Findings from the 2019 Massachusetts Health Insurance Survey

April 2020

CHIA.

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Executive Summary

The Massachusetts Health Insurance Survey (MHIS) is a statewide, population-based survey of non-institutionalized Massachusetts residents. It is part of the Continuing Program of Study on Insurance Coverage, Underinsurance and Uninsurance at the Center for Health Information and Analysis (CHIA). The MHIS provides information on health insurance coverage, health care access and use, and health care affordability in the Commonwealth. MHIS data are used by CHIA, legislators, other policymakers, employers, insurers, and other stakeholders to track and monitor the experiences of Massachusetts residents in obtaining timely and affordable health care.

Massachusetts continues to have a very low uninsurance rate (2.9%). Nearly all residents have a usual source of care that is not the emergency department (91%), and most had a health care visit with at least one provider in the past 12 months (95%). However, access and affordability issues persist across all groups regardless of age, gender, race, health status, or family income. One-third of residents of the Commonwealth reported difficulty accessing needed care over the past 12 months. Many residents also experienced health care affordability problems, including 48% of all residents and 68% of those with family income at or below 138% of the FPL (Federal Poverty Level). These affordability issues include problems paying family medical bills, family medical debt, paying a high share of family income on out-of-pocket health care expenses, and unmet health care needs due to cost.

Health Insurance Coverage and Uninsurance

Massachusetts's uninsurance rate remained much lower than the nation in 2019, with fewer than three percent of Massachusetts residents uninsured at the time of the survey. This compares to 9.4% uninsured nationally in

2018, based on the most recently available estimates from the National Health Interview Survey (NHIS). The uninsured in Massachusetts were more likely than the general Massachusetts population to be non-elderly adults, male, Hispanic, and have family income below 300% of FPL. Employer-sponsored coverage remained the dominant source of coverage in Massachusetts, accounting for over 60% of all insured persons in 2019. Furthermore, the vast majority of Massachusetts residents had continuous coverage in 2019, with more than nine in 10 residents reporting health insurance coverage for all of the past 12 months.

Health Care Access and Use

As in previous years, in 2019, nearly all Massachusetts residents were able to access and use at least some health care services over the past 12 months. Nearly all Massachusetts residents reported having a usual source of health care (91%) and a visit to a health care provider in the past 12 months (95%). Nonetheless, almost one-third of residents reported difficulties accessing care in 2019, with more than one in six residents reporting difficulties getting an appointment with a doctor's office or clinic as soon as needed. More than one in four residents visited an emergency department (ED), 34% of whom reported seeking care in the ED for a non-emergency condition at their most recent visit. Thus, while nearly all residents are receiving some health care, these results suggest some persistent barriers to obtaining health care services in Massachusetts.

Health Care Affordability

Despite the high rate of health insurance coverage in Massachusetts, health care costs remained a concern for many residents in 2019. Nearly half of Massachusetts residents (48%) reported affordability issues over the past 12 months. This included problems paying family medical bills (16%), family medical debt (17%), spending a high share of family income on out-of-pocket health care expenses (15%), or having unmet need for health care due to costs (27%). The finding that more than one in seven residents reported spending a high share of income on out-of-pocket costs suggests that at least some residents and their families were underinsured in 2019. Further, more than one-third of residents who were insured for all of the past 12 months had unexpected medical bills, defined as receiving a family medical bill where the health plan paid much less than expected or nothing at all.

Behavioral Health Care Use and Unmet Need

One in six Massachusetts residents reported having a visit for behavioral health care in the past 12 months (17%) and 4% of residents reported an unmet need for

behavioral health care due to cost. Populations with higher health care needs reported much higher rates of behavioral health care utilization. For example, residents who reported fair or poor mental health status were four times as likely as those in better mental health to visit a health care provider in the past 12 months (53% versus 12%), and six times as likely to report that their most recent ED visit was for a behavioral health condition (15% versus 3%). Residents below age 65 and those in fair or poor physical or mental health were more likely to report an unmet need for behavioral health care due to costs. Unmet need for behavioral health care due to cost was reported both by those who used behavioral health care in the past 12 months and those who did not, suggesting cost-related gaps in care for both populations. ■

Key Findings

2.9%

uninsurance rate in Massachusetts

92%

residents had health insurance coverage for the full year

32%

residents had difficulties accessing health care

34%

residents visiting the emergency department sought care for a non-emergency condition

48%

residents had health care affordability issues

37%

residents insured all year had unexpected medical bills

27%

residents had an unmet need for health care due to cost

17%

residents reported having a visit for behavioral health care

Health Insurance Coverage and Uninsurance

One of the primary goals of the Massachusetts Health Insurance Survey (MHIS) is to track health insurance coverage for Massachusetts residents. The MHIS collects information on insurance status for multiple reference periods, including at the time of the survey and during the past six months, 12 months, two years, and five years. The MHIS also has specific questions about coverage transitions and periods of uninsurance that capture residents' churn—that is, transitions between periods of coverage and uninsurance.

Additionally, the MHIS collects information on types of health insurance coverage. Residents who reported more than one type of health insurance were assigned to a single coverage type according to the following hierarchy: employer-sponsored insurance, Medicare, MassHealth or ConnectorCare, private non-group coverage such as individual purchases of Health Connector plans, and other or unspecified coverage.

Key Findings:

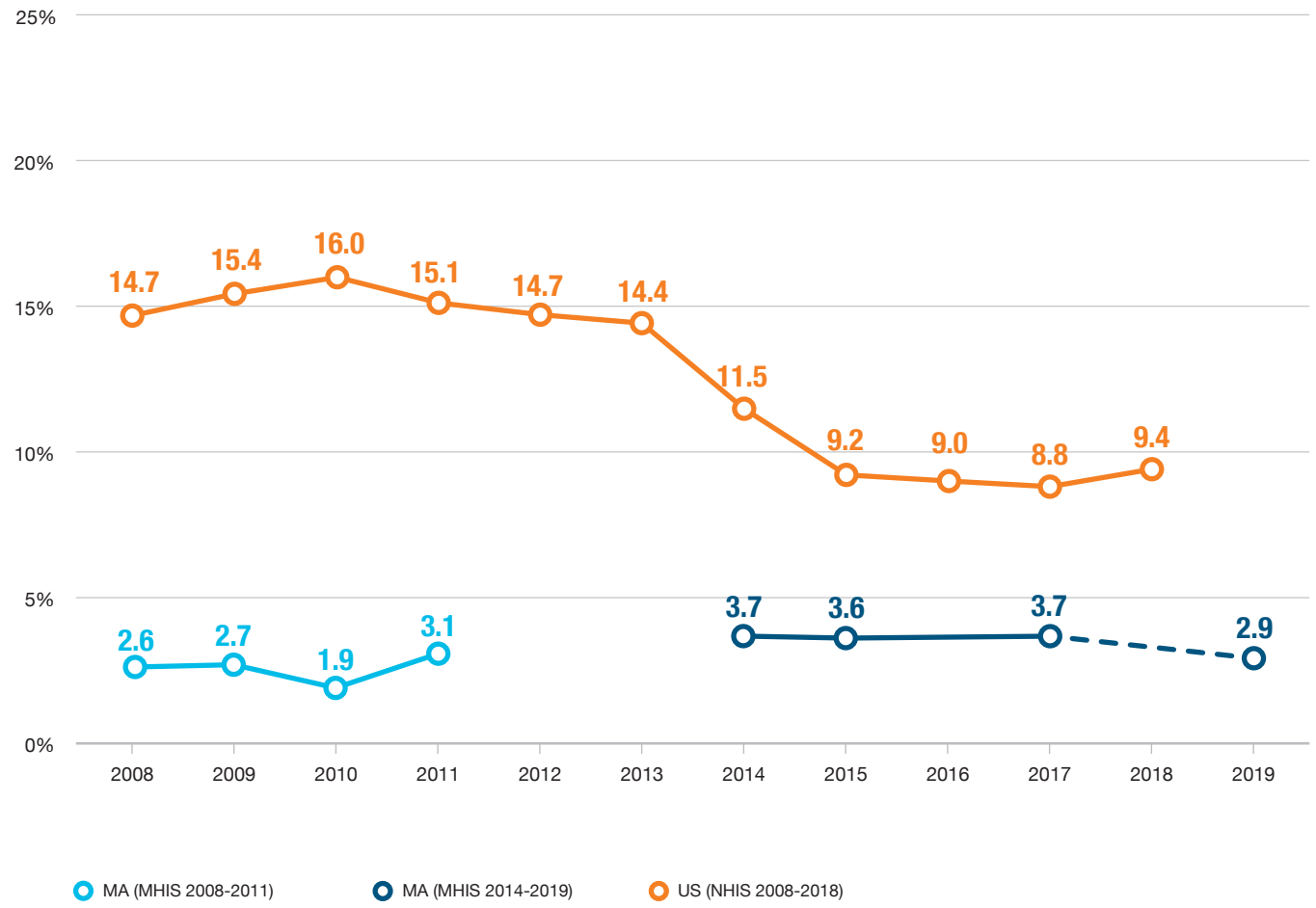
- As in prior years, the uninsurance rate in Massachusetts in 2019, at 2.9%, remained low compared to the nation, which was 9.4% in 2018.
- The uninsured were more likely than the general population to be non-elderly adults, male, Hispanic, and have family income below 300% of the Federal Poverty Level (FPL).
- The majority of residents had continuous coverage in 2019, with more than nine in 10 residents having insurance coverage for all of the past 12 months.
- Employer-sponsored coverage remained the dominant source of coverage in Massachusetts, accounting for more than 60% of all insured residents in 2019. ■

Uninsurance at the Time of the Survey for Massachusetts and the Nation, 2008-2019

Uninsurance in Massachusetts remained low in 2019, with only 2.9% of the residents uninsured at the time of the survey. The uninsurance rate in Massachusetts decreased from 3.7% in 2017 to 2.9% in 2019, but this change was not statistically significant.

The Massachusetts uninsurance rate continues to be well below the national rate based on estimates from the National Health Interview Survey (NHIS).

The reduction in the uninsurance rate nationally between 2013 and 2015 reflects in part the implementation of key components of the Affordable Care Act (ACA), the national reform legislation that builds on the 2006 Massachusetts health care reforms. Rising health care costs and the reduction or elimination of some aspects of the ACA have likely contributed to the rising uninsurance rate nationally in recent years.

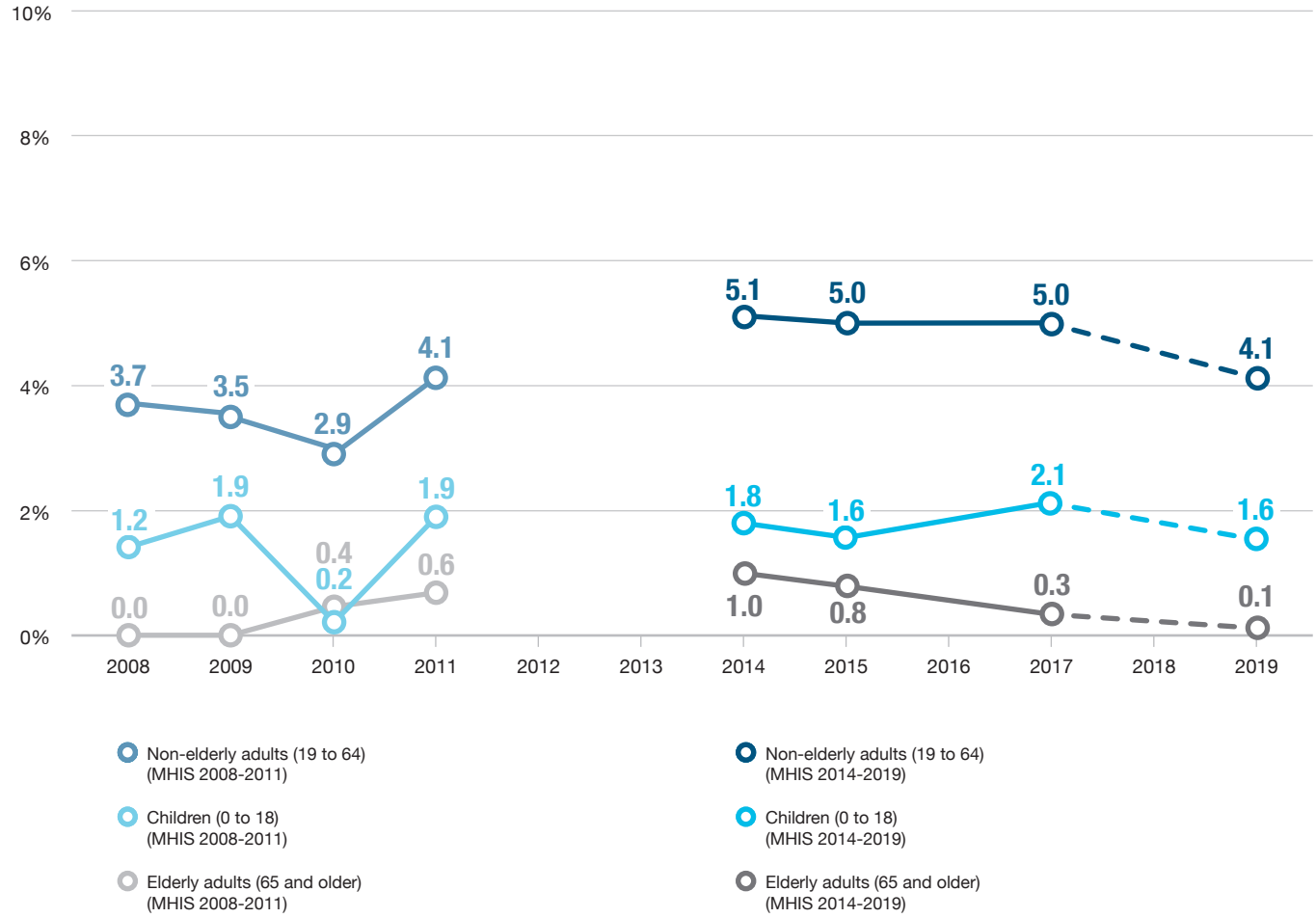


Notes: Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. The 2019 survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017. Though estimates between the 2019 ABS and RDD are similar, caution should be used when interpreting trends (denoted by the dotted line). Please see methodology report for more information.

Source: 2008-2011, 2014, 2015, 2017, and 2019 Massachusetts Health Insurance Survey (MHIS) for Massachusetts estimates. 2008-2018 National Health Interview Survey (NHIS) for national estimates.

Uninsurance at the Time of the Survey by Age Group, 2008-2019

Non-elderly adults in Massachusetts had the highest uninsurance rate in 2019 (4.1%), which was still well below the national rate for non-elderly adults based on the 2018 NHIS (13.3%; data not shown). The decreases in uninsurance rates by age group in between 2017 and 2019 were not statistically significant.



Notes: Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. The 2019 survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017. Though estimates between the 2019 ABS and RDD are similar, caution should be used when interpreting trends (denoted by the dotted line). Please see methodology report for more information.

Source: 2008-2011, 2014, 2015, 2017, and 2019 Massachusetts Health Insurance Survey

The majority of the uninsured in Massachusetts in 2019 were non-elderly adults (aged 19 to 64), male, and had family income below 300% of the FPL. The uninsured were also disproportionately Hispanic. The family income of the uninsured suggest that many may be eligible for public health insurance coverage or subsidized coverage through the Massachusetts Health Connector.

Characteristics of the Uninsured, 2019

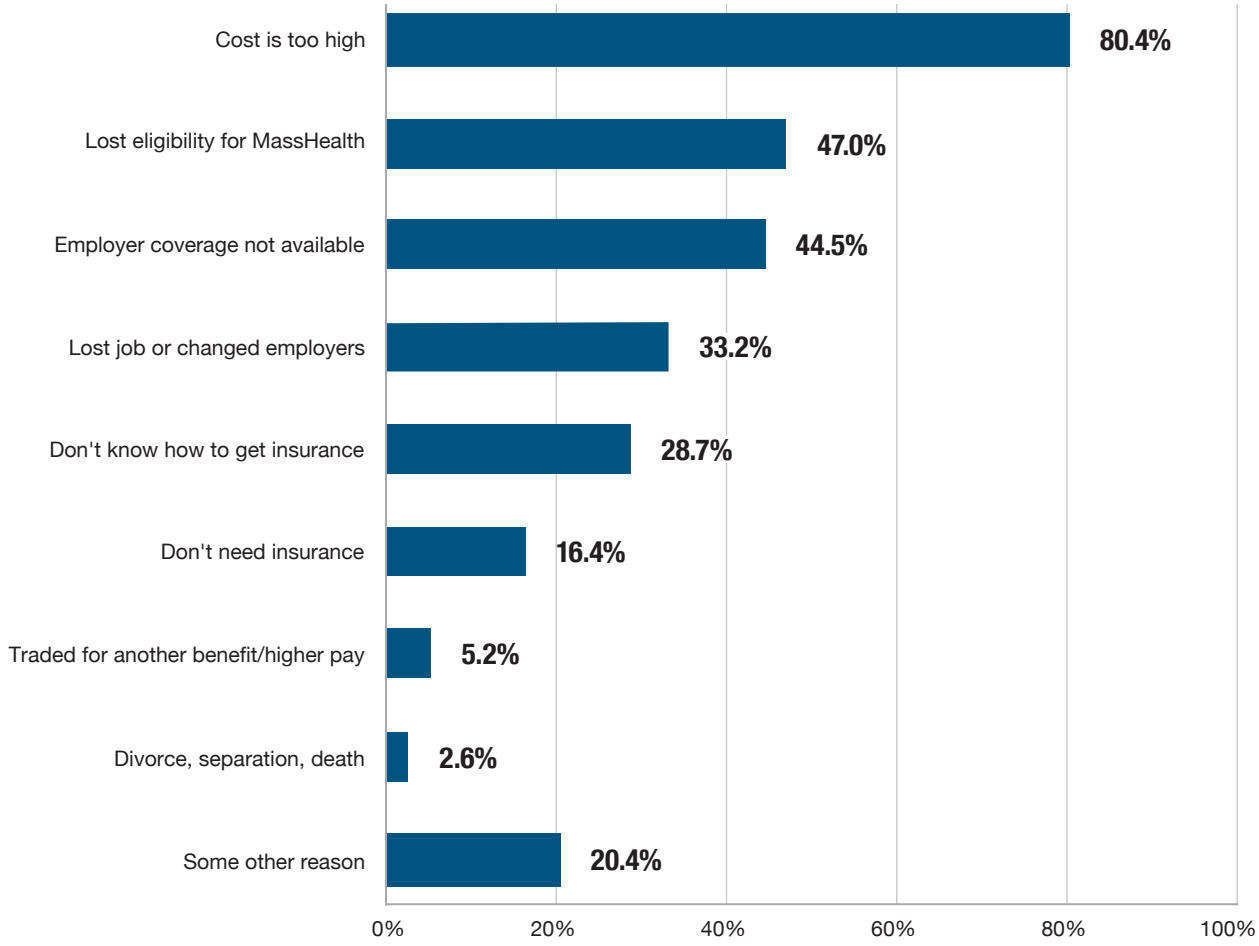
Characteristic	Among the uninsured residents, percent with the characteristic	Among all residents, percent with the characteristic
Aged 19-64	87.7%	62.2%
Male	66.3%	48.5%
Hispanic	30.7%	11.6%
Family income below 300% of the FPL	72.5%	37.6%

Notes: The sample of uninsured residents was defined as those without insurance at the time of the survey. Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small, at 81 individuals. FPL = Federal Poverty Level.

Source: 2019 Massachusetts Health Insurance Survey

Reasons for Being Uninsured, 2019

In 2019, the most commonly reported reasons for Massachusetts residents being uninsured were all related to cost and availability of coverage. About four in five (80.4%) uninsured residents reported the cost of coverage was too high, followed by losing eligibility for MassHealth (47.0%) and employer coverage not being available (44.5%).



Notes: The categories listed above are not mutually exclusive. Respondents were asked to select all applicable options. The sample for this analysis was defined as those without insurance at the time of the survey. Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small, at 81 individuals.

Source: 2019 Massachusetts Health Insurance Survey

Employer-sponsored insurance (ESI) was the most common type of health insurance for residents with coverage in Massachusetts in 2019, at 64.4%. Another three in 10 insured residents were covered by Medicare, MassHealth, or ConnectorCare. Private non-group and other coverage types were relatively rare, covering fewer than 5% of insured residents.

ESI was the most common coverage type for children and non-elderly adults, while elderly adults were most likely to be covered by Medicare followed by ESI. Elderly adults with ESI were also likely to have Medicare.

Types of Health Insurance Coverage Overall and by Age Group, 2019

Characteristic	All insured residents	Children (0-18)^	Non-elderly adults (19-64)	Elderly adults (65 and older)
Employer-sponsored insurance	64.4%	71.0%	69.4%	38.7%*
Medicare	15.5%	3.0%	7.6%*	58.7%*
MassHealth or ConnectorCare	15.9%	21.3%	17.9%	1.9%*
Private, non-group coverage, including Health Connector Plans	3.1%	3.2%	3.8%	0.2%*

Notes: Residents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; MassHealth or ConnectorCare; private non-group coverage including Health Connector Plans; and other coverage. Employer-sponsored insurance includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Medicare coverage estimates include Railroad Retirement board coverage and those dually eligible for Medicare and MassHealth. Estimates do not sum to 100% due to rounding and because "Other coverage or coverage type unknown" is not shown.

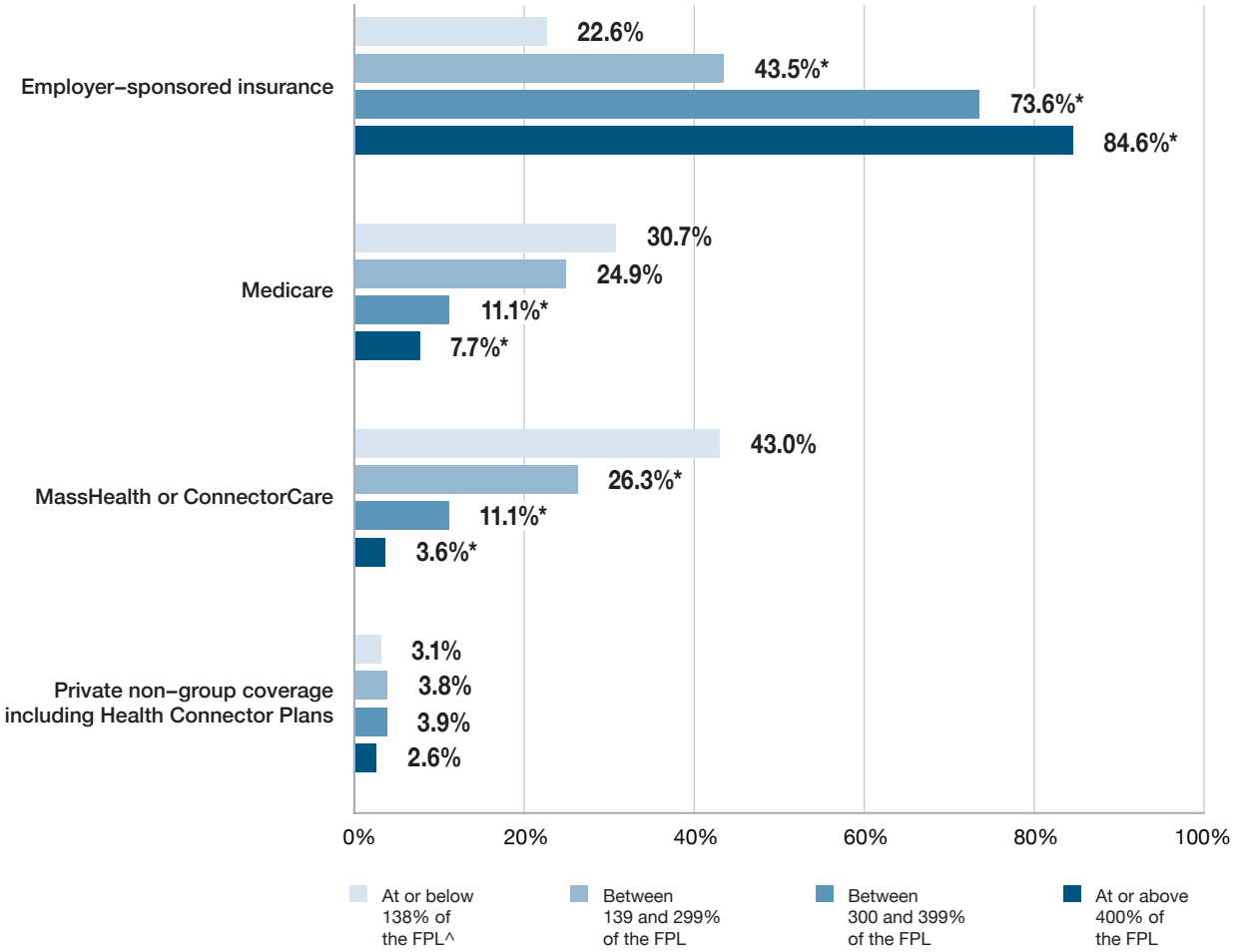
^Reference group for age group estimates

*Difference from estimate for "Children (0-18)" is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Types of Health Insurance Coverage by Family Income, 2019

In 2019, insured Massachusetts residents with family income at or below 138% of the FPL were less likely than all other income groups to report employer-sponsored insurance coverage. As would be expected, public coverage was most commonly reported among residents with family income at or below 138% of the FPL.



Notes: Residents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; MassHealth or ConnectorCare; private non-group coverage including Health Connector Plans; and other coverage or coverage type unknown. Employer-sponsored insurance includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Medicare coverage estimates include Railroad Retirement board coverage and those dually eligible for Medicare and MassHealth. Estimates do not sum to 100% due to rounding and because "Other coverage or coverage type unknown" is not shown.

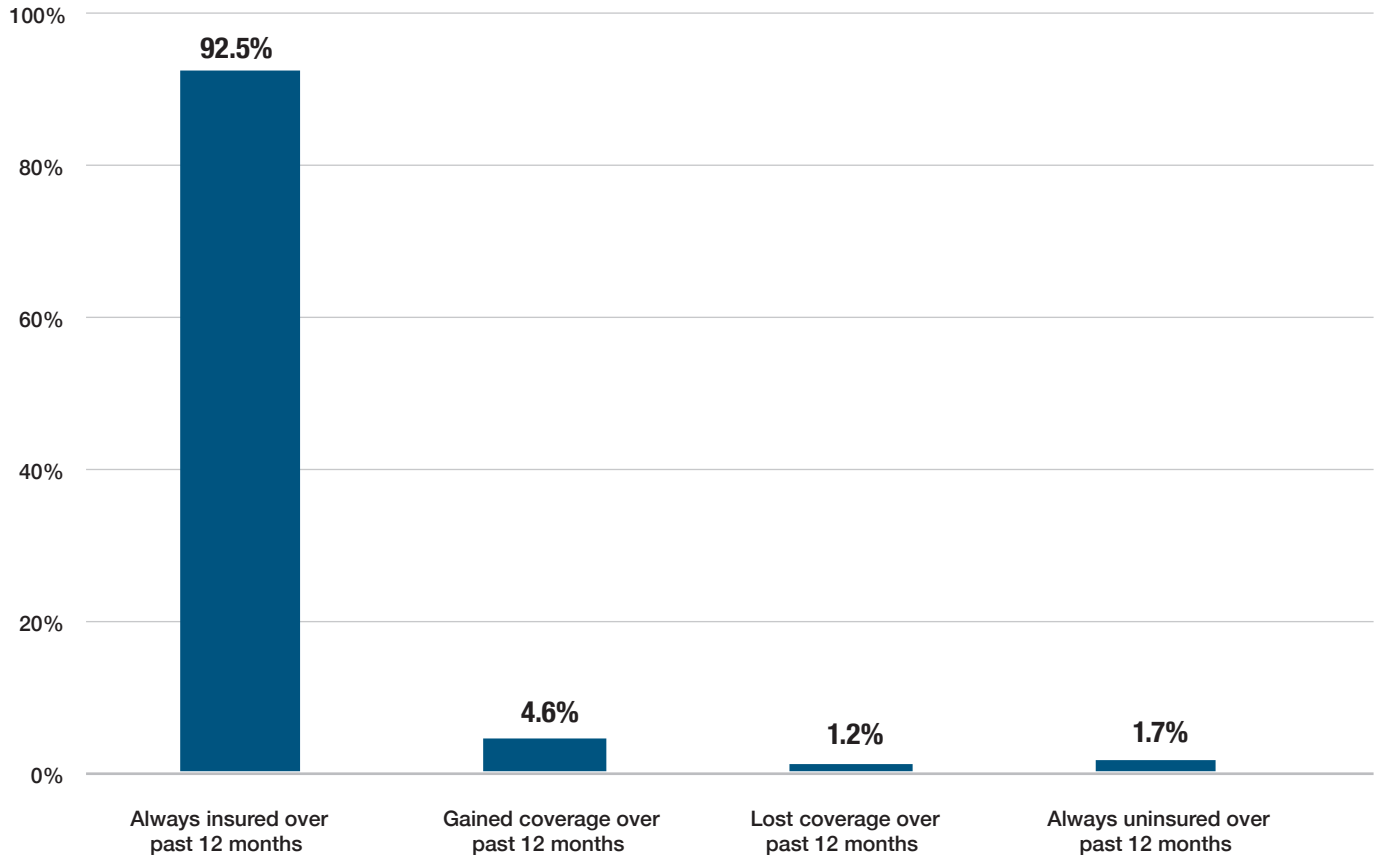
^Reference group

*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Transitions in health insurance coverage are defined as changes between being insured and uninsured within a year. In 2019, consistent with the low uninsurance rate in Massachusetts, most residents were continuously insured for all of the past 12 months (92.5%), and few were continuously uninsured for all of the past 12 months (1.7%). More residents reported gaining health insurance coverage over the past 12 months than reported losing coverage (4.6% versus 1.2%).

Transitions in Health Insurance Coverage, 2019

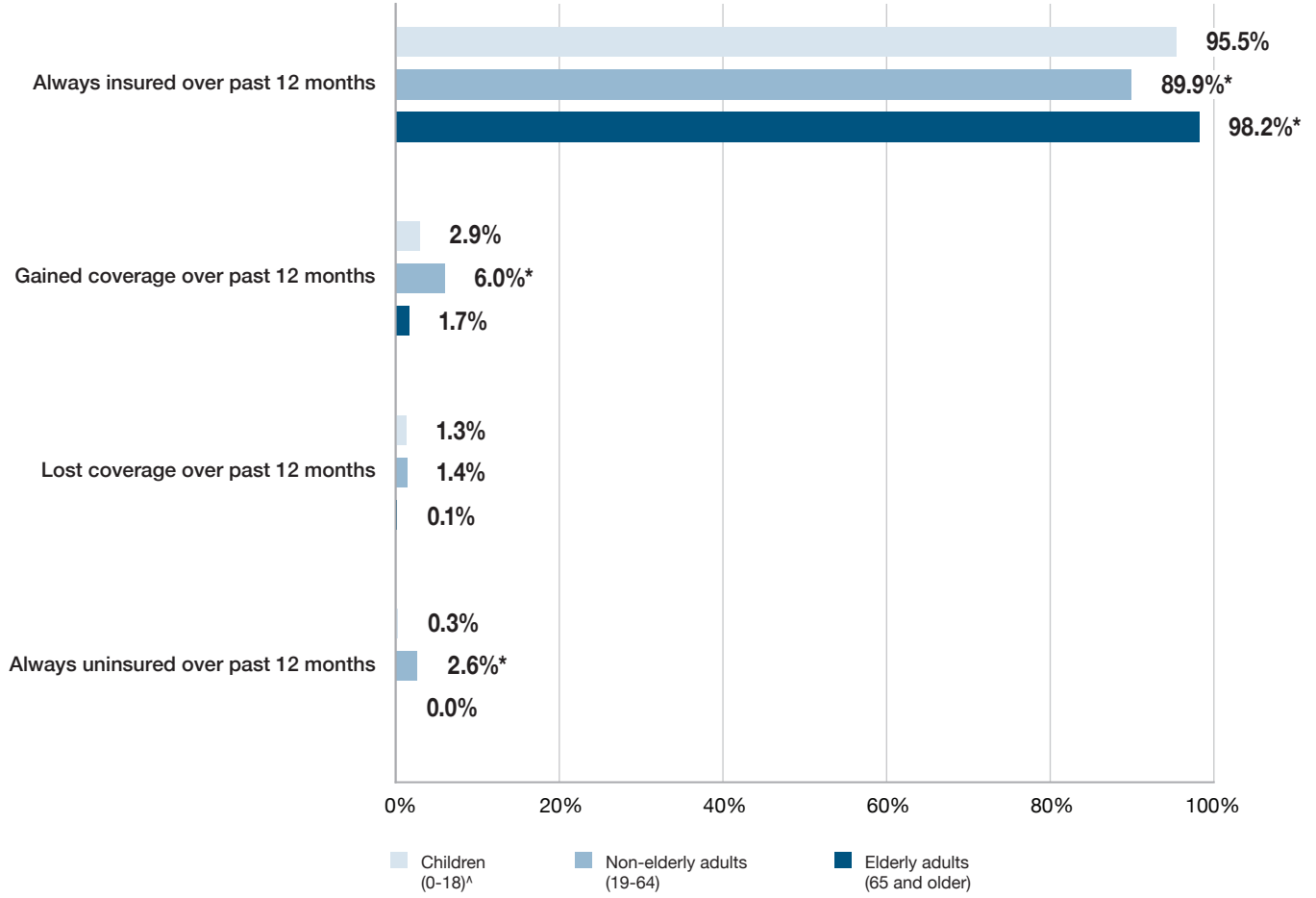


Notes: Estimates may not sum to 100% due to rounding.

Source: 2019 Massachusetts Health Insurance Survey

Transitions in Health Insurance Coverage by Age Group, 2019

In 2019, transitions in health insurance coverage during the year were rare for all age groups, highlighting the high levels of continuous insurance coverage in Massachusetts. Non-elderly adults were more likely to have a transition in health insurance status during the past 12 months than were children or elderly adults in 2019. Furthermore, all age groups were more likely to report gaining coverage than losing coverage over the past 12 months.



Notes: Estimates may not sum to 100% due to rounding.

