

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

MARCH 2016

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INTRODUCTION AND BACKGROUND

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 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.

The 2015 MHRS highlights sustained gains in health insurance coverage since the passage of Massachusetts' 2006 health care reform law, as well as persistent gaps in health care access and affordability for many of those with insurance coverage. Low-income adults and those with health problems tend to be disproportionately impacted by these gaps. The survey findings are a reminder that the goals of health care reform are not fully achieved by simply reducing the number of people who are uninsured.

BACKGROUND ON THE MHRS

The MRHS began just prior to the implementation of key elements of Chapter 58 in fall 2006, and it has been fielded in 2006–2010, 2012, 2013 and 2015.¹ The survey is fielded by Social Science Research Solutions in conjunction with the Urban Institute. The 2015 MHRS was conducted by telephone (landline and cellphone) with a stratified random sample of 2,014 working-age adults—ages 19 to 64—in Massachusetts.² The share of the sample allocated to cellphone interviews has increased over time to reflect the increasing reliance on cellphones among Massachusetts households.

The survey was conducted in English and Spanish, and the field period was September 8 to November 8, 2015. This field period was earlier than the October to early January field period of earlier rounds of the survey in order to provide data more quickly in 2016. The sample size and the survey content were reduced from prior survey rounds in order to reduce survey costs. Other changes introduced in 2015 to reduce survey costs included the elimination of an advance letter, a reduction in the number of call attempts from 12 to 10, and a reduction in the incentive for completing the survey from \$10 to \$5. A detailed description of the 2015 MHRS, including

1 In addition to funding from the Blue Cross Blue Shield of Massachusetts Foundation, support for selected years has been provided by the Commonwealth Fund (2006–2008) and the Robert Wood Johnson Foundation (2006–2008, 2012–2013).

2 In the initial years of the survey (2006–2009), "working-age" was defined as ages 18 to 64; in 2010 the definition was changed to ages 19 to 64 to establish consistency with the definition used by the Massachusetts Division of Health Care Finance and Policy, now the Center for Health Information and Analysis (CHIA).

changes from prior years, is provided in the 2015 MHRS Methodology Report (<http://bluecrossfoundation.org/sites/default/files/2015%20MHRS%20Methodology%20Report%20FINAL.pdf>).

The overall response rate for the 2015 MHRS was 20.6 percent, which was a combination of the response rates for the landline sample (24.0 percent) and the cellphone sample (17.2 percent). The 2015 MHRS response rate is below that for the 2013 MHRS, which was 30.4 percent (Appendix Exhibit 1). The reduced response rate reflects a decline in the response rates for both the landline and cellphone samples—from 36.0 to 24.0 percent for the landline sample, and from 23.9 to 17.2 percent for the cellphone sample—as well as the shift toward more cellphone interviews between 2013 and 2015 (from about 29 to 40 percent) where the response rate is lower. We attribute the decline in response rates between 2013 and 2015 to changes implemented in the survey fielding, described above, and to the ongoing decline in response rates experienced across all surveys.^{3,4}

Notwithstanding the concern about dropping response rates in the MHRS over time, it is important to note that response rate is only one metric for assessing a survey, and a low response rate does not necessarily imply inaccurate estimates.^{5,6} Reassuringly, findings on key measures in the MHRS are quite similar to those in the American Community Survey (ACS), which has a response rate of over 90 percent (Appendix Exhibit 2).⁷

PRESENTING ESTIMATES FROM THE MHRS

In presenting estimates from the MHRS, all tabulations were prepared using weights that adjust for the complex design of the survey, for undercoverage, and for survey nonresponse. The focus of the MHRS is on the circumstances of nonelderly adults in Massachusetts in 2015 and changes in their circumstances over time. 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. Appendix Exhibits 3–5 show the demographic, socioeconomic, and health and disability characteristics, respectively, of the nonelderly adults in MHRS samples from 2006 to 2015.

3 Davern M, McAlpine D, Beebe TJ, Ziegenfuss J, Rockwood T, and Call KC. “Are Lower Response Rates Hazardous to Your Health Survey? An Analysis of Three State Telephone Health Surveys.” *Health Services Research*, 2010, 45(5, Part 1):1324–44.

4 Tourangeau R, and Plewes, TJ, editors. *Nonresponse in Social Science Surveys: A Research Agenda*. A report by the National Research Council of the National Academies. Washington, DC: National Academies Press, 2013.

5 Groves M. “Nonresponse Rates and Nonresponse Bias in Household Surveys.” *Public Opinion Quarterly*, 2006, 70(5): 646–675.

6 Halbesleben JR, and Whitman MV. “Evaluating Survey Quality in Health Services Research: A Decision Framework for Assessing Nonresponse Bias.” *Health Services Research*, 2013, 48(3): 913–30.

7 Note that some of these variables are used in the post-stratification weighting (e.g., age, sex, race/ethnicity), which would insure that they are similar across the surveys.

