

Health Affairs Blog Posts Highlight the Database of State Laws Impacting Healthcare Cost and Quality

The Source kicked off the New Year with a trio of blog posts in the *Health Affairs Blog* that highlights the Database of State Laws Impacting Healthcare Cost and Quality (SLIHCQ). The SLIHCQ Database was developed in partnership with the [Catalyst for Payment Reform \(“CPR”\)](#) and is an interactive tool that hosts ongoing state legislative efforts to implement healthcare reform. It is intuitively designed to allow policymakers and other stakeholders to customize and filter their searches by key issue and state.

In collaboration with CPR, The Source Executive Editor Jaime King discusses state health care legislation trends gathered from the SLIHCQ Database, particularly in the era of COVID-19, in a series of three blog posts:

1. [Supporting Health Care Competition In The Era Of COVID-19: Three Legislative Models For States](#)

This post highlights three specific types of state legislation, namely 1) prohibition of anticompetitive contract clauses (see more on The Source [Provider Contracts](#) key issue page), 2) Certificate of Public Advantage (COPA), and 3) modification to scope of practice laws. It discusses how these state models can help encourage competition in the era of COVID-19 induced provider consolidation and mitigate its effects on healthcare prices.

2. [How Can State Legislation Promote Value In Health Care? Three Innovative Models](#)

This post focuses on value-based reform in health care and highlights two state approaches that encourage such goals. The first is the creation of Medicaid accountable care organizations (ACOs), as used in at least 12 states, including Oregon. The second is flexibility granted to regulatory entities to experiment with value-based payment, with specific examples from Maryland's Health Services Cost Review Commission and Rhode Island's Office of the Health Insurance Commissioner.

3. [State Policies To Make Health Care More Affordable During COVID-19 And Beyond](#)

This post discusses three state policies that seek to improve health care affordability and accessibility during and beyond the pandemic and recommends a combination of these three approaches to target high-price providers. It highlights 1) the cost growth benchmark model as used in Massachusetts, 2) legislation to directly cap hospital prices as seen in Oregon and Montana, and 3) policies to limit hospital price growth in Rhode Island.

Be sure to check out the [SLIHCQ Database](#) on The Source for additional state legislation to promote health care access, quality, and affordability.