

Findings from the 2023 Massachusetts Health Insurance Survey

Executive Summary
and Key Findings

June 2024



Executive Summary

The MHIS is a statewide, population-based survey used to track and monitor health care coverage, access, and affordability trends in the Commonwealth. In addition, the MHIS provides critical socio-demographic data that enables CHIA to analyze these trends across different populations, with a focus on health equity.

New questions on primary care, telehealth, and behavioral health were included in 2023 to capture data on the changing post-pandemic health care landscape. Data points and trends in this report should be viewed within the context of the extraordinary circumstances of the COVID-19 pandemic and their reverberations throughout the health care system and society.

Health Insurance Coverage and Uninsurance Among Residents and Their Families

The vast majority of Massachusetts residents—98.3%—reported having health insurance at the time of the 2023 MHIS. The Commonwealth continues to lead the nation

with the highest insurance rate.¹ Most uninsured residents in Massachusetts were adults aged 19 to 64 (89.3%), which reflects the availability of MassHealth for many children and Medicare for most adults aged 65 and older. Uninsured residents were disproportionately Hispanic (32.2%), and two-thirds (67.2%) had a family income below 300% of the Federal Poverty Level (FPL), underscoring ongoing economic, racial, and ethnic inequities in coverage.

Employer-sponsored insurance remained the main source of health insurance in Massachusetts, accounting for two-thirds (67.2%) of all insured residents in 2023. Nearly all residents (96.4%) reported having continuous health insurance coverage for the past 12 months, with a large majority of residents reporting continuous health insurance for all co-residential family members (93.8%). Hispanic residents were less likely to report being continuously insured over the past 12 months than non-Hispanic White residents (88.9% vs. 97.3%, respectively).

To read the full report, please visit:

<https://www.chiamass.gov/assets/docs/r/survey/mhis-2023/2023-MHIS-Report.pdf>

Health Care Access and Utilization

A large majority of Massachusetts residents reported having a usual source of care in 2023 (88.9%) and most reported having a primary care provider (90.9%). Likewise, a large majority of residents reported at least one visit to a health care provider in the past 12 months (95.6%). Despite most residents having a usual source of care, two-fifths (41.2%) reported having any type of difficulty accessing care, with one in four (25.6%) residents reporting difficulties getting an appointment at a doctor's office or clinic as soon as they needed. Among the 22.4% of residents who reported at least one emergency department (ED) visit in the past 12 months, over one third (36.2%) sought care for a non-emergency condition in their most recent ED visit. These results suggest persistent barriers to obtaining timely, needed health care services.

While most residents (81.3%) reported a preventive care visit in the past 12 months, Hispanic and non-Hispanic Black residents reported lower rates of preventive care visits than non-Hispanic White residents (68.4% and 71.1%, respectively, vs. 84.7%). Among residents reporting at least one ED visit in the past 12 months, Hispanic residents and non-Hispanic Black residents were almost twice as likely to go to the ED for a non-emergent condition for their most recent visit than non-Hispanic White residents (51.3%, 47.9%, respectively, vs. 26.5%). This pattern is consistent with studies at the national

level suggesting that Hispanic and non-Hispanic Black individuals experience more structural barriers to timely and affordable care than non-Hispanic White individuals, resulting in ED utilization for services that could be managed in settings with lower costs.^{2,3,4}

Growth in telehealth expanded residents' options for accessing care. More than one in three (34.3%) residents reported at least one telehealth visit in the past 12 months. Among those with a telehealth visit, the most frequently reported type of care was for behavioral health (39.8%). Among residents without a telehealth visit in the past 12 months, 61.7% reported they preferred in-person visits, 27.8% reported telehealth was not right for their health needs, and 20.6% reported that their providers did not offer telehealth.

Health Care Affordability for Residents and Their Families

Despite nearly universal health insurance coverage in Massachusetts, health care costs were a concern for many residents' families in 2023. Two in five (41.3%) Massachusetts residents reported that their family faced health care affordability issues over the past 12 months. Affordability issues included problems paying family medical bills (14.2%), holding family medical debt (12.8%), spending a high share of family income on out-of-pocket health care expenses (10.3%), or having forgone health care for a family member in the past 12 months due to cost (28.8%).

The burden of affordability issues on families was greater for Hispanic residents (58.2%) and non-Hispanic Black residents (48.7%) than non-Hispanic White residents (39.2%). Three in five (60.1%) residents with a family income at or below 138% of the FPL reported that their family had difficulties paying for health care in the past 12 months.

Behavioral Health

In recent years, Massachusetts implemented several policies expanding access to behavioral health care, including the Mental Health ABC Act: Addressing Barriers to Care and the Roadmap to Behavioral Health Reform. Currently, all insured health plans are required to cover mental health benefits and most government and self-funded plans also cover mental health benefits. The 2023 MHIS includes additional questions about residents' behavioral health care experiences, which includes experiences related to mental health and substance use disorders. In 2023, one in five (21.6%) Massachusetts residents five years of age and older reported having a visit with a behavioral health provider in the past 12 months: 21.4% of residents reported a visit to a mental health professional and 1.1% reported a visit for alcohol or substance use care and treatment. One in 10 (9.9%)

residents five years of age and older reported having an unmet behavioral health need in the past 12 months for any reason, with 9.2% reporting unmet need for mental health care or counseling and 2.2% reporting unmet need for alcohol or substance use care and treatment. Unmet need for behavioral health due to cost was substantially higher for Hispanic residents than non-Hispanic White residents (8.5% vs. 4.7%).

