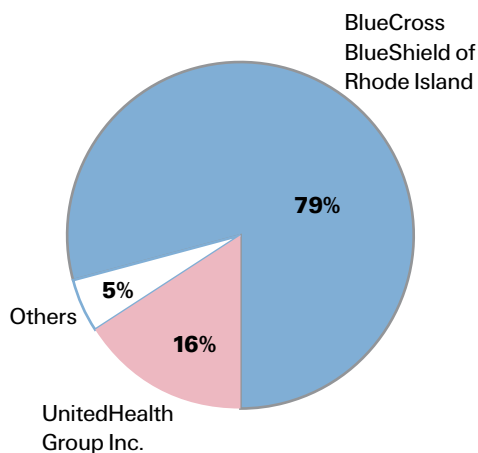


Results of Market Failure in Rhode Island

- Blue Cross Blue Shield of Rhode Island, the state’s biggest health insurer, holds 79 percent of the state commercial market. Together with UnitedHealth Group Inc., they control 95 percent of the market.¹
- From 2004 to 2007 Blue Cross Blue Shield of Rhode Island’s annual profits grew 331 percent to \$61.3 million from \$14.2 million. UnitedHealth’s profit on Rhode Island business grew by 86.7 percent—from \$13.4 million to \$25.1 million—even as its membership dropped by 31 percent.²
- Health insurance premiums for Rhode Island working families have skyrocketed, increasing 83 percent from 2000 to 2007.³
- For family health coverage in Rhode Island during that time, the average annual combined premium for employers and employees rose from \$6,904.⁴
- For family health coverage in Rhode Island, the average employer’s portion of annual premiums rose 91 percent, while the average worker’s share grew by 58 percent.⁵
- Between 2000 and 2007, the median earnings of Rhode Island workers increased 17 percent, from \$26,164 to \$30,566. During that time health insurance premiums for Rhode Island working families rose five times faster than median earnings.⁶

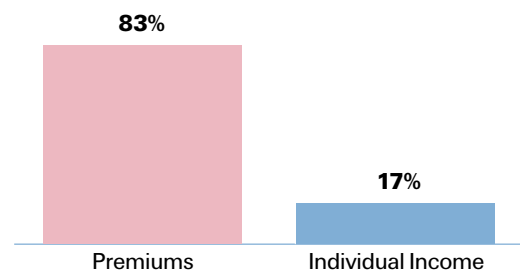
When a firm has more than a 42 percent share of a single market, the U.S. Justice Department considers that market to be “highly concentrated.” This means that an insurer could raise premiums and/or reduce the variety of plans or quality of services offered to customers with impunity.⁷

Rhode Island Commercial Health Insurance Market Concentration



Source: American Medical Association, “Competition in Health Insurance: A Comprehensive Study of U.S. Markets: 2007 Update.”

Percent Increase in Premiums vs Income in Rhode Island, 2000–2007



Sources: Families USA, “Premiums Versus Paychecks,” September 2008.

ENDNOTES

¹AMA data in this report are based on combined enrollment in preferred provider organizations (PPOs) and health maintenance organizations (HMOs) in states and metropolitan statistical areas (MSAs) as defined by the U.S. Census Bureau. The AMA calculates market share by dividing an insurer's enrollment in a given product by the total enrollment across all insurers in a market multiplied by 100. Total enrollment is for commercial products only, including self-insured employer-sponsored PPO plans and individual coverage, and does not include Medicare, Medicaid, or Children's Health Insurance Program enrollments. Self-insured employer plans refer to PPOs only. Accessed at <http://www.ama-assn.org/go/competition2007>.

²Northwest Federation of Community Organizations, "Insuring Health or Ensuring Profit?," 2008. Accessed at http://www.nwfc.org/pubs/2008.0727_insuring.health.or.ensuring.profit.pdf.

³Families USA, "Premiums versus Paychecks," September 2008. Accessed at <http://www.familiesusa.org/resources/publications/reports/premiums-vs-paychecks-2008.html>.

⁴Ibid.

⁵Ibid.

⁶Ibid.

⁷US Department of Justice, "The Herfindahl-Hirschman Index." Accessed at http://www.usdoj.gov/atr/public/guidelines/horiz_book/15.html; American Hospital Association, "The Case for Reinvigorating Antitrust Enforcement for Health Plan Mergers and Anticompetitive Conduct to Protect Consumers and Providers and Support Meaningful Reform," May 11, 2009. Accessed at <http://www.aha.org/aha/content/2009/pdf/09-05-11-antitrust-rep.pdf>.

This report makes use of data published by the American Medical Association (AMA), which is not a member of the Health Care for America Now coalition. The AMA did not collaborate with HCAN on this report.