

Chartbook:

Connecticut health care spending

November 2017

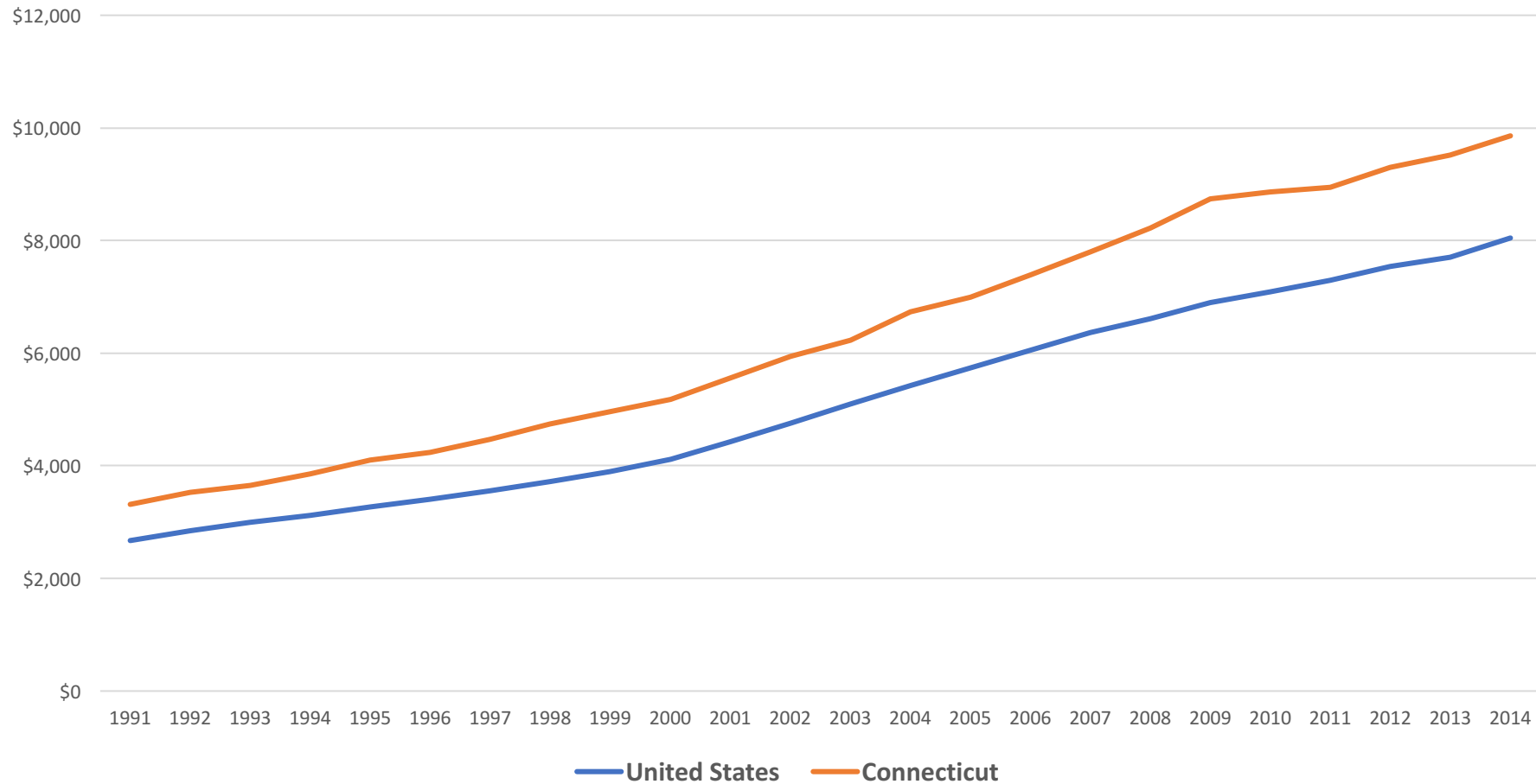
Earlier this year, the US Centers for Medicare and Medicaid Services released updated State Health Expenditures through the [National Health Expenditure Accounts](#). The data includes aggregate and per capita personal health care spending by state by the type of good or service (hospital care, physician and clinical services, retail prescription drugs, etc.) and by source of funding (Medicare and Medicaid). The new data release covers spending from 1991 to 2014. Analysis of the data was also published in July 2017 -- D Lassman, et. al., [Health Spending by State 1991 – 2014: Measuring Per Capita Spending by Payers and Programs](#), Health Affairs.

The CT Health Policy Project's analysis of the data focuses on health spending in Connecticut to provide insight into how resources are used and to support informed policymaking.

Key Findings

- Connecticut residents spend more per person on health care across payers than most Americans.
- However, per person health costs are rising more slowly in Connecticut than in most states, particularly for Medicaid members.
- In 2014 Connecticut devoted 14.4% of the state's economy to personal health care services, very close to the national average of 14.8%
- Over half of health spending in Connecticut is consumed by hospitals, physicians and clinics.
- Drug costs are the main driver of rising health costs in Connecticut, growing faster than any other sector.
- Since 2003, drug costs have grown faster in Connecticut than the rest of the nation
- Beginning in 2009, Medicare and Medicaid's combined share of Connecticut's health spending outpaced private health insurance. And the gap is growing.
- Medicare and Medicaid pay for the majority of home health and nursing home care in Connecticut, as well as almost half of hospital bills.

