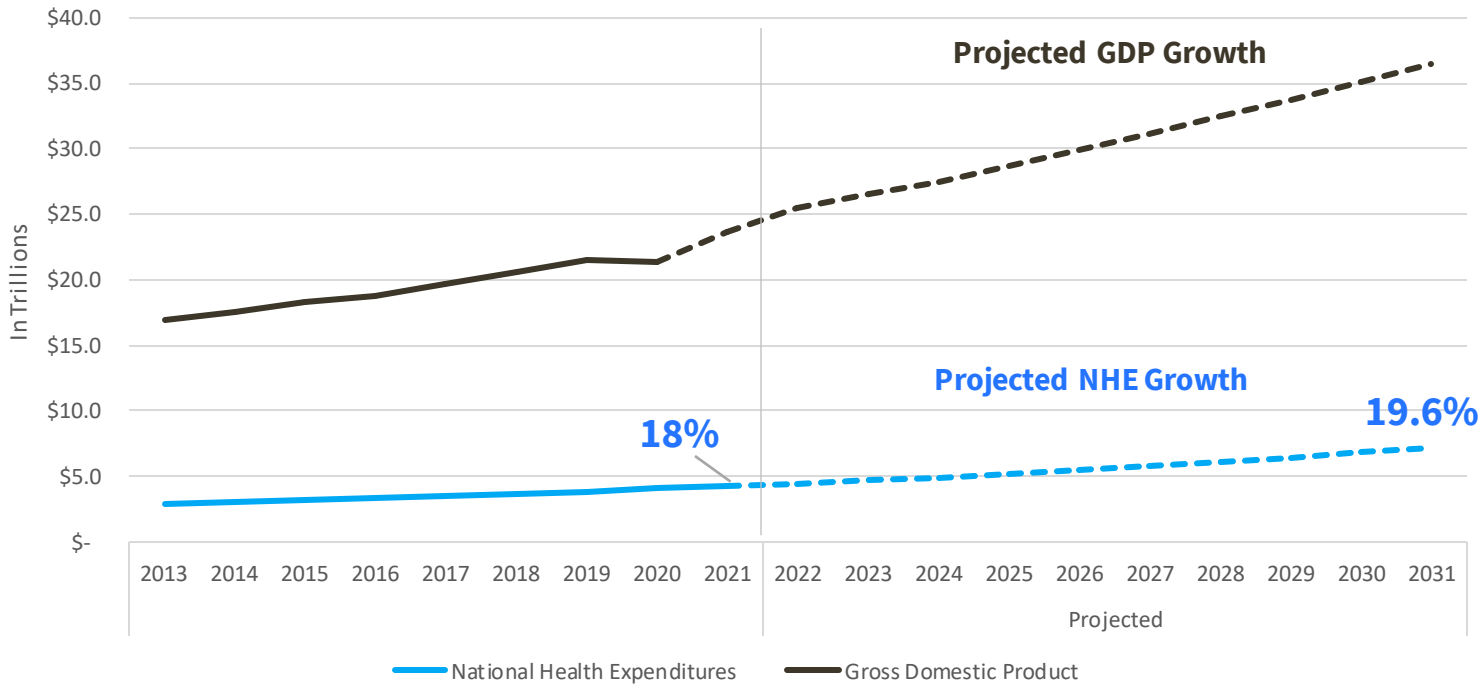
Takeaways:

- Over the last two decades, NHE has nearly tripled. In 2001, NHE totaled approximately $1.5 trillion, growing to nearly $4.3 trillion dollars by 2021.
- Average annual growth in NHE (3.8%) has outpaced GDP growth (1.3%) over the same period.
- In 2021, NHE represented 18% of the nation's GDP.

Data Source(s): Historical and projected NHE data and projected GDP data from Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Accounts Data. Updated July 19, 2023. Available at: https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected. Accessed July 31, 2023. Historical GDP data from The Bureau of Economic Analysis, National Income and Product Accounts. Updated September 28,2023. Available at: https://www.bea.gov/itable/national-gdp-and-personal-income. Accessed October 2, 2023. (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information.

National health care spending is projected to continue to grow and take up a greater share of GDP.

Historical and Projected National Health Expenditures (NHE) and Gross Domestic Product (GDP) Over Time (2013–2031)

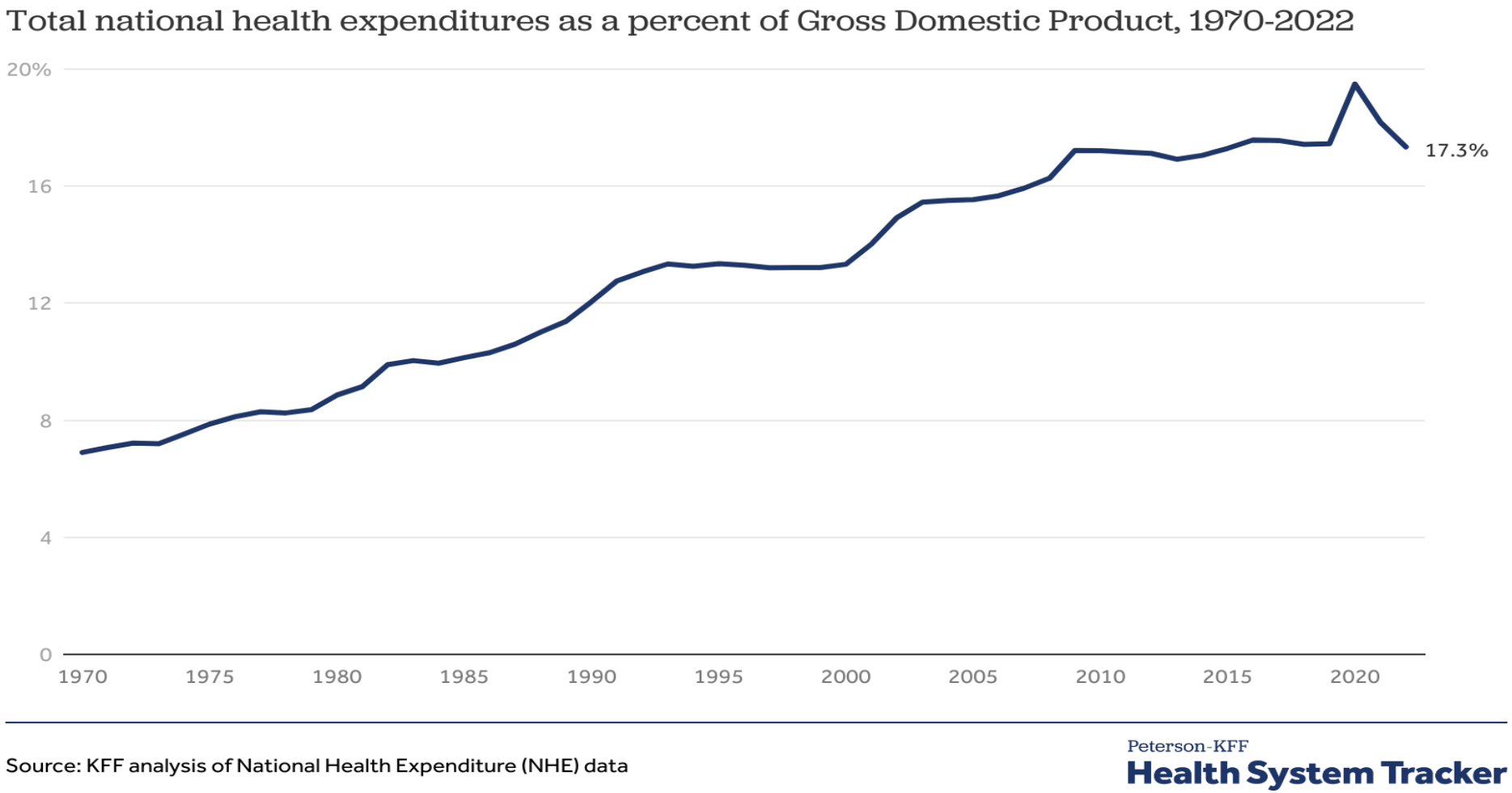


Takeaways:

- The Centers for Medicare and Medicaid Services (CMS) projects that NHE will grow from $4.3 trillion to $7.2 trillion over the next decade, outpacing GDP growth to comprise a greater share of our national income (increasing from 18% in 2021 to 19.6% by 2031).
- Government spending is projected to comprise almost half of all national health care spending by 2031 (49%), up from 46% in 2019 and comparable to pandemic-level spending in 2021.

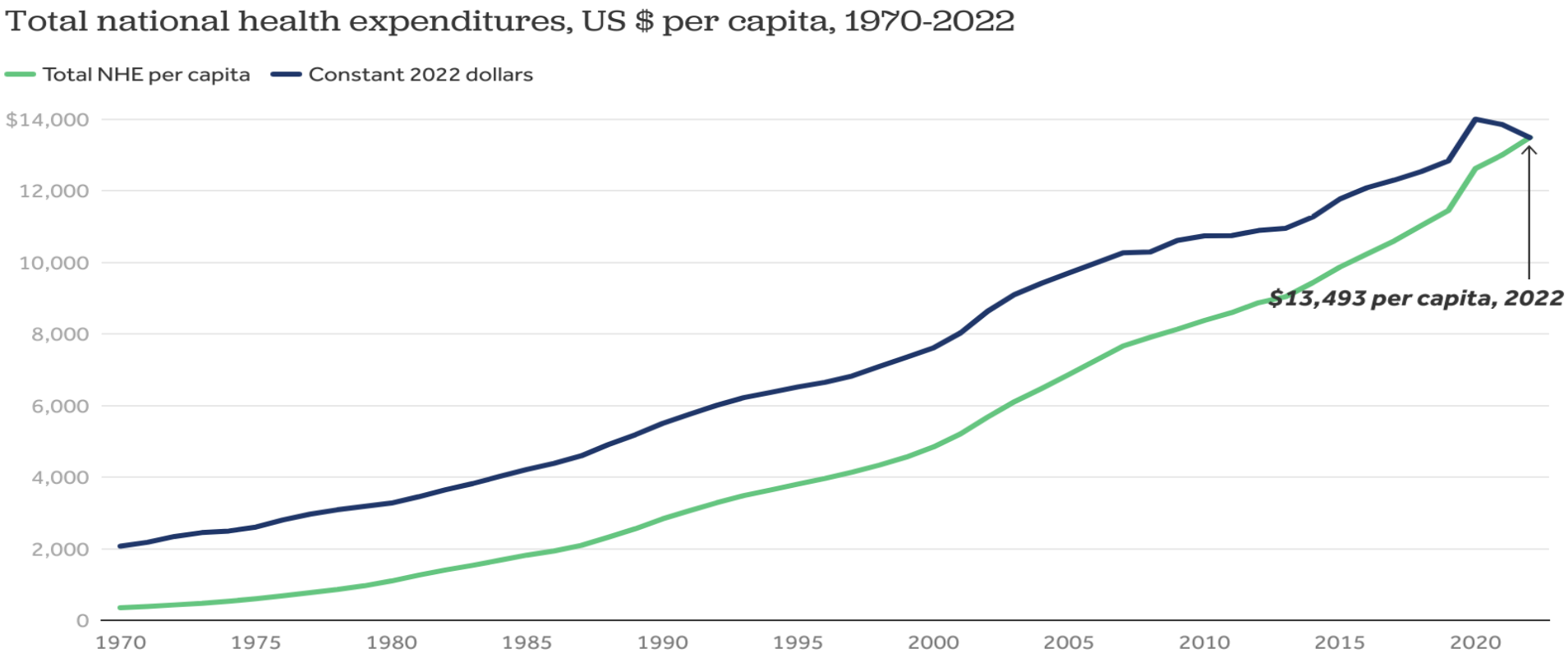
Data Source(s): Historical and projected NHE data and projected GDP data from Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Accounts Data. Updated July 19, 2023. Available at: https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected. Accessed July 31, 2023. Historical GDP data from The Bureau of Economic Analysis, National Income and Product Accounts. Updated September 28,2023. Available at: https://www.bea.gov/itable/national-gdp-and-personal-income. Accessed October 2, 2023. (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information.

Health spending as a share of GDP fell to pre-pandemic levels in 2022.



https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#Average%20annual%20growth%20rate%20of%20GDP%20per%20capita%20and%20total%20national%20health%20spending%20per%20capita,%201970-2022

Per capita spending did not decrease.



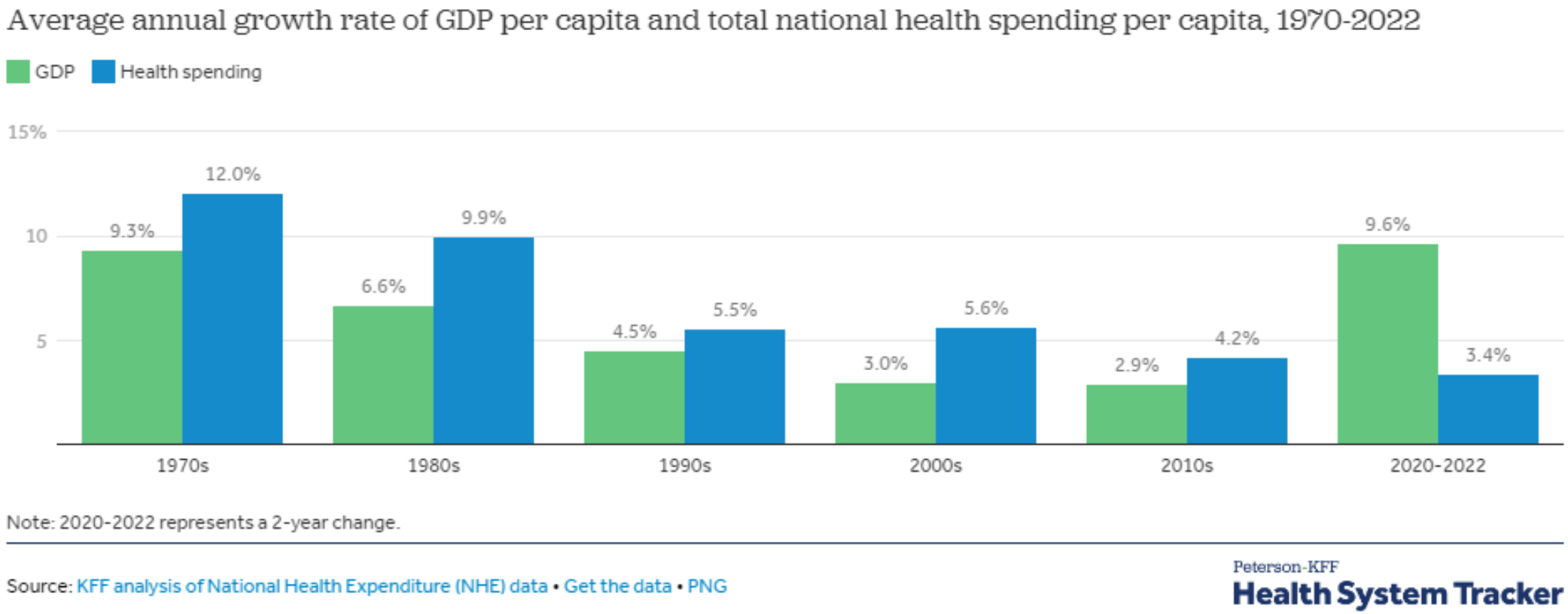
Note: A constant dollar is an inflation adjusted value used to compare dollar values from one period to another.

Source: KFF analysis of National Health Expenditure (NHE) data

Peterson-KFF Health System Tracker

HTTPS://WWW.HEALTHSYSTEMTRACKER.ORG/CHART-COLLECTION/U-S-SPENDING-HEALTHCARE-CHANGED-TIME/#TOTAL%20NATIONAL%20HEALTH%20EXPENDITURES,%20US%20$%20PER%20CAPITA,%201970-2022

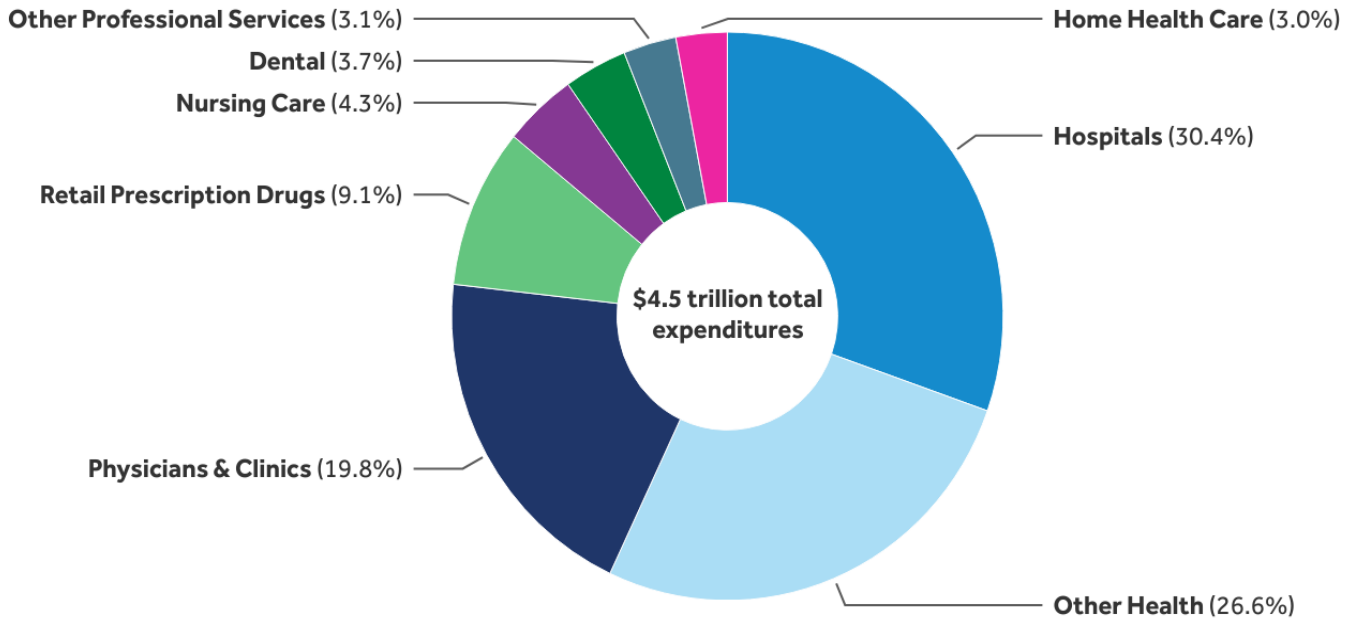
Healthcare spending grew faster than GDP every decade until 2020.



https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#Average%20annual%20growth%20rate%20of%20GDP%20per%20capita%20and%20total%20national%20health%20spending%20per%20capita,%201970-2022

Healthcare is now a $4.5 trillion dollar enterprise in the US.

Relative contributions to total national health expenditures, by service type, 2022



Note: "Other Health" includes spending on durable and non-durable products; residential and personal care; administration; net health insurance; and other state, private, and federal expenditures. "Other professional services" includes spending for services provided by chiropractors, optometrists, physical, occupational, and speech therapists, podiatrists, private-duty nurses, and others. Nursing care represents expenditures for nursing care facilities and continuing care retirement communities.

