



# **Rhode Island Health Information Survey (HIS): 2024 Executive Summary Report**

**Freedman HealthCare**  
2024

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# SECTION 1. Introduction

## The Rhode Island Health Information Survey (RI HIS)

- The RI HIS collects information on Rhode Islanders' insurance status, healthcare costs, experience of accessing care, use of medical services, and relevant demographic variables. HealthSource RI (HSRI) uses this information to inform policy and view the impacts of insurance on an individual level.
- Market Decisions Research conducted the surveys on behalf of HSRI. Freedman HealthCare provided project management and analytical support.
- Surveys were conducted via land-lines and cellphones between July and October 2012<sup>1</sup>, March and June 2015, June and September 2016, June and December 2018, April and September 2020<sup>2</sup>, and January and May 2022<sup>3</sup>. Beginning January 2024 through May 2024<sup>4</sup>, surveys were conducted both via land-line and online form for the first time.
- RI residents excluded from this survey included those in group homes of nine or more, such as institutional settings (e.g., jails, and hospitals), group quarters (e.g., dormitories, and military barracks), and non-permanent residences.
- In 2024, the survey interviewed 2,889 households and collected information on 7,535 residents.
- Results were weight adjusted and normalized to Rhode Island's state population distribution using demographic information and population counts from the Census Bureau's American Community Survey, as well as plan enrollment and benefits data from HSRI.<sup>5</sup>

## This Report

- This report highlights key findings from the data regarding the uninsured population, the underinsured population, Medicaid and HSRI enrollment, and cost of care.
- Findings are based on the data from the 2012, 2015, 2016, 2018, 2020, 2022, and 2024 surveys.
- Select demographic analyses are limited by the relative size, diversity, and populations of the Rhode Island's counties. Some trend analyses are limited by the available years of data.
- The intent of this report is to guide dialogue on potential areas of future data and policy analyses. This report does not include operational and policy recommendations. See Glossary for acronyms and explained terms.

<sup>1</sup> The 2012 survey was conducted pre-ACA and Medicaid expansion. See 'Glossary' for additional information on the impact of the ACA in Rhode Island. All 2012 data points are a distinctly different color than the other years throughout the report.

<sup>2</sup> The 2020 and 2022 surveys occurred during the COVID-19 pandemic. Where appropriate, as in prior years, respondents were explicitly asked to answer many questions based upon their experiences over the past 12 months. Despite these instructions, it is important to note that some responses may be unconsciously biased based on the pandemic which has had a profound impact upon most communities.

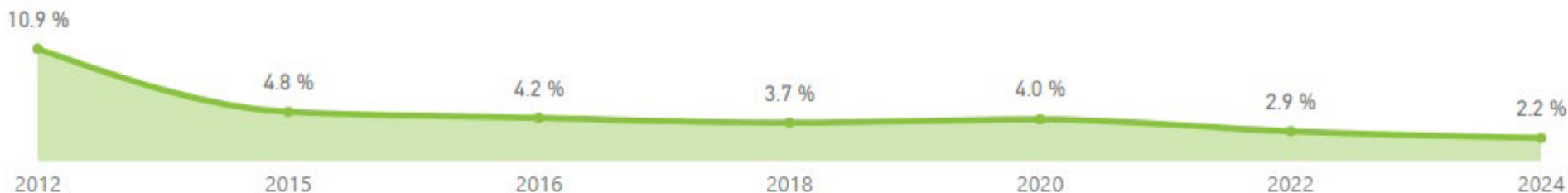
<sup>3</sup> During the public health emergency, individuals have been able to retain Medicaid eligibility for an extended period.

<sup>4</sup> The 2024 Survey occurred after the public health emergency, representing the "unwinding" from the continuous coverage Medicaid eligibility period.

<sup>5</sup> Sample sizes are reduced when the data is sliced by additional variables; observed changes are not necessarily statistically significant. We present this data to show directional trends; it should not be over-interpreted.

## SECTION 2. Report Highlights, 2024

**The 2024 uninsured rate in Rhode Island is 2.2%, compared to the 2022 reported rate of 2.9%.**



- The 2024 uninsured rate decreased 0.7% from 2022, which is statistically significant from the prior survey year. After steady declines between 2012 and 2018, the rate increased slightly in 2020 and saw another steady decline through 2024.
- The uninsured rate in RI remained highest among households with an annual income of 400%+ FPL. Compared to 2022, households with an annual income of 400%+ FPL experienced an increase in uninsurance.
- The uninsured population comprises primarily non-elderly, childless adults with a reported household income of 400%+ FPL (approximately equal to a household income of \$81,000 for a 2-person household).
- Males are overrepresented among the uninsured. Residents born in the US show a higher rate of uninsurance over foreign-born residents.
- RI's uninsured rate continued to be consistently below the national uninsurance rate.

**The underinsured rate increased from 23.7% in 2022 to 28.4% in 2024.**

- All income groups experienced an increased rate of underinsurance.
- The underinsured rate increased for all insurance types, though private insurance showed the least growth in underinsurance.

# Report Highlights, 2024

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- The percentage of residents who reported foregoing care because they could not afford it increased by 2.6% for routine medical care.
  - 3.3% residents reported foregoing mental health care, up from 2022's reported 2.1%.
  - 8.8% of residents reported foregoing dental care, up from 6.3% in 2022.
  - 4.6% of residents reported foregoing diagnostic testing, up from 2.4% in 2022.
  - 5.3% of residents reported foregoing prescription medicine, up from 3.8% in 2022.
- From 2020 to 2024, reports of foregoing all types of care increased each year, aside from a 0.6% decrease in delayed medical care in 2022.
  - In 2022, increased reports of foregone care may be connected to lack of access during the COVID-19 pandemic.<sup>1</sup>
- In 2024, nearly 1,200 residents received at least one medical bill for more than \$500 out-of-pocket, a minor increase of 0.4% from 2022.
- RI residents who reported receiving mental health care increased over the past year from 18.1% in 2022 to 20.1% in 2024.
- Over the past year, 41.4% of RI residents had at least one telehealth visit.
  - Telehealth utilization in general decreased from 2022 to 2024, except for a slight increase in mental health services received both via in person visits and telehealth.
- About 75,000 RI residents were affected by the “unwinding” of Medicaid after continuous coverage due to the public health emergency was lifted in May of 2023.
- Overall, compared to prior years, member satisfaction remained steady in 2024.

<sup>1</sup> Chen, J., & McGeorge, R. (Oct. 2020) Spillover effects of the COVID-19 pandemic could drive long-term health consequences for non-COVID-19 patients. *Health Affairs*. <https://www.healthaffairs.org/doi/10.1377/forefront.20201020.566558>

## SECTION 3. Demographic Overview

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### Rhode Island Demographics, September 2024<sup>1</sup>

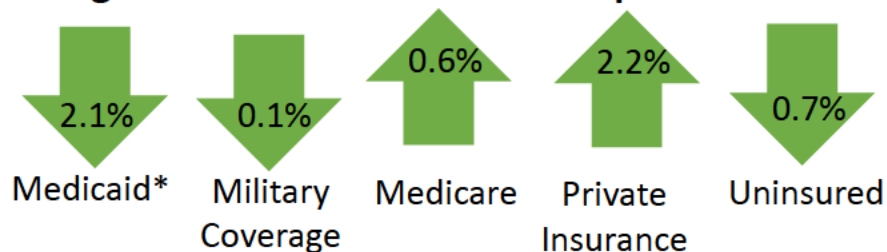
- **Race:** White (71.3%), Black or African American (5.7%), Asian (3.6%), Two or More Races (9.3%), American Indian or Alaska Native (0.7%), Some Other Race (0.2%)
- **Ethnicity:** Hispanic or Latino (18.0%), Not Hispanic or Latino (82.0%)
- **Foreign Born:** 14.7% of Rhode Islanders were born outside the U.S., about 0.5% above the national rate.
- **Income:** The median household income among Rhode Islanders was \$84,972 compared to the U.S. median household income of \$77,719. RI's poverty rate was 10.8% compared to the U.S. poverty rate of 12.5%.
- **Seniors:** 19.4% of RI is 65 years or older, higher than the national rate of 17.7%.
- **Children:** 18.5% of RI's population is under the age of 18, lower than the 21.7% national average.
- **Population Health:** RI's population decreased by 0.13% from 2020 to 2023, whereas the national population increased by 0.53%. RI's population was reported at nearly 1,096,000 in 2023.

<sup>1</sup> Data Source: US Census Bureau. (2020), American Community Survey (2024).

# SECTION 4. Coverage Trends

The Covid-19 pandemic affected insurance coverage trends.