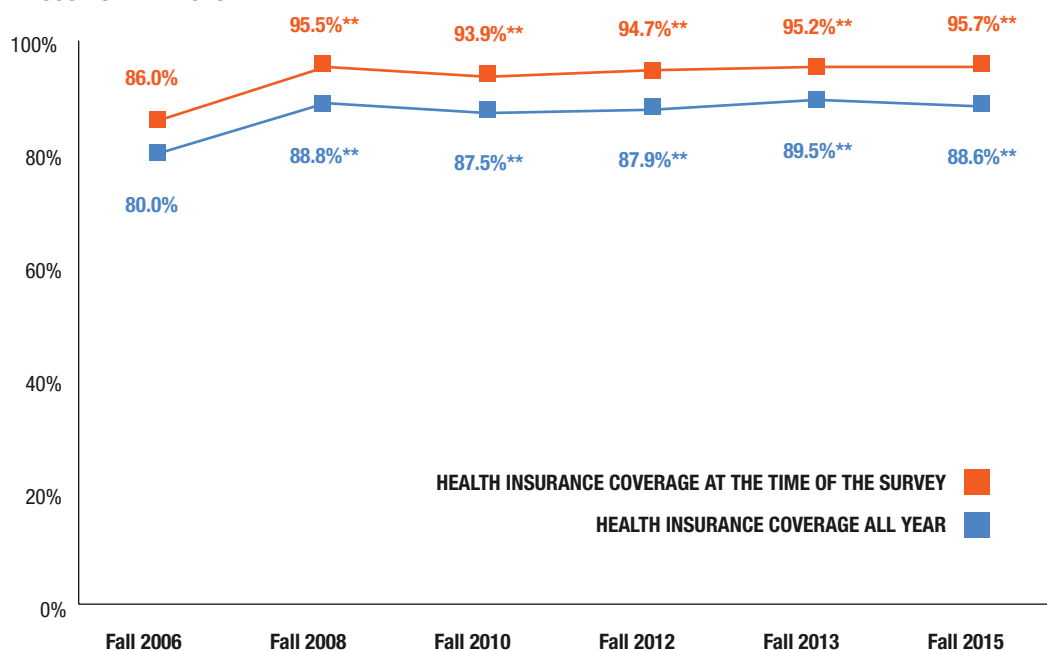
Because multiple comparisons have been conducted, it is important to acknowledge that, with a 5 percent level of statistical significance for the tests of differences over time and across population subgroups, we would expect to estimate one difference in 20 comparisons as statistically significant when it is not, due to chance. Thus, evidence of changes over time and of differences across population subgroups will be more compelling if there is consistent evidence across a range of measures. In the text, we focus on estimates that are statistically significant at the 5 percent level or better, unless otherwise noted.

I. INSURANCE COVERAGE

HEALTH INSURANCE COVERAGE

- Health insurance coverage remained strong in Massachusetts in 2015, with 95.7 percent of nonelderly adults ages 19 to 64 reporting coverage at the time of the survey. This finding is equivalent to the recent estimate from the Center for Health Information and Analysis's (CHIA's) 2015 Massachusetts Health Insurance Survey (MHIS),⁸ and it is significantly higher than the estimate of 86.0 percent of adults with insurance coverage in 2006 (Figure I.1).
- Health insurance coverage for nonelderly adults in the United States as a whole in 2015 was lower than that in Massachusetts, at 87.3 percent, based on early release estimates for January through June 2015 from the National Health Interview Survey (NHIS).⁹
- Continuity of health insurance coverage is also quite high in Massachusetts, as 88.6 percent of adults reported insurance coverage all year in 2015 (Figure I.1). This compares to 82.6 percent for the nation as a whole in 2015 based on the early release NHIS estimates.

FIGURE I.1: HEALTH INSURANCE COVERAGE FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, FALL 2006 TO FALL 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.

Notes: 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.

8 Skopec L, and Long SK. "Findings from the 2015 Massachusetts Health Insurance Survey." Boston, MA: Center for Health Information and Analysis, 2015. <http://www.chiamass.gov/assets/docs/r/survey/mhis-2015/2015-MHIS.pdf>.

9 Martinez 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>.

EXHIBIT I.1: SIMPLE (UNADJUSTED) TRENDS IN HEALTH INSURANCE COVERAGE FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
Current health insurance coverage						
Any insurance coverage	86.0	95.5**	93.9**	94.7**	95.2**	95.7**
– Employer-sponsored insurance (ESI) coverage	64.1	67.9**	65.7	63.3	63.5	57.3** ^^ ##
– Other (non-ESI) coverage	21.9	27.6**	28.2**	31.4**	31.7**	38.3** ^^ ##
Uninsured	14.0	4.5**	6.1**	5.3**	4.8**	4.3**
Health insurance over the past 12 months						
Always uninsured	9.2	2.0**	3.2**	2.7**	2.5**	1.6**
Part-year insured and part-year uninsured	10.8	9.2	9.3	9.4	7.9**	9.4
Always insured	80.0	88.8**	87.5**	87.9**	89.5**	88.6**
Sample size	3,007	4,041	3,040	3,160	3,024	2,014

Source: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown. Note: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and due to small levels of missing data on health insurance coverage over the past 12 months. The level of missing data on that measure increased slightly in 2015 with a change in the survey question.