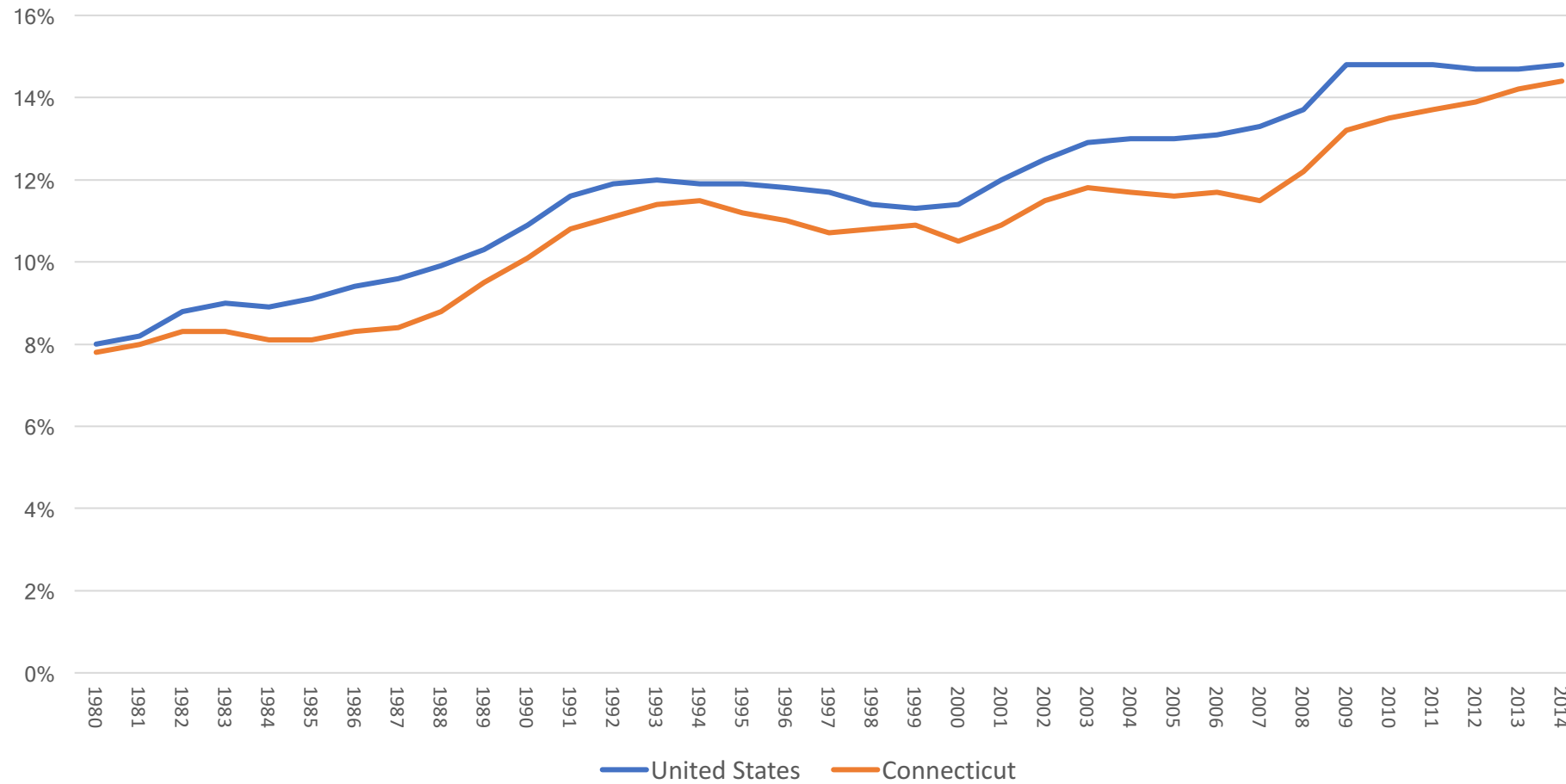
Per capita health spending



Key Findings

Health spending is rising for both Connecticut residents and all Americans

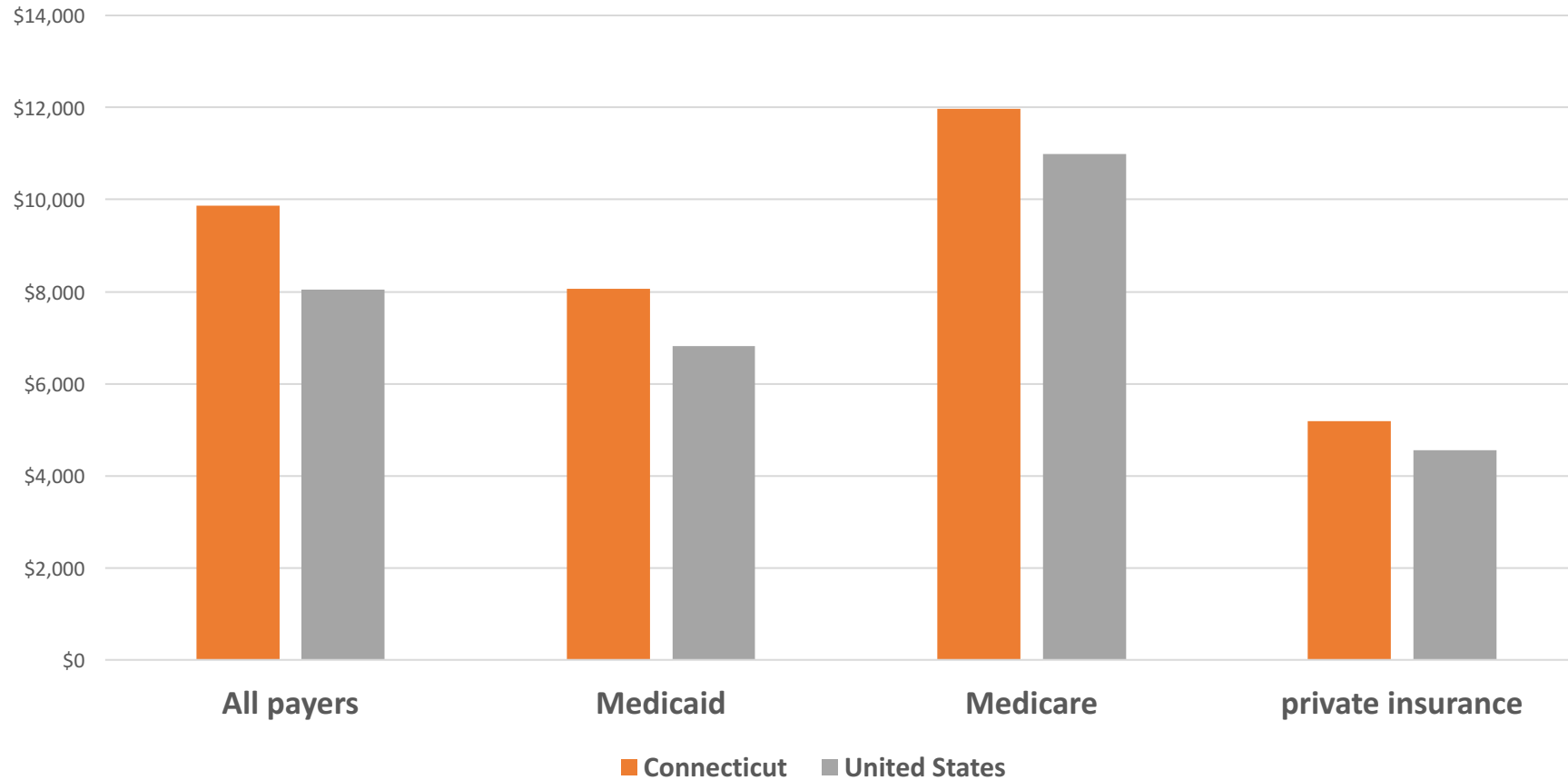
Health care share of GDP



Key Findings

In 2014 Connecticut devoted 14.4% of its economy to health care, slightly below the US rate of 14.8%

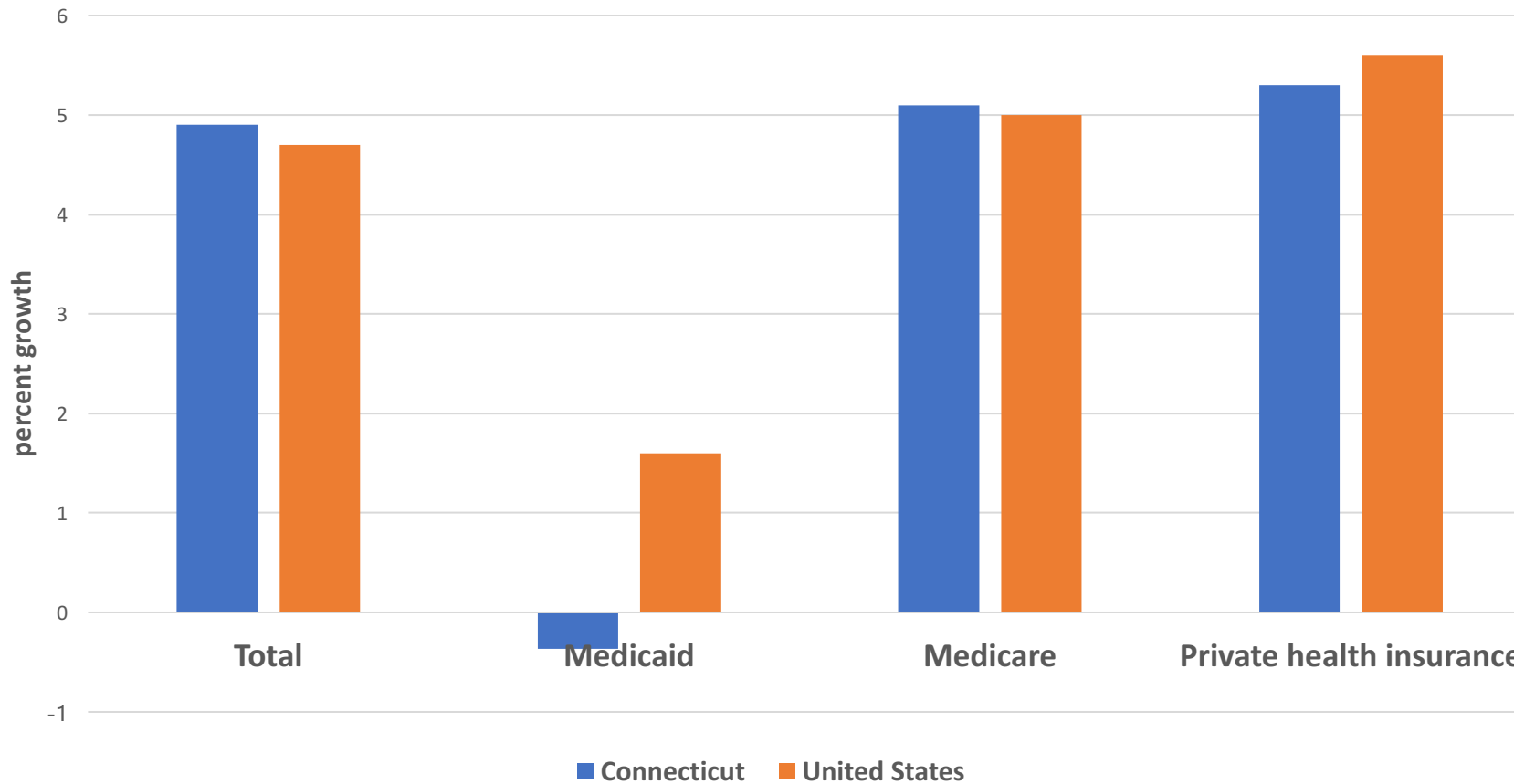
Per capita health spending, 2014



Key Findings

Connecticut residents spend more on health care across payers than most Americans