Source: KFF analysis of National Health Expenditure (NHE) data

Peterson-KFF Health System Tracker

HTTPS://WWW.HEALTHSYSTEMTRACKER.ORG/CHART-COLLECTION/U-S-SPENDING-HEALTHCARE-CHANGED-TIME/#TOTAL%20NATIONAL%20HEALTH%20EXPENDITURES,%20US%20$%20PER%20CAPITA,%201970-2022

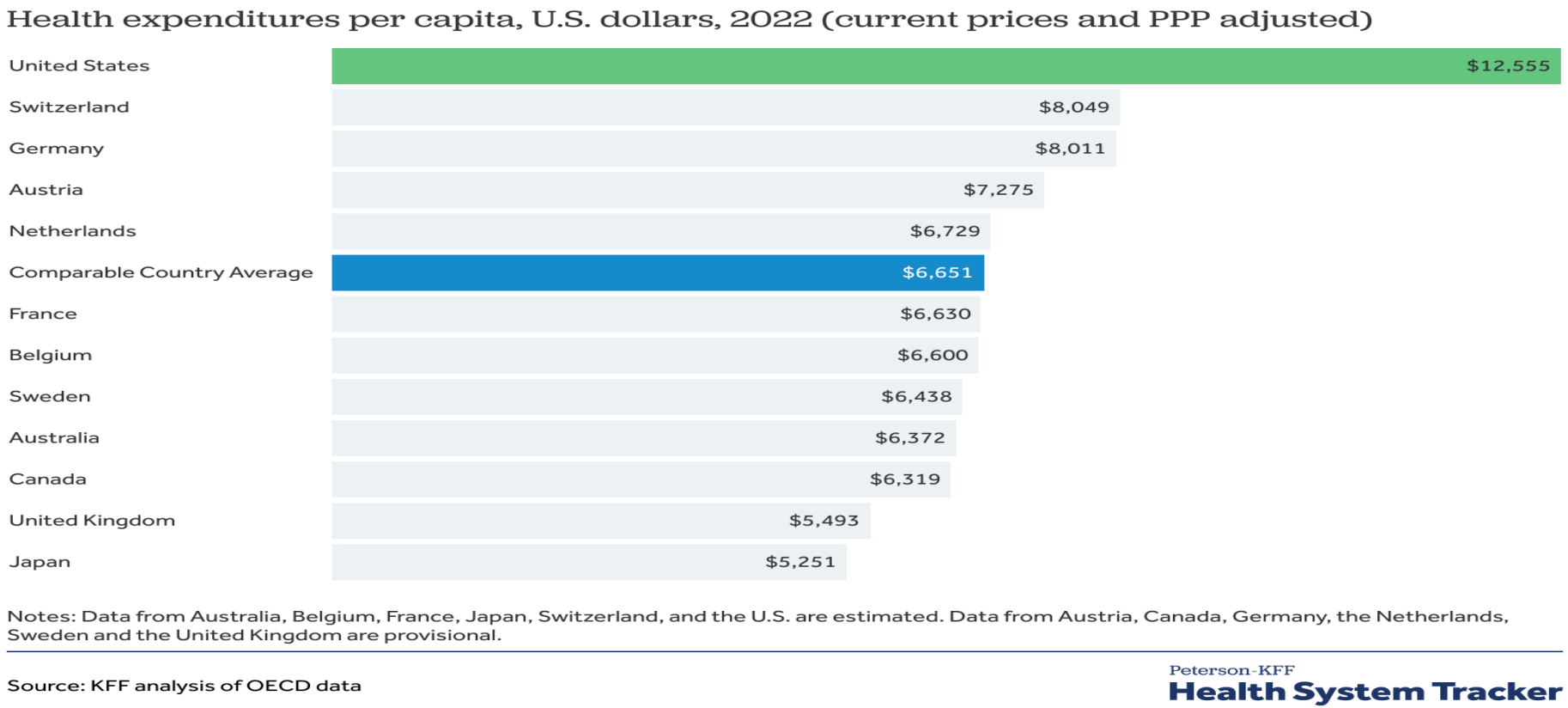
What is observable in the NHE 2022 data

"Total national health expenditures grew by $175 billion in 2022 from 2021. **About one-third of that growth in spending can be attributed to increases in spending on top 2 categories: hospital expenditures and retail prescription drugs**.

An increase in administration costs, physician and clinic expenditures, long-term services, and medical goods also contributed to the growth. Dental service expenditures increased by just 0.3% in 2022, much slower than the growth of 18.2% rebound in 2021 after a drop in the first year of the pandemic."

HTTPS://WWW.HEALTHSYSTEMTRACKER.ORG/CHART-COLLECTION/U-S-SPENDING-HEALTHCARE-CHANGED-TIME/#TOTAL%20NATIONAL%20HEALTH%20EXPENDITURES,%20US%20$%20PER%20CAPITA,%201970-2022

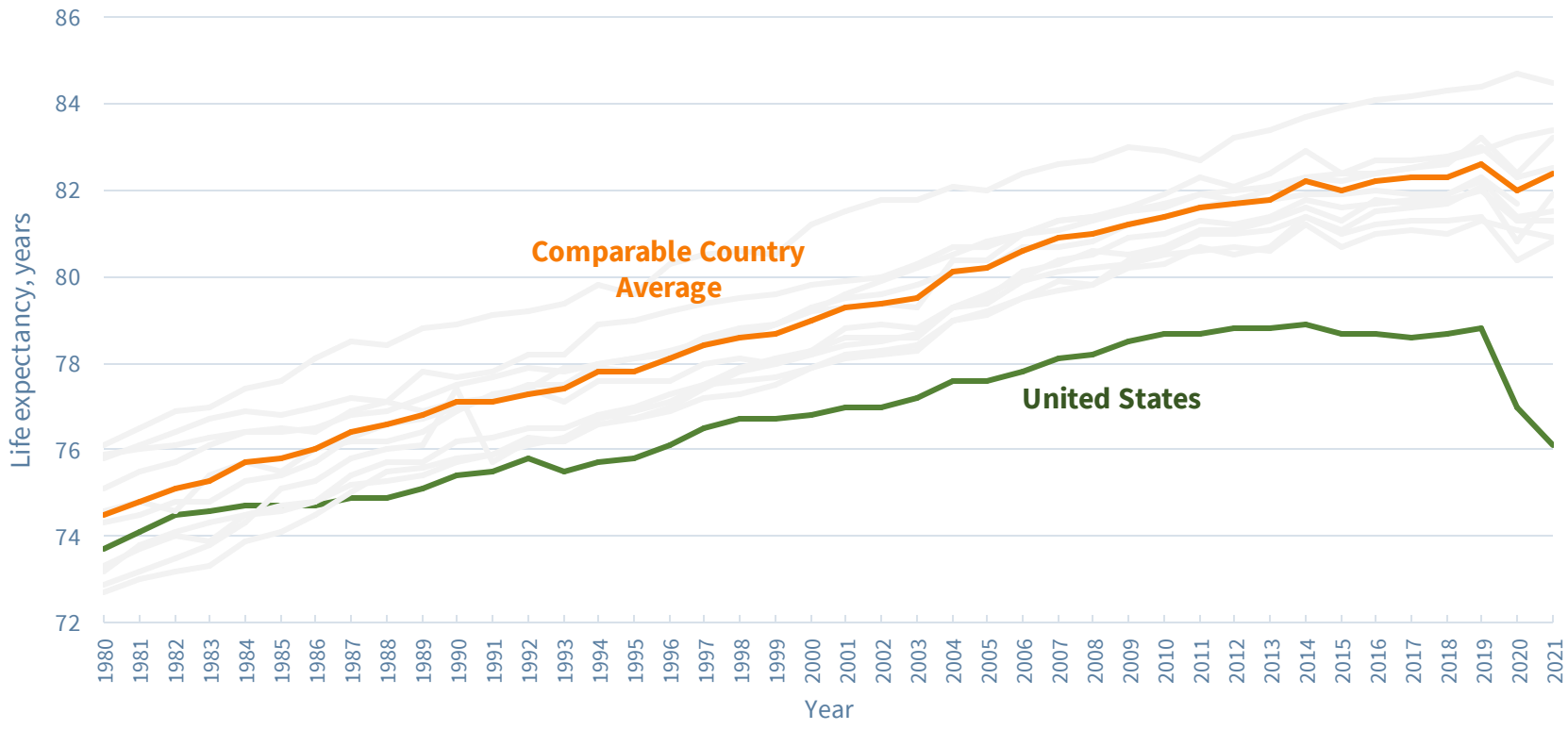
US spends twice as much as other countries on healthcare.



https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/#Health%20expenditures%20per%20capita,%20U.S.%20dollars,%20PPP%20adjusted,%202022

The US has lower life expectancy than comparable nations, and this gap worsened during the COVID-19 pandemic.

Life Expectancy at Birth in Years (1980–2021)



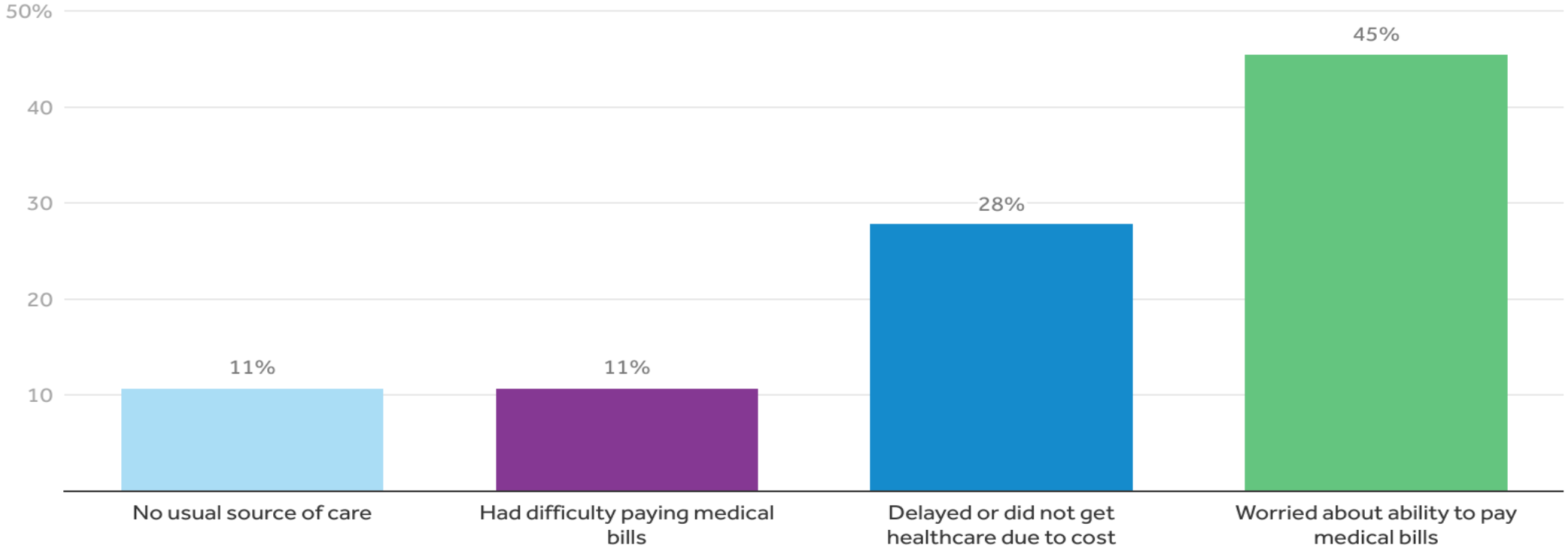
Takeaways:

- Despite the higher rate of health care spending, life expectancy at birth in the US continues to lag that of peer countries (76.1 years vs. 82.4 years) for both men and women.
- Life expectancy in most countries decreased between 2019 and 2021 due to the COVID-19 pandemic, but the decrease in life expectancy in the US was far more acute than that experienced in peer countries (-2.7 years vs. -0.2 years).

Note: Dollars are adjusted for purchasing power parity (PPP)

Data Source(s): Peterson-KFF Health System Tracker. How does U.S. life expectancy compare to other countries? Accessed July 31, 2023. See also: Peterson-KFF Health System Tracker. How does health spending in the U.S. compare to other countries? Accessed August 17, 2023.

Percent of adults who reported barriers to accessing medical care, 2022



Note: "Delayed or did not get health care due to costs" includes adults not getting or delaying medical, mental health, or dental care due to costs and those not getting, delaying, skipping, or taking fewer prescription drugs due to costs. "Had difficulty paying medical bills" represents adults who said they or a family member had problems paying medical bills. "Worried about ability to pay medical bills" represents adults who said they were worried about their ability to pay medical bills if they were to get sick or have an accident.

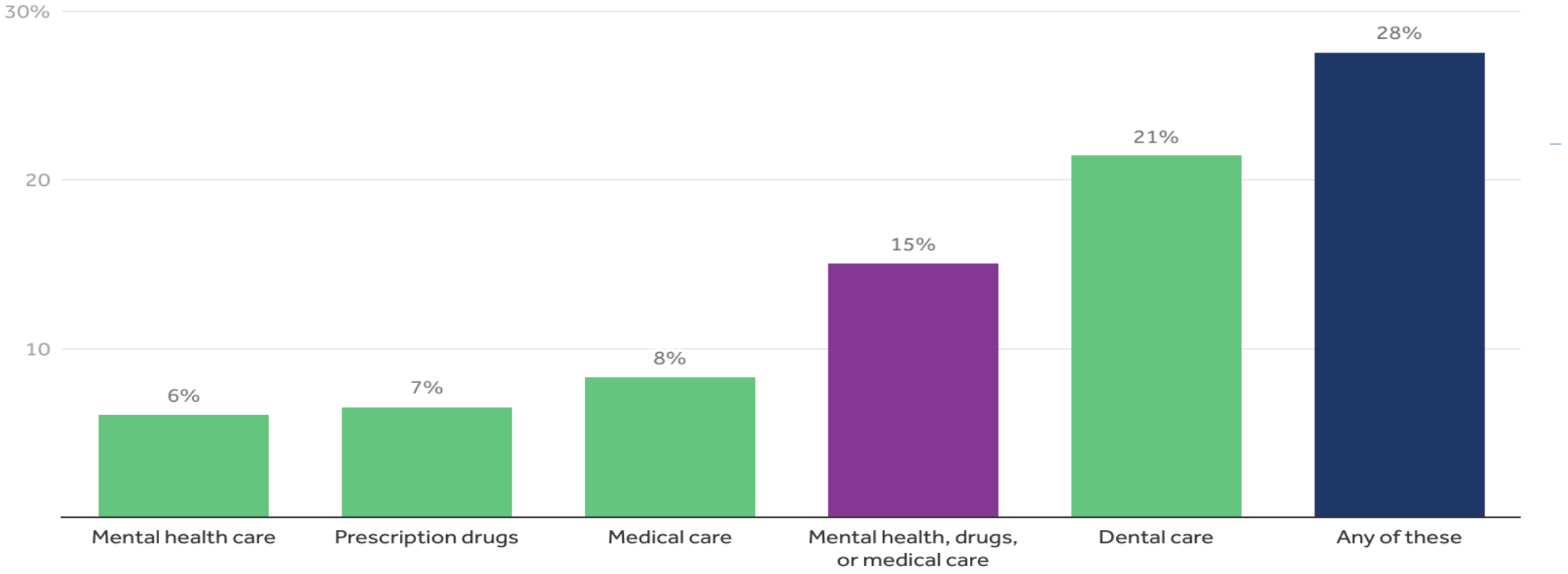
Source: KFF analysis of National Health Interview Survey (NHIS) data

Peterson-KFF Health System Tracker

https://www.healthsystemtracker.org/chart-collection/cost-affect-access-care/#Percent%20of%20adults%20who%20reported%20barriers%20to%20accessing%20medical%20care,%202022

Each year, the NHIS conducts a cross-sectional household interview survey of approximately 87,500 persons in 35,000 households.

Percent of adults (age 18 years and older) who report delaying and/or going without care due to cost, by type of care, 2022



Source: KFF analysis of National Health Interview Survey (NHIS) data

Peterson-KFF Health System Tracker

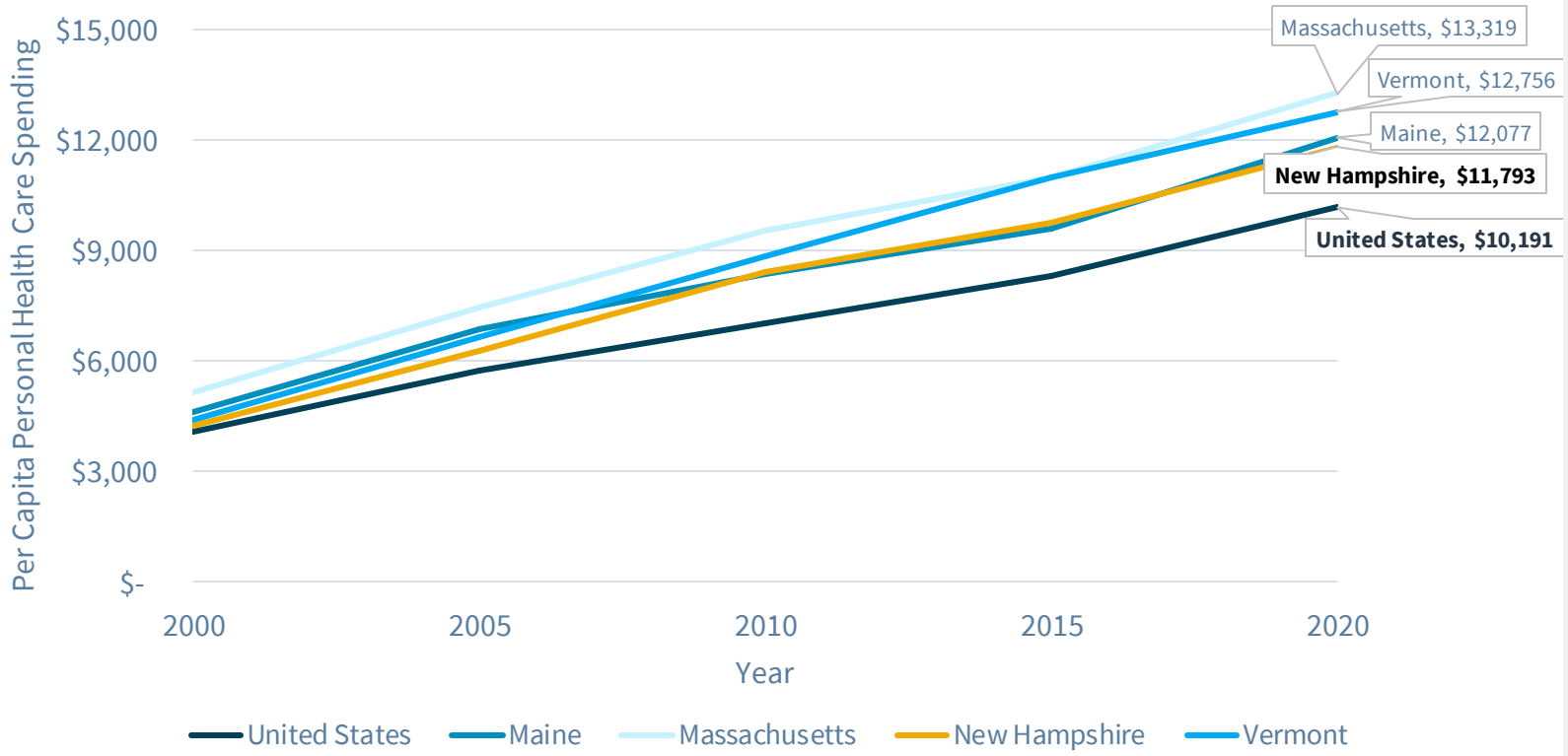
HTTPS://WWW.HEALTHSYSTEMTRACKER.ORG/CHART-COLLECTION/COST-AFFECT-ACCESS-CARE/#PERCENT%20OF%20ADULTS%20(AGE%2018%20YEARS%20AND%20OLDER)%20WHO%20REPORT%20DELAYING%20AND/OR%20GOING%20WITHOUT%20CARE%20DUE%20TO%20COST,%20BY%20TYPE%20OF%20CARE,%202022

EACH YEAR, THE NHIS CONDUCTS A CROSS-SECTIONAL HOUSEHOLD INTERVIEW SURVEY OF APPROXIMATELY 87,500 PERSONS IN 35,000 HOUSEHOLDS.

New Hampshire Healthcare Cost Data

Since 2000, New Hampshire's health care expenditures have more than doubled to nearly $11,800 per person.

