

Behind the Cost of Care: An Analysis of High and Irrational California Health Care Prices

No one should ever be forced to choose between feeding their family and seeing a doctor, yet high — and rising — health care costs have forced millions of Californians to make impossible choices like this every day. Over half of all Californians have had to skip or postpone needed health care services due to the cost and one-third of Californians report being in medical debt.¹ This problem is not unique to California — health care consumers across the United States are facing unaffordable health care costs.² Fortunately, California advocates and lawmakers are making important headway to enact policy solutions that can help make health care more affordable. In 2022, California lawmakers passed SB 184, which established the state's first health care spending target program, housed in the new California Office of Health Care Affordability (OHCA), aimed at slowing the rapid growth of health care prices in the state.³ As one of the nation's most comprehensive cost containment strategies to date, the OHCA has the ability to not only slow down the growth of health care costs across the state, but also to improve health care affordability and quality for Californians. California is a key state to watch as other states consider enacting health care spending target programs.

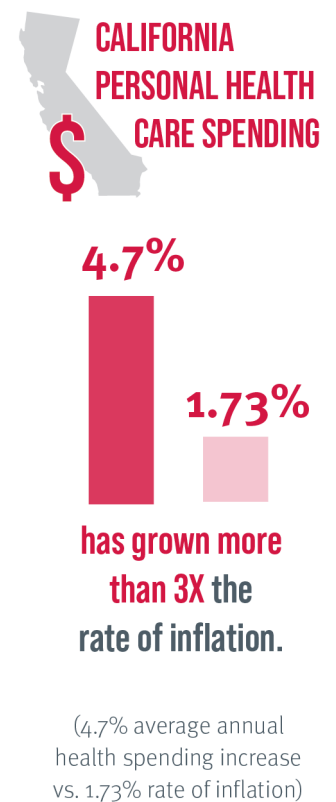
California's Health Care Affordability Crisis

Health care spending in California has increased substantially over the last decade. Since 2010, the state's personal health spending per capita increased an average of 4.7% per year, growing faster than the national average of 3.8%, and nearly three times faster than the average annual rate of inflation of 1.73%.^{4,5} This increase in personal health care spending is the direct result of high and rising health care prices across California, particularly for hospital care.⁶ Between 2013 and 2017, prices for inpatient hospital care and outpatient services in California increased by an alarming 18% despite notable drops in the utilization of health care services over the same period.⁷

These rising health care prices also play a significant role in driving up health care premiums and increasing cost-sharing and out-of-pocket health care expenses for Californians.^{8,9} For example, since 2019, family deductibles in Covered California — the state-based marketplace for obtaining health care coverage serving 1.7 million Californians — increased by 62% from about \$5,850 to nearly \$10,000.¹⁰ In 2024, health care premiums in Covered California are expected to increase by an additional 10 percent, with some counties in Central California experiencing premium increases of nearly 16 percent.¹¹ When 37% of Americans lack the cash to afford a \$400 emergency, these high and rising health care costs force families to make impossible tradeoffs between paying for basic necessities like buying groceries or seeing a doctor.¹²

Despite these high health care costs, Californians are still faced with insufficient health care quality and persistent disparities in health outcomes, particularly for marginalized populations. For example, in 2021, more than one-quarter of pregnant people in California received inadequate prenatal care, disproportionately impacting Black, Native Hawaiian and Pacific Islander, and American Indian and Alaskan Native people.¹³ It is well established that inadequate prenatal care is a major driver of our nation's high rates of maternal mortality and disparities in pregnancy-related deaths for women of color.¹⁴

These trends are not unique to California: They reflect a national trend of high and rising health care prices, particularly hospital prices, that have resulted in unaffordable health care for millions of families across the country.¹⁵ Nationally, since 2015, hospital prices have increased as much as 31%, now accounting for one-third of U.S. health care spending and growing more than four times faster than workers' paychecks.^{16,17,18} These cost increases have occurred despite overall decreases in health care utilization and are largely the result of large hospitals buying other hospitals and community doctors' offices to become giant health care corporations with outsized market power that can then increase health care prices year after year.^{19,20,21}