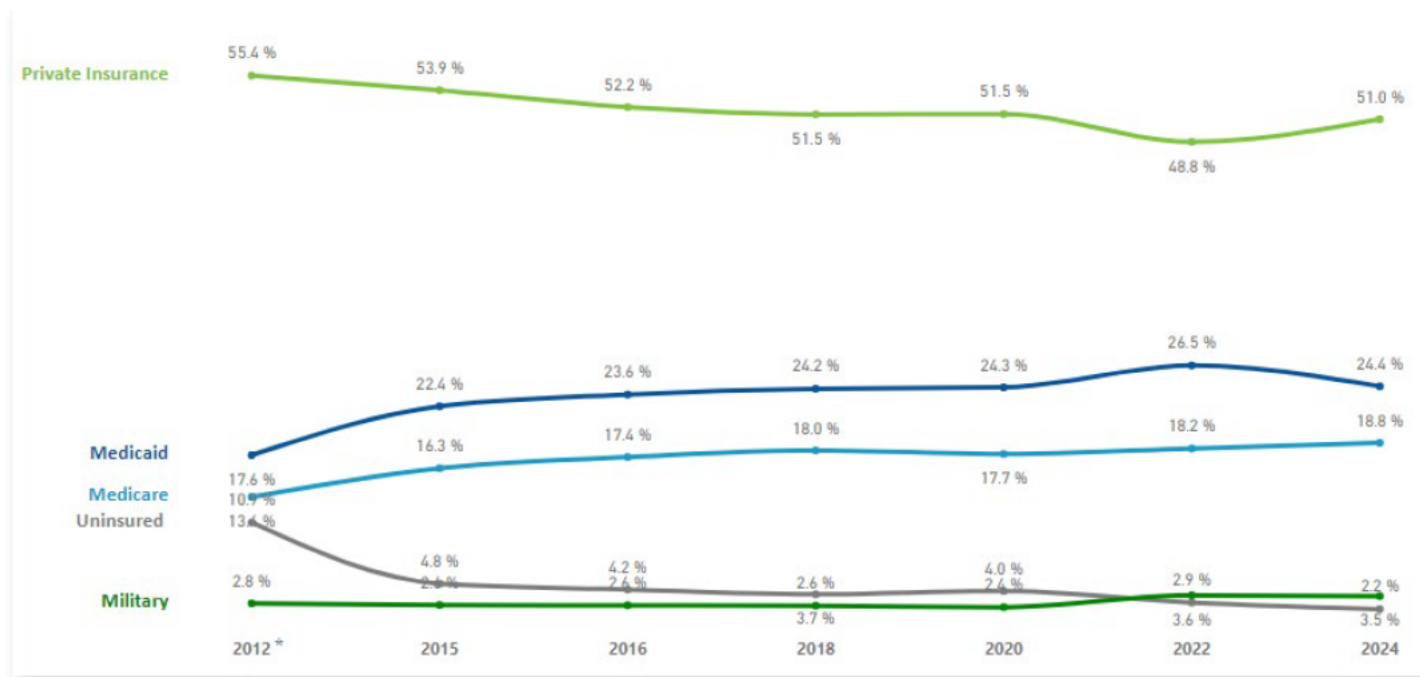
Change of overall rate in 2024 compared to 2022



Enrollment by Insurance Type (count)

Insurance	2012	2015	2016	2018	2020	2022	2024
Private	574,863	559,954	544,558	539,630	538,611	510,856	551,695
Medicaid**	182,394	233,017	246,100	253,353	254,206	277,613	264,026
Medicare	139,162	168,911	181,199	188,935	184,938	191,010	203,249
Military	29,177	27,458	27,288	27,035	25,463	37,896	38,212
Uninsured	112,774	49,591	43,609	38,887	42,305	30,282	24,225
State Total	1,038,370	1,038,930	1,042,754	1,047,840	1,045,523	1,047,657	1,081,407

Enrollment by Insurance Type



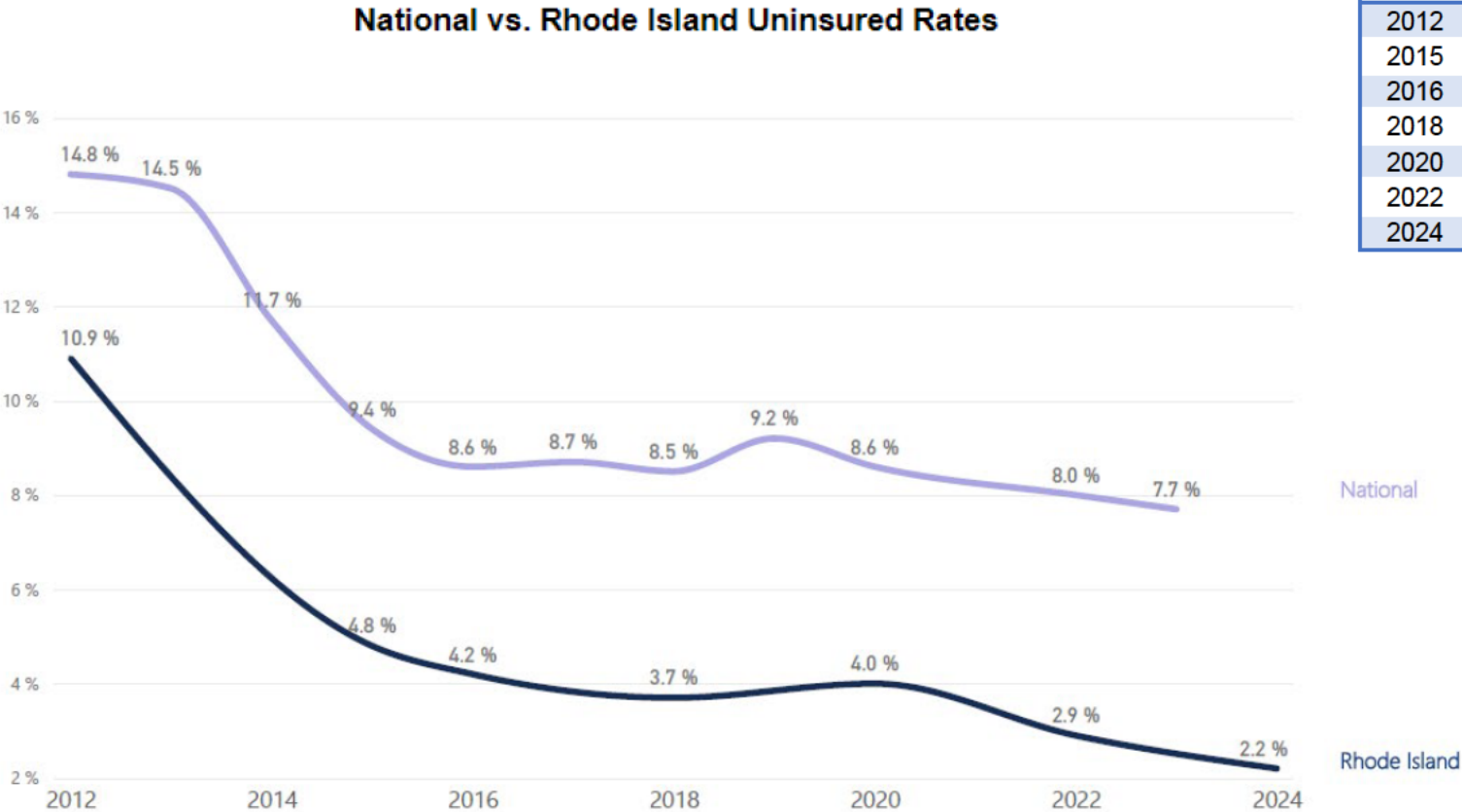
\*Individuals retained Medicaid eligibility for extended periods during the public health emergency.

\*\*This table was developed based on statistical analysis of reported coverage in this survey. Actual Medicaid enrollment amounts may differ.

# SECTION 5. The Uninsured Population

**RI's uninsured rate is 2.2%, compared to the national rate of 7.7%\*.**

- RI's uninsured rate is consistently below the national rate.
- The Uninsured population decreased before the COVID-19 pandemic, rose at the beginning of the pandemic, and decreased in 2022.



\*This is the 2023 national uninsured rate. The 2024 national uninsured rate is not yet publicized as of August 2024.

National Statistic Source: U.S. Census Bureau; HHS; 2022 National Rate as of 2023.



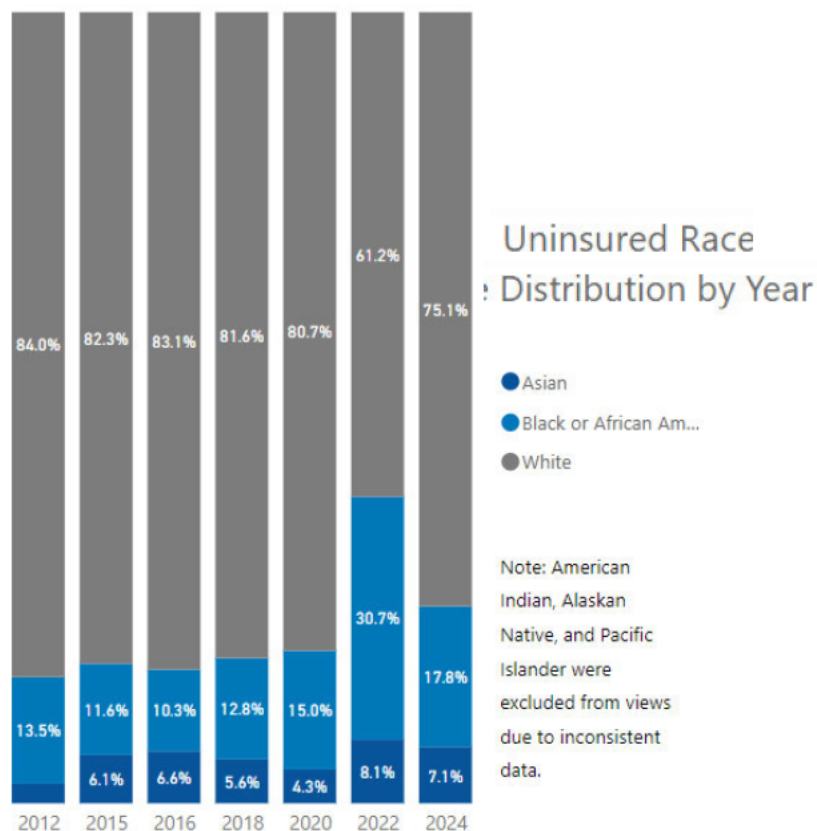
# Uninsured Rate By Primary Race

## Minority populations have been disproportionately affected by uninsurance in RI.

- The RI uninsured rate for Black or African American individuals is 2.8% higher than White individuals and 1.6% higher than Asian individuals.
- The RI uninsured rate for individuals who are Asian residents decreased from 5.3% to 2.5% between 2022 and 2024.
- The RI uninsured rate for Black or African American residents decreased from 9.0% to 4.1% between 2022 and 2024.
- The RI uninsured rate for White residents decreased from 1.9% to 1.3% between 2022 and 2024.