Health Care Spending in New Hampshire Compared to Peer States (Per Capita, 2000–2020)



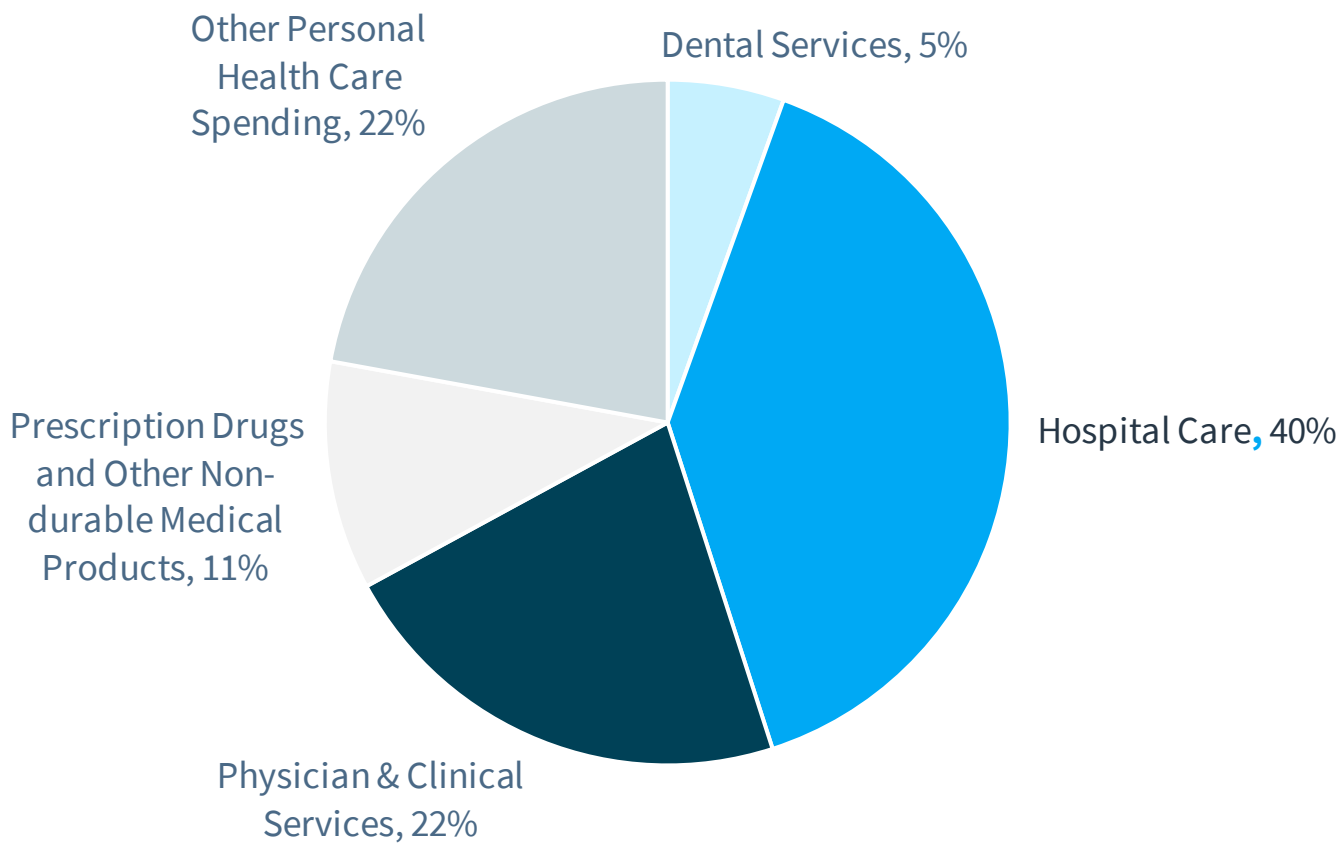
Takeaway:

- In 2000, NH per capita spending on health care was roughly $4,236—it has more than doubled over the previous two decades.

Data Source(s): Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Data: Health Expenditures by State of Residence, 1991-2020. Accessed June 22, 2023. See CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information.

In 2020, hospital care comprised 40% of per capita personal health care spending in New Hampshire.

New Hampshire Health Care Spending by Category, 2020



Takeaways:

- Hospital care comprised the greatest proportion of personal health care spending in 2020 (40 percent). Hospital care comprises all services provided by hospitals to patients, including room and board, ancillary charges, services of resident physicians, drugs administered in the hospital, and any other services billed by hospitals.
- Physician and clinical services comprised 22 percent of per capita personal health care spending in New Hampshire in 2020.

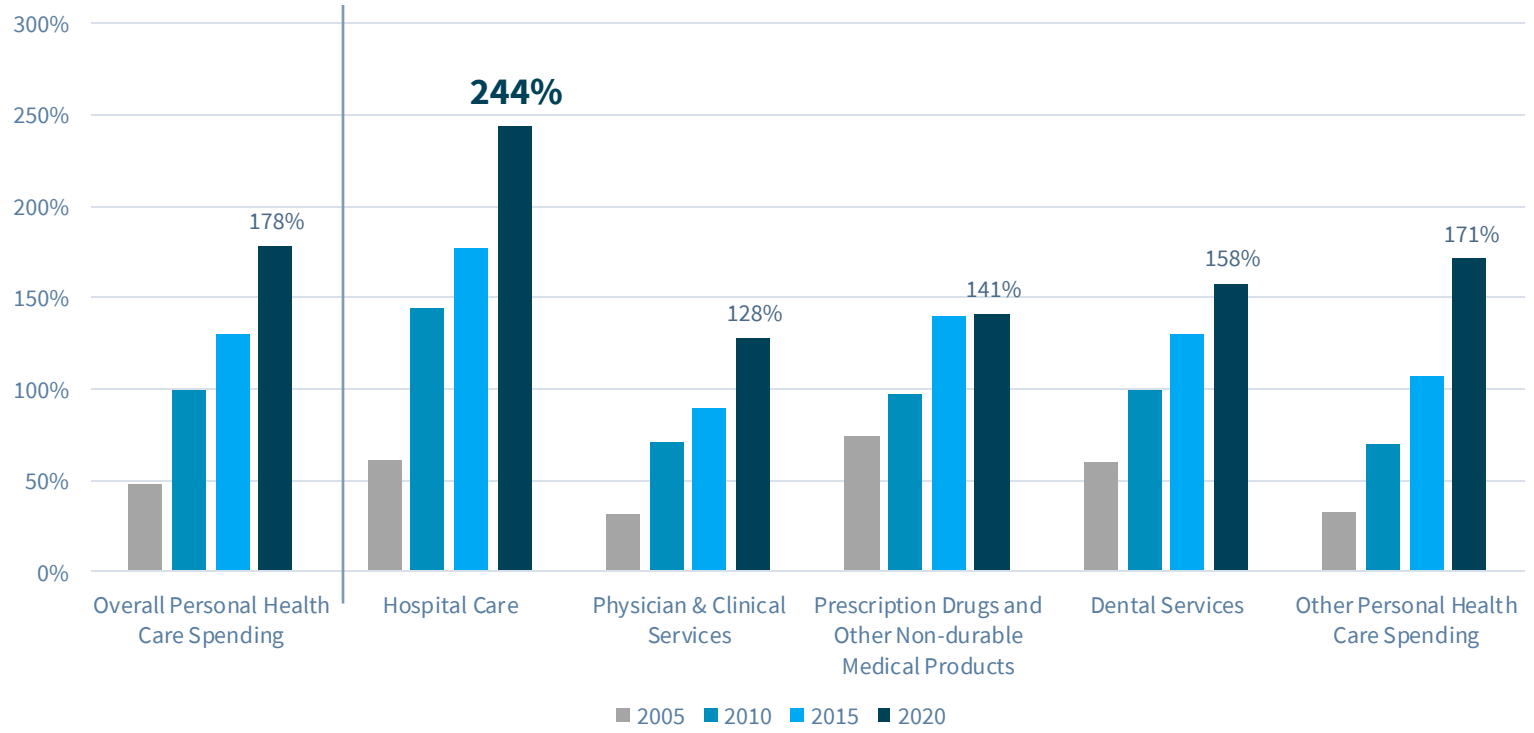
Data Source(s): Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Data: Health Expenditures by State of Residence, 1991 - 2020. Accessed July 31, 2023.

Rate of spending on hospital care services has quadrupled in New Hampshire since 2000. The rate of growth for hospital spending in recent years slowed; rate of growth for pharmacy spending has increased.

Takeaways:

- In addition to consuming the largest share of personal health care spending in New Hampshire from 2000 to 2020, Hospital Care grew at the fastest rate, quadrupling (+244%) over the period.
- Physician & Clinical Services, which includes services provided by medical professionals in health care establishments, more than doubled (+128%) in the same time period.
- Prescription Drugs (adjusted for rebates) and Dental Services spending grew at 141% and 158%, respectively over the 20-year period.

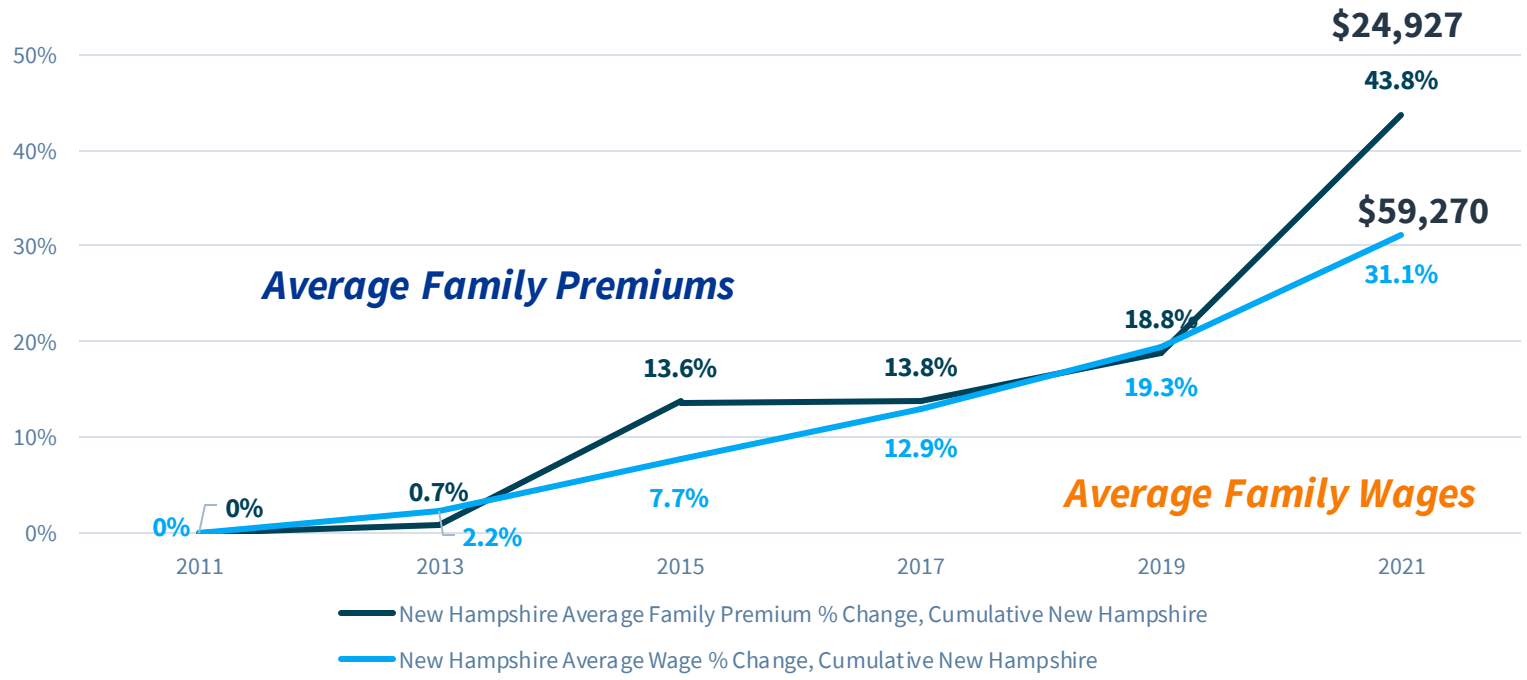
Cumulative Spending Growth by Health Care Service Category in New Hampshire, 2000–2020



Note: Estimates of prescription drug spending includes Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Data: Health Expenditures by State of Residence, 1991 - 2020. Accessed July 31, 2023. retail sales of products that are available only by a prescription. Prescription drug estimates are adjusted to account for manufacturers' rebates that reduce insurers' net payments for drugs. **Data Source(s):** Centers for Medicare & Medicaid

Health insurance premiums for New Hampshire families continue to rise faster than earnings.

Cumulative Average Family Premiums and Wage Growth in New Hampshire, 2011 - 2021



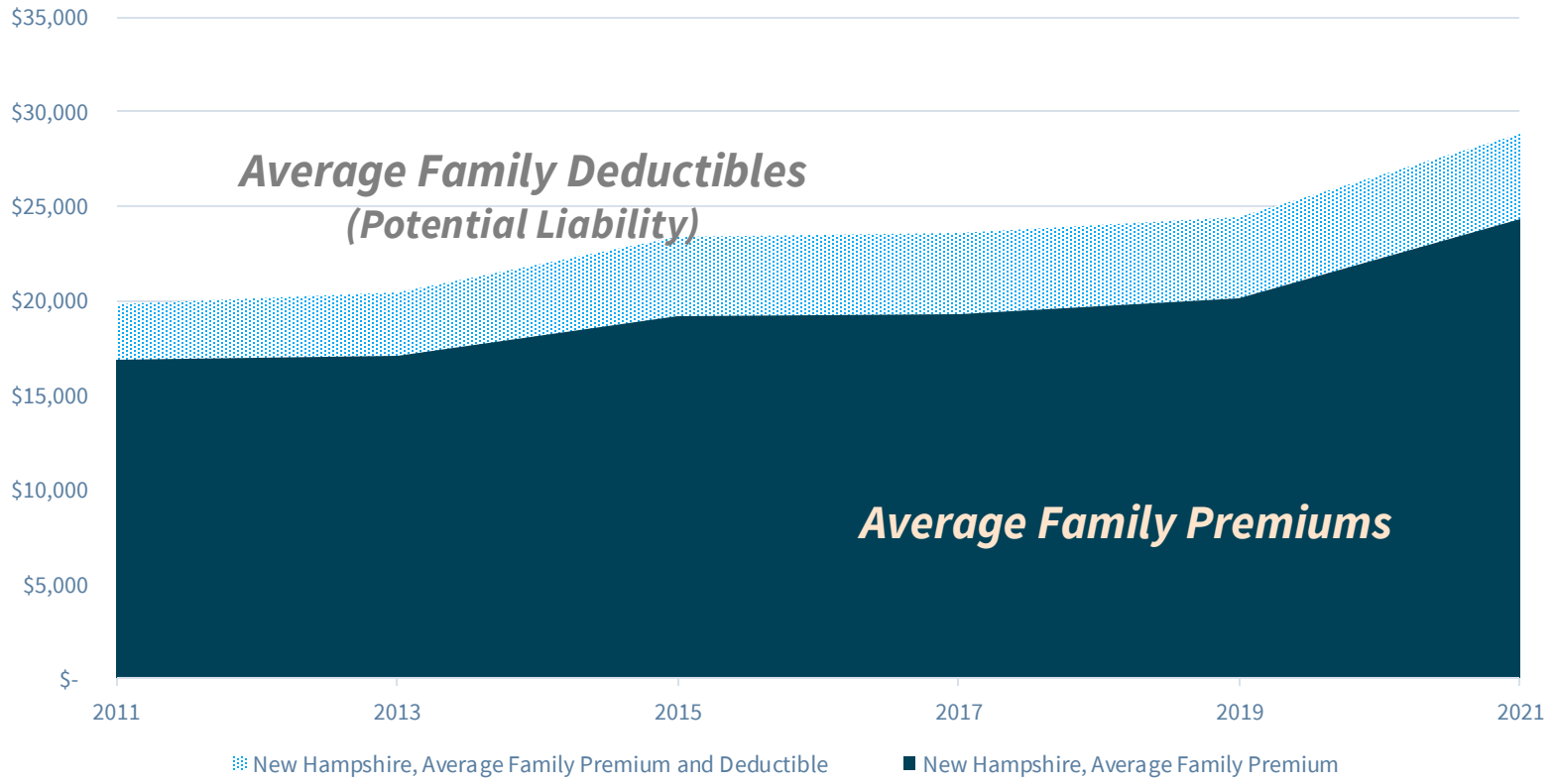
Takeaway:

- From 2011 to 2021, average family health insurance premiums in New Hampshire grew faster than average wages (44% and 31%, respectively).

Data Source(s): Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey (MEPS) Insurance Component (IC).

Families in New Hampshire are paying more in premiums but getting less coverage as the size of their deductibles grow.

Average Family Premiums and Deductibles in New Hampshire, 2011 - 2021



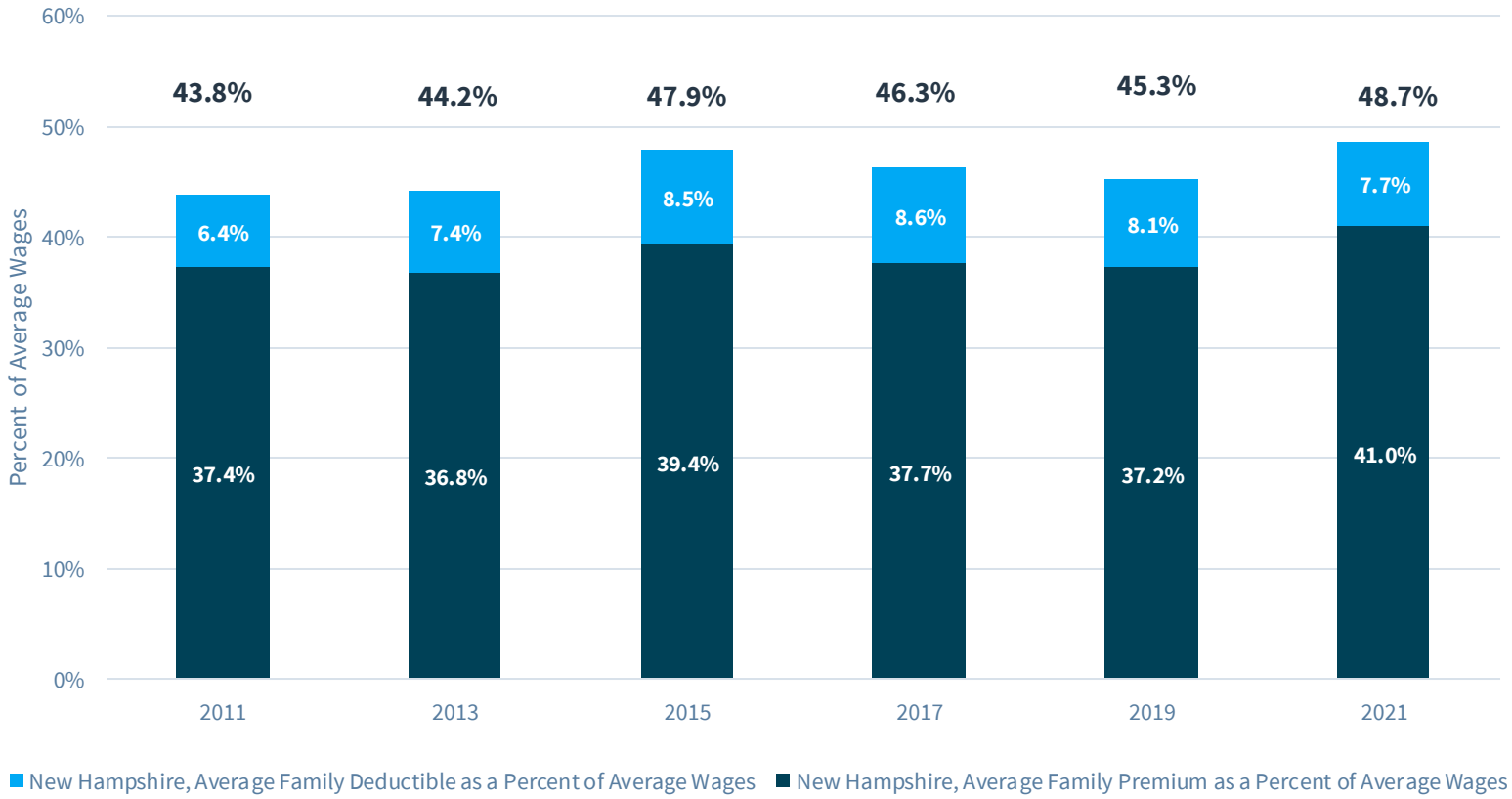
Takeaway:

- Over the 10 years from 2011 to 2021, deductibles in New Hampshire grew from $2,887 to over $4,500.
- That is an increase of 73%, compounding the effect of health care premium growth on the health care costs and liabilities facing New Hampshire families.

Data Source(s): Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey (MEPS) Insurance Component (IC). Accessed July 31, 2023.

In New Hampshire, the cost burden of health insurance spending on premiums and deductibles has increased over the past 10 years.

