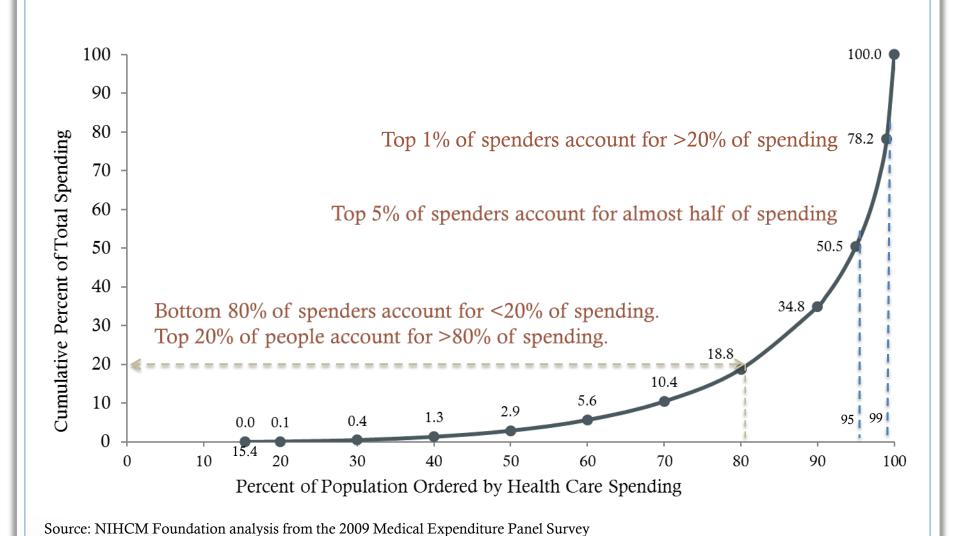
Health Insurance Market Structure and Regulation

Mark A. Hall
Wake Forest University

Single Most Important Fact:

The Concentration of Health Care Spending



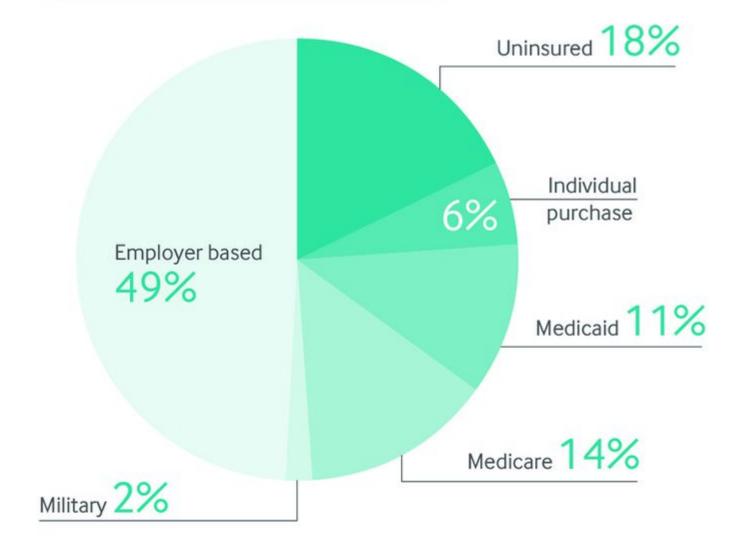
Large Groups

- Economies of scale; purchasing power
- Subsidized: employer and tax
- No adverse selection; No medical underwriting
- Community rated within group
- 85-95% medical loss ratio
- Some plan choice

Individual Insurance

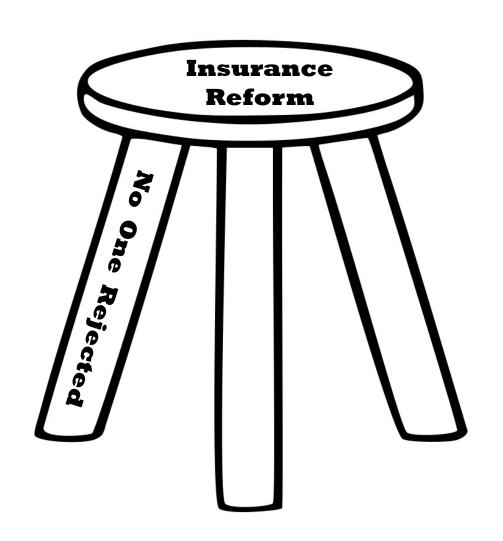
- No economies of scale or purchasing power
- Unsubsidized; no tax break
- Strong adverse selection; Intensive medical underwriting and risk-rating
- 60-75% medical loss ratio
- Full choice