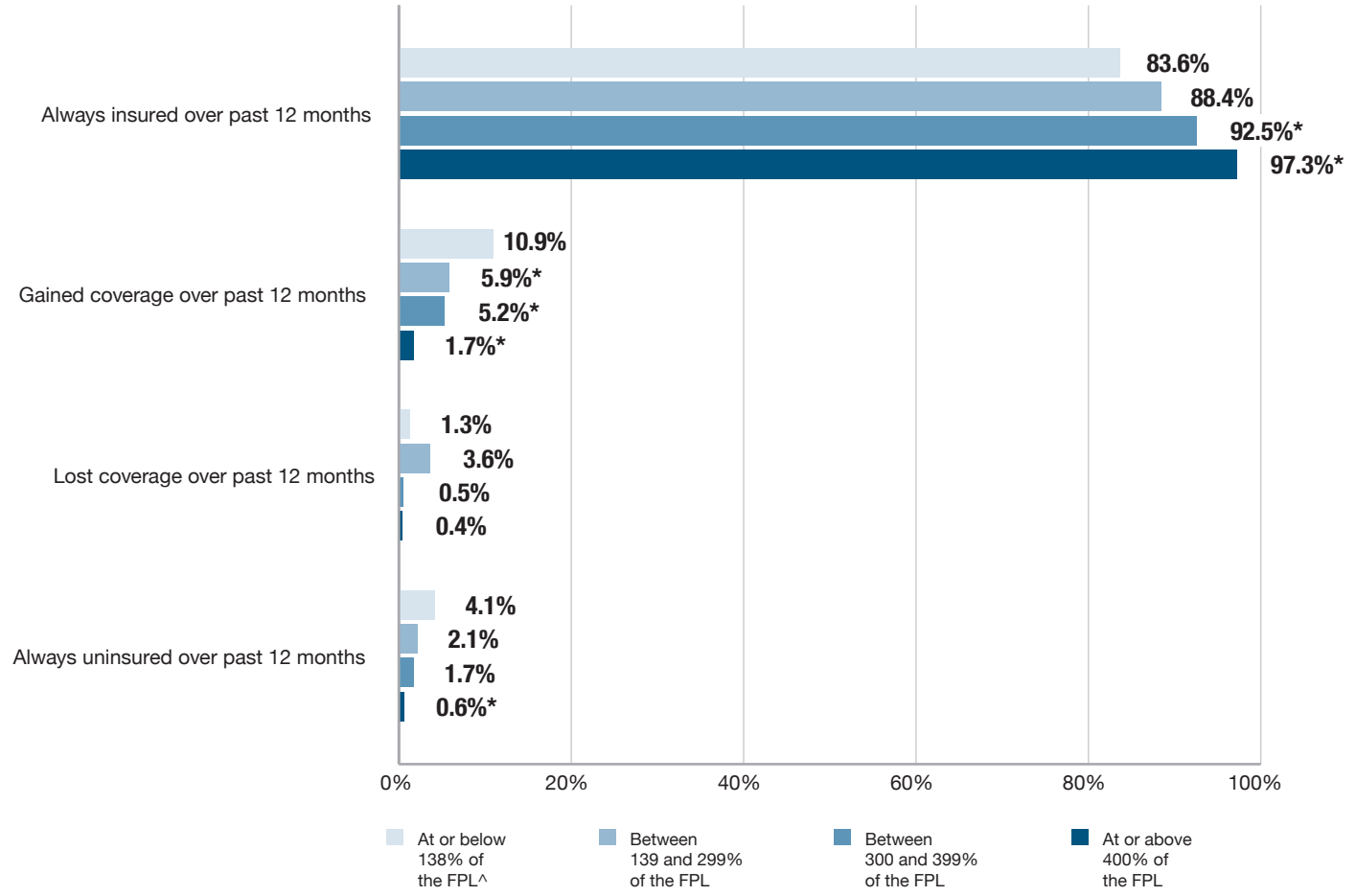
^Reference group

*Difference from estimate for "Children (0 to 18)" is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Transitions in Health Insurance Coverage by Family Income, 2019

In 2019, transitions in health insurance coverage among Massachusetts residents were also rare across all income groups, with continuous insurance coverage ranging from 83.6% of residents with family income at or below 138% of the FPL to 97.3% of residents with family income at or above 400% of the FPL. Residents with family income at or below 138% of the FPL were more likely to gain coverage than residents of higher family income.



Notes: Estimates may not sum to 100% due to rounding. FPL = Federal Poverty Level.

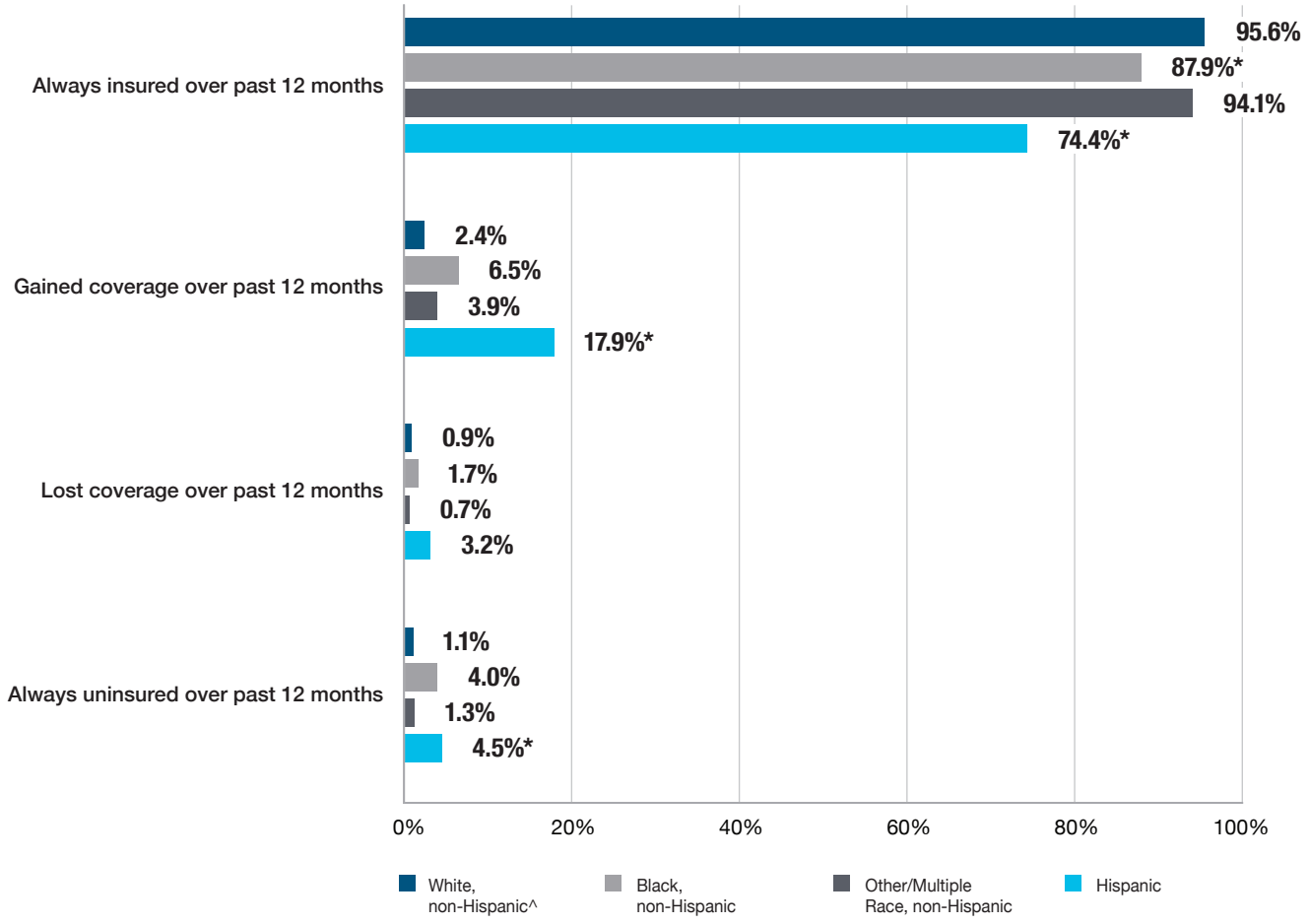
^Reference group

*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

All racial and ethnic groups in Massachusetts reported high rates of continuous coverage in 2019, though Hispanic and non-Hispanic Black residents were less likely than non-Hispanic white residents to report always being insured over past 12 months. Hispanic residents were more likely than non-Hispanic white residents to report gaining coverage or being uninsured for all of the past 12 months. Across all groups, gains in coverage over the past 12 months were reported more frequently than coverage losses over the past 12 months.

Transitions in Health Insurance Coverage by Race/Ethnicity, 2019



Notes: Estimates may not sum to 100% due to rounding.

^Reference group

*Difference from estimate for "White, non-Hispanic" is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Health Care Access and Use

The MHIS collects information on residents' health care access and use through questions about their usual source of care, visits to health care providers, emergency department (ED) utilization, and difficulties accessing care.

A usual source of care is the place that residents reported they usually go when they are sick or need advice about their health, excluding the emergency department. Health care visits over the past 12 months included those to a general doctor; nurse practitioner, midwife, or physician assistant; specialist; mental health professional; provider for substance use disorder care or treatment; and dentist or dental hygienist. Additionally, residents were asked whether any of their visits for medical care in the past 12 months were for preventive care and whether they took any prescription drugs in the past 12 months.

All residents were asked about ED use in the past 12 months. Further, residents with an ED visit were asked if their most recent ED visit was for a non-emergency condition, which is defined as a condition that could have been treated by a general doctor if one had been available. Those who indicated that their most recent visit was for a non-emergency condition were asked their reasons for that visit.

Residents were also asked about the difficulties they have encountered when trying to access health care in the past 12 months. Residents were asked whether they were told by a doctor's office or clinic that their health insurance type was not accepted or that new patients were not being accepted. Residents were also asked if they were unable to get an appointment at a doctor's office or clinic as soon as they thought one was needed. Inability to get an appointment "as soon as needed" is a reflection of residents' perception that care was needed, rather than a clinical assessment of needed care.

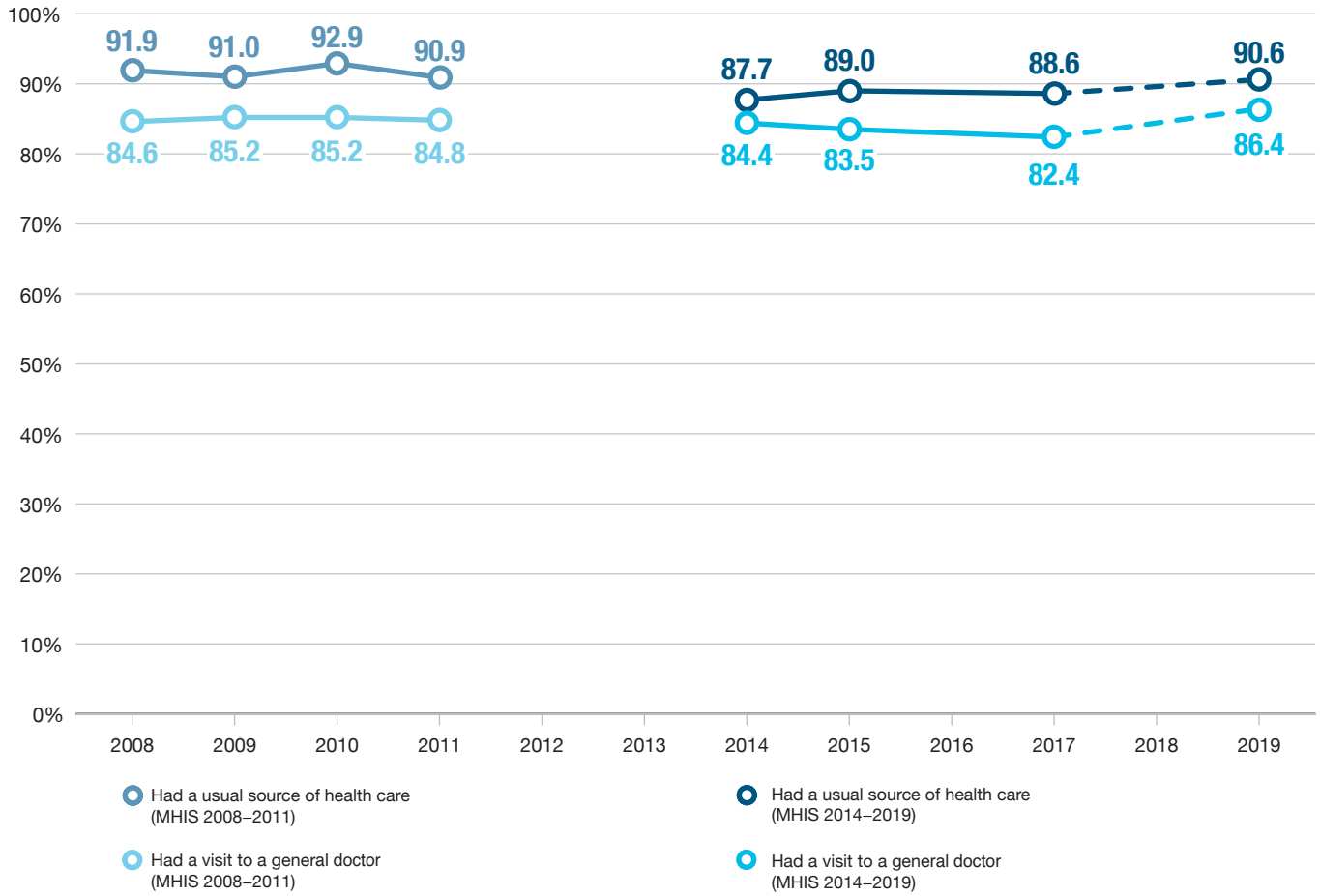
Key Findings:

- Over nine in 10 (91%) of Massachusetts residents reported having a usual source of health care at the time of the survey in 2019.
- Ninety-five percent of Massachusetts residents had a visit to a health care provider in the past 12 months.
- More than one in four (28%) residents visited the ED in the past 12 months. Among residents visiting the ED, over a third (34%) sought care for a non-emergency condition in their most recent ED visit.
- Among those with an ED visit for a non-emergency condition, the most commonly reported reason for the visit was needing care after normal operating hours (75%).
- Almost one-third (32%) of residents reported difficulties accessing care in 2019, with over one in six residents (18%) reporting difficulties getting an appointment with a doctor's office or clinic as soon as needed. ■

Health Care Access and Use Over the Past 12 Months, 2008-2019

In 2019, the majority of Massachusetts residents reported having a usual source of care other than the emergency department (90.6%) and a visit to a general doctor over the past 12 months (86.4%), an increase in both estimates from 2017.

Nationally, 87.6% of residents reported a usual place to go for medical care based on estimates from the 2018 National Health Interview Survey (data not shown).



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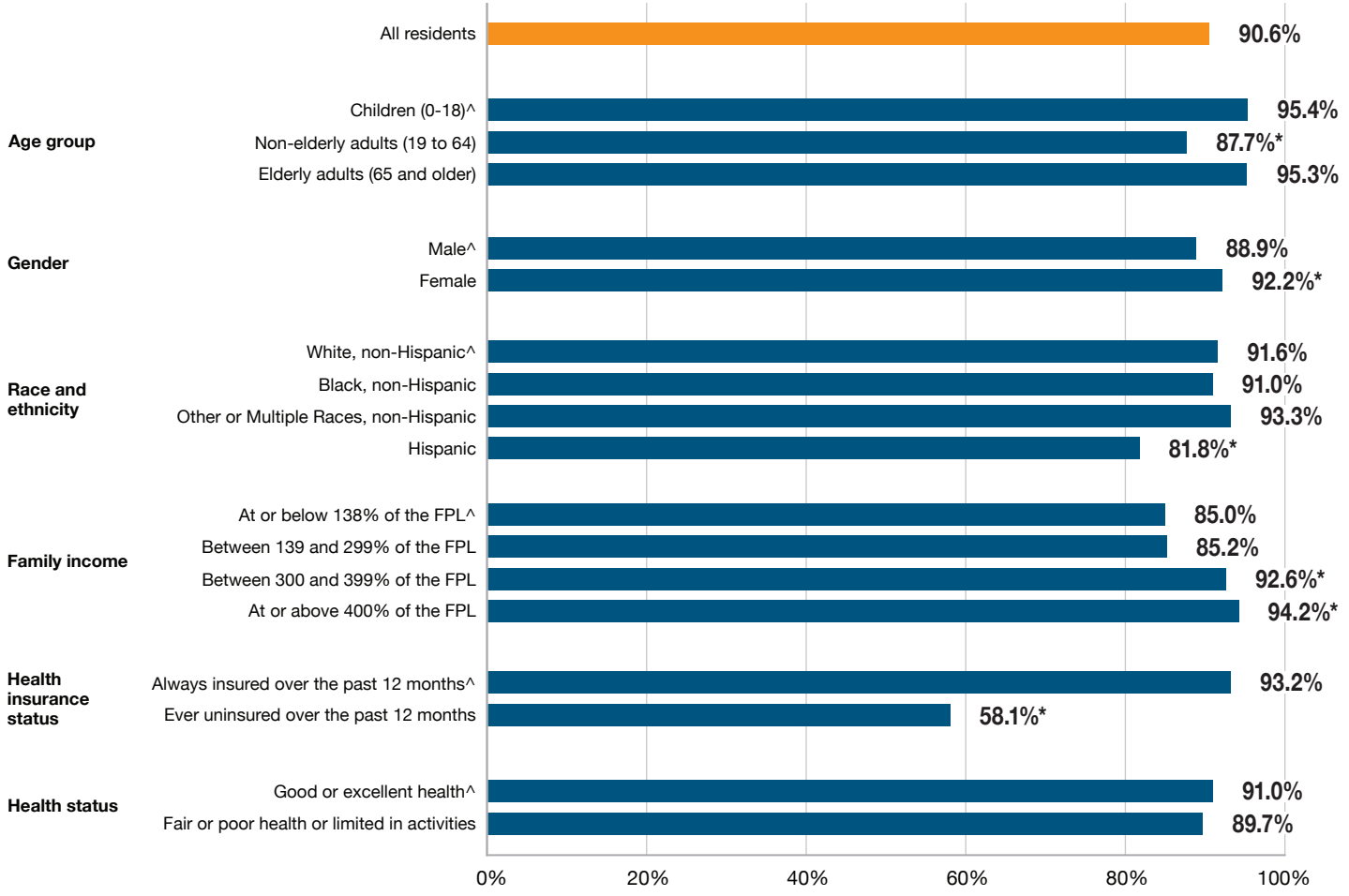
Source: 2008-2011, 2014, 2015, 2017, and 2019 Massachusetts Health Insurance Survey (MHIS) for Massachusetts estimates.

Usual Source of Care by Individual Characteristics, 2019

While most Massachusetts residents (90.6%) had a usual source of care in 2019, there were gaps for some population subgroups, including Hispanic residents (81.8%) and residents who were ever uninsured over the past 12 months (58.1%).



Notes: Usual source of care excludes the emergency department. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

^Reference group

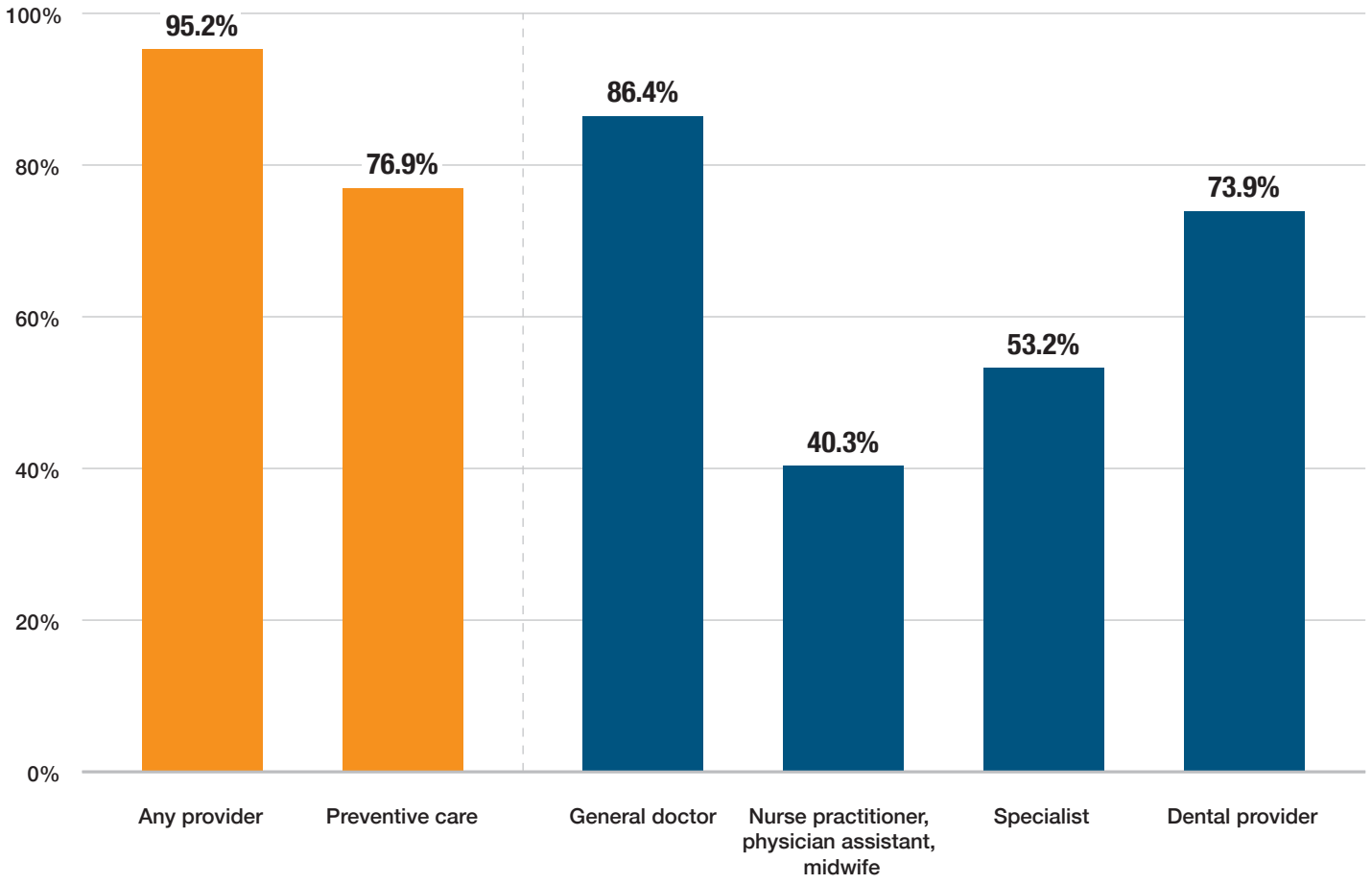
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Health Care Use by Type of Provider, 2019

In 2019, most Massachusetts residents reported having at least one visit with a health care provider in the past 12 months (95.2%). The most commonly reported visit for health care was to general doctors (86.4%), followed by dental care providers (73.9%) and specialists (53.2%).

Over three-quarters of residents reported having a preventive care visit in the past 12 months, meaning almost a quarter had no preventive care.

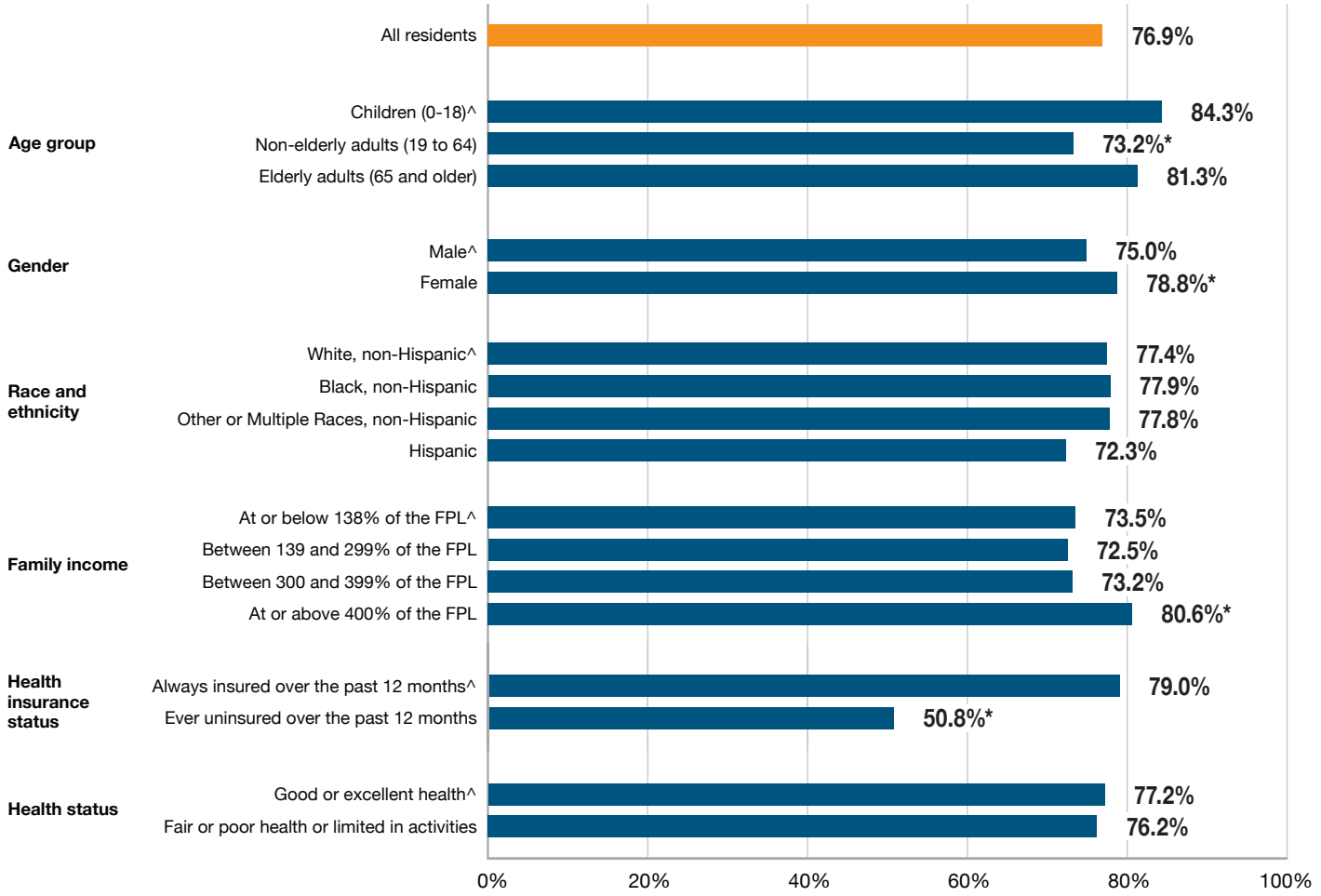


Notes: Any visit to a provider includes the following visit types: general doctor; nurse practitioner; physician's assistant; midwife; specialist; and dental provider. Preventive was defined as a visit to a general doctor, nurse practitioner, physician assistant, or midwife for a "check-up, physical examination, or for other preventive care."

Source: 2019 Massachusetts Health Insurance Survey

Visit for Preventive Care by Individual Charactistics, 2019

Massachusetts residents who were ever uninsured in the past 12 months were less likely to report a visit for preventive care than those who were always insured in 2019 (50.8% versus 79.0%).



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

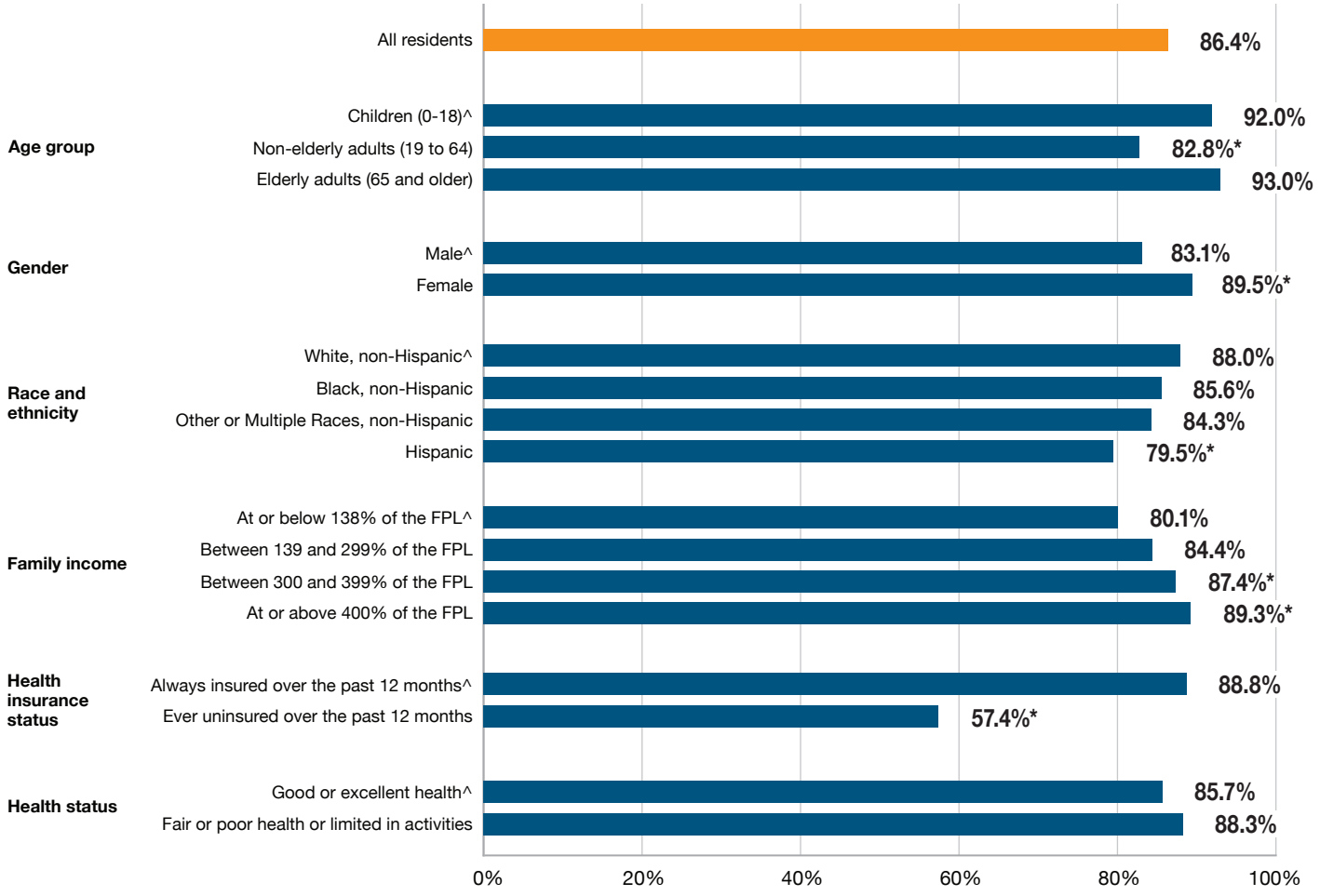
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Visit to a General Doctor by Individual Characteristics, 2019

Though the majority of Massachusetts residents (86.4%) reported a visit to a general doctor over the past 12 months in 2019, there were some groups who were less likely to have a visit, most notably residents who were ever uninsured over the past 12 months (57.4%).



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

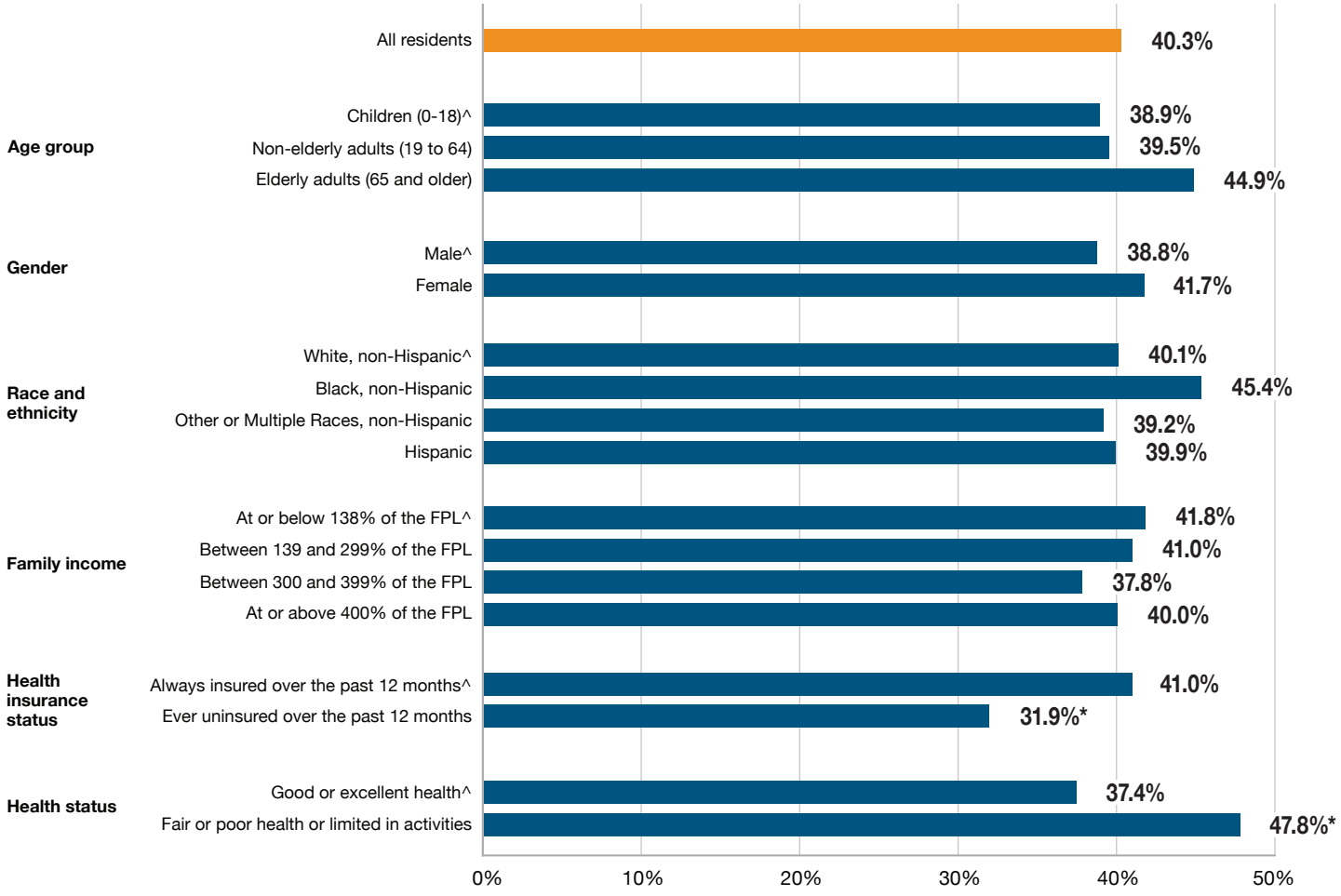
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Visit to a Nurse Practitioner, Physician Assistant, or Midwife by Individual Characteristics, 2019

In 2019, 40.3% of Massachusetts residents reported a visit to a nurse practitioner, physician assistant, or midwife over the past 12 months. Use of these providers was fairly consistent across population subgroups, but those who reported having fair or poor health or an activity limitation were more likely to report having a visit (47.8%). Residents who were ever uninsured over the past 12 months were less likely to visit these providers, at 31.9%.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

^Reference group

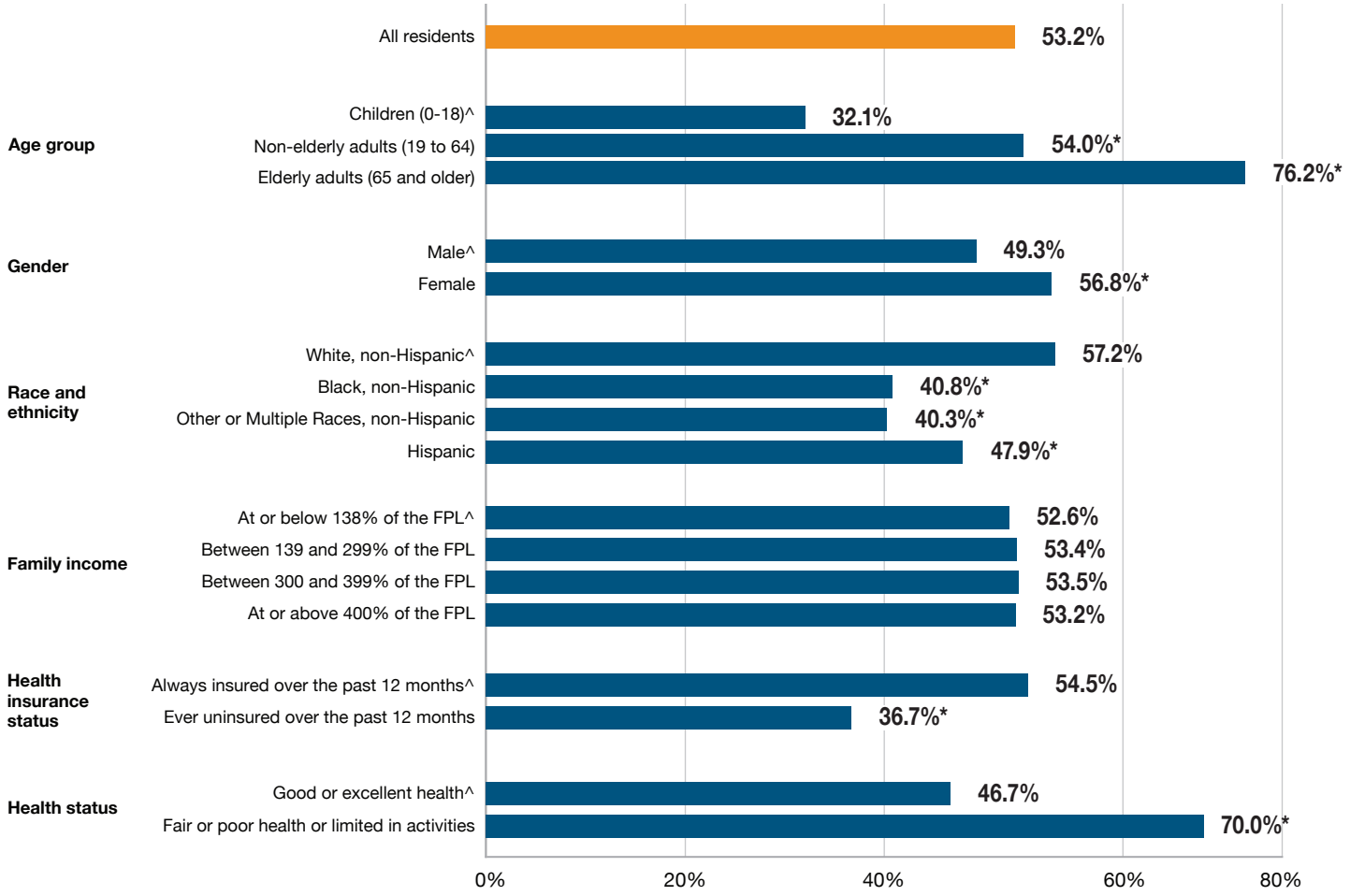
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Visit to a Specialist by Individual Characteristics, 2019

The majority of Massachusetts residents (53.2%) reported a visit to a specialist over the past 12 months in 2019, with elderly adults and residents in fair or poor health or with an activity limitation most likely to have a visit. The higher use by these groups likely reflects, at least in part, higher health care need.