Overall Cost Burden of Health Insurance Relative to Average Household Wages, New Hampshire, 2011–2021



Takeaway:

- From 2011 to 2021, average premiums and deductibles as a share of average wages in New Hampshire grew from 44% to 49%, demonstrating the increasing cost burden of health insurance spending on New Hampshire families.

Data Source(s): Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey (MEPS) Insurance Component (IC).

Snapshot of Healthcare Cost & Affordability in New Hampshire

New Hampshire has been working to address high healthcare costs, but there is still a way to go.

Annual per person costs for health care are

$11,793

Since 2000, New Hampshire's per person health care expenditures have more than doubled.

40% *of all personal health care spending went towards hospital care in 2020*

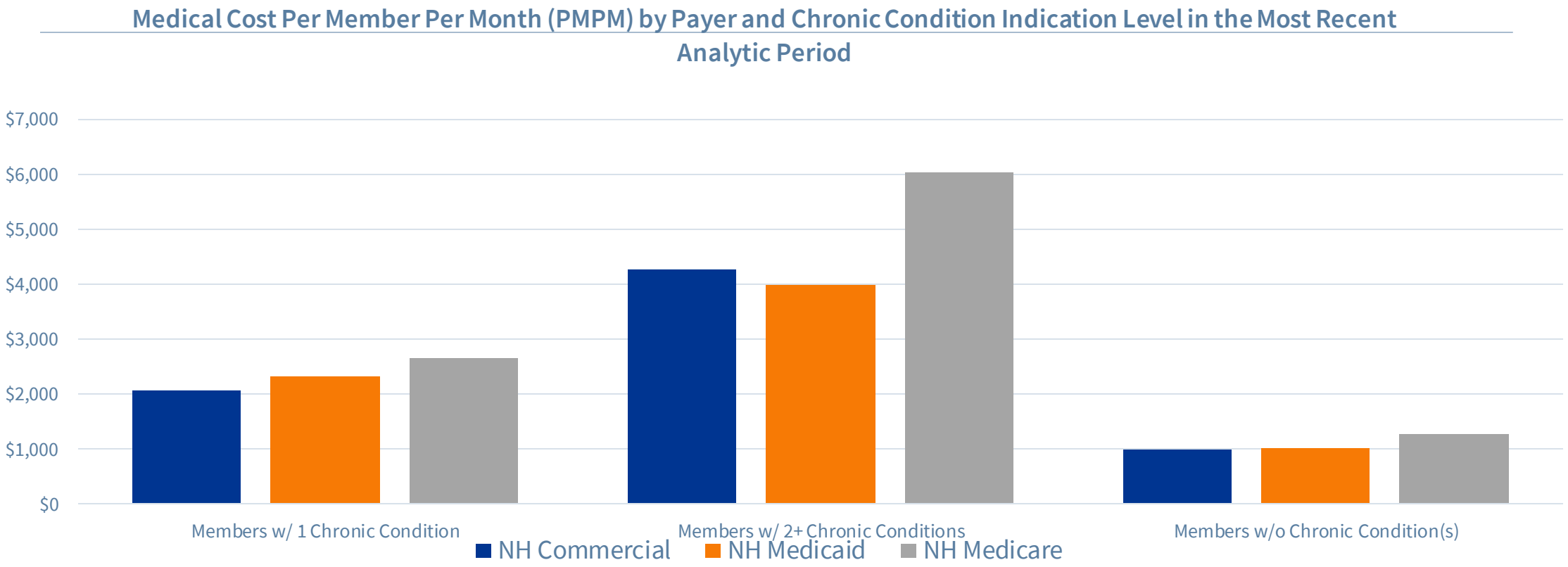
Spending on hospital care services has quadrupled in New Hampshire since 2000.

Percentage average premiums and deductibles represent of average NH wages

49%

Health insurance premiums for New Hampshire families are rising faster than earnings.

Allowed amount of payment (payment from insurer AND from patient) for those with multiple chronic conditions is higher

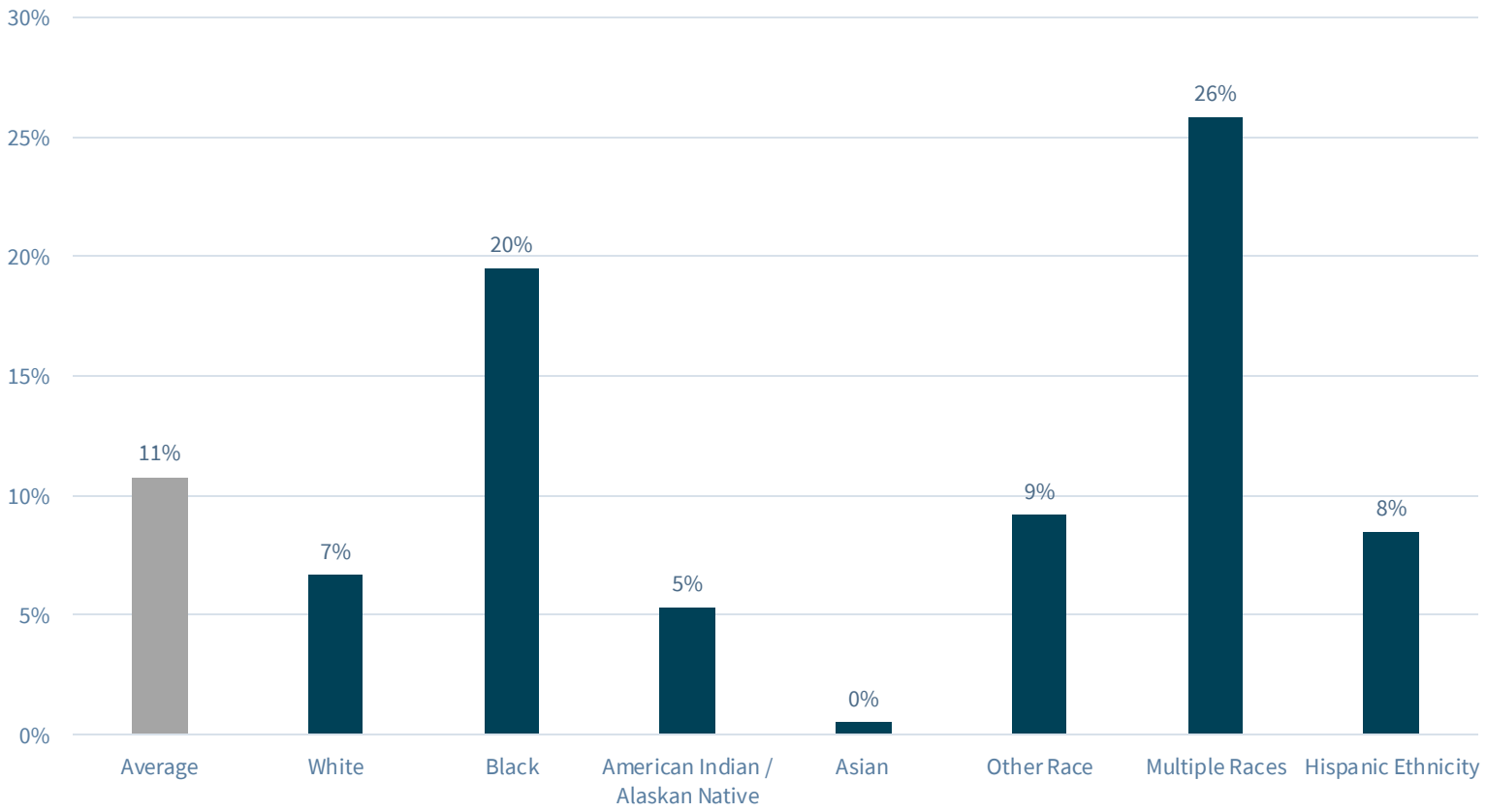


Source: Institute for Health Policy and Practice. (2023). *NH Claims Report Suite*. [Dashboard]. Durham, NH: Center for Health Analytics and Informatics.

Asthma, CHF (Congestive Heart Failure), COPD (Chronic Obstructive Pulmonary Disease), Diabetes, Hypertension, CVD, Cardiovascular Disease, Mood Disorder-Depressed, Mood Disorder-Bipolar and Anxiety Disorder/Phobia

11% of all New Hampshire residents and 26% of residents identifying as multi-racial did not get care because of cost.

Respondents in New Hampshire That Needed To See A Doctor But Could Not Due to Cost, 2021



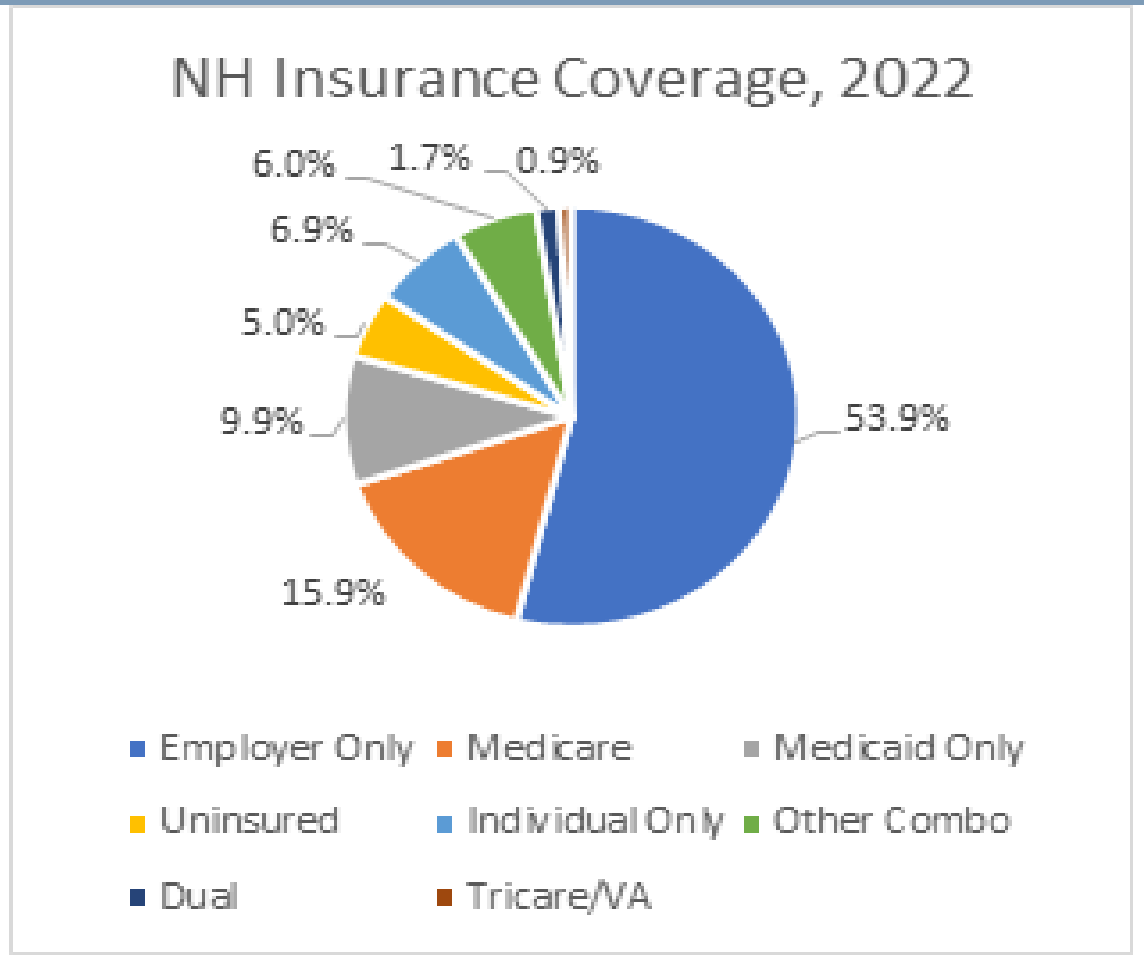
Takeaways:

- In 2021, over one in every four multi-racial nonelderly adults in New Hampshire reported that they could not see a doctor when they needed to due to cost (26%), more than twice the rate of white New Hampshire residents (11%).
- Nonelderly adults who were Black (20%), of Hispanic ethnicity (8%), or of another race (9%) also reported higher financial barriers to care access than white individuals (7%) .

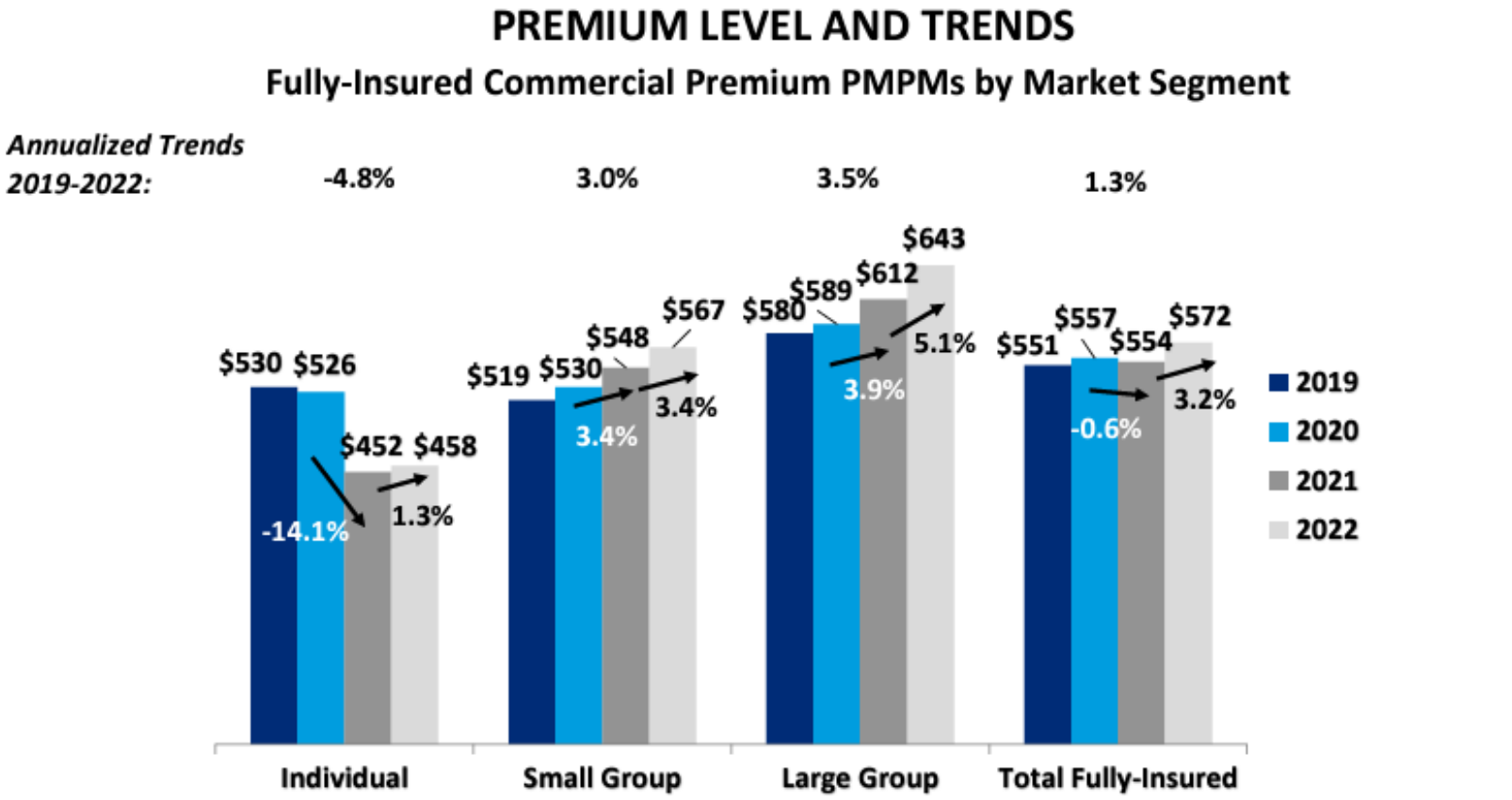
Data Source(s): Behavioral Risk Factor Surveillance System (BRFSS), 2021. Values included include weighted proportion of individuals in each race / ethnicity category who responded "Yes" to the question "Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?" BRFSS treats race and ethnicity as mutually exclusive categories. Accessed August 27, 2023. BRFSS annual sample is approximately 150,000-200,000 adults each year.

Vast majority of New Hampshire residents Are insured (95%) and the majority of those have employer sponsored insurance (53.9%)

Five percent of the NH population is uninsured



Premiums continue to rise across NH insurance market segments



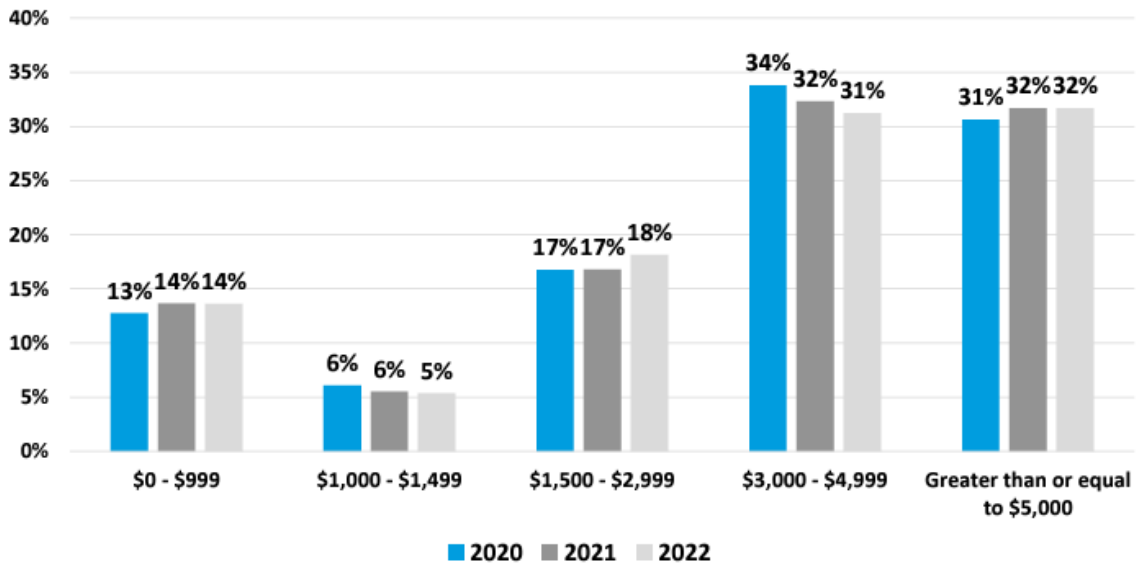
The overall average Fully-Insured premium PMPM in New Hampshire increased 3.2% in 2022. The Small and Large Group Market premiums increased 3.4% and 5.1% respectively, and the Individual Market premiums increased 1.3%.

2022 Final Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department - December 2023

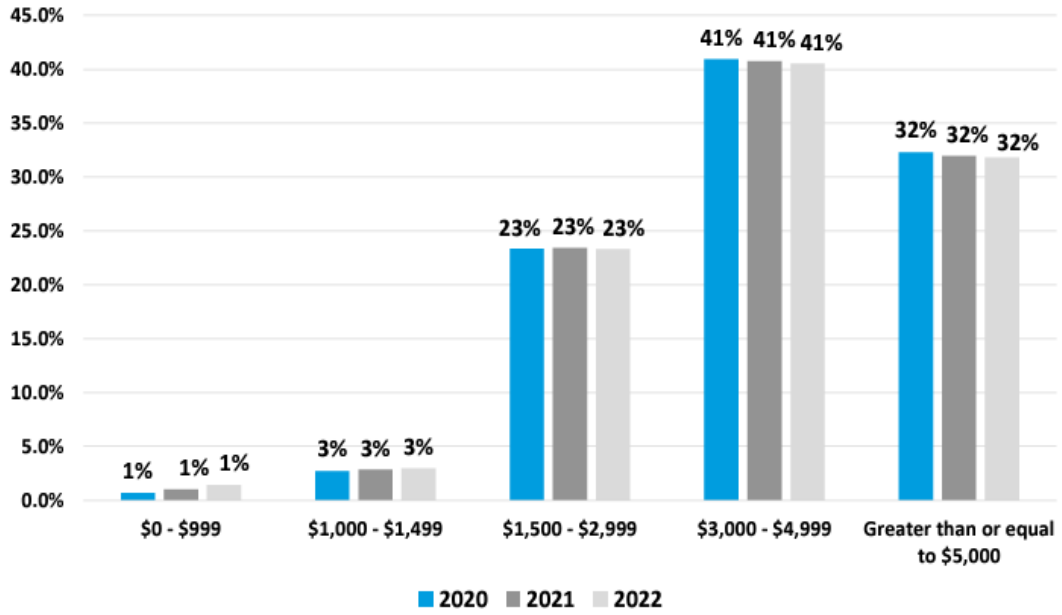
More than 60% of deductibles in the NH large group market and more than 70% of deductibles in the NH small group market are $3,000 or more.

