

# **Findings from the 2023 Massachusetts Health Insurance Survey**

Health Insurance Coverage  
and Uninsurance Among  
Residents and Their Families

June 2024



# Health Insurance Coverage and Uninsurance Among Residents and Their Families

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 over the past six months, 12 months, two years, and five years. As with the 2021 MHIS, the 2023 MHIS asked respondents about the health insurance coverage status of all members of the resident's family who were living in their household.

The MHIS has specific questions about periods of uninsurance and types of health insurance coverage. For type 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 (ESI), Medicare, MassHealth, ConnectorCare, private non-group coverage

such as individual purchase of Health Connector plans, and other or unspecified coverage. While employer-sponsored coverage tends to be reported accurately in surveys, the other types of coverage are often reported with more error.<sup>5</sup>

## Key Findings

- Massachusetts's uninsurance rate remained substantially lower than that of the nation: 1.7% of Massachusetts residents reporting being uninsured at the time of the 2023 MHIS.
- Most of the uninsured residents in Massachusetts were adults aged 19 to 64 (89.3%), four-fifths (79.2%) of the uninsured were male, the uninsured were disproportionately Hispanic (32.2%), and two-thirds (67.2%) of the uninsured had a family income below 300% of the FPL

To read the full report, please visit:

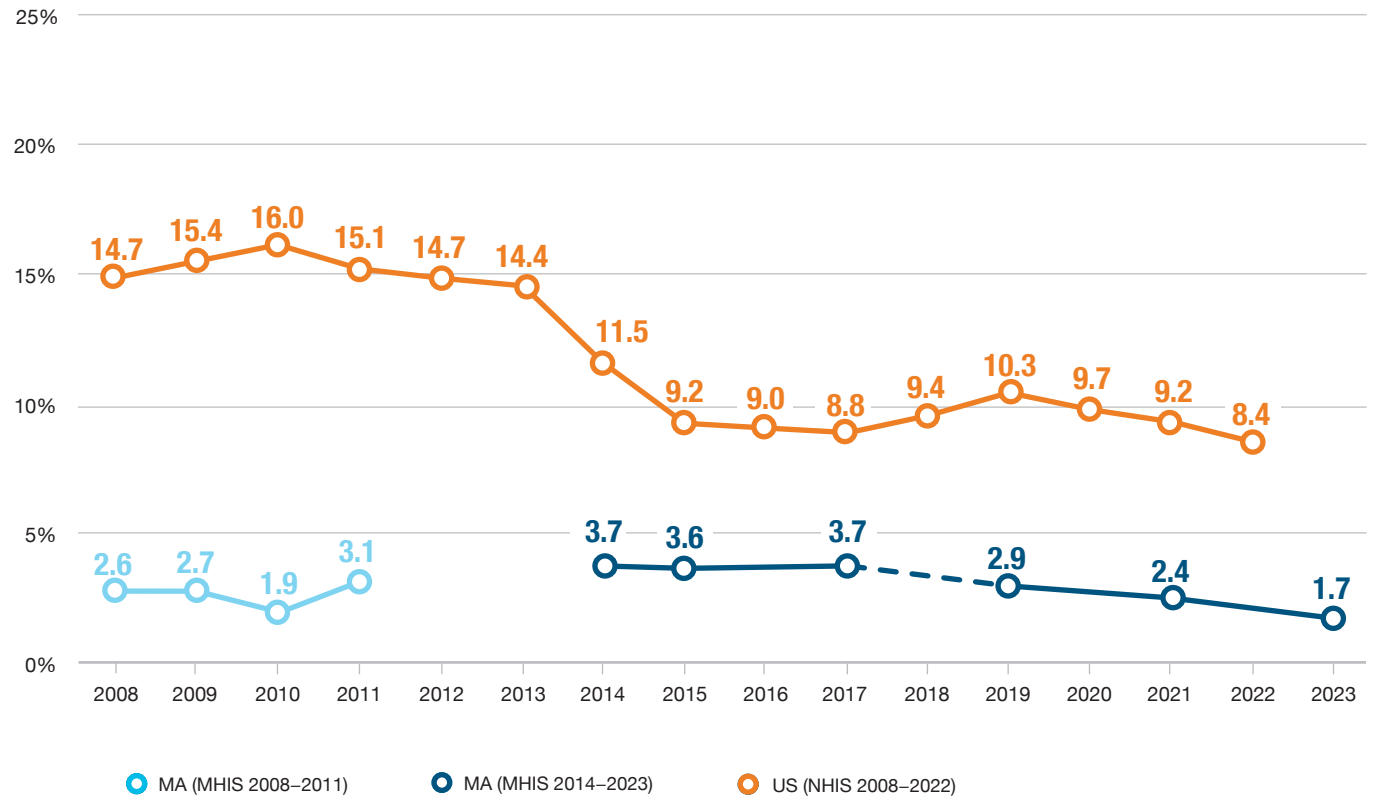
<https://www.chiamass.gov/assets/docs/r/survey/mhis-2023/2023-MHIS-Report.pdf>

- Most (96.4%) residents had continuous health insurance coverage for the past 12 months, and over nine in 10 residents lived in households where all family members had continuous insurance (93.8%) in 2023. Hispanic residents were less likely than non-Hispanic White residents to report being continuously insured over the past 12 months (88.9% vs. 97.3%, respectively). ■

## Uninsurance at the Time of the Survey for Massachusetts and the Nation, 2008-2023

Uninsurance in Massachusetts remained low in 2023, with only 1.7% of residents uninsured at the time of the survey. The Massachusetts uninsurance rate continues to be well below the national rate based on estimates from the National Health Interview Survey (NHIS). Estimates of the uninsurance rate in both the Commonwealth and the nation have been declining since 2019.

Several factors have likely contributed to the national and local context of health insurance, including rising health care costs, state-specific health reform initiatives, and the COVID-19 pandemic, which included the continuous coverage provision for the period of the COVID-19 public health emergency.