Per capita spending, average annual growth 2001 to 2014

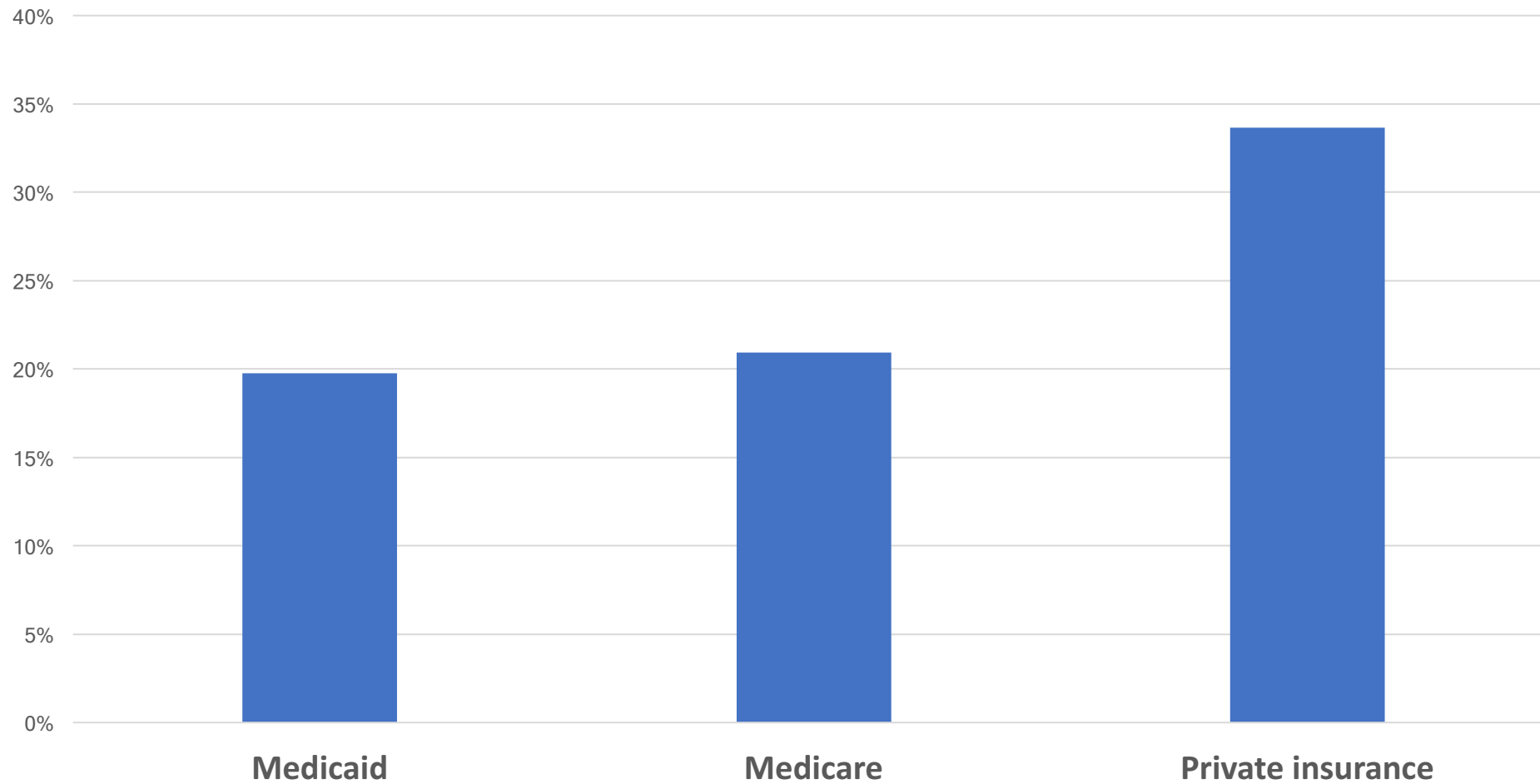


Key Findings

Connecticut Medicaid per person spending from 2001 through 2014 decreased while nationally costs have risen

