

HEALTH INSURANCE COVERAGE AND HEALTH CARE ACCESS AND AFFORDABILITY IN MASSACHUSETTS: 2015 UPDATE

SUMMARY OF KEY FINDINGS

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EXECUTIVE SUMMARY

In the fall of 2006, the Blue Cross Blue Shield of Massachusetts Foundation began an annual survey of nonelderly adults, called the Massachusetts Health Reform Survey (MHRS). The MHRS supports the evaluation of Massachusetts' 2006 health care reform bill titled "An Act Providing Access to Affordable, Quality, Accountable Health Care" (Chapter 58 of the Acts of 2006). The survey has been fielded most years since 2006 to track changes in the health care system in the Commonwealth. The most recent round of the MHRS was fielded in fall 2015.

The 2015 MHRS provides a first assessment of the state's efforts to improve the affordability of care and reduce health care spending through the cost containment legislation titled "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation" (Chapter 224 of the Acts of 2012). It also assesses the impact of the federal Affordable Care Act (ACA) that began in January 2014. A detailed description of the 2015 MHRS is provided in the 2015 MHRS Methodology Report.

Estimates are presented for all adults and for adults who have health insurance coverage for the full year, thus highlighting issues of access and affordability among those with health insurance coverage. For the analysis of changes over time, outcomes for the cross-sectional sample of adults in 2015 are compared to the cross-sectional samples of adults in earlier years, with simple (unadjusted) estimates reported. Differences between 2015 findings and findings from earlier time periods reflect many factors, including policy and programmatic changes at the state and federal levels (e.g., Chapter 58, Chapter 224, and the ACA), changes in social and economic factors (e.g., increased health insurance coverage, the improving economy, and rising health care costs), and changes in the Massachusetts population over time.

Health insurance coverage remains strong. Health insurance coverage in 2015 was at 95.7 percent for nonelderly adults ages 19 to 64 in Massachusetts, with most (88.6 percent) reporting coverage for all of the past year. In contrast, health insurance coverage for nonelderly adults in the US as a whole was estimated to be 87.3 percent at the time of the survey and 82.6 percent over the entire year, based on early release estimates for January through June 2015 from the National Health Interview Survey.¹

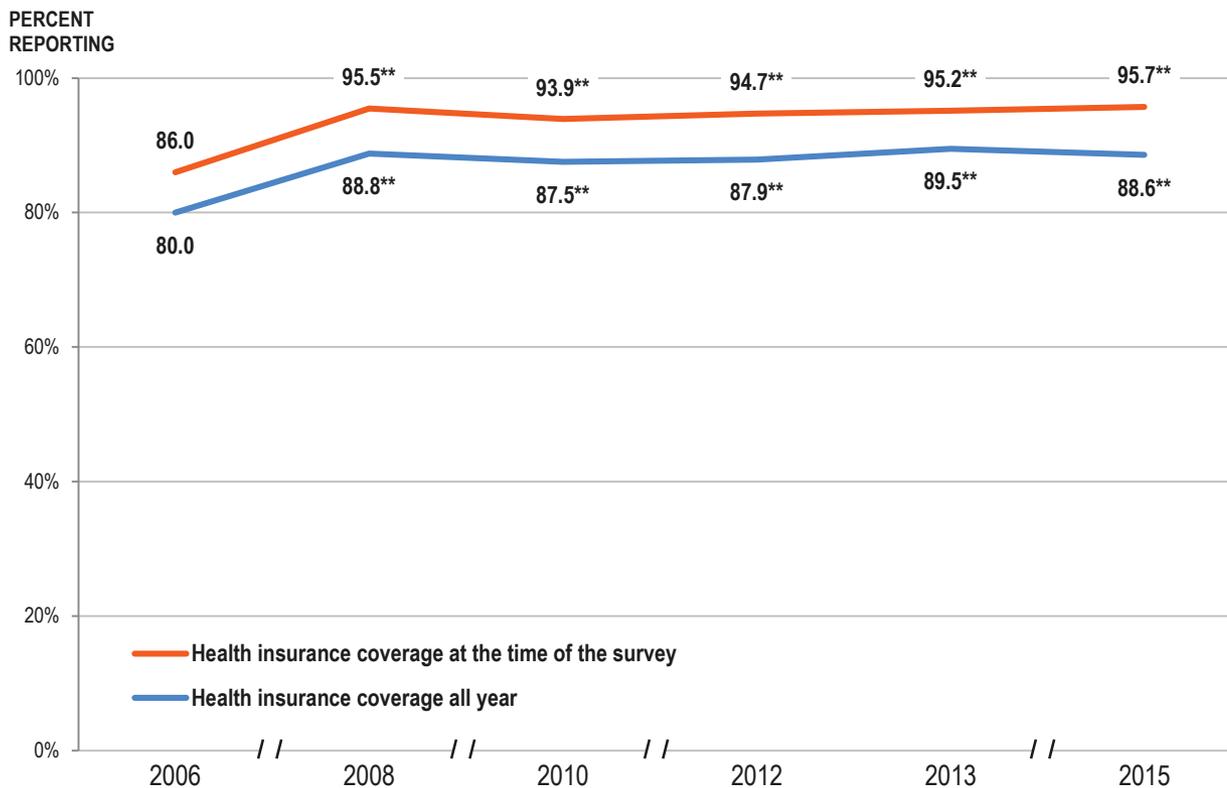
Insurance coverage doesn't guarantee access to health care or affordable health care. More than one-third (37.2 percent) of adults in the state with health insurance coverage for all of the past year reported unmet need for health care, often due to the cost of that care (19.3 percent). And 43.1 percent of full-year insured adults reported that health care costs had caused problems for them and their families over the year.

Health care access and affordability were particular issues for lower-income (with incomes less than 300 percent of the federal poverty level) insured adults, adults with non-employer-sponsored insurance (ESI) coverage, and insured adults with health problems. For example, 50 percent or more of insured adults with lower incomes, with non-ESI coverage, with fair or poor health, or with a health limitation or chronic condition reported that health care costs had caused problems for them and their families over the year.

Looking ahead. As was true of earlier rounds of the MHRS, the 2015 MHRS is a reminder that the goals of health care reform are not achieved by simply reducing the number of people who are uninsured. New strategies are needed to improve access to care and reduce the burden of health care costs for Massachusetts families with insurance coverage, particularly for those made more vulnerable by limited resources and high health care needs.

¹Martinez ME, and Cohen RA. "Health insurance coverage: Early release of estimates from the National Health Interview Survey, January-June 2015." National Center for Health Statistics. November 2015. <http://www.cdc.gov/nchs/nhis/releases.htm>.

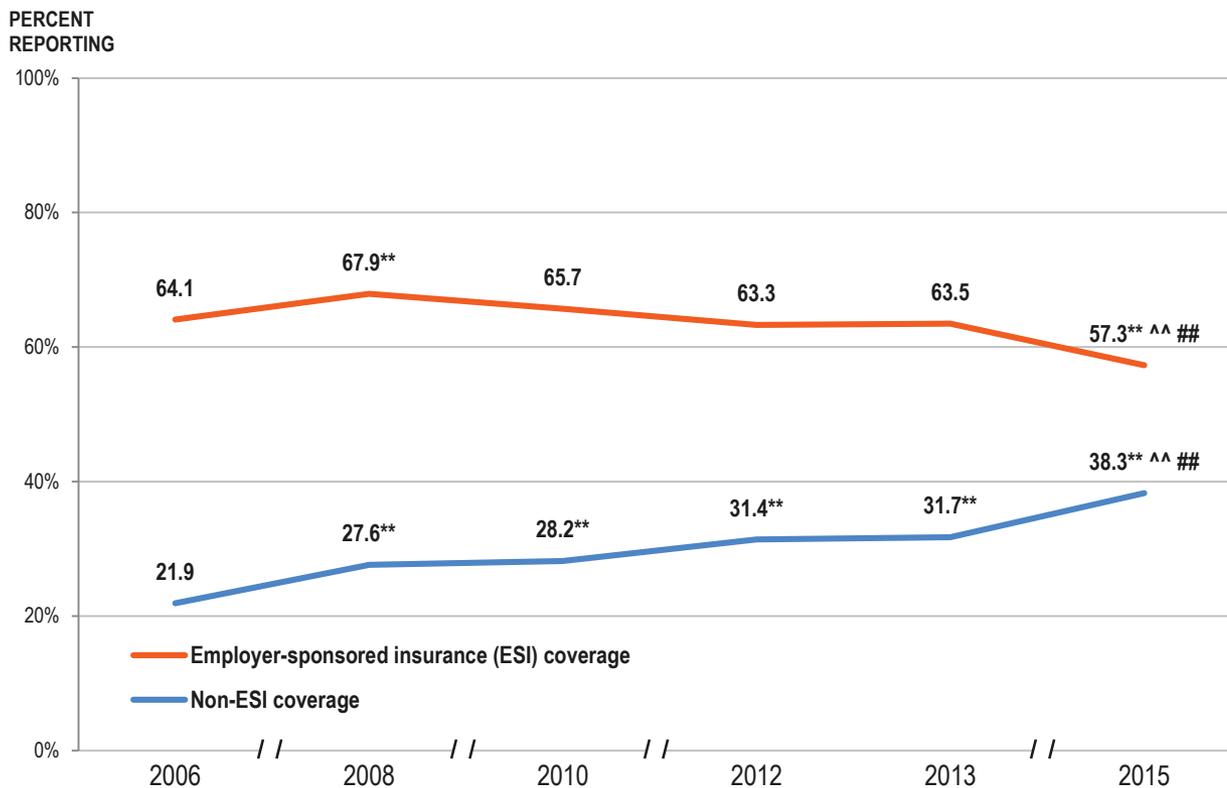
HEALTH INSURANCE COVERAGE AT THE TIME OF THE SURVEY AND OVER THE PAST YEAR FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2006–2015



- In 2015, 95.7 percent of nonelderly adults in Massachusetts were insured, a level well above the 86.0 percent insured in the state in 2006 and the 87.3 percent insured in the US as a whole in 2015 (based on early release National Health Interview Survey [NHIS] estimates.)
- In 2015, 88.6 percent of adults had health insurance coverage all year, which was also well above the 80.0 percent with full-year insurance in the state in 2006 and the 82.6 percent insured all year in the US as a whole in 2015 (based on early release NHIS estimates).
- High levels of health insurance coverage have persisted following Massachusetts' 2006 health reform initiative.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (18,286). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.
 NOTE: These are simple (unadjusted) estimates.
 *(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.
 ^(**) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.
 #(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

HEALTH INSURANCE COVERAGE TYPE AT THE TIME OF THE SURVEY FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2006–2015



- Employer-sponsored insurance (ESI) coverage remained the foundation for insurance coverage in Massachusetts in 2015, although the rate of ESI coverage in 2015 is lower than that in 2006 as non-ESI coverage has increased. Data from the Center for Health Information and Analysis also show a shift from ESI to non-ESI coverage.
- The rates of ESI and non-ESI coverage in 2015 were significantly different than the rates in 2012 or 2013, just prior to the implementation of key elements of the Affordable Care Act in 2014.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=18,286). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

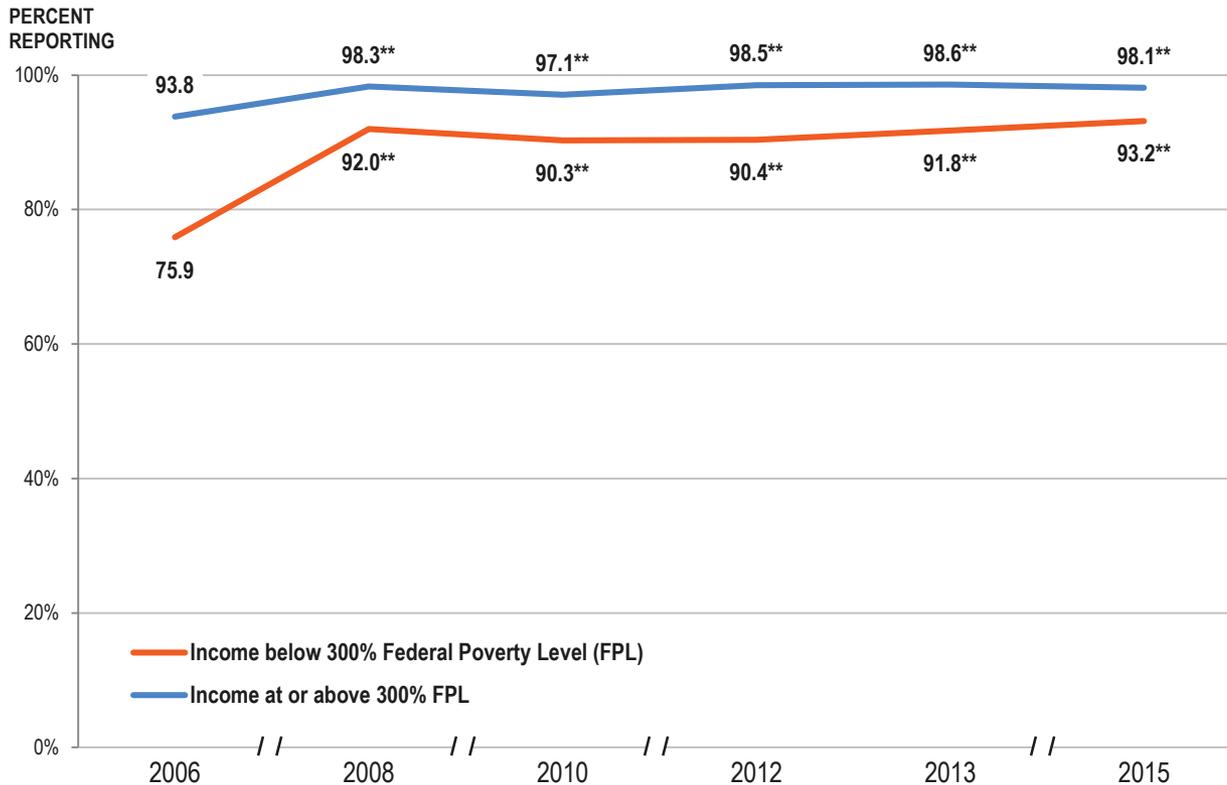
NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

#(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

HEALTH INSURANCE COVERAGE AT THE TIME OF THE SURVEY FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2006–2015



- In 2015, almost all (98.1 percent) nonelderly adults with family income at or above 300 percent of the Federal Poverty Level (FPL) in Massachusetts were insured at the time of the survey, as were 93.2 percent of those with family income below 300 percent FPL.
- High levels of health insurance coverage have persisted following Massachusetts' 2006 health reform initiative for adults at all income levels.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=18,286). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

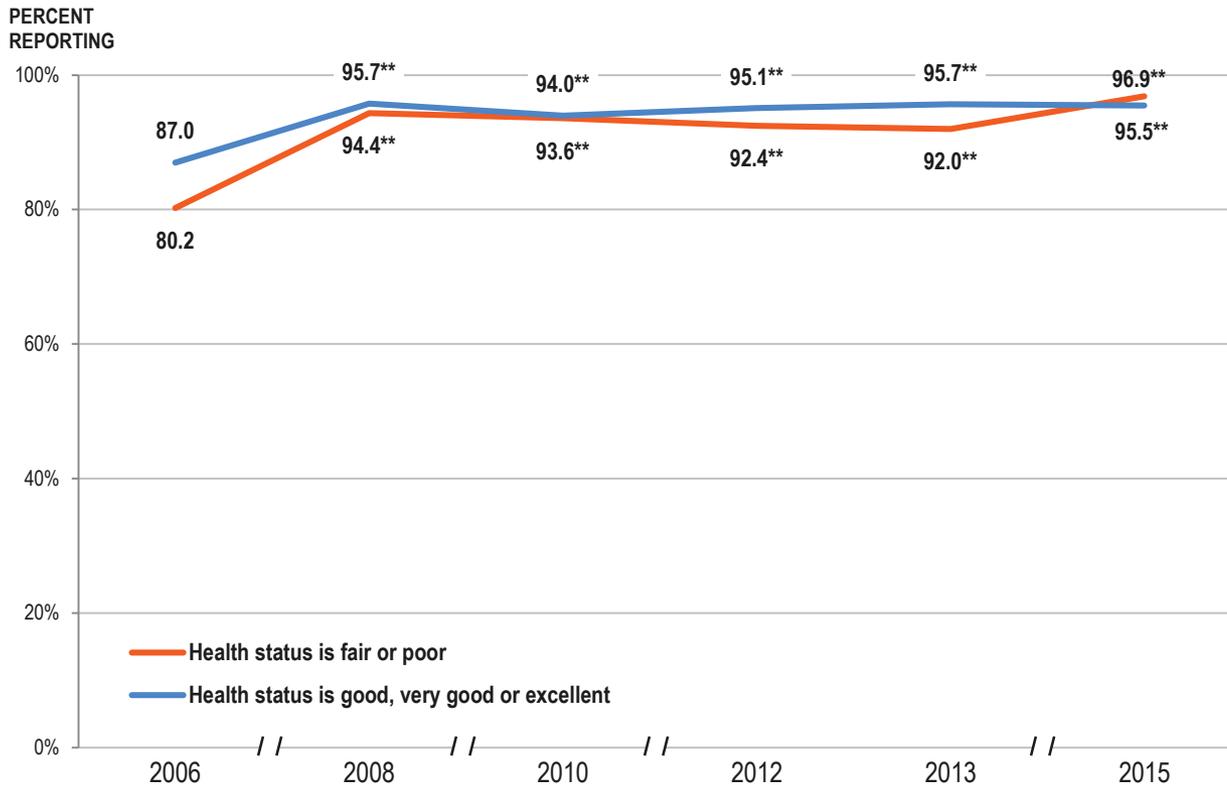
NOTE: These are simple (unadjusted) estimates. Income categories used for comparisons that include Fall 2006 rely on income groups that are relevant to the 2006 health care reform initiative.