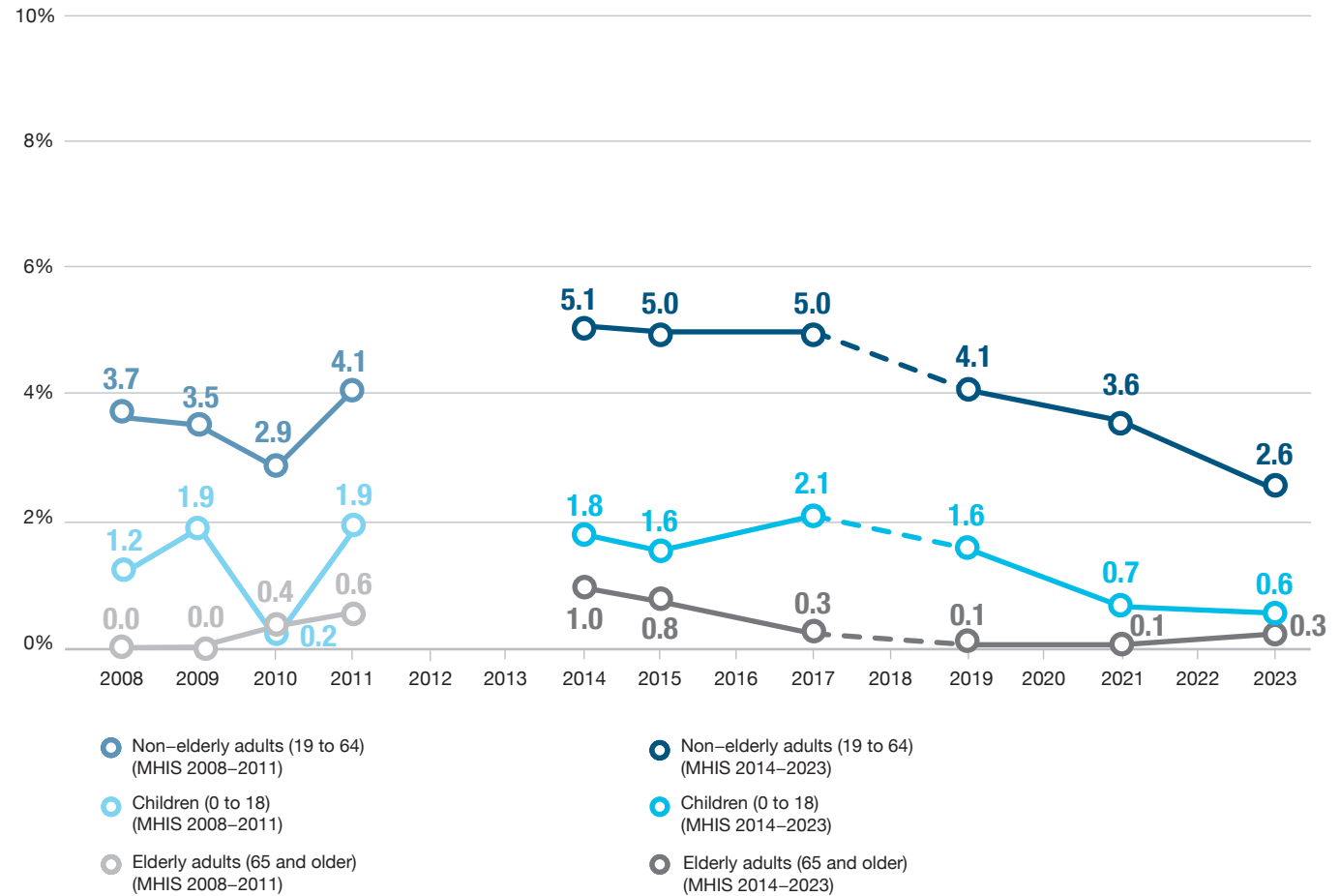
Note: Due to changes in the MHIS survey design in 2014, the estimates for 2008-2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014-2017, and the 2021-2023 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2023 (denoted by the dotted line).<sup>6</sup> Please see the [Methodology Report](#) for more information on design changes.

Data Source: 2008-2011, 2014, 2015, 2017, 2019, 2021, 2023 Massachusetts Health Insurance Survey for Massachusetts estimates. 2008-2022 National Health Interview Survey (NHIS) for national estimates.

## Uninsurance at the Time of the Survey by Age Group, 2008-2023

Non-elderly adults in Massachusetts had the highest uninsurance rate in 2023 (2.6%), which was still well below the national rate for non-elderly adults based on the 2022 NHIS (12.2%, data not shown).

There were no statistically significant differences in the changes in uninsurance rate by age group between 2021 and 2023 in Massachusetts.



Note: Due to changes in the MHIS survey design in 2014, the estimates for 2008-2011 are not directly comparable to later years. In 2019, the 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, and the 2021-2023 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2023 (denoted by the dotted line).<sup>5</sup>

Please see the [Methodology Report](#) for more information on design changes.

Data Source: 2008-2011, 2014, 2015, 2017, 2019, 2021, and 2023 Massachusetts Health Insurance Survey.

## Characteristics of the Uninsured, 2023

The majority of the uninsured in Massachusetts were adults aged 19 to 64 (89.3%) in 2023. Four-fifths of the uninsured were male. Two-thirds of the uninsured had a family income below 300% of the FPL. The uninsured were also disproportionately Hispanic. The low family income of many uninsured residents suggests that they may be eligible for state-subsidized health insurance plans offered by MassHealth or the Health Connector.