The relationship between medical monopolies resulting from increasing consolidation in the health care sector and high prices is well established both in California and nationally.^{22,23,24} For example, California hospital prices are on average 285% of what Medicare pays for the same service and, in some markets, range up to 450% of what Medicare pays.²⁵ Research continues to demonstrate the true irrationality of these high prices.²⁶ California hospitals make up six of the top 100 hospitals in the country with the highest charges relative to their cost, meaning charges for health care services in California can be well over 1,000% of the cost to provide that service.²⁷ Instead of prices reflecting the true cost of providing the highest quality care, these high prices reflect the broken financial incentives in the U.S. health care system that reward the development of health care monopolies and price gouging instead of rewarding successes in supporting the health, wellbeing, and financial security of local communities.^{28,29,30} This is having devastating impacts on the health and financial well-being of California residents. For example, California health care markets with the highest rates of consolidation also experience the largest increases in health care premiums, which drive wage stagnation and income inequality.^{31,32}

Families USA examined key data sources to better understand the impact that high and variable health care prices for commonly used health care services have on the affordability of care for Californians. This analysis can help inform the need for innovative policy solutions that lower health care costs, such as California's OHCA. The health care service pricing data compiled and analyzed for this paper was sourced from Fair Health, California Health Care Foundation (CHCF), and the Health Care Cost Institute (HCCI), which utilize national, state, county, and metropolitan statistical area (MSA)[†] commercial claims data to identify the average maximum dollar amount a health plan will pay for a covered health care service (often called the average allowed amounts) for select services.^{33,34,35} The findings from this analysis are consistent with findings from other analyses that show health care prices across the country, and in California, are both increasing and are highly variable for a key set of commonly used health care services, including labor and delivery services, routine medical procedures, and preventive services.

Hospital prices in California are needlessly high and variable

Labor and delivery

The United States is one of the most expensive countries in the world to give birth in, and California's prices for labor and delivery services far exceed national average prices.³⁶ Sacramento and San Francisco are two of the most expensive cities in the country to give birth in, and in 2022 California was ranked the sixth most expensive state in the United States to have a baby.^{37, 38} Figure 1 shows that in 2022, median prices for in-network vaginal births and Cesarean sections (C-sections) in California were nearly 28% and 32% higher, respectively, than the national average price for those same services.³⁹

[†]The United States Census Bureau Glossary (2023) defines a metropolitan statistical area as a "geographic entity delineated by the Office of Management and Budget for use by federal statistical agencies. MSAs consist of the county or counties (or equivalent entities) associated with at least one urban area of at least 50,000 population, plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting ties." <https://www.census.gov/programs-surveys/metro-micro/about/glossary.html>

Figure 1: Median allowed Price for Vaginal and C-section Deliveries, 2022



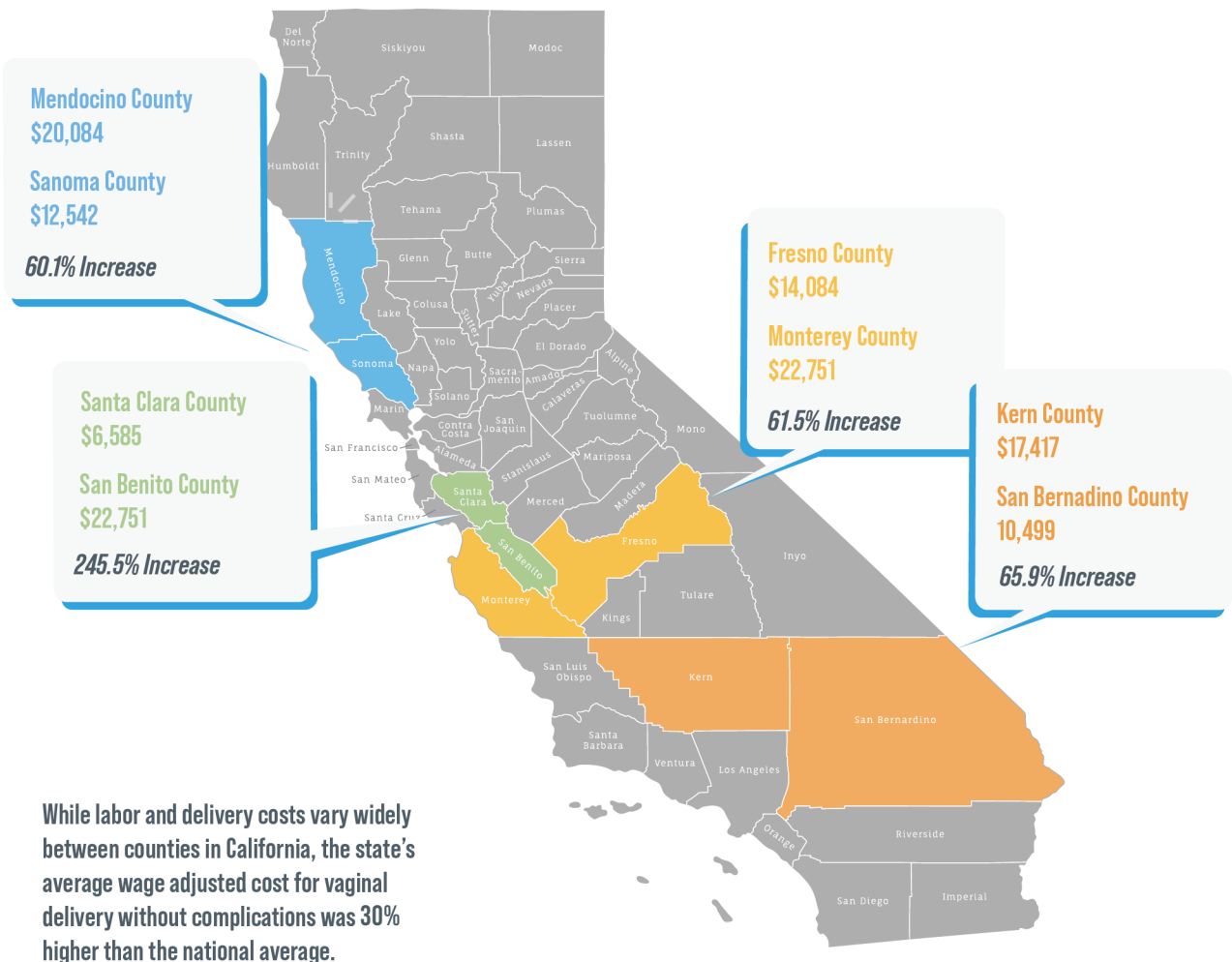
Note: Prices represent the total negotiated rate for in-network services collected from the Fair Health Cost of Giving Birth tracker. Source: <https://www.fairhealth.org/fh-trackers/cost-of-giving-birth>.