*(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

#(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

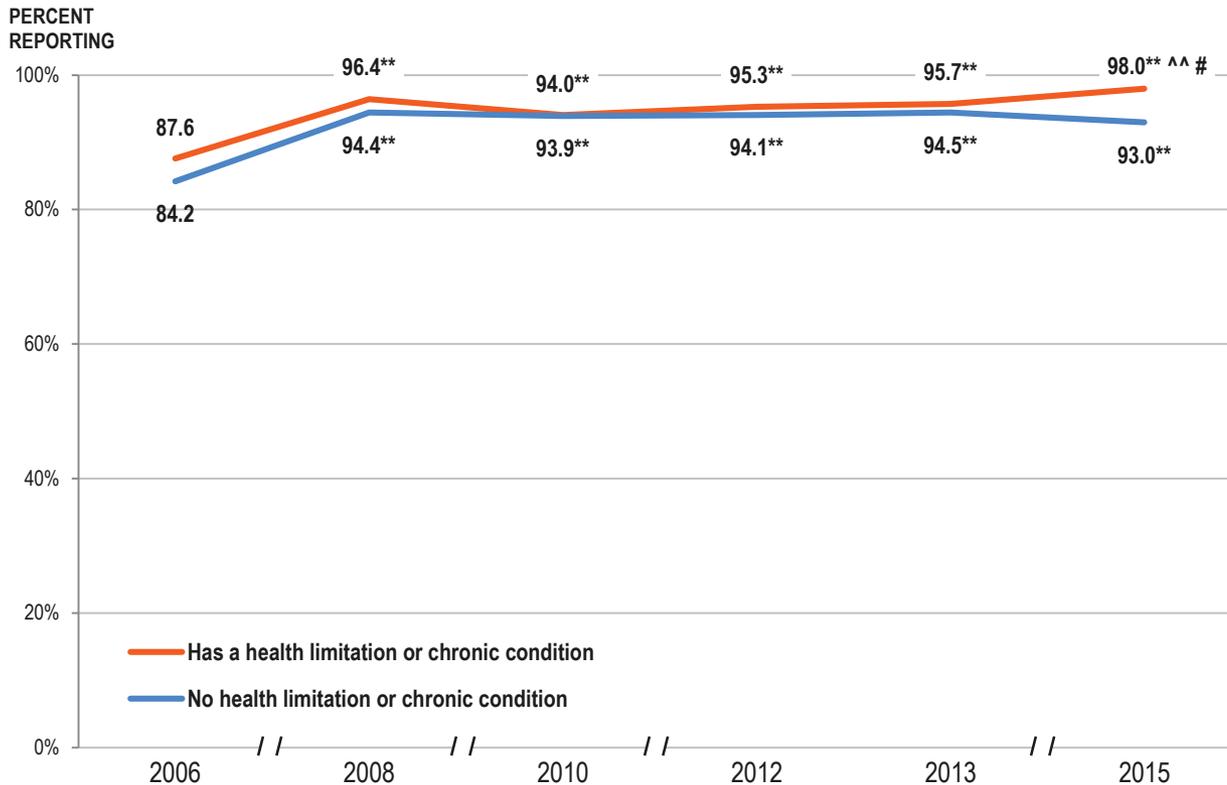
HEALTH INSURANCE COVERAGE AT THE TIME OF THE SURVEY FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS, 2006–2015



- In 2015, nearly all nonelderly adults reporting fair or poor health (96.9 percent) and those reporting good, very good or excellent health (95.5 percent) were insured at the time of the survey.
- High levels of health insurance coverage have persisted following Massachusetts' 2006 health reform initiative for adults at all levels of reported health status.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=18,286). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.
 NOTE: These are simple (unadjusted) estimates.
 *(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.
 ^(**) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.
 #(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

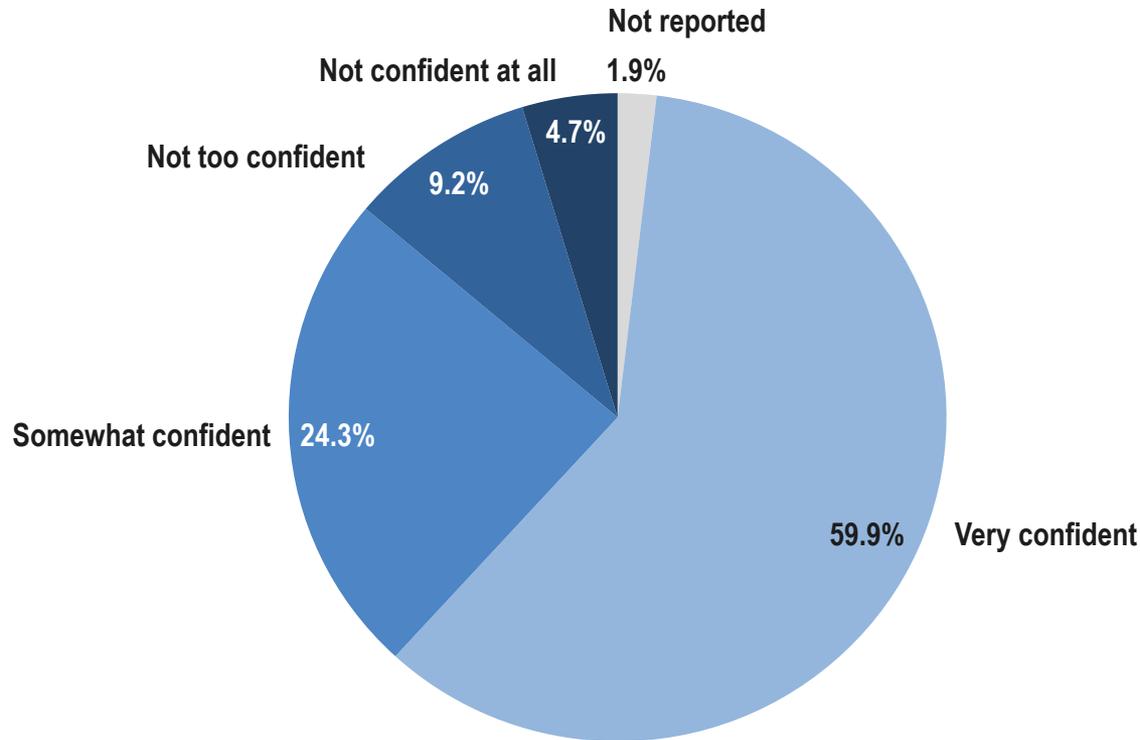
HEALTH INSURANCE COVERAGE AT THE TIME OF THE SURVEY FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY DISABILITY STATUS, 2006–2015



- Nearly all nonelderly adults with a health limitation or chronic condition (98.0 percent) and nearly all of those without a limitation or chronic condition (93.0 percent) were insured at the time of the survey in 2015 in Massachusetts.
- Coverage increased for adults with a health limitation or chronic condition in 2015 relative to 2012 and 2013. As a result, the remaining uninsured in Massachusetts are less likely to have a health limitation or a chronic condition than the insured population in 2015.
- High levels of health insurance coverage have persisted following Massachusetts' 2006 health reform initiative for both adults with and without disabilities.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=18,286). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.
 NOTE: These are simple (unadjusted) estimates. Adults with a chronic condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; as well as those reporting other chronic or long-term health condition or health problems.
 *(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.
 ^(^) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.
 #(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

CONFIDENCE IN ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE FOR CURRENTLY INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2015



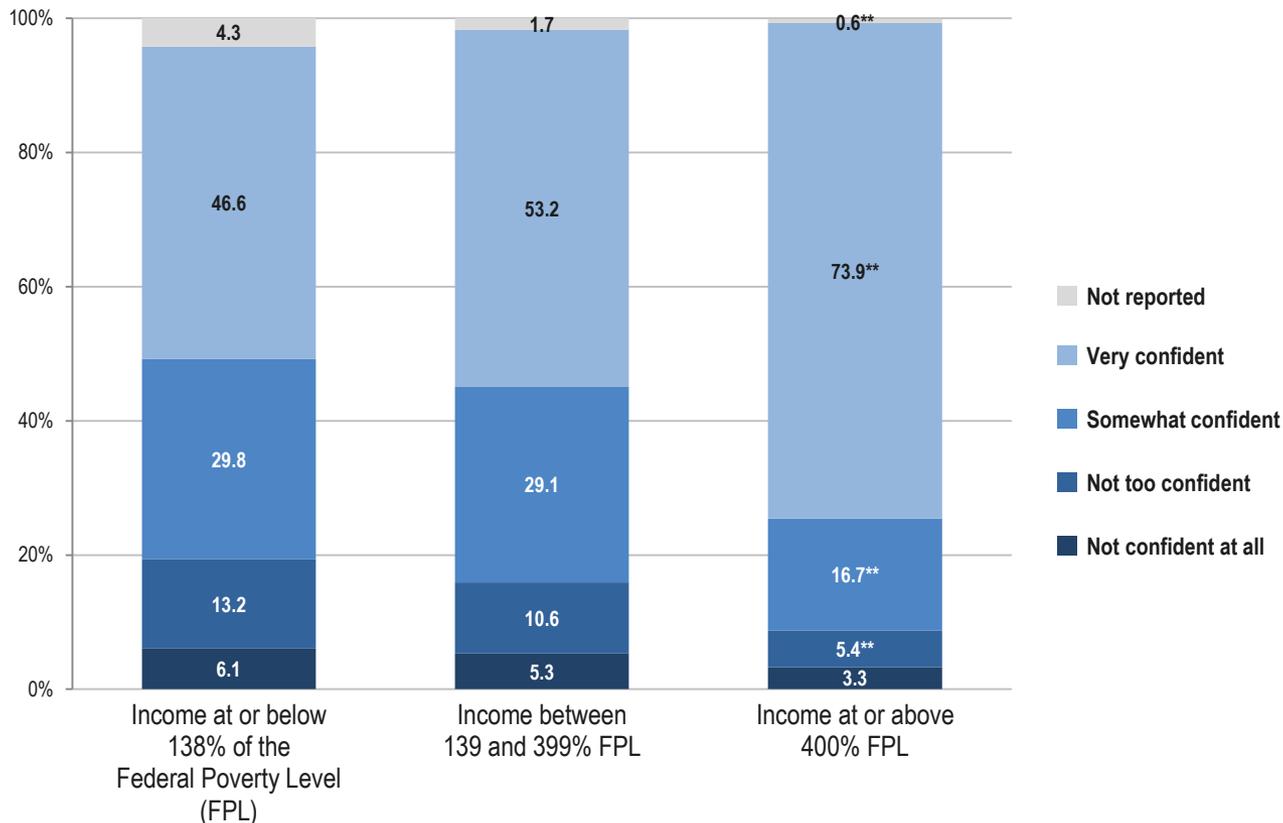
- In 2015, most (84.2 percent) insured nonelderly adults in Massachusetts were somewhat or very confident in their ability to keep their health insurance coverage in the future.
- The share of insured adults who are somewhat or very confident in their ability to keep their health insurance coverage has increased since 2013 (data not shown).

SOURCE: 2015 Massachusetts Health Reform Survey (N=1,954).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding.

CONFIDENCE IN ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE FOR CURRENTLY INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2015

PERCENT REPORTING



- In 2015, higher-income insured nonelderly adults were more likely to be somewhat or very confident in their ability to keep their health insurance coverage in the future than were low-income insured adults in Massachusetts.

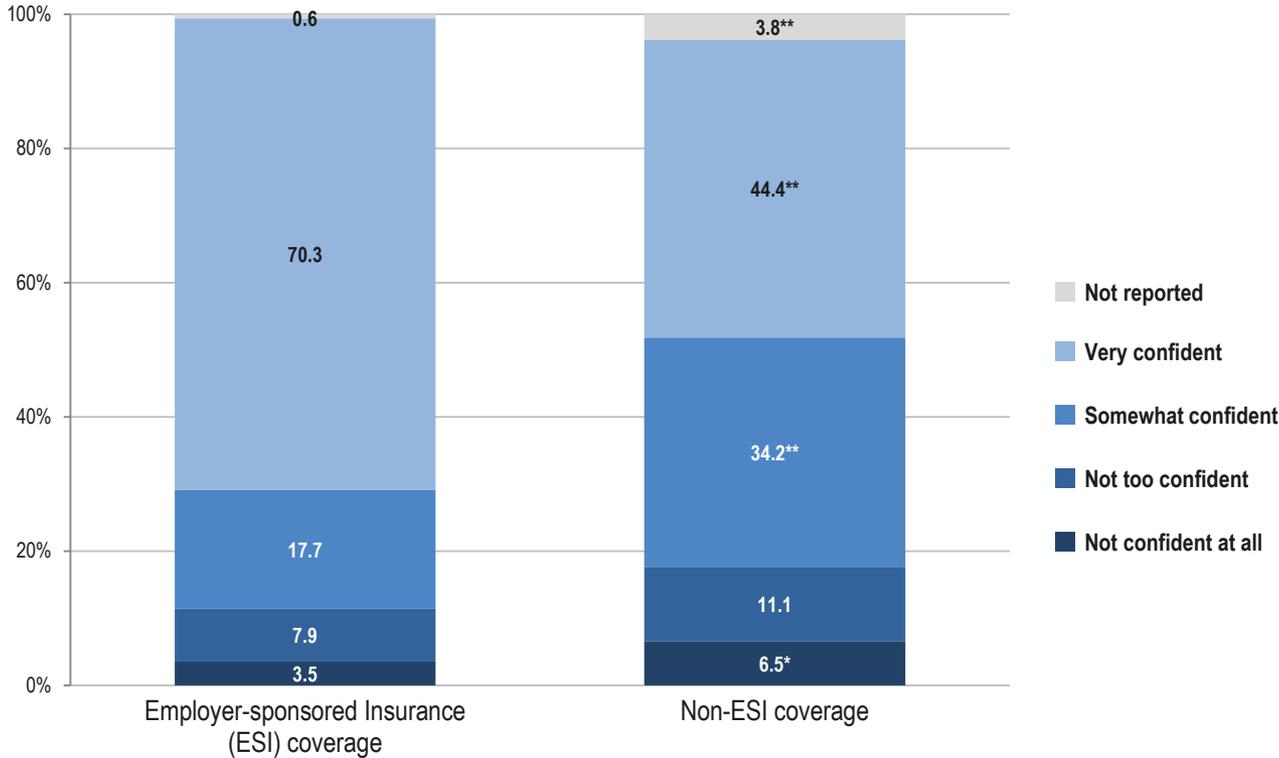
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,954).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding. Income categories used for comparisons in Fall 2105 rely on income groups that are relevant to the Affordable Care Act.

(**) Significantly different from the value for low-income adults at the .05 (.01) level, two-tailed test. Low-income defined as those with family income at or below 138% FPL.

CONFIDENCE IN ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE FOR CURRENTLY INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY TYPE OF HEALTH INSURANCE COVERAGE, 2015

PERCENT REPORTING



- In 2015, insured nonelderly adults with employer-sponsored insurance (ESI) coverage were more likely to be somewhat or very confident in their ability to keep their insurance coverage in the future than were adults with non-ESI coverage in Massachusetts.