Characteristic	Among the uninsured residents, percent with the characteristic	Among all residents, percent with the characteristic
Aged 19-64	89.3%	60.2%
Male	79.2%	48.7%
Hispanic	32.2%	12.7%
Family income below 300% of the FPL	67.2%	35.6%

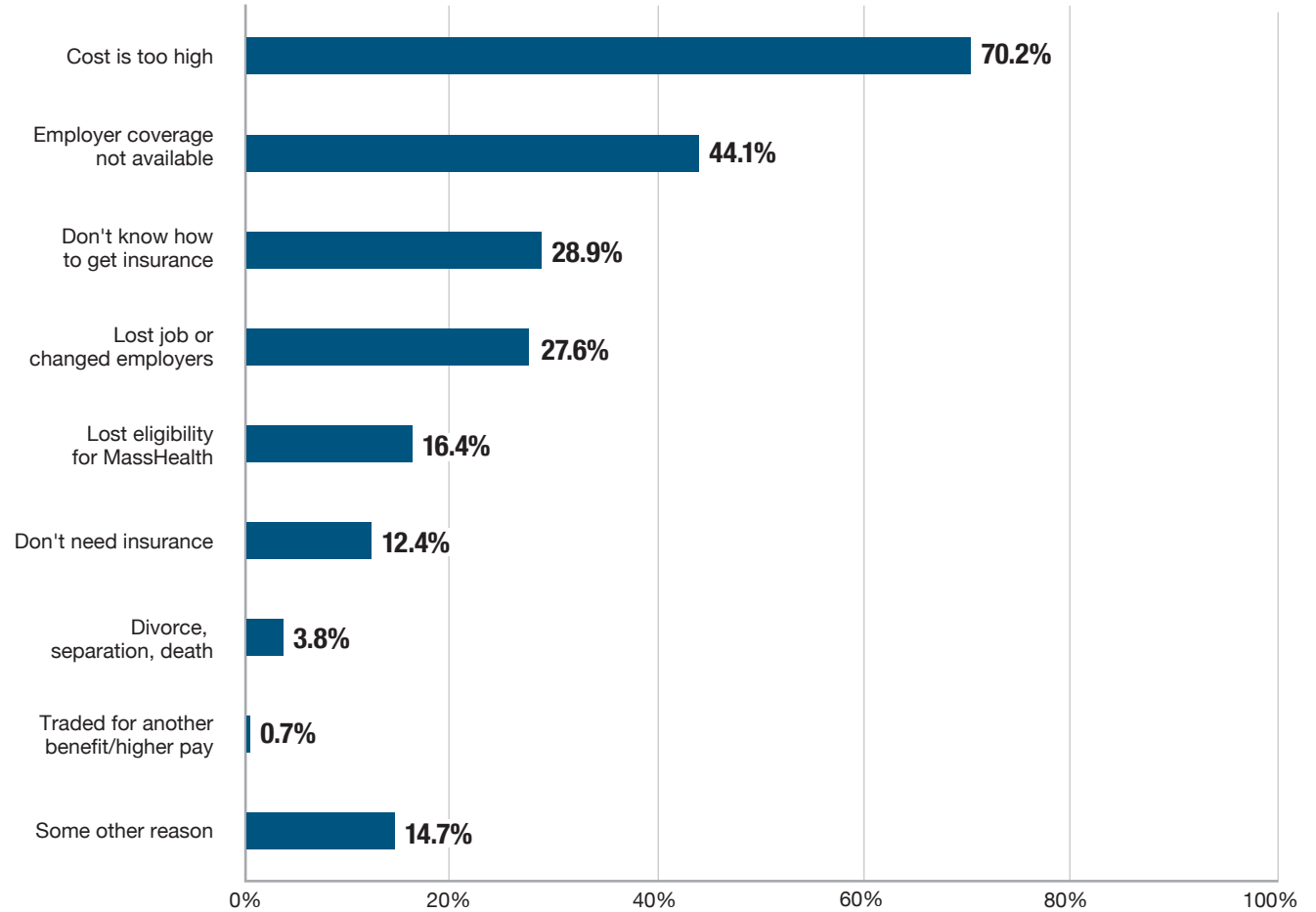
Note: FPL = Federal Poverty Level. The sample of uninsured residents was defined as those without insurance at the time of the survey. Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small, at 50 individuals.

Data Source: 2023 Massachusetts Health Insurance Survey

## Reasons for Being Uninsured, 2023

In 2023, the main reasons reported by Massachusetts residents for being uninsured were related to the cost and availability of coverage. Seven in 10 (70.2%) uninsured residents reported the cost of coverage was too high and two-fifths reported employer-sponsored coverage (ESI) was not available (44.1%).

Just over a quarter reported that they did not know how to get insurance (28.9%) or that they or a family member lost their job or changed employers (27.6%) as their reasons for being uninsured. One in six uninsured residents reported being uninsured because they were no longer eligible for MassHealth (16.4%).



Notes: The categories listed above are not mutually exclusive. Residents 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 50 individuals.

Data Source: 2023 Massachusetts Health Insurance Survey

## Types of Health Insurance Coverage Overall and by Age Group, 2023

Employer-sponsored insurance (ESI) was the most common type of health insurance among those insured at the time of the survey (67.2%) in Massachusetts in 2023. Another three in 10 insured residents were covered by Medicare, MassHealth, or ConnectorCare. Private, non-group, and other coverage types were relatively rare (other coverage types not shown).

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

Characteristic	All insured residents	Children (0-18)^	Non-elderly adults (19-64)	Elderly adults (65 and older)
Employer-sponsored insurance	67.2%	73.9%	73.1%	41.4%*
Medicare	14.2%	1.7%	5.5%*	55.4%*
MassHealth or ConnectorCare	15.6%	22.7%	17.5%*	1.7%*
Private, non-group coverage, including Health Connector Plans	2.1%	1.5%	2.6%	1.4%

Note: 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 by type of coverage should be interpreted with caution, as ESI among elderly adults may reflect supplemental coverage plans for elderly adults who are also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with error.<sup>6</sup> 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 comparisons