APPENDIX

Distribution by Deductible Level - Large Group Market

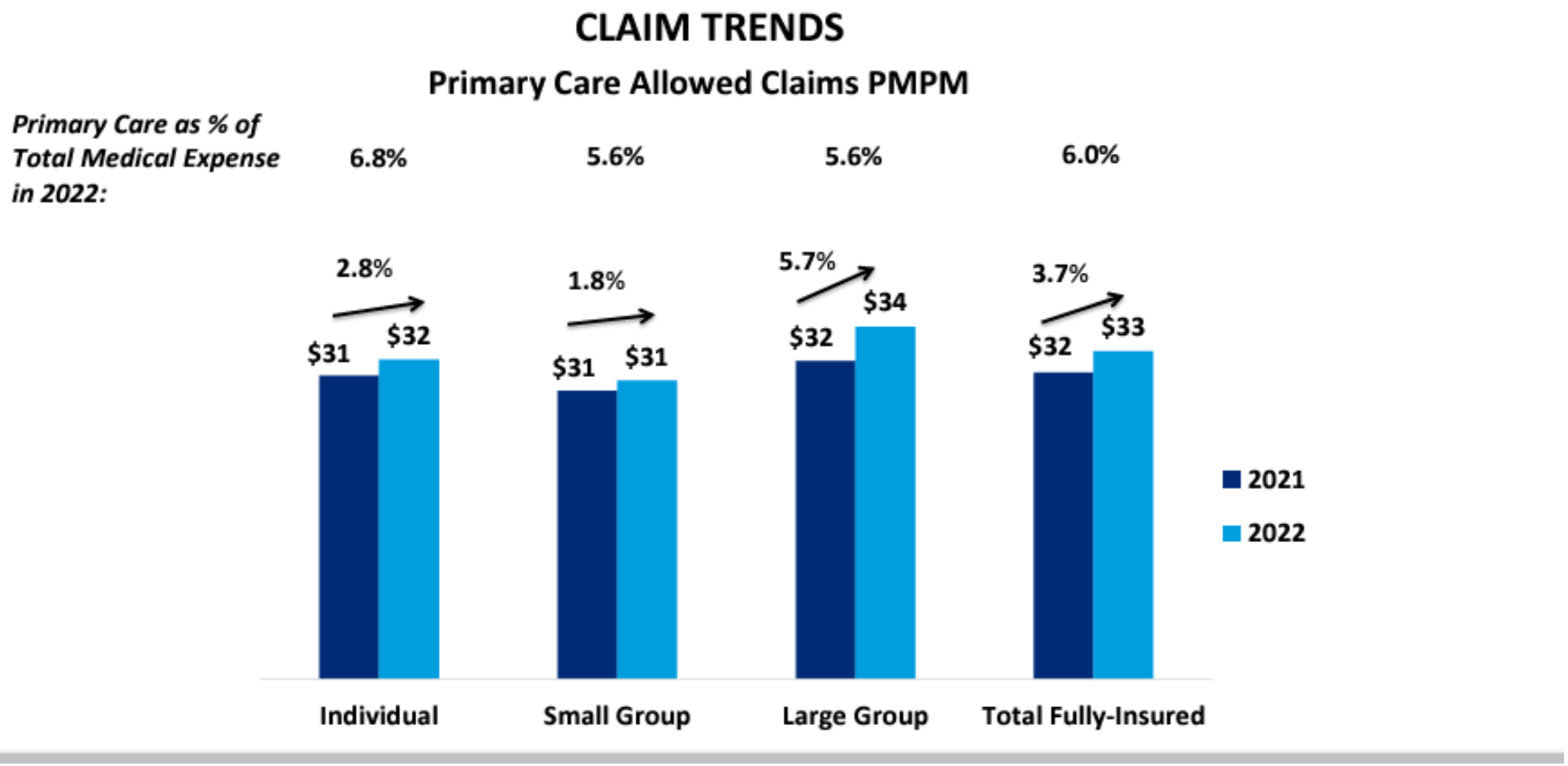


Distribution by Deductible Level - Small Group Market



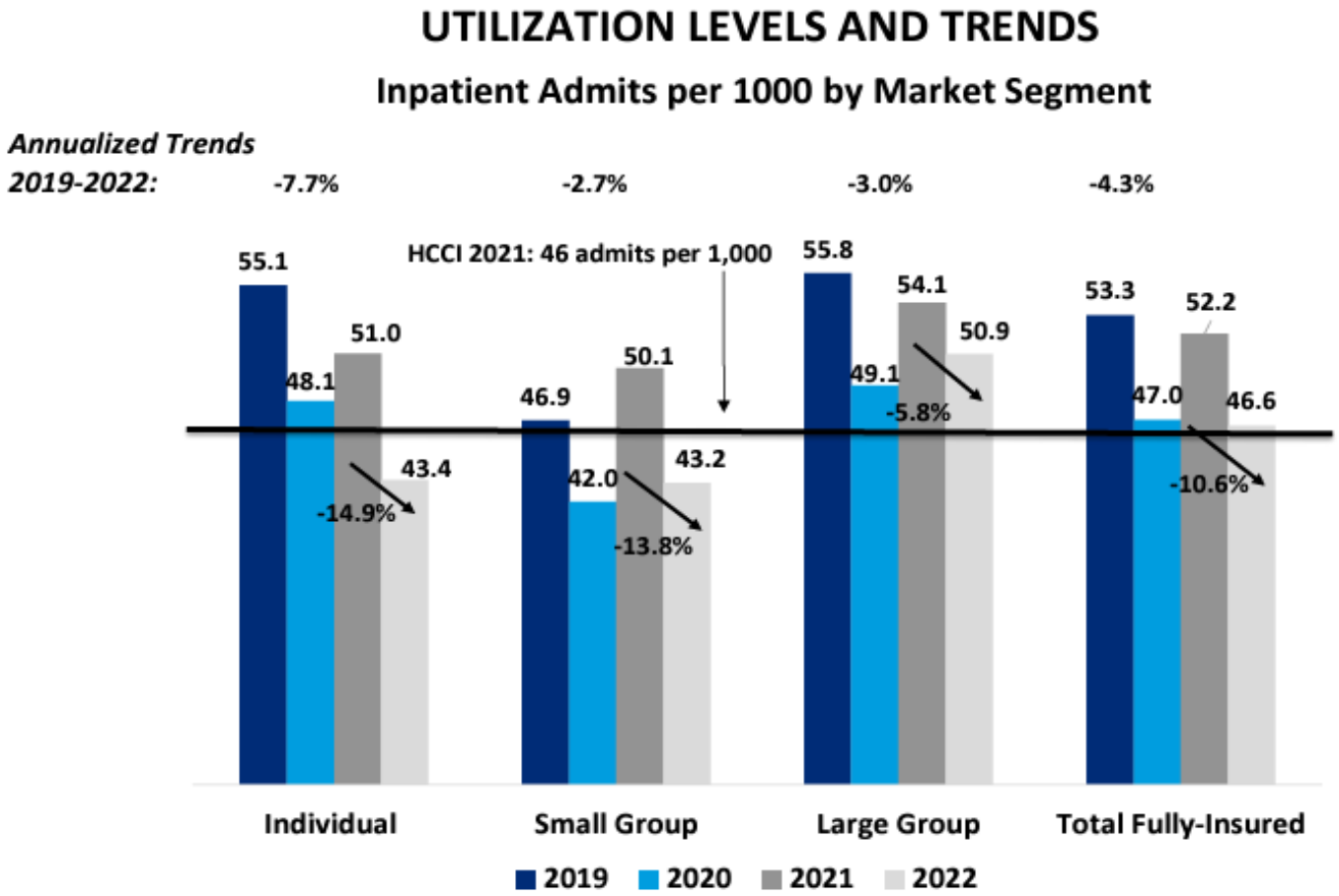
2022 Final Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department - December 2023

Primary care remained a small percentage of allowed commercial claims.



2022 Final Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department - December 2023

Inpatient admissions decreased in each of the Fully-Insured market segments from 2021 to 2022 after increasing from 2020 to 2021.



2022 Final Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department - December 2023

High healthcare costs are contributing to increasing levels of health care-driven debt.

Share of New Hampshire with Medical Debt in Collections, 2022

1 in every 17 individuals in New Hampshire have some amount of medical debt in collections.

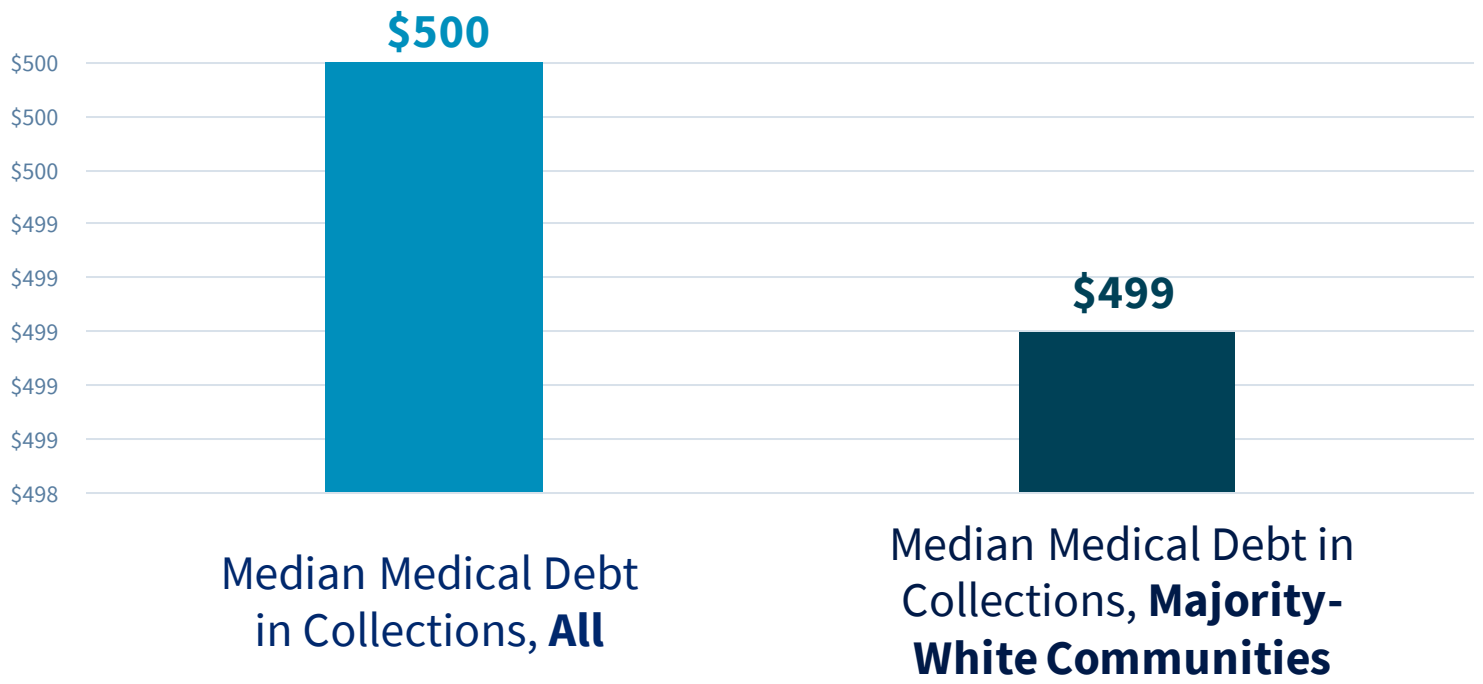
Takeaways:

- "Medical debt" is a balance an individual may owe for health care services after the payment due date. Medical debt can appear on credit reports, lower credit scores, or go to collections *(as shown)*. For some, medical debt can lead to bankruptcy, home foreclosures, or evictions.
- **Nationally, 1 in 10 individuals has some amount of medical debt in collections**. Rates of medical debt are higher in communities of color (18%) than in majority-white communities (11%).
- In New Hampshire, 1 in 17 individuals has some amount of medical debt in collections (6%), which is roughly 78,000 people.

Data Source(s): The Urban Institute. Debt in America: Interactive Map. Accessed July 31, 2023. See also: KFF. Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills.

In New Hampshire, individuals that have medical debt in collections owe a median of $500.

Median Medical Debt in Collections in New Hampshire, 2022



Takeaways:

- Most adults with health care debt report that the bills that led to their debt were from a one-time or short-term medical expense, which is often unexpected. As deductibles continue to grow, they can leave households more vulnerable to these unexpected and increasingly large medical bills.
- Nationally, individuals who have medical debt in collections owe a median of $677. New Hampshire with medical debt in collections owe a median amount of $500.

Data Source(s): The Urban Institute. Debt in America: Interactive Map. Accessed July 31, 2023. See also: KFF, Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills.

Questions

Equitability in Healthcare

NEW HAMPSHIRE CENTER *for* Justice & Equity

Jo Porter, MPH
Chief Strategy Officer
February 2024

NEW HAMPSHIRE CENTER *for* Justice & Equity

We elevate and empower people of color in New Hampshire by fostering connections, changing systems, and meeting community needs to make a better Granite State where all belong.

We envision a vibrant, flourishing, just, and equitable New Hampshire.

Love

Trust

Empathy

Inclusion

Accountability

Six Sectors of Effort

Law Enforcement
Criminal Justice

Government

Education

Health

Economic
Development

Civic
Engagement

Health Equity

https://nhcje.org/blog/9p0iq0vmc1faf12acqitgnaf07rnck

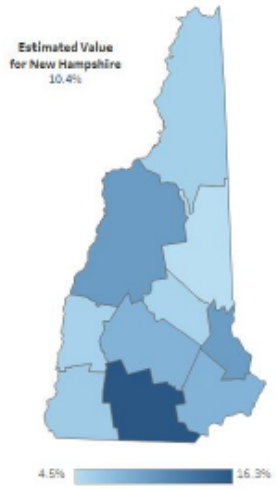
“Very often, when we think about underrepresented or minority groups, we think about black, indigenous, or persons of color (BIPOC). They're under-represented in how we research, and how we get survey results, so they’re rather misrepresented, and it's not their fault. That’s why I prefer to say priority groups. I want to make sure that we're still prioritizing their voice and identifying their needs.” - Dr. Marie Ramas

Our Changing Demographics

NH's Changing Demographic Profile

Table 2. Black, Indigenous, and Persons of Color (BIPOC) Population, by NH County, 2016-2020 US Census

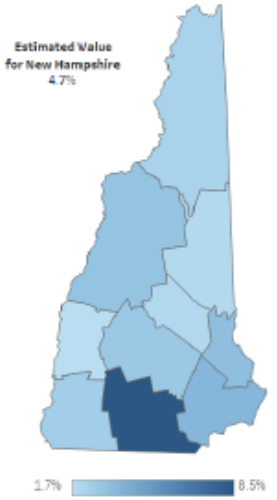
County	% County Population	Estimated Number of People in County
Belknap	5.4%	3,325
Carroll	4.5%	2,173
Cheshire	6.1%	4,641
Coos	5.7%	1,809
Grafton	10.1%	9,131
Hillsborough	16.3%	67,760
Merrimack	8.1%	12,178
Rockingham	8.0%	24,789
Strafford	10.0%	13,010
Sullivan	5.6%	2,399
Total	10.4%	141,215



The BIPOC and Hispanic populations (approximately 141,000 and 63,000 people, respectively) live all around New Hampshire.

Table 3. Hispanic Population, by NH County, 2016-2020 US Census

County	% County Population	Estimated Number of People in County
Belknap	2.0%	1,218
Carroll	1.9%	921
Cheshire	2.5%	1,890
Coos	2.3%	715
Grafton	3.0%	2,740
Hillsborough	8.5%	35,399
Merrimack	2.8%	4,218
Rockingham	3.6%	11,142
Strafford	3.3%	4,252
Sullivan	1.7%	724
Total	4.7%	63,219



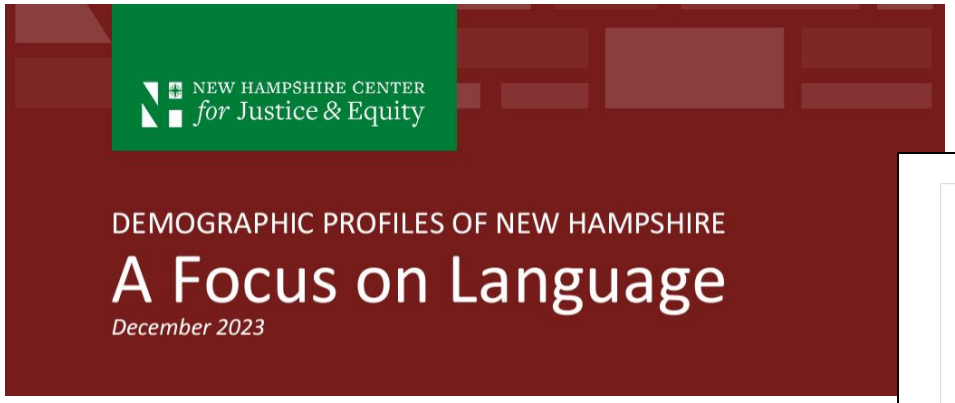
Source: *https://nhcje.org/blog/a-brief-review-of-new-hampshires-race-and-ethnicity-demographics*

NH's Changing Demographic Profile

- NH's communities of color have doubled in size since 2010
- Racial and ethnic diversity is growing in vibrance.
  - Driven most prominently by children under the age of 18, the population of whom **grew by 48%** between 2010 and 2020.
  - **Children are at the leading edge of the state's growing diversity.**
  - In all, **20.2 percent of NH's under age 18 population** belonged to a minority group in 2020, with Hispanics, Asians, and those of two or more races representing the largest shares.