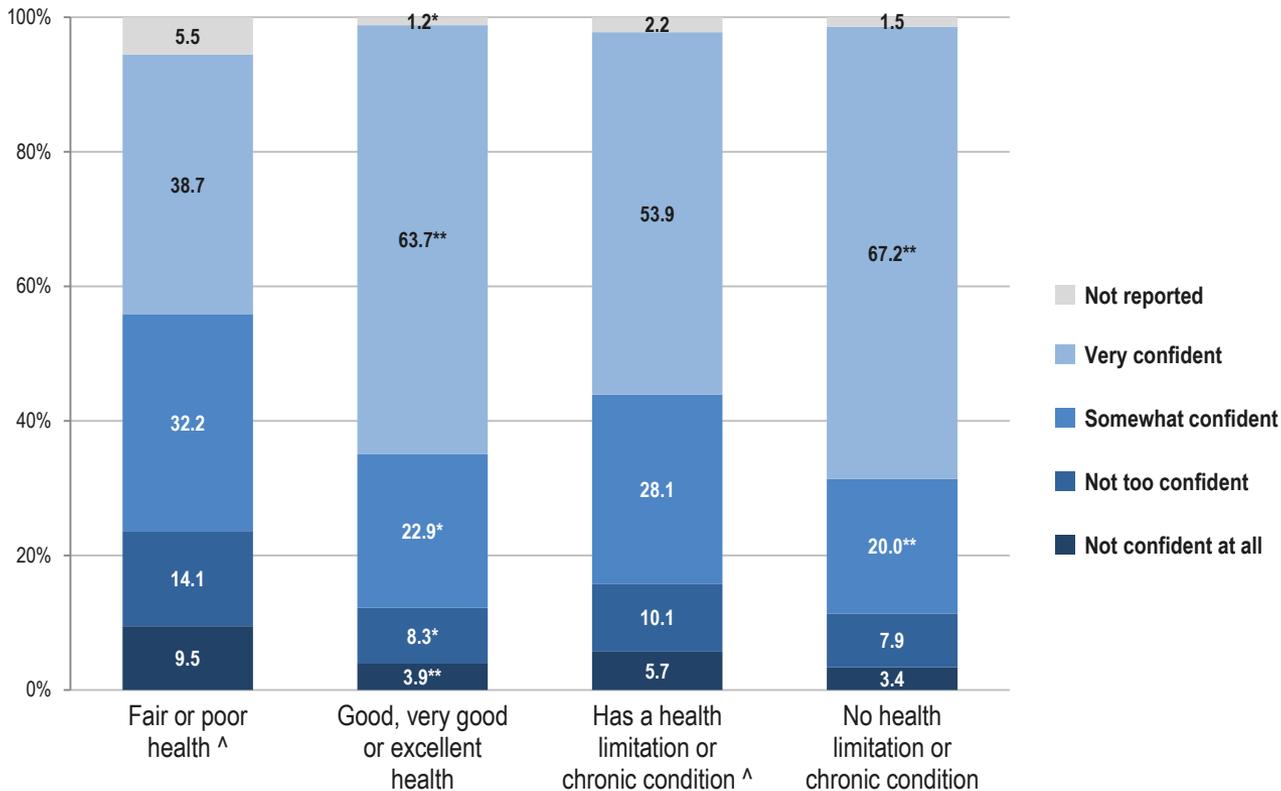
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,954).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding.

*(**) Significantly different from the value for adults with ESI coverage at the .05 (.01) level, two-tailed test.

CONFIDENCE IN ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE FOR CURRENTLY INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH AND DISABILITY STATUS, 2015

PERCENT REPORTING



- In 2015, insured nonelderly adults with fair or poor health or with a health limitation or chronic condition were less likely to be somewhat or very confident in their ability to keep their insurance coverage in the future than were insured adults in Massachusetts in good, very good, or excellent health or without a disability.

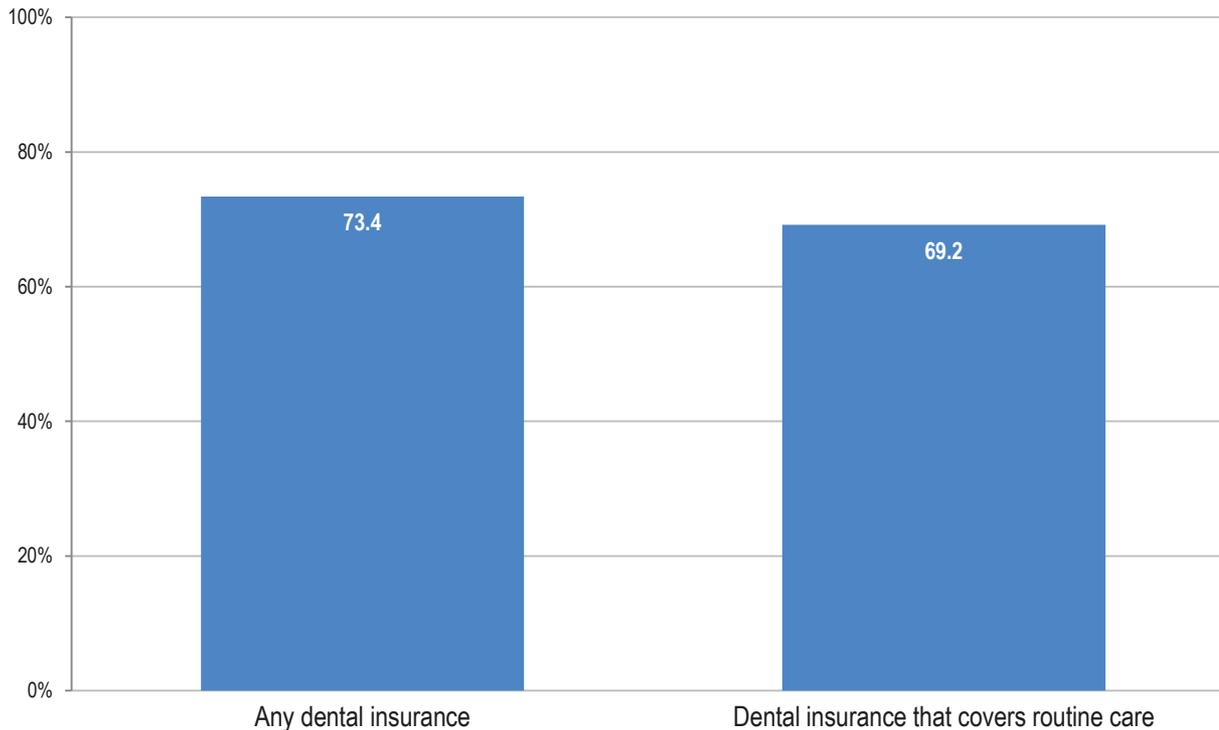
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,954).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding. Adults with a chronic condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; as well as those reporting other chronic or long-term health condition or health problems.

*(**) Significantly different from the value for the reference category (indicated by [^]) at the .05 (.01) level, two-tailed test.

DENTAL INSURANCE AT THE TIME OF THE SURVEY FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2015

PERCENT
REPORTING



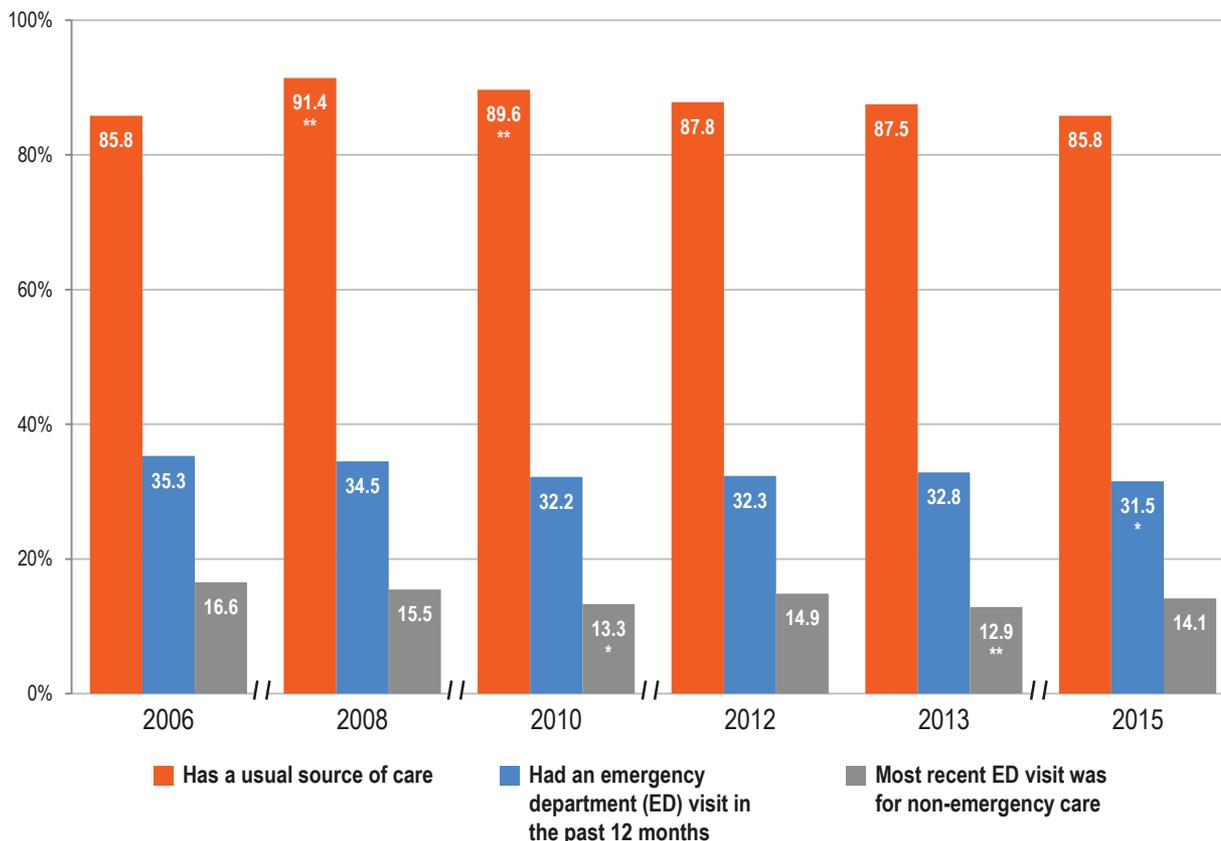
- In 2015, almost three-quarters of nonelderly adults in Massachusetts reported having dental insurance coverage at the time of the survey, with most of that coverage including coverage for routine dental care.
- This implies that more than one in four adults had no insurance for dental care, or they only had coverage for emergency dental care.

SOURCE: 2015 Massachusetts Health Reform Survey (N=2,014).

NOTE: These are simple (unadjusted) estimates.

ACCESS TO HEALTH CARE OVER THE PAST YEAR FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2006–2015

PERCENT
REPORTING



- In 2015, 85.8 percent of all nonelderly adults in Massachusetts reported that they had a place where they usually go when they are sick or need advice about their health, which is similar to the level reported in 2006 .
- Emergency department use by adults has declined since 2006, from 35.3 percent in 2006 to 31.5 percent in 2015.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=18,286). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates. Non-emergency care is care that could have been provided by a regular doctor if one had been available.

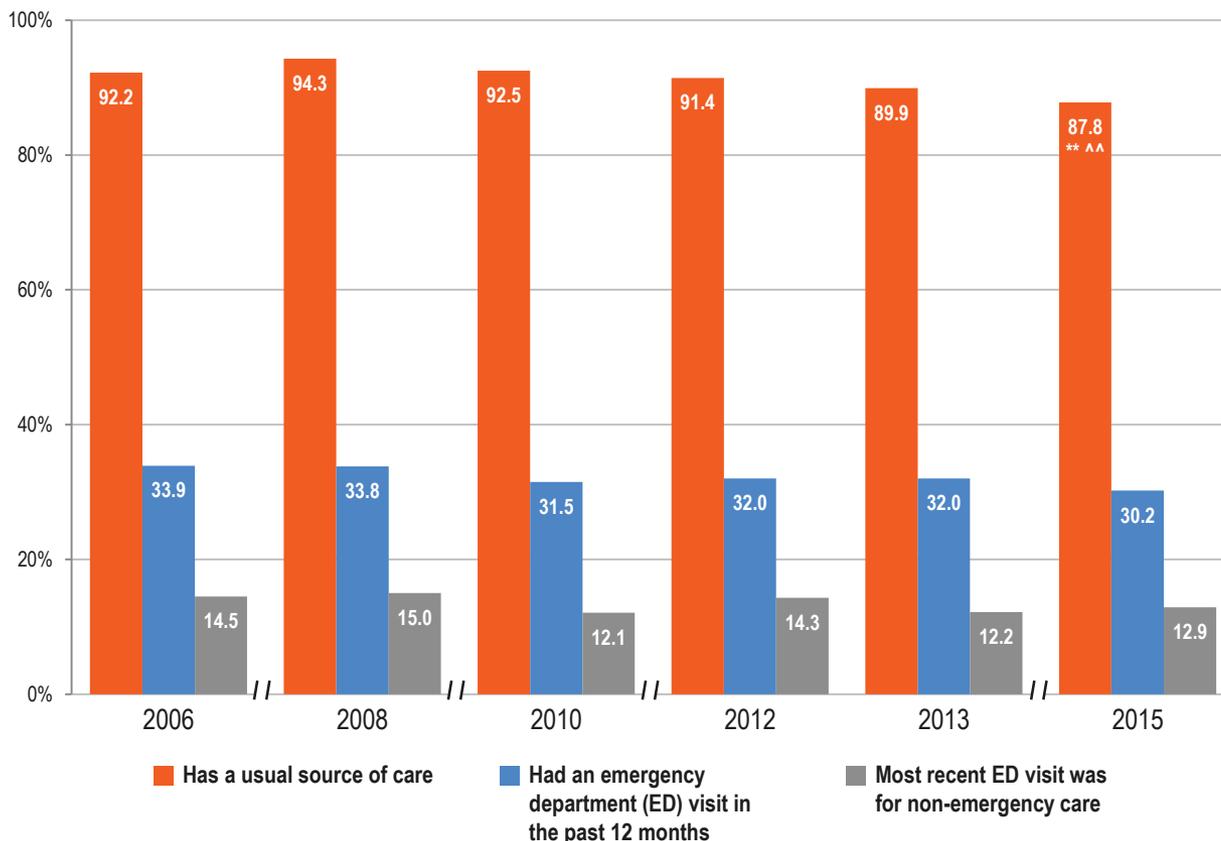
*(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

#(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

ACCESS TO HEALTH CARE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2006–2015

PERCENT
REPORTING



- In 2015, 87.8 percent of full-year insured nonelderly adults in Massachusetts reported that they had a place where they usually go when they are sick or need advice about their health, which is lower than the level in 2006 and lower than the level in 2013.
- There was no significant change in emergency department use by full-year insured adults between 2006 and 2015.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=15,587). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates. Non-emergency care is care that could have been provided by a regular doctor if one had been available.

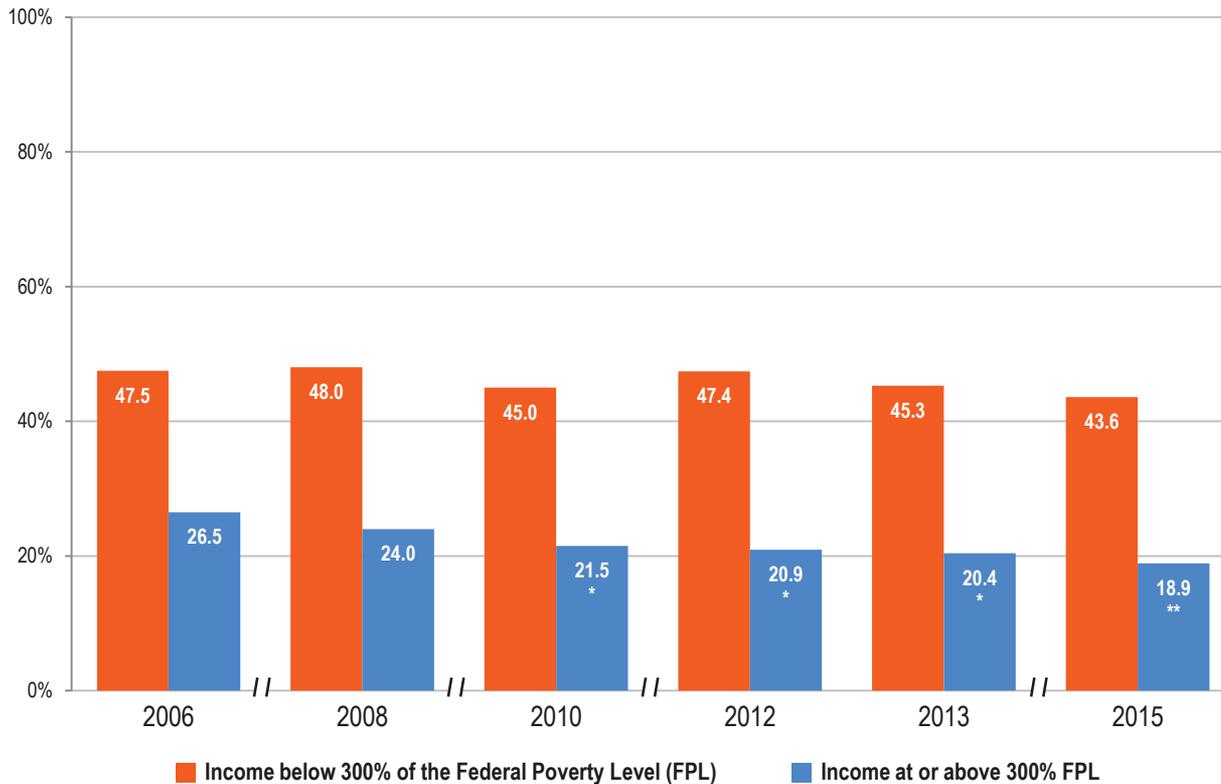
*(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

#(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

EMERGENCY DEPARTMENT USE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2006–2015

PERCENT
REPORTING



- Full-year insured nonelderly adults in Massachusetts with family income at or above 300 percent of the Federal Poverty Level reporting an emergency department (ED) visit over the past year declined from 26.5 percent in 2006 to 18.9 percent in 2015.
- Contributing to that decline is a drop of 4.8 percentage points in ED use for non-emergency care (defined as care for a condition that the respondent thought could have been treated by a regular doctor if one had been available) (data not shown).
- Between 2006 and 2015 there was no significant change in the share of lower-income insured adults reporting an ED visit over the past year.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=15,587). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates. Income categories used for comparisons that include Fall 2006 rely on income groups that are relevant to the 2006 health care reform initiative.

