

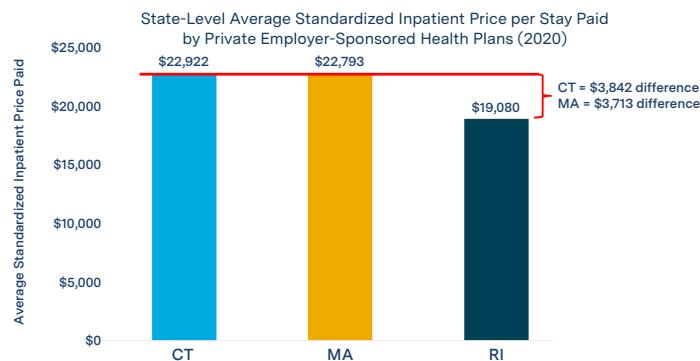
# VOTE YES. FOR RI'S HEALTHCARE SOLUTION BILLS S-2722 AND H-8072

## RATE DISPARITY WITH NEW ENGLAND AVERAGE

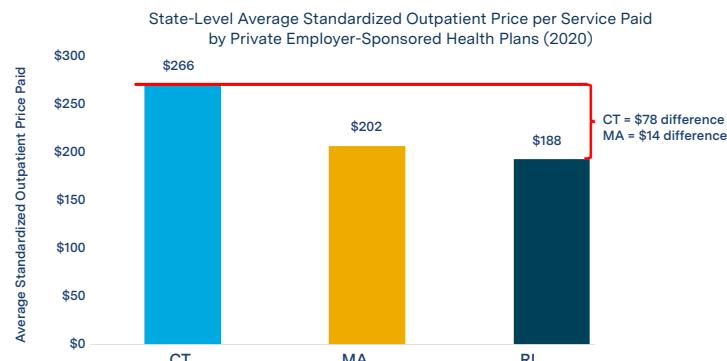


An independent Rhode Island Foundation study commissioned by BCBS of RI, Rhode Island Foundation, South County Health, Lifespan and Care New England found Rhode Island health systems, physicians, and advanced practice providers receive the **lowest private commercial reimbursement rates in all of New England**.

In 2020, RI inpatient expenditures for private, employer-sponsored health plans paid an average price that was approximately 17% lower than inpatient stays paid in CT and MA.



In 2020, RI outpatient expenditures for private, employer-sponsored health plans paid an average price that was approximately 29% and 7% lower than outpatient services paid in CT and MA.



## CMS — PRIVATE HEALTH CARE SPENDING PER ENROLLEE

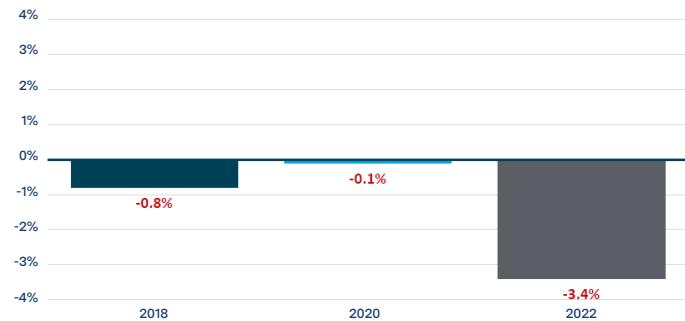
While CT, MA, and US national average escalate, RI reimbursement goes down, widening the gap, crippling RI healthcare, while creating a two-tiered health system in New England.



## RI HEALTH SYSTEMS ARE FINANCIALLY UNSUSTAINABLE

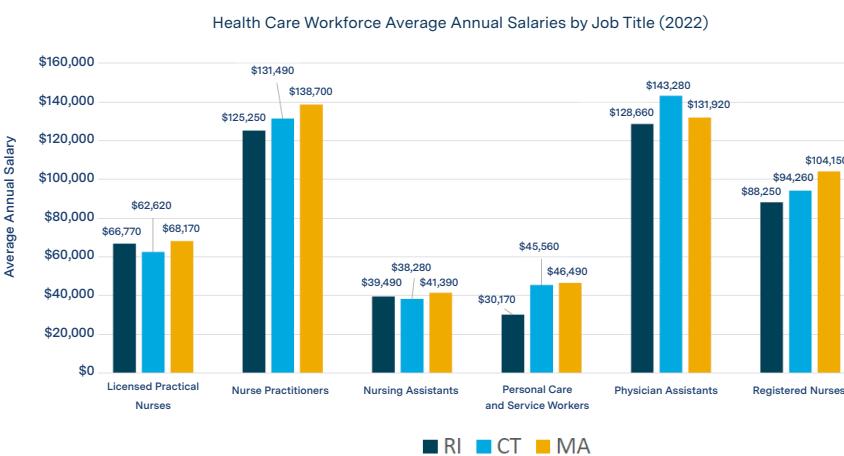
RI Total Statewide Health Systems' Operating Margin (FY 2018-2022)

Operating Margin as a % of Operating Revenue



## RHODE ISLAND UNATTRACTIVE TO HEALTH CARE WORKERS

In RI, health care workers except for licensed practical nurses and nursing assistants are paid less than their peers in both CT and MA. Health care workers in MA received the highest salaries for all health care positions except for physician assistants, where CT pays about \$11,000 more per year.