Not all residents would be expected to need a visit to a specialist over the course of a year, so these estimates do not provide a measure of unmet need for specialist care.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

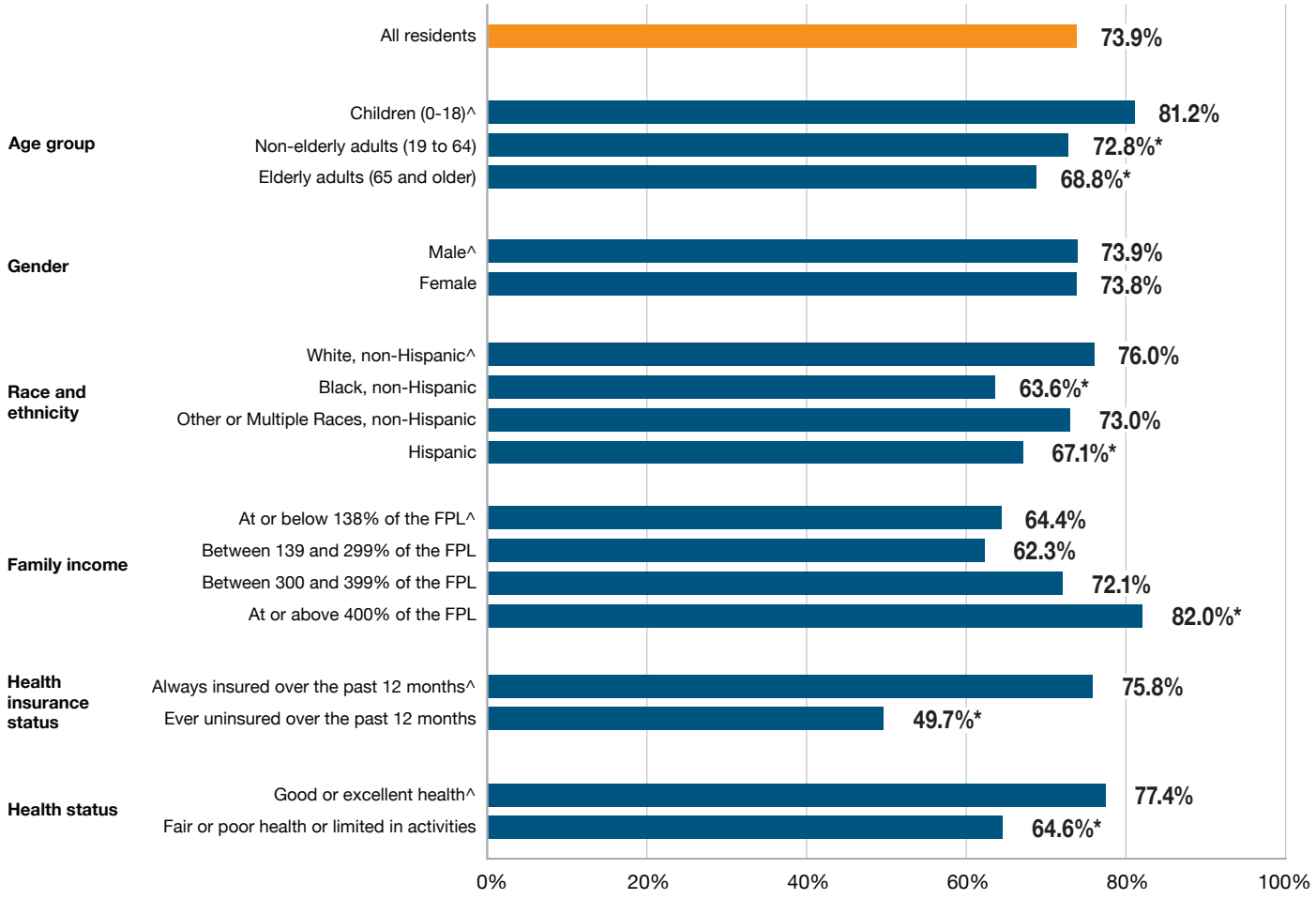
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Visit for Dental Care by Individual Characteristics, 2019

In 2019, nearly three-fourths of Massachusetts residents reported having a dental care visit in the past 12 months, meaning over one in four did not have a visit for dental care in the past 12 months. Dental care visits varied significantly by income, with 82.0% of residents with family income at or above 400% of the FPL reporting a dental care visit in the past 12 months as compared to 64.4% of those with family income at or below 138% of the FPL. This may reflect the difficulty covering the costs for that care, particularly because dental care is not usually covered by medical insurance and many residents do not have dental insurance.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

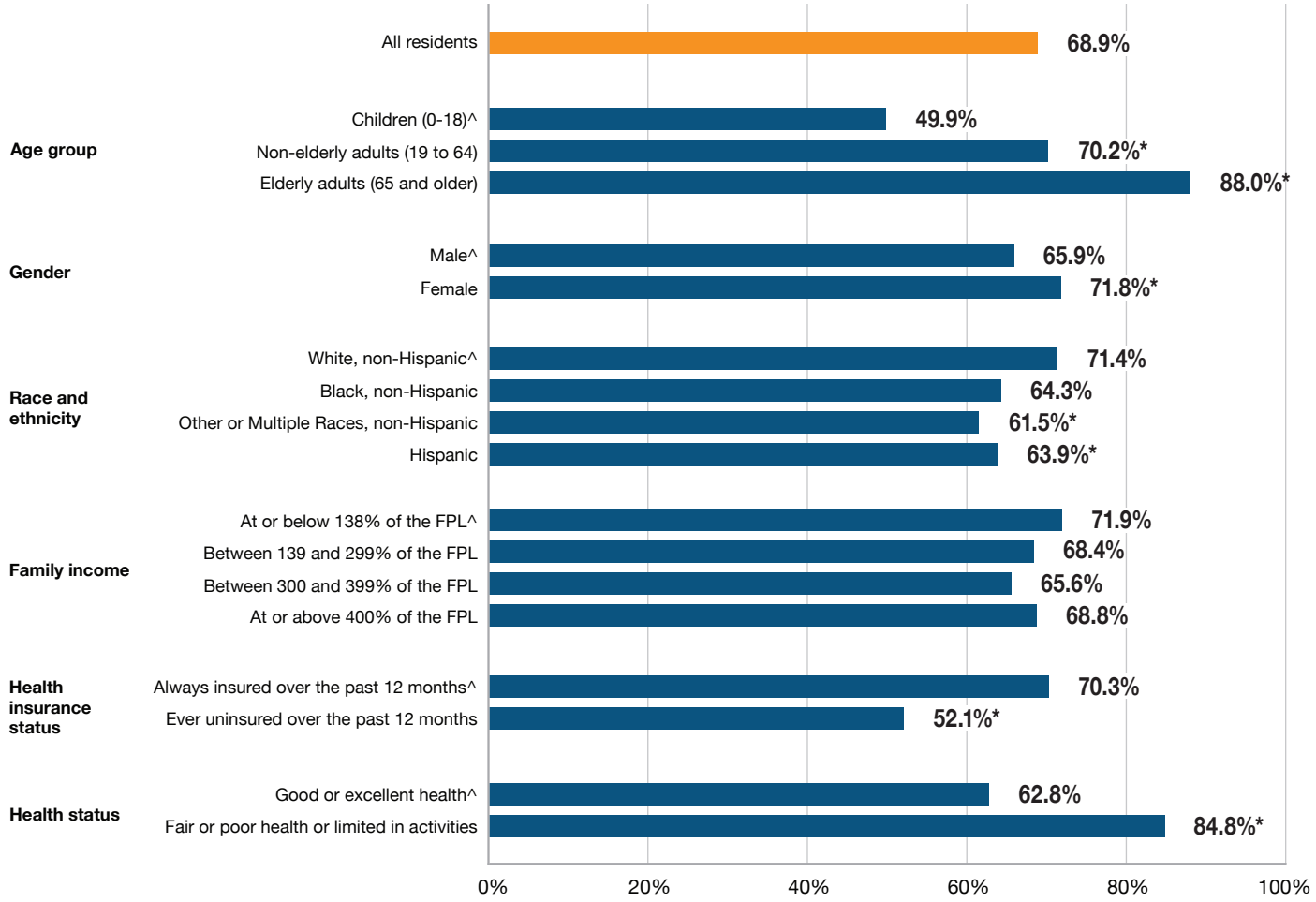
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Prescription Drug Use by Individual Characteristics, 2019

In 2019, more than two-thirds of Massachusetts residents reported taking one or more prescription drugs over the past 12 months (68.9%). Adults, especially elderly adults, were more likely than children to report prescription drug use. In addition, 84.8% of residents with fair or poor health reported taking prescription drugs over the past 12 months. Differences in reported use of prescription drugs by age, gender, and health status are likely related, at least in part, to higher health care needs in these population groups.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

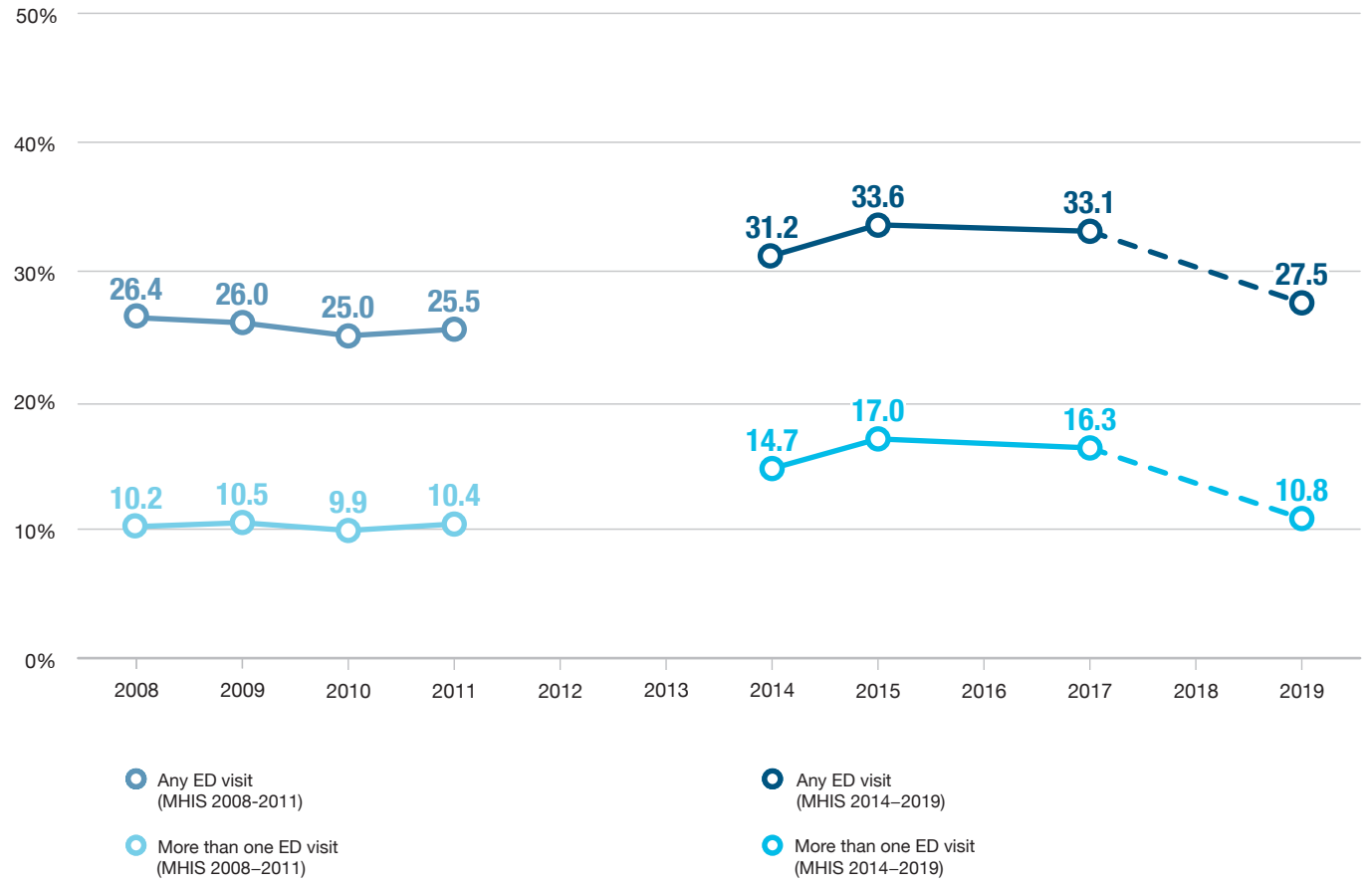
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

ED Visits Over the Past 12 Months, 2008-2019

The percent of Massachusetts residents reporting a visit to an ED in the past 12 months declined between 2015 and 2019, from 33.1% to 27.5%. The decrease between 2017 and 2019 was statistically significant.

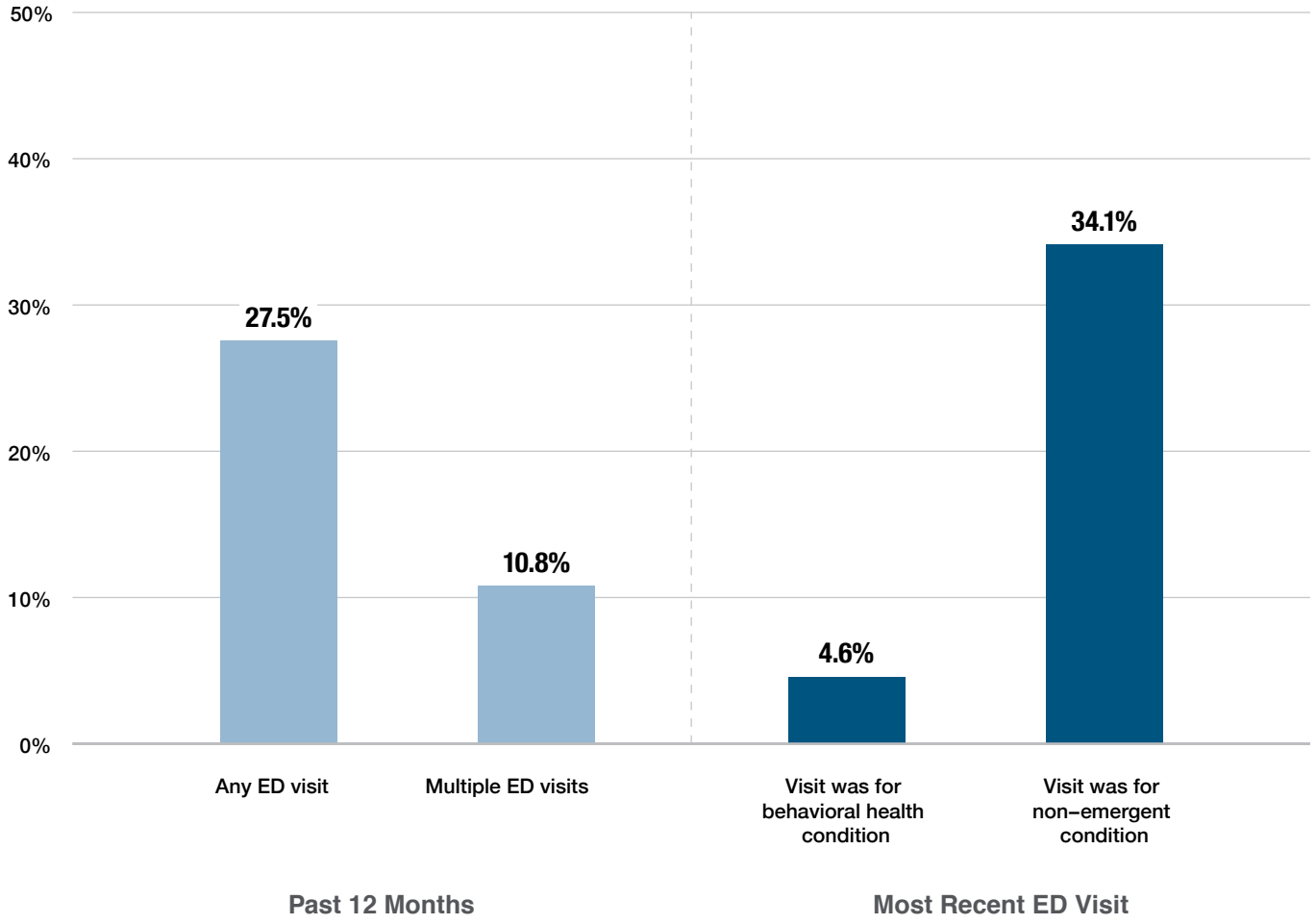


Notes: Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. The 2019 survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017. Though estimates between the 2019 ABS and RDD are similar, caution should be used when interpreting trends (denoted by the dotted line). Please see methodology report for more information. ED = Emergency Department.

Source: 2008-2011, 2014, 2015, 2017, and 2019 Massachusetts Health Insurance Survey (MHIS)

ED Visits by Type, 2019

In 2019, among Massachusetts residents with an ED visit for any reason in the past 12 months, nearly one-third (34.1%) reported that their most recent visit was for a non-emergency condition, defined as a condition that could have been treated by a general doctor if one had been available. Furthermore, 4.6% of residents with any ED visit reported that their most recent visit was for a behavioral health condition.

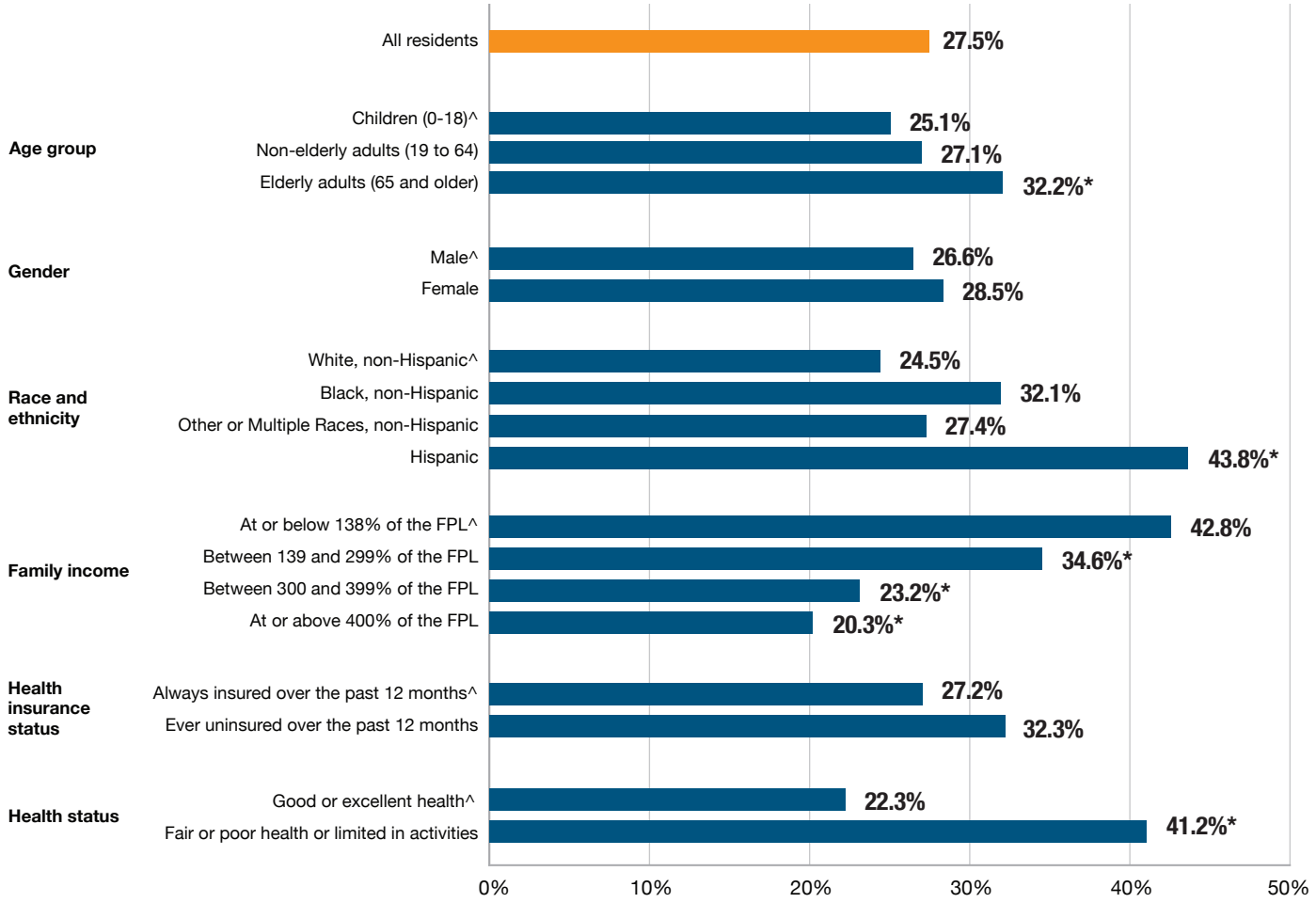


Notes: Visits for behavioral health conditions include visits related to mental health conditions and substance use disorders. Non-emergent conditions are defined as conditions that the resident thought could have been treated by a regular doctor if one had been available. ED = Emergency Department.

Source: 2019 Massachusetts Health Insurance Survey

ED Visit by Individual Characteristics, 2019

In 2019, the share of Massachusetts residents reporting an ED visit in the past 12 months varied by individual characteristics. Of particular note, Hispanic residents (43.8%), residents with family income at or below 138% of the FPL (42.8%), and residents reporting fair or poor health or with an activity limitation (41.2%) were likely to have visited the ED.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." ED = Emergency Department; FPL = Federal Poverty Level.

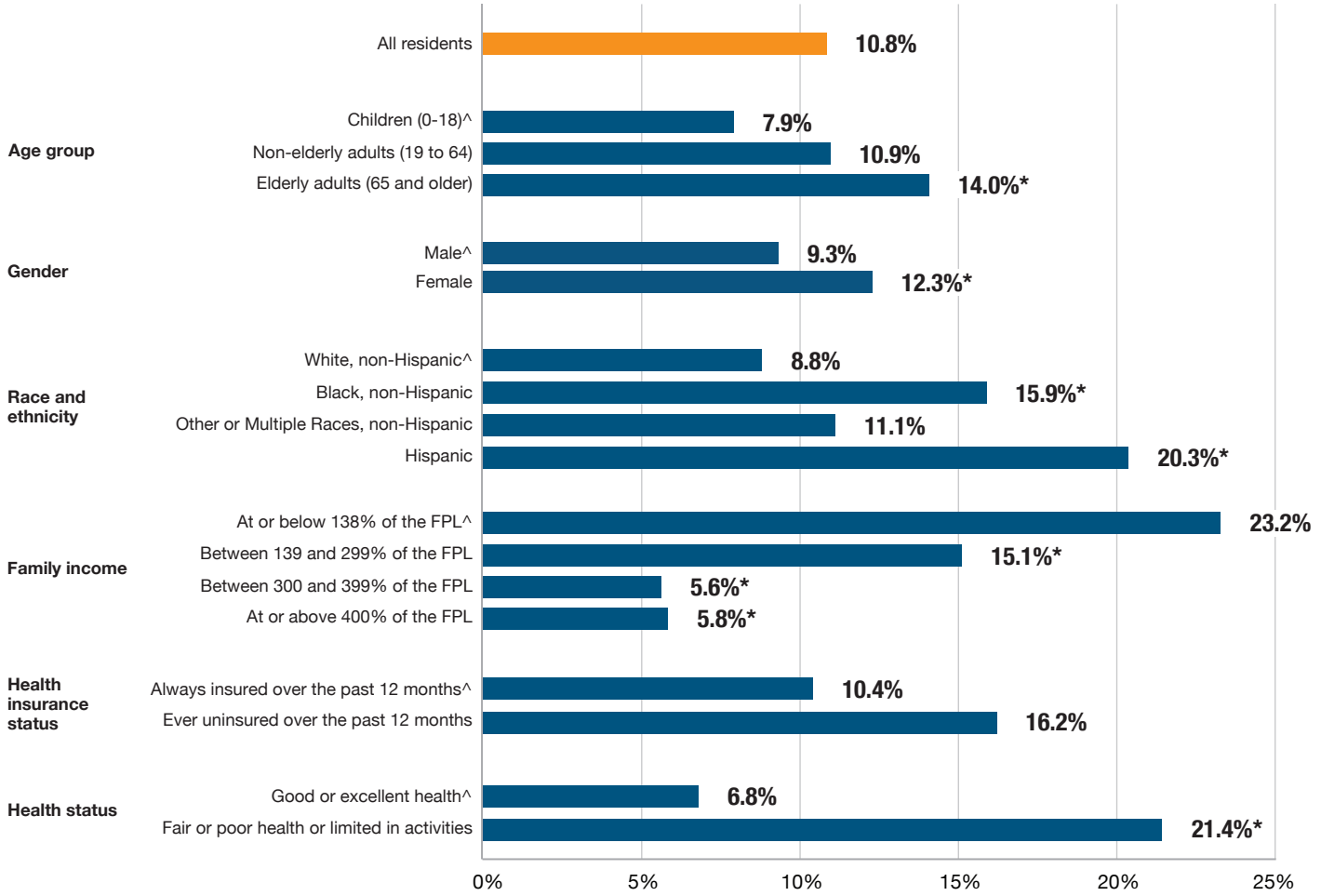
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Multiple ED Visits by Individual Characteristics, 2019

In 2019, one in 10 Massachusetts residents reported multiple visits to the ED. Residents with family income at or below 138% of the FPL and residents in fair or poor health or with an activity limitation were particularly likely to report multiple ED visits in 2019. Additionally, black and Hispanic residents were more likely than non-Hispanic white residents to report multiple ED visits.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." ED = Emergency Department; FPL = Federal Poverty Level.

^Reference group

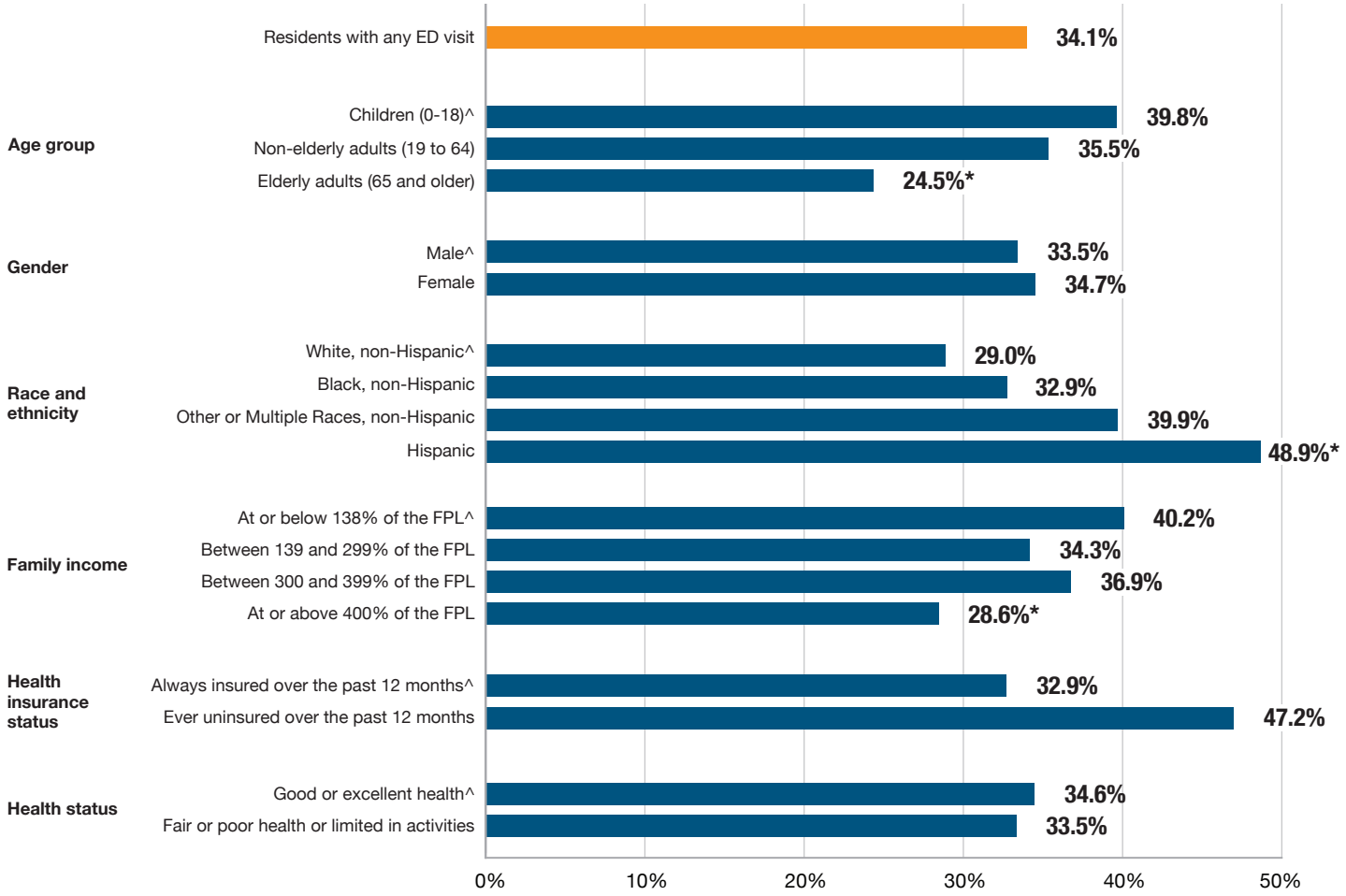
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Among Those with an ED Visit in the Past 12 Months, Most Recent ED Visit Was for a Non-Emergency Condition by Individual Characteristics, 2019

In 2019, more than a third of Massachusetts residents with an ED visit over the past 12 months reported that their most recent visit to the emergency department was for a non-emergency condition (34.1%).

The rates of visiting the ED for a non-emergency condition were generally consistent across population subgroups. However, Hispanic residents were more likely than non-Hispanic white residents to report visiting the ED for a non-emergency condition (48.9%). Likewise, residents with periods of uninsurance in the past 12 months were more likely to report visiting the ED for a non-emergency condition (47.2%) than residents who had health insurance for all of the past 12 months (32.9%).



Notes: Visits for behavioral health conditions include visits related to mental health conditions and substance use disorders. Non-emergent conditions are defined as conditions that the resident thought could have been treated by a regular doctor if one had been available. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." ED = Emergency Department; FPL = Federal Poverty Level.