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

Data Source: 2023 Massachusetts Health Insurance Survey

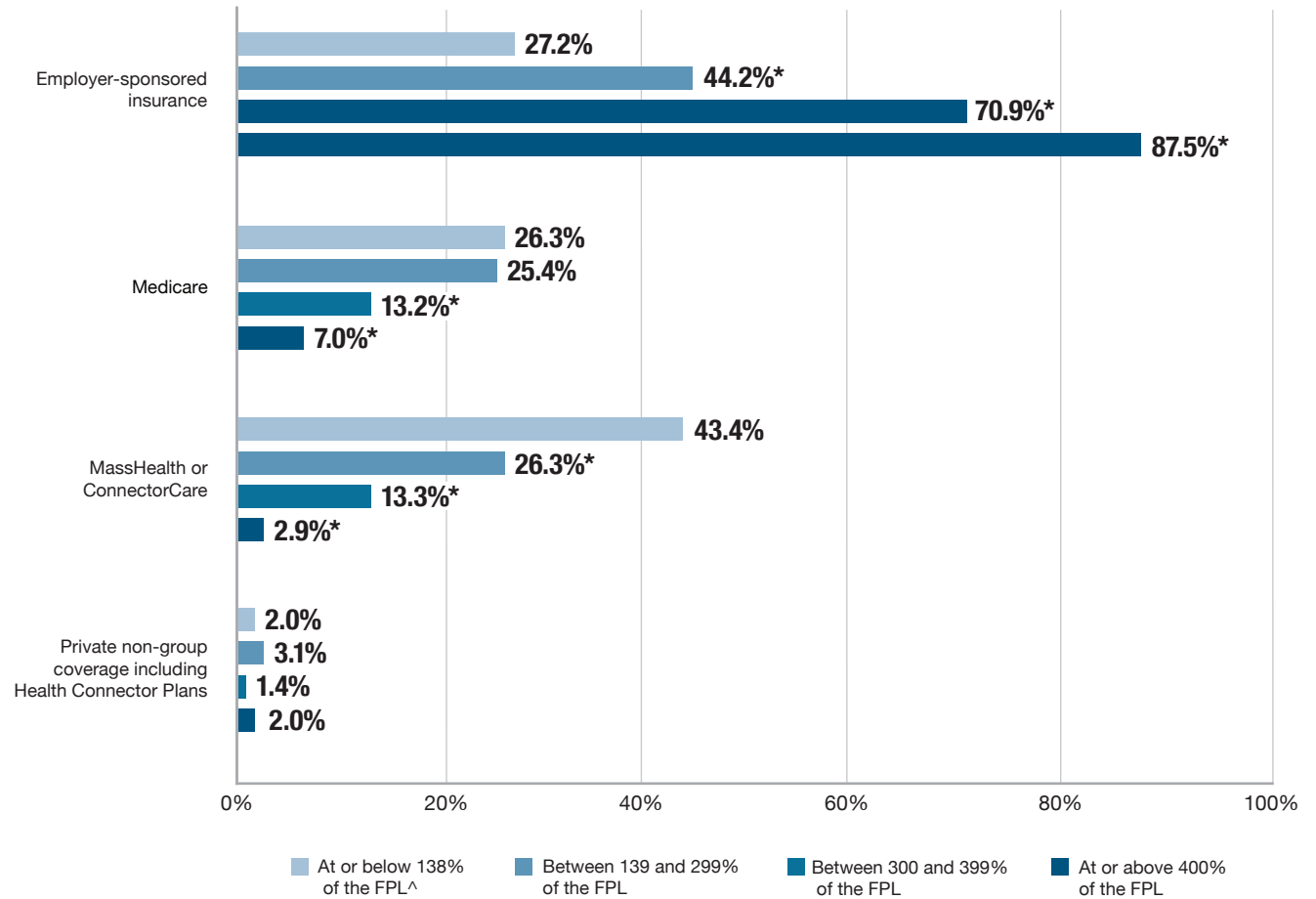


## Types of Health Insurance Coverage by Family Income, 2023

In 2023, the types of health insurance reported by those insured at the time of the survey varied substantially by family income.

A large majority of residents with a family income at or above 400% of the FPL (87.5%) reported being insured by employer-sponsored insurance compared with only 27.2% of those at or below 138% of the FPL.

Public health insurance coverage was most often reported by residents with a family income at or below 138% of the FPL: 43.4% reported being enrolled in MassHealth or ConnectorCare and 26.3% reported being enrolled in Medicare.



Note: FPL = Federal Poverty Level. 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 by type of coverage should be interpreted with caution, as ESI among elderly adults may reflect supplemental coverage plans for elderly adults who are also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with some error.<sup>6</sup> Estimates do not sum to 100% due to rounding and because "Other coverage or coverage type unknown" is not shown.

<sup>^</sup>Reference group

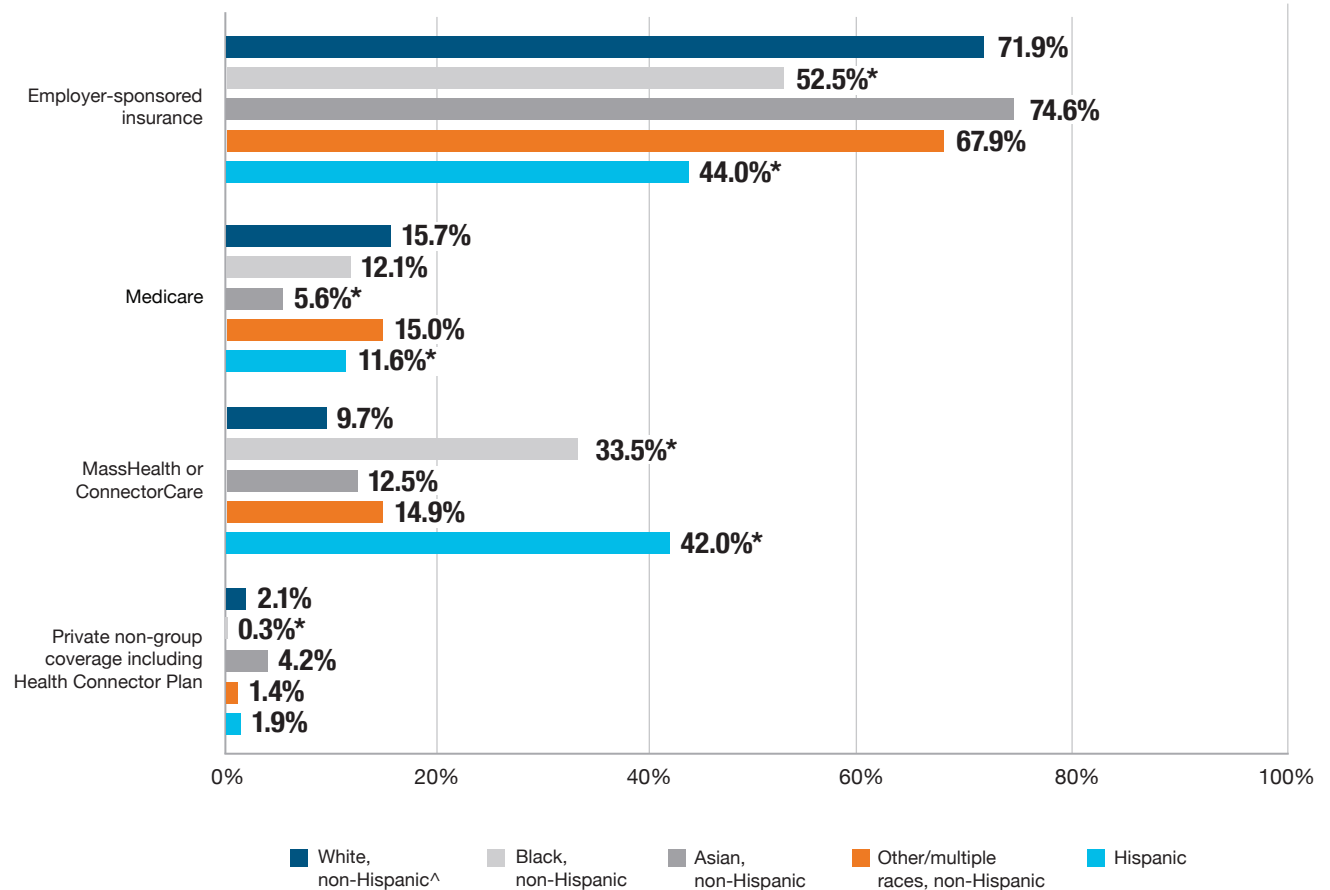
\*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