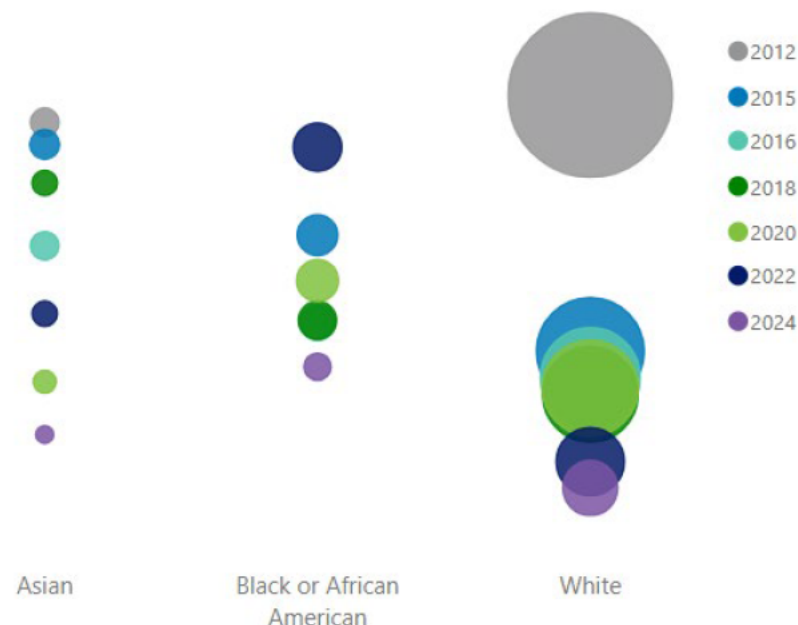
Uninsured by Primary Race (count)

Race	2012	2015	2016	2018	2020	2022	2024
Asian	2,687	2,913	2,683	2,098	1,670	2,068	960
Black	14,740	5,505	4,193	4,814	5,852	7,861	2,388
White	91,685	39,226	33,765	30,737	31,463	15,478	10,094
Total	112,774	49,590	43,608	38,887	42,305	32,282	21,701



\*unweighted counts <15

Uninsured Rate by Race  
Bubble Size Represents Uninsured Count



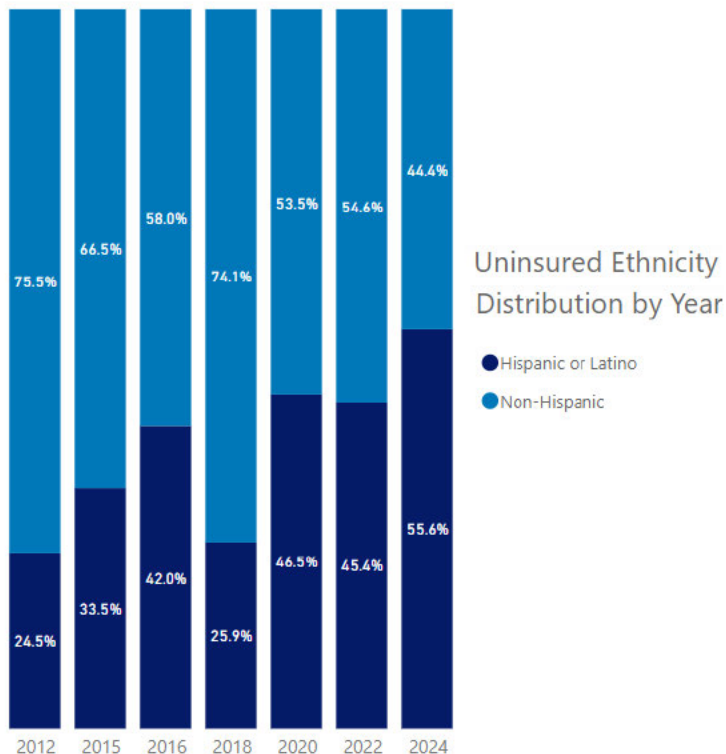
# Uninsured Rate By Ethnicity

**Across all years, Hispanic/Latino residents were more likely to be uninsured than non-Hispanic/Latino residents.**

- In 2024, 55.6% of the uninsured population identified as Hispanic/Latino, but only 18% of all Rhode Islanders identified as a member of this ethnic group.
- From 2022 to 2024, the uninsured rate decreased 1.0% among the Hispanic/Latino population while it decreased by 0.7% among Non-Hispanic/Latinos.

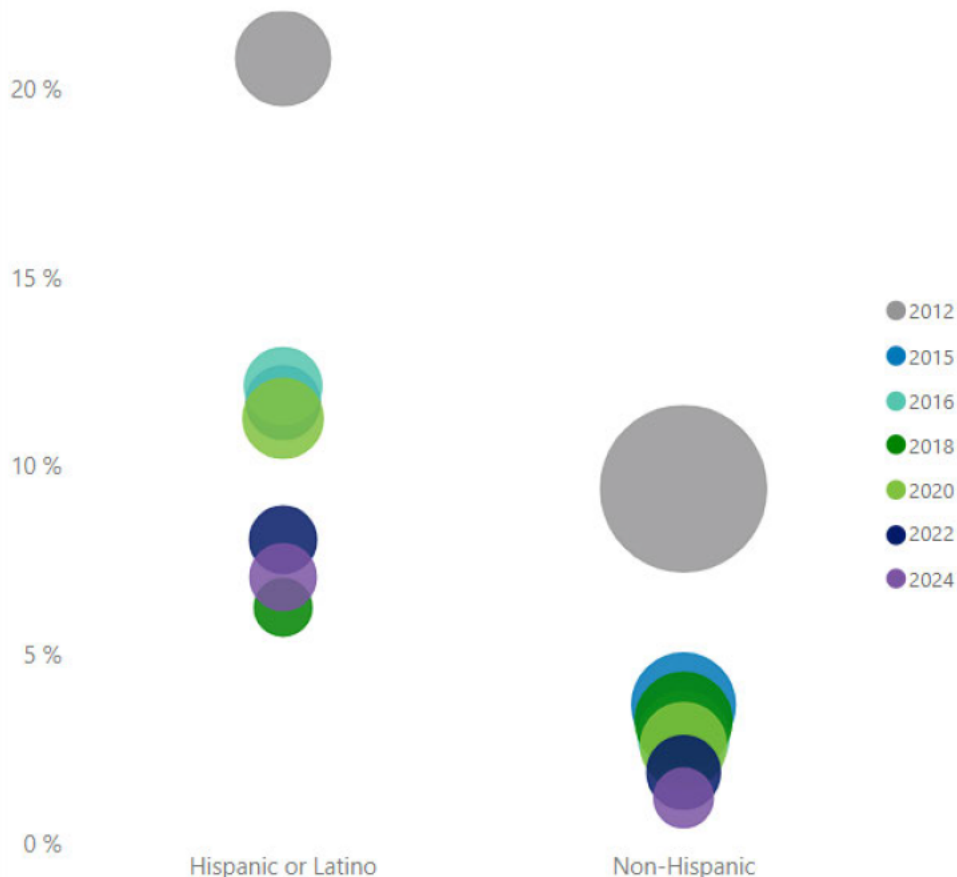
## Uninsured by Ethnicity (count)

Hispanic/Latino	2012	2015	2016	2018	2020	2022	2024
Yes	27,607	16,626	18,335	10,085	19,672	13,748	13,469
No	85,167	32,964	25,274	28,802	22,633	16,534	10,756
Total	112,774	49,590	43,608	38,887	42,305	30,282	24,225