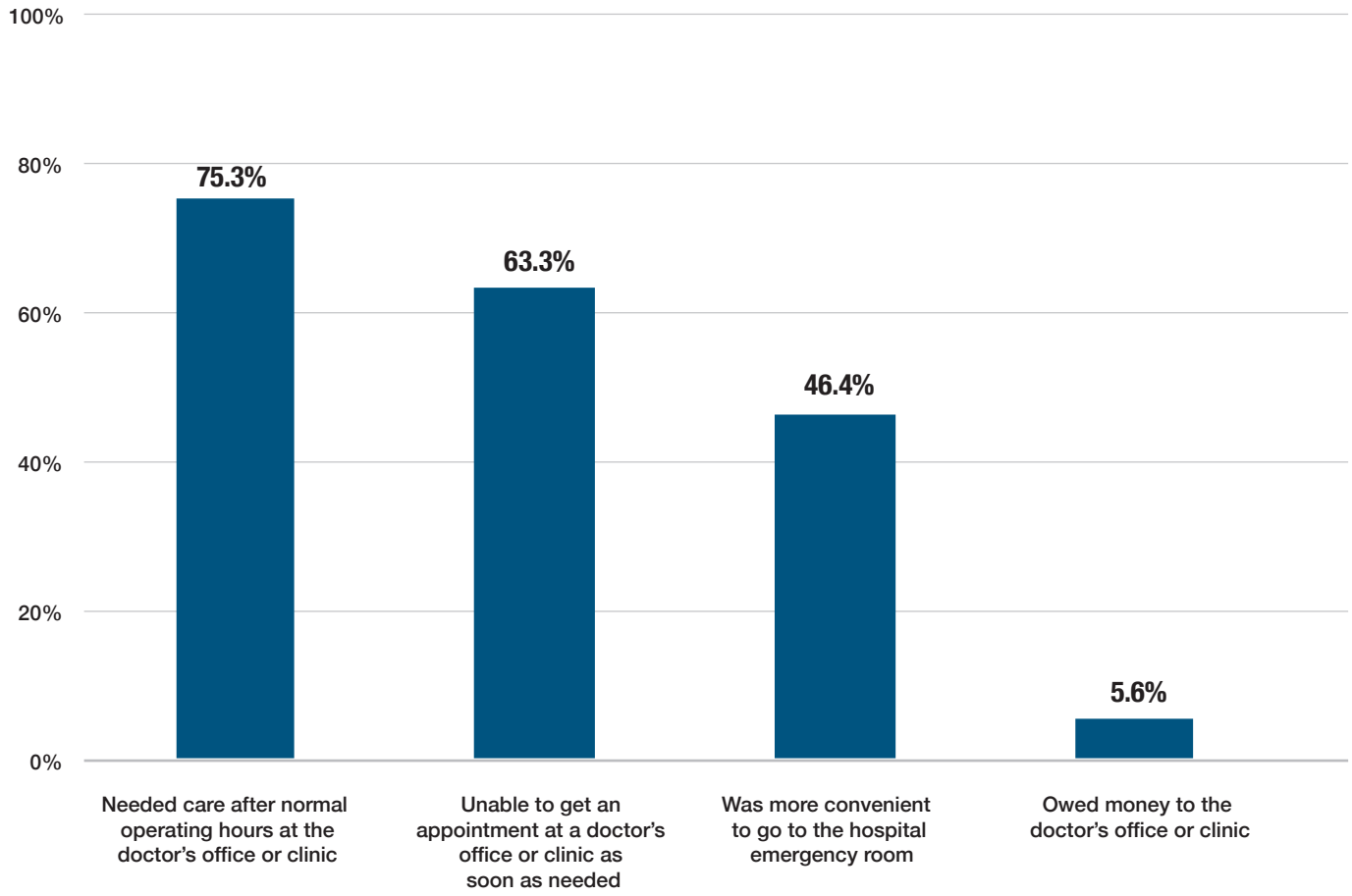
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Reasons for Most Recent Non-Emergency ED Visit, 2019

In 2019, the most common reasons reported by Massachusetts residents for visiting the ED for a non-emergency condition were related to difficulties getting care at a doctor's office or clinic. The majority of residents reported that their most recent non-emergency ED visit was due to needing care after normal operating hours at the doctor's office or clinic (75.3%), followed by being unable to get an appointment at a doctor's office or clinic as soon as needed (63.3%).

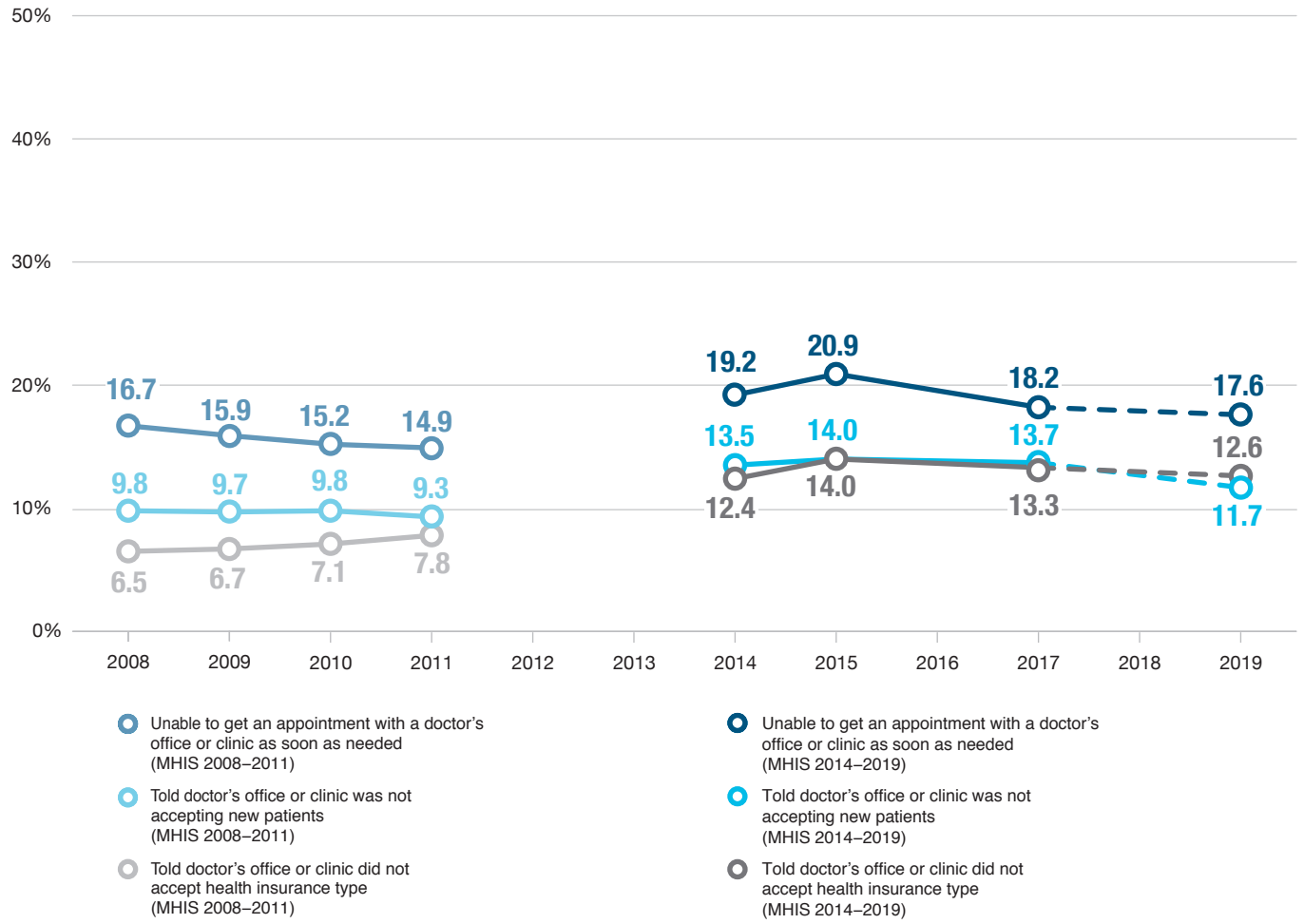


Notes: ED = Emergency Department.

Source: 2019 Massachusetts Health Insurance Survey

Difficulties Accessing Care Over the Past 12 Months, 2008-2019

Despite the high percentage of Massachusetts residents reporting that they had a usual source of care, some residents still faced difficulties obtaining needed health care in 2019. The rates of difficulties accessing care in the past 12 months have remained relatively stable since 2017.

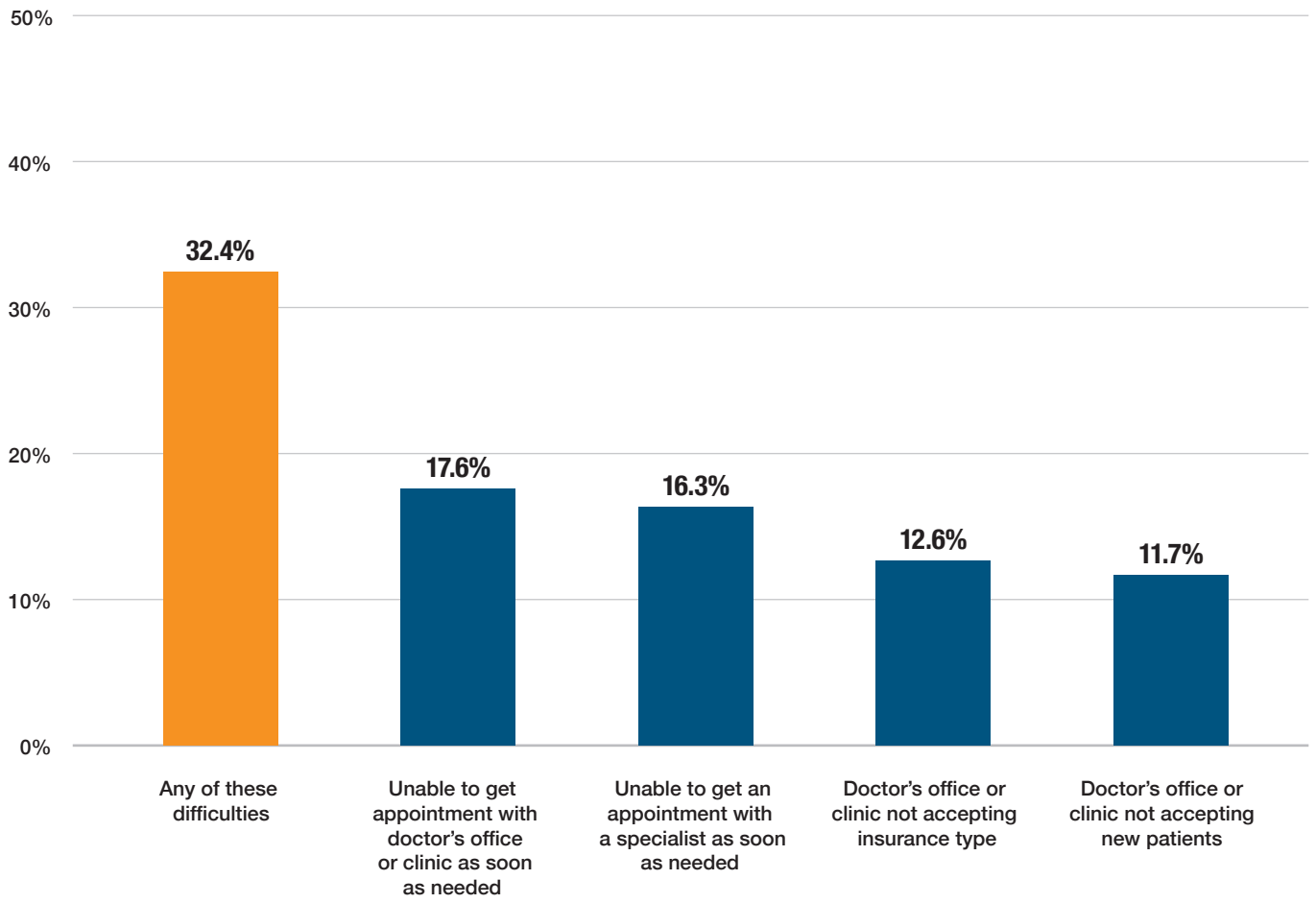


Notes: Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. The 2019 survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017. Though estimates between the 2019 ABS and RDD are similar, caution should be used when interpreting trends (denoted by the dotted line). Please see methodology report for more information.

Source: 2008-2011, 2014, 2015, 2017, and 2019 Massachusetts Health Insurance Survey (MHIS) for Massachusetts estimates.

Difficulties Accessing Care Over the Past 12 Months, 2019

Nearly a third of Massachusetts residents reported at least one type of difficulty accessing care in 2019 (32.4%). Reported difficulties accessing care include being unable to get an appointment with a doctor's office or specialist as soon as needed (17.6% and 16.3%, respectively), the doctor's office or clinic not accepting the resident's insurance type (12.6%), and the doctor's office or clinic not accepting new patients (11.7%).

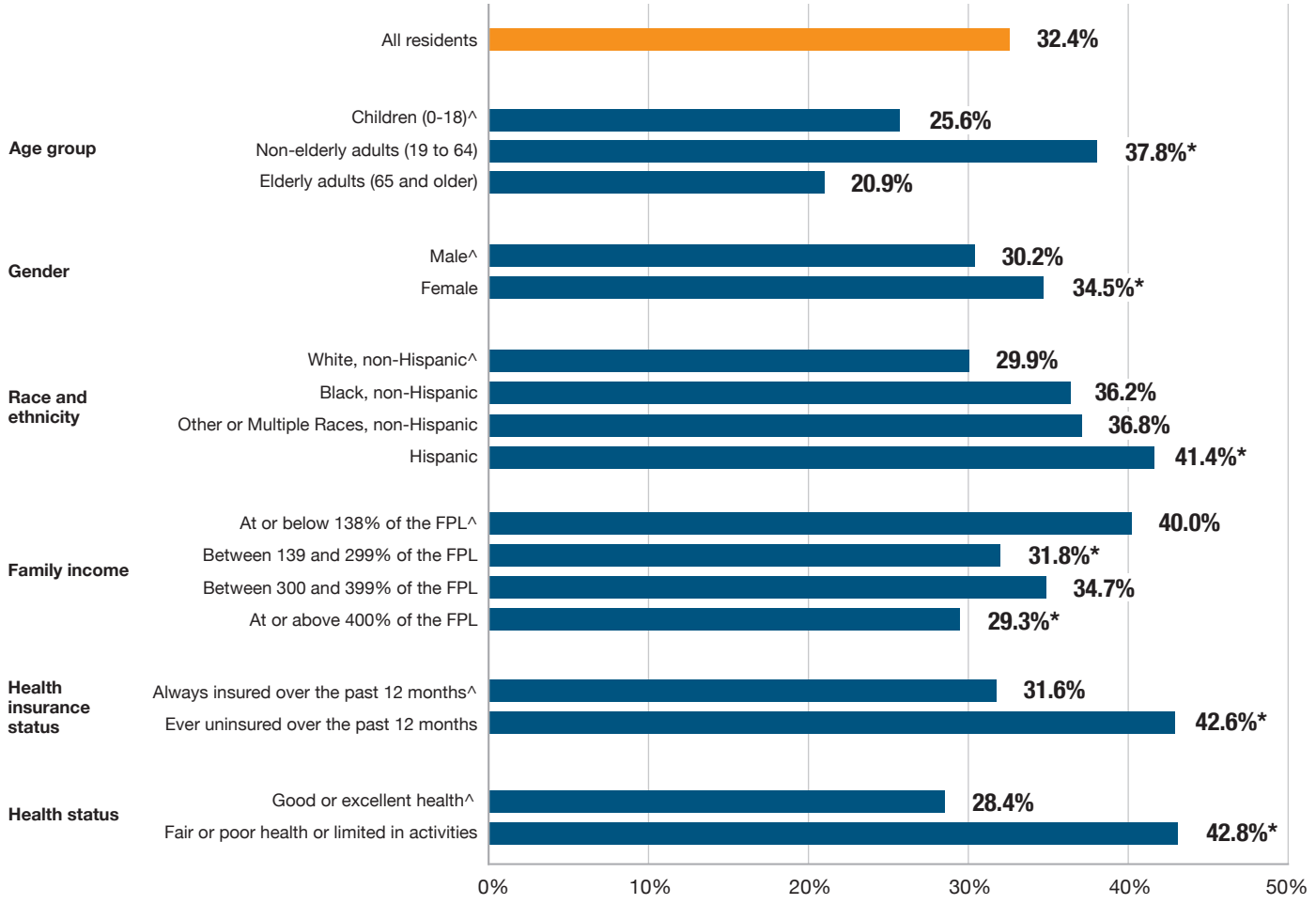


Notes: Any of these difficulties includes the following: unable to get an appointment with doctor's office or clinic as soon as needed; unable to get an appointment with a specialist as soon as needed; doctor's office or clinic not accepting insurance type; and doctor's office or clinic not accepting new patients.

Source: 2019 Massachusetts Health Insurance Survey

Difficulties Accessing Care Over the Past 12 Months by Individual Characteristics, 2019

While roughly one-third of Massachusetts residents reported having difficulties accessing health care over the past 12 months in 2019 (32.4%), the difficulties were more common for Hispanic residents (41.4%), low-income residents (40.0%), residents who were ever uninsured over the past 12 months (42.6%), and residents who reported having fair or poor health or being limited in activities (42.8%).



Notes: Any of these difficulties includes the following: unable to get an appointment with doctor's office or clinic as soon as needed; unable to get an appointment with a specialist as soon as needed; doctor's office or clinic not accepting insurance type; and doctor's office or clinic not accepting new patients. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

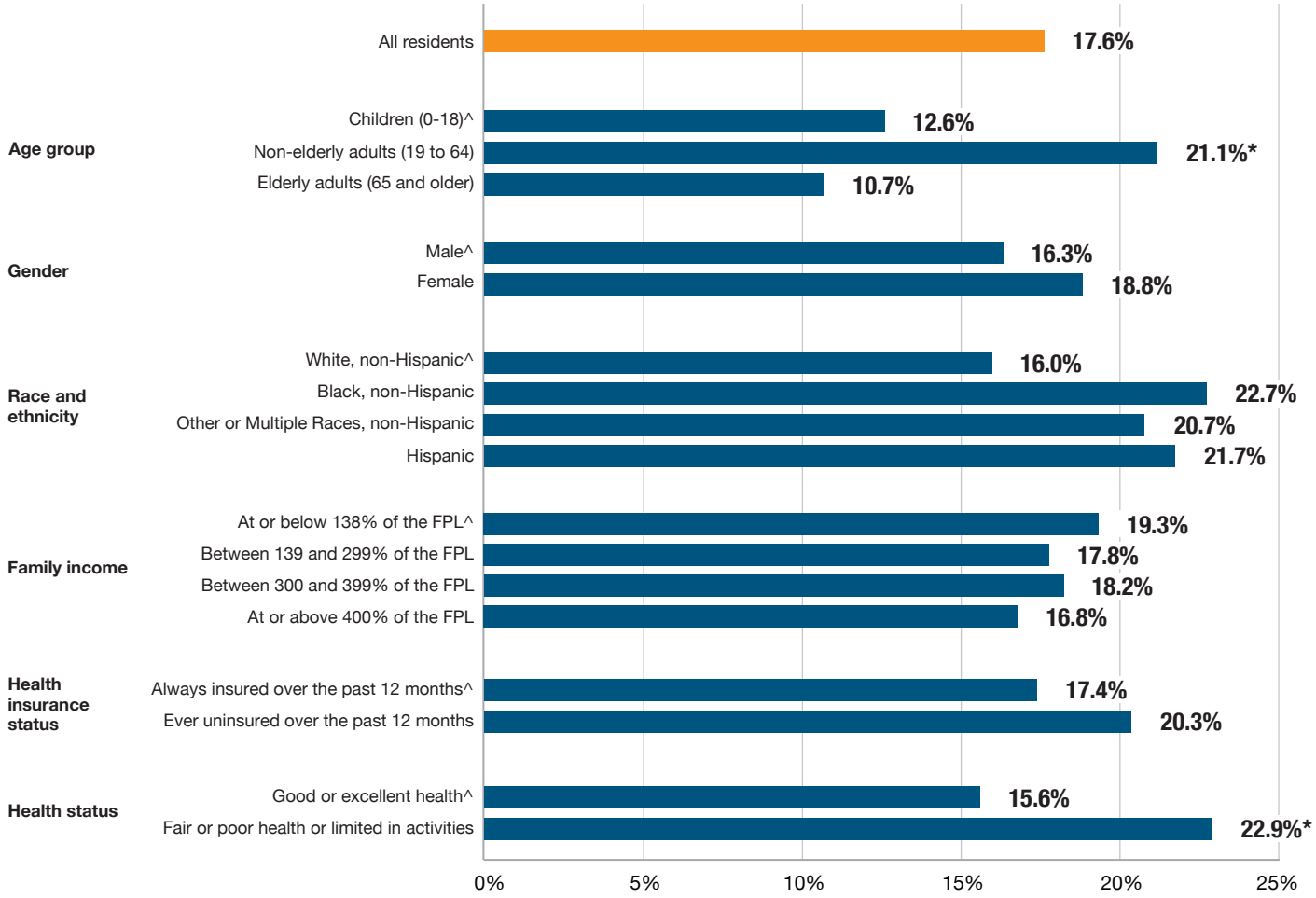
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Unable to Get an Appointment with a Doctor's Office or Clinic as Soon as Needed by Individual Characteristics, 2019

In 2019, non-elderly adults, non-white residents, and residents in fair or poor health or with an activity limitation were more likely than other adults to report that they were unable to get an appointment with a doctor's office or clinic as soon as they felt one was needed.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

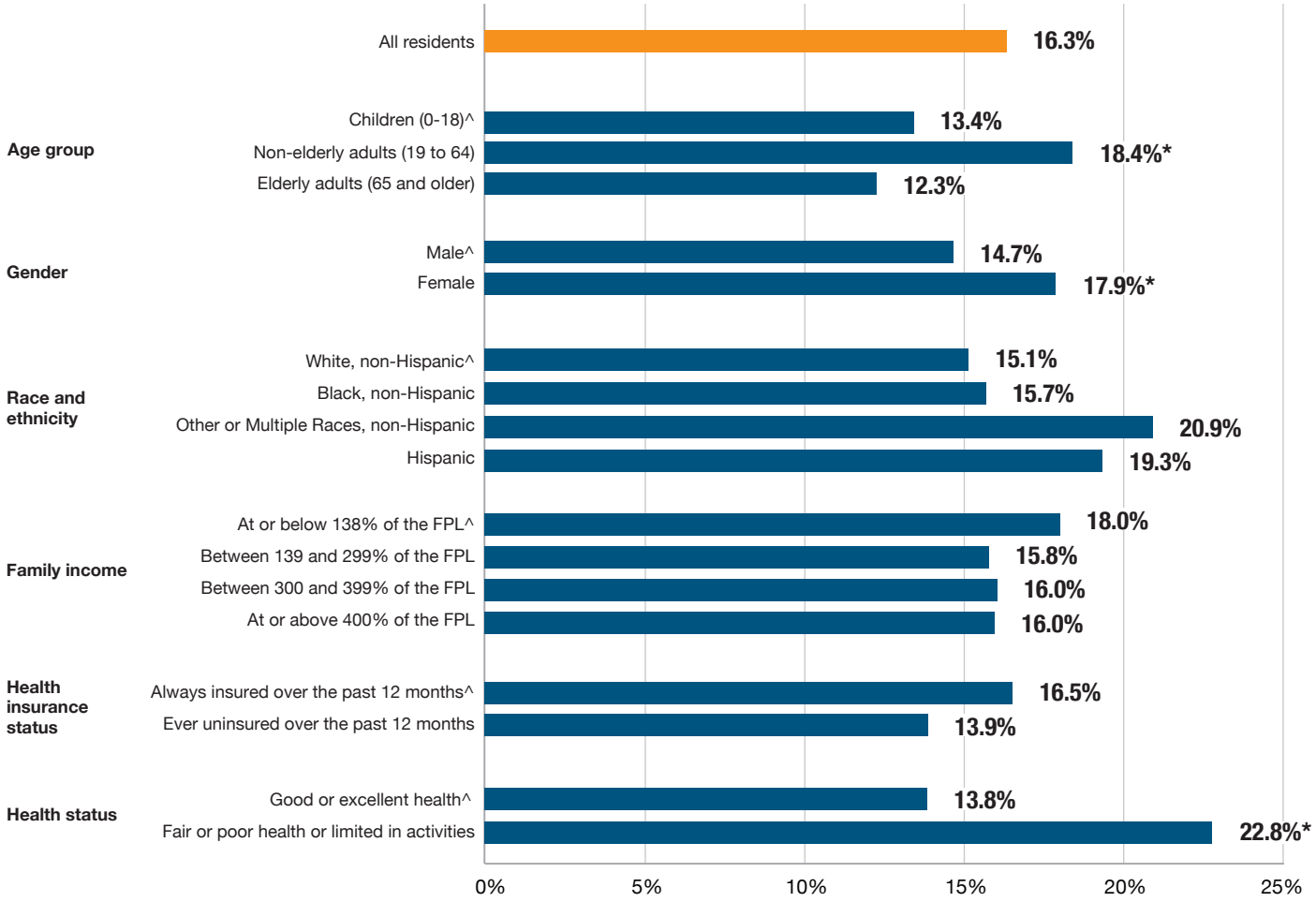
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Unable to Get an Appointment with a Specialist as Soon as Needed by Individual Characteristics, 2019

In 2019, the largest disparity in getting an appointment with a specialist as soon as needed among Massachusetts residents was found among those with fair or poor health or an activity limitation (22.8%). This may reflect that residents in fair or poor health have more interactions with the health care system.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

^Reference group

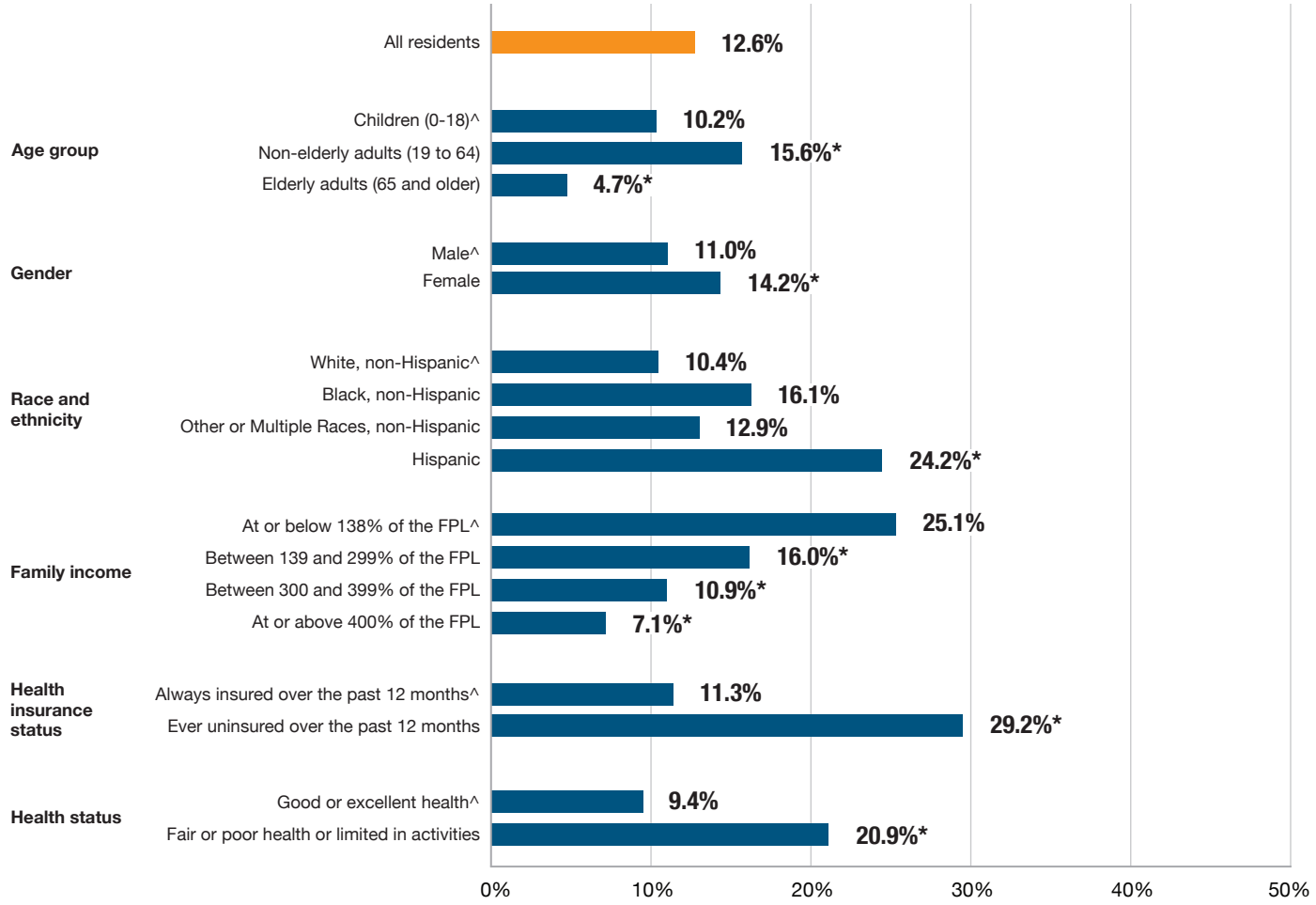
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Doctor's Office or Clinic Not Accepting Insurance Type by Individual Characteristics, 2019

In 2019, one in four Massachusetts residents (25.1%) with family income at or below 138% of the FPL reported that the provider was not accepting their insurance type, compared to 7.1% of residents at or above 400% of the FPL. This could be related in part to providers being less likely to accept MassHealth or other public coverage.

Additionally, Hispanic residents were more than twice as likely as their white, non-Hispanic counterparts to report the provider did not accept their insurance type (24.2% vs. 10.4%).



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

^Reference group

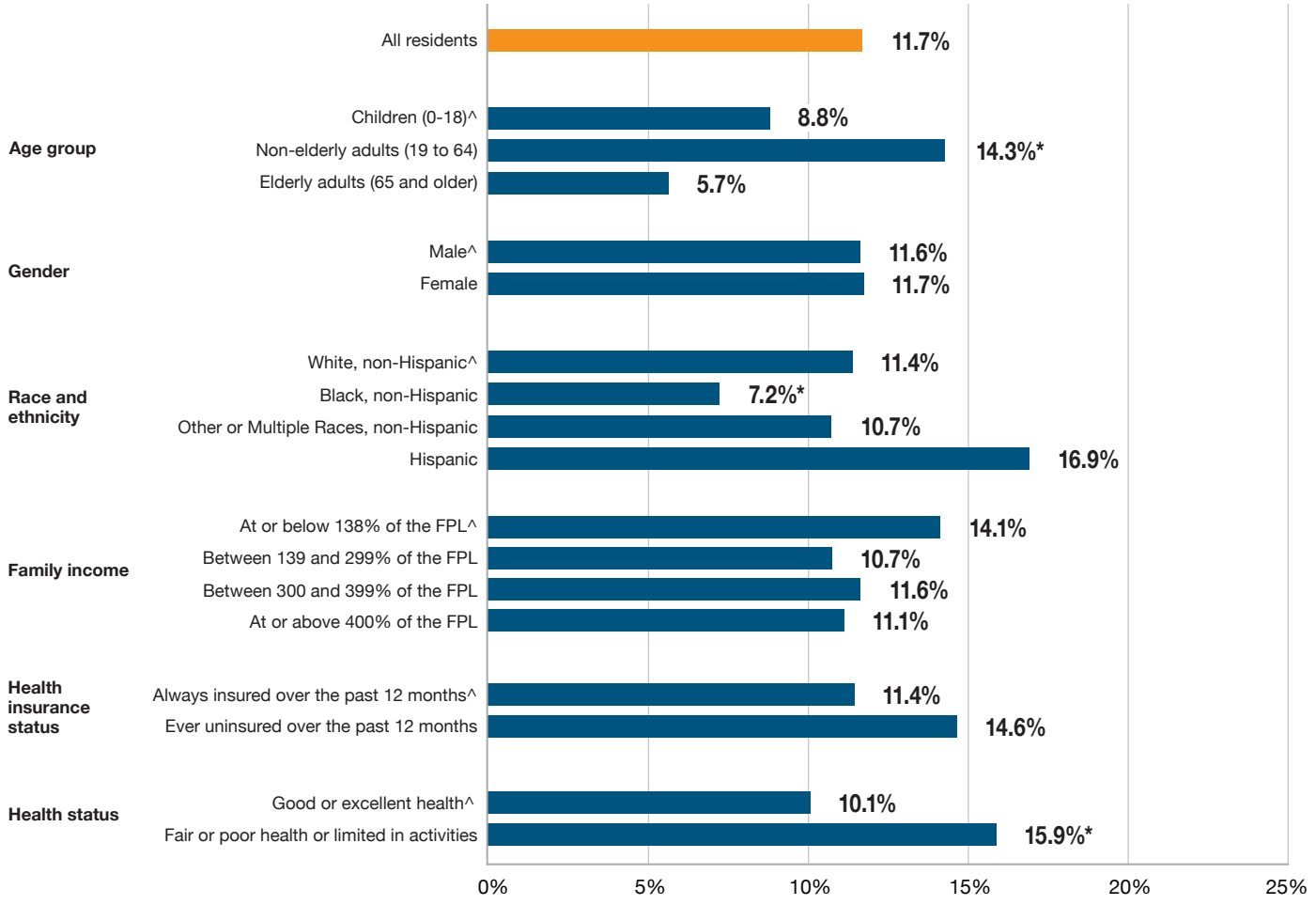
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Doctor's Office or Clinic Not Accepting New Patients by Individual Characteristics, 2019

In 2019, Massachusetts residents in fair or poor health or with an activity limitation had a higher rate of reporting that a doctor's office or clinic was not accepting new patients in the past 12 months (15.9%). Furthermore, non-elderly adults were more likely to report being told that a doctor's office or clinic was not accepting new patients over the past 12 months than children or elderly adults (14.3%).

Compared to other groups, Hispanic residents also reported higher rates of being told that a doctor's office or clinic was not accepting new patients.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Health Care Affordability

The MHIS examines health care affordability by asking residents about any difficulties paying family medical bills, their medical debt, the amount and share of family income spent on out-of-pocket health care costs, any unmet health care needs due to cost of care, unexpected medical bills, and any strategies used by their family to lower their health care costs.

Residents were asked about both their difficulty paying family medical bills and medical debt. Medical debt is different from difficulty paying family medical bills. Residents with difficulty paying family medical bills may have paid the bills in full at the time they were due by cutting back on savings or other expenses, while residents with medical debt are paying family medical bills off over time.

In the MHIS, out-of-pocket health care costs include residents' direct spending on deductibles, copays, and coinsurance for benefits covered by their health insurance, and their spending on medical, dental, and vision services not covered by insurance. Out-of-pocket spending does not include premiums for health insurance. As in 2017, residents in 2019 were asked to include any out-of-pocket costs they owed for care received over the past 12 months but had not yet paid in the value they reported. The 2019 MHIS also includes new questions about deductibles and high deductible health plans (HDHPs), which are defined by the Internal Revenue Service as insurance plans with annual deductibles over $1,350 for single coverage or $2,700 for family coverage.

In addition to overall amount of family out-of-pocket costs, the 2019 MHIS includes a measure of high spending on out-of-pocket health care relative to family income, defined as spending 5% or more of family income on family out-of-pocket health care expenses in the past 12 months for

families with income below 200% of the Federal Poverty Level (FPL), or spending 10% or more of family income for families with income at or above 200% of the FPL.