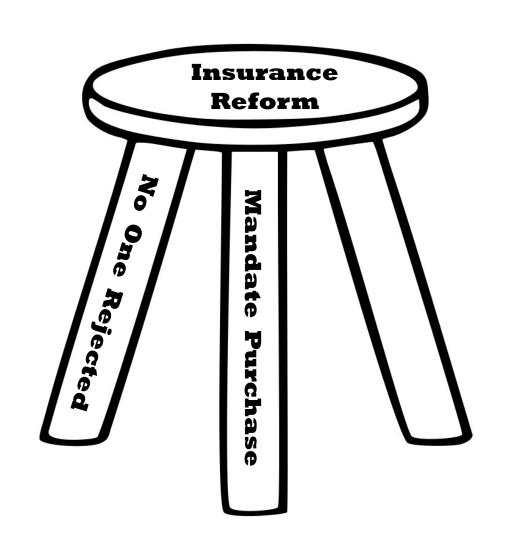
BEFORE THE AFFORDABLE CARE ACT

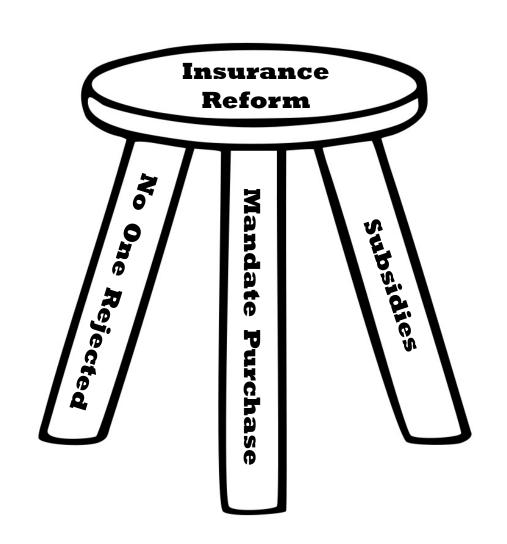


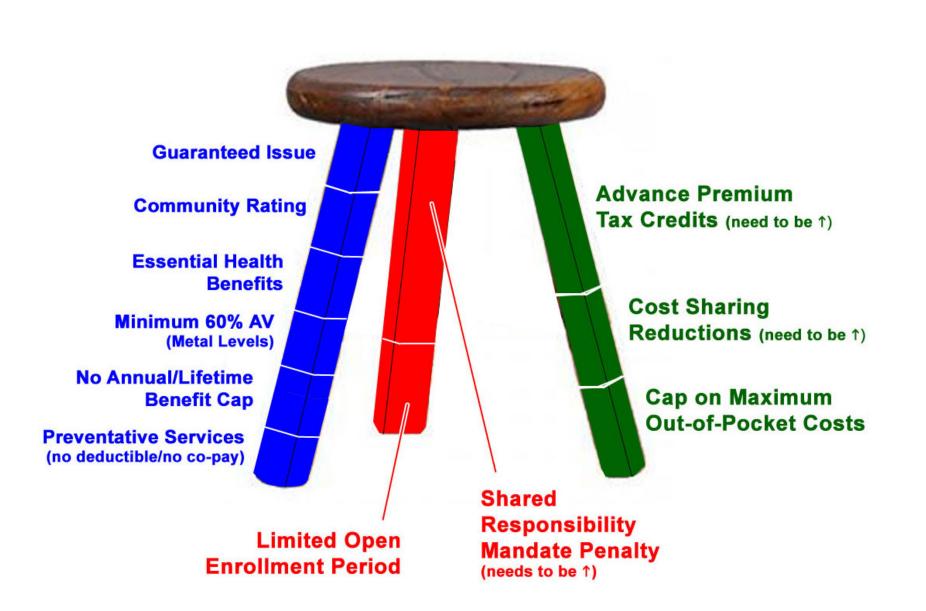




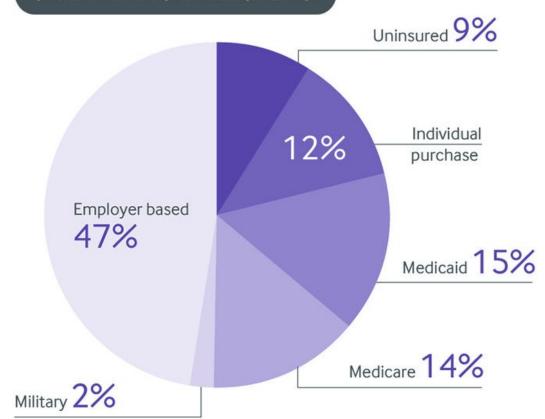


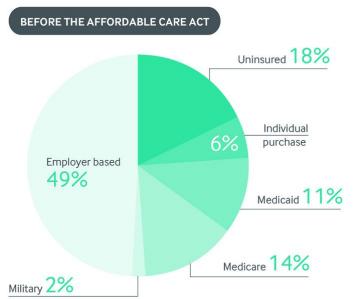




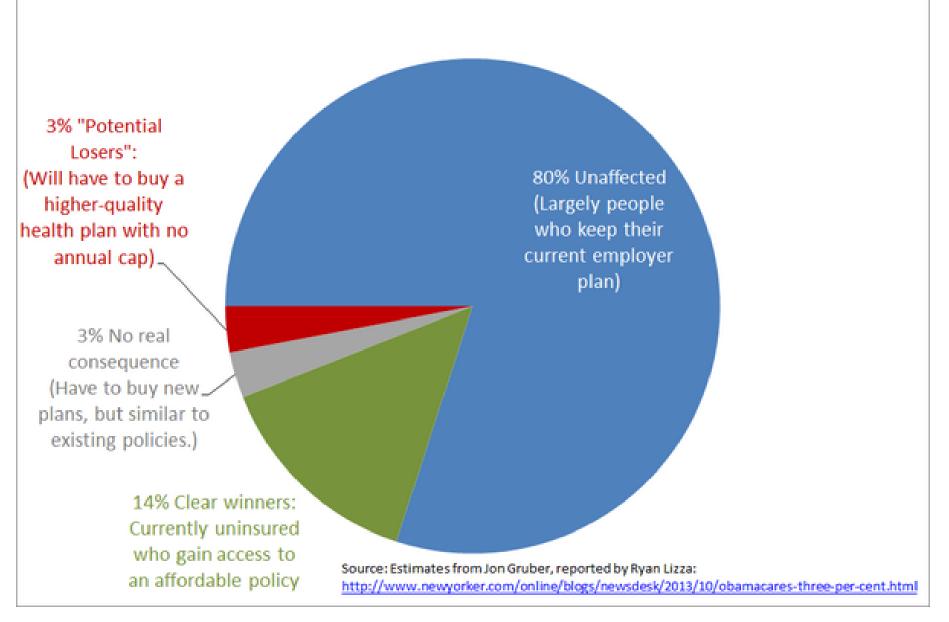


UNDER THE AFFORDABLE CARE ACT

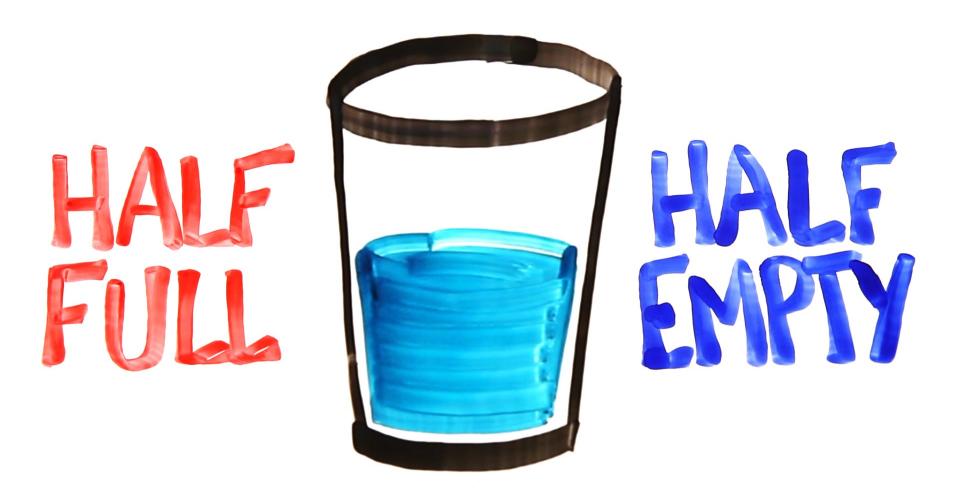








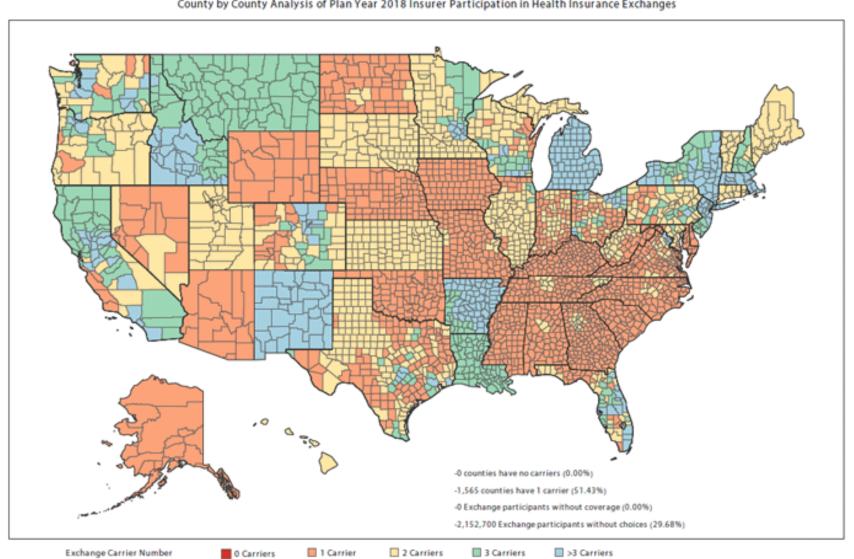
ACA in NC



2018 Exchange Enrollment				
Florida	1,715,227			
California	1,521,524			
Texas	1,126,838			
<mark>North Carolina</mark>	<mark>519,803</mark>			
Georgia	480,912			
Virginia	400,015			
Pennsylvania	389,081			