## Uninsured Rate by Ethnicity

Bubble Size Represents Uninsured Count

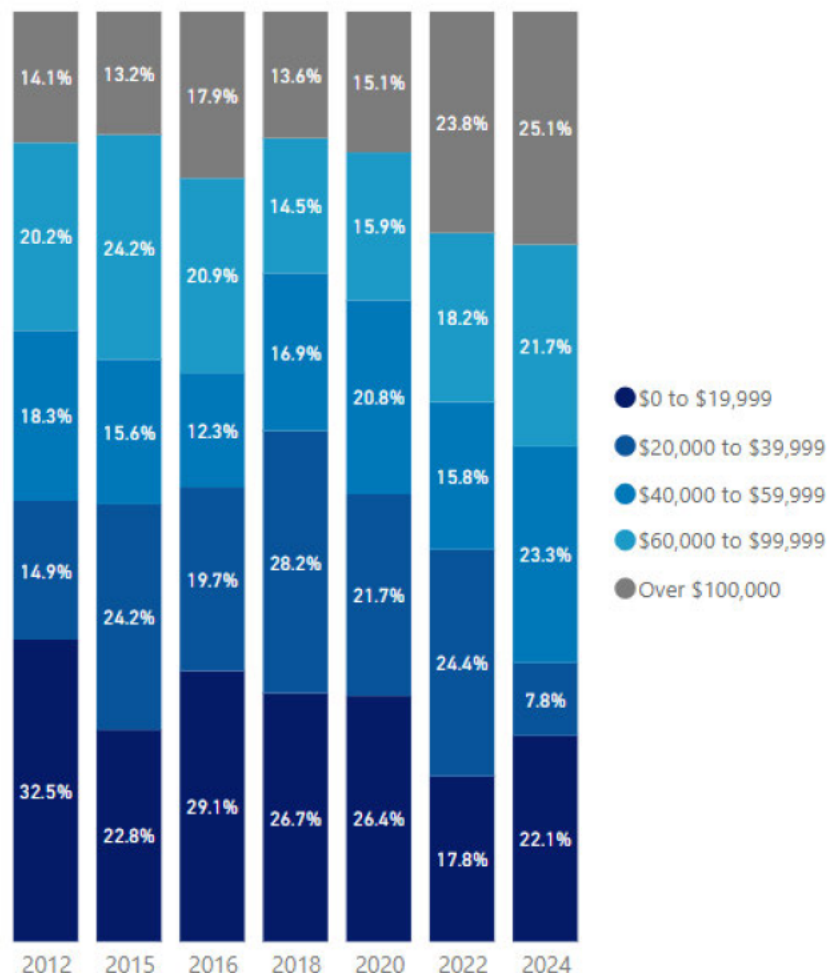


# Uninsured Rate By Household Income

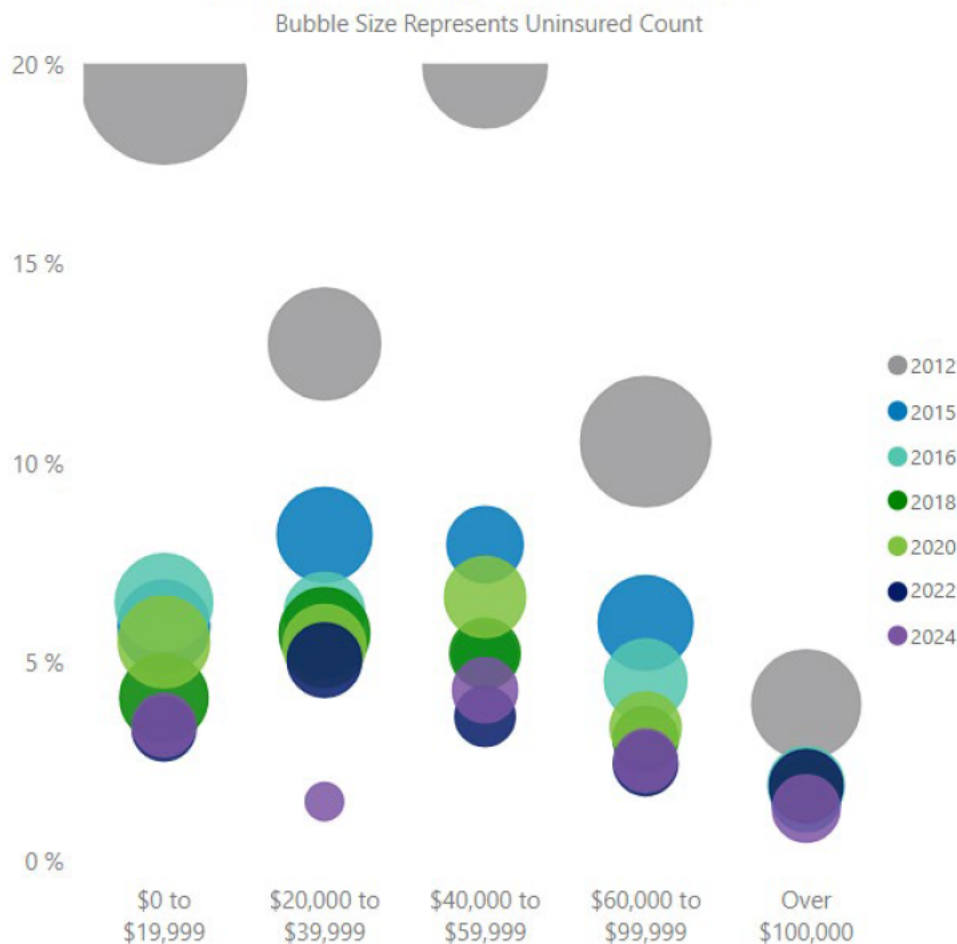
**In 2024, the uninsured rate in RI decreased to 2.2%, the lowest rate since 2012.**

- In 2024, households with an income of over \$100,000 experienced the highest uninsured rate.
- In 2022 households with an income of \$20,000 to \$39,999 experienced the highest uninsured rate.
- The percentage of uninsured individuals with household incomes between \$20,000 to \$39,000 shrunk by 16.6% from 2022 to 2024, moving from the highest percentage of uninsured individuals in 2022 to the lowest in 2024.

Uninsured Household Income Distribution



Uninsured Rate by Household Income



# Reasons for Uninsurance

## High premium costs and job loss were the most common reasons for uninsurance.

- In 2024, the most frequently reported reasons for being uninsured were unaffordable premiums, loss of a job, and loss of Medicaid coverage. This is on par with the top three reasons reported in 2022.
- Compared to 2022, 2024 had fewer respondents reporting that their employer stopped offering coverage.
- Fewer people cited a reduction in work hours as the reason for loss of employer-sponsored insurance.

Total Uninsured (Count)

2012	2015	2016	2018	2020	2022	2024
112,774	49,591	43,609	38,887	42,305	30,282	23,194

## Reported Reasons for Uninsurance

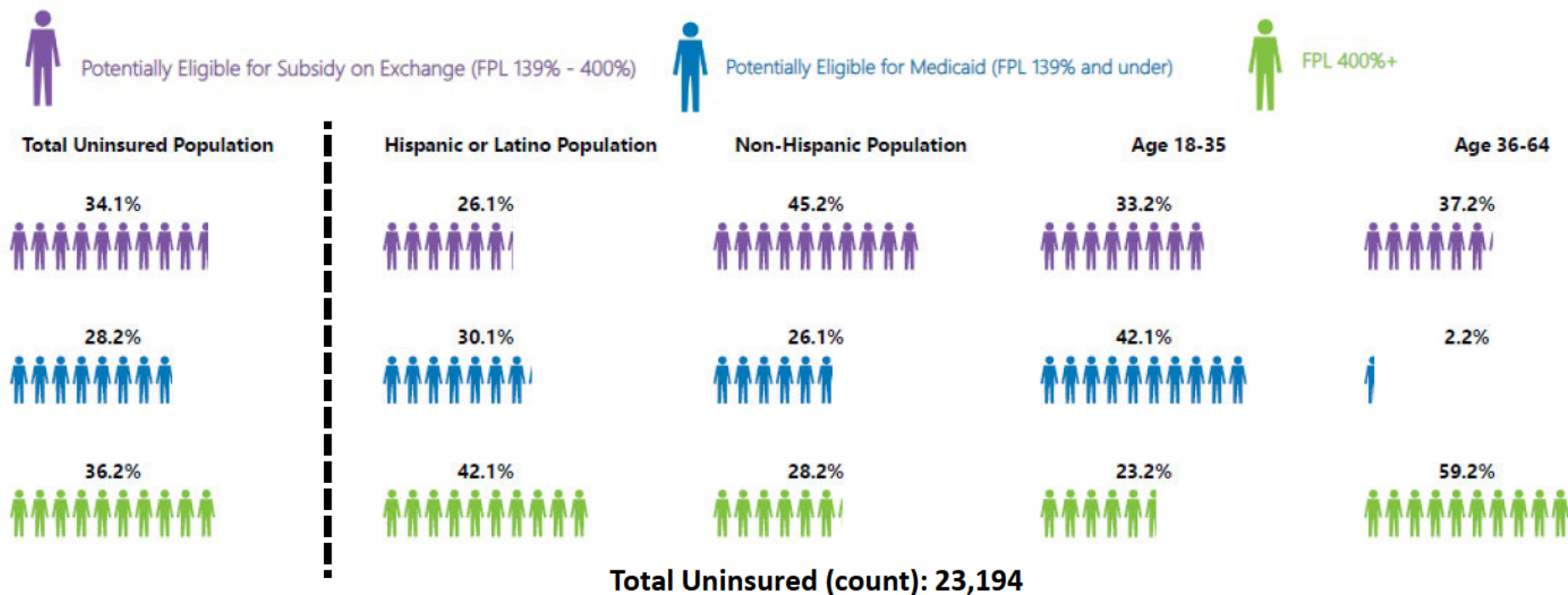


# Eligibility for Medicaid and HSRI Coverage

**Of those who were uninsured in 2024, 34% were potentially eligible for a subsidy on the Exchange and 28% were potentially eligible for Medicaid.**

- 33% of those aged 18-35 were potentially eligible for a subsidy on the Exchange compared to 37% of those aged 36-64.
- Among Hispanics/Latino residents, 26% were potentially eligible for a subsidy and 30% were potentially eligible for Medicaid. Among non-Hispanics, 45% were potentially eligible for a subsidy and 26% were potentially eligible for Medicaid.
- Potential eligibility is based on reported household income.