Families USA also examined 2016 wage-adjusted average prices — that is, data that has been controlled for variation in wages — for vaginal deliveries across key counties in California using data published by CHCF.⁴⁰ As shown in figure 2, not only are California prices for vaginal deliveries notably high, they vary significantly across California counties. For example, the price for vaginal labor and delivery services in Monterey County is over 60% higher than the price for the same services two and half hours away in Fresno.⁴¹ Similarly, the average price for a vaginal delivery in San Benito County is over \$16,000 more than the average price for the same exact set of services just two hours away in Santa Clara County.⁴² Despite their proximity, health care prices for the same health care services vary significantly across care settings and geographic areas, including between adjoining counties. Moreover, while the statewide average price for a vaginal delivery in California is 30% higher than the national average, stratifying this data by county further unveils the extreme variation in health care prices. For example, labor and delivery services in Mendocino County are 175% higher than the national average.⁴³

While variation in health care prices is often attributed to market differences, labor laws, and regulations, the price variation between California counties demonstrates that prices for health care services can fluctuate significantly within the same market and despite the same regulatory environments. Instead, these high prices for vaginal labor and delivery, displayed in figure 2, can be attributed to the growing consolidation over the last decade that has enabled irrational price setting.⁴⁴ For example, the price for a vaginal delivery without complication in Orange County — an area of Southern California which saw a notable spike in consolidation among big hospital corporations during the 2010s — increased by 40% from \$8,692 in 2012 to \$12,144 in 2016.^{45,46}

Figure 2: 2016 Wage-Adjusted Average Prices for Vaginal Labor and Delivery Services

The cost of labor and delivery varies drastically, even between counties. Wage-adjusted average prices vary greatly between neighboring counties for vaginal delivery without complications.

