



**THE NELSON A.  
ROCKEFELLER INSTITUTE OF GOVERNMENT**

*The public policy research arm of the State University of New York*



**NEWS**

**October 19, 2016**

**For Immediate Release**

**Contact for ACA Information  
Research Network:**

Rockefeller Institute of Government  
Robert Bullock  
Deputy Director for Operations  
(518) 443-5837  
or by email at  
[robert.bullock@rockinst.suny.edu](mailto:robert.bullock@rockinst.suny.edu)

**Contact for Rhode  
Island Report:**

Rhode Island College Communications  
Chad Minnich  
Assistant Director  
(401) 456-8395  
or by email at  
[cminnich@ric.edu](mailto:cminnich@ric.edu)

## **Rhode Island ACA Report Points to Government Commitment Since Program's Earliest Days**

Providence, RI — David A. Rochefort of Northeastern University and Marie Ganim of the Rhode Island State Senate and Rhode Island College today released an analysis of Rhode Island's implementation of the Affordable Care Act (ACA). In this report, they underscore the significance of strong, early support by top state political leaders in creating a vigorous program of health reform closely linked with policy changes at the federal level.

Rhode Island is one of 13 states under the ACA to fully operate its own health exchange, rather than relying on the federal government for some or all marketplace functions. According to the report's authors, the launch of HealthSource RI in 2013 proceeded smoothly compared to the difficulties seen in some other states, as well as with the federal health marketplace. By 2016, nearly 35,000 Rhode Islanders had enrolled in individual health plans through the exchange. An innovative approach to making coverage available to small businesses has also attracted approximately 800 employers to the exchange's Small Business Health Options (SHOP) program. HealthSource RI has collaborated actively with other agencies and departments in working toward the improvement of health care data collection and management in the state, including a Unified Health Infrastructure Project to overhaul eligibility determinations for Medicaid and other government assistance programs that became operational this past September. From the outset, one hallmark of HealthSource RI has been the value placed by administrators on transparency, the authors said, with frequent detailed public reporting of management activities and performance indicators.

Rochefort and Ganim credit Rhode Island's health reform program with making important strides in closing insurance gaps in the state. Taken together, coverage gains due to HealthSource RI, as well as the expansion of Medicaid, have helped reduce the uninsured to about 5 percent of the Rhode Island population, one of the lowest rates in the country. However, these researchers stress that a new implementation phase has arrived, presenting multiple challenges.

Critics of HealthSource RI express concern about sluggish growth following the large volume of sign-ups when the exchange first opened. Still only about 40 percent of Rhode Islanders eligible for HealthSource RI plans are taking advantage of these offerings. One group of special interest for outreach efforts is young adults who may find it hard to afford coverage and/or do not consider insurance a necessity. Exchange managers also continue to work on reducing the customer service issues that have arisen during busy annual Open Enrollment cycles. Recently, UnitedHealthcare announced its withdrawal from the exchange due to financial losses, leaving only Blue Cross Blue Shield of Rhode Island and Neighborhood Health Plan as the remaining participating private health insurance carriers.

Most significant of all, following the end of federal support in Fiscal Year 2016, HealthSource RI must now make do with a budget three-quarters below its peak funding level reached in Fiscal Year 2015. Rochefort and Ganim review the debate between those who argue for such remedies as abandoning HealthSource RI in favor of joining the federal health exchange and others who continue to see the state's exchange as a "building block for broader approaches to health reform in the state attuned not simply to the fiscal bottom line, but also other values like universal coverage, consumer choice, and rationalization of the service system." Rochefort and Ganim conclude that, going forward, the fate of HealthSource RI promises to provide "a fascinating bellwether of health care politics and policy in the Ocean State."

According to Richard Nathan, founder and co-director of the ACA Implementation Field Network, "the work accomplished by Rochefort and Ganim provides a current, thorough, even handed, in-depth description of the kinds of challenges and issues states have faced implementing the ACA. It is an essential component of our overall efforts to track the adoption of this historic legislation," he said.

The Rhode Island research study was the 27th state report produced by the ACA Implementation Field Network, a joint initiative of the Rockefeller Institute of Government of the State University of New York (SUNY) and the Brookings Institution.

To read the report, go to [www.rockinst.org/ACA/states/Rhode\\_Island/2016-10-RI\\_Individual\\_Report\\_Update.pdf](http://www.rockinst.org/ACA/states/Rhode_Island/2016-10-RI_Individual_Report_Update.pdf).

###

*(Note to Editors/Producers — Those with an interest in learning more about the ACA Implementation Field Network or how to reach individual state field research experts are encouraged to contact Richard Nathan at [richardnathan55@gmail.com](mailto:richardnathan55@gmail.com) or 321-972-1739.)*

### **About the Rockefeller Institute of Government**

The Nelson A. Rockefeller Institute of Government is the public policy research arm of the State University of New York. The Institute conducts fiscal and programmatic research on American state and local governments. Journalists can find useful information on the Newsroom page of our Web site, [www.rockinst.org](http://www.rockinst.org).

In addition, you can sign up to follow us on  [Facebook](#) or  [Twitter](#).