Share of total health spending

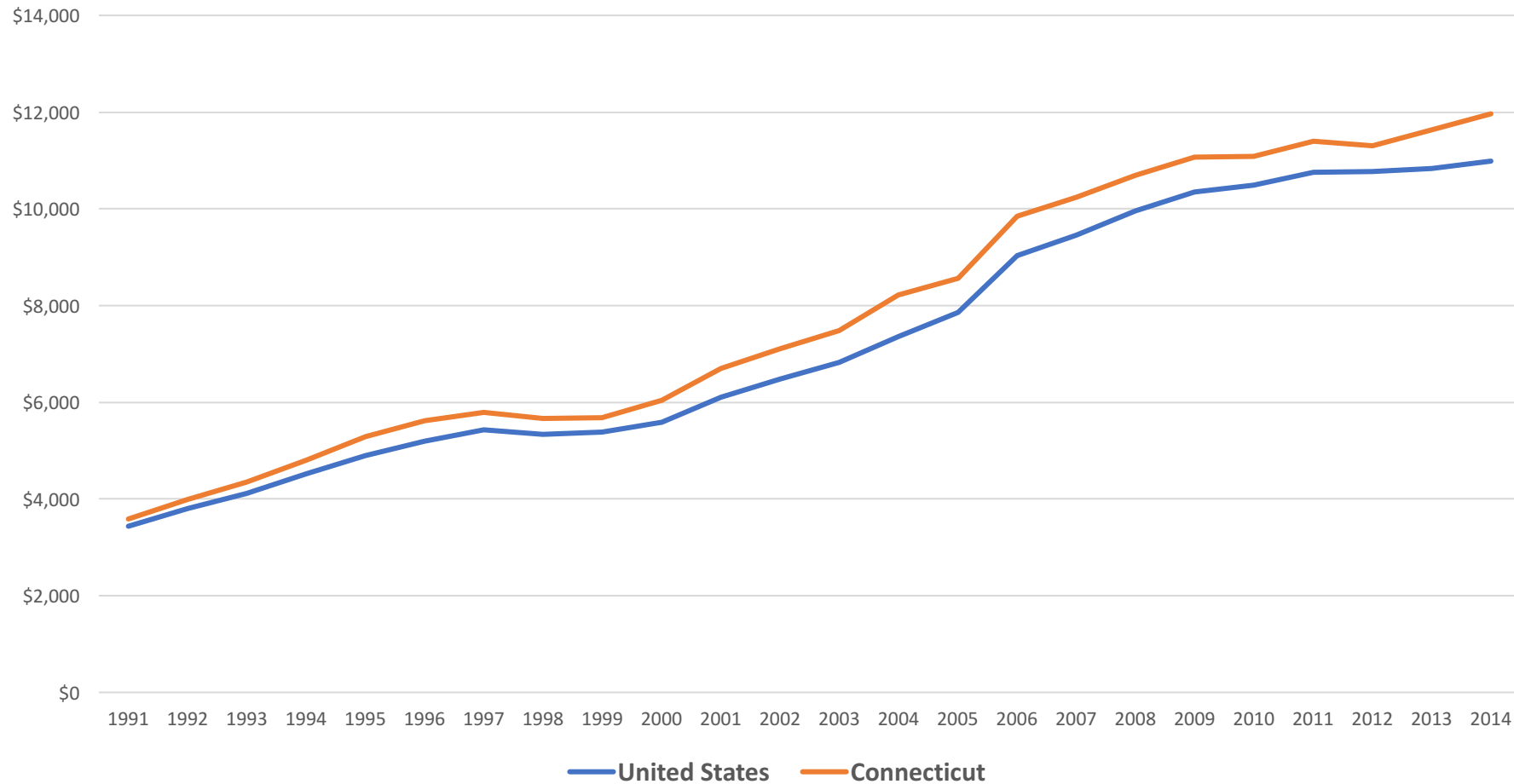
Connecticut, 2014



Key Findings

Private insurance is the main payer of health care in Connecticut

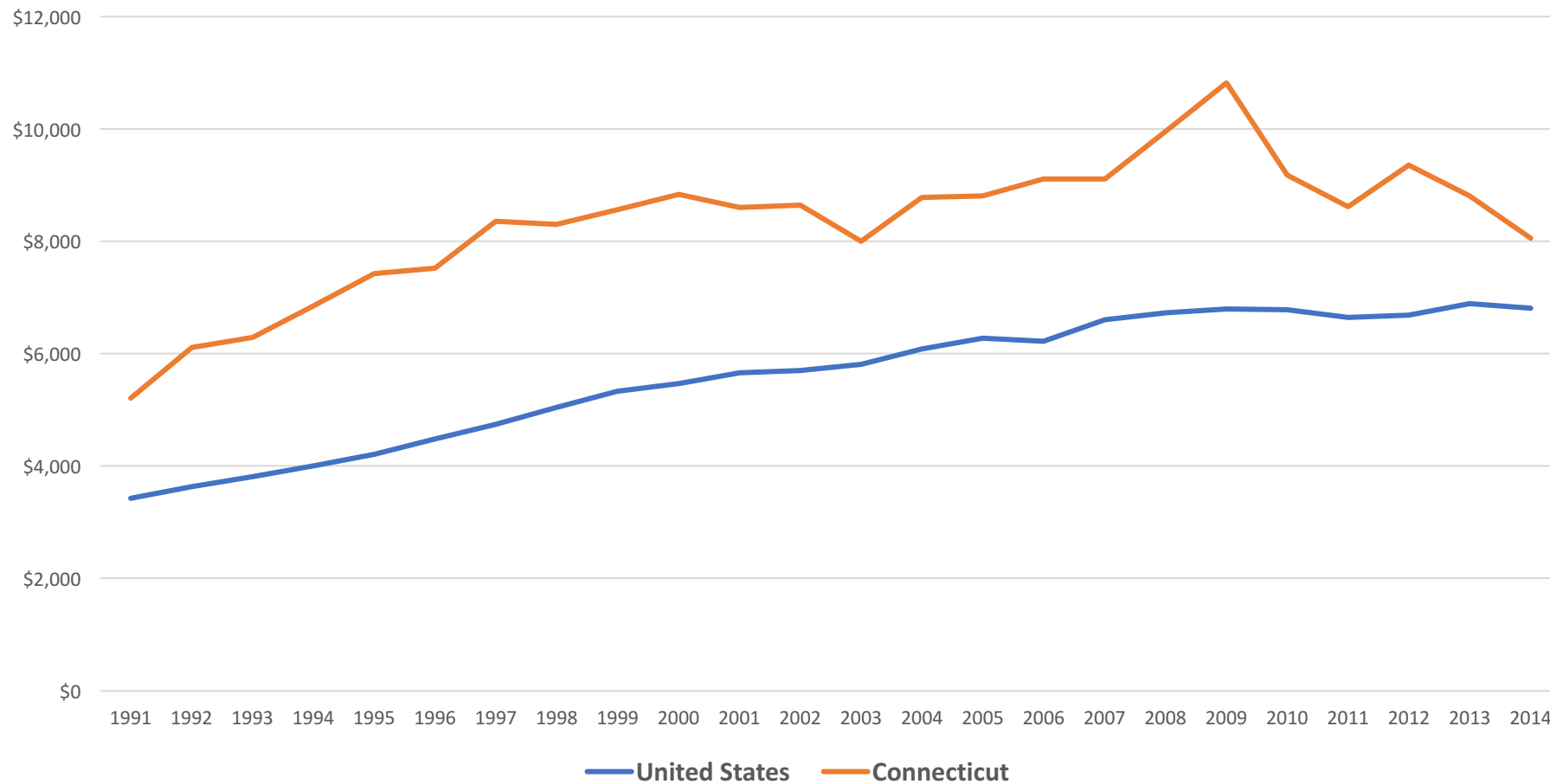
Medicare per capita spending



Key Findings

Medicare per person health costs for Connecticut residents are similar to the national average

Medicaid per capita health spending

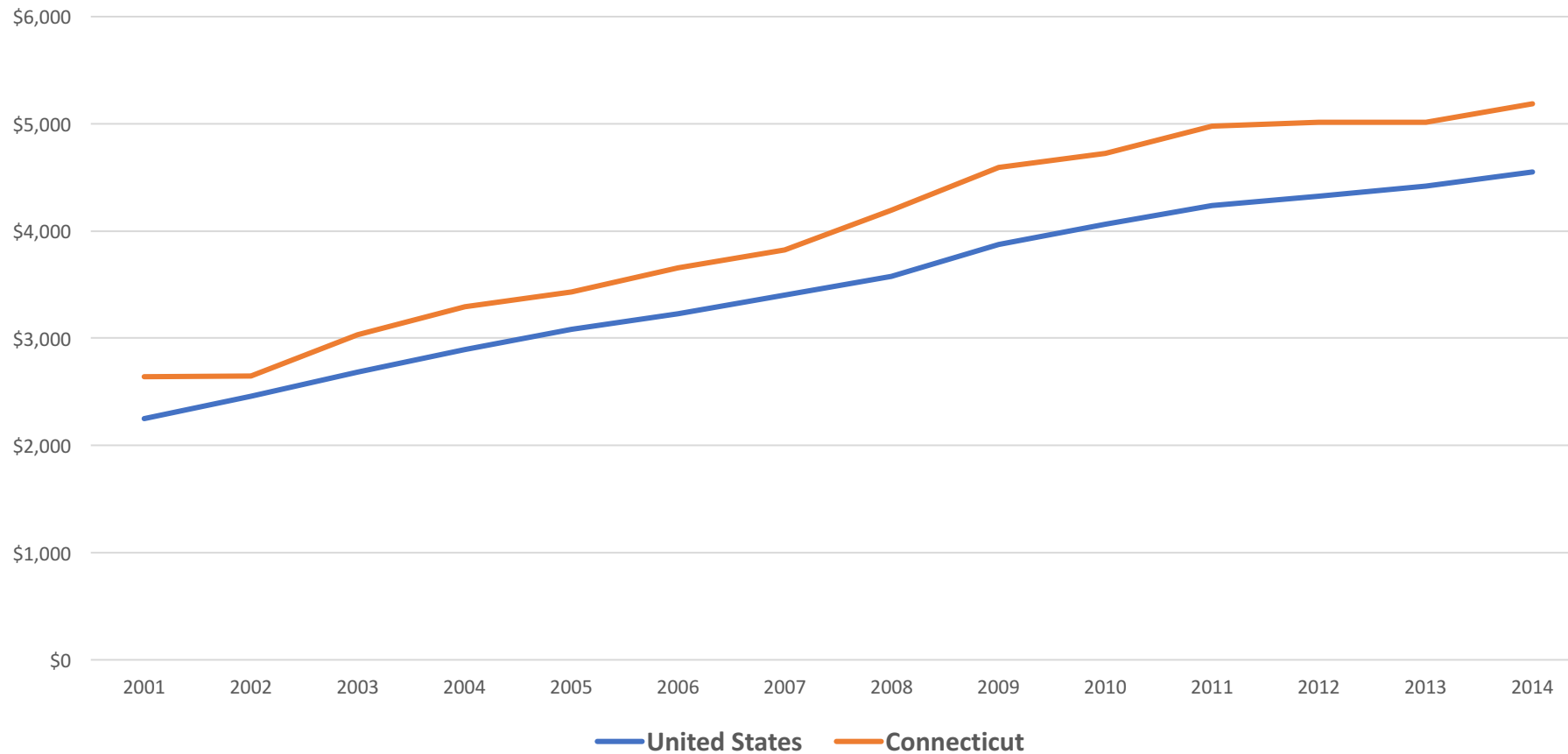


Key Findings

Until 2009
Connecticut
Medicaid costs
were much
higher than the
US average

Since then the
gap has
narrowed

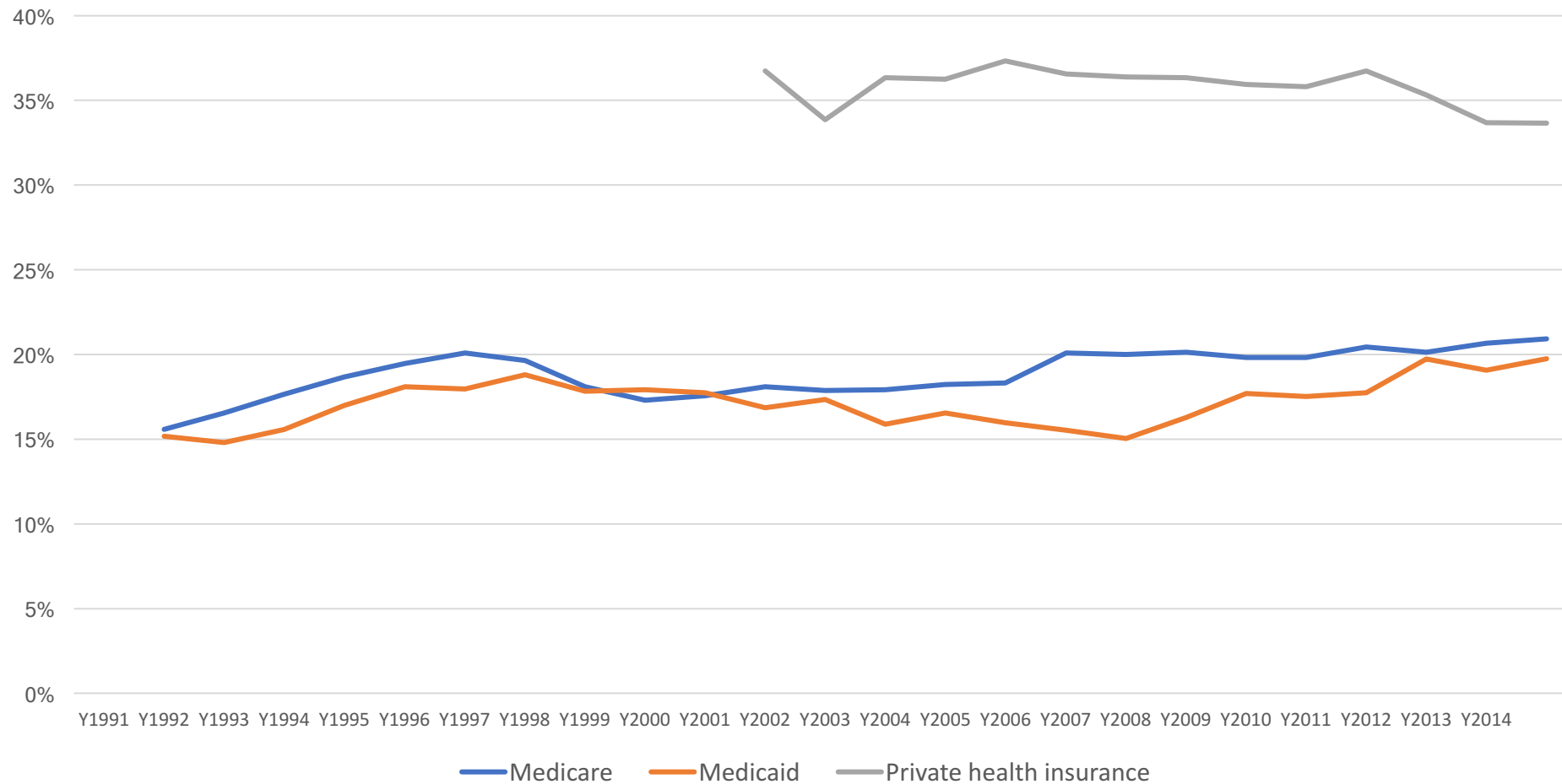
Private health insurance spending per capita