## Types of Health Insurance Coverage by Race/Ethnicity, 2023

In 2023, among insured residents, two-thirds reported their health insurance coverage at the time of the survey was employer-sponsored insurance (ESI). Insured non-Hispanic Black residents (52.5%) and Hispanic residents (44.0%) reported lower rates of ESI than insured non-Hispanic Whites (71.9%).

Insured non-Hispanic Black residents and Hispanic residents were more likely than insured non-Hispanic White residents to report having MassHealth or ConnectorCare yet less likely than insured non-Hispanic White residents to report having Medicare in 2023.



Note: 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 by type of coverage should be interpreted with caution, as ESI among elderly adults may reflect supplemental coverage plans for elderly adults who are also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with some error.<sup>6</sup> Estimates do not sum to 100% due to rounding and because "Other coverage or coverage type unknown" is not shown.

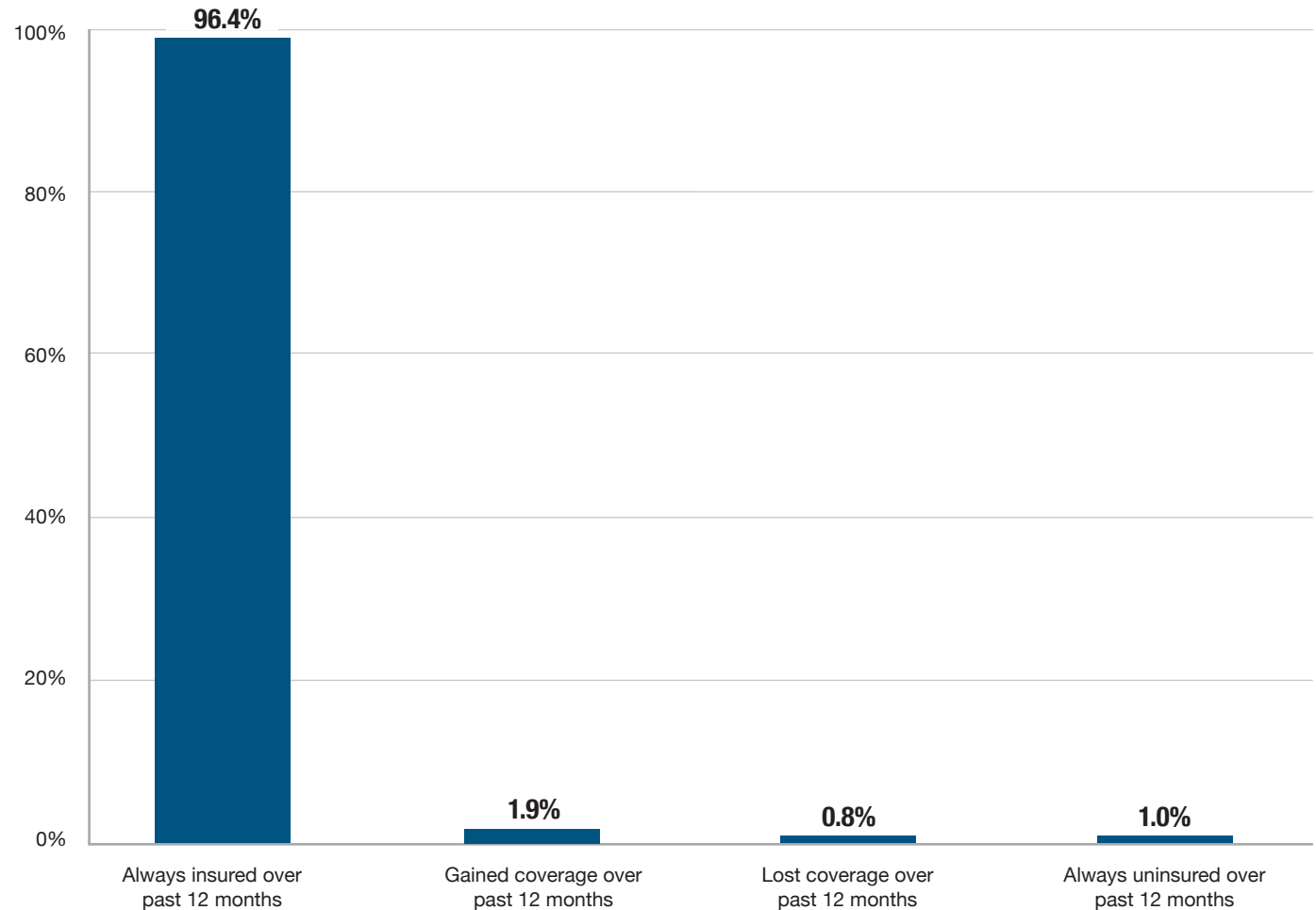
<sup>^</sup>Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

## Continuity of Health Insurance Coverage Over the Past 12 Months, 2023

In 2023, consistent with the low uninsurance rate in Massachusetts, most residents (96.4%) were continuously insured for the past 12 months, and few residents (1.0%) were continuously uninsured for the past 12 months. Few residents reported that they had gained coverage in the past 12 months (1.9%) or that they had lost coverage in the past 12 months (0.8%).