A follow-up Recontact Survey to the 2019 MHIS also included new questions about unexpected medical bills, which are defined as family medical bills where a health plan paid much less than the family expected (or paid nothing at all).

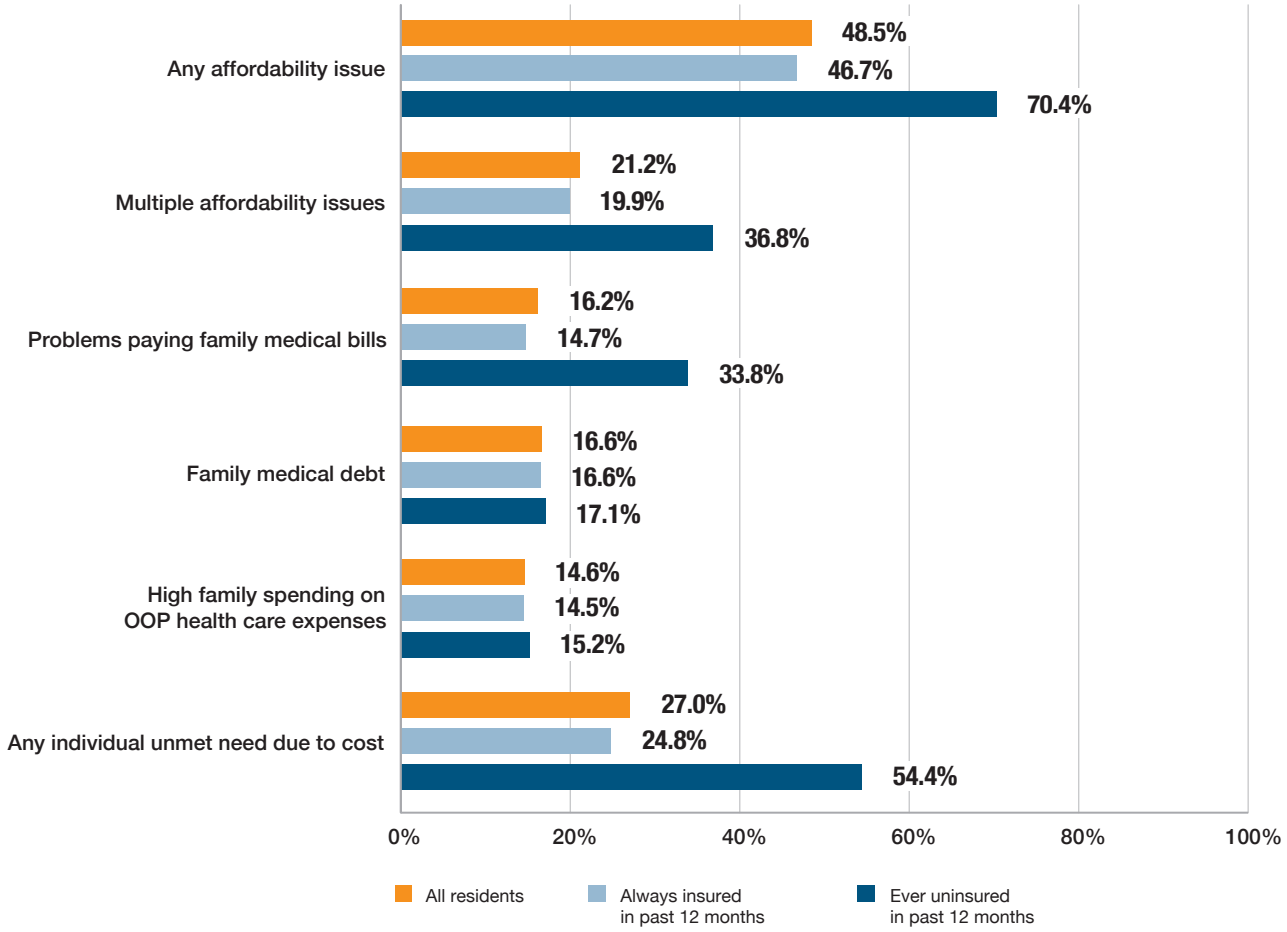
Finally, beyond financial problems arising from the costs of health care that was obtained, the 2019 MHIS asked about residents who decided to forgo needed health care due to cost. Any unmet need for care due to cost is defined as going without one or more of the following types of care in the past 12 months due to cost: general doctor care; nurse practitioner, physician's assistant, or midwife care; specialist care; mental health care or counseling; substance use disorder care or treatment; dental care; vision care; medical equipment; or prescription drugs.

Key Findings:

- Despite high rates of insurance coverage in Massachusetts in 2019, 48% of residents reported that they or their families had health care affordability issues in the past 12 months.
- One in six residents (17%) reported having family medical debt. Of those with family medical debt, 85% incurred all of those medical bills while they and their family members had health insurance.
- Fifteen percent of residents reported that their families spent a high share of income on of out-of-pocket health care expenses.
- Nearly two in five residents who were insured for all of the past 12 months (37%) reported receiving an unexpected medical bill in their family where their insurer paid less than expected or not at all.
- More than one in three residents with private insurance (36%) reported being enrolled in a high deductible health plan.
- More than a quarter of residents (27%) reported having an unmet need for health care in the past 12 months due to cost. ■

Affordability Issues Among All Massachusetts Residents and Their Families, 2019

Despite near universal health insurance coverage in Massachusetts, affordability issues were pervasive across Massachusetts families in 2019. Nearly half (48.5%) of Massachusetts residents reported that their families faced affordability issues. Residents with periods of uninsurance in the past 12 months reported affordability issues at much higher rates than those with continuous coverage, though residents with continuous coverage still reported very high rates of affordability issues. Unmet health care needs due to cost were the most commonly reported affordability issue regardless of insurance coverage.



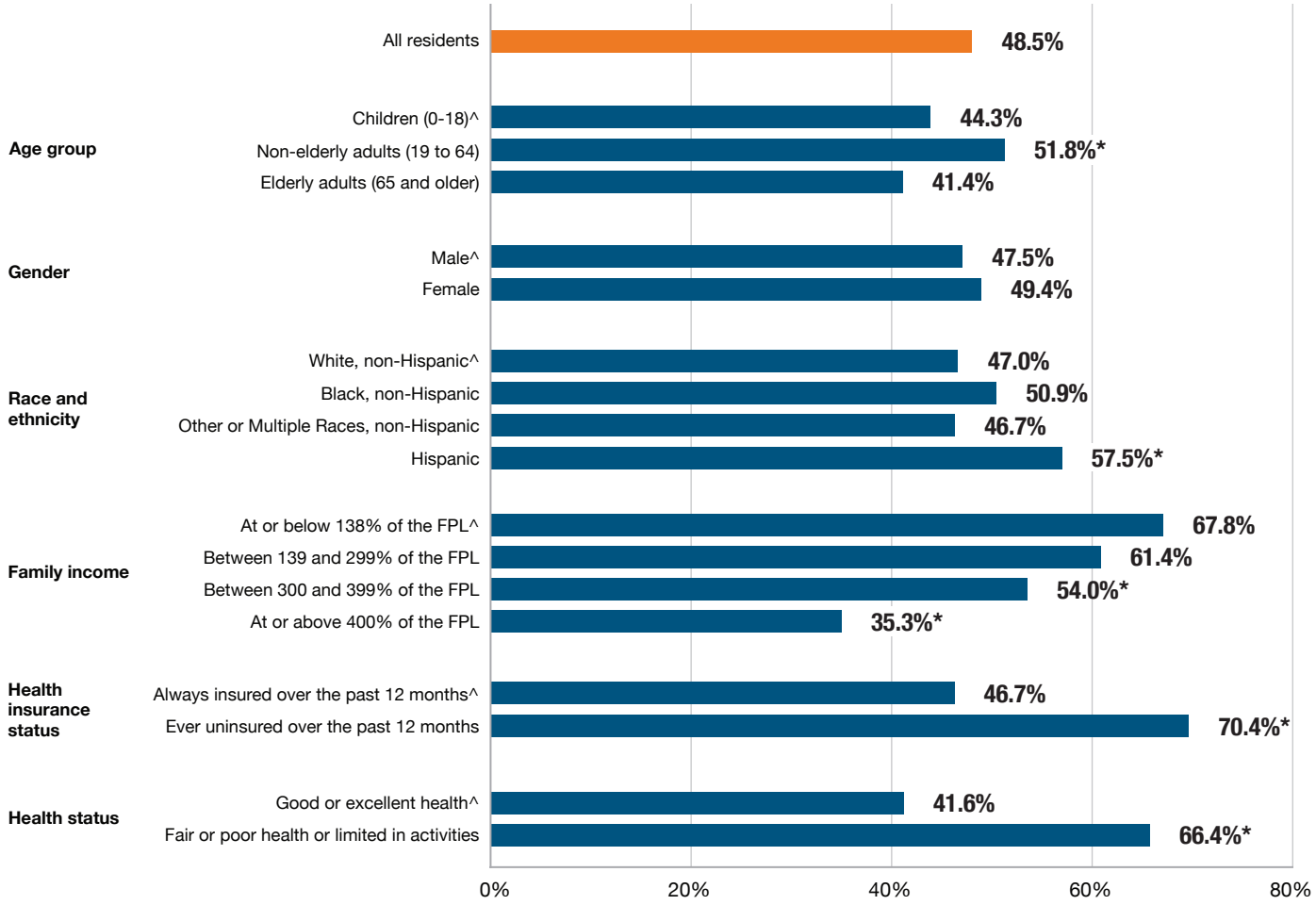
Notes: Any Affordability Issues is defined as reporting any of the following issues in the past 12 months: problems paying family medical bills; family medical debt; unmet health care needs due to the cost of care; and spending a high share of family income on out-of-pocket health care expenses. Multiple Affordability Issues is defined as reporting two or more affordability issues in the past 12 months. OOP = Out-of-pocket health care expenses.

Source: 2019 Massachusetts Health Insurance Survey

Affordability Issues among All Massachusetts Residents and Their Families by Individual Characteristics, 2019

In 2019, nearly three quarters of residents who were ever uninsured and nearly half of residents who were always insured in the past 12 months reported any affordability issues. Additionally, affordability issues were substantial across all demographic, socioeconomic, and health status groups in Massachusetts. However, the burden of affordability was greater for Hispanic residents, those with lower family income, and those in fair or poor health or with an activity limitation.

Residents with family income at or below 138% of the FPL were almost twice as likely as those at or above 400% of the FPL to report that they and their family experienced an affordability issue (67.8% versus 35.3%).



Notes: Any Affordability Issues is defined as reporting any of the following issues in the past 12 months: problems paying family medical bills; family medical debt; unmet health care needs due to the cost of care; and spending a high share of family income on out-of-pocket health care expenses. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

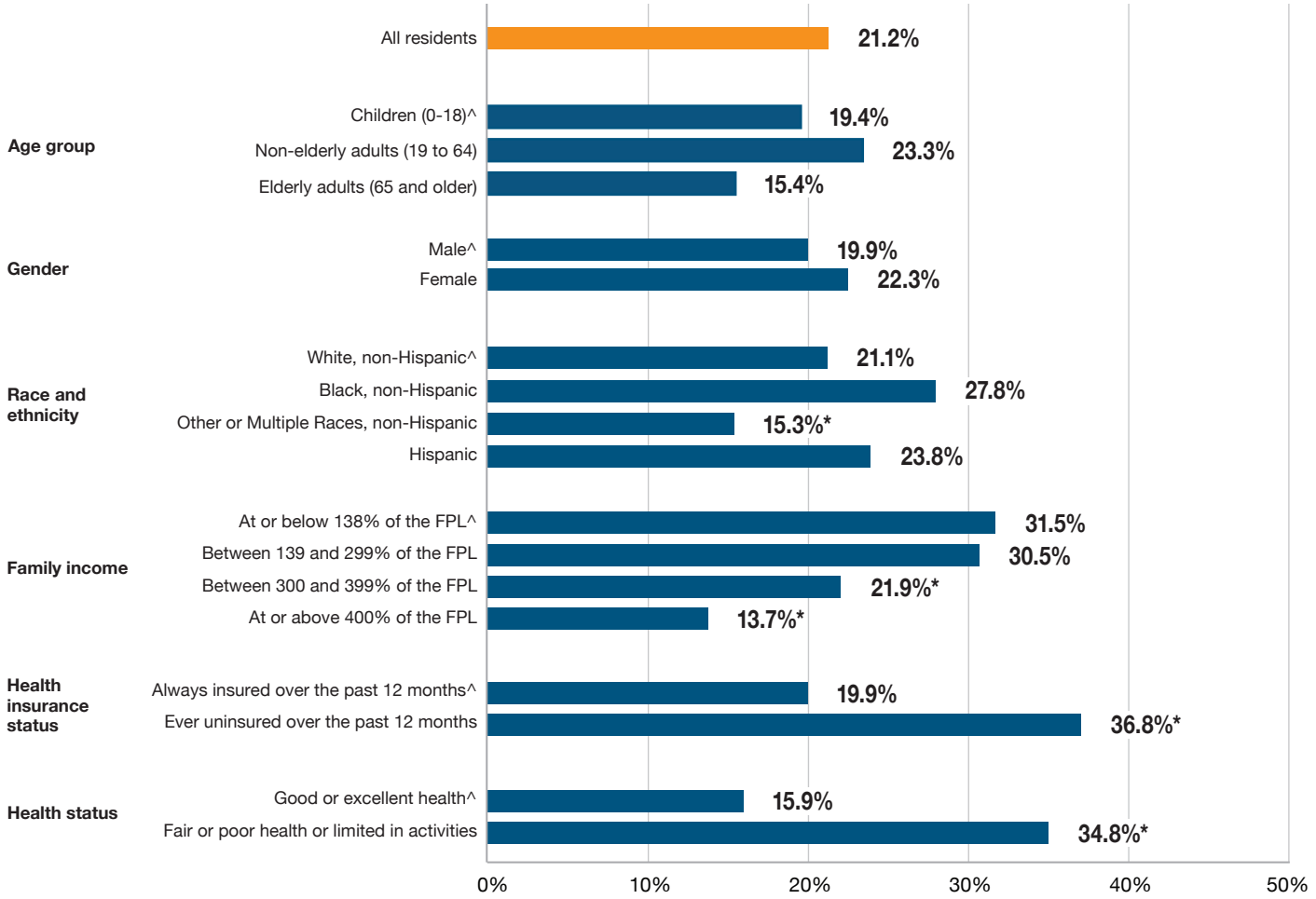
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Multiple Affordability Issues Among All Massachusetts Residents and Their Families by Individual Characteristics, 2019

In 2019, more than one in five Massachusetts residents reported that they and their families faced more than one affordability issue in the past 12 months. Multiple affordability issues were most common among the uninsured (36.8%), those with family income at or below 138% of the FPL (31.5%), and those with fair or poor health status or an activity limitation (34.8%).



Notes: Multiple Affordability Issues is defined as reporting two or more of the following issues in the past 12 months: problems paying family medical bills; family medical debt; unmet health care needs due to the cost of care; and spending a high share of family income on out-of-pocket health care expenses. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

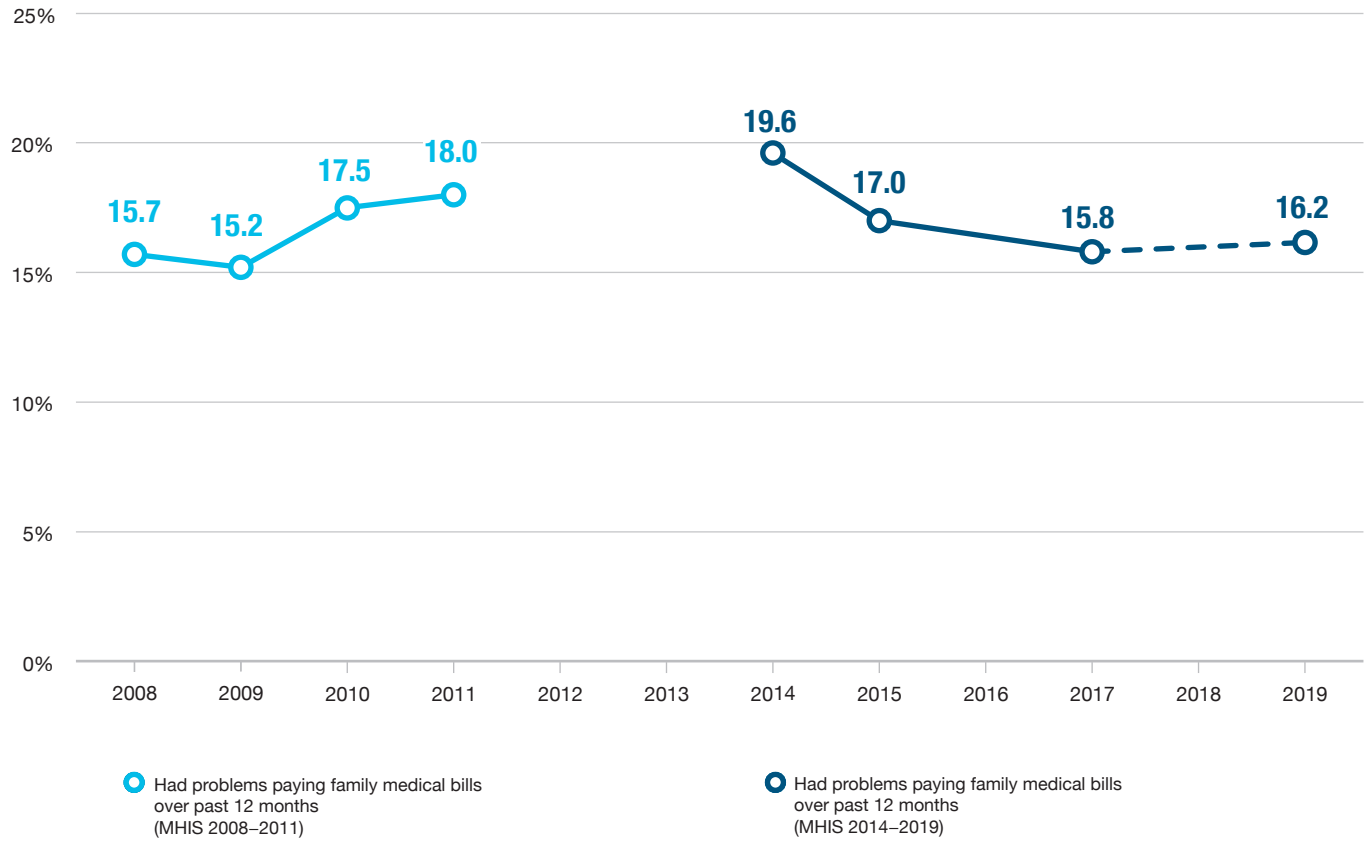
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Problems Paying Family Medical Bills, 2008-2019

The share of Massachusetts residents reporting problems paying family medical bills declined between 2014 and 2017, likely due in part to the implementation of the Affordable Care Act. This share remained approximately stable between 2017 and 2019, with nearly one in six residents reporting problems paying medical bills in 2019 (16.2%).



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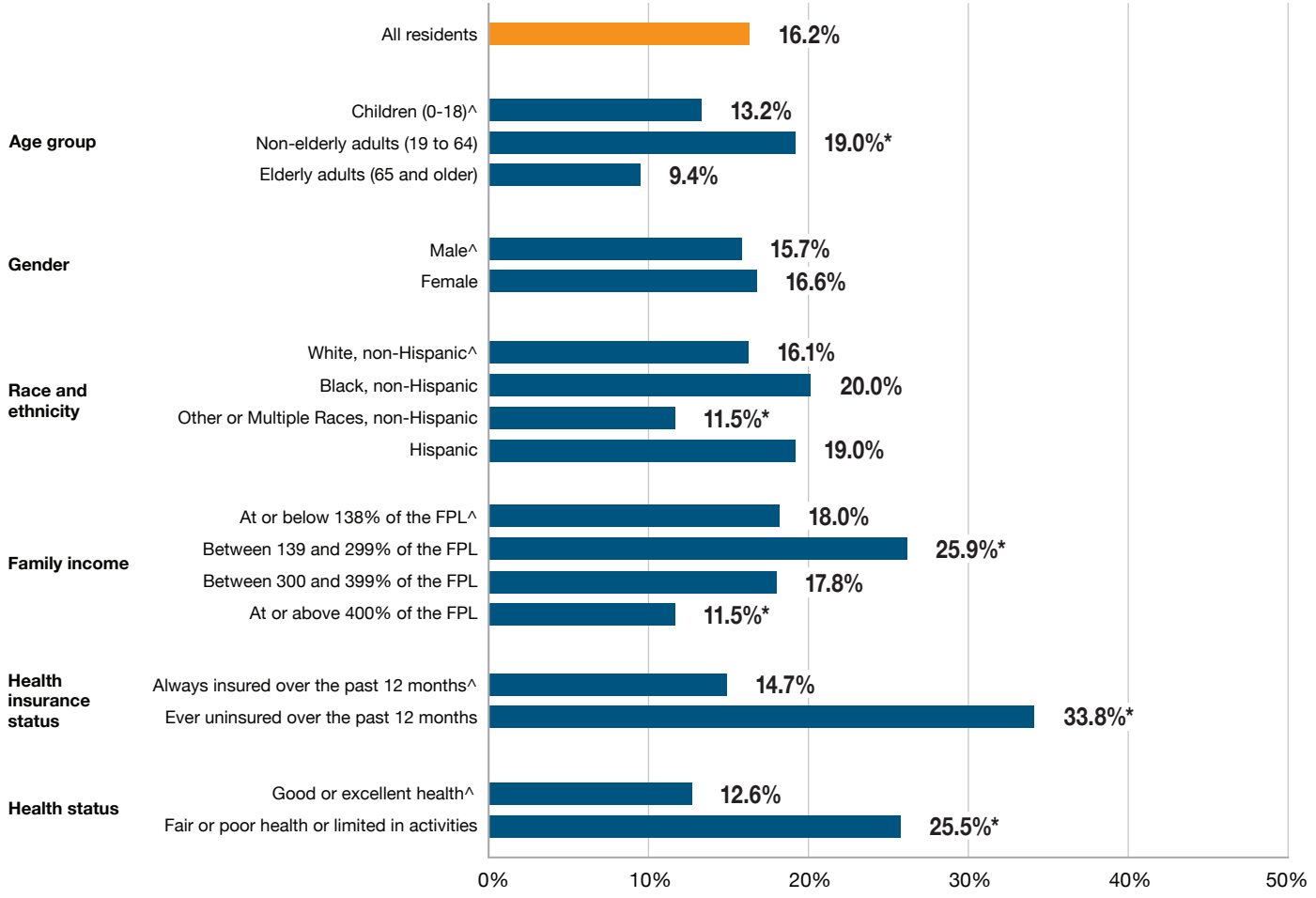
Source: 2008-2011, 2014, 2015, 2017, and 2019 Massachusetts Health Insurance Survey (MHIS) for Massachusetts estimates.

Problems Paying Family Medical Bills by Individual Characteristics, 2019

Massachusetts residents with lower economic resources or higher health care needs were more likely to report problems paying family medical bills in 2019. Residents in fair or poor health or with an activity limitation were twice as likely as those in good or excellent health to report problems paying family medical bills (25.5% versus 12.6%).

In addition, residents with family income at or above 400% of the FPL were less likely than those with lower family income to report problems paying family medical bills. Lastly, residents who were ever uninsured in the past 12 months were more than twice as likely as those with insurance coverage all year to report problems paying family medical bills.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

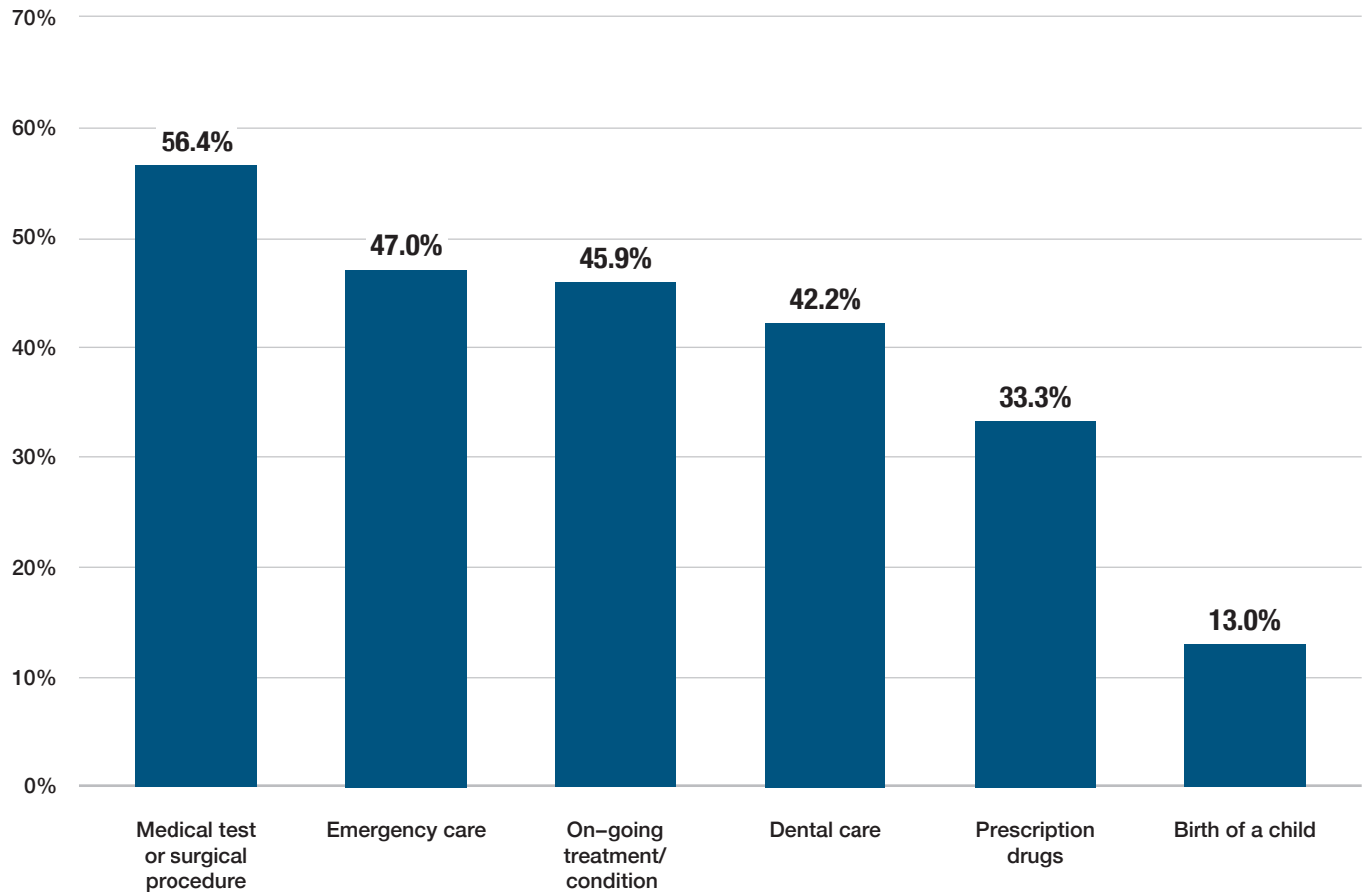
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Types of Care and Services That Led to Problems Paying Family Medical Bills, 2019

In 2019, among Massachusetts residents who reported having problems paying family medical bills in the past 12 months, the most commonly reported services that led to these problems included medical bills for a medical test or surgical procedure (56.4%), for emergency care (47.0%), or for on-going care for a chronic condition or long-term health problem (45.9%).



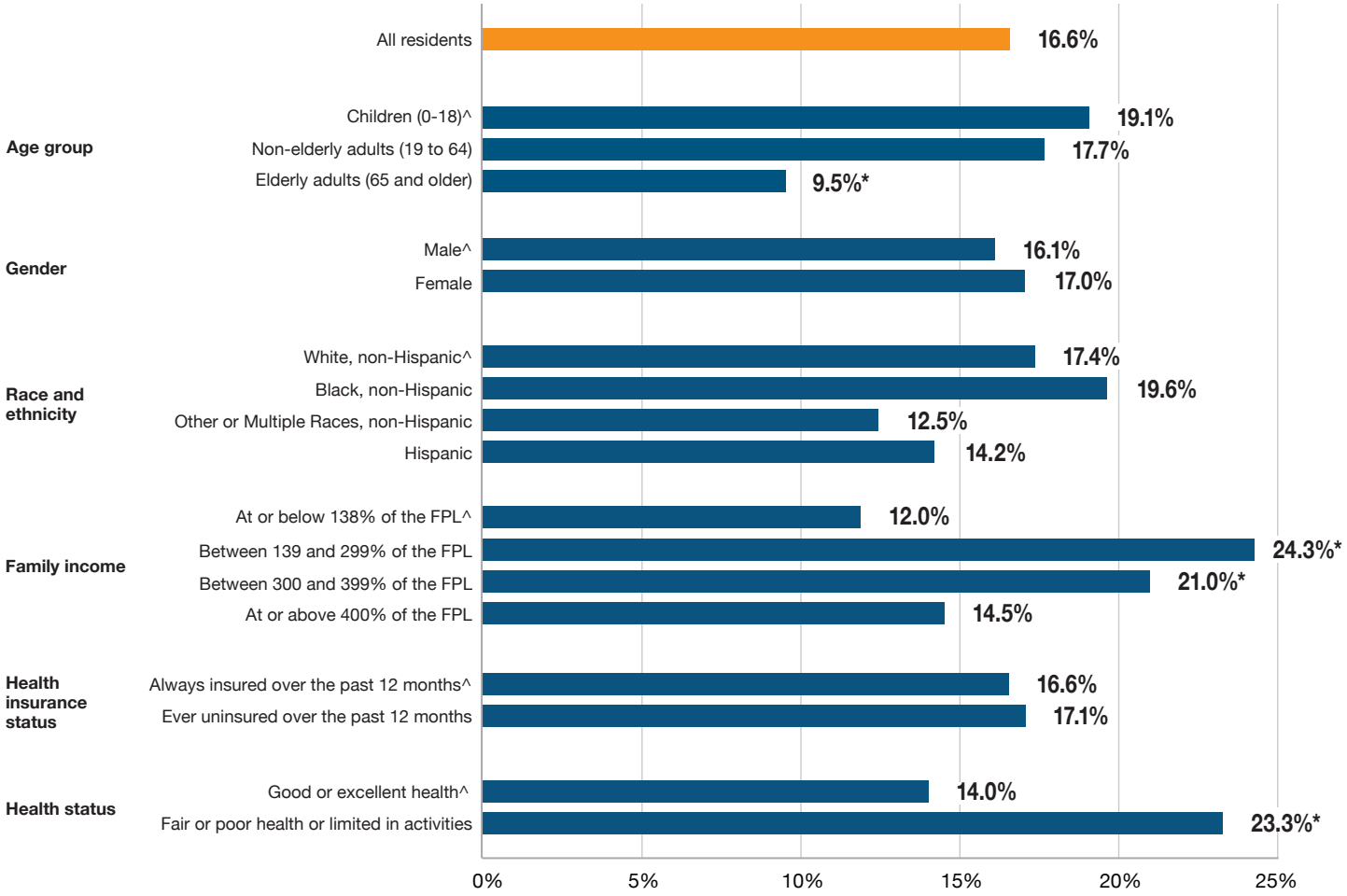
Notes: Estimates add to more than 100% because respondents could choose multiple categories.

Source: 2019 Massachusetts Health Insurance Survey

Family Medical Debt by Individual Characteristics, 2019

Nearly one in six Massachusetts residents reported that their family had medical debt, or family medical bills that are being paid off over time in 2019. Residents with moderate family income and those in fair or poor health or with an activity limitation were most likely to have family medical debt.

Residents in families between 139 and 399% of the FPL were more likely than those with lower and higher family income to report family medical debt. This relationship between income and medical bills being paid off over time may reflect MassHealth's low cost-sharing that can protect low-income families from high out-of-pocket expenses, and the greater resources of higher-income families to pay bills on time.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

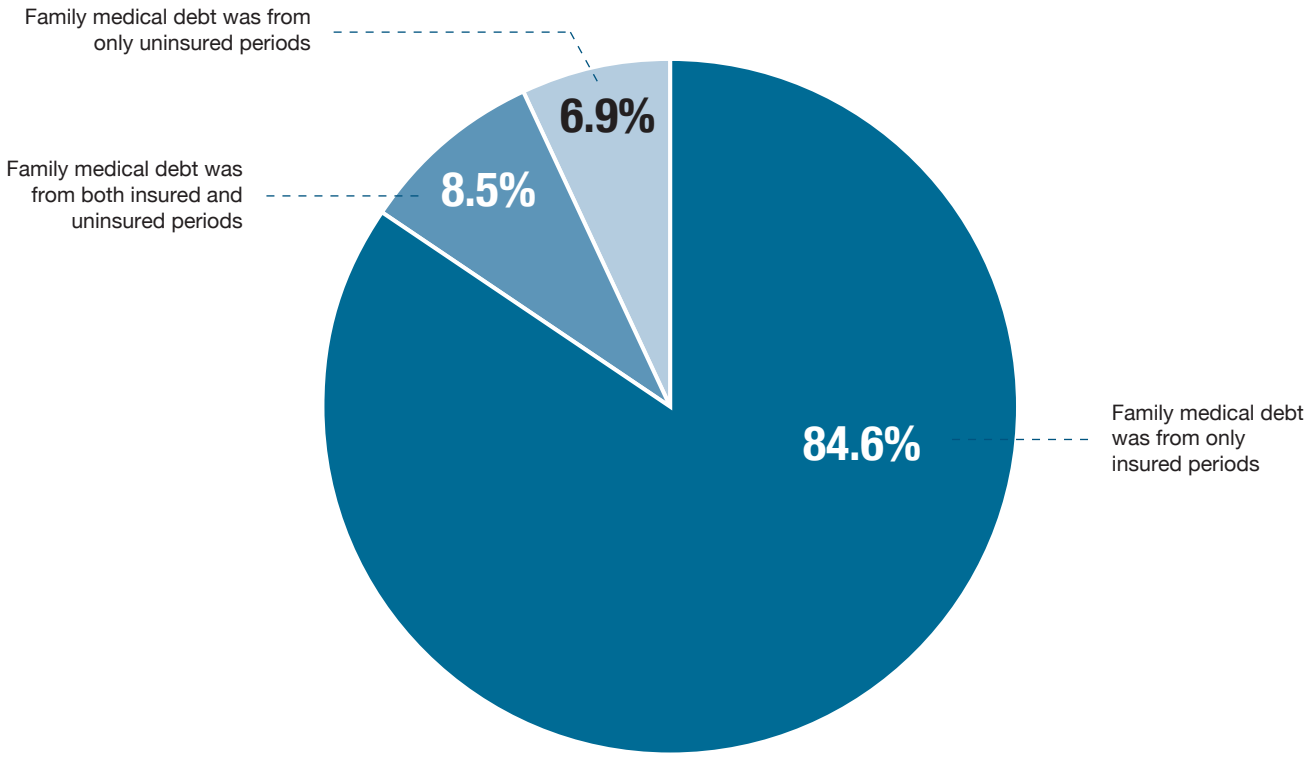
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Family Medical Debt: Family Insurance Status at the Time All Family Medical Bills Were Incurred, 2019

Massachusetts residents had similarly high rates of continuous health insurance coverage over the past 12 months regardless of whether they reported having family medical debt or not (92.3% vs. 92.5%; data not shown). Among those reporting family medical debt, most (84.6%) reported that all of the debt was incurred for care obtained during periods when the resident and all of their family members had health insurance coverage.