Key Findings

Costs of care for privately insured Connecticut residents are higher than for most Americans and are rising slightly faster

Share of total Connecticut health spending by payer



Key Findings

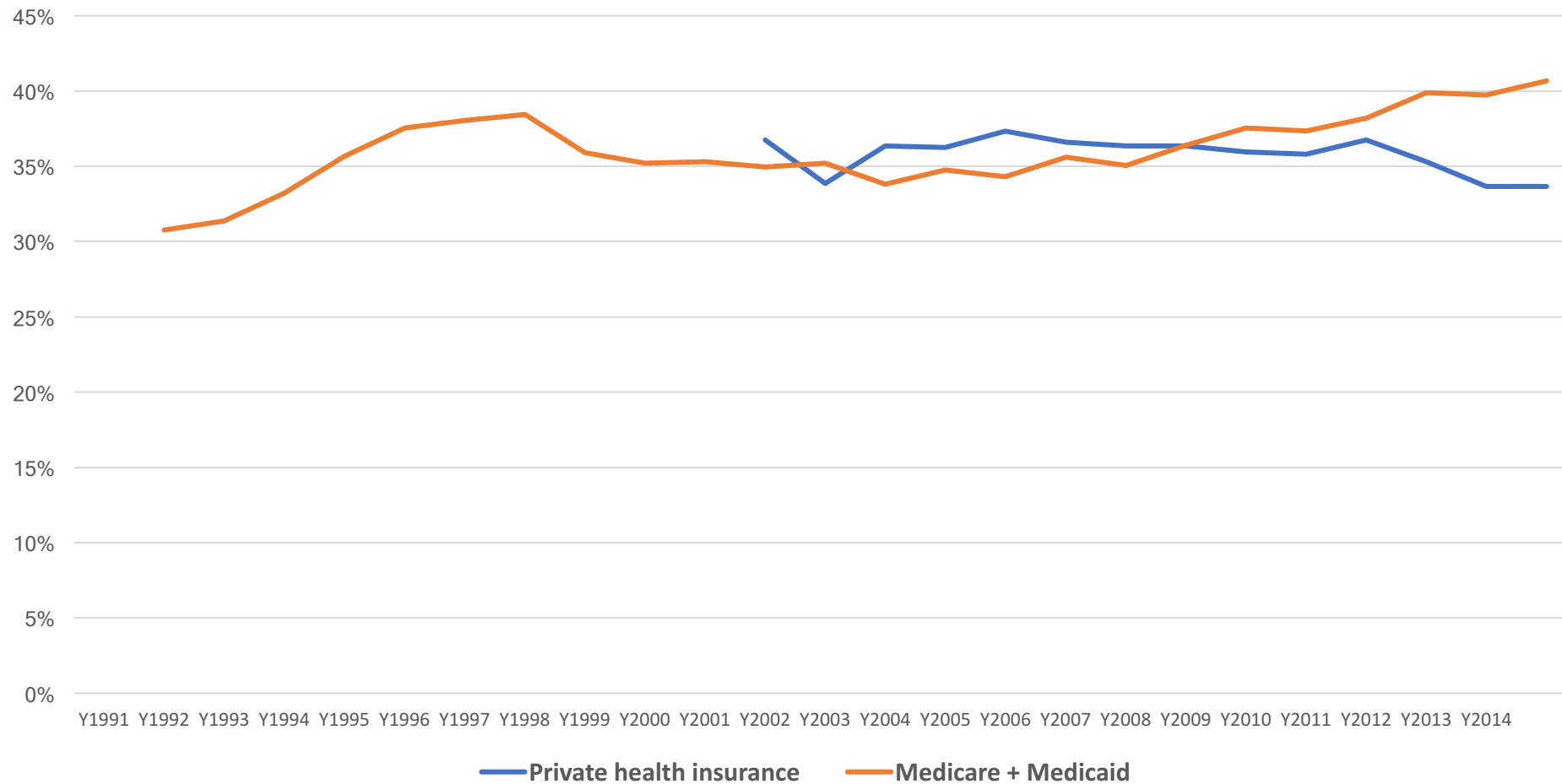
In 2014, private health insurance's share of total Connecticut health spending was 34%

Medicaid's share was 20%

Medicare's share was 21%

Share of total Connecticut health spending

Medicare + Medicaid, Private health insurance



Key Findings

In 2009, public coverage programs' share of total CT health spending began to outpace private insurance

And that gap is growing

State rank

	Total, per capita	Avg annual growth
highest	District of Columbia	Alaska
	Alaska	Vermont
	Massachusetts	New Hampshire
	Delaware	Maine
	Vermont	Wyoming
	Connecticut	North Dakota
	North Dakota	South Dakota
	New York	West Virginia
	New Hampshire	Delaware
	Rhode Island	Nebraska
	Maine	Mississippi
	West Virginia	Montana
	Pennsylvania	Oregon
	South Dakota	Washington
	Minnesota	Wisconsin
	New Jersey	Indiana
	Ohio	Illinois
	Wisconsin	Minnesota
	Maryland	Oregon
	Nebraska	North Carolina
	Wyoming	Missouri
	Indiana	New Mexico
	Illinois	North Carolina
	Montana	Oklahoma
	Iowa	South Carolina
	Missouri	Virginia
	Florida	Arkansas
	Michigan	Iowa
	United States	Washington
	Oregon	Maryland
	Kentucky	New York
	Washington	Pennsylvania
	Louisiana	United States
	Kansas	Connecticut
	Mississippi	Missouri
	Oklahoma	Michigan
	Virginia	New Jersey
	California	Utah
	Arkansas	Kansas
	Tennessee	Louisiana
	South Carolina	Texas
	Hawaii	Alabama
	Alabama	Tennessee
	North Carolina	California
	New Mexico	Hawaii
	Texas	Nevada
	Idaho	Colorado
	Colorado	Florida
	Nevada	Arizona
	Georgia	Georgia
	Arizona	South Carolina
lowest	Utah	District of Columbia

	Medicaid, per capita	Avg annual growth
	North Dakota	Missouri
	Alaska	Mississippi
	Rhode Island	Rhode Island
	New York	Pennsylvania
	Missouri	Kentucky
	Pennsylvania	Arizona
	Montana	California
	Minnesota	Tennessee
	New Hampshire	Alaska
	District of Columbia	Vermont
	Massachusetts	Wyoming
	Indiana	Texas
	Connecticut	West Virginia
	New Jersey	Montana
	Nebraska	Alabama
	Vermont	Illinois
	Wyoming	Nebraska
	Maryland	Virginia
	Maine	Michigan
	Virginia	North Carolina
	Texas	Ohio
	North Carolina	Colorado
	Oregon	Oregon
	Colorado	Maine
	Idaho	United States
	Wisconsin	Oklahoma
	South Dakota	Hawaii
	Kentucky	Arkansas
	Ohio	Maryland
	Delaware	North Dakota
	United States	Wisconsin
	Kansas	Georgia
	Iowa	Kansas
	Mississippi	Louisiana
	West Virginia	Massachusetts
	Oklahoma	Minnesota
	Utah	District of Columbia
	Louisiana	Florida
	Arkansas	New Mexico
	Hawaii	Delaware
	Arizona	Idaho
	Michigan	New Hampshire
	Washington	Utah
	Tennessee	New Jersey
	South Carolina	Washington
	Nevada	Connecticut
	New Mexico	California
	California	Indiana
	Georgia	New York
	Florida	South Carolina
	Alabama	South Dakota
	Illinois	Nevada