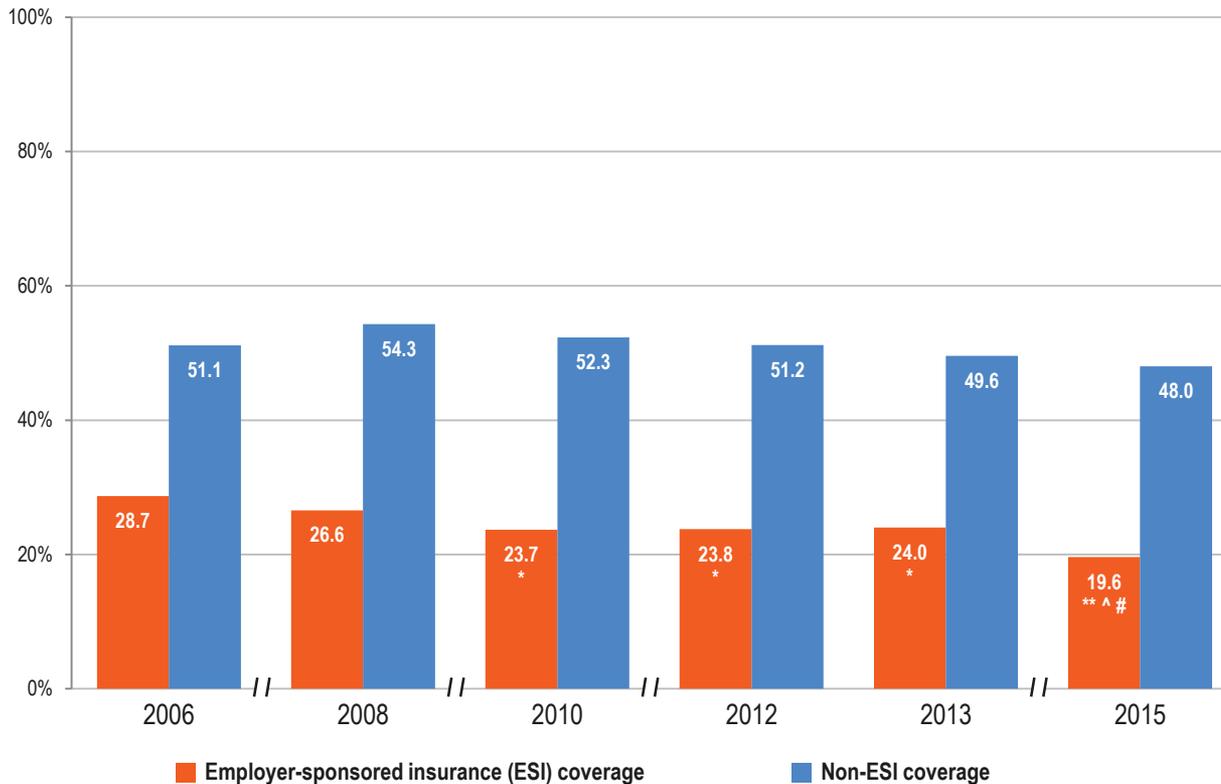
*(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

#(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

EMERGENCY DEPARTMENT USE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY TYPE OF HEALTH INSURANCE COVERAGE, 2006–2015

PERCENT
REPORTING



- Full-year insured nonelderly adults in Massachusetts with employer-sponsored insurance (ESI) coverage reporting an emergency department (ED) visit over the past year declined from 28.7 percent in 2006 to 19.6 percent in 2015.
- Contributing to that decline is a drop of 4.9 percentage points in ED use for non-emergency care (defined as care for a condition that the respondent thought could have been treated by a regular doctor if one had been available) (data not shown).
- Between 2006 and 2015 there was no significant change in the share of adults with non-ESI coverage reporting an ED visit over the past year.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=15,587). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates.

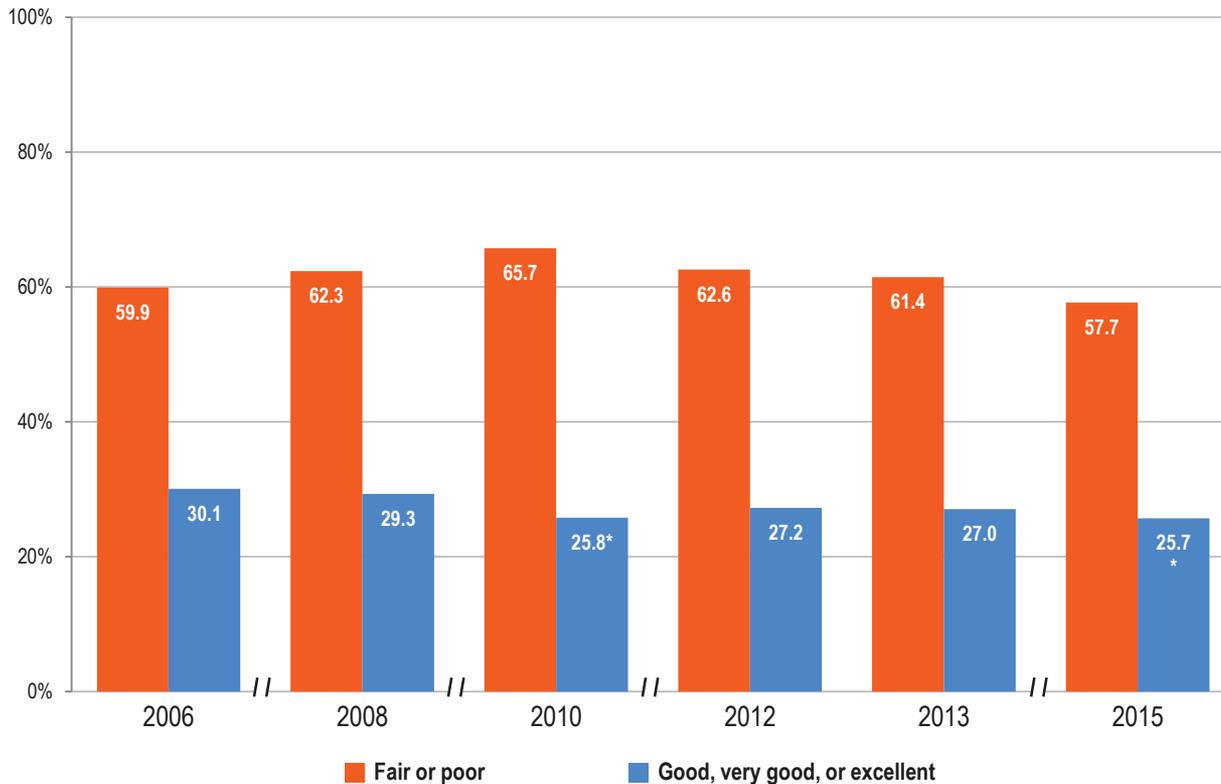
*(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

#(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

EMERGENCY DEPARTMENT USE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS, 2006–2015

PERCENT
REPORTING



- Full-year insured nonelderly adults in Massachusetts in good, very good, or excellent health reporting an emergency department (ED) visit over the past year declined from 30.1 percent in 2006 to 25.7 percent in 2015.
- Contributing to that decline is a drop of 3.1 percentage points in ED use for non-emergency care (defined as care for a condition that the respondent thought could have been treated by a regular doctor if one had been available) (data not shown).
- Between 2006 and 2015 there was no significant change in the share of insured adults with fair or poor health reporting an ED visit over the past year.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=15,587). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates.

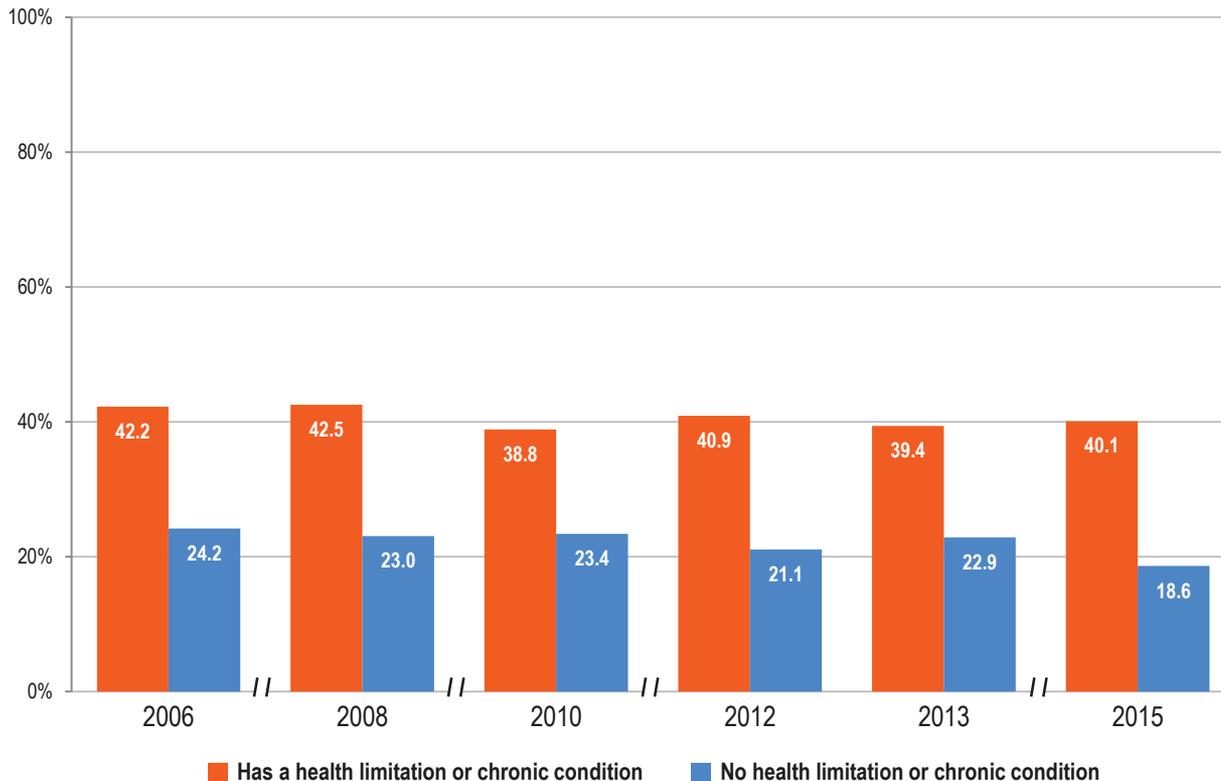
*(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

#(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

EMERGENCY DEPARTMENT USE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY DISABILITY STATUS, 2006–2015

PERCENT
REPORTING



- There were no significant changes in the share of full-year insured nonelderly adults in Massachusetts reporting an emergency department (ED) visit over the past year for adults with or without a health limitation or chronic condition between 2006 and 2015.
- However, there was a drop of 4.8 percentage points among insured adults without a disability in ED use for non-emergency care (defined as care for a condition that the respondent thought could have been treated by a regular doctor if one had been available) (data not shown).

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=15,587). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates. Adults with a chronic condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; as well as those reporting other chronic or long-term health condition or health problems.

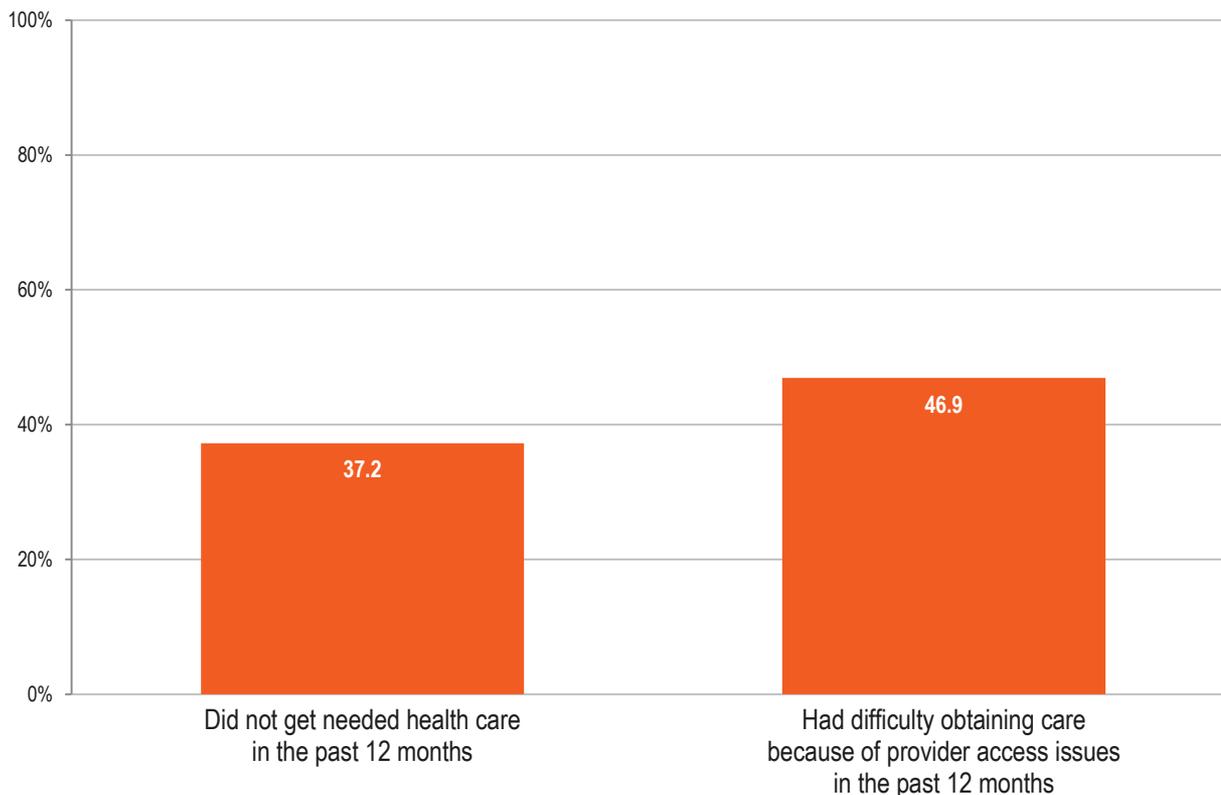
*(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

#(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

DIFFICULTIES OBTAINING HEALTH CARE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2015

PERCENT
REPORTING



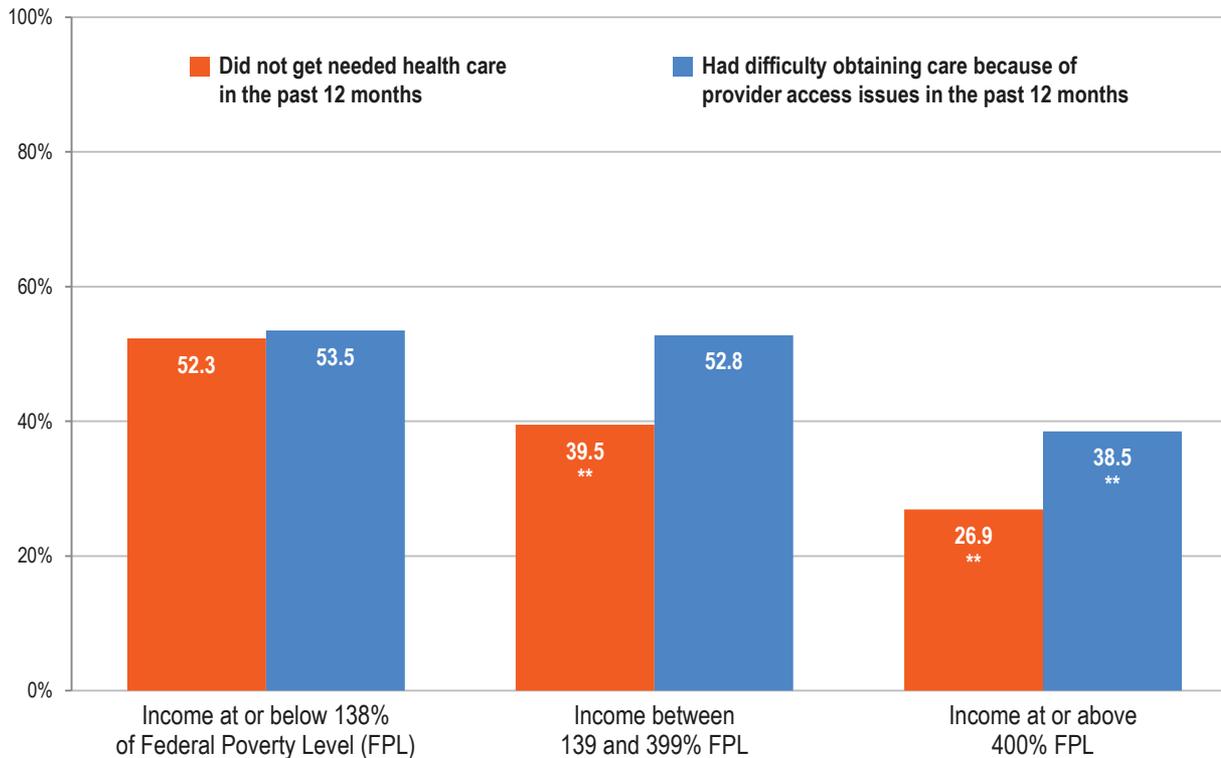
- In 2015, more than a third of full-year insured nonelderly adults in Massachusetts went without needed health care over the past year and almost a half reported difficulty obtaining care because of provider access issues over the past year.
- Difficulties obtaining care have been increasing for insured nonelderly adults since 2012 and 2013 (data not shown).

SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Provider access issues include: doctor's office or clinic did not accept type of health insurance; doctor's office or clinic did not accept new patients; problems getting appointment as soon as needed.

DIFFICULTIES OBTAINING HEALTH CARE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2015

PERCENT REPORTING



- In 2015, full-year insured nonelderly adults with family income at or below 138 percent of the Federal Poverty Level in Massachusetts were more likely to go without needed health care over the past year than full-year insured moderate and higher-income adults
- Both low-income and moderate-income insured adults were more likely than the higher-income adults to report difficulty obtaining care because of provider access issues over the past year.

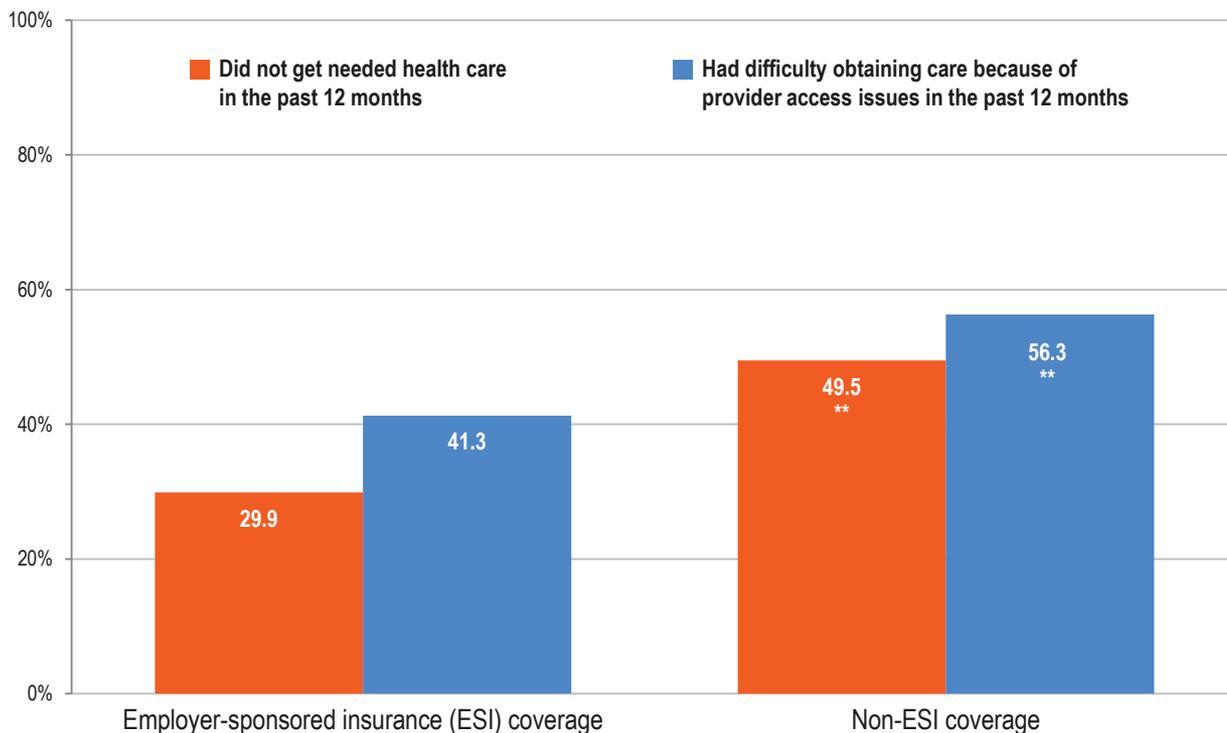
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Income categories used for comparisons in Fall 2105 rely on income groups that are relevant to the Affordable Care Act. Provider access issues include: doctor's office or clinic did not accept type of health insurance; doctor's office or clinic did not accept new patients; problems getting appointment as soon as needed.

*(**) Significantly different from the value for low-income adults at the .05 (.01) level, two-tailed test. Low-income defined as those with family income at or below 138% FPL.

DIFFICULTIES OBTAINING HEALTH CARE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY TYPE OF HEALTH INSURANCE COVERAGE, 2015

PERCENT REPORTING



- In 2015, full-year insured nonelderly adults with employer-sponsored insurance (ESI) coverage in Massachusetts were less likely to go without needed health care over the past year or to report difficulties obtaining care because of provider access issues than were adults with non-ESI coverage.

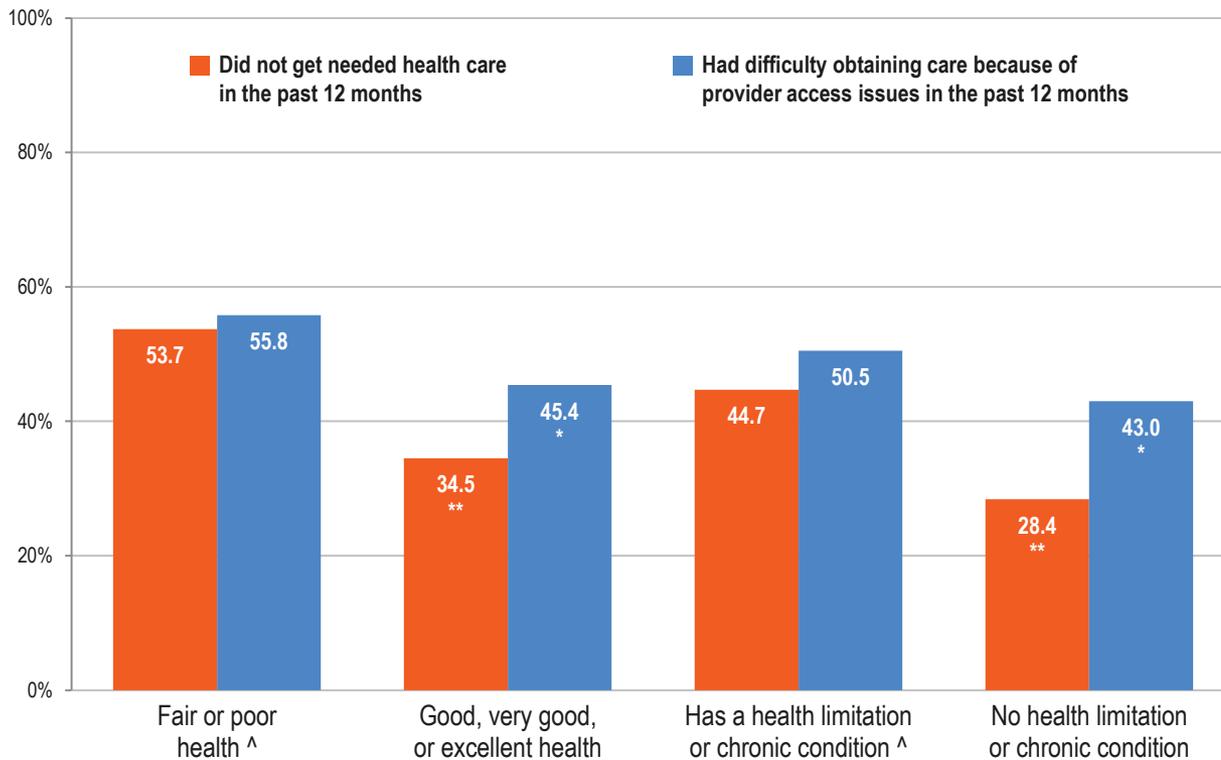
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Provider access issues include: doctor's office or clinic did not accept type of health insurance; doctor's office or clinic did not accept new patients; problems getting appointment as soon as needed.

*(**) Significantly different from the value for adults with ESI coverage at the .05 (.01) level, two-tailed test.

DIFFICULTIES OBTAINING HEALTH CARE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH AND DISABILITY STATUS, 2015

PERCENT REPORTING



- In 2015, full-year insured nonelderly adults in Massachusetts who reported fair or poor health or who had a health limitation or chronic condition were more likely to have difficulties obtaining care over the past year than were insured adults in good, very good, or excellent health or without a chronic condition.

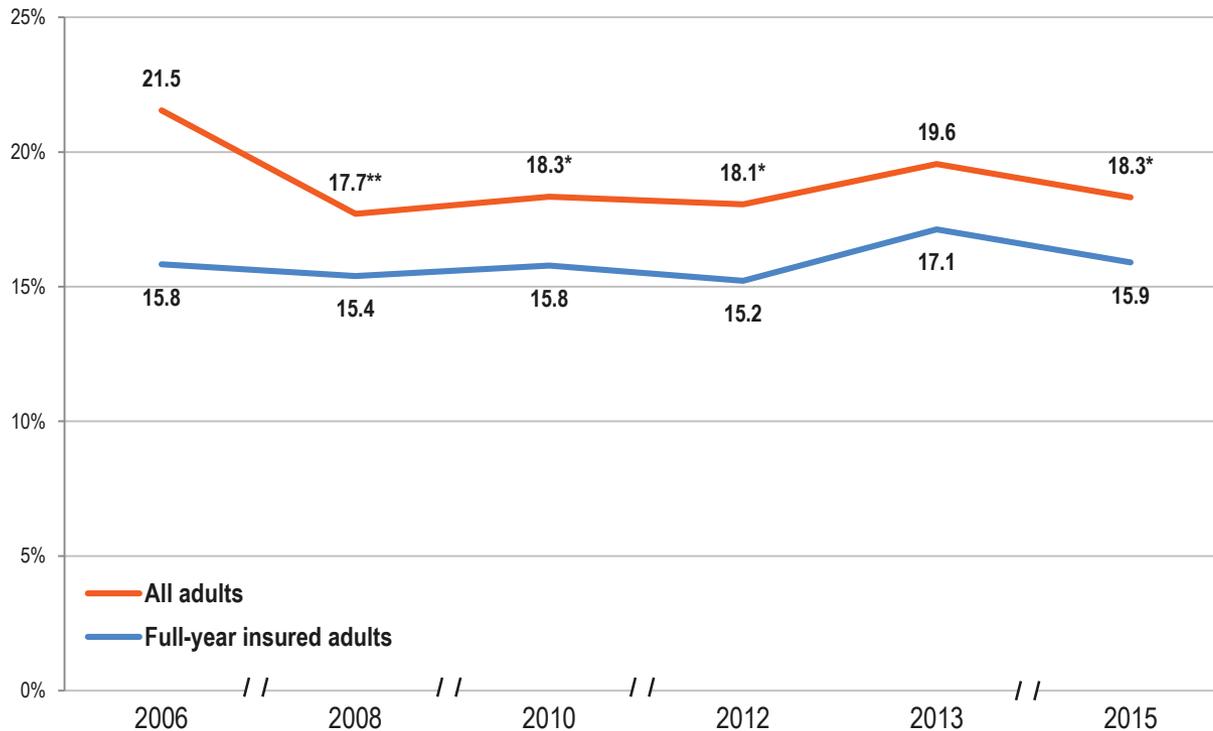
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Adults with a chronic condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; as well as those reporting other chronic or long-term health condition or health problems. Provider access issues include: doctor's office or clinic did not accept type of health insurance; doctor's office or clinic did not accept new patients; problems getting appointment as soon as needed.

[^](**) Significantly different from the value for the reference category (indicated by [^]) at the .05 (.01) level, two-tailed test.

PROBLEMS PAYING FAMILY MEDICAL BILLS OVER THE PAST YEAR FOR ALL ADULTS AND FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2006–2015

PERCENT REPORTING



- The share of all nonelderly adults in Massachusetts reporting problems paying family medical bills over the past year was lower in 2015 than 2006 (18.3 versus 21.5 percent).
- Among full-year insured adults there was no significant change from 2006 in the share reporting problems paying family medical bills, which remained at more than one in seven in 2015.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=18,286). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates.

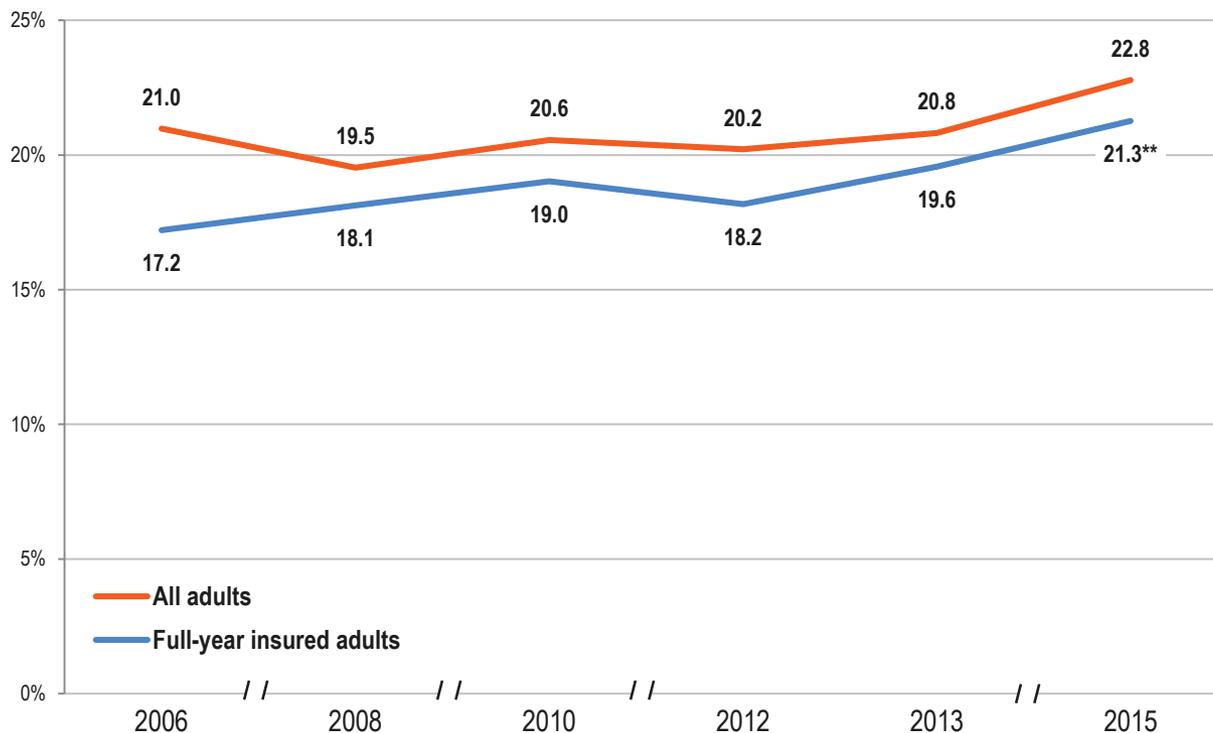
^{**} Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^{^(^)} For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

^{#(##)} For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

PROBLEMS WITH MEDICAL DEBT OVER THE PAST YEAR FOR ALL ADULTS AND FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2006–2015

PERCENT
REPORTING



- The share of all nonelderly adults in Massachusetts reporting problems with medical debt over the past year in 2015 was not significantly different from the level in 2006.
- Among full-year insured adults the share reporting problems with medical debt increased between 2006 and 2015 from 17.2 percent to 21.3 percent.
- Note the medical debt may have been acquired in earlier years.

SOURCE: 2006–2015 Massachusetts Health Reform Survey (N=18,286). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates.

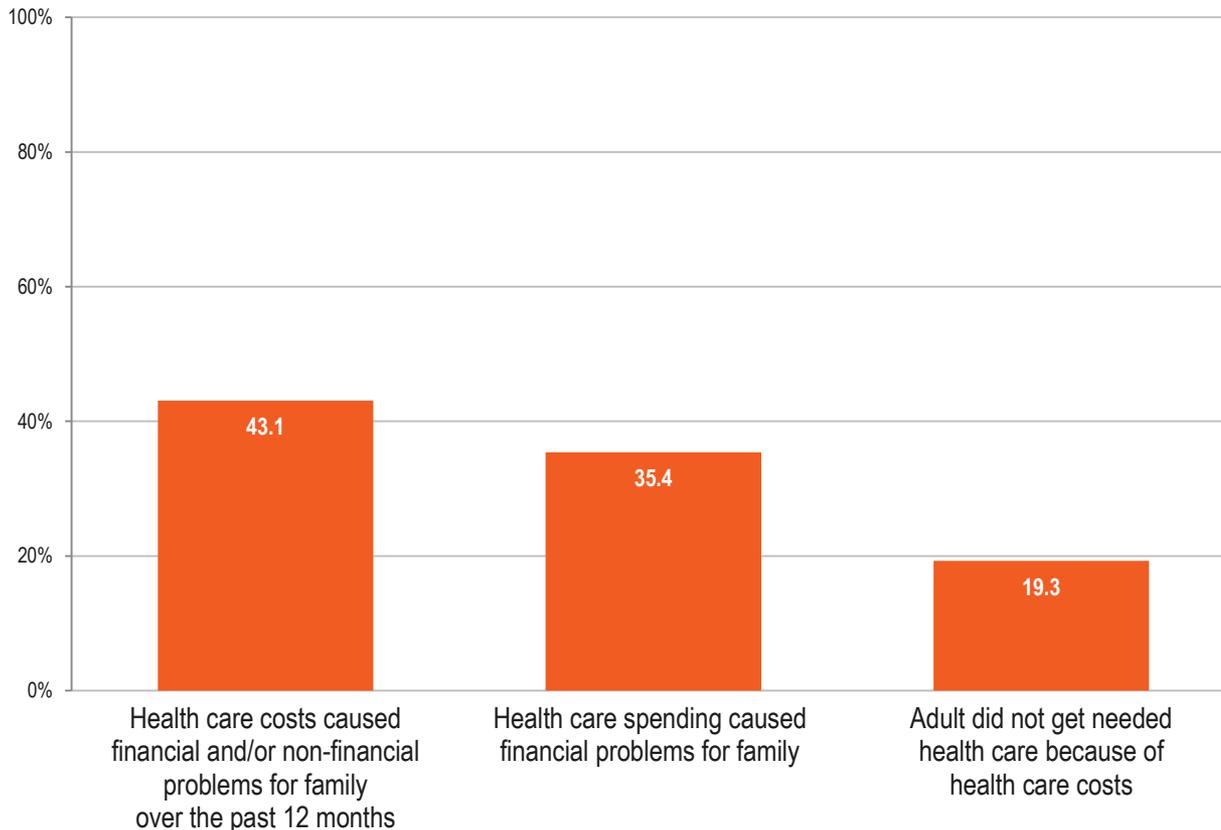
*(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

^(^^) For 2013 and 2015: Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

#(##) For 2015: Significantly different from the value in 2013 at the .05 (.01) level, two-tailed test.