Source: 2019 Massachusetts Health Insurance Survey

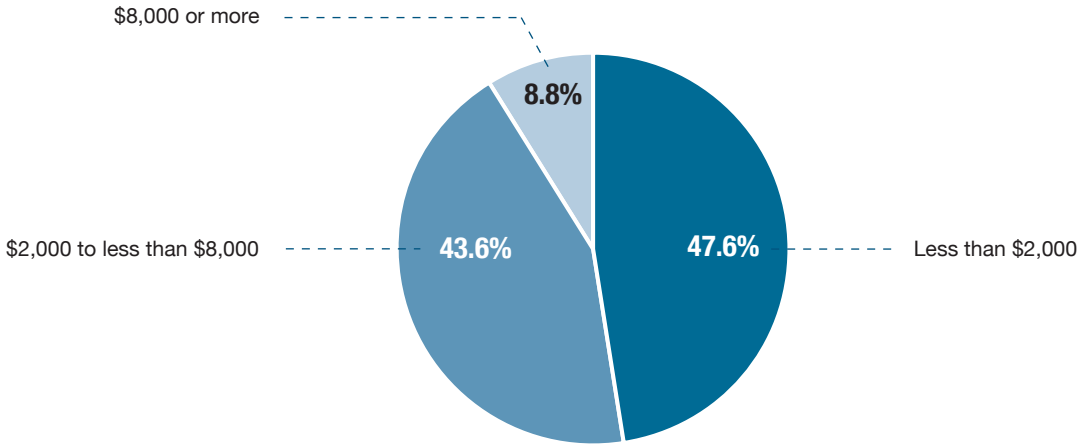
Family Medical Debt: Among Those with Medical Debt, Amount and Age of Family Medical Bills, 2019

In 2019, the majority (91.2%) of Massachusetts residents with family medical debt owed less than $8,000 in medical bills, and nearly half owed less than $2,000.

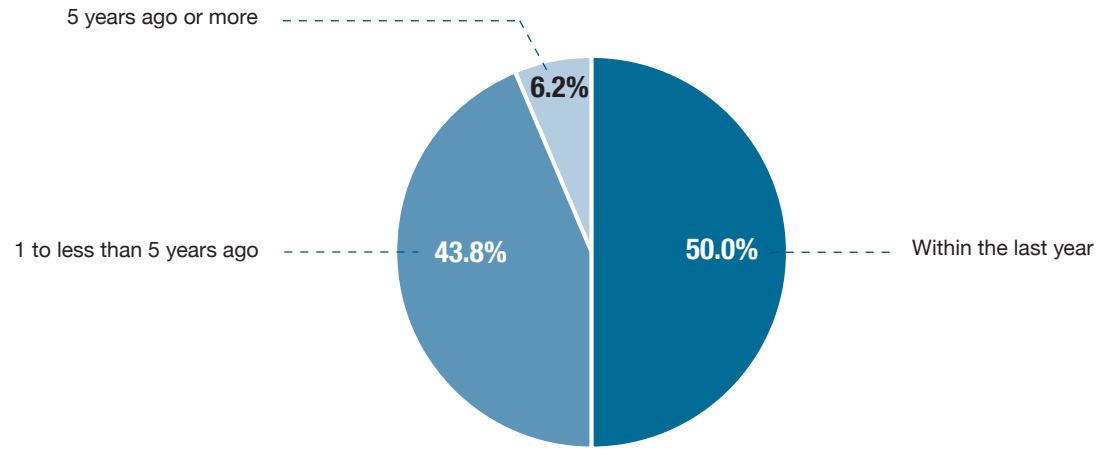
In addition, half of those with family medical bills being paid off over time incurred those bills within the last year (50.0%), with the other half having incurred them more than a year ago.

As expected, larger debts were associated with longer debt age. Residents who have been paying off family medical bills for for 5 years or more were more than three times more likely than those with shorter debt durations to report that the debt was $8,000 or more (25.4% vs. 7.7%; data not shown).

Amount of Family Medical Bills Being Paid Off Over Time



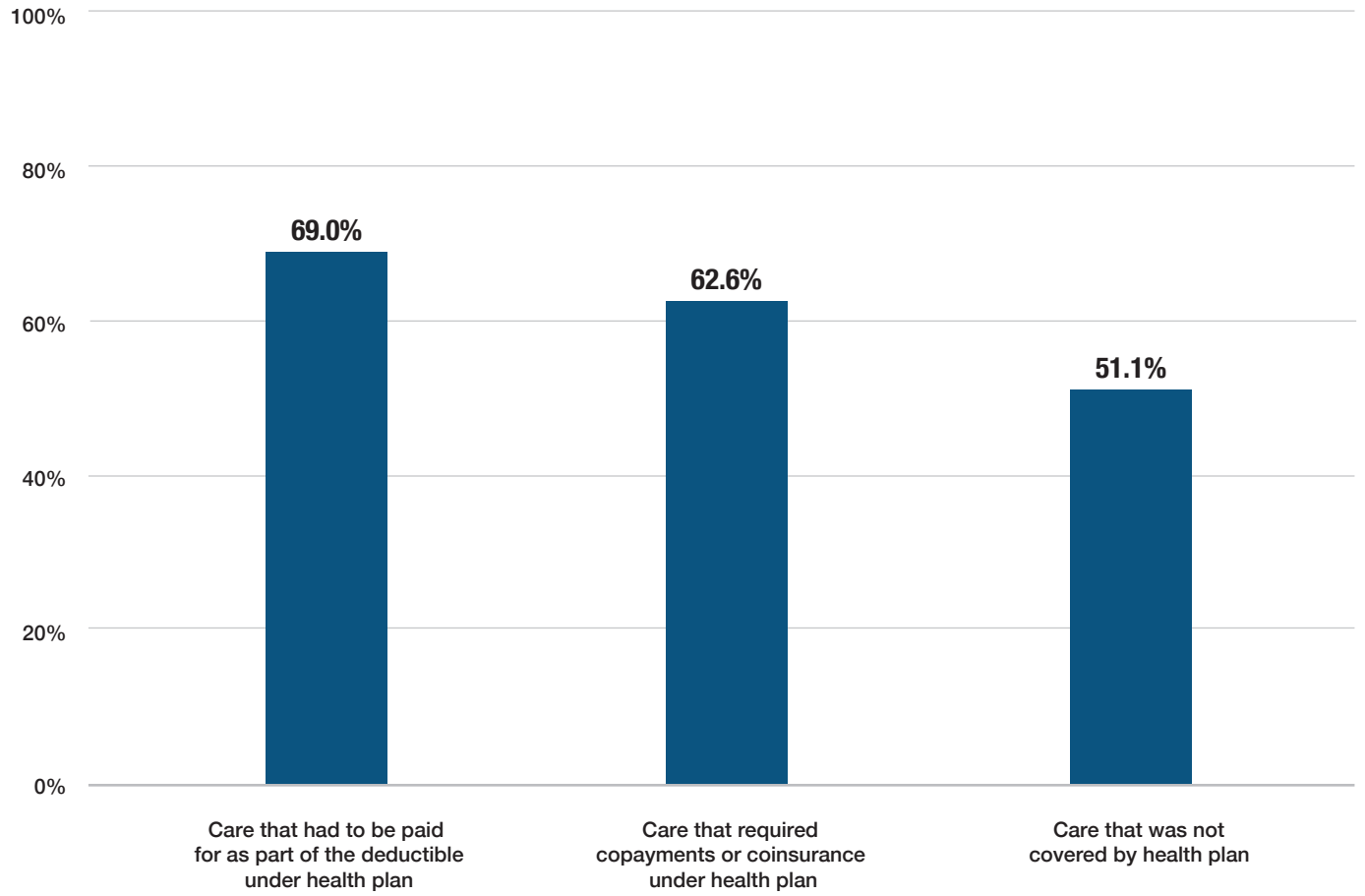
Age of Family Medical Bills Being Paid Off Over Time



Source: 2019 Massachusetts Health Insurance Survey

Family Medical Debt: Reasons for Most Recent Family Medical Bills Being Paid Off Over Time, 2019

In 2019, the majority of Massachusetts residents who had health insurance coverage when at least one of the family medical bills was incurred reported that the debt was for care that required cost-sharing under their health insurance. Nearly 70% reported that they had medical debt from care that had to be paid as part of their health plan deductible, and more than 60% reported that they had medical debt from copayments or coinsurance.

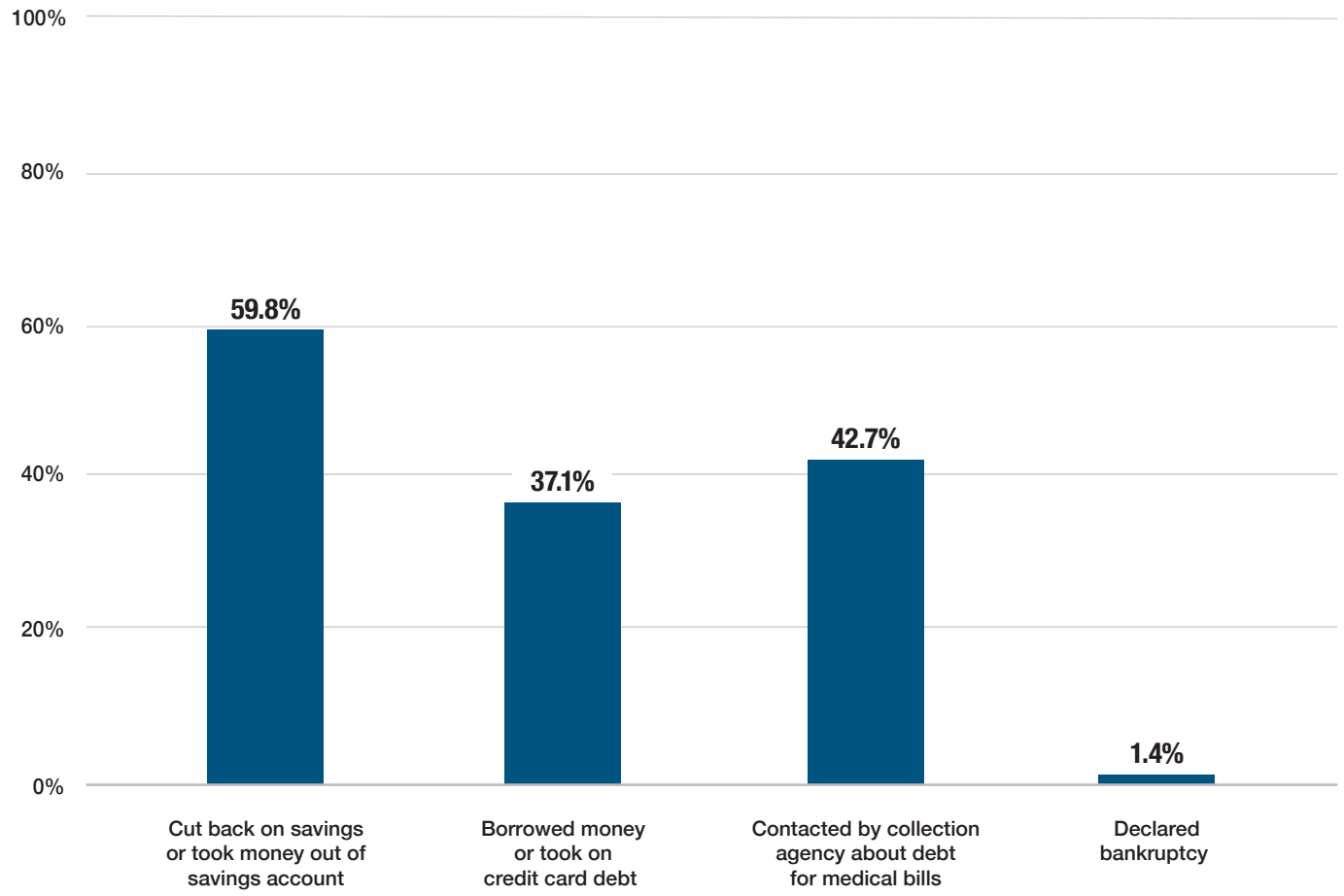


Notes: Estimates add to more than 100% because respondents could choose multiple categories.

Source: 2019 Massachusetts Health Insurance Survey

Implications of Problems Paying Family Medical Bills and Medical Debt, 2019

In 2019, many Massachusetts residents and their families reported several implications for their families due to problems paying family medical bills or medical debt. Among residents with either problems paying family medical bills or medical debt, many tried to mitigate their effects by cutting back on savings or taking money out of a savings account (59.8%) and by borrowing money or taking on credit card debt (37.1%). In addition, residents with difficulty paying family medical bills or medical debt reported being contacted by a collection agency about debt for medical bills (42.7%) or declaring bankruptcy (1.4%).



Notes: Estimates add to more than 100% because respondents could choose multiple categories.

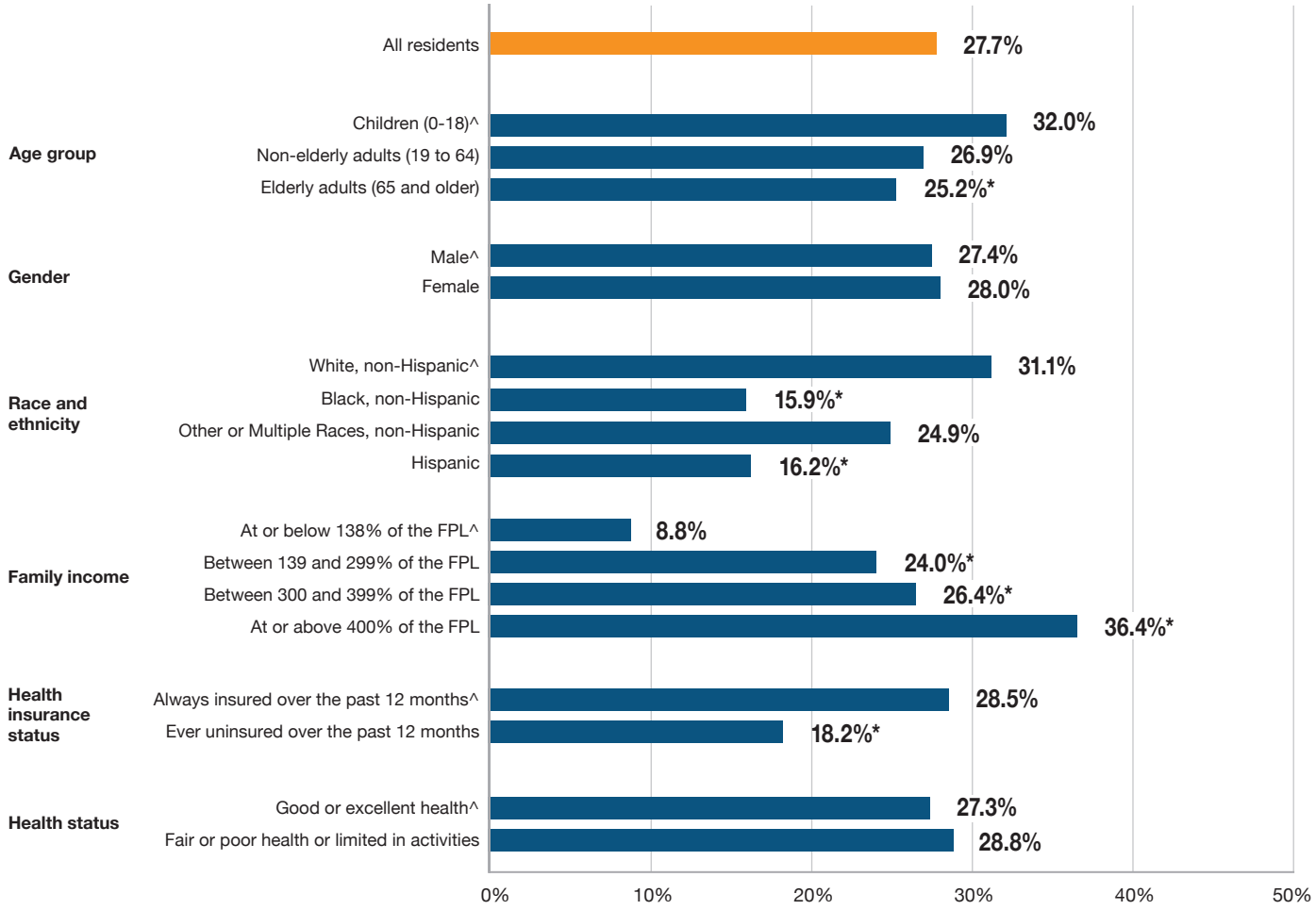
Source: 2019 Massachusetts Health Insurance Survey

High Family Out-of-Pocket Health Care Spending by Individual Characteristics, 2019

In 2019, more than one in four Massachusetts residents reported high family out-of-pocket (OOP) health care spending, defined as spending $3,000 or more OOP over the past 12 months for family health care expenses (27.7%).

Those with gaps in coverage were less likely to have high OOP spending (18.2%), which could be due to many factors, including lower health care use (either due to better health care or more forgone health care), more charity care or low cost care, or more unpaid medical bills.

High OOP spending was strongly associated with family income. Those with family income at or below 138% of the FPL were more than four times less likely than those with family income above 400% of the FPL to have high OOP spending. Yet, for these low-income residents, $3,000 of OOP spending would reflect a substantial share of their family income.



Notes: Out-of-pocket costs include spending on deductibles, copays, and coinsurance for benefits covered by insurance, and all spending on non-covered medical, dental, and vision services that the resident pays for directly. Out-of-pocket spending does not include premiums for health insurance. High family out-of-pocket costs are defined as spending $3,000 or more out-of-pocket for family health care expenses in the past 12 months. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

^Reference group

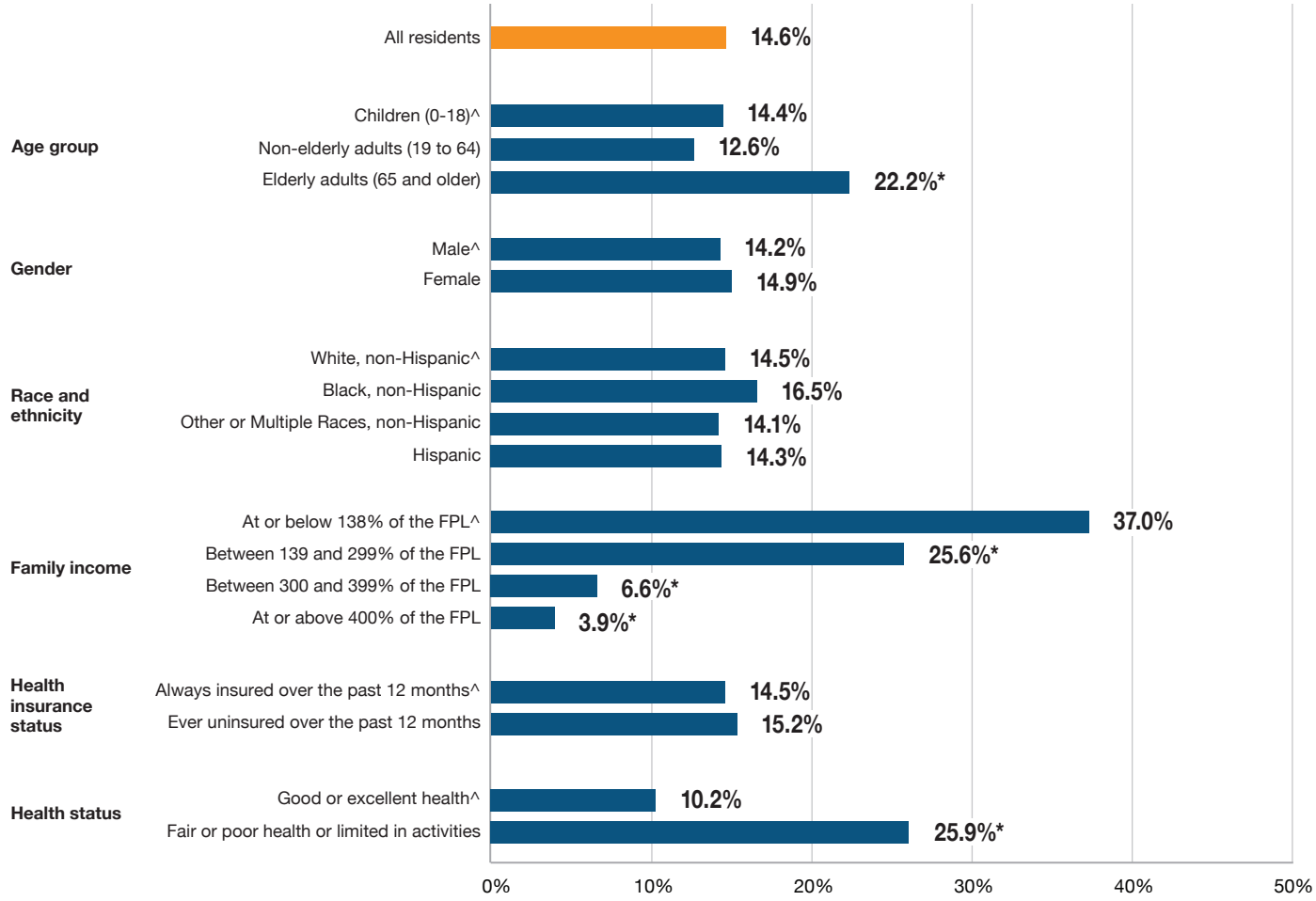
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

High Share of Family Income on Out-of-Pocket Health Care Spending by Individual Characteristics, 2019

In 2019, more than one in seven Massachusetts residents spent a high share of family income on out-of-pocket expenses, defined as spending 5% or more of income for families below 200% of the FPL or 10% or more for families at or above 200% of the FPL.

While residents with lower family income may have lower total out of pocket spending amounts compared to other family income groups, they were more likely to have a high share of family income spent on out-of-pocket expenses (37.0%). Additionally, more than one in four residents in fair or poor health or with an activity limitation spent a high share of family income on out-of-pocket expenses (25.9%).



Notes: Out-of-pocket costs include spending on deductibles, copays, and coinsurance for benefits covered by insurance, and all spending on non-covered medical, dental, and vision services that the resident pays for directly. Out-of-pocket spending does not include premiums for health insurance. A high share of family income spent on out-of-pocket costs is defined as 5% or more of income for families below 200% of the FPL, or 10% or more for families at or above 200% of the FPL. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

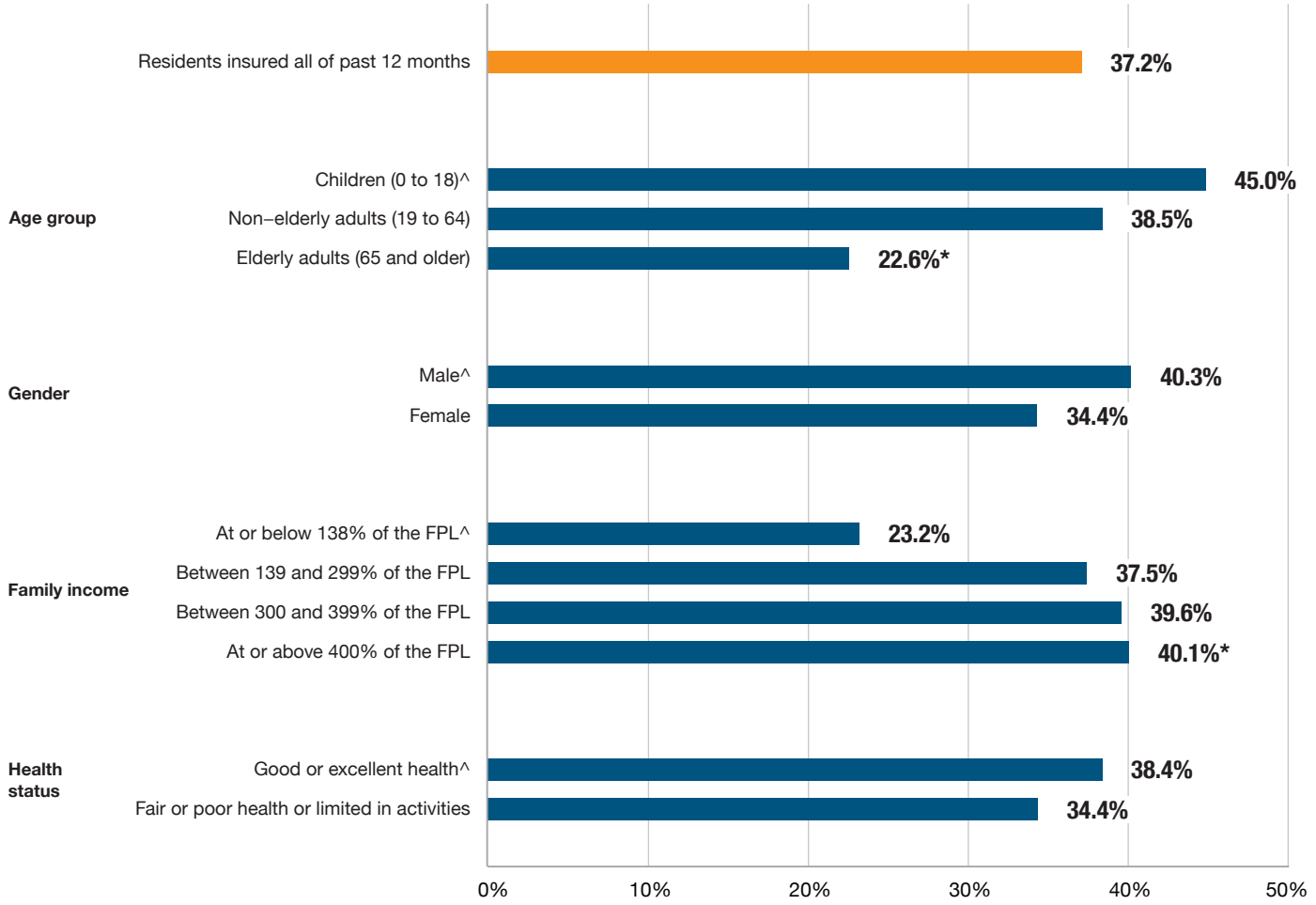
Source: 2019 Massachusetts Health Insurance Survey

Unexpected Medical Bills Among Insured Residents by Individual Characteristics, 2019

Unexpected medical bills are defined as medical bills where the health plan paid much less than the family expected that it would or did not pay at all. This definition includes, but is broader than, unexpected bills for payments for out-of-network providers, commonly known as "Surprise Bills".[1]

Nearly two in five Massachusetts residents with insurance for all of the past 12 months reported receiving unexpected medical bills in 2019 (37.2%). Elderly adults were less likely to report receiving an unexpected medical bill compared to children or non-elderly adults.

Unexpected medical bills indicate that families may face difficulties understanding their insurance coverage and accurately estimating the amounts that they would be expected to pay for different types of health care.



Notes: Unexpected medical bills are defined as a medical bill where the health plan paid much less than the family expected that it would; this may include bills where the health plan made no payment at all. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." Estimates by race and ethnicity and health insurance status are not reported due to small sample size for some groups. FPL = Federal Poverty Level.

^Reference group

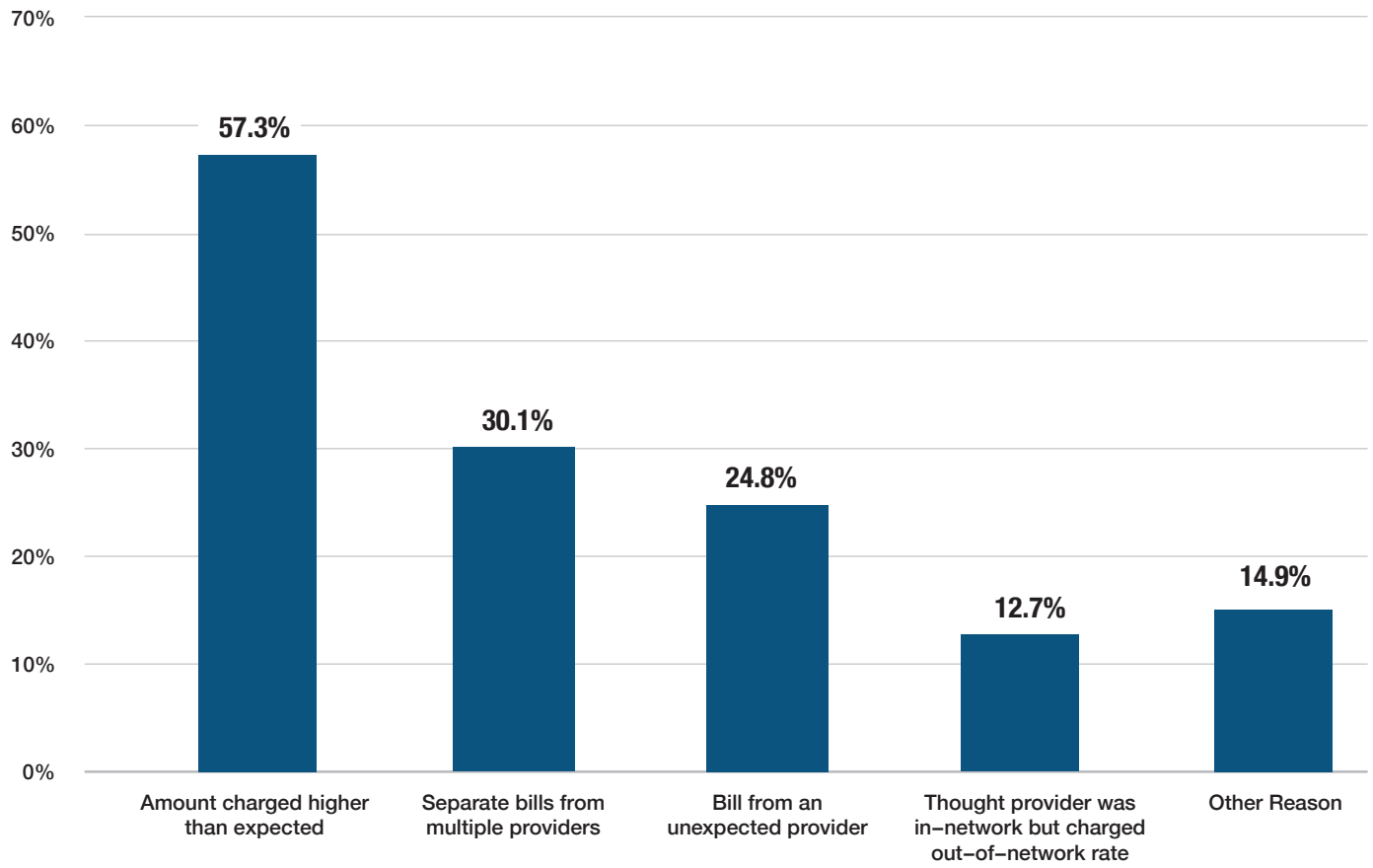
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Recontact Survey

Among Insured Residents with an Unexpected Medical Bill, Reasons Why Most Recent Medical Bill Was Unexpected, 2019

Among insured residents with unexpected medical bills in their family, 72% reported receiving more than one bill (data not shown). When asked about their most recent unexpected medical bill, a majority of insured residents (57.3%) reported that the provider charged more than expected. Receiving separate bills from multiple providers or a bill from an unexpected provider were commonly reported, and 12.7% reported being charged at an out-of-network rate for a perceived in-network provider.

The phrase "surprise medical bills" has come to describe billing by out-of-network providers, a subset of unexpected medical bills. In this survey, "surprise medical bills" may have been captured within any of the reasons the bill was unexpected, so the category for being charged an out-of-network rate for a provider believed to be in-network may be understated.



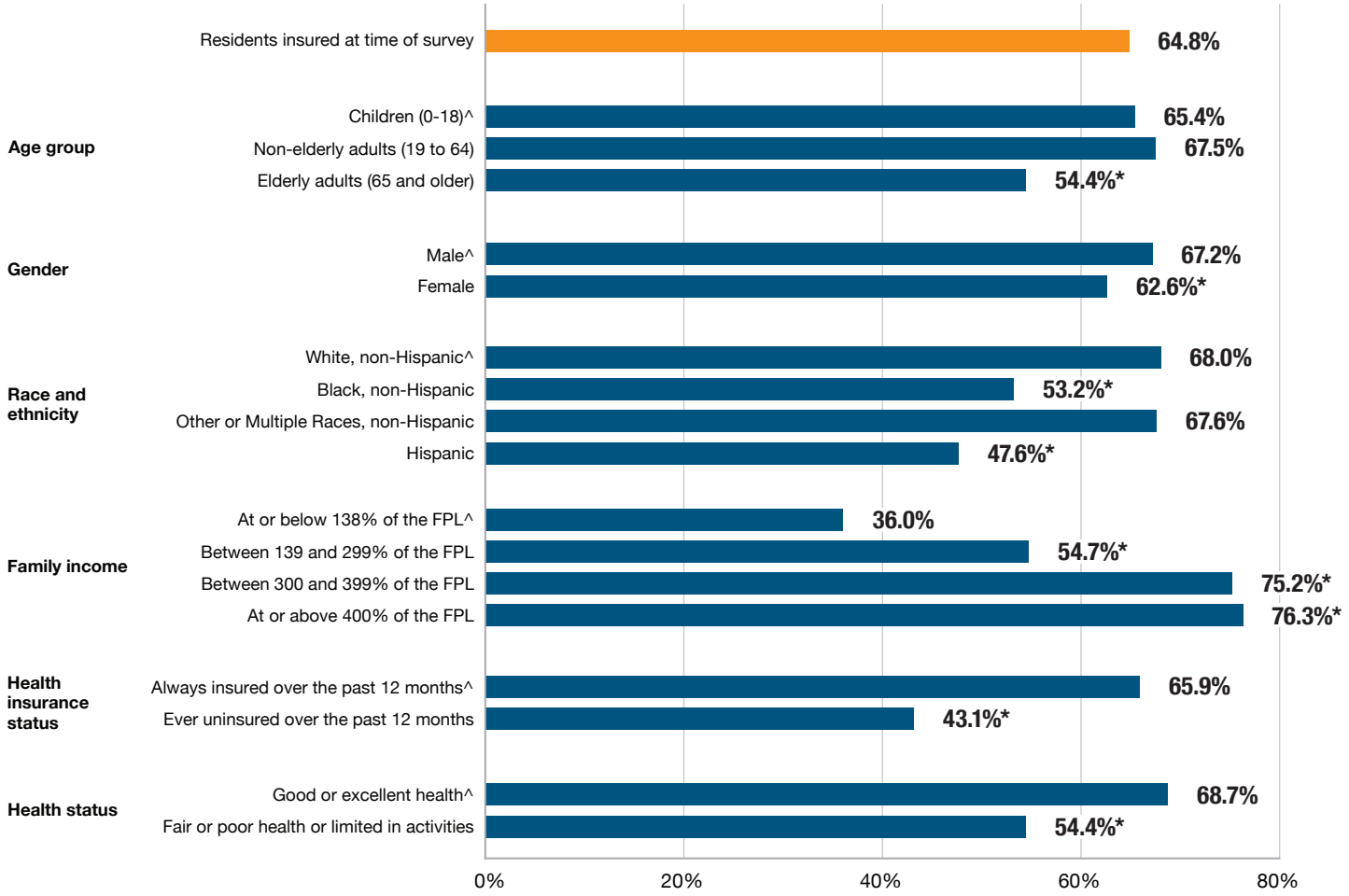
Notes: Unexpected medical bills are defined as a medical bill where the health plan paid much less than the family expected that it would; this may include bills where the health plan made no payment at all. Other category includes open responses. Estimates add to more than 100% because respondents could choose multiple categories.