Most residents (74.6%) reported knowing that their health insurance covered mental health visits, although one in five (20.8%) reported that they did not know if their insurance covered mental health visits, and 4.6% reported that their health insurance did not cover mental health visits. Among the 24.4% of residents who reported having an appointment with a mental health professional, almost one in six (15.0%) reported paying for their appointment entirely out-of-pocket. Residents paying entirely out-of-pocket most often did so because their provider did not accept any health insurance (36.6%) or their preferred provider did not accept their insurance plan (26.8%), underscoring affordability challenges faced by Massachusetts residents in accessing mental health care. ■

Key Findings for 2023

- Nearly all Massachusetts residents—98.3%—reported having insurance at the time of the 2023 MHIS. Uninsured residents in Massachusetts disproportionately belonged to the following groups: adults aged 19 to 64, males, Hispanic residents, and residents with a family income below 300% of the FPL.
- Although 90.9% of residents reported having a primary care provider, 41.2% of residents reported difficulties accessing health care. This is an increase from 2021 to 2023 in residents reporting they could not get an appointment as soon as they felt was needed, were told the provider was not accepting new patients, or were told that the provider did not accept patients with their insurance.
- A third (34.3%) of residents reported a telehealth visit in the past 12 months. Among residents who did not have a telehealth visit in the past 12 months, the most commonly reported reasons were a preference for in-person visits (61.7%), telehealth not being right for their health needs (27.8%), and telehealth not being offered by their provider (20.6%).
- Despite near universal health insurance coverage in Massachusetts in 2023, nearly half of residents (41.3%) reported that they or their families had any health care affordability issues, a burden that is greater for non-Hispanic Black residents (48.7%) and Hispanic residents (58.2%).
- Among the 21.4% of residents who had a visit to a mental health professional, 15.0% reported paying for their most recent mental health care entirely out-of-pocket. The most frequently reported reasons for doing so were that the provider did not accept any health insurance (36.6%) or their preferred provider did not accept their insurance plan (26.8%). ■

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 2023 included adding more in-depth questions on telehealth use and paying out-of-pocket for behavioral health care. The 2023 MHIS was fielded between April and August of 2023.

Survey design changes include a shift in sampling frame for the survey in 2008 and 2014, an expansion of the sampling frame for the survey in 2019-2023. 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 (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017. The 2021-2023 surveys expanded the use of the address-based sample and limited the random-digit-dial telephone sample to prepaid cell phone numbers only. Because of the similarity of the estimates from the RDD sample and ABS sample in 2019, the 2019-2023 estimates may still be used to evaluate trends for the period 2014–2021.⁵ Please see the [MHIS Methodology Report](#) for more information.

The 2023 MHIS was conducted in English and Spanish, and its average completion time was 33 minutes for telephone-based surveys and 18.1 minutes for the web-based survey. Surveys were completed with 5,266 Massachusetts households, collecting data on 5,266

residents and their families, including 663 children aged 0 to 18, 3,139 non-elderly adults aged 19 to 64, and 1,451 elderly adults aged 65 and older. The overall response rate for the 2023 MHIS was 5.8%, combining the response rate of 1.4% for the prepaid cell phone sample of 629 completed interviews and 13.6% for the address-based sample of 4,637 interviews.

Additional information about the MHIS is available in the [MHIS Methodology Report](#). ■

Notes

1. Keisler-Starkey, K., Bunch, L. N., & Lindstrom, R. A. (2023). Health Insurance Coverage in the United States: 2022. *US Census Bureau, Current Population Reports*, P60-281. U.S. Government Publishing Office. <https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-281.pdf>.
2. Caraballo, C., Ndumele, C. D., Roy, B., Lu, Y., Riley, C., Herrin, J., & Krumholz, H. M. (2022, October). Trends in racial and ethnic disparities in barriers to timely medical care among adults in the US, 1999 to 2018. In *JAMA Health Forum* (Vol. 3, No. 10, pp. e223856-e223856). American Medical Association. <https://jamanetwork.com/journals/jama-health-forum/article-abstract/2797732>.
3. Parast, L., Mathews, M., Martino, S., Lehrman, W. G., Stark, D., & Elliott, M. N. (2022). Racial/ethnic differences in emergency department utilization and experience. *Journal of General Internal Medicine*, 1-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8021298/>.
4. Rust, G., Ye, J., Baltrus, P., Daniels, E., Adesunloye, B., & Fryer, G. E. (2008). Practical barriers to timely primary care access: impact on adult use of emergency department services. *Archives of Internal Medicine*, 168(15), 1705-1710. <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/770345>.
5. 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](#).
6. Pascale, J, Fertig, AR, Call, KT. Assessing the accuracy of survey reports of health insurance coverage using enrollment data. *Health Serv Res*. 2019; 54: 1099-1109. <https://doi.org/10.1111/1475-6773.13191>.



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Publication Number 24-179-CHIA-01