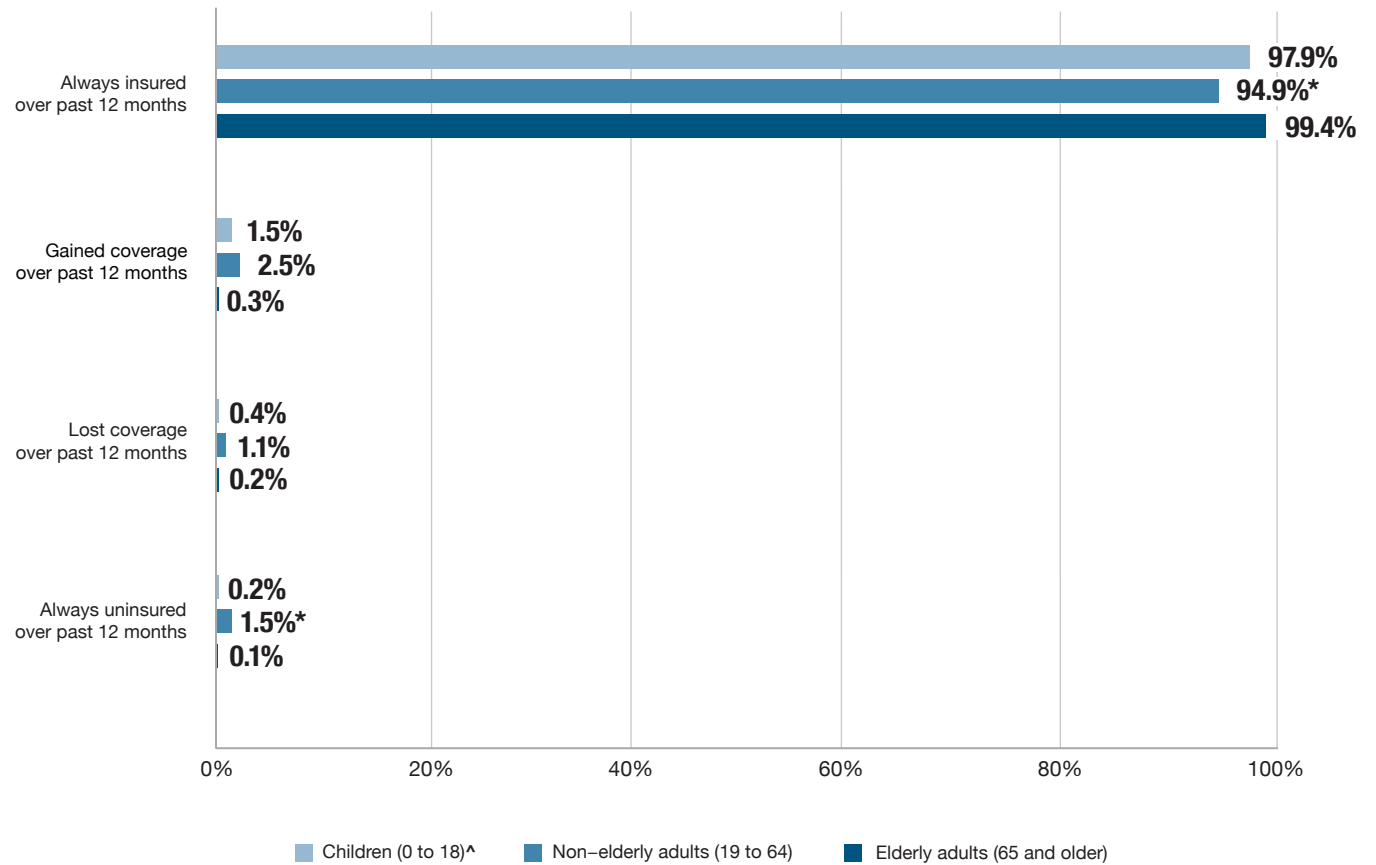


Note: Estimates may not sum to 100% due to rounding.  
Data Source: 2023 Massachusetts Health Insurance Survey

## Continuity of Health Insurance Coverage Over the Past 12 Months by Age Group, 2023

In 2023, the proportion of Massachusetts residents reporting a transition in their health insurance coverage was low across age groups.

Non-elderly adults were more likely than children to have a transition in health insurance status during the past 12 months, although the vast majority (94.9%) reported remaining continuously insured.