Source: 2019 Massachusetts Health Insurance Recontact Survey

Among Insured Residents, Deductibles by Individual Characteristics, 2019

Among Massachusetts residents insured at the time of the survey, 64.8% reported that their insurance plan had a deductible in 2019. Residents were less likely to report having a deductible if they were elderly adults, non-Hispanic Black, Hispanic, had a family income below 300% of the FPL, or reported fair or poor health status or an activity limitation.

Some of these differences may be partly attributable to differences in the share of enrollees in MassHealth and ConnectorCare plans, which do not have deductibles.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

^Reference group

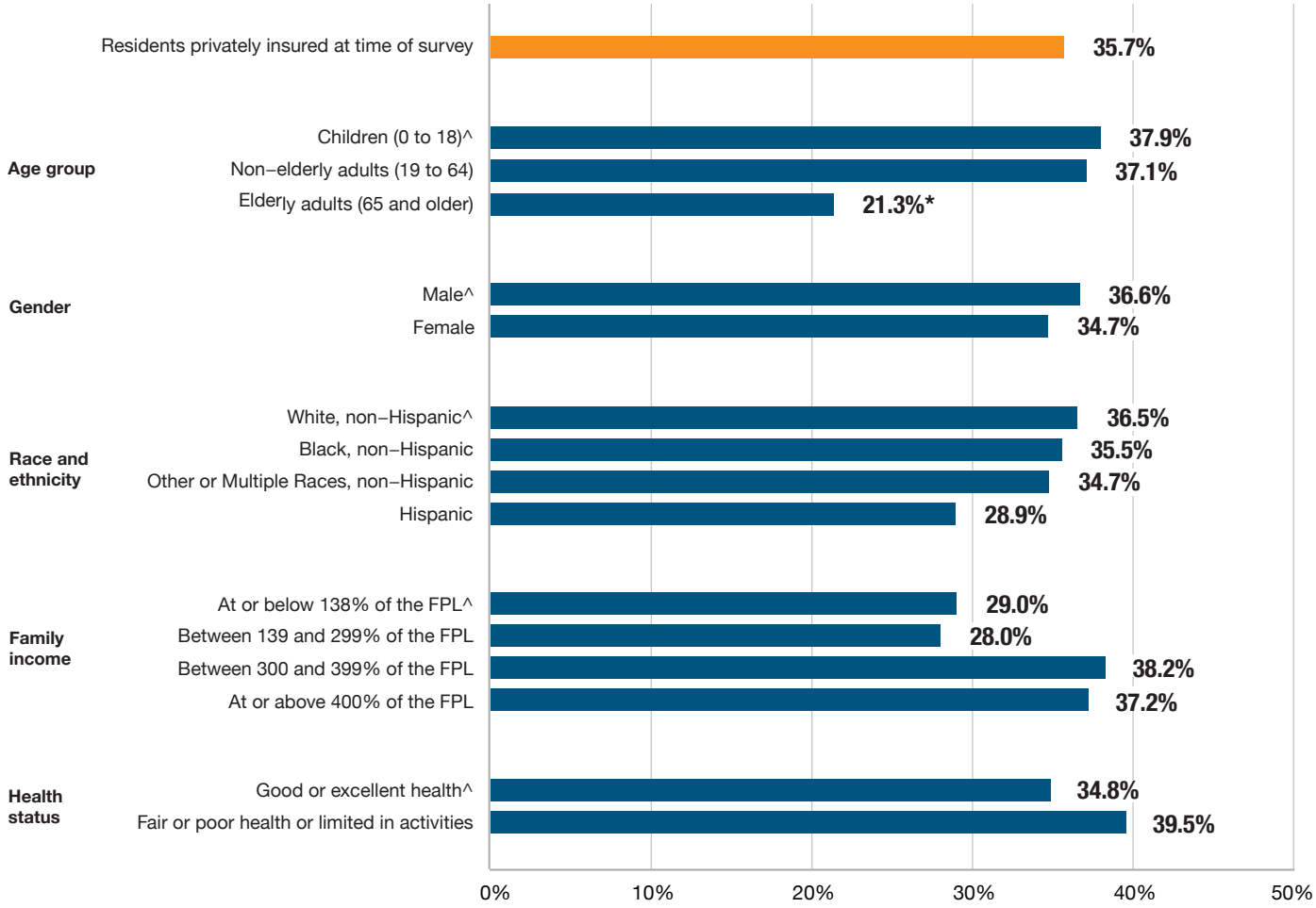
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Among Privately Insured Residents, High Deductible Health Plans by Individual Characteristics, 2019

Among Massachusetts residents who had private health insurance at the time of the survey, more than one in three (35.7%) said that they were enrolled in an HDHP, defined by the Internal Revenue Service as a health insurance plan with an annual deductible of $1,350 or more for individual coverage or $2,700 or more for family coverage in 2019. HDHPs typically charge lower premiums than similar non-HDHP plans, but may result in higher out-of-pocket expenses for members, who must meet the deductible before most types of care are covered under the plan.

Residents were less likely to report being enrolled in a HDHP if they were an elderly adult aged 65 and over, which may reflect the lower use of HDHPs in this population.



Notes: In 2019, a high deductible health care plan is defined by the IRS as a health insurance plan with an annual deductible of $1,350 or more for individual coverage or $2,700 or more for family coverage. Private health insurance includes employer-sponsored insurance, Health Connector Plans, and non-group health insurance plans bought directly from an insurance company. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." Estimates by health insurance status are not reported due to small sample size for one or more groups. FPL = Federal Poverty Level.

^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Unmet Need for Health Care Due to Cost Overall and by Age Group, 2019

In 2019, more than a quarter of Massachusetts residents (27.0%) reported going without health care services that they felt were needed in the past 12 months due to the cost of that care. Non-elderly adults aged 19-64 had the highest rates of unmet need due to cost across all types of care.

The most common types of unmet needs for care due to cost were dental care (16.6%) and prescription drugs (9.2%).

Dental care is not commonly covered by medical insurance, and specific prescription drugs that residents are prescribed may not be covered by their health plan or may have significant copays or coinsurance.

	All residents	Children (0-18)^	Non-elderly adults (19-64)	Elderly adults (65 and older)
Any unmet need for health care over the past 12 months because of cost of care	**27.0%**	**14.0%**	**33.1%***	**20.7%***
• Unmet need for doctor care	7.7%	4.5%	10.4%*	1.6%*
• Unmet need for nurse practitioner, physician assistant, or midwife care	4.4%	1.3%	6.2%*	1.5%
• Unmet need for specialist care	8.7%	4.7%	11.6%*	2.7%
• Unmet need for mental health care or counseling	4.2%	3.7%	5.3%	0.6%*
• Unmet need for substance use treatment or care	0.5%	0.2%	0.7%	0.1%
• Ever went without prescription drugs	9.2%	3.2%	12.0%*	6.4%*
• Unmet need for dental care	16.6%	6.6%	20.5%*	15.1%*
• Unmet need for vision care	8.8%	3.4%	11.4%*	5.6%
• Unmet need for medical equipment	4.8%	3.2%	5.7%*	3.2%

Notes: Any unmet need for health care due to cost includes the following: doctor care; nurse practitioner, physician assistant, or midwife care; specialist care; mental health care or counseling; substance use care or treatment; prescription drugs; dental care; vision care; and medical equipment.

^Reference group for age group estimates

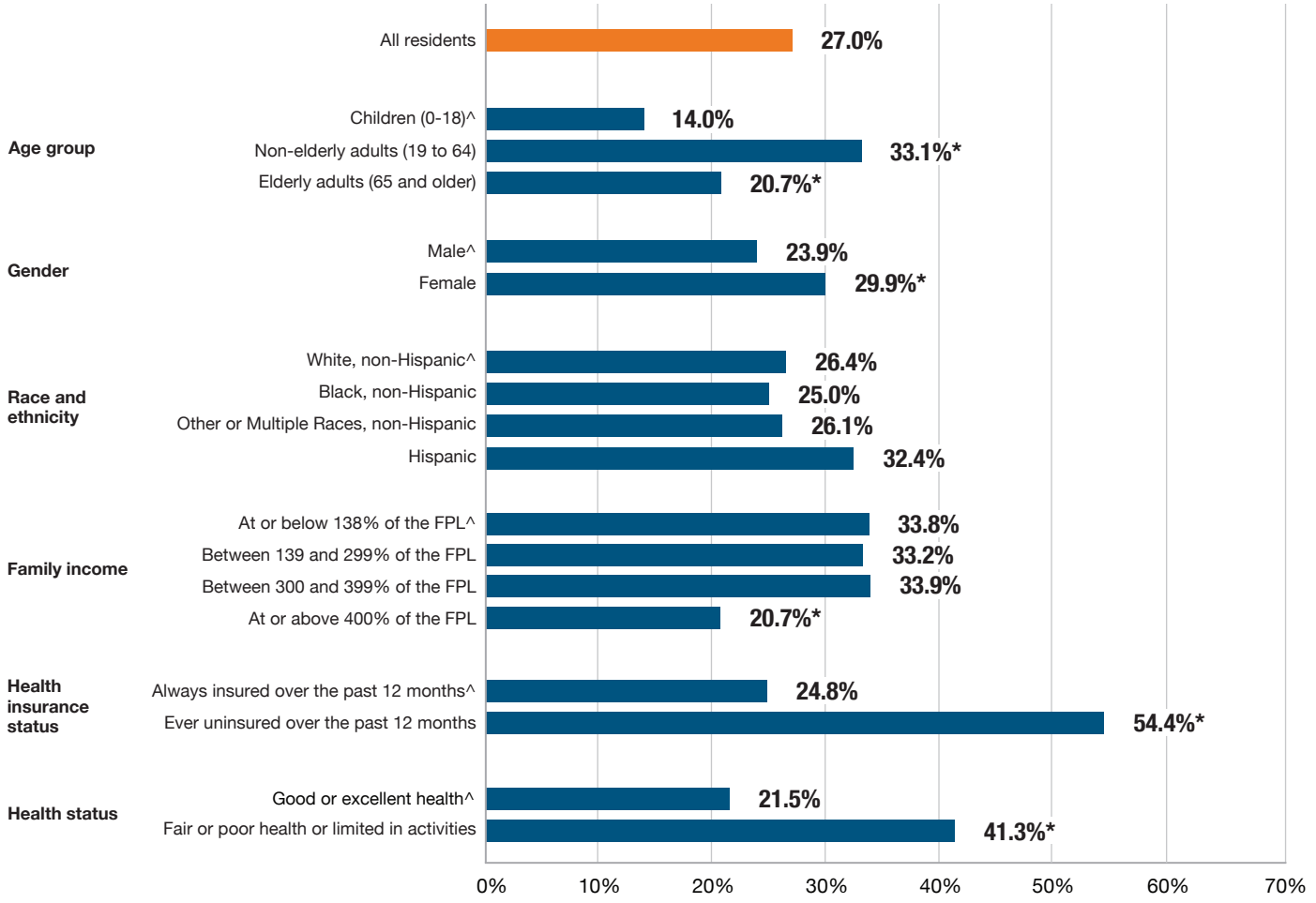
*Difference from estimate for "Children (0-18)" is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Unmet Need for Health Care Due to Cost by Individual Characteristics, 2019

In 2019, among Massachusetts residents, unmet needs for health care due to cost over the past 12 months were more likely among non-elderly adults, females, those below 400% of the FPL, and those in fair or poor health or with an activity limitation.

In addition, residents who were ever uninsured in the past 12 months were more than twice as likely as those insured all year to report an unmet need for health care over the past 12 months due to cost (54.4% versus 24.8%), reflecting the challenges associated with a lack of insurance coverage.



Notes: Any unmet need for health care due to cost includes the following: doctor care; nurse practitioner, physician assistant, or midwife care; specialist care; mental health care or counseling; substance use care or treatment; prescription drugs; dental care; vision care; and medical equipment. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." FPL = Federal Poverty Level.

^Reference group

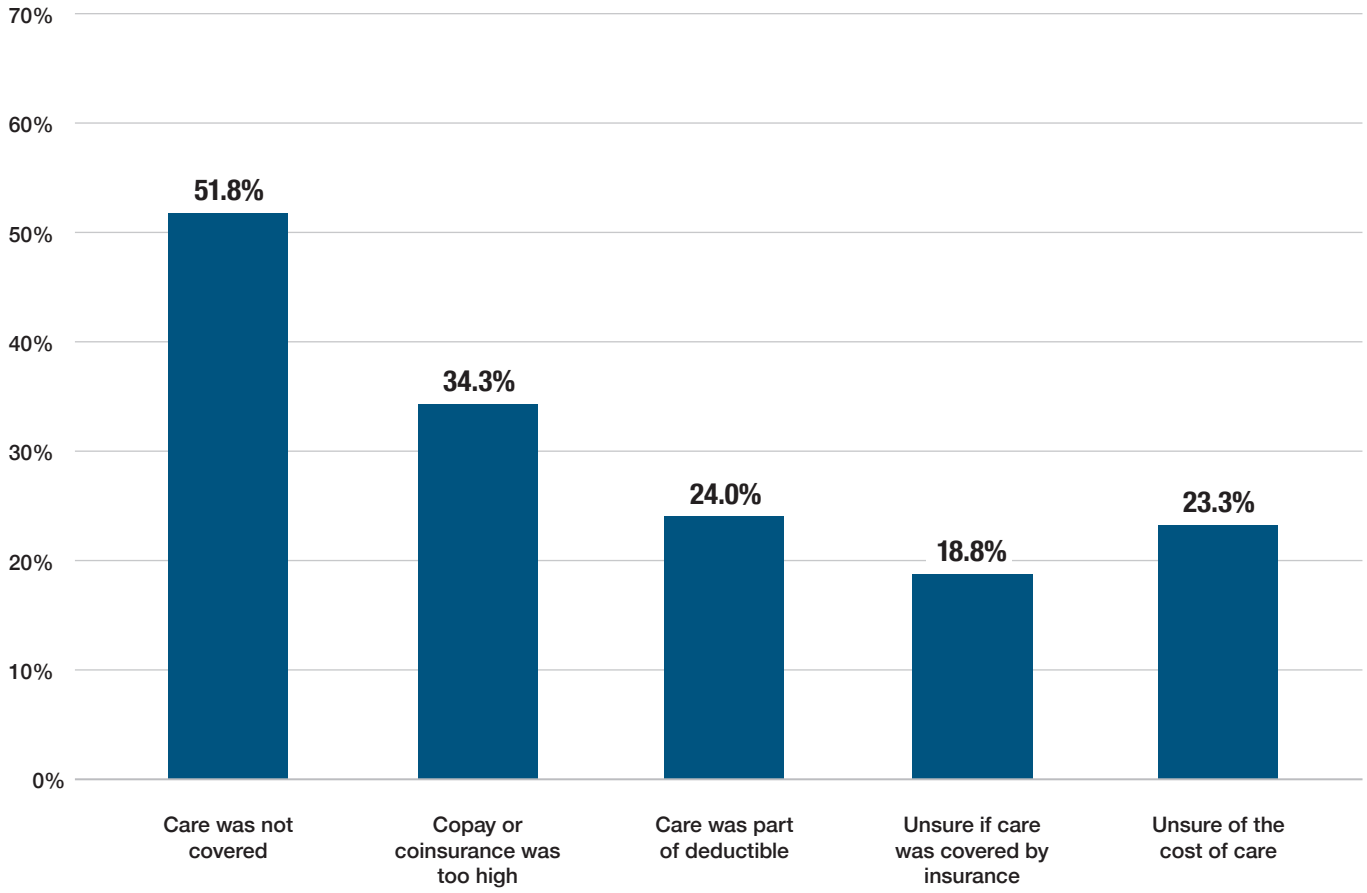
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Reasons for Unmet Need for Health Care Due to Cost Among Those Who Were Insured at the Time of the Unmet Need, 2019

In 2019, more than half of Massachusetts residents who had an unmet need for care due to cost while they had health insurance went without care because the care was not covered by their insurance plan (51.8%). In addition, more than one-third went without care because the copay or coinsurance was too high (34.3%) and nearly one in four reported that they went without care because it would have been part of the deductible (24.0%).

Nearly one in five residents said that they went without care because they were unsure whether the care was covered by insurance (18.8%), and nearly one in four reported that they went without care because they were unsure of the cost (23.3%).

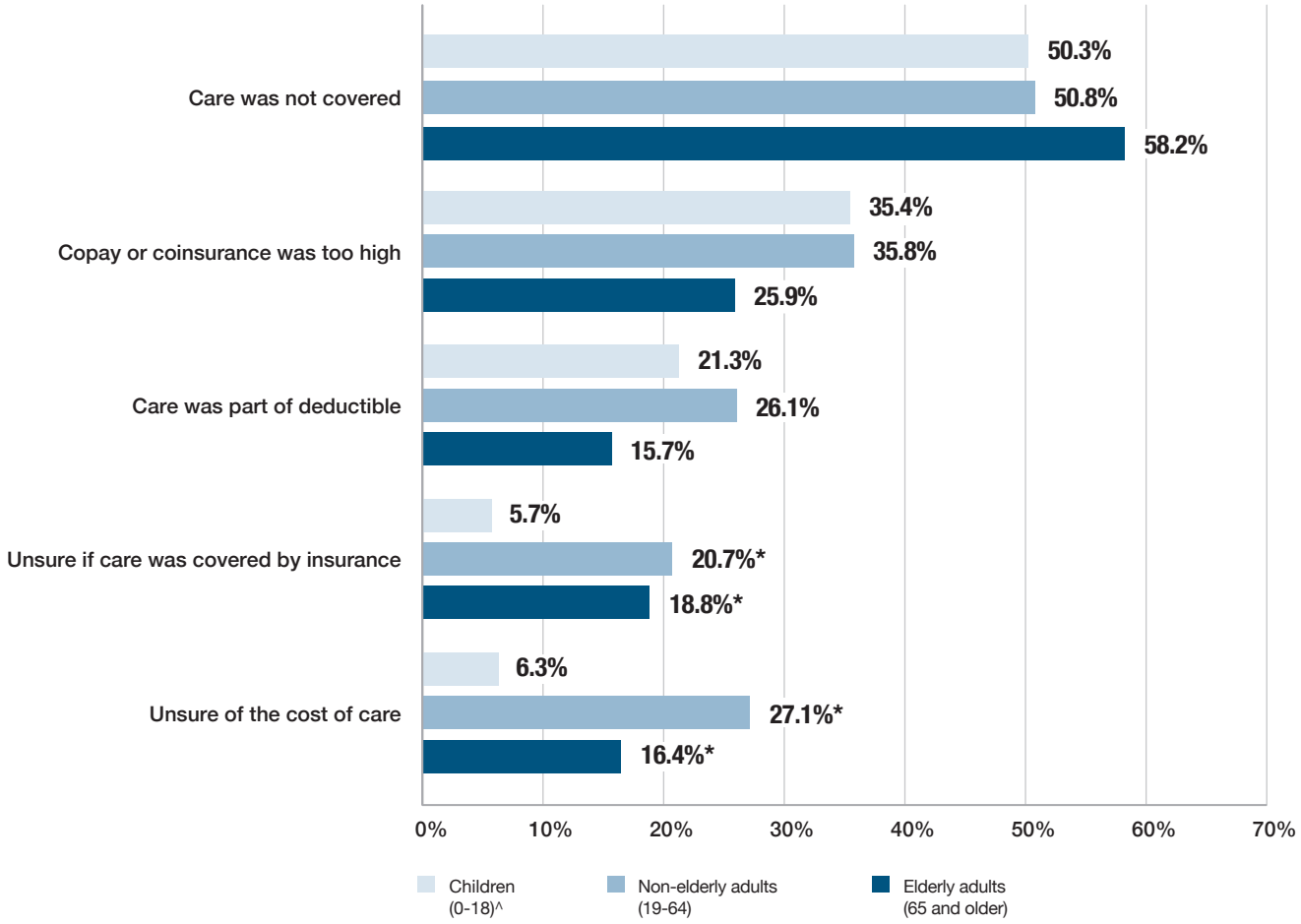


Notes: Any unmet need for health care due to cost includes the following: unmet needs due to cost: doctor care; nurse practitioner, physician assistant, or midwife care; specialist care; mental health care or counseling; substance use care or treatment; prescription drugs; dental care; vision care; and medical equipment. 4.4% of residents reported another reason for the unmet need for care due to cost. Estimates add to more than 100% because respondents could choose multiple categories.

Source: 2019 Massachusetts Health Insurance Survey

Reasons for Unmet Need for Health Care Due to Cost Among Those Who Were Insured at the Time of the Unmet Need by Age Group, 2019

In 2019, non-elderly adults in Massachusetts were the most likely age group to report that they had an unmet need due to cost while they had health insurance because they were uncertain whether the care would be covered (20.7%) or how much it would cost (27.1%).



Notes: Unmet need for health care due to cost includes the following: doctor care; nurse practitioner, physician assistant, or midwife care; specialist care; mental health care or counseling; substance use care or treatment; prescription drugs; dental care; vision care; and medical equipment. 4.4% of residents reported another reason for the unmet need for care due to cost. Estimates add to more than 100% because respondents could choose multiple categories.

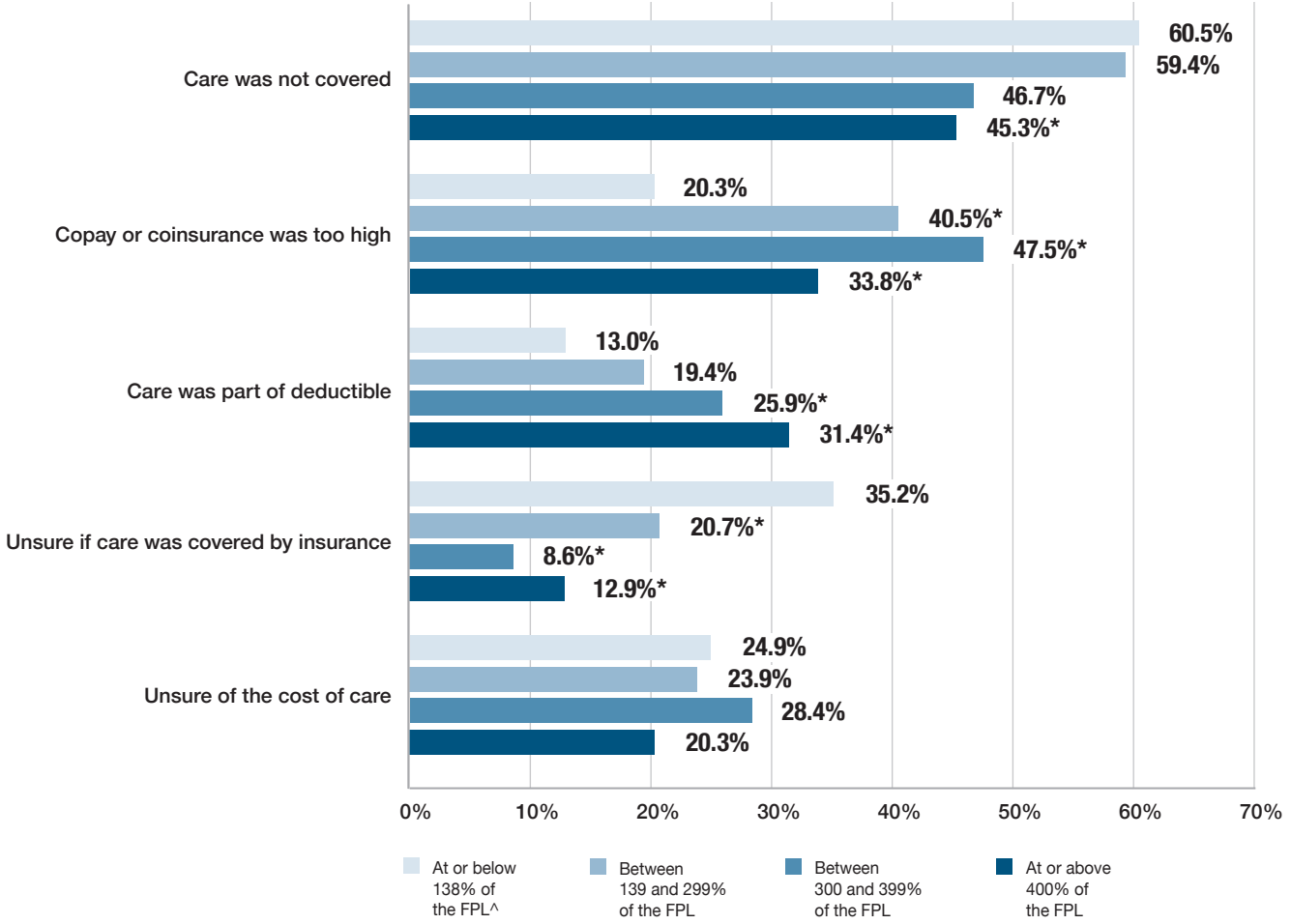
^Reference group

*Difference from estimate for "Children (0 to 18)" is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Reasons for Unmet Need of Health Care Due to Cost Among Those Who Were Insured at the Time of the Unmet Need by Family Income, 2019

The reasons for having an unmet need for health care due to cost varied by family income in 2019. Massachusetts residents with family income at or below 138% of the FPL were most likely to report that they went without care either because the care was not covered by insurance (60.5%), or because they were unsure whether the care would be covered (35.2%). In contrast, copays or coinsurance were more commonly cited among those with moderate family income between 139 and 399% of the FPL. Among those with higher family income at or above 400% of the FPL, deductibles were more frequently mentioned.



Notes: Unmet need for health care due to cost includes the following: doctor care; nurse practitioner, physician assistant, or midwife care; specialist care; mental health care or counseling; substance use care or treatment; prescription drugs; dental care; vision care; and medical equipment. 4.4% of residents reported another reason for the unmet need for care due to cost. Estimates add to more than 100% because respondents could choose multiple categories. FPL = Federal Poverty Level.

^Reference group

*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

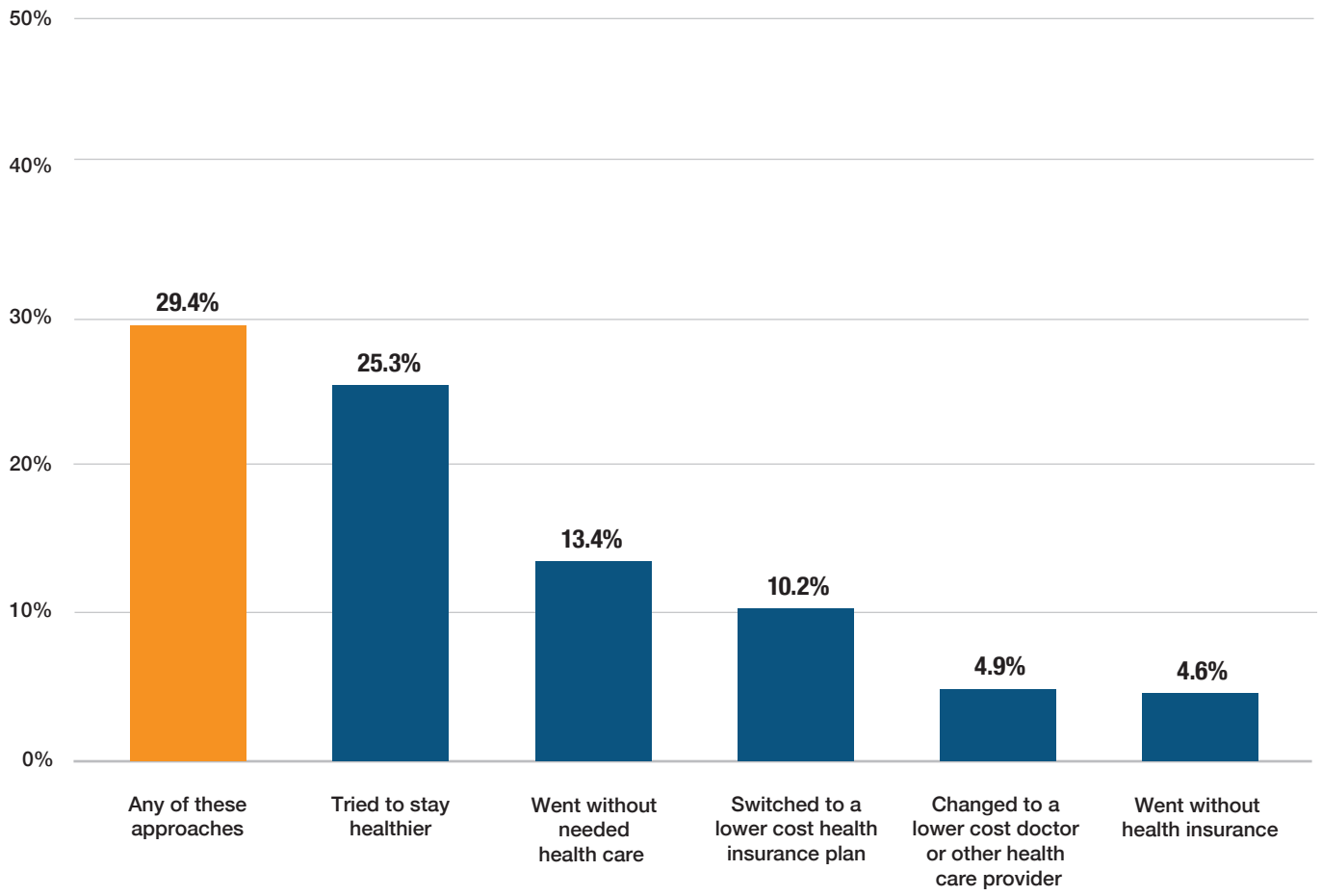
Source: 2019 Massachusetts Health Insurance Survey

Reported Approaches to Lowering Family Health Care Costs, 2019

In 2019, three in 10 Massachusetts residents reported that their family made attempts to lower its health care costs (29.4%).

The most common reported approach was preventive, with one in four residents reporting that someone in the family tried to stay healthier (25.3). Residents also reported having someone in the family go without needed health care (13.4%).

Changing health plans or providers to lower family health care costs, or dropping health insurance altogether, were less commonly reported.



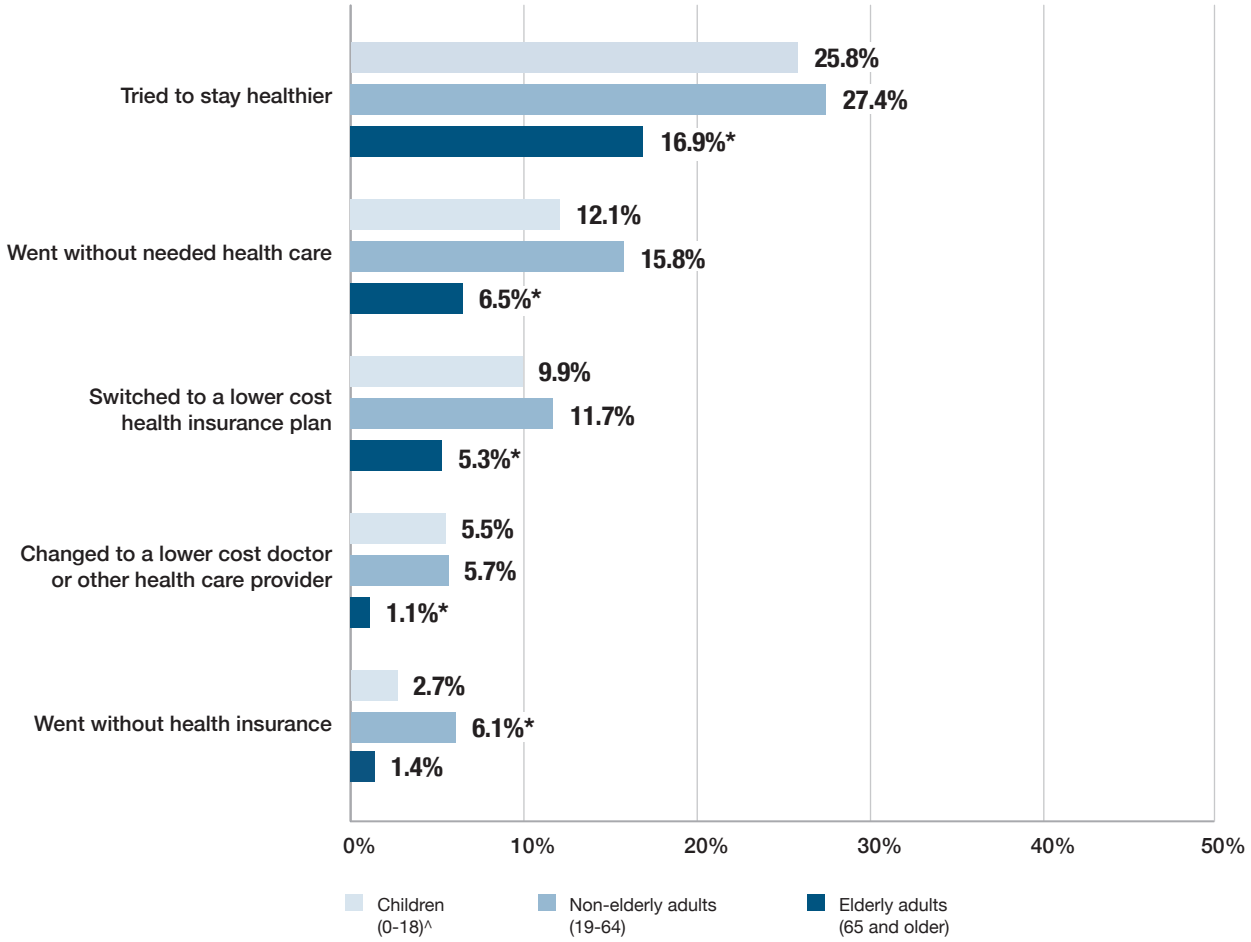
Notes: Categories are not mutually exclusive. Respondents were asked to select all that apply.