	Medicare, per capita	Avg annual growth
	New Jersey	Nebraska
	Florida	South Carolina
	New York	North Dakota
	Connecticut	Maryland
	Massachusetts	Idaho
	Texas	Indiana
	California	Texas
	District of Columbia	Minnesota
	Louisiana	North Carolina
	Delaware	Iowa
	Michigan	Maine
	Pennsylvania	New Jersey
	Illinois	Utah
	Ohio	Vermont
	Mississippi	Wisconsin
	United States	Mississippi
	Rhode Island	New Hampshire
	Nevada	Oklahoma
	Indiana	West Virginia
	Missouri	Connecticut
	Georgia	Kansas
	Oklahoma	Ohio
	Tennessee	Florida
	Kentucky	Illinois
	South Carolina	Kentucky
	West Virginia	Missouri
	Alabama	Oregon
	North Carolina	Rhode Island
	Kansas	Wyoming
	Arizona	United States
	Nebraska	Michigan
	Minnesota	Nevada
	Virginia	New Mexico
	Wisconsin	New York
	Arkansas	Virginia
	North Dakota	Montana
	New Hampshire	Colorado
	Maine	Hawaii
	Iowa	Tennessee
	South Dakota	Alabama
	Alaska	Arkansas
	Colorado	California
	Vermont	Maryland
	Utah	Massachusetts
	Wyoming	Arizona
	Washington	Delaware
	Oregon	Georgia
	Idaho	Louisiana
	New Mexico	Washington
	Hawaii	Alaska
	Montana	District of Columbia
		Pennsylvania

Key Findings

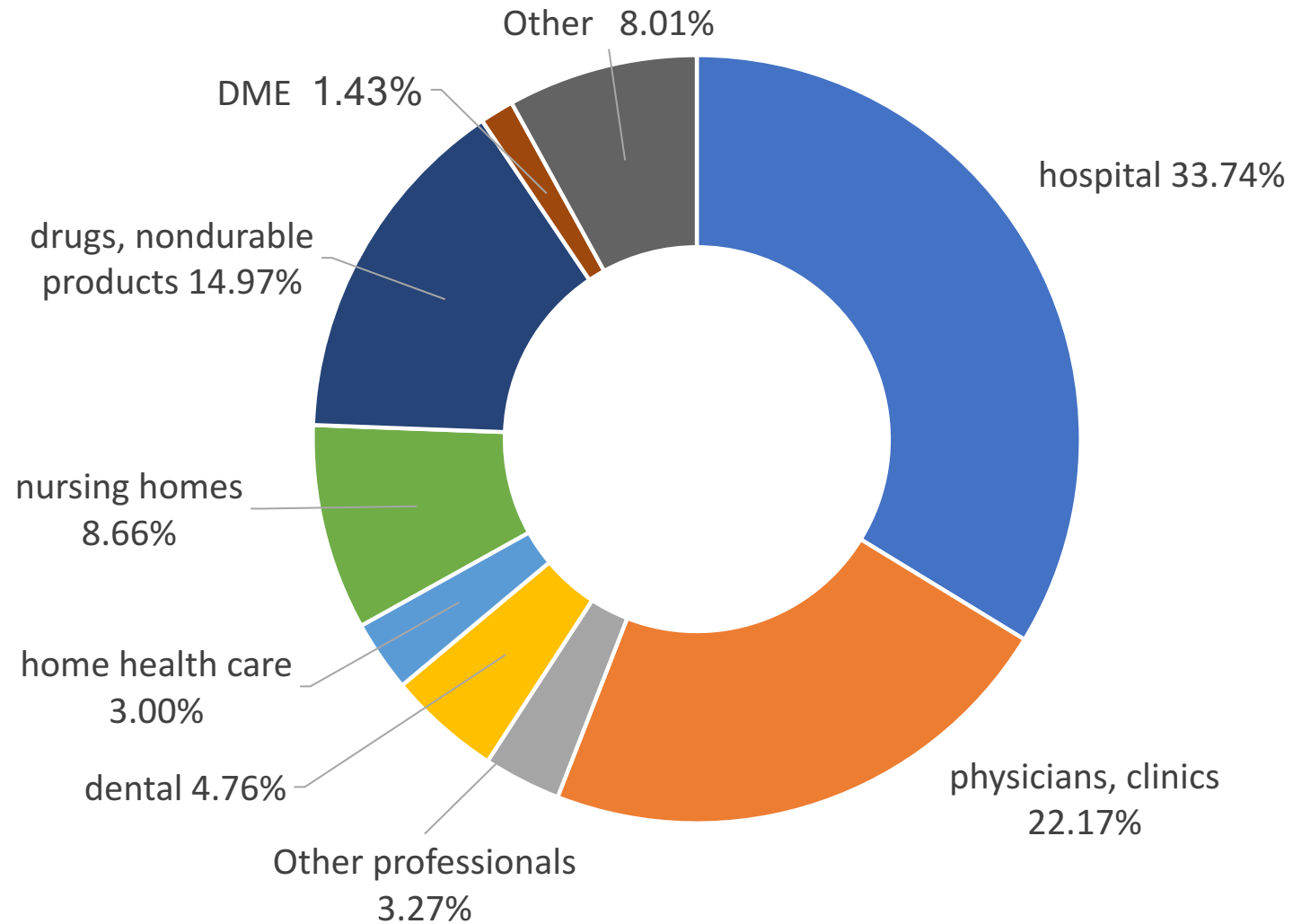
While Connecticut's relative per capita health care costs are high among states, the rate of growth is much lower, particularly for Medicaid

Per capita – 2014

Average annual growth – 1991 to 2014

Per capita spending by service

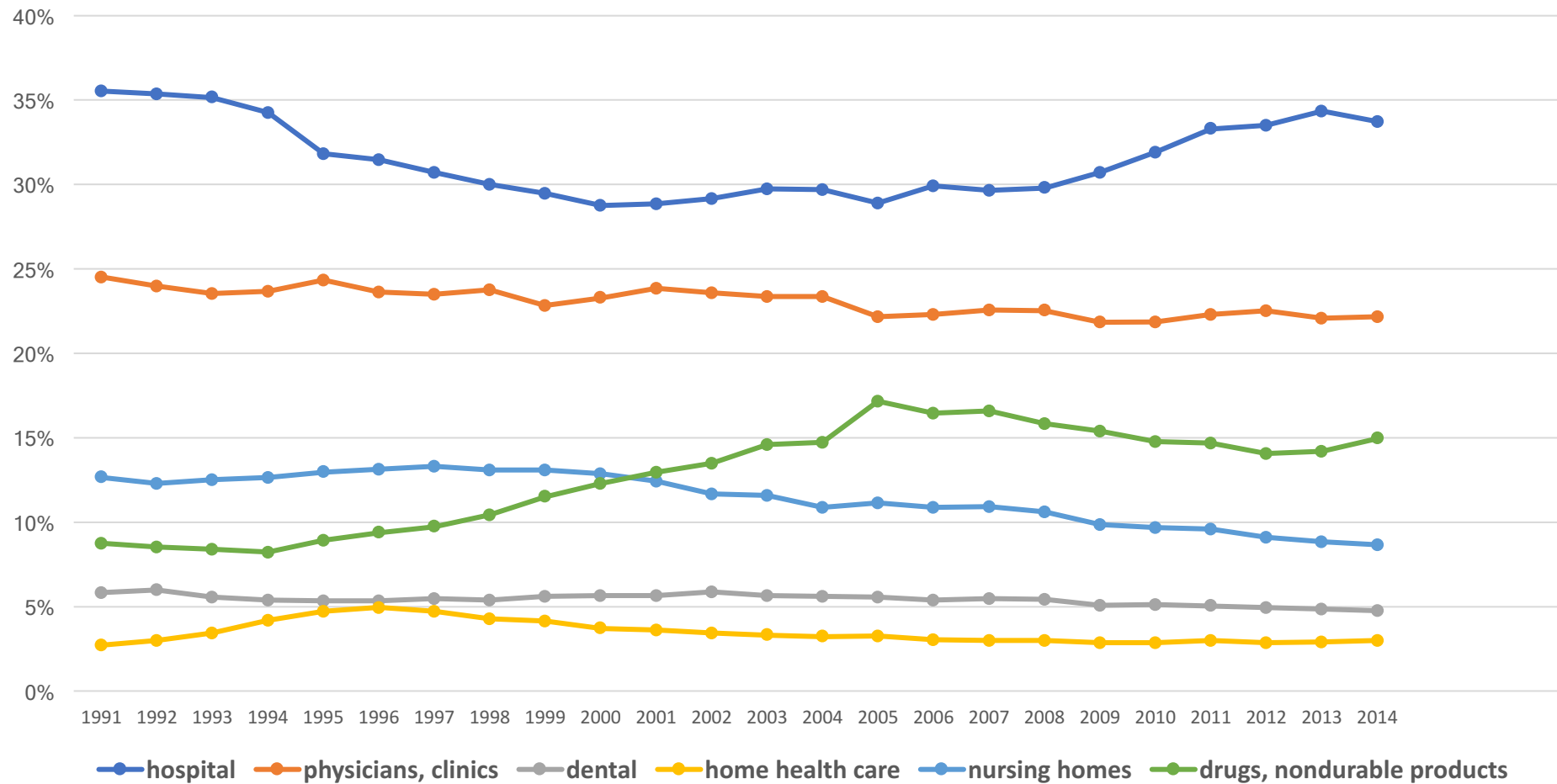
Connecticut, 2014



Key Findings

Over half of Connecticut health spending goes to hospitals and physicians, clinics