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

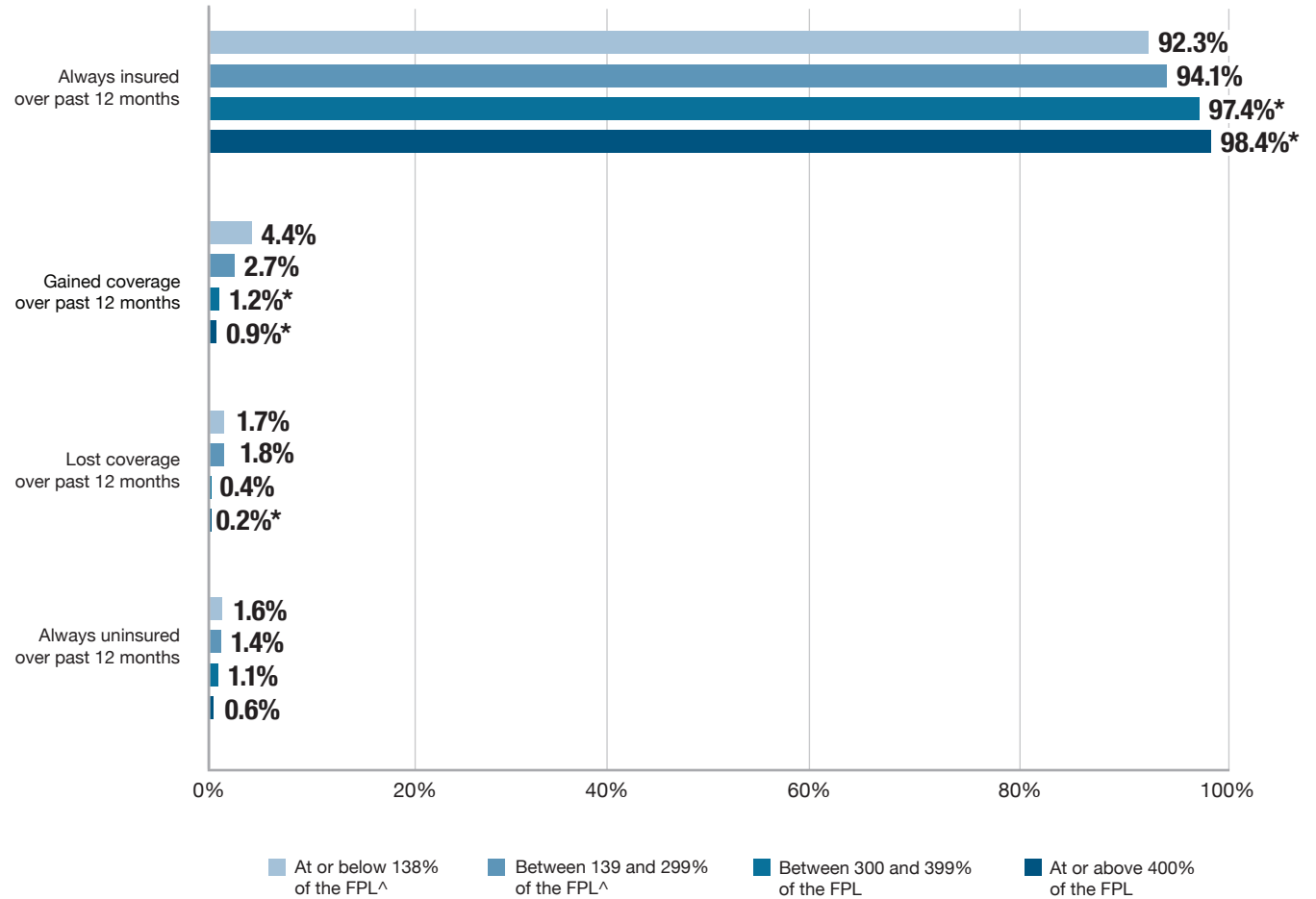
^Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

## Continuity of Health Insurance Coverage Over the Past 12 Months by Family Income, 2023

In 2023, the percentage of residents reporting any transition in their health insurance coverage over the past 12 months was low across different income levels. The rates of continuous health insurance coverage in the past 12 months ranged from 92.3% of residents with a family income at or below 138% of the FPL to 98.4% of residents with family a income at or above 400% of the FPL.



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

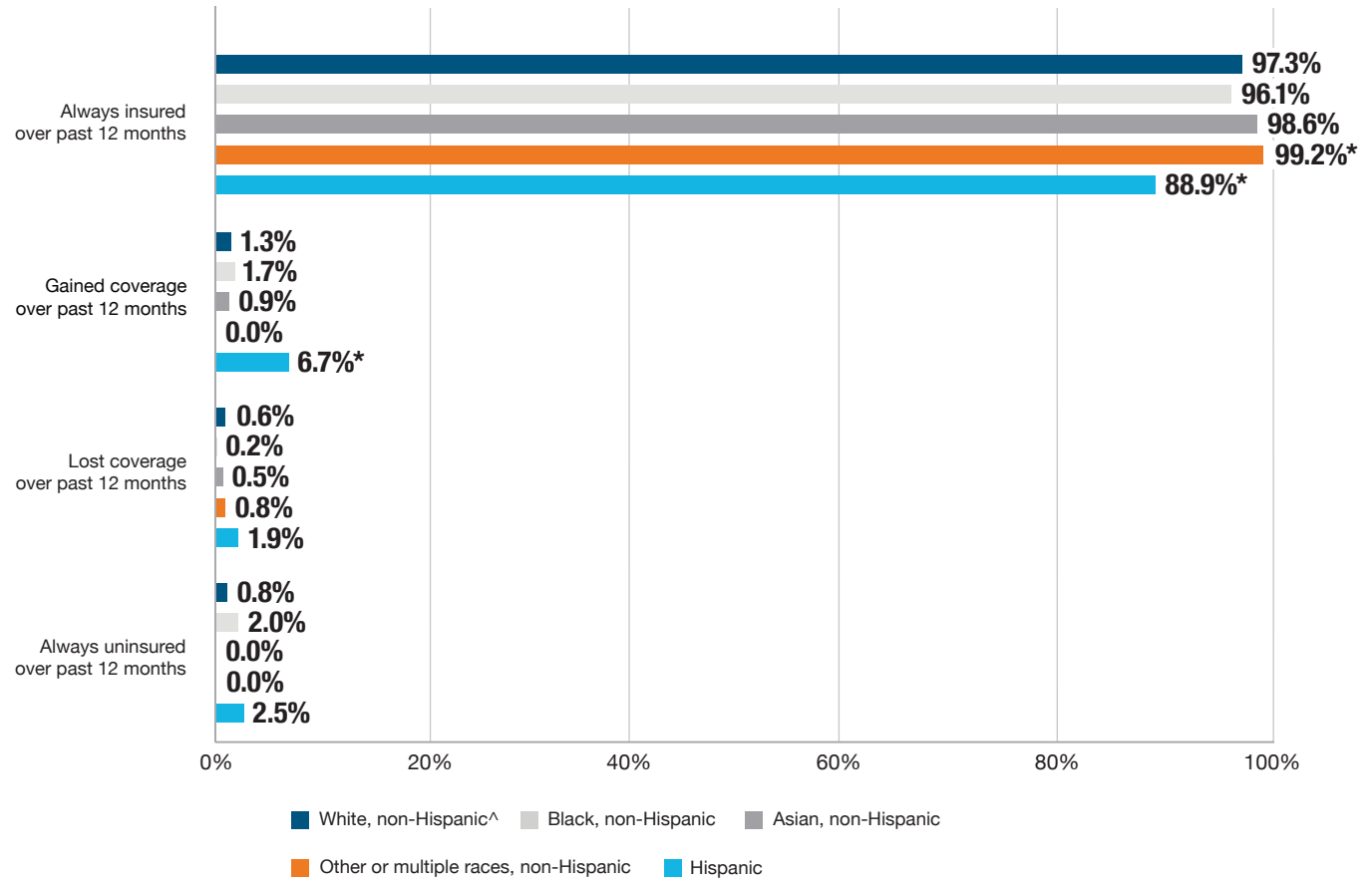
<sup>^</sup>Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