HEALTH CARE COSTS CAUSED PROBLEMS OVER THE PAST YEAR FOR THE FAMILIES OF FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2015

PERCENT REPORTING



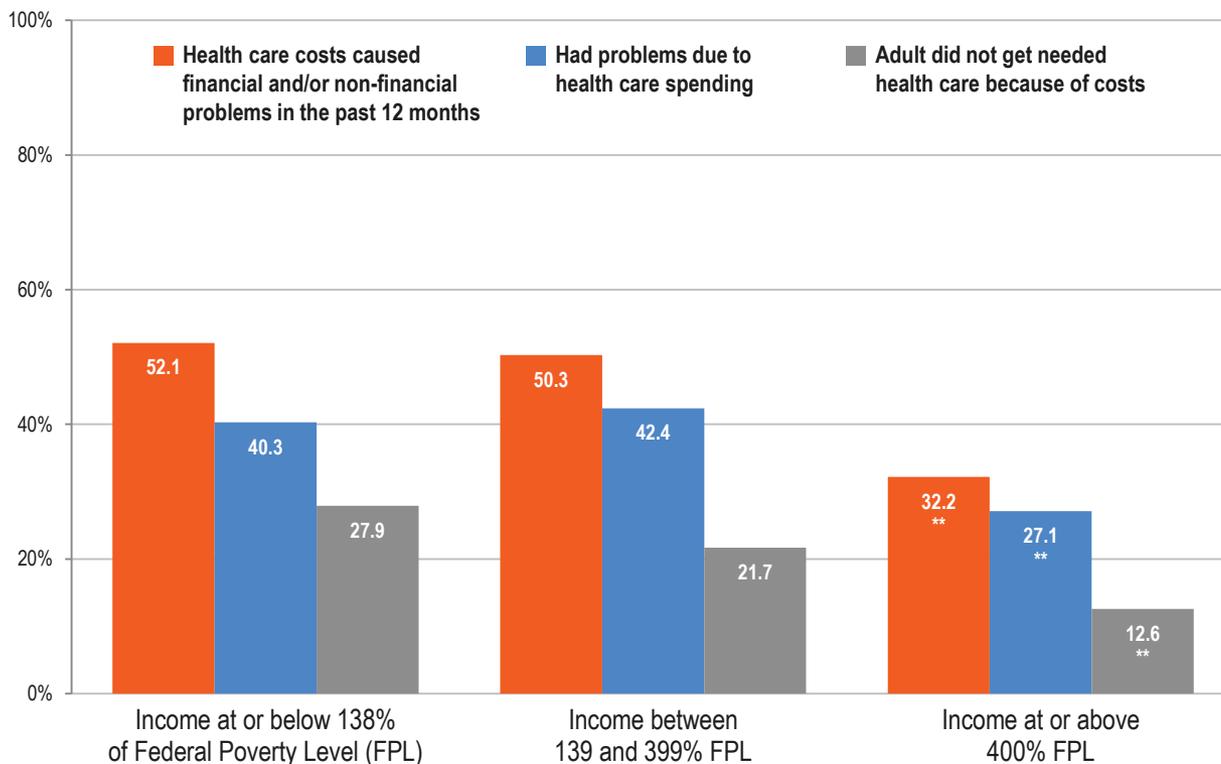
- In 2015, health care costs caused financial and/or non-financial problems for more than 40 percent of all full-year insured nonelderly adults and their families in Massachusetts.
- More than a third of the insured adults reported problems due to health care spending, and almost a fifth reported going without needed health care because of the cost of care.
- There was not a significant change between 2012 or 2013 and 2015 in the overall share of insured adults who reported that health care costs had caused problems; however, there was an underlying shift, as fewer reported financial problems and more reported going without needed care because of costs (data not shown).

SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates.

HEALTH CARE COSTS CAUSED PROBLEMS OVER THE PAST YEAR FOR THE FAMILIES OF FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2015

PERCENT REPORTING



- In 2015, full-year insured nonelderly adults with low or moderate family incomes in Massachusetts were more likely than high-income adults to report that health care costs had caused problems over the past year, including both financial problems and foregoing needed health care.
- Low-income insured adults were more than twice as likely as those with higher incomes to go without needed care because of costs (27.9 percent vs. 12.6 percent).

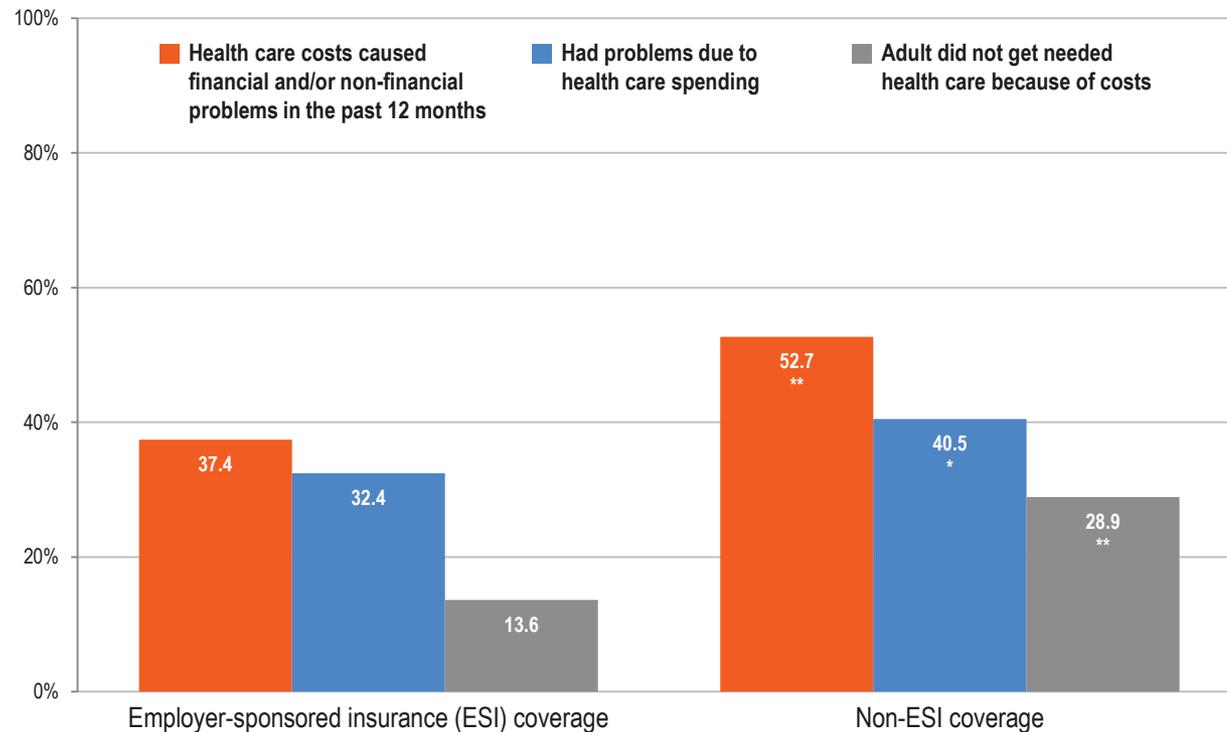
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Income categories used for comparisons in Fall 2105 rely on income groups that are relevant to the Affordable Care Act.

*(***) Significantly different from the value for low-income adults at the .05 (.01) level, two-tailed test. Low-income defined as those with family income at or below 138% FPL.

HEALTH CARE COSTS CAUSED PROBLEMS OVER THE PAST YEAR FOR THE FAMILIES OF FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY TYPE OF HEALTH INSURANCE COVERAGE, 2015

PERCENT REPORTING



- In 2015, full-year insured nonelderly adults with employer-sponsored insurance (ESI) coverage were less likely than adults with non-ESI coverage to report that health care costs had caused problems over the past year, including both financial problems and foregoing needed health care.
- Those with non-ESI coverage were more than twice as likely to go without needed care because of costs than those with ESI coverage (28.9 percent vs. 13.6 percent).

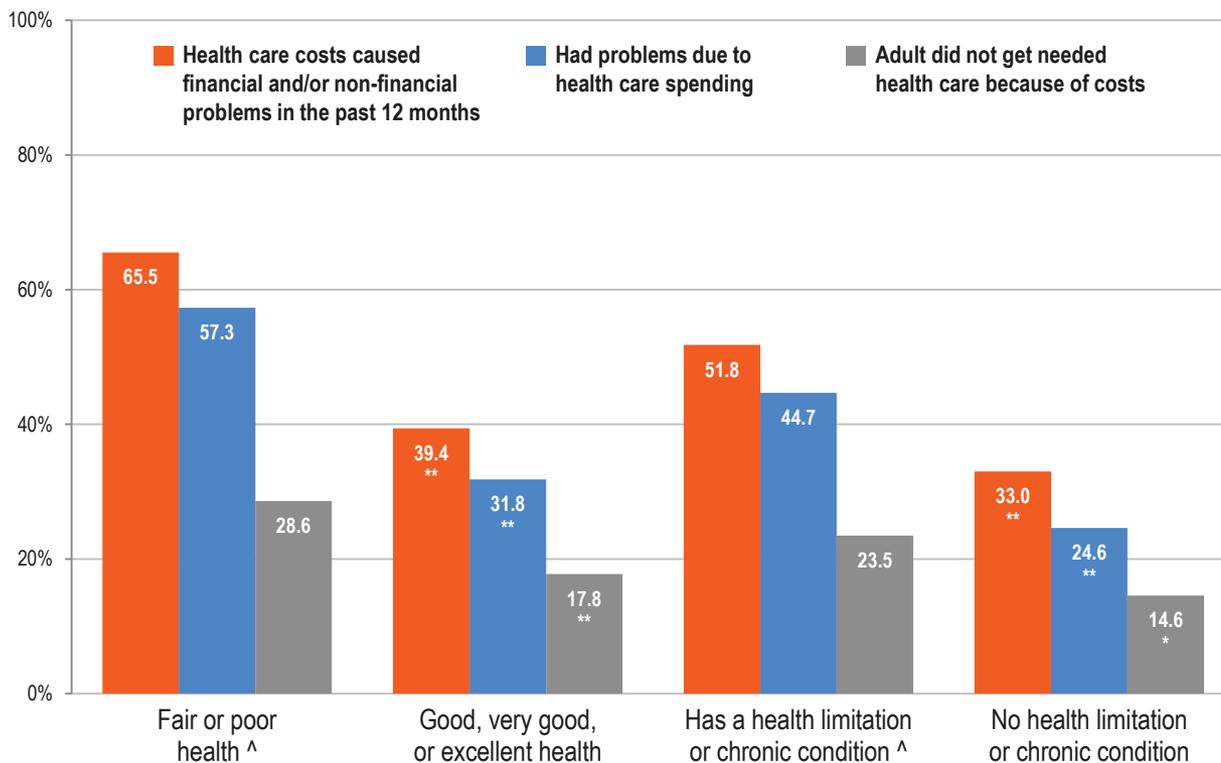
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value for adults with ESI coverage at the .05 (.01) level, two-tailed test.

HEALTH CARE COSTS CAUSED PROBLEMS OVER THE PAST YEAR FOR THE FAMILIES OF FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH AND DISABILITY STATUS, 2015

PERCENT REPORTING



- In 2015, full-year insured nonelderly adults in Massachusetts who reported fair or poor health or who had a health limitation or chronic condition were more likely to report that health care costs had caused problems over the past year than were insured adults in good, very good, or excellent health, including both financial problems and going without needed health care because of costs.

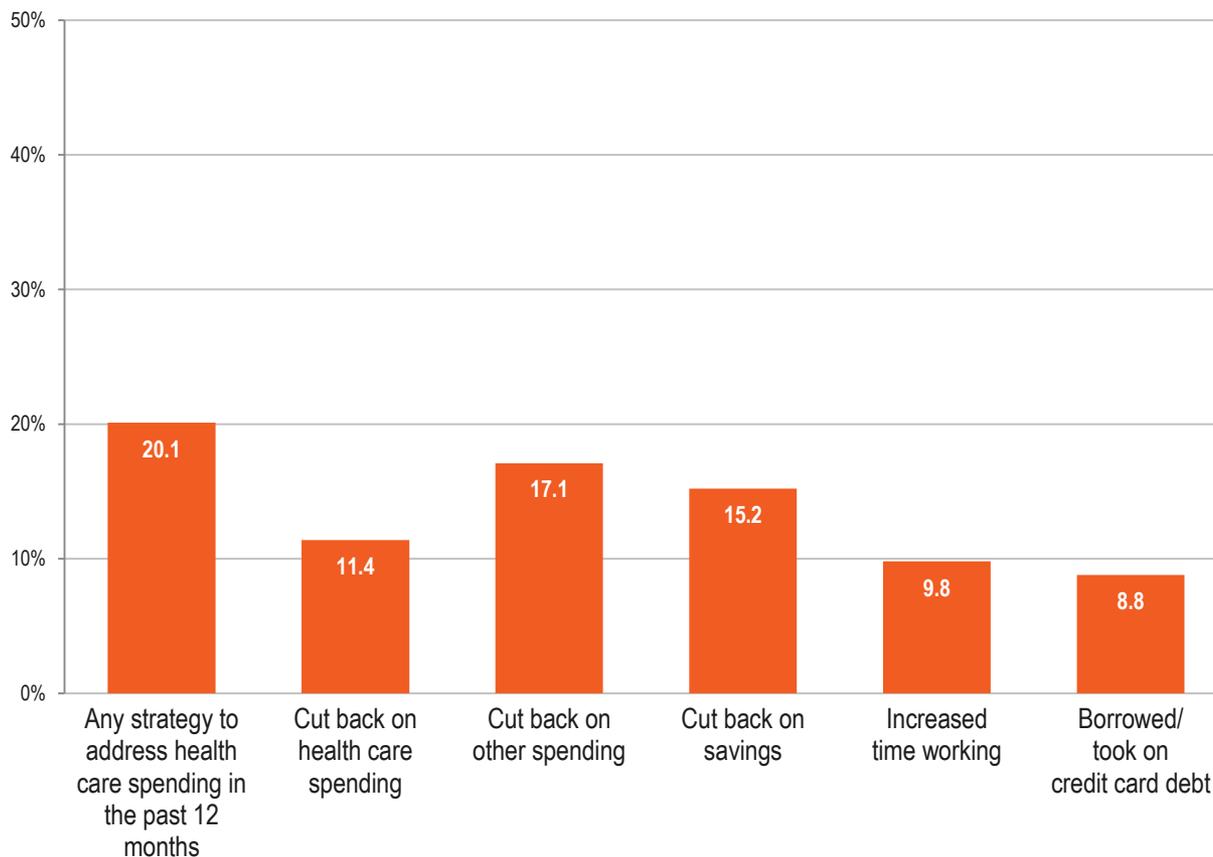
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Adults with a chronic condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; as well as those reporting other chronic or long-term health condition or health problems.

*(**) Significantly different from the value for the reference category (indicated by [^]) at the .05 (.01) level, two-tailed test.