Share of Connecticut per capita spending by service

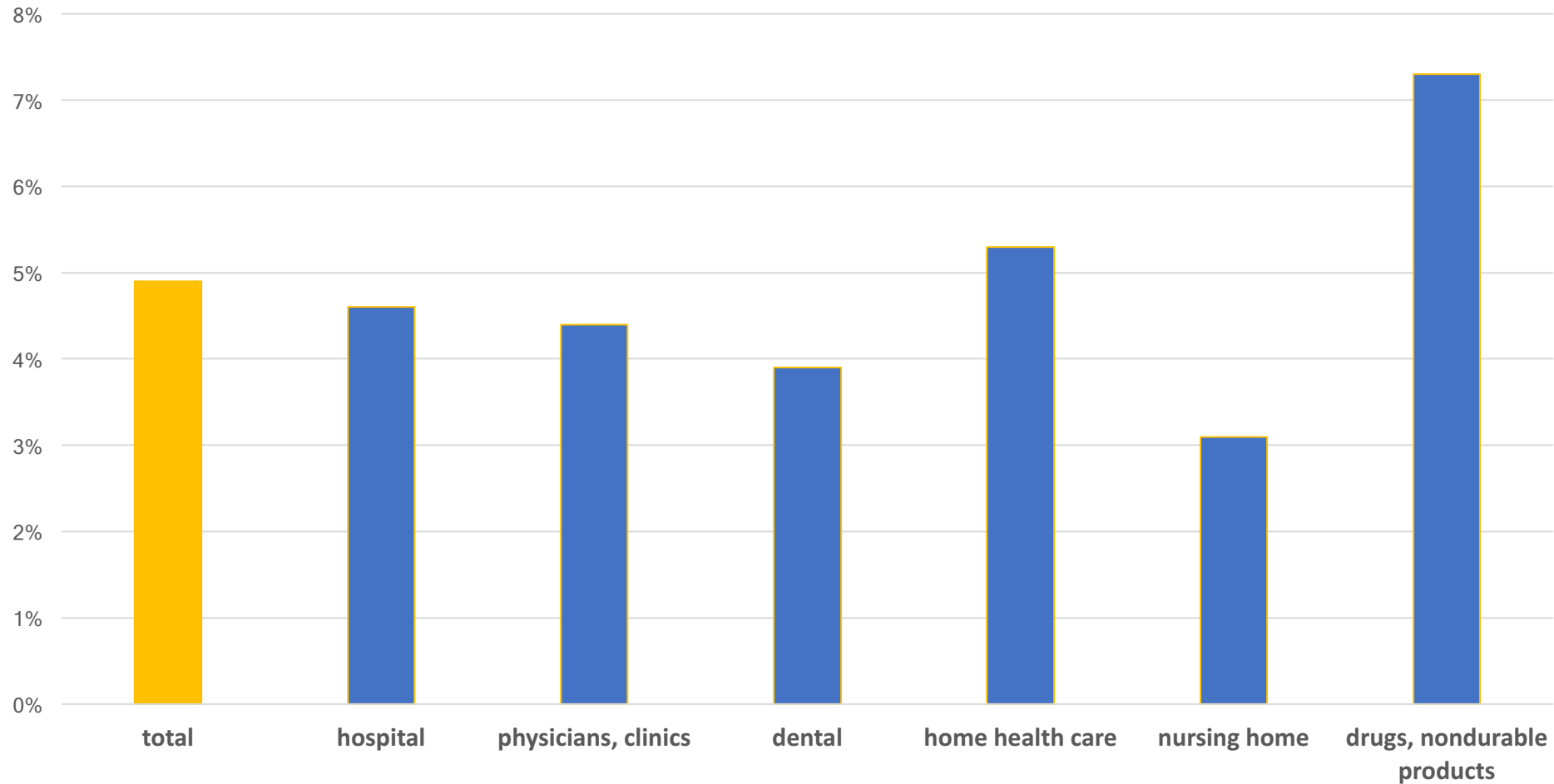


Key Findings

Drugs consume a growing share of Connecticut's health care spending, surpassing nursing home care in 2001

Per capita average annual growth by service

Connecticut, 1991 to 2014

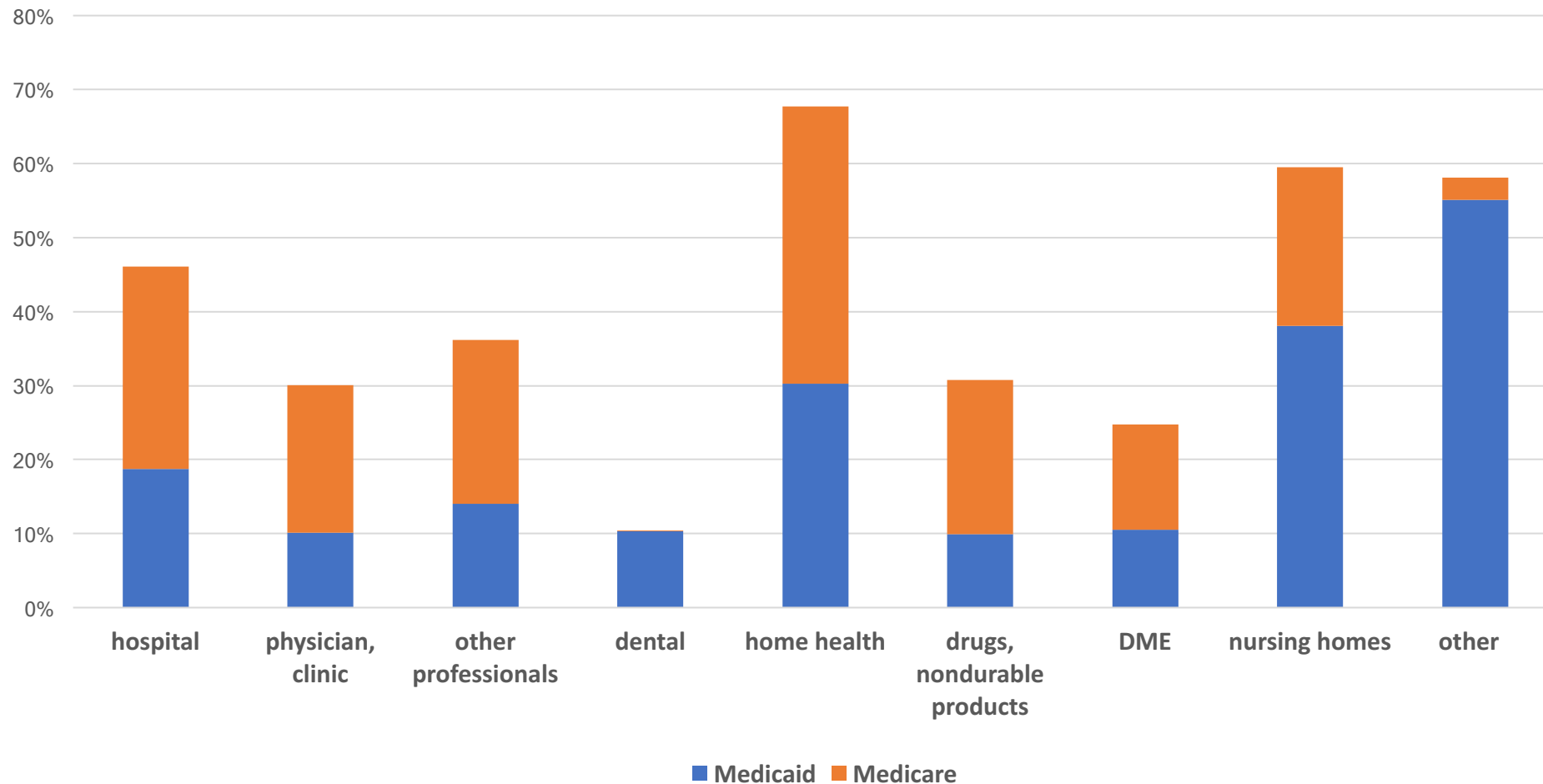


Key Findings

Drugs and other nondurable products are the main driver of growing health costs in Connecticut