## Potential Eligibility for Medicaid or Exchange Subsidies Among the Uninsured



\*Some portion of the 400%+ FPL group may be eligible for American Rescue Plan Act (ARPA) subsidies.

## SECTION 6. Underinsurance

### What is Underinsurance?

- The [Commonwealth Fund](#) defines underinsurance as those who have health insurance coverage and experience high out of pocket costs for copays and deductibles:
  - For Families with incomes of 200% FPL or greater, out-of-pocket costs over the past 12 months, excluding premiums, were equal to at least 10% of household income; OR
  - For families with incomes of less than 200% FPL, out-of-pocket costs, excluding premiums, were equal to 5% of household income; OR
  - The deductible was at least 5% of household income.
- Underinsurance was calculated from survey responses for income, out-of-pocket cost, and deductible cost.
- Underinsurance calculation for 2012 differs from the methodology used for 2015-2024; only more recent years are shown.

#### Household Income for a Rhode Island Family of Four, 2024

	% of FPL			
	100%	200%	300%	400%
Total Household Income	\$31,200	\$62,400	\$93,600	\$124,800
5% of Total Household Income	\$1,560	\$3,120	\$4,680	\$6,240
10% of Total Household Income	\$3,120	\$6,240	\$9,360	\$12,480

\*Source: aspe.hhs.gov



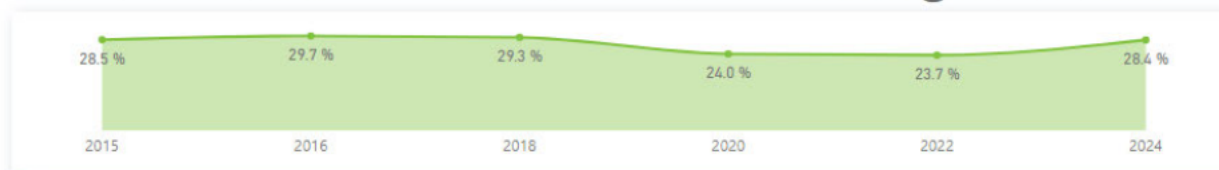
# Underinsurance

## RI's underinsurance rate increased to 28.4% in 2024, up from 23.7% in 2022.

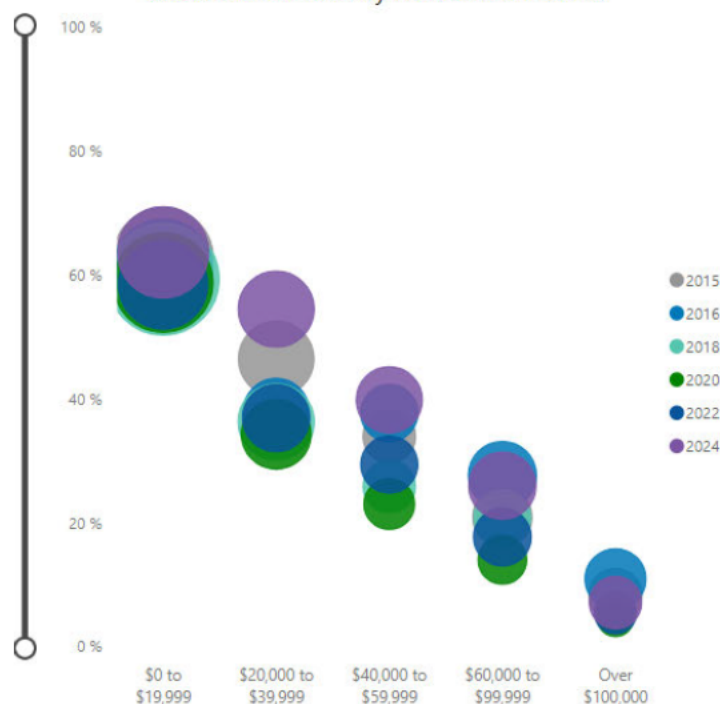
The rise in underinsurance was experienced at all income levels, though Rhode Islanders with household income below 250% FPL are most likely to be underinsured.

- 63.6% of respondents whose annual income is less than \$20,000 were underinsured in 2024, up from 58.4% in 2022.
- 54.5% of respondents with annual income \$20,000-\$39,999 were underinsured this year, up from 36.9% two years ago.

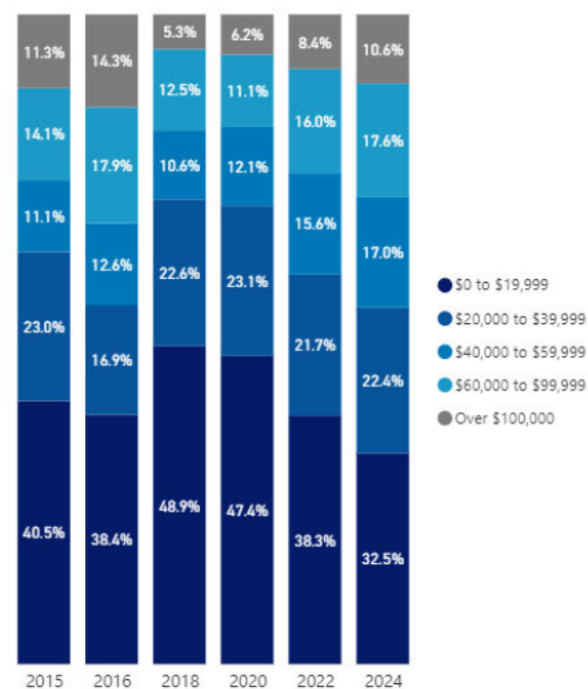
### Rhode Island Underinsured Rate Trending 2015-2024



Underinsured Rate by Household Income



Underinsured Household Income Distribution by Year



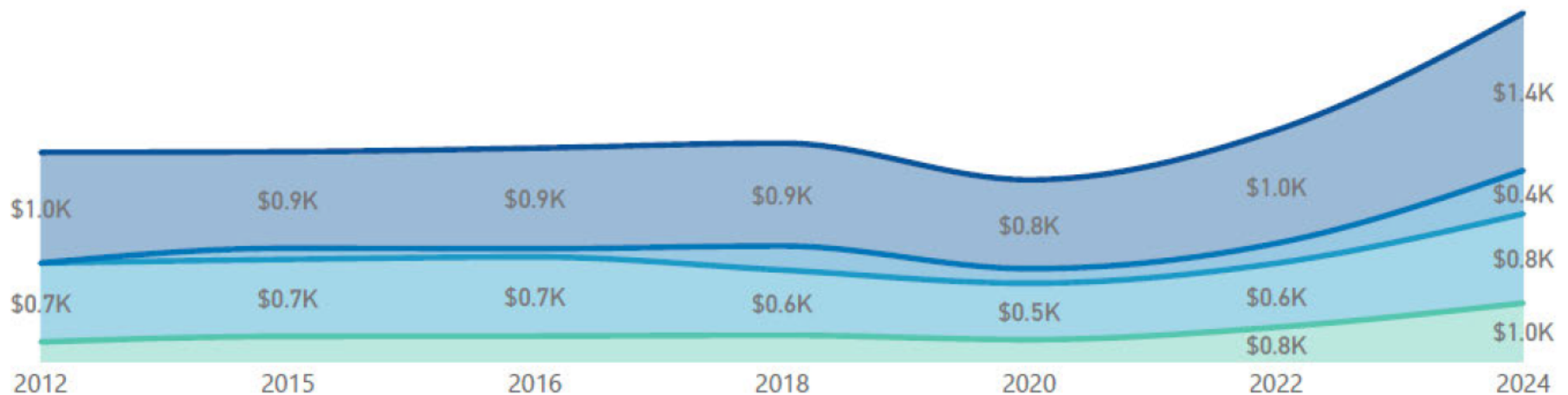
# Out-of-Pocket Costs

## Out-of-pocket costs rose to \$3,706 in 2024, increasing 30% from 2022.

- After a drop in medical spending between 2018 and 2020, out-of-pocket costs rose by over \$400 in 2022 and nearly \$1,140 in 2024, for a total average out-of-pocket cost of \$3,706. This is the highest reported out-of-pocket spending since the survey began in 2012.
- Out-of-pocket costs for all categories increased between 2022 and 2024. The highest increase (\$417) was for “All Other Medical,” which includes doctors, hospitals, tests, and common medical expenses like over the counter medications, first aid materials, etc.

Average Out-of-Pocket Spending by Category

Dental/Vision Prescription Mental Health Care All Other Medical





# Cost Burden

## The number of residents with high medical bills increased in 2024.

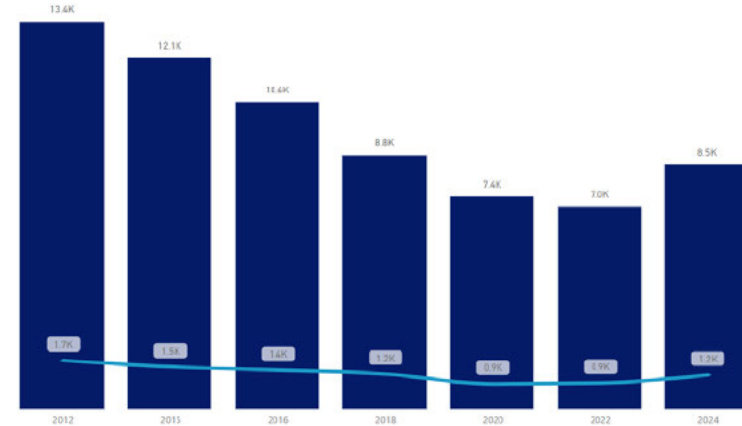
- 1,187 respondents reported receiving a medical bill over \$500 in 2024, a 23% increase from 2022.
- Residents who reported difficulties paying medical bills increased 17% from 2022 to 2024.