STRATEGIES USED BY THE FAMILIES OF FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS TO ADDRESS HEALTH CARE SPENDING OVER THE PAST YEAR, 2015

PERCENT REPORTING



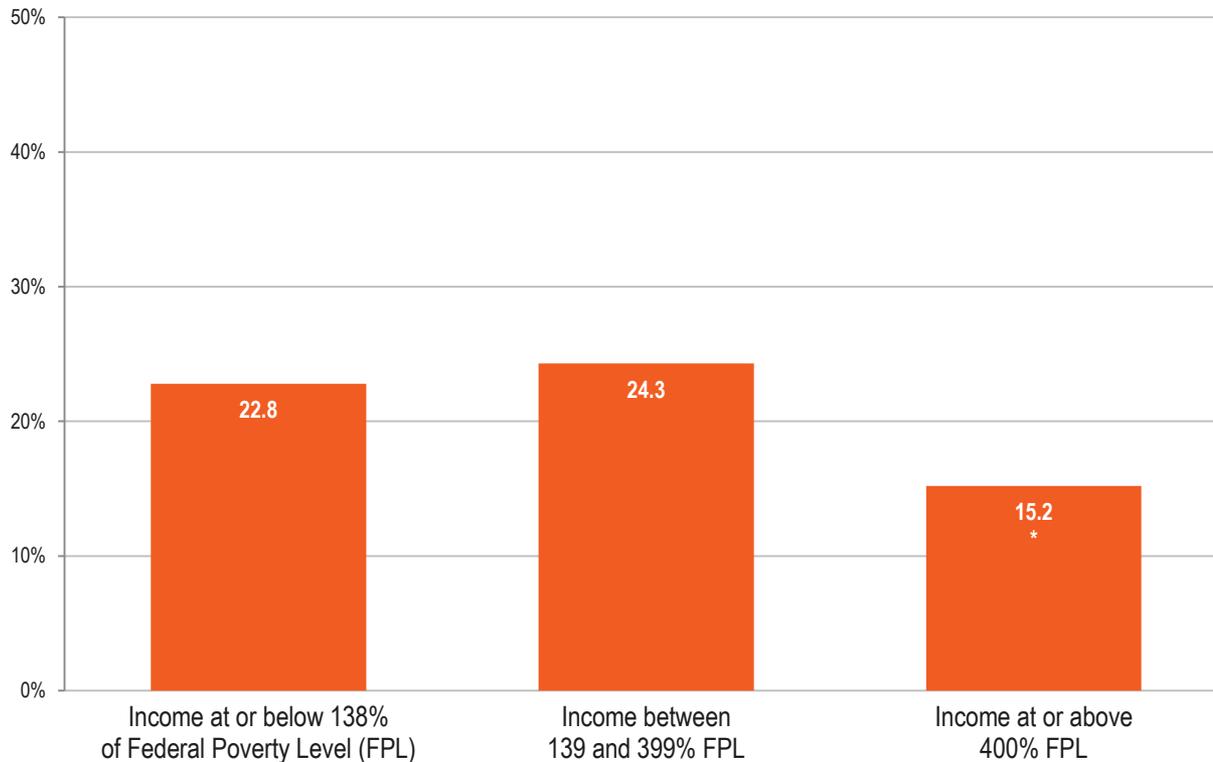
- In 2015, one in five full-year insured nonelderly adults in Massachusetts reported making changes to address family health care spending over the past year, including cutting back on health care spending (which includes going without needed care), cutting back on other spending and cutting back on savings, among other approaches.
- Between 2012 or 2013 and 2015 there were significant declines in the share of insured nonelderly adults who reported using one of the strategies to address health care spending, reflecting declines in cutting back on other spending and cutting back on savings to address family health care spending (data not shown).

SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates.

ANY STRATEGY USED BY THE FAMILIES OF FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS TO ADDRESS HEALTH CARE SPENDING OVER THE PAST YEAR, BY FAMILY INCOME, 2015

PERCENT REPORTING



- In 2015, nearly a quarter of full-year insured adults with low and moderate family incomes in Massachusetts reported making changes to address family health care spending over the past year, as compared to about one in seven high-income adults.

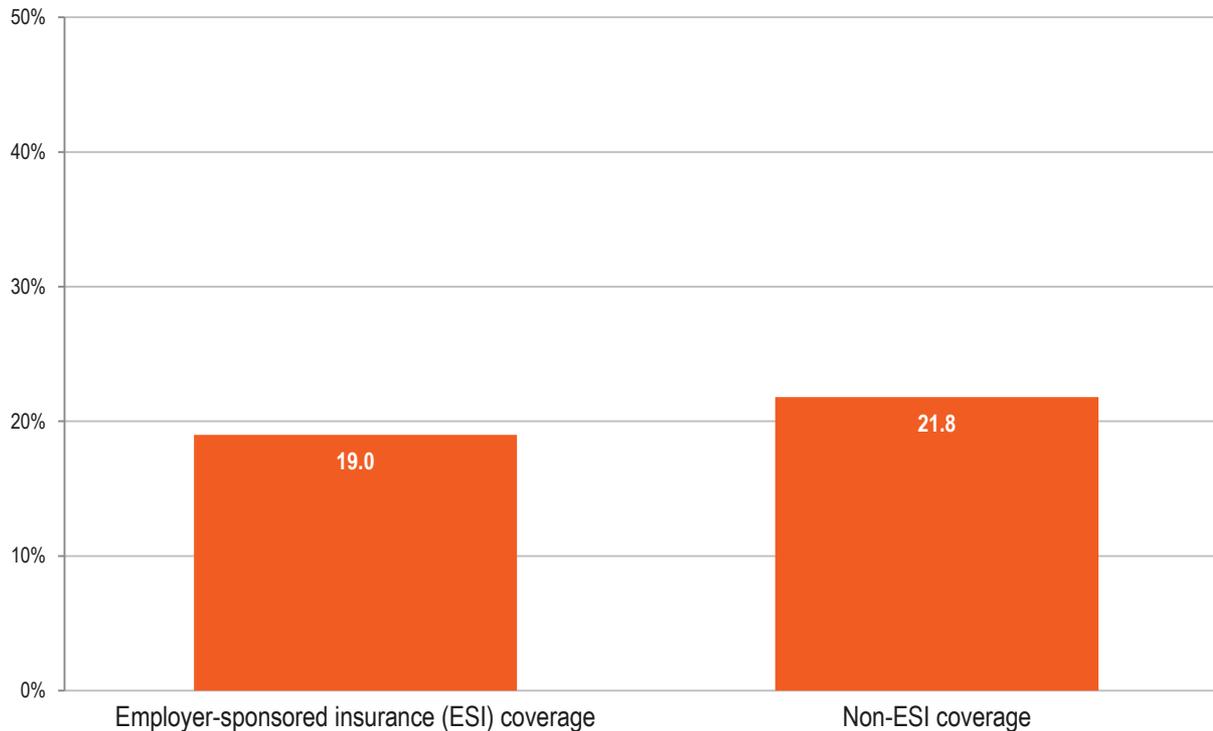
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Income categories used for comparisons based on Fall 2015 rely on income groups that relevant to the Affordable Care Act.

*(**)Significantly different from the value for low-income adults at the .05 (.01) level, two-tailed test. Low-income defined as those with family income at or below 138% FPL.

ANY STRATEGY USED BY THE FAMILIES OF FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS TO ADDRESS HEALTH CARE SPENDING OVER THE PAST YEAR, BY TYPE OF HEALTH INSURANCE COVERAGE, 2015

PERCENT REPORTING



- In 2015, roughly one in five full-year insured adults in Massachusetts reported making changes to address family health care spending over the past year among both those with employer-sponsored insurance (ESI) coverage and those with non-ESI coverage.

SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value for adults with ESI coverage that the .05 (.01) level, two-tailed test.

ANY STRATEGY USED BY THE FAMILIES OF FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS TO ADDRESS HEALTH CARE SPENDING OVER THE PAST YEAR, BY TYPE OF HEALTH AND DISABILITY STATUS, 2015

PERCENT REPORTING



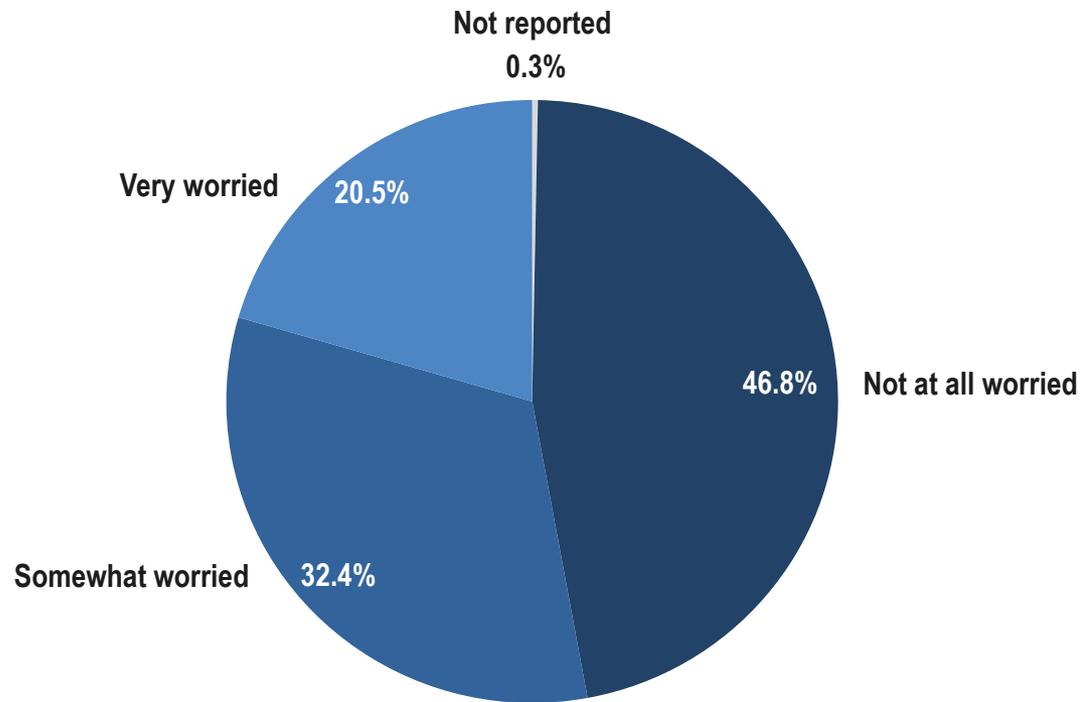
- In 2015, full-year insured adults in Massachusetts who were with fair or poor health or who had a health limitation or chronic condition were twice as likely as adults in better health to report making changes to address family health care spending over the past year.
- The level was particularly high for insured adults with fair or poor health, where 35.8 percent reported making changes to address health care spending as compared to 17.5 percent of insured adults in better health.

SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Adults with a chronic condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; as well as those reporting other chronic or long-term health condition or health problems.

*(**) Significantly different from the value for the reference category (indicated by [^]) at the .05 (.01) level, two-tailed test.

WORRY ABOUT ABILITY TO PAY MEDICAL BILLS IN THE FUTURE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, 2015



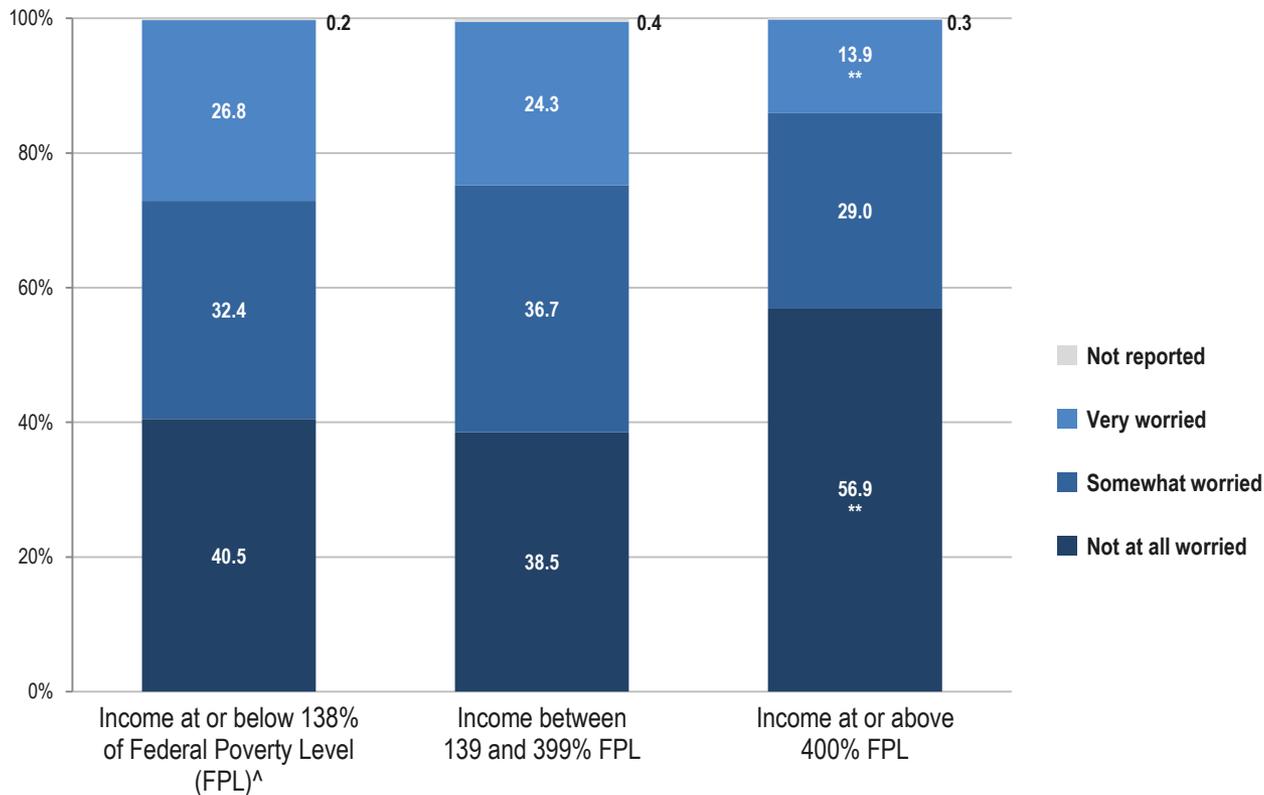
- In 2015, more than half of full-year insured nonelderly adults in Massachusetts were very worried or somewhat worried about their ability to pay their medical bills in the future.

SOURCE: 2015 Massachusetts Health Reform Survey (1,837).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding.

WORRY ABOUT ABILITY TO PAY MEDICAL BILLS IN THE FUTURE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2015

PERCENT REPORTING



- In 2015, full-year insured adults with low or moderate family incomes in Massachusetts were more likely to worry about their ability to pay medical bills in the future than were high-income insured adults.

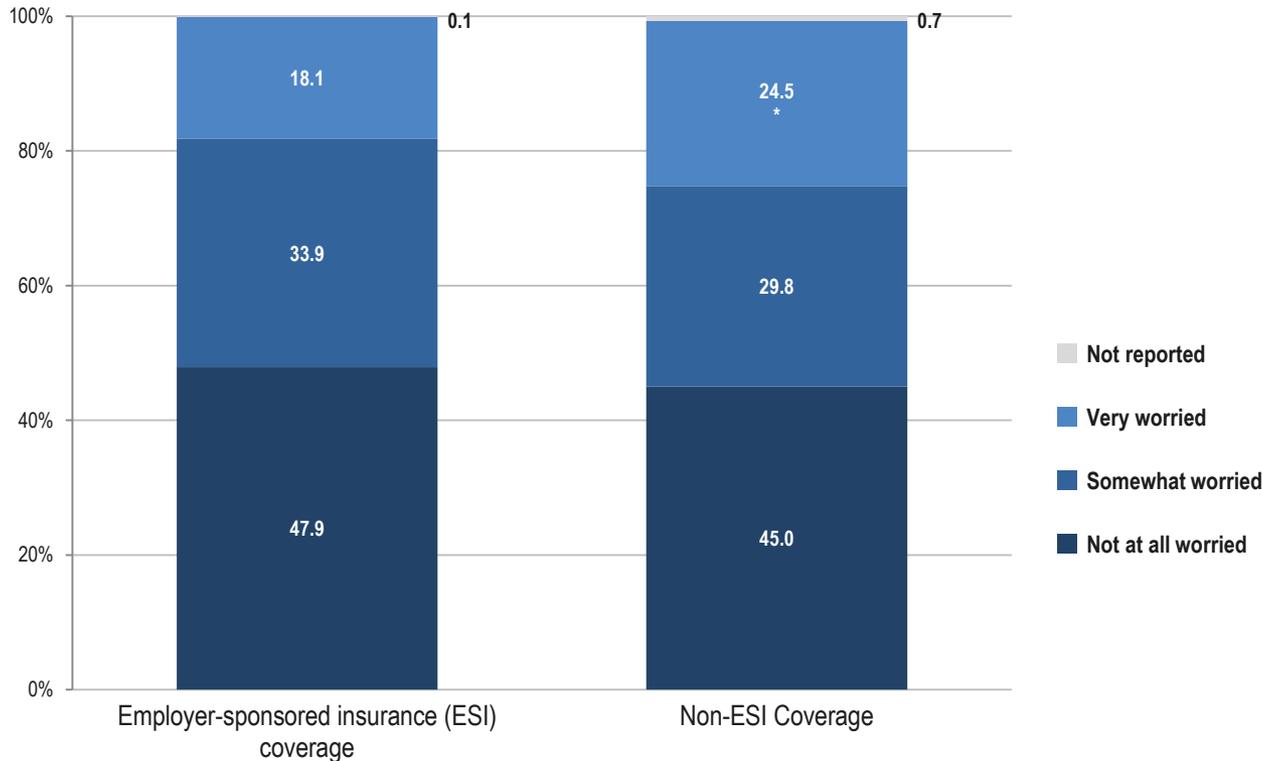
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding. Income categories used for comparisons in Fall 2105 rely on income groups that are relevant to the Affordable Care Act.