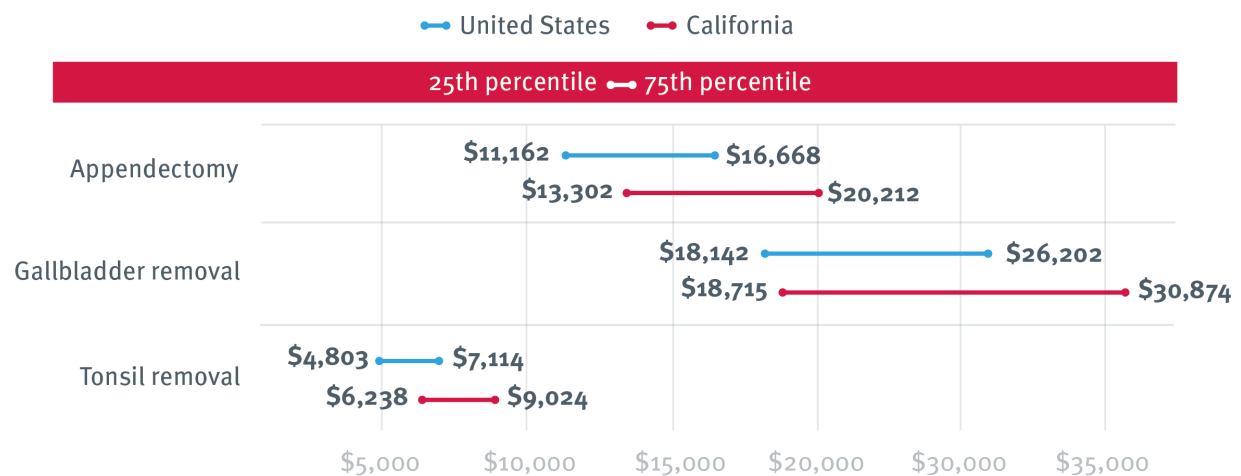


Note: Counties with shared colors are adjacent. Data includes wage-adjusted average prices for vaginal delivery without complication originally reported by the CHCF collected from the IBM MarketScan Database Inpatient Services Tables. Wage-adjusted costs account for differences in the cost of basic expenses, including rent or food, even after accounting for such expenses notable gaps remain. Source: <https://www.chcf.org/publication/the-skys-the-limit/#childbirth-and-the-price-gap>.

Common medical procedures

Prices for other types of common procedures in California are also high and vary significantly. Figure 3 displays the interquartile ranges[†] of prices for appendectomy (appendix removal), tonsillectomy (tonsil removal), and cholecystectomy (gallbladder removal) in California. The prices for each of these services surpass the national price range for those same services.⁴⁷ For example, across the United States, the average price for a gallbladder removal procedure ranges between \$18,142 and \$26,202, whereas the average price for the same service in California can be as high as \$30,874.⁴⁸

Figure 3: Common Medical Procedure Prices⁴⁹



Note: Ranges consist of the 25th to 75th percentile prices for related services in commercial plans. HCCI sources data from their claims database that cover over one-third of all individuals with employer-sponsored private insurance. Source: Authors' analysis of data available through the HCCI Guroo platform.

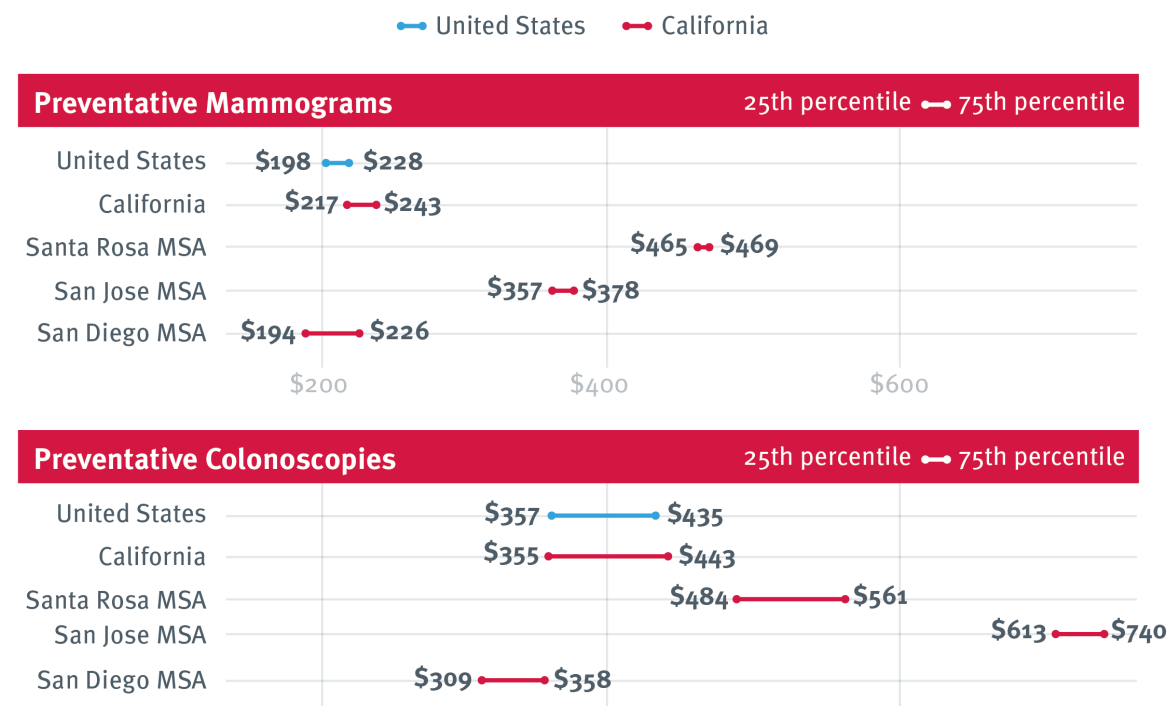
These are highly routine procedures: Hundreds of thousands of appendectomies, tonsil removals, and gallbladder removals take place each year, yet these procedures commonly saddle consumers with hundreds to thousands of dollars in medical debt.⁵⁰ For those with the best insurance, the high price of common services results in higher premiums and deductibles, while for many others, the cost-sharing for such procedures is completely unmanageable.⁵¹