## More families with catastrophic medical bills were forced to forego necessities, use savings or increase debt.

- In 2024, those with catastrophic medical bills who were unable to pay for necessities increased 3.3% to 7.2%. Those who used up all or most of their savings increased 1.9% to 7.8%, and those who had large credit card debt or had to take out a loan or debt against their home increased from 6.1% in 2022 to 7.1% in 2024.

Problem Paying Medical Bills and Bill over \$500 by Year

● Count of Problem Paying Medical Bill — Count Bill >500



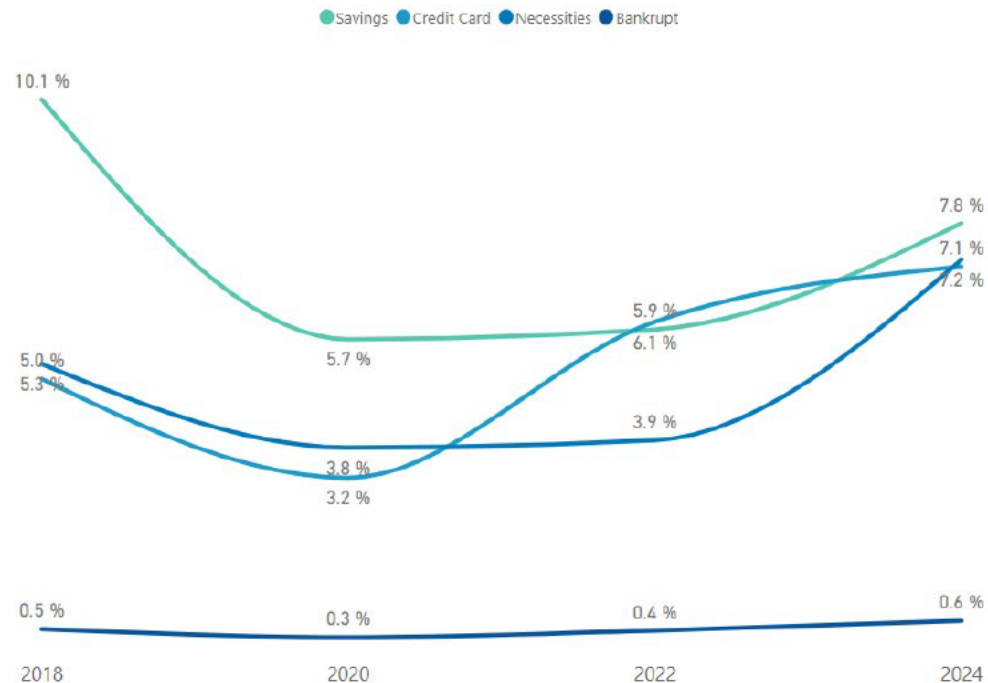
*Because of medical bills, in the last 12 months our family has...*

...used up all or most of savings

...had large credit card debt or had to take a loan or debt against the home

...been unable to pay for basic necessities like food, heat or rent

...filed for medical bankruptcy



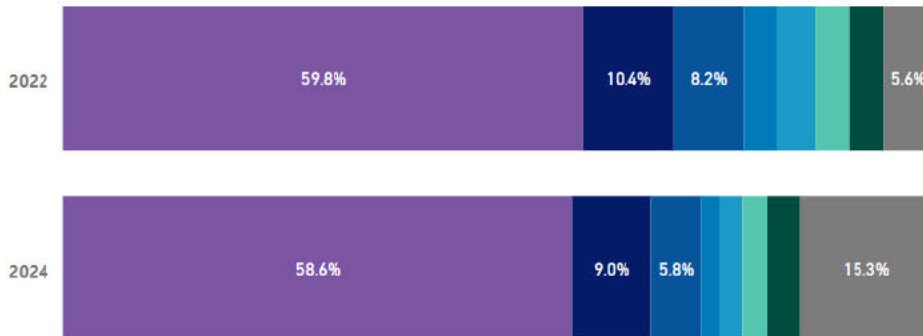
## SECTION 7. Telehealth

### Over the past year, 41% of RI residents had at least one telehealth visit.

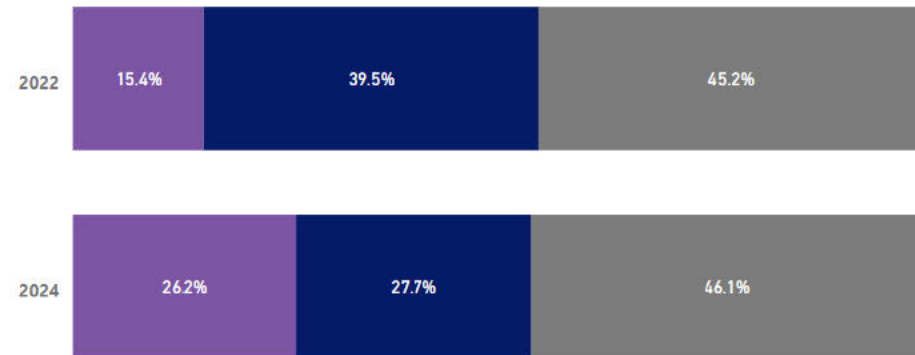
- Coverage for telehealth visits expanded during COVID-19, as members sought care outside of traditional care settings.
- Telehealth visits also expanded access to mental health services, with 39.5% of respondents choosing to receive all mental health services via telehealth in 2022. This percent decreased in 2024 to 27.7%.
- Of those who used telehealth, most had at least two telehealth visits during the past 12 months.

### Telehealth Services for 2022 & 2024

Number of Times Person Has Seen a Provider Via Telehealth in the Past 12 Months



Mental Health Services Over the Past 12 Months - In Person, Telehealth, or Both



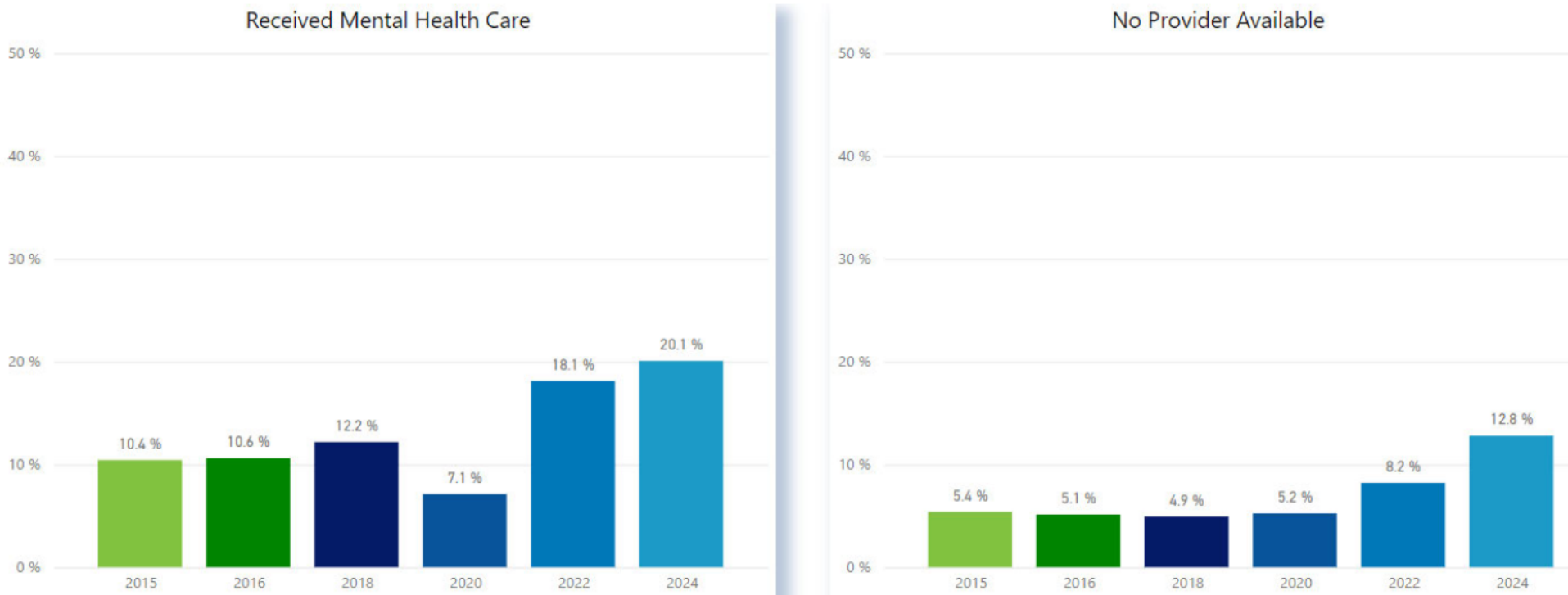
None 1 2 3 4-5 6-10 11+ Unsure

In Person Telehealth In Person and Telehealth

## SECTION 8. Behavioral Health

### RI residents receiving mental health care increased 2% from 2022 to 20.1% in 2024.

- Barriers and delays in care were attributed to lack of provider availability, insurance was not accepted, or individuals could not afford mental health care.
- Instances of delayed care or care not received due to provider availability increased nearly 5% from 2022 to 2024.
- Instances of unaffordability of needed mental health care increased from 2.1% in 2022 to 3.2% in 2024, marking the largest increase since the survey began.