Source: 2019 Massachusetts Health Insurance Survey

Reported Approaches to Lowering Family Health Care Costs by Age Group, 2019

In 2019, trying to stay healthier was the most common approach for lowering family health care costs across all age groups in Massachusetts.

Switching to a lower cost health insurance plan or changing to a lower cost provider were much less prevalent among elderly residents than other age groups.



^Reference group

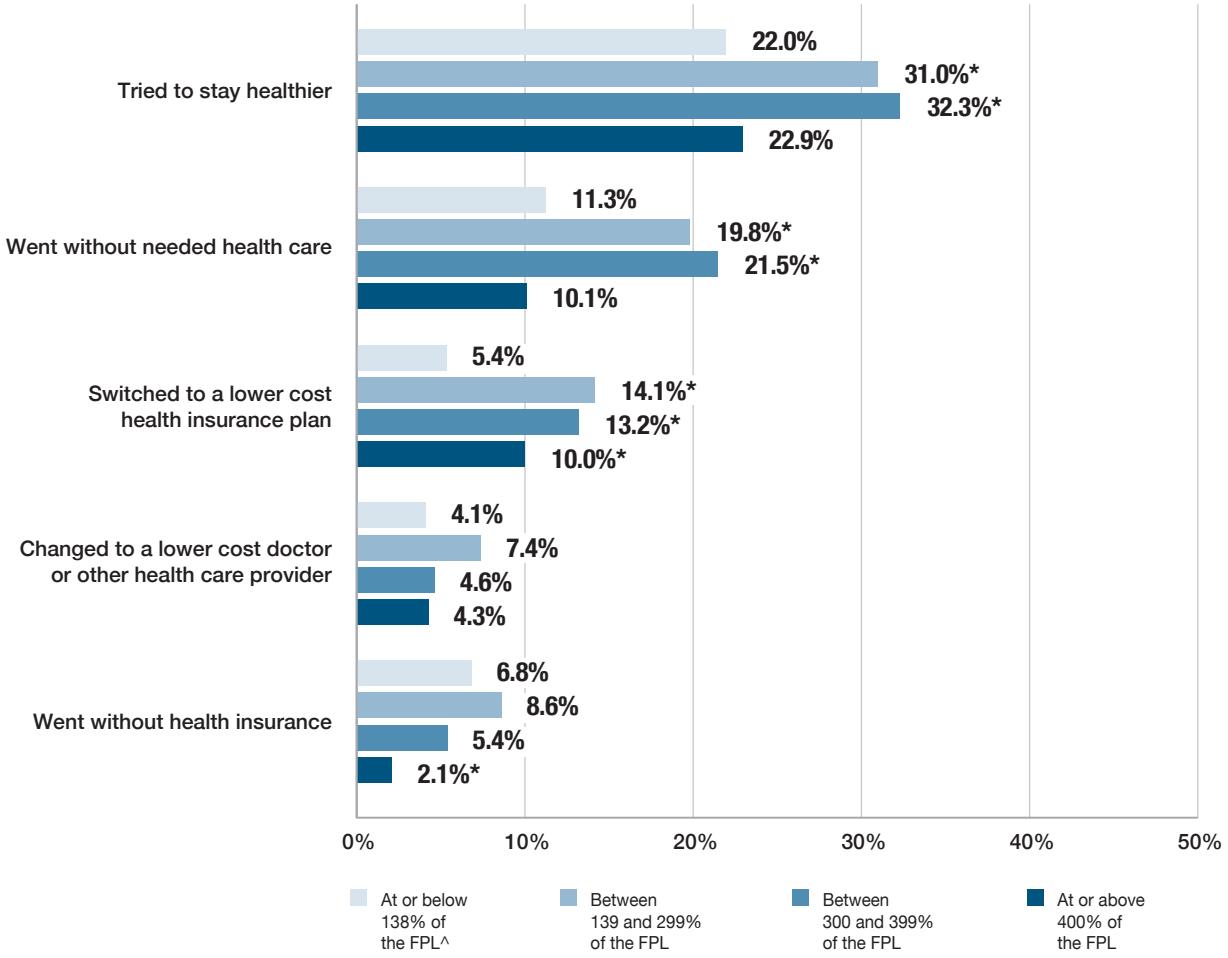
*Difference from estimate for "Children (0-18)" is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Reported Approaches to Lowering Family Health Care Costs by Family Income, 2019

Massachusetts residents with moderate family income between 139 and 399% of the FPL were more likely than those with higher or lower family income to report that someone in the family tried to lower health care costs by going without needed care in 2019.

Residents with family income at or below 138% of the FPL were less likely than other residents with family income above 138% of the FPL to report that someone in the family switched to a lower cost health insurance plan as an approach to lowering family health care costs. Residents with family income at or above 400% of the FPL were less likely to report than someone in the family went without needed health insurance.



Notes: FPL = Federal Poverty Level.

^Reference group

*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Behavioral Health Care Use and Unmet Need

Behavioral health services are an important component of health care and a continued focus of policy discussions and health care reform efforts in Massachusetts. Consequently, the 2019 MHIS includes an expanded focus on behavioral health, with new questions on behavioral health care utilization. These include questions on visits for care or treatment for substance use disorders, use of ED visits for behavioral health conditions, and any unmet needs for behavioral health care due to cost.

The 2019 MHIS also included new questions to better assess populations who were likely to have higher health care needs, including mental health. Respondents were asked to report their current mental health status on a scale of poor to excellent mental health. Respondents were also asked about the number of chronic conditions they had, defined as health conditions that have lasted, or are expected to last, for a year or more. Residents with higher health care needs are a unique population who may interact with the behavioral health care system at higher rates than the general population.

Key Findings:

- One in six Massachusetts residents reported a visit for behavioral health care in the past 12 months (17%) in 2019.
- Residents with family income at or below 138% of the Federal Poverty Level (FPL) were more likely than those with higher family income to report a visit for behavioral health care.
- Compared to residents in good or excellent mental health, residents in fair or poor mental health were four times as likely to visit a behavioral health provider (12% vs. 53%).
- Among residents with any ED visit in the past 12 months, nearly 5% said that their most recent visit was

related to a behavioral health condition.

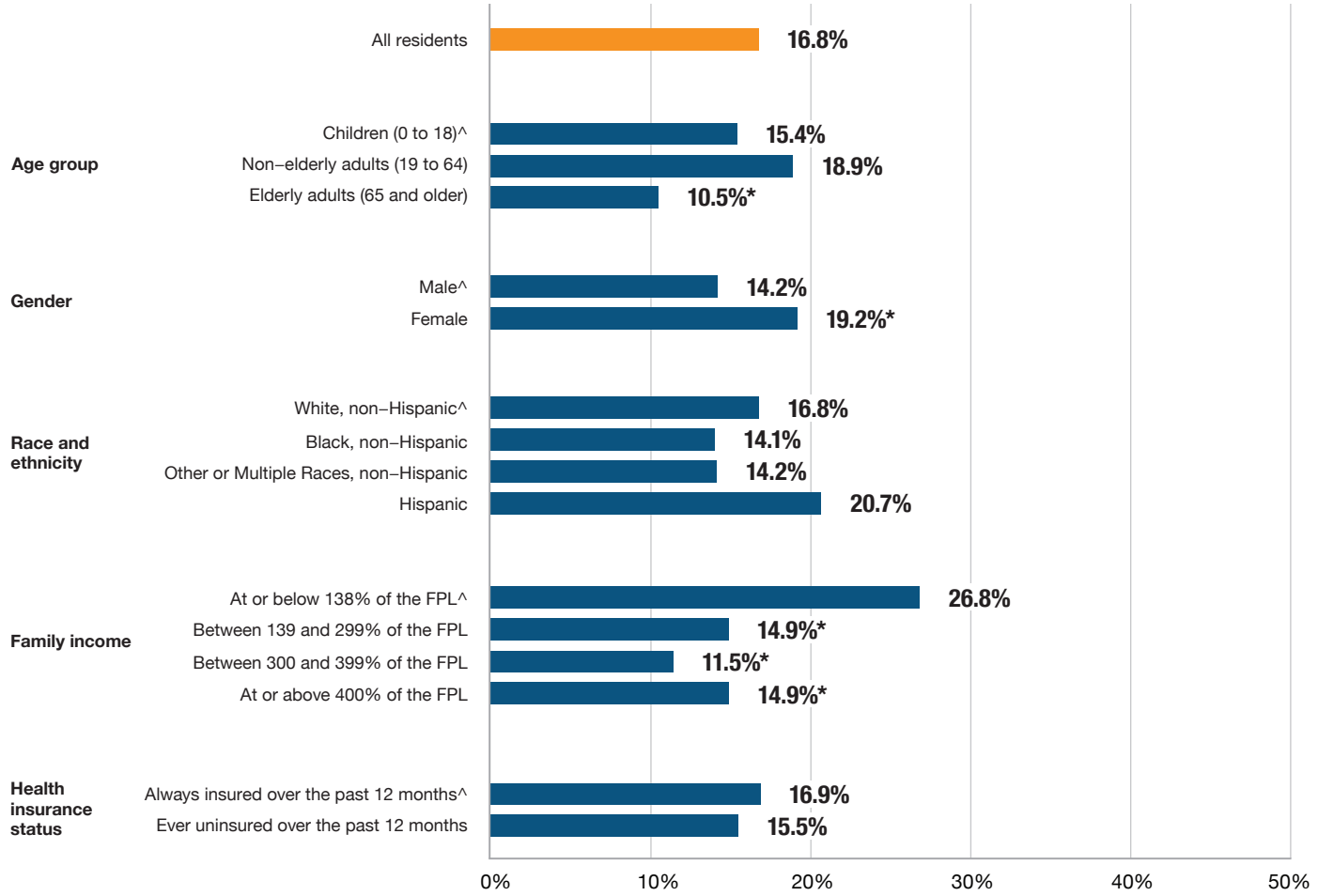
- Residents in fair or poor mental health were nearly six times more likely than residents in good or excellent health to report that their most recent ED visit was related to a behavioral health condition (15% vs. 3%).
- More than 4% of all residents indicated that they had unmet need for behavioral health due to cost.
- Residents with lower family income and those in fair or poor physical or mental health were more likely to report an unmet need for behavioral health care due to cost.
- Elderly adults were less likely to report having an unmet need for behavioral health care due to cost than children and non-elderly adults. ■

Visit for Behavioral Health Care by Individual Characteristics, 2019

In 2019, one in six Massachusetts residents reported a visit for behavioral health care over the past 12 months (16.8%). Given the various factors associated with reporting behavioral health needs and utilization, this rate may undercount the true needs in the Massachusetts population.

Female residents were more likely than males to report a visit for behavioral health care. Residents with family income at or below 138% of the FPL were more likely than those with higher family income to report a visit for behavioral health care (26.8%).

Compared to non-elderly adults, elderly adults were less likely to report a visit for behavioral health care over the past 12 months (18.9% versus 10.5%).



Notes: FPL = Federal Poverty Level.

^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

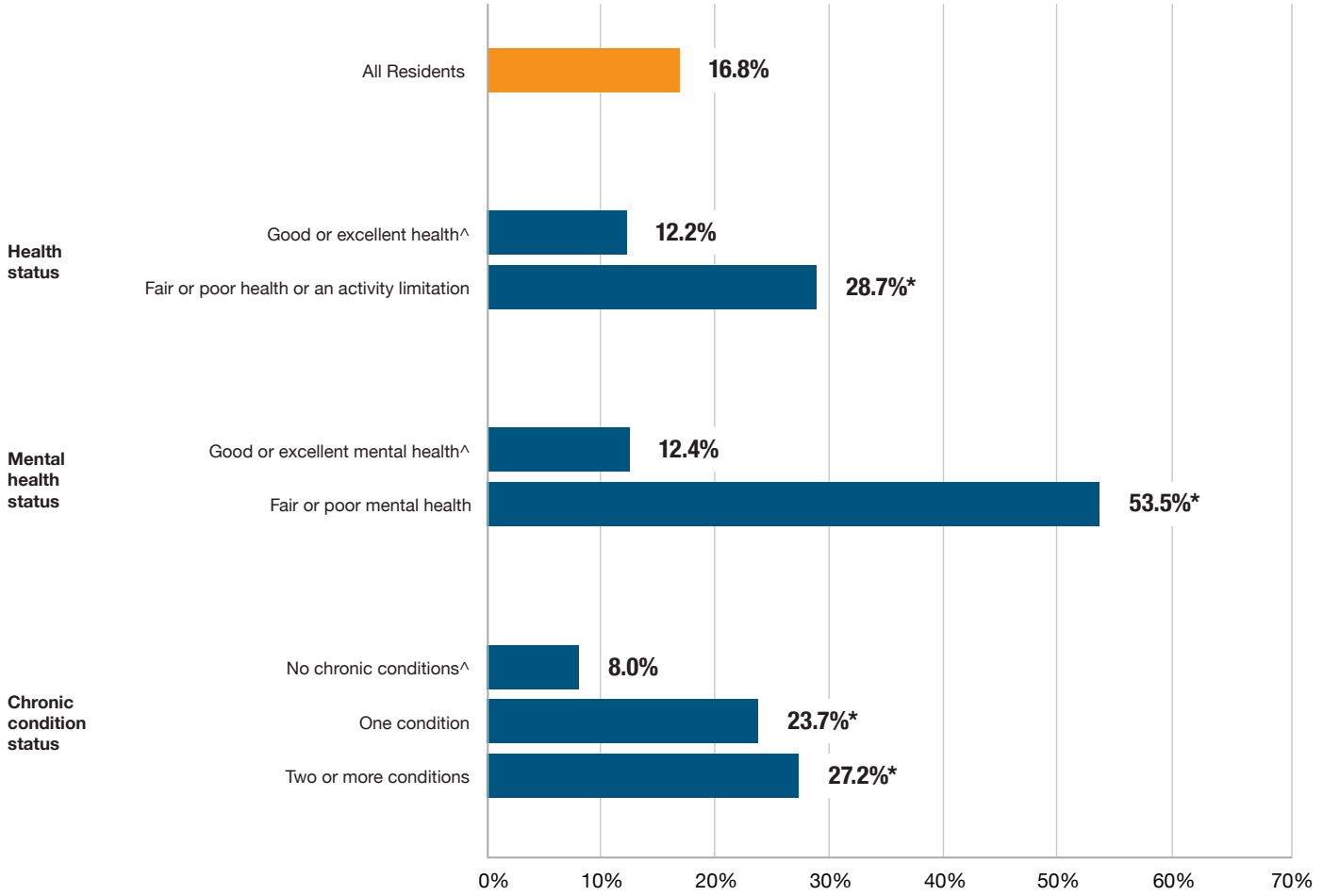
Source: 2019 Massachusetts Health Insurance Survey

Visit for Behavioral Health Care by Health Statuses, 2019

Massachusetts residents who were likely to have greater health care needs, as measured by having fair or poor health status or an activity limitation, fair or poor mental health, or chronic conditions, were more likely to report a visit for behavioral health care in 2019.

In particular, residents reporting fair or poor mental health were four times more likely than those in good or excellent mental health to have a visit for behavioral health care (53.5% versus 12.4%).

Residents living with at least one chronic condition were more likely to report a visit for behavioral health than those with no chronic conditions.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

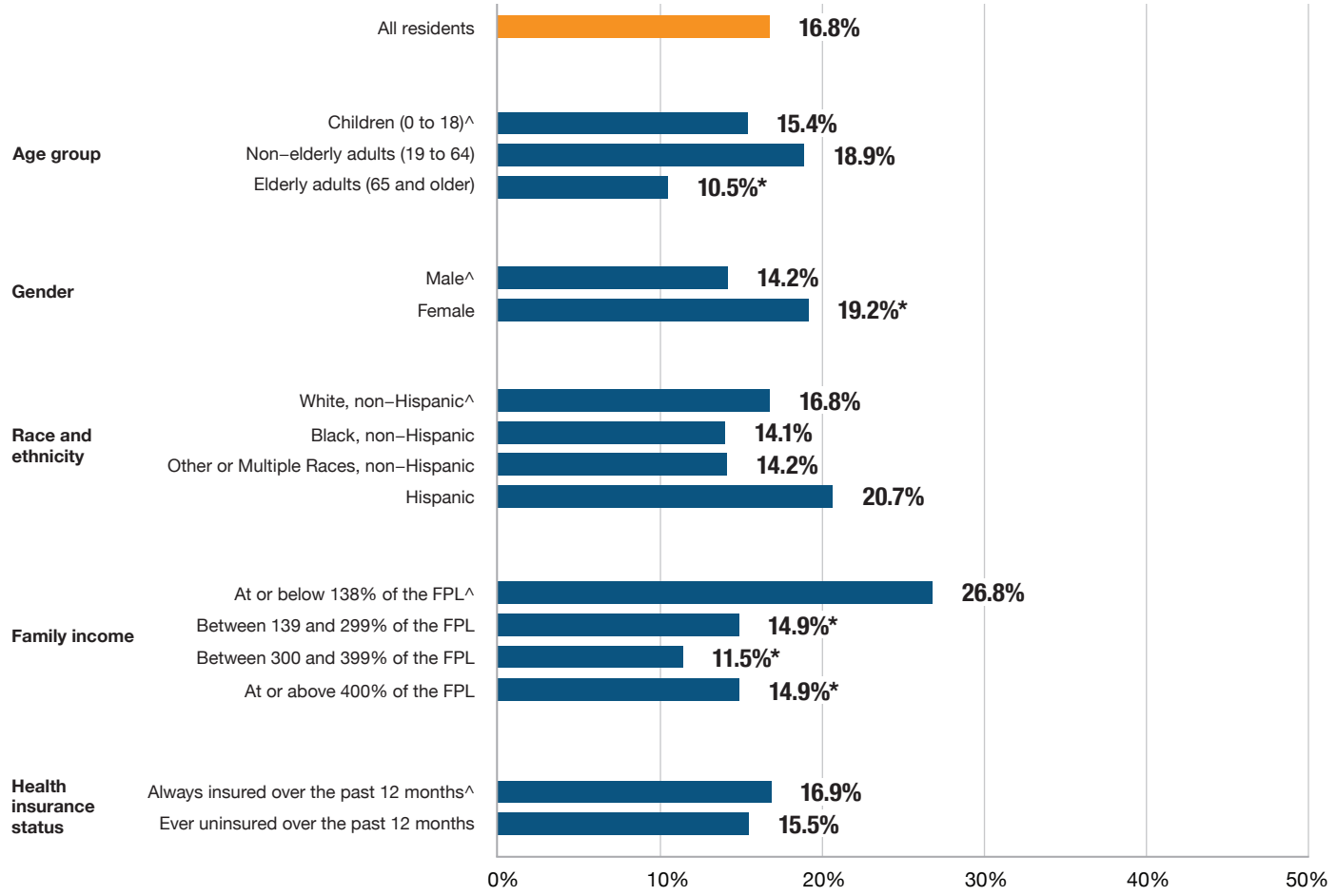
^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Most Recent ED Visit Was Related to a Behavioral Health Condition by Individual Characteristics, 2019

Among Massachusetts residents who had an ED visit in 2019, 4.6% reported that the most recent visit was for a behavioral health condition. Non-elderly adults (5.8%) and those with family income at or below 138% of the FPL (7.8%) were twice as likely as other age or income groups, respectively, to report that their most recent ED visit was related to behavioral health.



Notes: ED = Emergency Department; FPL = Federal Poverty Level.

^Reference group

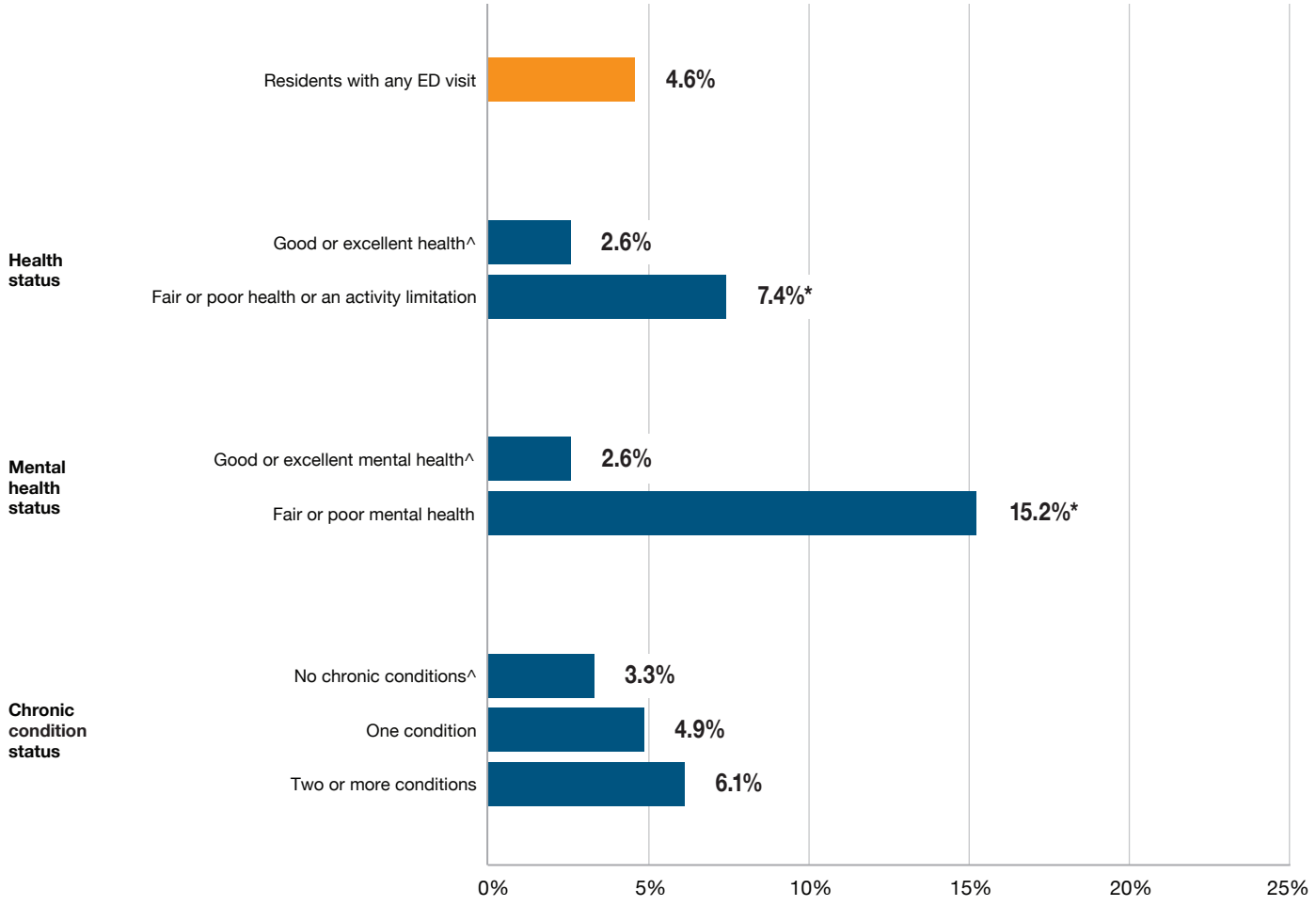
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Most Recent ED Visit Was Related to a Behavioral Health Condition by Health Statuses, 2019

Massachusetts residents with an ED visit who reported fair or poor mental health were nearly six times more likely than those residents with better mental health to report that their most recent ED visit related to a behavioral health condition in 2019 (15.2% versus 2.6%).

The majority of residents with an ED visit who reported their most recent ED visit was for a behavioral health condition had visited a provider for behavioral health care in the past 12 months, raising potential concerns about gaps in care. Those reporting that their most recent ED visit was for a behavioral health condition also often reported unmet need for behavioral health care due to cost.



Notes: Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." ED = Emergency Department.

^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

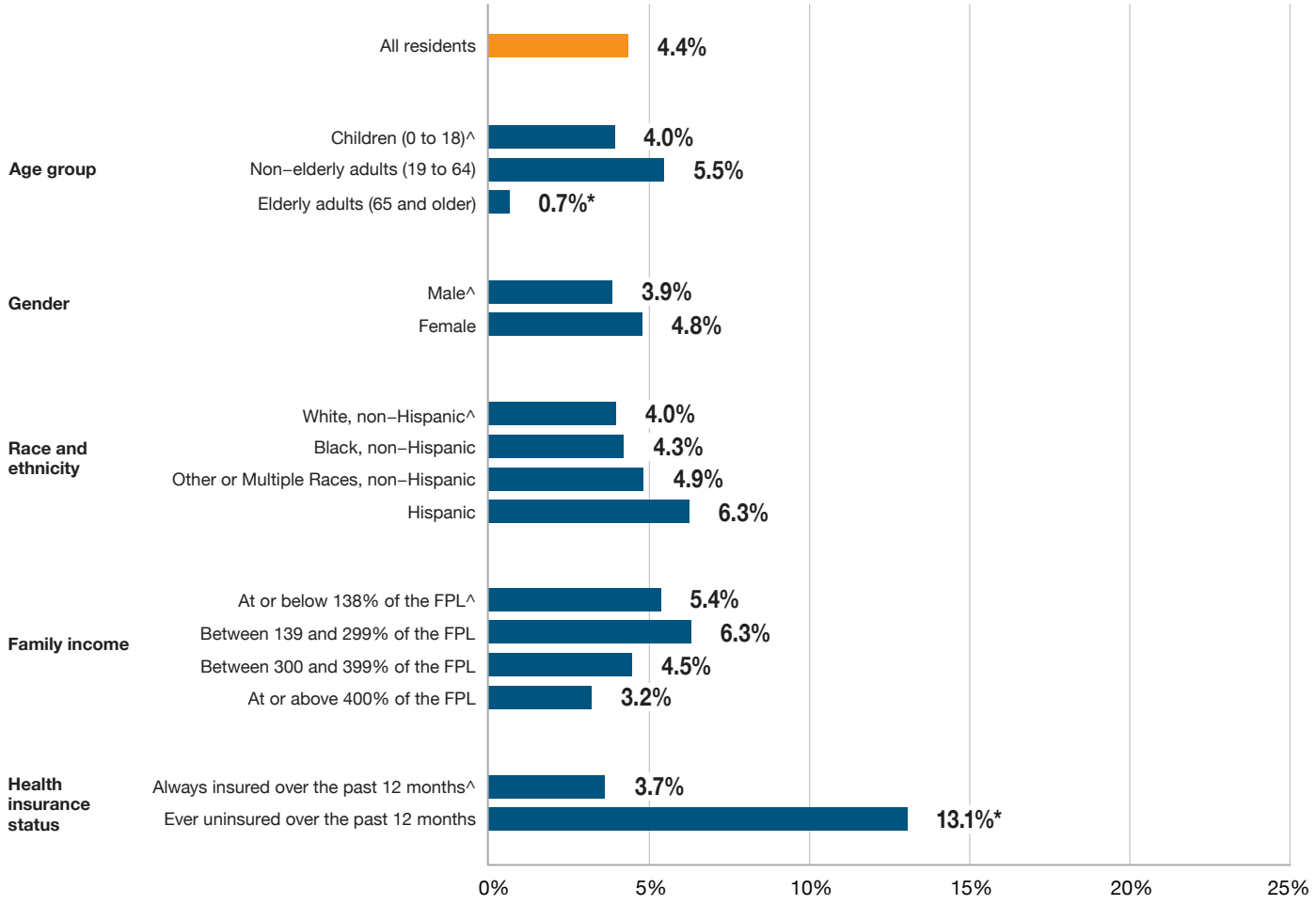
Source: 2019 Massachusetts Health Insurance Survey

Unmet Need for Behavioral Health Care Due to Cost by Individual Characteristics, 2019

In 2019, 4.4% of Massachusetts residents said that they had an unmet need for behavioral health care due to cost in the past 12 months.

Those with periods of uninsurance in the past 12 months were more than three times as likely to report having an unmet need for behavioral health due to cost than those with insurance for all of the past 12 months.

Elderly adults were less likely to report having an unmet need for behavioral health care due to cost than children and non-elderly adults (0.7% compared to 4.0% and 5.5%, respectively).



Notes: Unmet need for behavioral health care due to cost includes unmet need for mental health care or counseling due to cost and unmet need for substance use disorder care or treatment due to cost. FPL = Federal Poverty Level.

^Reference group

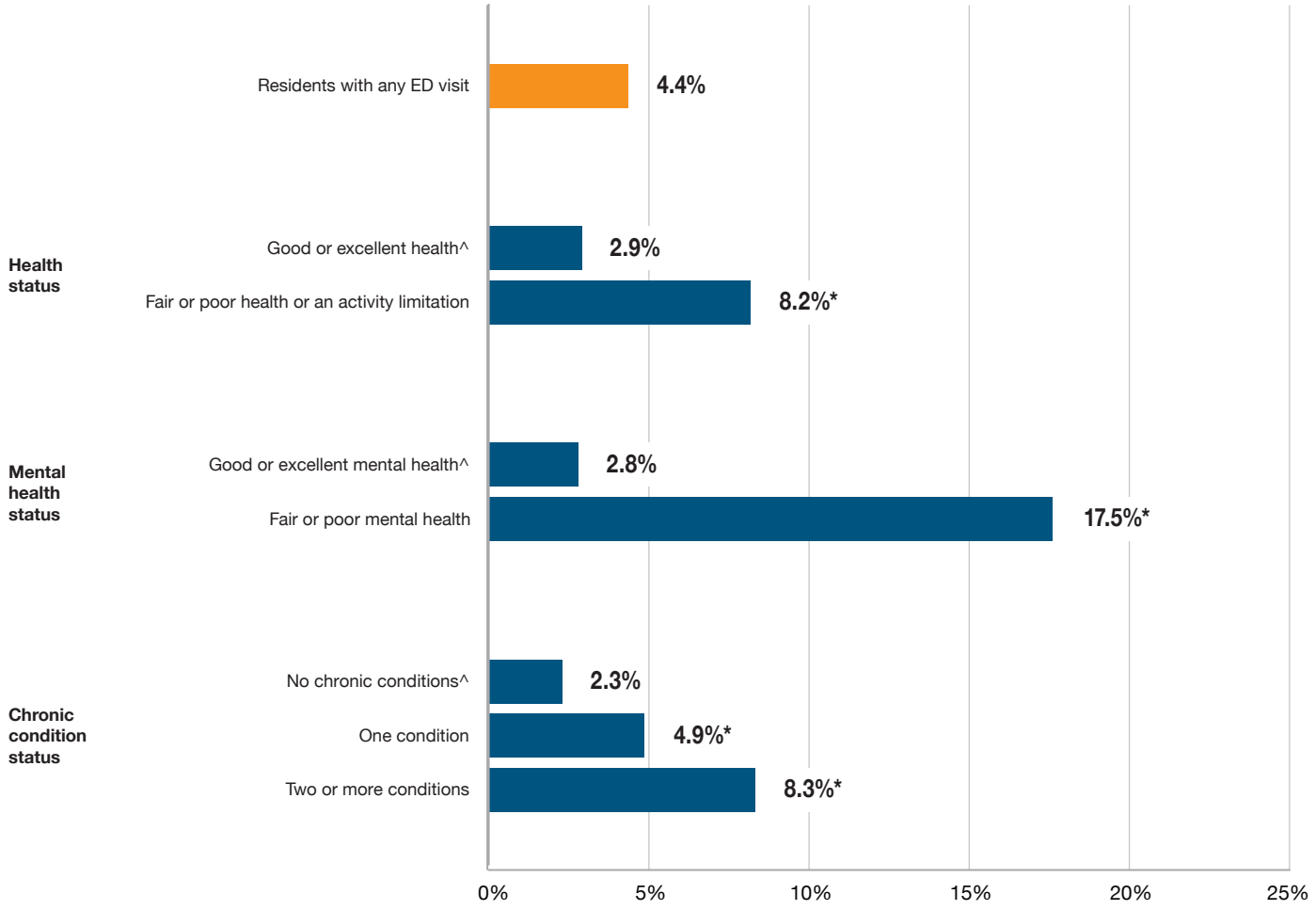
*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

Unmet Need for Behavioral Health Care Due to Cost by Health Statuses, 2019

Massachusetts residents reporting fair or poor health were nearly three times as likely to report an unmet need for behavioral health care in 2019. In addition, residents who reported fair or poor mental health were over six times as likely to report unmet need for behavioral health.

Nearly two in five residents who had an unmet need for behavioral health care due to cost had visited a behavioral health care provider in the past 12 months (38.8%; data not shown), suggesting potential gaps in behavioral health care even among those who are already using behavioral health care.



Notes: Unmet need for behavioral health care due to cost includes unmet need for mental health care or counseling due to cost and unmet need for substance use disorder care or treatment due to cost. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Source: 2019 Massachusetts Health Insurance Survey

About the MHIS

The Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage, health care access and use, and health care affordability for the non-institutionalized population in Massachusetts. The MHIS has been fielded periodically since 1998 and biennially since 2015. The content and design of the survey have been modified over time to address the changing health care environment in Massachusetts and changes in state-of the-art household survey strategies. Content changes to the MHIS in 2019 included adding more in-depth questions on health status, affordability issues for individuals and their families, and behavioral health. Additionally, a follow-up Recontact Survey was conducted with a subset of respondents to the 2019 MHIS, which included additional questions on health care affordability, potentially avoidable emergency department visits, and social determinants of health. The 2019 MHIS was fielded between April and July of 2019.

The Recontact Survey was fielded between December 2019 and January 2020.

Survey design changes include a shift in sampling frame for the survey in 2008 and 2014 and an expansion of the sampling frame for the survey in 2019. As a result of the shift in the sample frame in 2014, the data for the 2008-2011 period are not directly comparable to later years. The 2019 survey design was expanded to include an address-based sample in addition to the random-digit-dial telephone sample used from 2014–2017. The 2019 estimates may still be used to evaluate trends for the period 2014–2019.[2] Please see the methodology report for more information.

The 2019 MHIS was conducted in English and Spanish and its average completion time was 26.3 minutes for telephone-based surveys and 18.1 minutes for the

web-based survey. Surveys were completed with 4,873 Massachusetts households, collecting data on 4,873 residents, including 529 children aged 0 to 18, 3,058 non-elderly adults aged 19 to 64, and 1,286 elderly adults aged 65 and older. The overall response rate for the 2019 MHIS was 16.5%, combining the response rate of 26.1% for the landline telephone sample, 7.0% for the cell phone sample, and 20.7% for the address-based sample.

Additional information about the MHIS is available in the MHIS methodology report. ■

Notes

1 The Kaiser Family Foundation estimates that surprise bills accounted for half of unexpected medical bills among insured adults aged 18-64 living in the United States. https://www.kff.org/health-costs/poll-finding/data-note-public-worries-about-and-experience-with-surprise-medical-bills/.

2 By maintaining the RDD telephone sample between 2017 and 2019, we were able to assess the impacts of the 2019 modification and determined that the 2019 design did not have a significant impact on the estimates of trends over time based on the 2014-2017 data. The ABS and RDD estimates were similar, but caution should be used when interpreting trends. For more information about the 2019 design, please see the 2019 MHIS methodology report.

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