[†]An interquartile range, also known as the middle 50, is where the bulk of values lie in a range. The interquartile range consists of the 25th and 75th percentile prices for select services meaning the price for such service typically falls in this range.

Preventive services

Metropolitan statistical area (MSA) level data on preventive and diagnostic services emphasize how widely health care prices can vary between cities, counties, or geographical areas. As shown in figure 4, the typical price for mammograms and colonoscopies in California both surpass the national average, but MSA-level data reveal that services in certain areas are priced at particularly high rates. For example, a preventive mammogram in Santa Rosa, California typically costs between \$465 and \$469, a range significantly higher than the statewide typical cost of \$217 to \$243.⁵²

Figure 4: Preventive Service Prices⁵³



Note: Ranges consist of the 25th to 75th percentile prices for related services in commercial plans broken down nationally, by state and by MSA by the HCCI. HCCI sources data from their claims database that cover over one-third of all individuals with employer-sponsored private insurance. Source: Authors' analysis of data available through the HCCI Guroo platform.

These high and variable health care prices are further evidence of how irrational health care prices have become, both in California and across the United States. For example, the price of a mammogram in Santa Rosa is nearly double that of the same service in San Diego, a notably steep difference for cities with similar median household incomes of \$92,604 and \$96,974 respectively.⁵⁴ ⁵⁵For services like preventive mammograms, where there is little variation in procedure or technological equipment, this variability in price is simply price gouging. ⁵⁶The stark contrast in prices indicates a need for policies that target the most egregious examples of health care pricing abuses. Those policies must ensure that hospitals working hard to make health care accessible for consumers are supported while major health care corporations looking to pad their profits are held accountable for improving the health of Californians at a price they can afford.⁵⁷

Change is on the way

The research is clear: consumers in California need relief from high and rising health care prices. Fortunately, California health care advocates and lawmakers are working hard to curb trends in cost growth and protect consumers from the business practices of unscrupulous health care corporations through policies such as the establishment of the California OHCA. The OHCA is tasked with slowing health care spending growth, promoting value, and evaluating health care market consolidation — including by addressing high and variable health care prices, particularly hospital prices, that have resulted from growing health care consolidation.⁵⁸ Trends in cost growth and current cost data make it clear that the office must fully exercise its authority to aggressively combat cost growth and develop evidence-based, ambitious goals for the state.

As the OHCA prepares to establish the first statewide cost growth target for 2025 and create benchmarks for movement toward better utilization of alternative payment models and investments in primary care, it is essential that it respond to the underlying drivers of high-cost, low-quality care. Even when adjusting for wages, California health care costs are well above the national average for many standard health care services with too many California hospitals charging significantly higher prices for services compared to the true cost of delivering those services, underscoring need for robust implementation of the OHCA that reins in the price gouging of medical monopolies and promotes high-quality, high-value care that centers the needs of consumers.⁵⁹ The OHCA is the most comprehensive legislation of its kind to date and holds the opportunity to rein in California's excessive cost growth and deliver more affordable health care for all Californians, including those who need it most, such as low-income Californians with high out-of-pocket costs and those with marketplace coverage. The eyes of health advocates and policymakers across the nation will be looking to California to demonstrate that this kind of approach can make meaningful and lasting change.

For more information on how the OHCA can help fight the health care affordability crisis see Family USA's previous publication: [California's Office Of Health Care Affordability: An Opportunity To Realize True Affordability](#).⁶⁰

California Office of Health Care Affordability is the most comprehensive legislation of its kind to date and holds the opportunity to rein in California's excessive cost growth and deliver more affordable health care for all Californians,

Endnotes

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