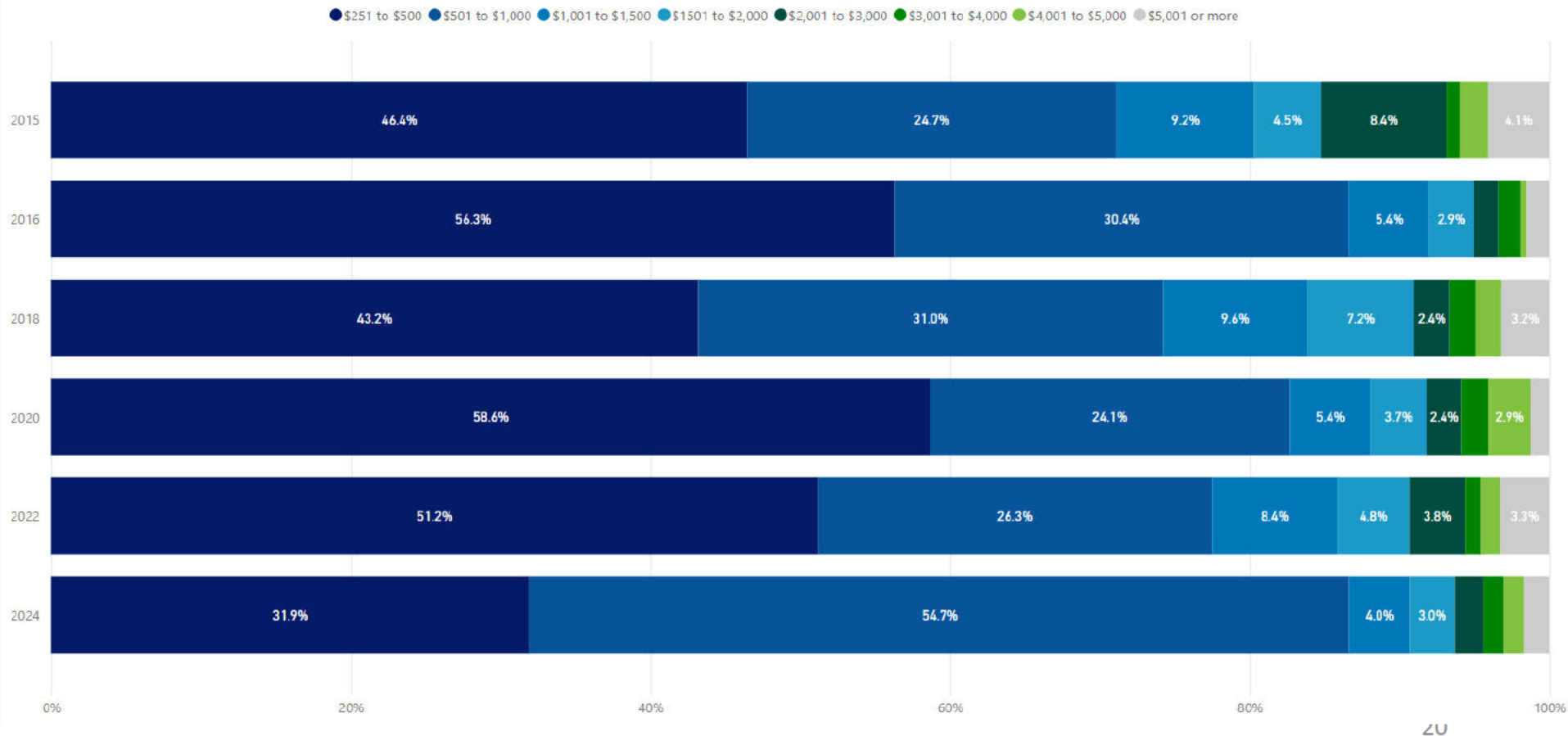


# Patient Cost of Mental Health Care

## Out-of-pocket mental health care costs have risen since 2014.

- In 2024, 60.9% of individuals paid more than \$500 out-of-pocket for mental health care, compared to 53.6% in 2015.
- Those who pay more than \$500 out-of-pocket for mental health care has increased every year since 2020.

### Yearly Out-of-Pocket Costs for Mental Health Care



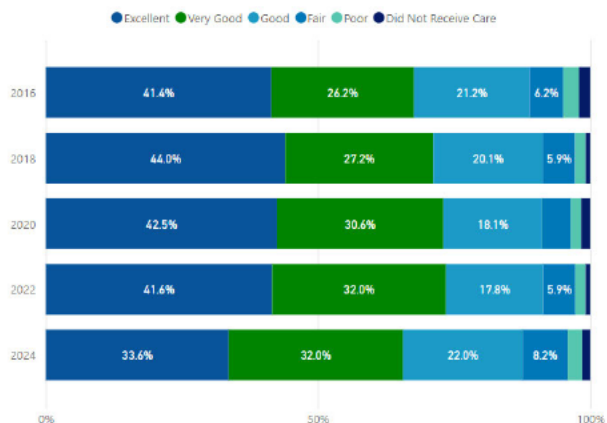
# SECTION 9. Satisfaction with Care

**Overall, member satisfaction remained steady in 2024 compared to prior years.**

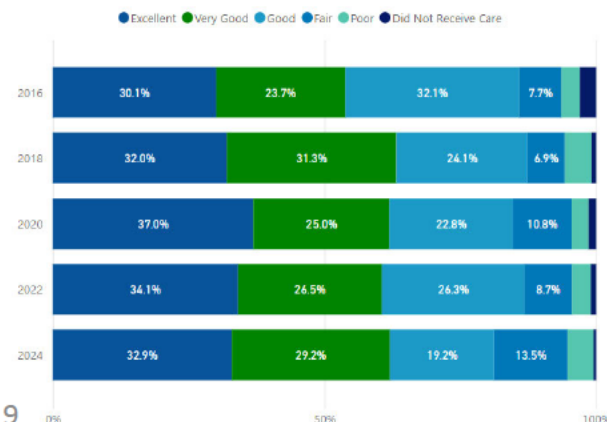
- The majority of privately insured and Rite Care members gave "Good," "Very Good," or "Excellent" ratings for choice of providers, range of services and quality of care in 2024.
- 86.9% of Rite Care members gave "Good," "Very Good," or "Excellent" ratings for quality of care in 2024, continuing a steady trend since 2016.