Source: Migration Continues to Fuel New Hampshire's Population Gain. Carsey School of Public Policy. Ken Johnson , Dec. 2022

NH's Changing Demographic Profile: Language



Across age and language categories, more than 60% - and in some cases up to 76% - of non-English speakers also speak English "very well"

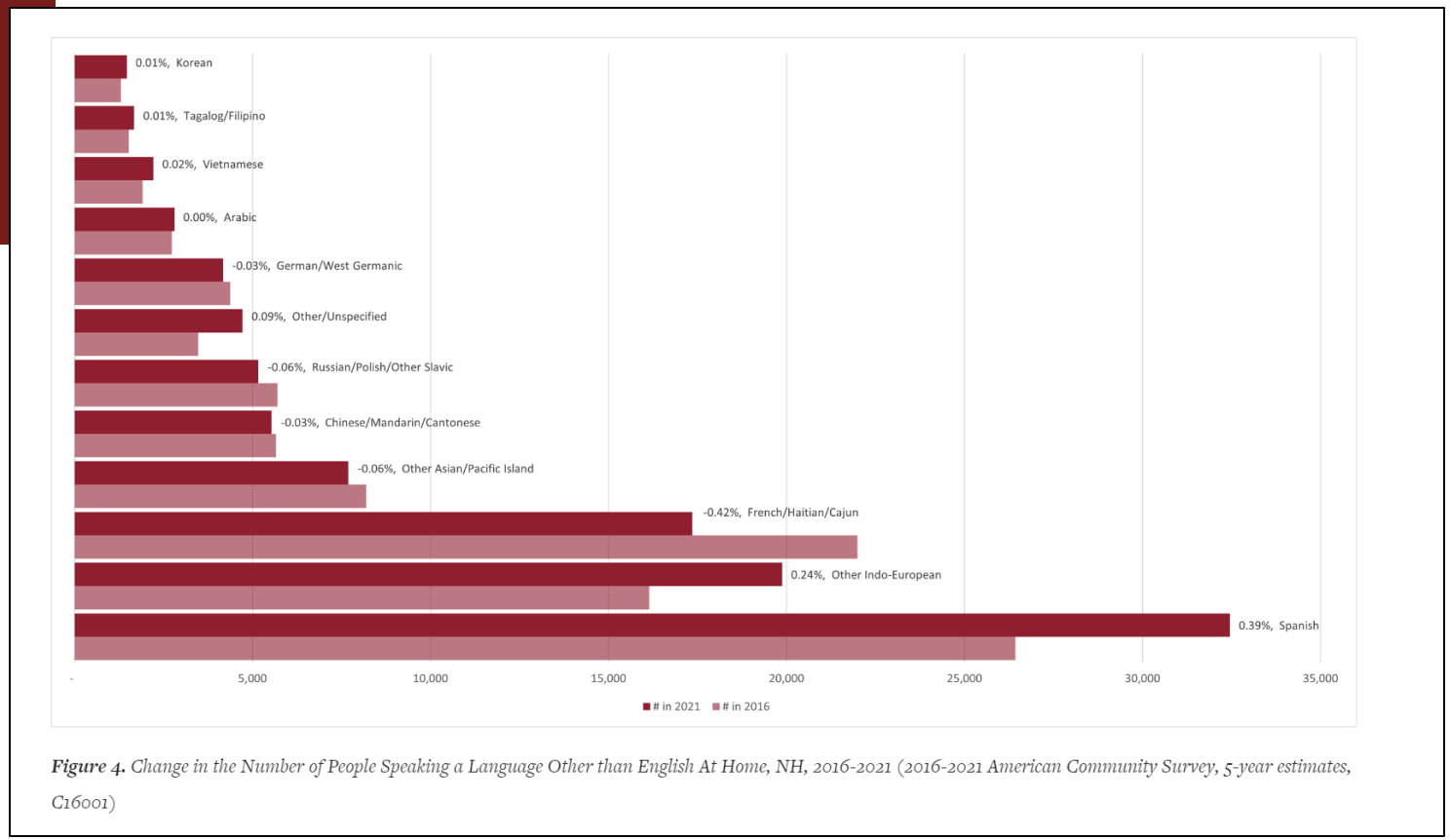


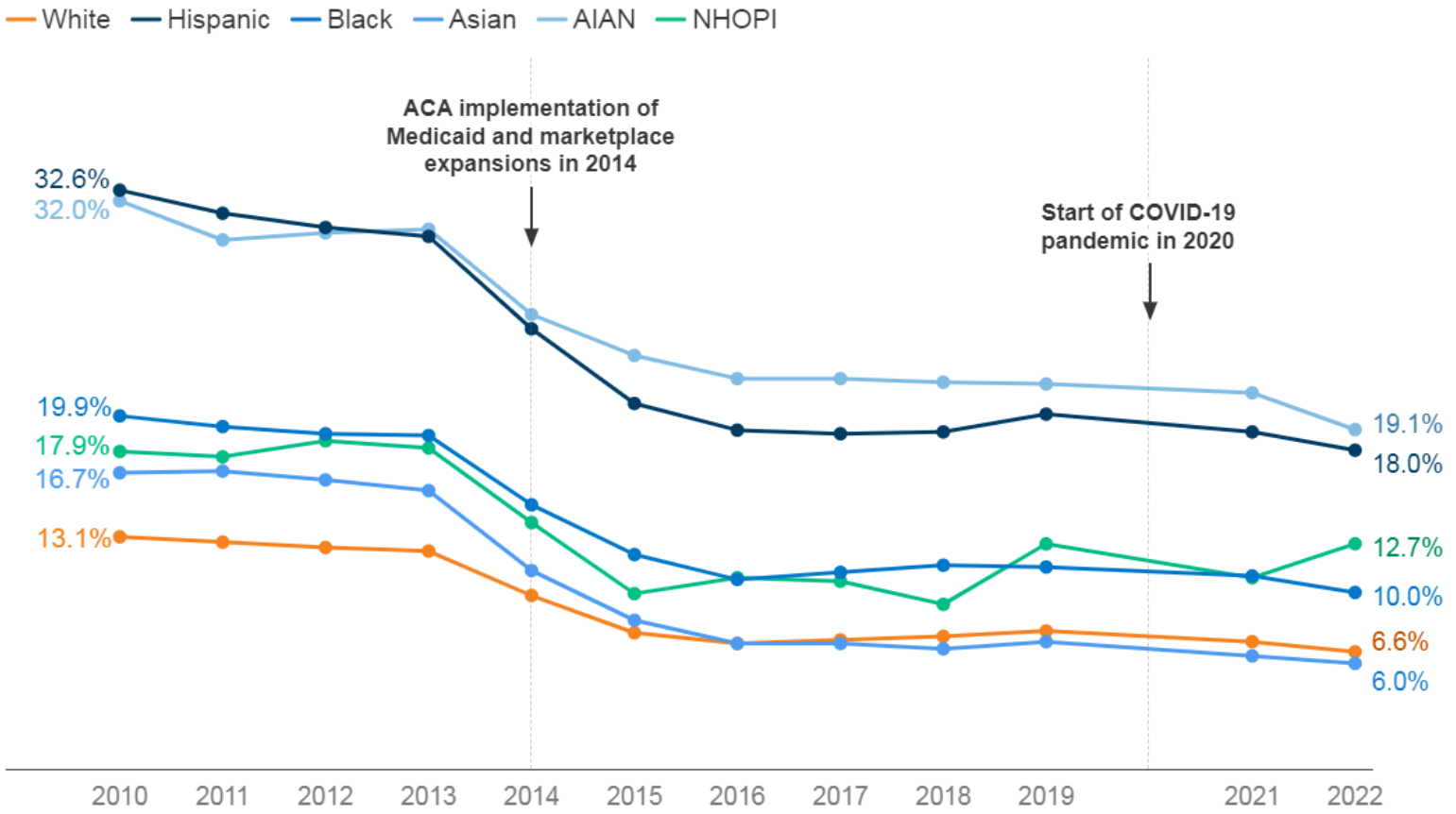
Figure 4. *Change in the Number of People Speaking a Language Other than English At Home, NH, 2016-2021 (2016-2021 American Community Survey, 5-year estimates, C16001)*

https://nhcje.org/s/NHCJE-Language-Brief-Dec-2023.pdf

Health Insurance by Race and Ethnicity

Figure 1

Uninsured Rate Among the Nonelderly Population by Race and Ethnicity, 2010-2022



NOTE: Differences between Black, Hispanic, AIAN, and NHOPI people compared to White people as of 2022 were statistically significant at the p<05 level. Includes individuals ages 0 to 64. AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. 2020 data excluded because the American Community Survey did not release the 1-year estimates for 2020 due to significant disruptions to data collection brought on by the coronavirus pandemic.

SOURCE: KFF analysis of the 2010-2022 American Community Survey. • PNG

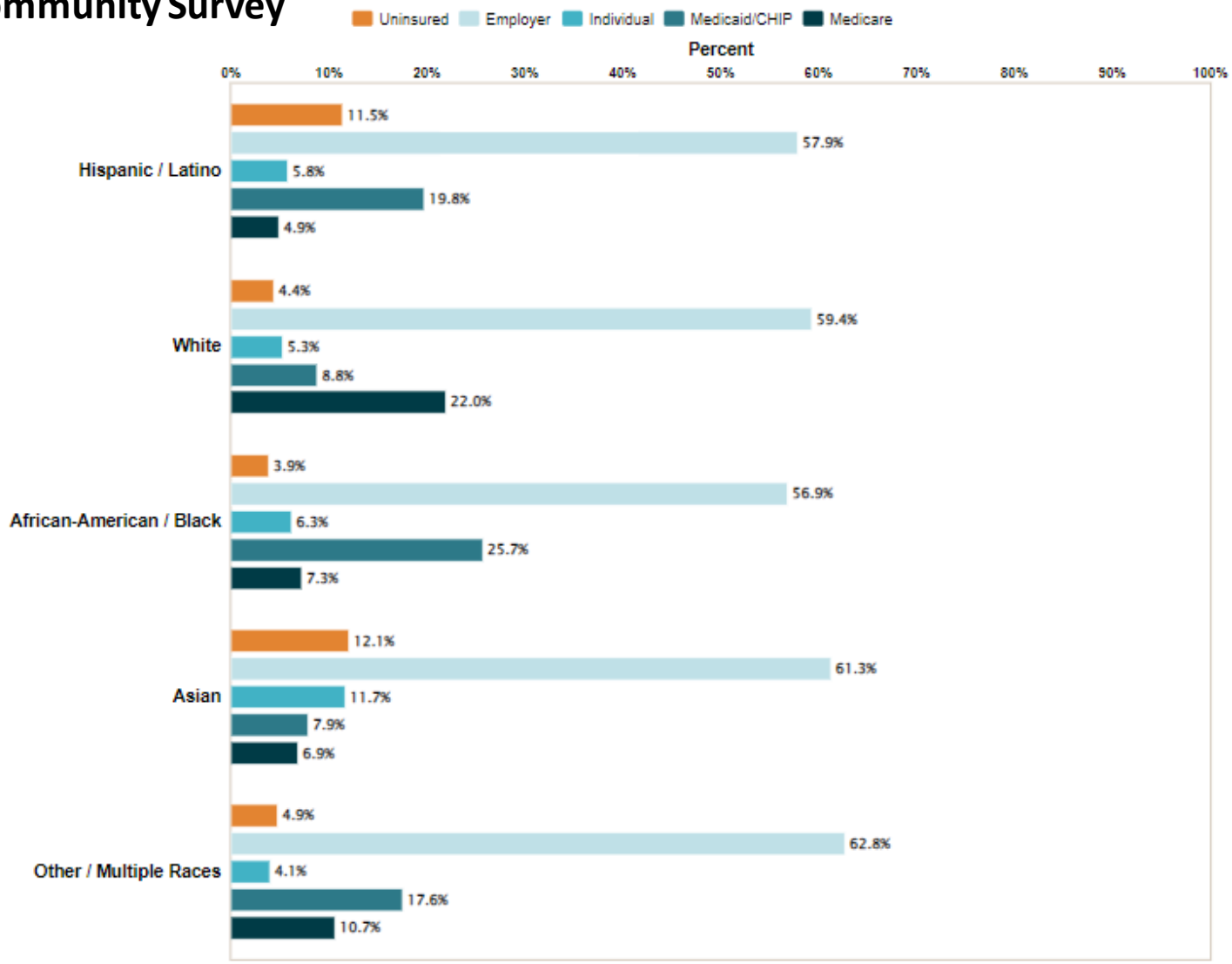
KFF

Source: https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/

Health Insurance Coverage Type

https://statehealthcompare.shadac.org/

Health Insurance Coverage Type, by Race/Ethnicity, NH, 2021 American Community Survey



Source

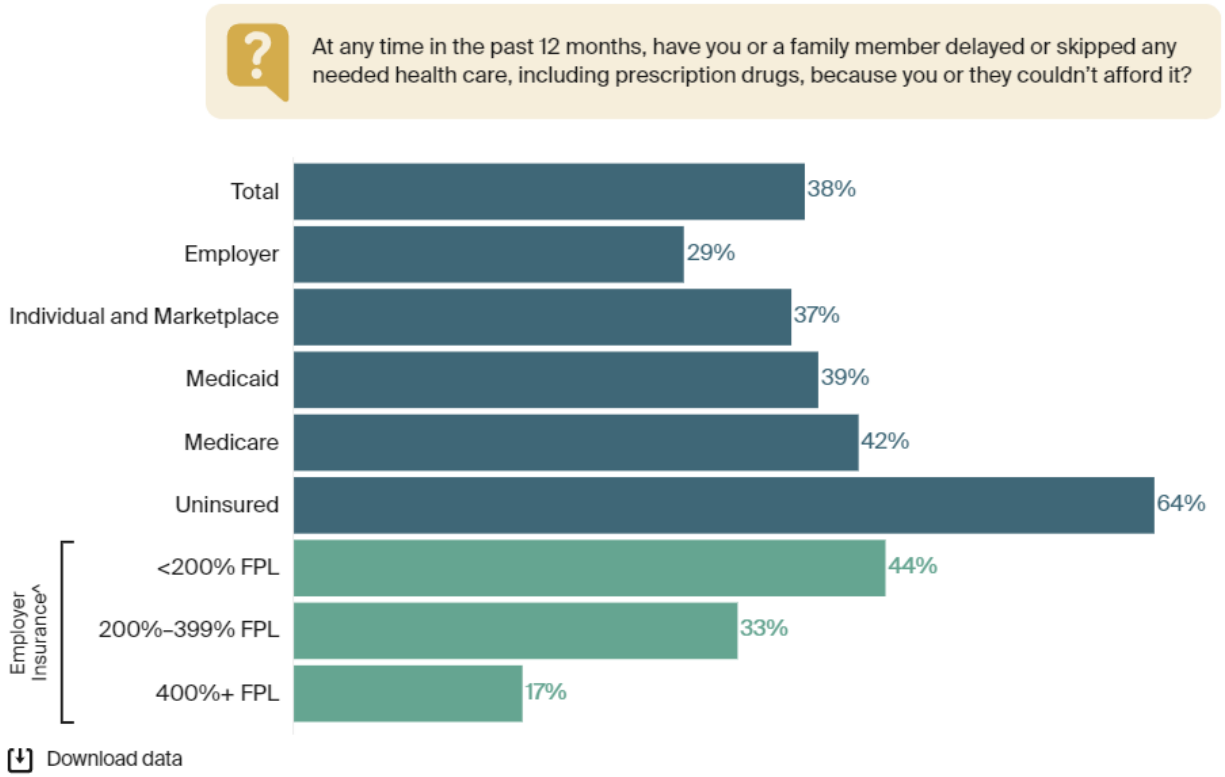
SHADAC analysis of the American Community Survey (ACS) Public Use Microdata Sample (PUMS) files.

[Paying for It: How Health Care Costs and Medical Debt Are Making Americans Sicker and Poorer Findings from the Commonwealth Fund 2023 Health Care Affordability Survey]

EXHIBIT 2

Nearly two of five working-age adults reported delaying or skipping needed health care or a prescription drug in the past year because they couldn't afford it.

Percentage of adults ages 19–64 by income who delayed or skipped any needed health care because they couldn't afford it, by insurance type and poverty level



Base: Adults ages 19–64. ^ Base: Adults ages 19–64 with employer insurance.

Notes: FPL = federal poverty level. Insured respondents were insured for all ofthe past 12 months; coverage type given at time of survey. Uninsured includes respondents who lacked insurance coverage at any point in the past 12 months.

Data: Commonwealth Fund 2023 Health Care Affordability Survey.

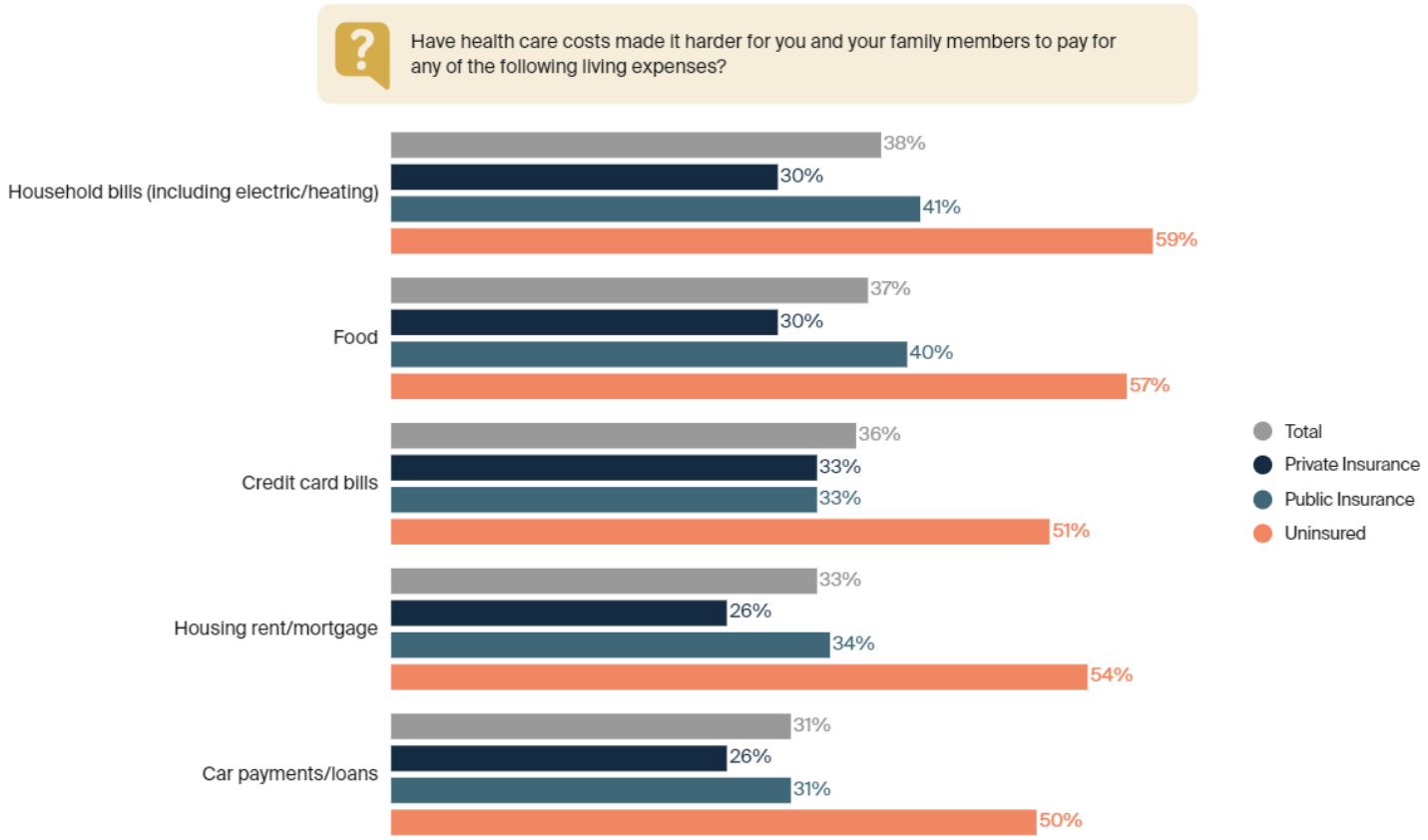
Source: Sara R. Collins, Shreya Roy, and Relebohile Masitha, *Paying for It: How Health Care Costs and Medical Debt Are Making Americans Sicker and Poorer — Findings from the Commonwealth Fund 2023 Health Care Affordability Survey* (Commonwealth Fund, Oct. 2023). https://doi.org/10.26099/bf08-3735

[Paying for It: How Health Care Costs and Medical Debt Are Making Americans Sicker and Poorer Findings from the Commonwealth Fund 2023 Health Care Affordability Survey]

EXHIBIT 10

About one-third of working-age adults said health care costs made it harder for them to afford other living expenses.

Percentage of adults ages 19–64 who found it harder to pay for living expenses because of health care costs, by insurance type



Download data

Base: Adults ages 19–64.

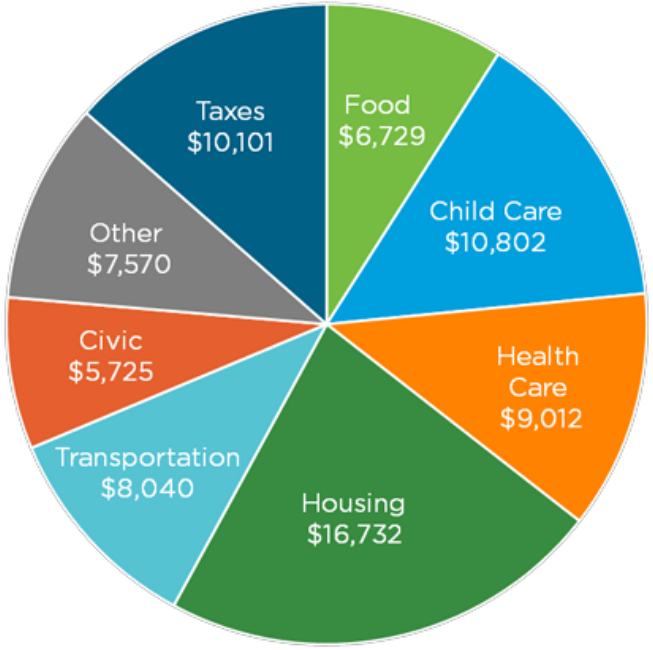
Notes: Insured respondents were insured for all of the past 12 months; coverage type given at time of survey. Private insurance includes employer or marketplace/individual market insurance. Public insurance includes Medicaid or Medicare. Uninsured includes respondents who lacked insurance coverage at any point in the past 12 months.