**32%**

OF ALL PHYSICIANS IN RI  
ARE AT RETIREMENT AGE



RI RANKS

**47<sup>TH</sup>**

OUT OF 50 IN RETAINING MEDICAL  
STUDENTS AFTER GRADUATION

# LOWER REIMBURSEMENT HARMING RHODE ISLAND'S HOSPITALS, HEALTH SYSTEMS & PROVIDERS

CHRONIC UNDERFUNDING IS DRIVING AN UNSUSTAINABLE HEALTHCARE SYSTEM IN RI,  
CREATING A CRISIS IN HEALTHCARE ACCESS, AND UNDERMINING RHODE ISLAND'S #1 ECONOMIC DRIVER

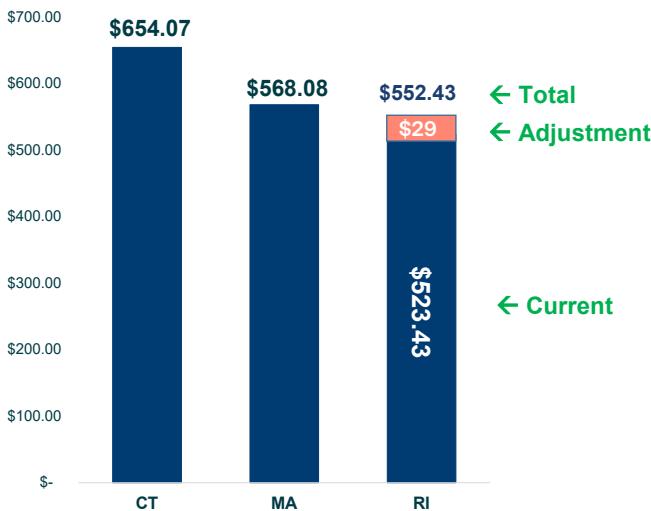
- Inability to access to primary care and specialty providers for Rhode Islanders.
- Crumbling infrastructure due to aged equipment and facilities below community standards.
- Poor recruitment and retention of physicians, advance practice providers and registered nurses.
- A severely distressed nursing and allied healthcare workforce that looks to neighboring states for opportunities.

## HOSPITAL BANKRUPTCIES, ACQUISITIONS AND CLOSURES.

- Westerly Hospital (2011-2016) — *Out-of-State Control*
- Our Lady of Fatima Hospital & Roger Williams Medical Center (2009-2021) — *For Profit Control*
- Landmark Medical Center and Rehabilitation Center (2008-2013) — *For Profit Control*
- Memorial Hospital of Rhode Island (2016-2018)  
— *Permanent loss of ED, ICU, and delivery beds in a community that already suffers health inequalities*

## BRIDGING THE GAP MODESTLY; NOT EXCESSIVELY

OHIC-calculated Total Market Premium per member per month (2021) adjusted for proposed annual increase.



## MINIMUM IMPACT ON PREMIUM; MAXIMUM IMPACT ON SUSTAINABILITY

# \$6.6M\*

STATE INVESTMENT PROVIDES  
SIGNIFICANT STABILIZATION TO  
ENTIRE HEALTHCARE DELIVERY SYSTEM  
WITH INFUSION OF AN ADDITIONAL

# \$167M

REVENUE  
PER  
YEAR

\*\$6.6M estimated annual contribution by the state of Rhode Island

## RI'S HEALTHCARE SOLUTION BILLS S-2722 AND H-8072

Senator V. Susan Sosnowski's Bill for the Rhode Island Office of the Health Insurance Commissioner Dual Mandate - 2024-S 2722 and Representative Teresa A. Tanzi's and House leaders' Bill 2024-H 8072 will help:

- 1) Implement an OHIC-imposed floor for commercial payment rates to expeditiously achieve New England market averages for physicians, advanced practice providers, and hospitals.
- 2) Ensure the adequacy of Rhode Island's healthcare workforce and sustainability of Rhode Island's hospitals.
- 3) Improve the accessibility, quality and equity of Rhode Island's entire healthcare delivery system.