*(**) Significantly different from the value for the reference category (indicated by [^]) at the .05 (.01) level, two-tailed test. Low-income defined as those with family income at or below 138% FPL.

WORRY ABOUT ABILITY TO PAY MEDICAL BILLS IN THE FUTURE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY TYPE OF HEALTH INSURANCE COVERAGE, 2015

PERCENT REPORTING



- In 2015, full-year insured adults with employer-sponsored insurance (ESI) coverage in Massachusetts were less likely to be very worried about their ability to pay medical bills in the future than were adults with non-ESI coverage.

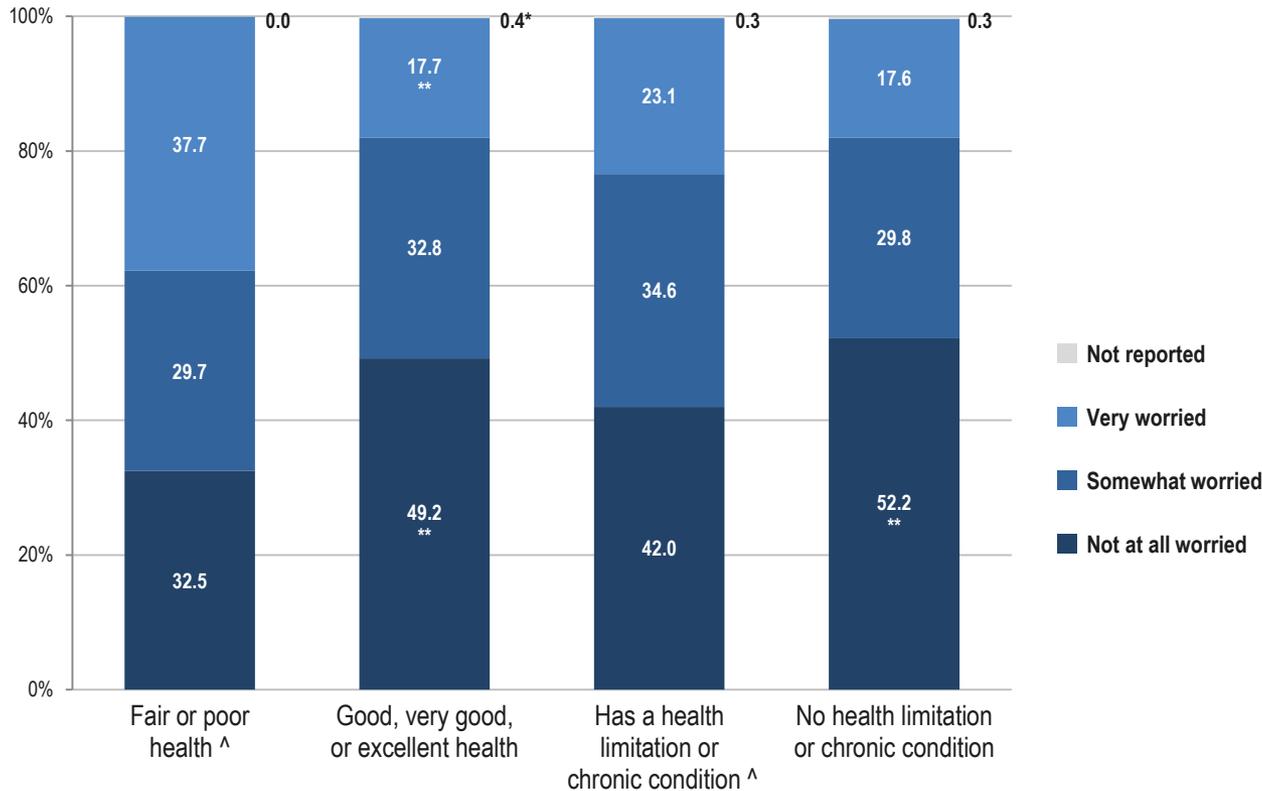
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding.

*(**) Significantly different from the value for adults with ESI coverage at the .05 (.01) level, two-tailed test.

WORRY ABOUT ABILITY TO PAY MEDICAL BILLS IN THE FUTURE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH AND DISABILITY STATUS, 2015

PERCENT REPORTING



- In 2015, full-year insured adults with fair or poor health or with a health limitation or chronic condition in Massachusetts were more likely to worry about their ability to pay medical bills in the future than were insured adults in better health.

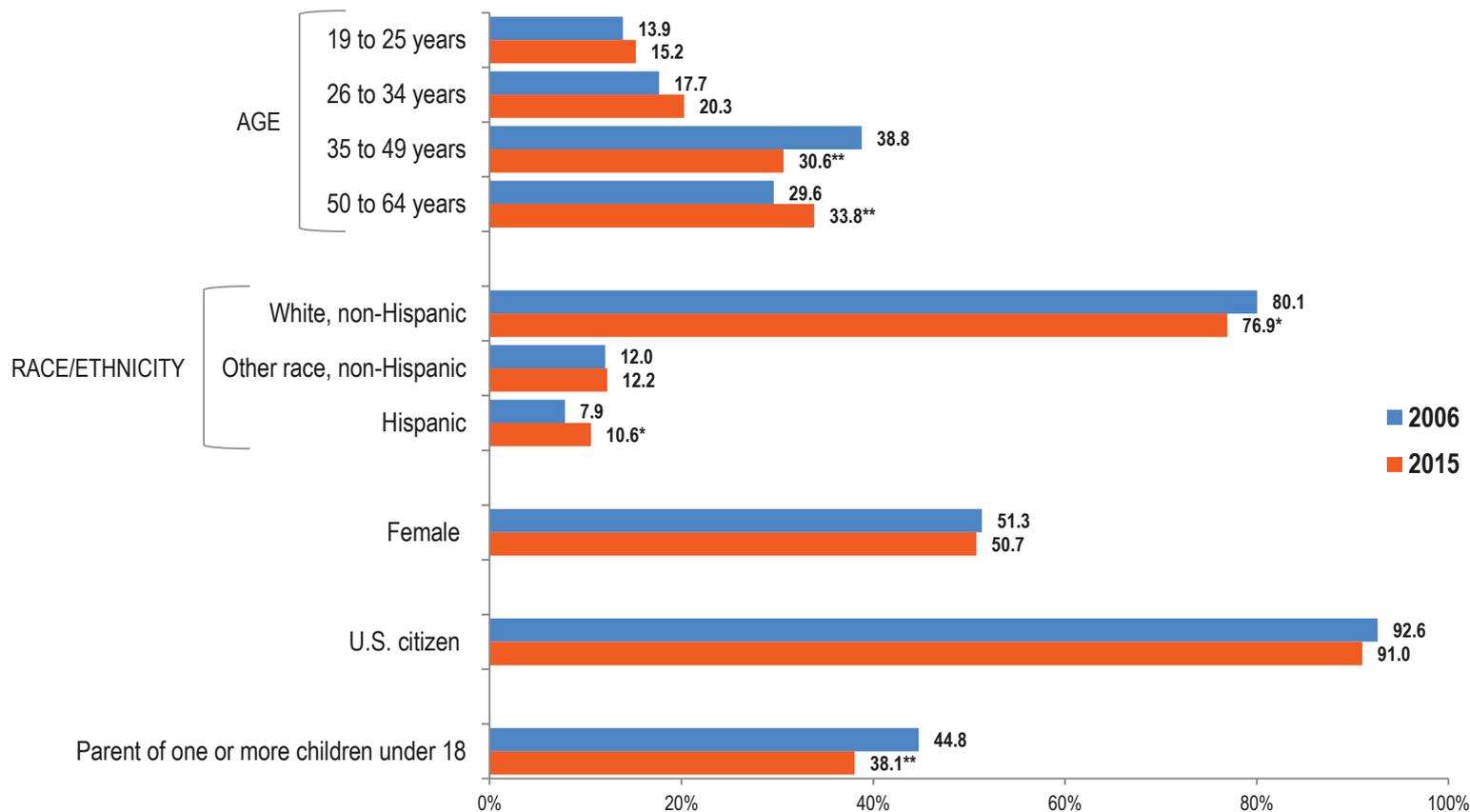
SOURCE: 2015 Massachusetts Health Reform Survey (N=1,837).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding. Adults with a chronic condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; as well as those reporting other chronic or long-term health condition or health problems.

^{*}(**) Significantly different from the value for the reference category (indicated by [^]) at the .05 (.01) level, two-tailed test.

DEMOGRAPHIC CHARACTERISTICS OF MHRS SAMPLE ADULTS AGES 19 TO 64, 2006 AND 2015

PERCENT WITH CHARACTERISTIC



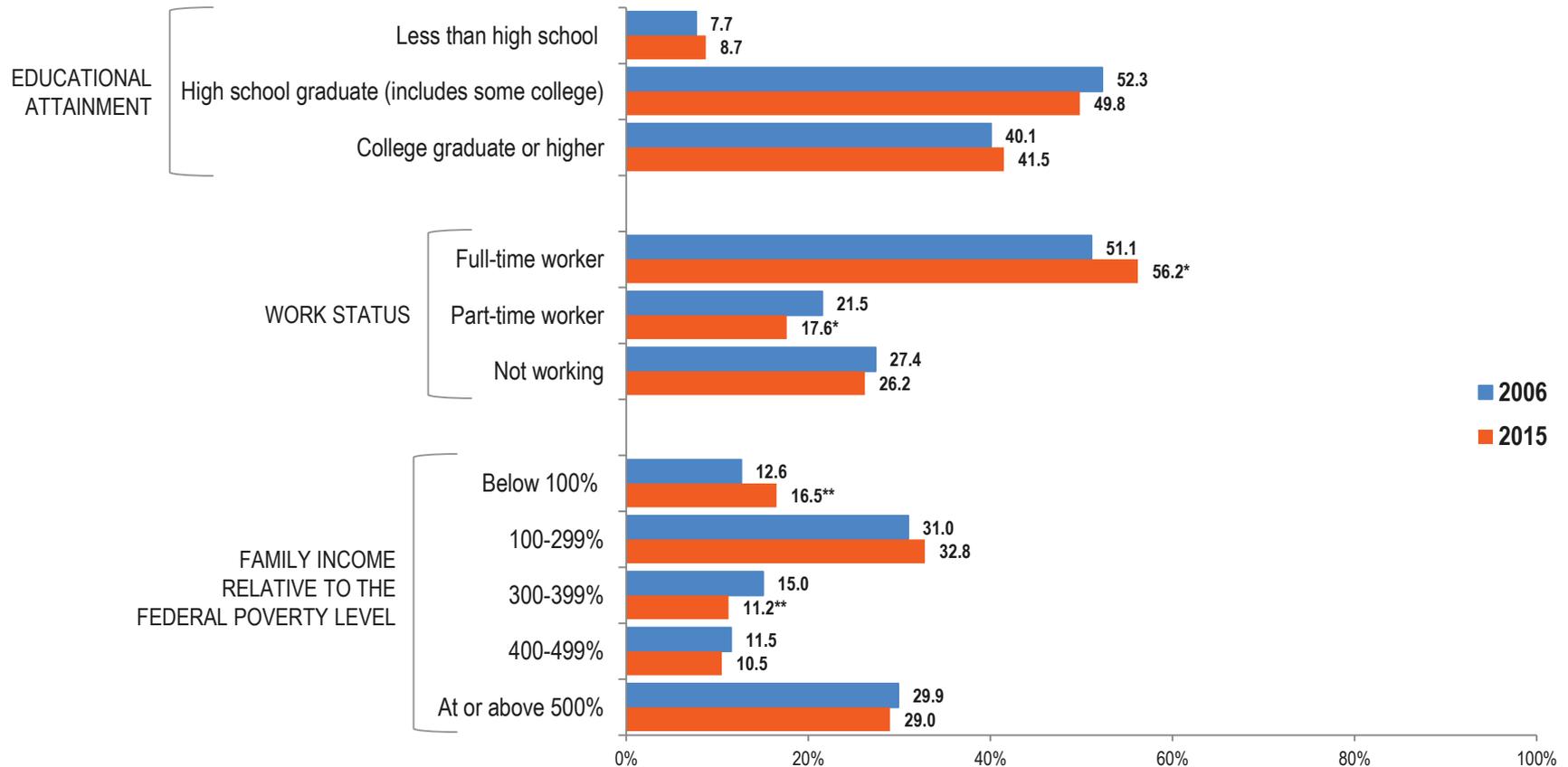
SOURCE: 2006 and 2015 Massachusetts Health Reform Survey (N=5,021).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and/or due to small levels of missing data for some measures.

*(**) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

SOCIOECONOMIC CHARACTERISTICS OF MHRS SAMPLE ADULTS AGES 19 TO 64, 2006 AND 2015

PERCENT WITH CHARACTERISTIC



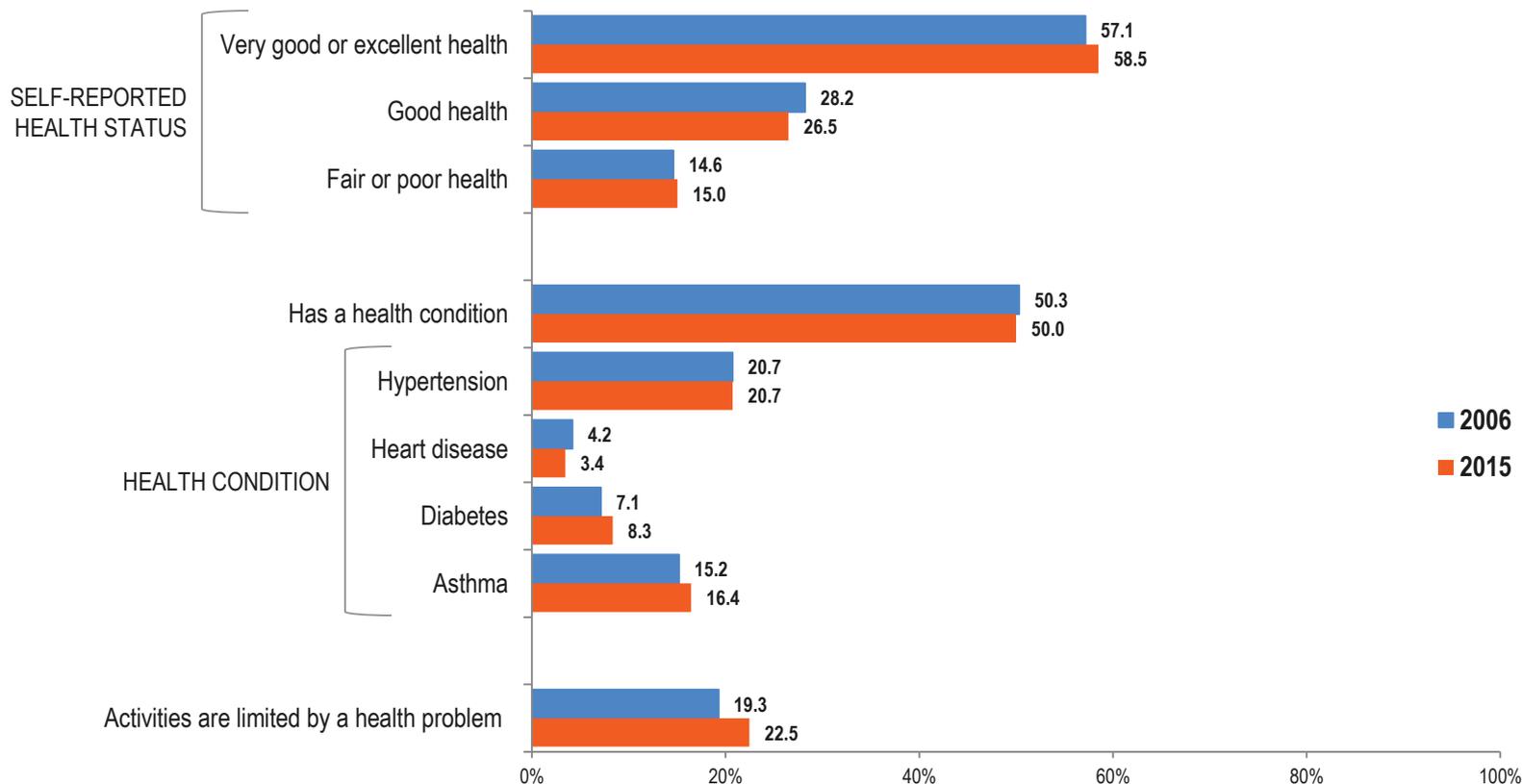
SOURCE: 2015 Massachusetts Health Reform Survey (N=5,021).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and/or due to small levels of missing data for some measures..

*(**) Significantly different from value in 2006 at the .05 (.01) level, two-tailed test.

HEALTH AND DISABILITY STATUS OF MHRS SAMPLE ADULTS AGES 19 TO 64, 2006 AND 2015

PERCENT WITH CHARACTERISTIC



SOURCE: 2015 Massachusetts Health Reform Survey (N=5,021).

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and/or due to small levels of missing data for some measures. Adults with a health condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; as well as those reporting other chronic or long-term health condition or health problems.

*(**) Significantly different from value in 2006 at the .05 (.01) level, two-tailed test.