Data: Commonwealth Fund 2023 Health Care Affordability Survey.

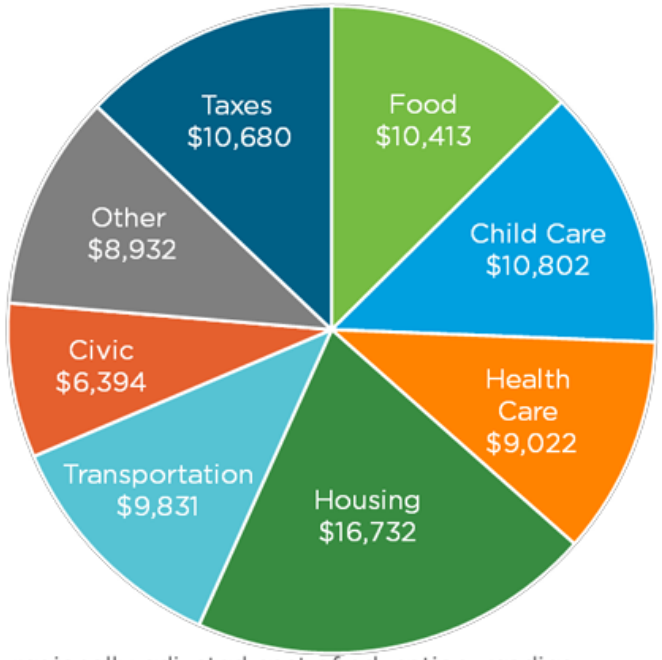
Source: Sara R. Collins, Shreya Roy, and Relebohile Masitha, *Paying for It: How Health Care Costs and Medical Debt Are Making Americans Sicker and Poorer — Findings from the Commonwealth Fund 2023 Health Care Affordability Survey* (Commonwealth Fund, Oct. 2023). https://doi.org/10.26099/bf08-3735

CHILD CARE, HEALTH CARE, AND HOUSING ARE LARGE COSTS FOR GRANITE STATE FAMILIES

NEW HAMPSHIRE COST OF LIVING ONE PARENT AND ONE CHILD $74,711 ANNUALLY



NEW HAMPSHIRE COST OF LIVING TWO PARENTS AND ONE CHILD $82,806 ANNUALLY

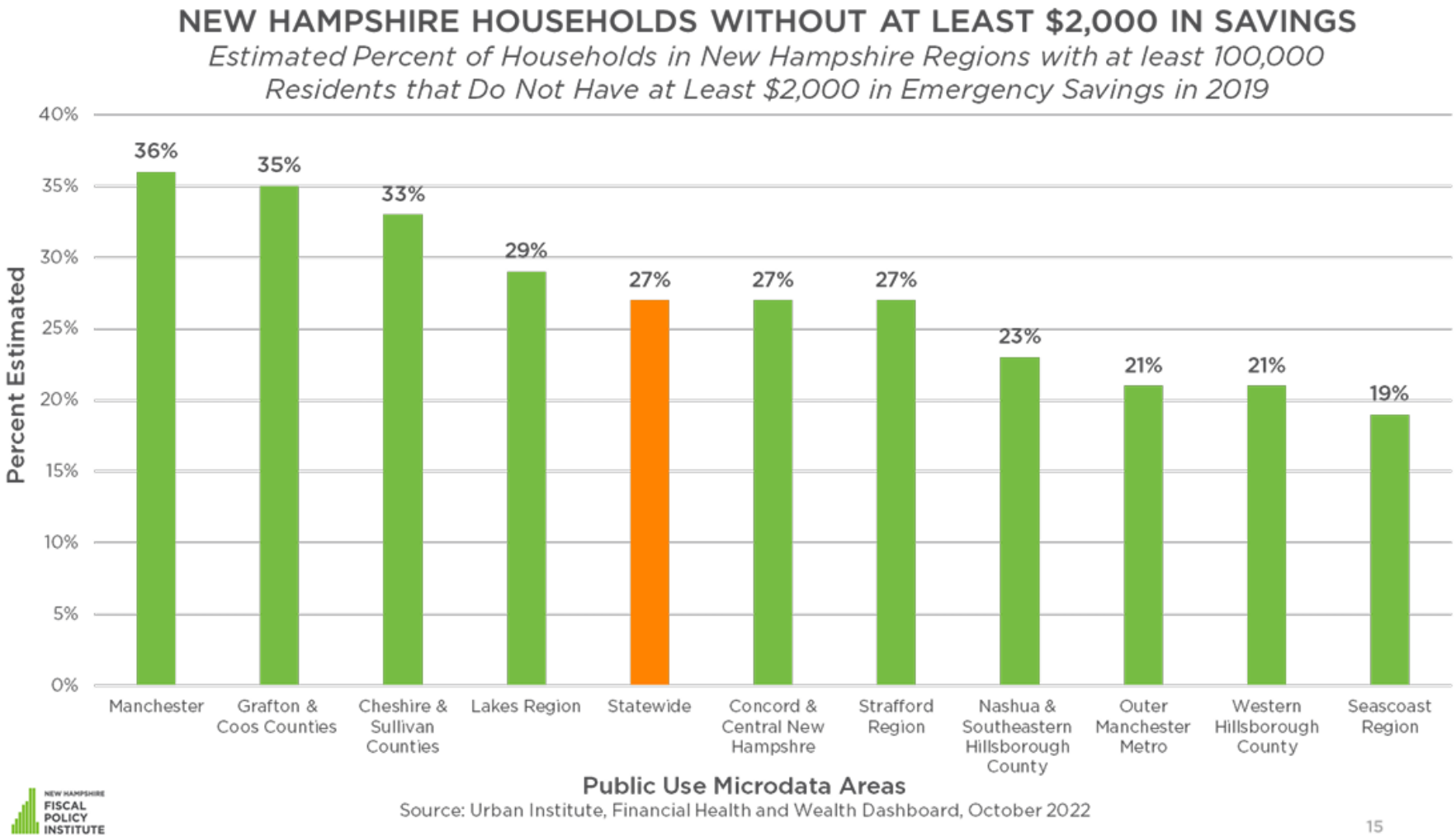


Notes: "Civic" refers to civic engagement and encompasses "...regionally-adjusted cost of education, reading, entertainment, fees, admissions, pets, toys, hobbies, playground equipment, and other items necessary to participating and engaging in civic activities." "Other" refers to "clothing, personal care products, and housekeeping supplies." Figures do not include broadband and cell phone service costs in order to be consistent with expenses listed in the Typical Expenses table in the Living Wage Calculator.
Source: Massachusetts Institute of Technology Living Wage Calculator, Updated February 1, 2023

NEW HAMPSHIRE FISCAL POLICY INSTITUTE

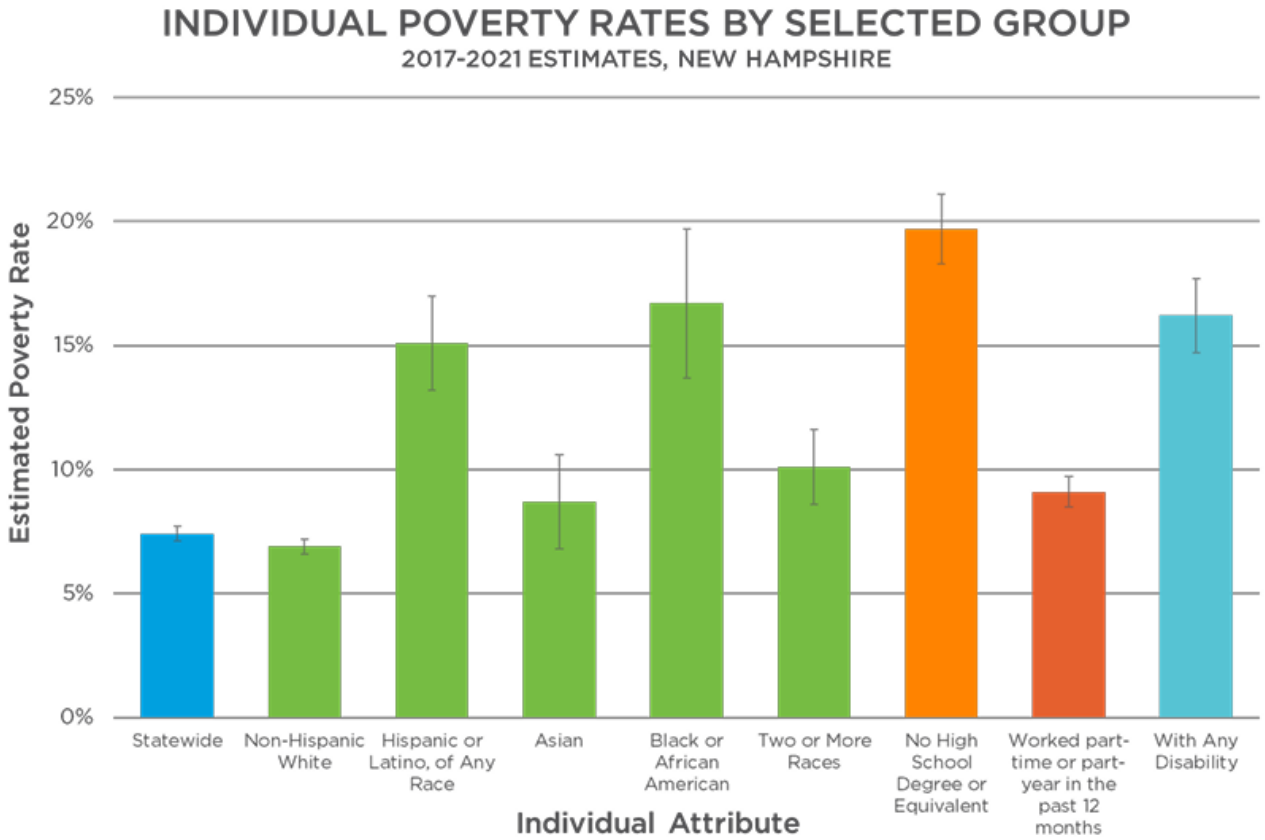
https://nhfpi.org/resource/household-economic-stability-in-new-hampshire/

MORE THAN 1 IN 4 GRANITE STATERS DID NOT HAVE AT LEAST $2,000 IN SAVINGS



https://nhfpi.org/resource/new-hampshires-economy-and-household-finances/

CERTAIN INDIVIDUALS AND GROUPS HAVE MUCH HIGHER POVERTY RATES



NEW HAMPSHIRE FISCAL POLICY INSTITUTE

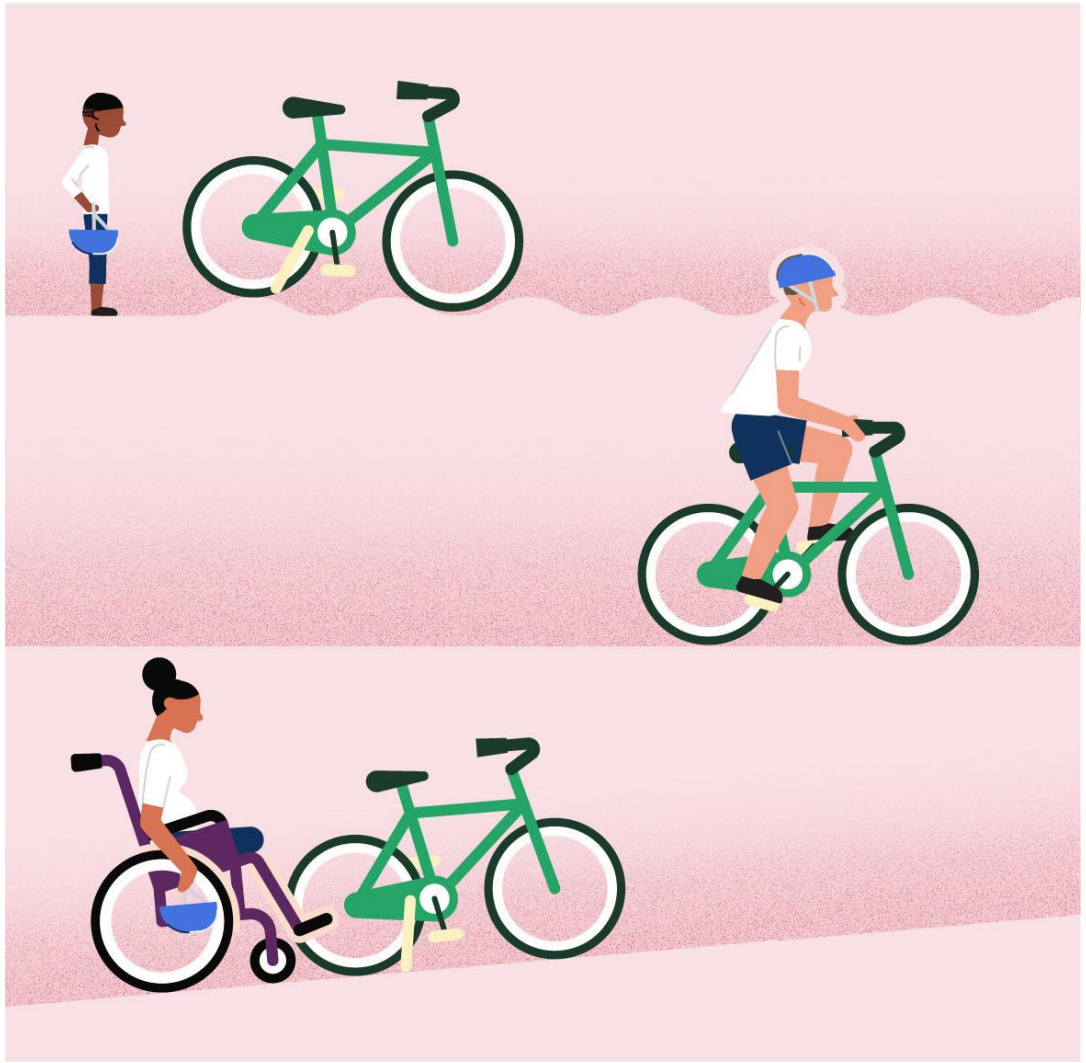
Poverty Rates by Household or Family Characteristic:

- Renters: 14.3% (+/- 1.3%)
- All Families: 4.7% (+/- 0.3%)
- Families with Children: 8.0% (+/- 0.7%)
- Families in Single Female-Headed Household with Children Under 5 Years Old: 27.5% (+/- 5.5%)

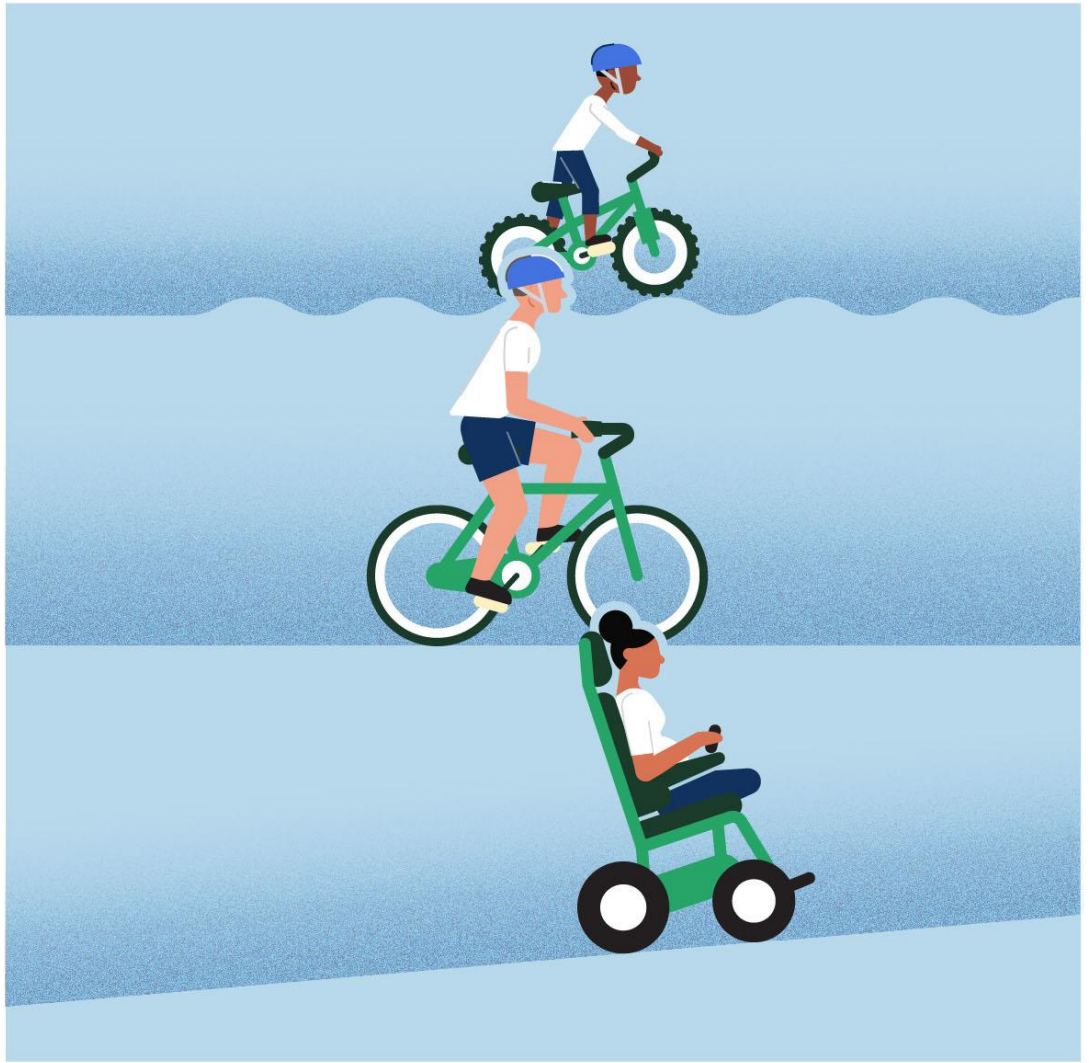
Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1702

https://nhfpi.org/resource/household-economic-stability-in-new-hampshire/

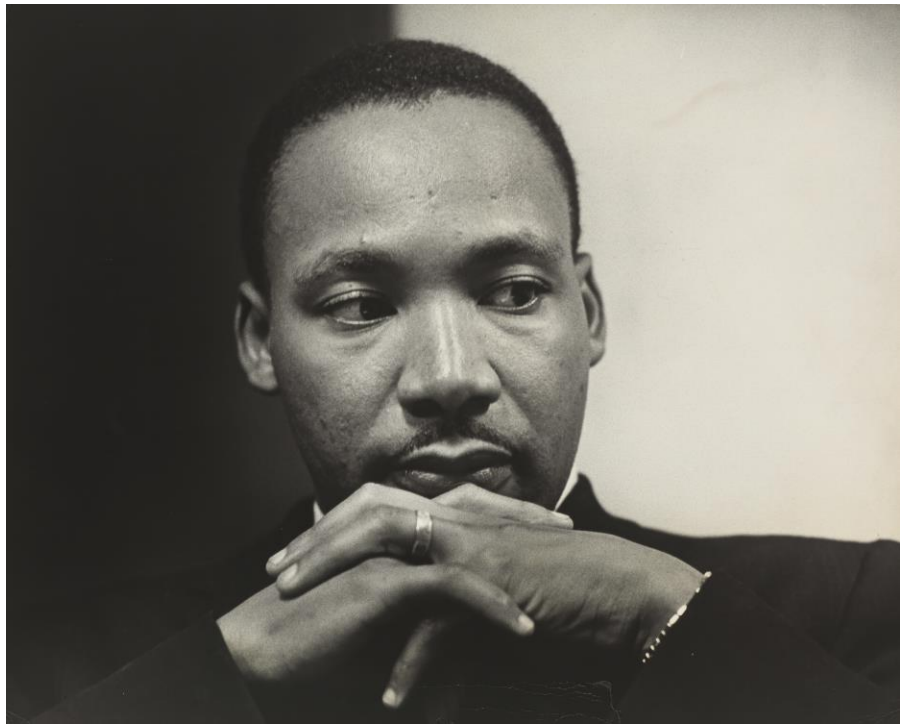
EQUALITY:
Everyone gets the same–regardless if it's needed or right for them.



EQUITY:
Everyone gets what they need–understanding the barriers, circumstances, and conditions.