## Continuity of Health Insurance Coverage Over the Past 12 Months by Race/Ethnicity, 2023

In 2023, although all racial and ethnic groups in Massachusetts reported high rates of continuous insurance coverage, Hispanic residents were less likely than non-Hispanic White residents to report being continuously insured over the past 12 months (88.9% vs. 97.3%). Hispanic residents were also more likely than non-Hispanic White residents to report gaining coverage in the past 12 months.



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

<sup>^</sup>Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

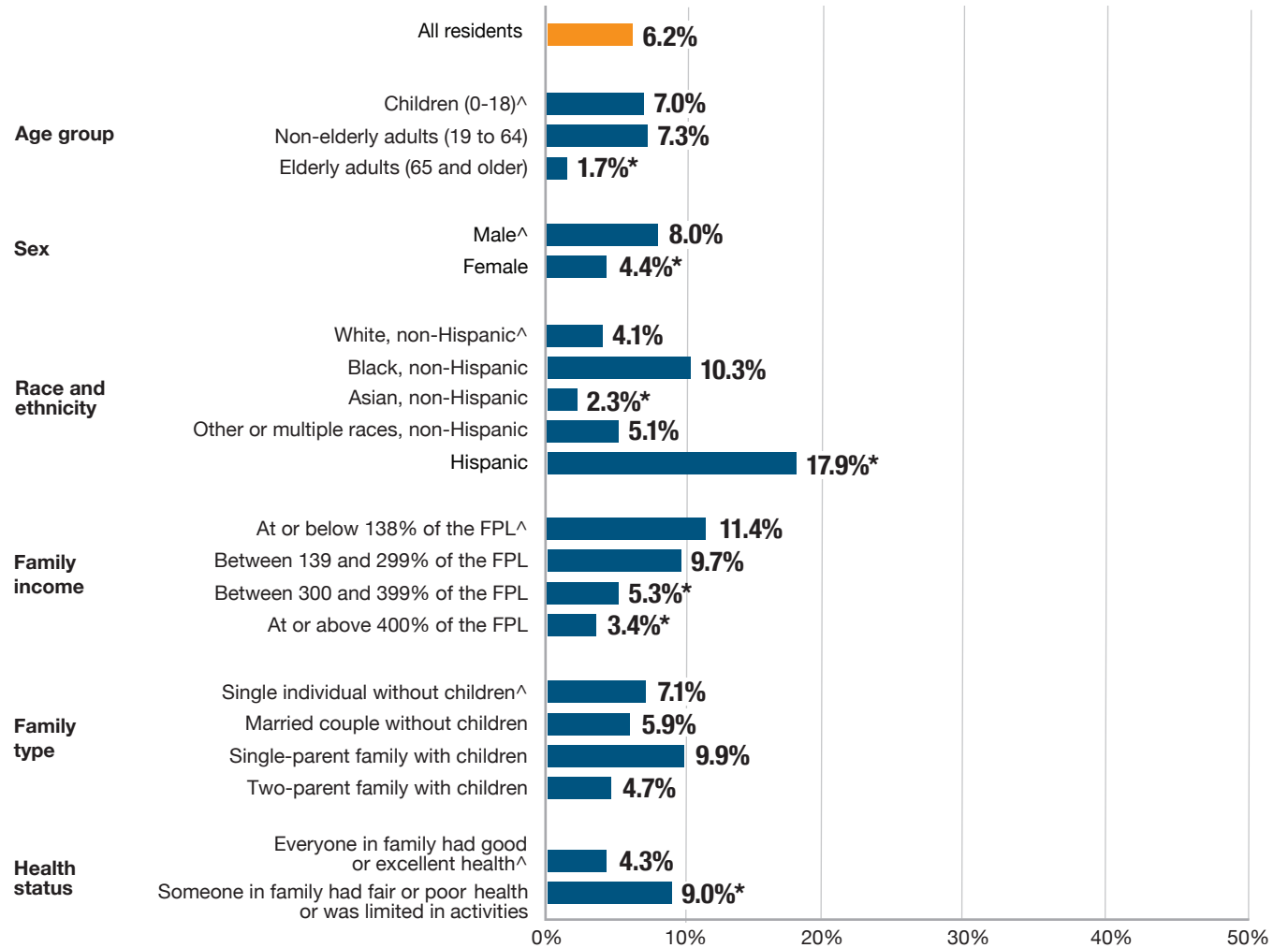
## Any Uninsurance in Family Over the Past 12 Months, Overall and by Resident Characteristics, 2023

Any lack of health insurance coverage for one member of a family may impact access, utilization, and affordability for the others. Overall, 6.2% of residents reported that they or a member of their family had a period of uninsurance in the past 12 months.

Any reported uninsurance in the family was higher among Hispanic residents (17.9%) than non-Hispanic White residents (4.1%).

Residents who reported higher family incomes reported lower rates of uninsurance in the family (3.4% of those at or above 400% FPL vs. 11.4% of those at or below 138% of the FPL).

Residents who reported someone in their family had fair or poor health or an activity limitation had higher rates of any family uninsurance (9.0%) than those who reported all family members in good or excellent health and no activity limitations (4.3%).



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

<sup>^</sup>Reference group

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

Data Source: 2023 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 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.<sup>5</sup> 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>.



For more information, please contact:

CENTER FOR HEALTH INFORMATION AND ANALYSIS

501 Boylston Street  
Boston, MA 02116

[www.chiamass.gov](http://www.chiamass.gov)  
[@Mass\\_CHIA](https://twitter.com/Mass_CHIA)

(617) 701-8100

Publication Number 24-179-CHIA-01