Share of total spending by service

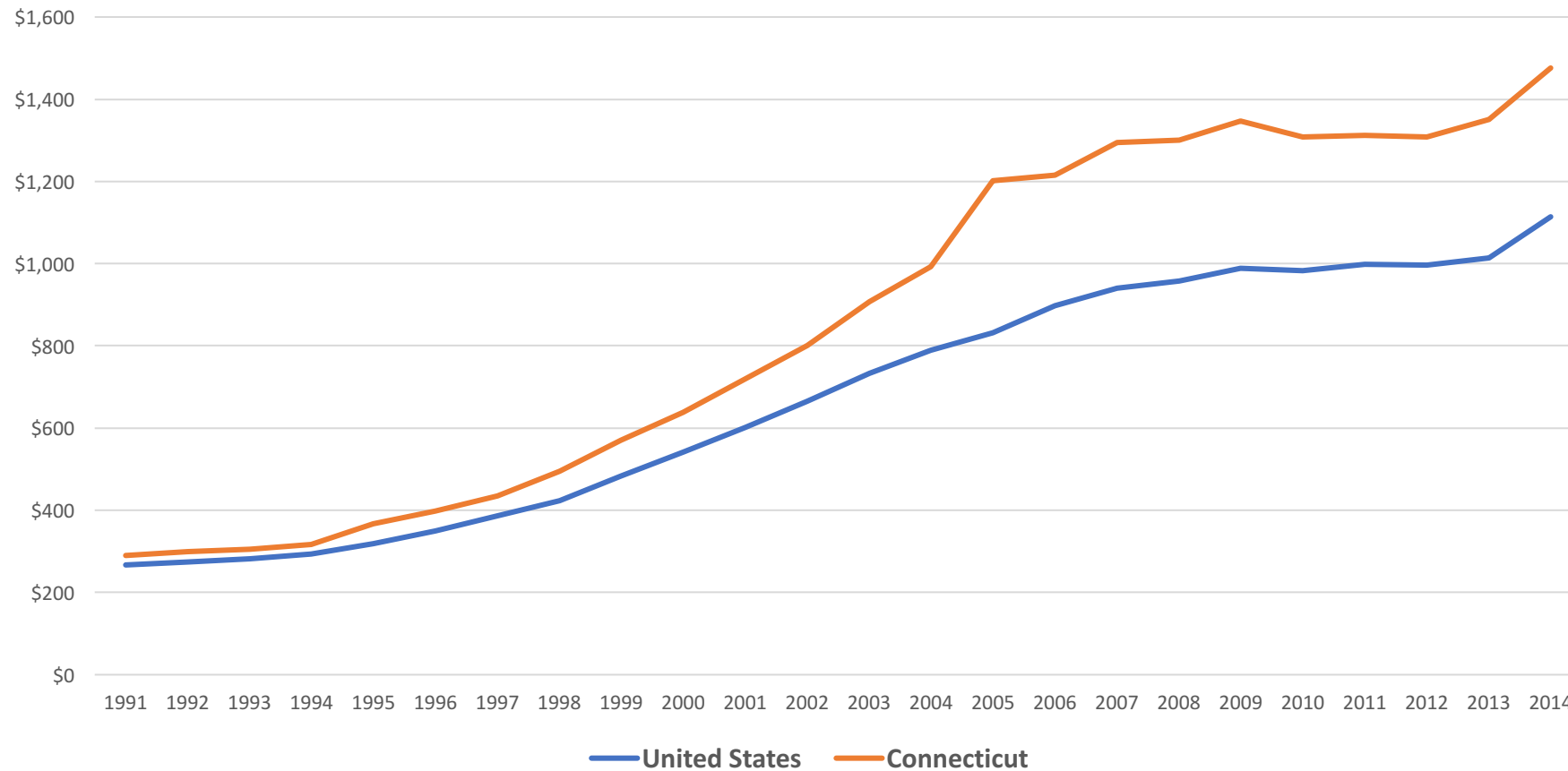
Connecticut, 2014



Key Findings

Medicare and Medicaid pay for the majority of home health and nursing home care in Connecticut and almost half of hospital bills in our state

Drug, nondurable product spending per capita

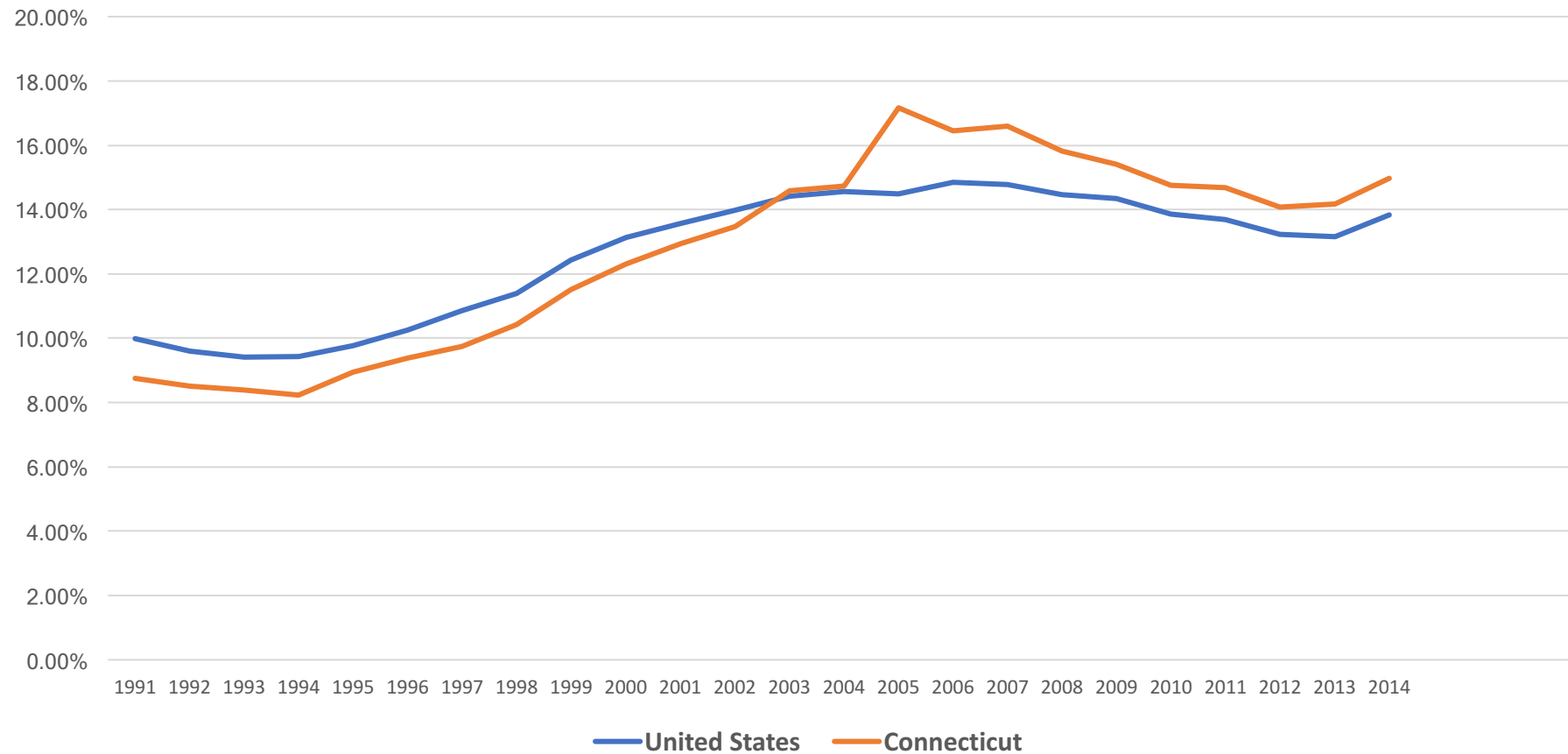


Key Findings

Drug and other nondurable product spending is higher for Connecticut residents than most Americans

And the gap is growing

Drugs, nondurable products share of total per capita spending



Key Findings

Since 2003 spending on drugs and other nondurable products have grown faster in Connecticut than nationally



November 2017

Source: National Health Expenditure Data, cms.gov, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/index.html>

Connecticut Health Policy Project

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