NEW HAMPSHIRE CENTER *for* Justice & Equity



Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.

- Dr. Martin Luther King, Jr.
March 1966

NHCJE.ORG

Questions

BREAK

Considerations in Cost Drivers Policy Menu

Low Social Services Spending

Some analyses suggest lower social services spending drives poorer outcomes, which in turn could be driving spending.

Social Spending and Needs in the United States and 27 Comparable High-Income Countries*

Spending Category	2015 Average Spending Per Capita	
	United States	Comparable Countries
	$	$ (95% CI)
Total social spending (excluding health), including cash and in-kind benefits	9169	8402 (7084–9720)
Old age: Pensions, early retirement pensions, home help, and residential services for the elderly	6522	4268 (3676–4860)
Survivors: Pensions and funeral expenses	370	474 (316–632)
Incapacity-related: Care services, disability benefits including those from occupational injury or accident legislation, employee sickness payments, rehabilitation services	1003	1346 (1012–1681)
Family: Child allowances and credits, maternity and parental leave, early childhood education, single-parent payments	360	1107 (857–1357)
Active labor-market: Employment services, training, employment incentives, integration of the disabled, direct job creation, start-up incentives	59	264 (178–350)
Unemployment: Compensation and severance pay, early retirement for labor-market reasons	111	428 (282–573)
Housing: Housing assistance, allowances, and rent subsidies	146	163 (104–222)
Other: Various benefits to low-income households or other social services. For the United States, includes Supplemental Nutrition Assistance Program and refundable part of Earned Income Tax Credit	447	367 (249–486)

https://doi.org/10.1377/hlthaff.2018.05187

Some analyses suggest that countries that spend more on healthcare spend more on social services.

The Relationship Between Health Spending And Social Spending In High-Income Countries: How Does The US Compare?

Irene Papanicolas, Liana R. Woskie, Duncan Orlander, E. John Orav, and Ashish K. Jha

https://doi.org/10.1377/hlthaff.2018.05187

Other analyses suggest that that social services spending is no substitute for health care and while it will improve outcomes, will not decrease spending.

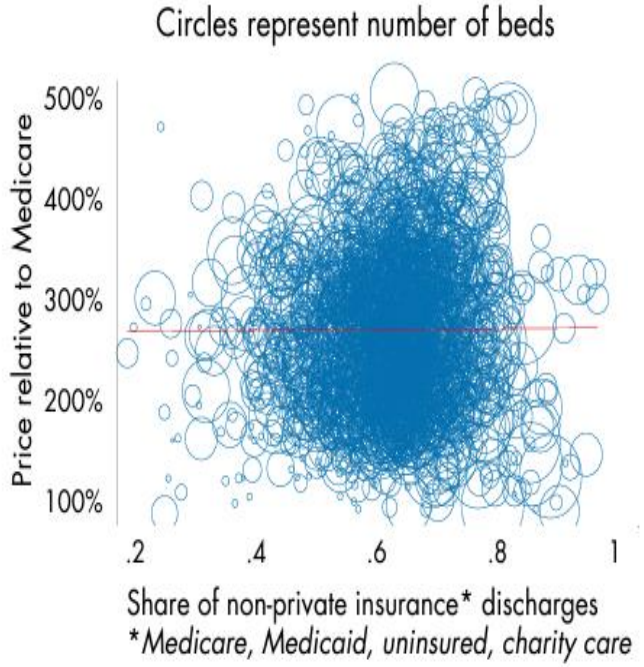
10.1377/forefront.20191112.848045

Cost Shift from Public Payers to Commercial Payers is Called Into Question

"Conclusions: Policymakers should view with a degree of skepticism most hospital and insurance industry claims of inevitable, large-scale cost shifting. Although some cost shifting may result from changes in public payment policy, it is just one of many possible effects. Moreover, changes in the balance of market power between hospitals and health care plans also significantly affect private prices. "

Frakt AB. How much do hospitals cost shift? A review of the evidence. Milbank Q. 2011 Mar;89(1):90-130. doi: 10.1111/j.1468-0009.2011.00621.x. PMID: 21418314; PMCID: PMC3160596.

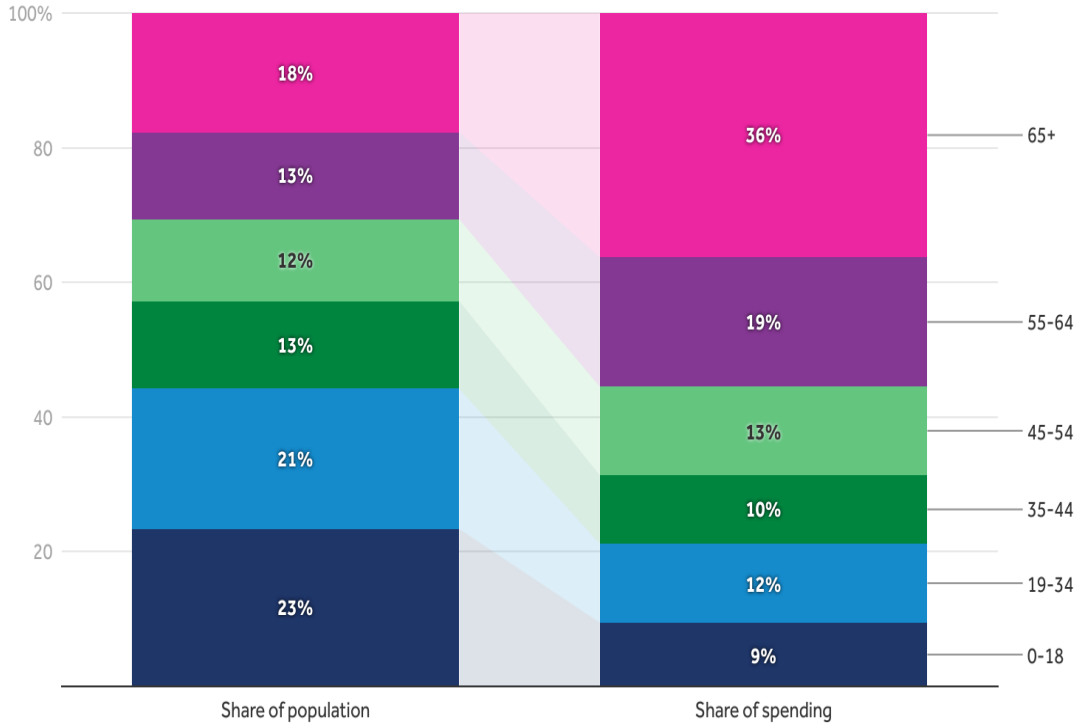
Non-private patients doesn't explain hospital prices



SOURCE: RAND HOSPITAL PRICE TRANSPARENCY PROJECT, NHID ANNUAL HEARING, OCTOBER 2023

Growing Aging Population

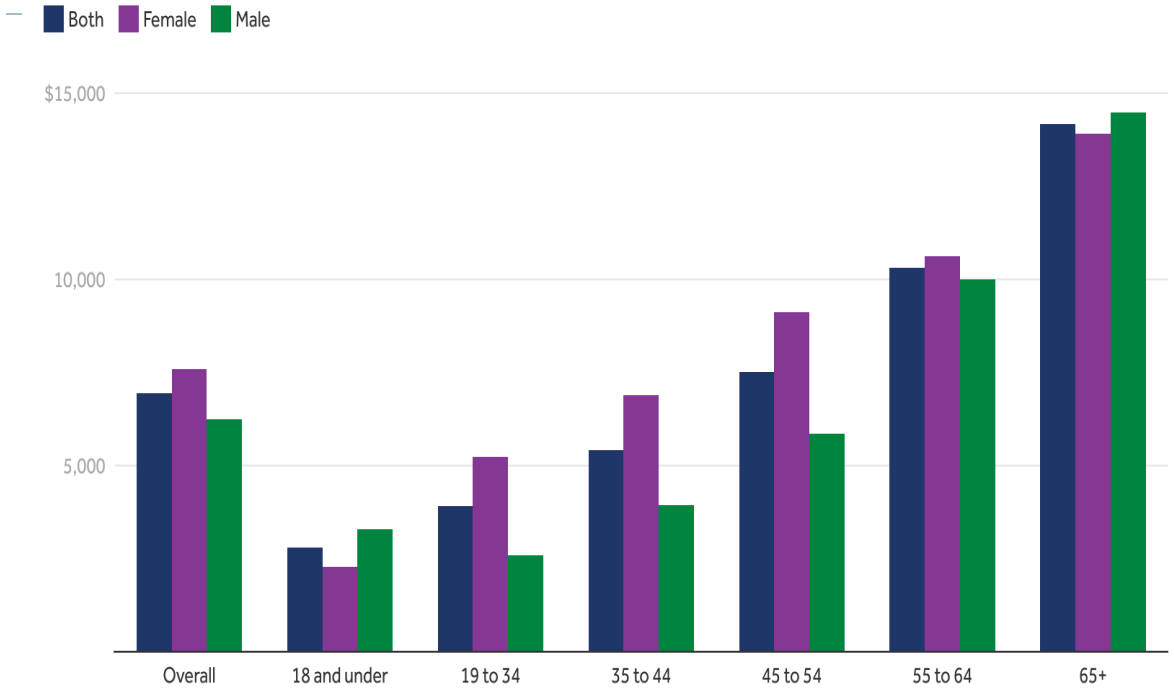
Share of total population and total health spending, by age group, 2021



Source: KFF analysis of 2021 Medical Expenditure Panel Survey data

Peterson-KFF Health System Tracker

Average total health spending, by age and sex, 2021



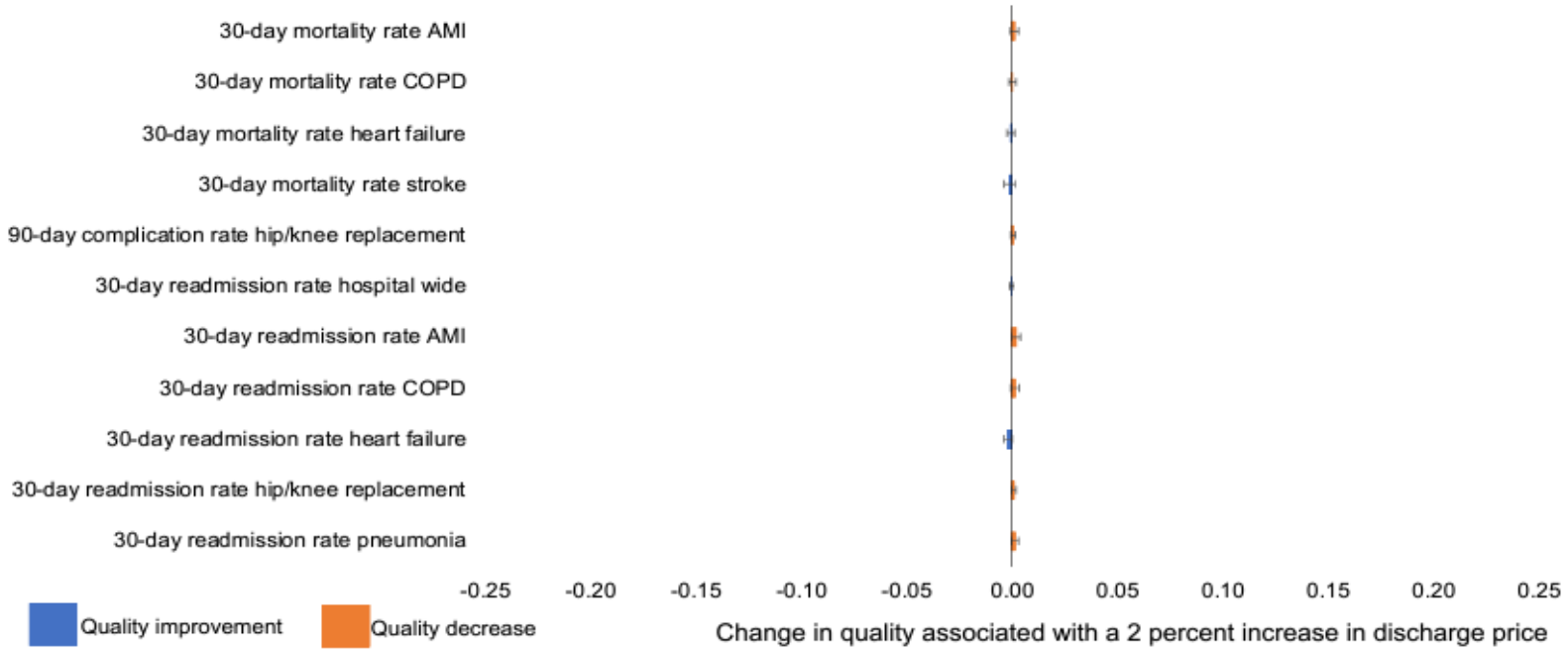
Note: Between males and females, there is a statistically significant difference in average health spending for those aged 19-34, 35-44, and 45-54 years.

Source: KFF analysis of 2021 Medical Expenditure Panel Survey data

Peterson-KFF Health System Tracker

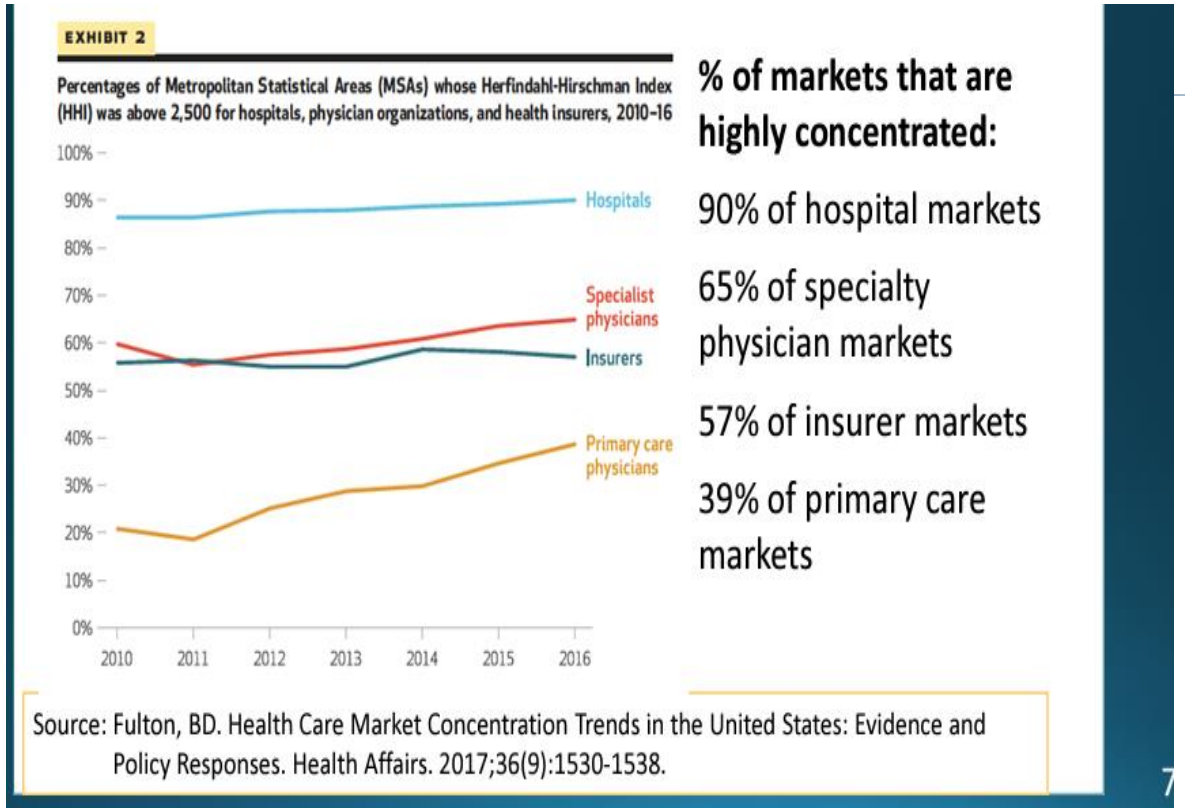
Quality and Cost Correlation Isn't Airtight

Hospital Price Increases Don't Lead to Quality Improvements



Source: Crespin, Daniel J., and Christopher Whaley. 2022. "The Effect of Hospital Discharge Price Increases on Publicly Reported Measures of Quality." *Health Services Research*.

Healthcare Consolidation Gets a Lot of Attention



Evidence of the impact of consolidation

Clear evidence that provider consolidation significantly ⇧ prices

- Horizontal hospital consolidation increases prices 20-60% (Cooper et al. 2020)
- Horizontal physician consolidation increases prices 8-26% (Austin & Baker 2015)
- Vertical consolidation associated with 14.1% increase in physician prices (Capps, Dranove, Ody 2019)

Mixed evidence on consolidation's impact on quality

- Hospital mergers did not affect patient outcomes, readmissions, or mortality, but patient satisfaction declined (Beaulieu et al. 2020)
- Hospital ownership of physician practices led to higher readmission rates and no better quality measures (McWilliams et al. 2013, Neprash et al. 2015)

Source: Assessing Provider Consolidation and Effects on Prices: Erin Fuse Brown. NCSL State Policy Seminar: Levers to Address Health Costs, June 6, 2022

High Prices

RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 22, NO. 3

It's The Prices, Stupid: Why The United States Is So Different From Other Countries

Gerard F. Anderson, Uwe E. Reinhardt, Peter S. Hussey, and Varduhi Petrosyan

PUBLISHED: MAY/JUNE 2003 Full Access https://doi.org/10.1377/hlthaff.22.3.89

We adapted a menu of policy options and their descriptions from a Catalyst for Payment Reform publication for Break Out Sessions

Combinations of State-Based Health Care Policies to Constrain Commercial Prices and Rebalance Market

- You have each been assigned one category of policy options: Transparency, Cost, or Affordability. You should have a packet with a copy of the policy menu and narrative descriptions of the options in your assigned category.
- You will break out into groups focused on evaluating the policy options in your assigned category.
- Your charge is to review the options in your category and come to a decision about the one option you would choose as a next step in that category for NH.
- You will then return to the large group and report out on the option your group chose and why you did so.

https://www.catalyze.org/product/combinations-of-state-based-health-care-policies-to-constrain-commercial-prices-and-rebalance-market-power/

Transparency, Cost and Affordability Policy Menu

Healthcare Transparency & OverSight	Healthcare Cost	Healthcare Affordability
All Payers Claim Database	Ban Anti-Competitive Contracting	Require Large Employers to Offer Narrow Networks
Health Policy Commission	AG Has Comprehensive Notice and Approval Authority Over Healthcare Transactions	Cap Commercial Insurance Premium/OOP Increases Through Affordability Standards
Cost-Growth Benchmark	Regulate Hospital Facility Fees	Cap Commercial Provider Prices
Database of Audited Hospital Financial Statements	Global Hospital Budgets and/or All Payer Rate Setting	Public - Option Insurance Plan

The policy menu created by CPR was developed deliberately excluding the below topics. You are hereby instructed to exclude these from your considerations as well.

"a. *Pharmaceutical Prices:* Although pharmacy costs continue to accelerate and absorb a larger share of total health care expenditures, the inflation factors driving drug prices and pharmacy benefit managers' (PBM) spend differ notably from the economic drivers of the care delivery system, and moreover, may be better suited for federal policy.

b. *Single Payer Health Care:* Single payer health care necessitates a fundamental and comprehensive reworking of the current health care system. This is not to say that single payer health care has no place in state policy discussion, but rather that reform on this scale will render nearly all other policy pathways irrelevant.

c. *Care Delivery*: Because this report focuses on commercial markets, where prices (not utilization) drive nearly two thirds of health care cost inflation, CPR excluded policies that focus exclusively on improving the quality and efficiency of care delivery. While these approaches may ultimately have an impact on total health care spend, their impact on health care prices is indirect, at best.

d. *Federal Policy:* Lastly, because of the project's focus on states, CPR excluded policies that apply exclusively to the federal government."

Final Thoughts
It's a Wicked Problem Because…

Transparency + Oversight will not on their own arrest cost. But they will facilitate identifying solutions.

Arresting cost will not on its own yield affordability. Even if no additional costs were added today, there are have 20 years of cost growth increases built into the current structure.

Providing affordability relief without a long-term plan also doesn't address cost and their drivers or produce oversight.

Questions

BREAK OUT SESSIONS

What is a next step on the path forward?