## Choice of Providers Available

### Private Insurance

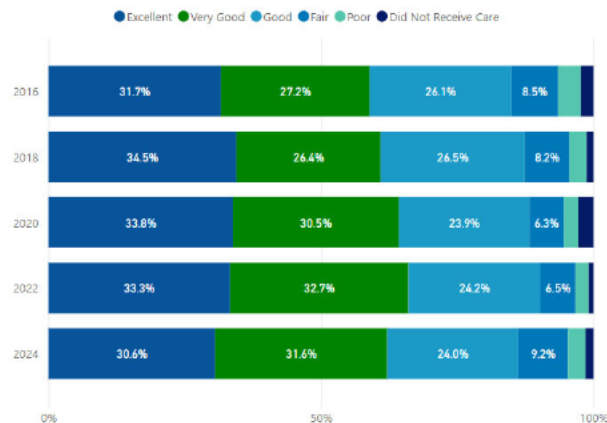


### Rite Care

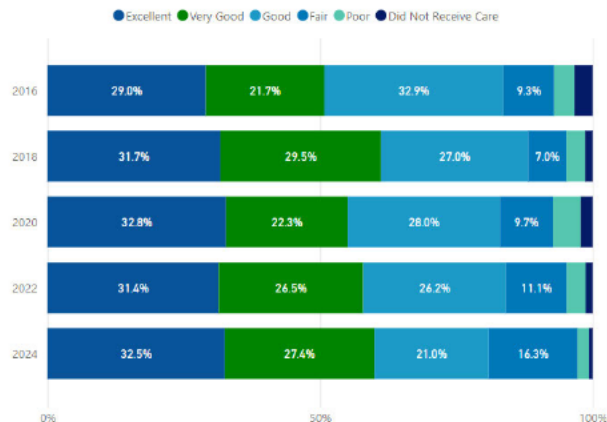


## Range of Services Available

### Private Insurance

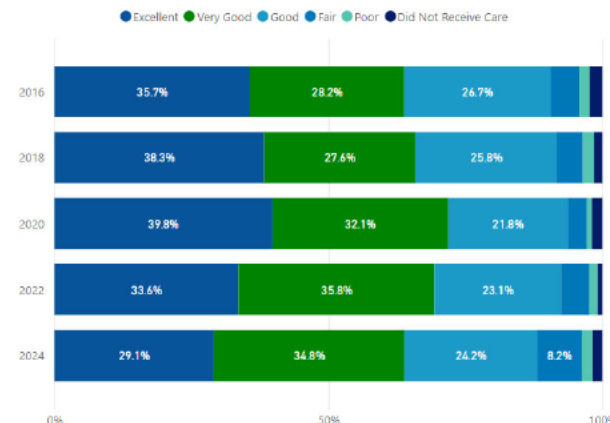


### Rite Care

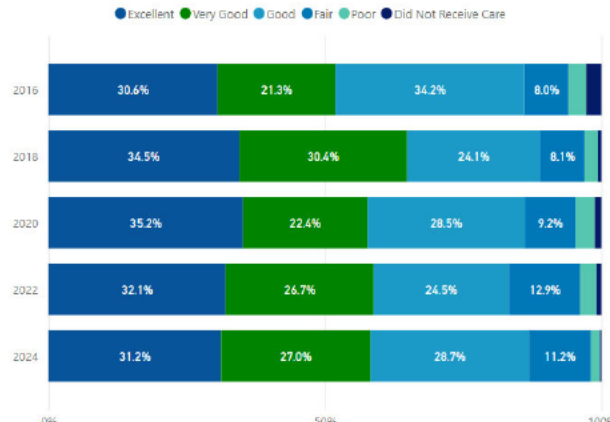


## Quality of Care

### Private Insurance



### Rite Care



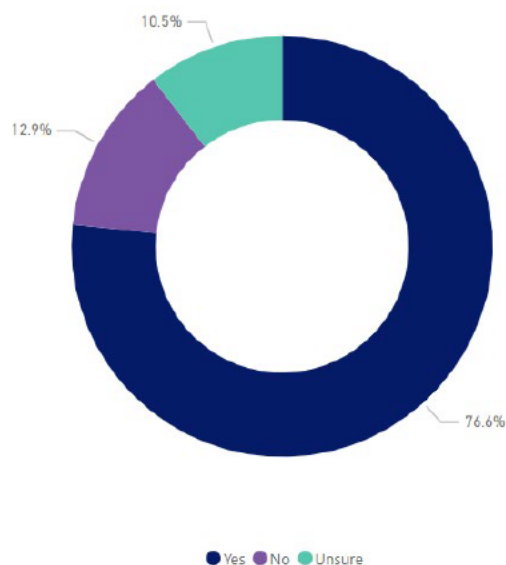
# SECTION 10: The Medicaid Unwinding and Renewals

## Shifts in insurance coverage remained low in 2024 and most respondents reported understanding the process of renewal.

- The Medicaid “Unwinding” began in 2023 at the end of the Public Health Emergency, where Medicaid eligibility rules reverted to requiring an annual redetermination of eligibility. Approximately a quarter of these individuals no longer eligible for Medicaid were able to continue their coverage with HealthSource RI.
- Of those whose coverage changed from Medicaid in the last 12 months, 76.6% reported that they understood what household members needed to do to renew Medicaid or Rite Care coverage. 59.4% of respondents noted renewing coverage was easier than the last time.
- Respondents reporting that their family would not be able to access alternatives to Medicaid decreased steadily from 2016 to 2022, with a slight increase of 1.1% in 2024.

Asked of people who were covered through Medicaid within the last 12 months but now have another type of insurance:

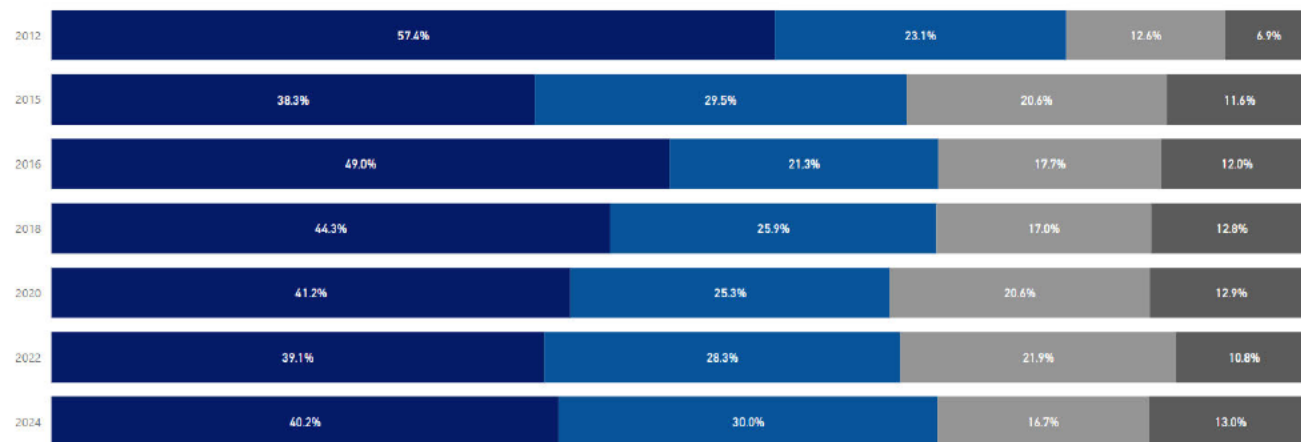
Did you understand what household members needed to do to renew coverage through Medicaid or Rite Care?



## Alternatives to Medicaid

If Medicaid was no longer available, would your family be able to get private health insurance?

● Definitely not ● Probably not ● Probably yes ● Definitely yes



# SECTION 11. Glossary

Term	Definition																																			
ACA	The Affordable Care Act. Enacted in 2010, the ACA expanded coverage to millions of previously uninsured people through the expansion of Medicaid (implemented in RI in 2014) and the establishment of State Health Insurance Exchanges (implemented in RI in 2013).																																			
All Other (Race)	A racial category that includes responses from those who identify as Pacific Islander or Other. The responses for these racial categories are combined into on category called ‘Other’ given small cell sizes.																																			
COVID-19	Coronavirus. An infectious disease first identified in December 2019 which resulted in a global pandemic, directly impacting the U.S. beginning in March 2020 with significant ongoing health, economic, and social impacts.																																			
Deductible	The amount of money an insured individual must pay out-of-pocket before an insurance provider will pay any expense.																																			
DHS	Rhode Island Department of Human Services																																			
EOHHS	Rhode Island Executive Office of Health and Human Services																																			
ESI	Employer-Sponsored Insurance																																			
FPL	<p>Federal Poverty Level. The incomes are set by the U.S. Department of Health and Human Services: <a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a>.</p> <table><tr><th colspan="5">Household Income for A Rhode Island Family of Four, 2024</th></tr><tr><th></th><th colspan="4">% of FPL</th></tr><tr><th></th><th>100%</th><th>200%</th><th>300%</th><th>400%</th></tr><tr><td>Total Household Income</td><td>\$30,000</td><td>\$60,000</td><td>\$90,000</td><td>\$120,000</td></tr><tr><td>5% of Total Household Income</td><td>\$1,500</td><td>\$3,000</td><td>\$4,500</td><td>\$6,000</td></tr><tr><td>10% of Total Household Income</td><td>\$3,000</td><td>\$6,000</td><td>\$9,000</td><td>\$12,000</td></tr><tr><td colspan="5">*Source EOHHS</td></tr></table>	Household Income for A Rhode Island Family of Four, 2024						% of FPL					100%	200%	300%	400%	Total Household Income	\$30,000	\$60,000	\$90,000	\$120,000	5% of Total Household Income	\$1,500	\$3,000	\$4,500	\$6,000	10% of Total Household Income	\$3,000	\$6,000	\$9,000	\$12,000	*Source EOHHS				
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HIS	Health Information Survey																																			
HSA	Health Savings Account																																			

# Glossary (Continued)

Term	Definition
HSRI	Health Source Rhode Island is the state-run exchange. The exchange negotiates directly with payors to establish health and dental insurance plans and enables RI residents to purchase coverage via a marketplace.
Medicaid	A joint federal and state program that provide healthcare coverage to some low-income people, families and children, pregnant women, the elderly, and people with disabilities. Rhode Island began its expansion of Medicaid in 2014.
Medicare	A federally funded, national health insurance program that provides coverage to American aged 65 or older.
Other (race)	A racial category that includes responses from those who identify as Pacific Islander or Other.
Out-of-Pocket Expenses (Cost)	The amount of money an individual pays for healthcare services which are NOT covered by any insurance or special assistance programs. This DOES NOT include the premium that an individual pays for their insurance coverage.
Premium	The amount of money an individual pays for an insurance policy.
Private Insurance	Any health insurance plan or program that is sponsored by an employer or a company like Blue Cross. This DOES NOT include plans or programs that are state or federally sponsored, such as Medicare or Medicaid.
Underinsured	<p>This term applies to individuals covered by insurance that fulfill one of the three criteria below, as defined by the Commonwealth Fund:</p> <ul style="list-style-type: none"> <li>• The out-of-pocket costs over the past 12 months, excluding premiums, for families with incomes of 200% FPL or greater, was equal to at least 10% of their household income.</li> <li>• The out-of-pocket costs over the past 12 months, excluding premiums, for families with incomes less than 200% FPL, was equal to at least 5% of their household income.</li> <li>• The deductible was at least 5% of their household income.</li> </ul>
Uninsured	The term refers to residents who did not have health insurance coverage at the time of the survey administration.
“Unwinding” from Medicaid	This term describes those individuals who have stayed eligible for Medicaid during the public health emergency and will lose eligibility when it ends.



## SECTION 12. Appendix

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**For additional data resources, visit <https://healthsourceri.com/surveys-and-reports/>**

- Interactive Data Dashboards
- Data Compendiums
- Compendium FAQs
- Technical Documents

### **Additional areas of data exploration include:**

- Preventive/Routine Care, ED, and Mental Health Service Utilization
- Quality of Care
- Dental Coverage
- Prescription Medication Coverage
- Medicaid Coverage and Enrollee Experience