Illinois	334,979			
Michigan	293,940			
New Jersey	274,782			
Massachusetts	270,688			
New York	253,102			
Missouri	243,382			
Washington	242,850			
Ohio	230,127			
Tennessee	228,646			

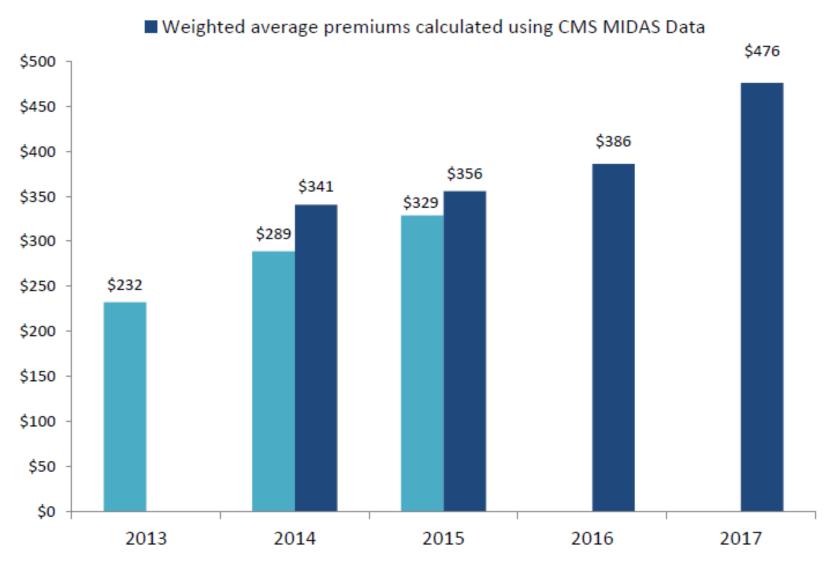
Insurers per County

County by County Analysis of Plan Year 2018 Insurer Participation in Health Insurance Exchanges



Premiums in Healthcare.gov States

Premiums calculated using MLR data



		2017	2013	%
		Premiums	Premiums	Increase
	Alaska	1041	344	203%
1	West Virginia	702	261	169%
2	North Carolina	<mark>662</mark>	<mark>240</mark>	<mark>176%</mark>
3	Oklahoma	620	206	201%
4	Wyoming	614	297	107%
5	Arizona	611	211	190%
6	Nebraska	595	235	153%
7	Tennessee	587	213	176%
	AVERAGE	476	232	105%
33	Michigan	402	212	90%
34	North Dakota	399	278	44%
35	New Hampshire	399	302	32%
36	Nevada	379	204	86%
37	New Mexico	366	186	97%
38	Utah	319	159	101%

Trump Era Options

- Repeal
- Replace
- Wait and See

Death By A Thousand Regulatory Cuts





Issues for States

- Individual mandate replacement?
- Association Health Plans
 - Unlikely to achieve significant economies of scale
 - Vehicle for separating better from worse risks
 - Self-employed "groups of one"
- Short-term Health Insurance
 - Medically underwritten
 - Nonrenewable