*(**) 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.

- Only 1.6 percent of the adults in Massachusetts reported that they never had insurance coverage over the year in 2015, down from 9.2 percent in 2006 (Exhibit I.1). While the estimate of persistent uninsurance declined, the percentage of adults reporting gaps in coverage during the year has remained unchanged since the introduction of health care reform, with 10.8 percent of adults reporting part-year insurance coverage in 2006 and 9.4 percent in 2015.
- While still the dominant form of health insurance coverage, at 57.3 percent of adults, employer-sponsored insurance (ESI) was reported less often by adults in 2015 than in prior years based on simple (unadjusted) estimates (Exhibit I.1). The lower rate of ESI coverage found in the 2015 MHRS is consistent with findings from CHIA's 2015 MHIS,¹⁰ and from CHIA's analysis of private insurance trends in administrative data.¹¹ The reduction in ESI likely reflects, at least in part, the significant changes in public and private health insurance coverage taking place under the ACA, as well as the challenges that respondents face in identifying their coverage type in household surveys.^{12, 13}

10 Skopec L, and Long SK. "Findings from the 2015 Massachusetts Health Insurance Survey." Boston, MA: Center for Health Information and Analysis, 2015. <http://www.chiamass.gov/assets/docs/r/survey/mhis-2015/2015-MHIS.pdf>.

11 Center for Health Information and Analysis. "Massachusetts Health Care Coverage: Enrollment Trends (July 2015 Edition) Databook. Boston, MA: Center for Health Information and Analysis (CHIA), 2015. <http://www.chiamass.gov/assets/EnrollmentTrends-DataBook.xlsx>.

12 Pascale, J. "Measurement Error in Health Insurance Reporting." *Inquiry*, 2008, 45 (4): 422–37.

13 Pascale, J. et al. "Preparing to Measure Health Coverage in Federal Surveys Post-Reform: Lessons from Massachusetts." *Inquiry*, 2013, 50 (2): 106–23.

- In 2015, high levels of health insurance coverage and continuity of insurance coverage were reported by adults at all income levels (Exhibit I.2), by adults with fair or poor health and those with better health (Exhibit I.3), by adults with and without a health limitation or a chronic condition (Exhibit I.4), and by parents (defined as nonelderly adults with a child under age 19 at home) and childless adults (Exhibit I.5). For example, among adults with family income below 300 percent of the Federal Poverty Level (FPL), 93.2 percent were covered at the time of the survey, and 82.3 percent were covered all year in 2015. Coverage was even greater among higher-income adults (defined as those with family income at or above 400 percent FPL), with 98.1 percent covered at the time of the survey, and 94.7 percent covered all year (Exhibit I.2).
- About three-quarters of working adults continued to have access to ESI coverage through a job in 2015 (Exhibit I.6). However, the survey results suggest those levels may be dropping, as the share of working adults with access to ESI dropped from 82.4 percent in 2006 to 77.6 percent in 2015 based on simple (unadjusted) differences. The decline in overall access to ESI coverage appears to be driven largely by a reduction in ESI access among part-time workers, for whom the share with ESI access dropped from 69.2 percent in 2006 to 55.1 percent in 2015. Consistent with that, the share of part-time workers with ESI coverage dropped from 60.1 percent in 2006 to 41.3 percent in 2015 (Exhibit I.7). However, in recent years (since 2012 and 2013), even among full-time workers, the share with ESI access as well as the share with ESI coverage appear to be declining. These changes may reflect changes in many factors over the period, including changes in the characteristics of working adults.

EXHIBIT I.2: SIMPLE (UNADJUSTED) TRENDS IN HEALTH INSURANCE COVERAGE FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
FAMILY INCOME BELOW 300% OF THE FEDERAL POVERTY LEVEL (FPL)						
Current health insurance coverage						
Any insurance coverage	75.9	92.0**	90.3**	90.4**	91.8**	93.2**
– Employer-sponsored insurance (ESI) coverage	35.3	40.4	40.1*	34.6	39.4	30.1 ##
– Other (non-ESI) coverage	40.6	51.6**	50.2**	55.8**	52.4**	63.2** ^ ##
Uninsured	24.1	8.0**	9.7**	9.6**	8.2**	6.8**
Health insurance over the past 12 months						
Always uninsured	16.1	3.7**	4.9**	4.8**	4.2**	2.4**
Part-year insured and part-year uninsured	19.2	14.7*	14.7*	15.9	13.2**	14.6*
Always insured	64.7	81.5**	80.3**	79.3**	82.7**	82.3**
Sample size	1,446	2,055	1,444	1,392	1,353	947
FAMILY INCOME AT OR ABOVE 300% OF FPL						
Current health insurance coverage						
Any insurance coverage	93.8	98.3**	97.1**	98.5**	98.6**	98.1**
– Employer-sponsored insurance (ESI) coverage	86.3	89.9*	88.0	88.4	87.9	83.9 ^ #
– Other (non-ESI) coverage	7.5	8.5	9.1	10.1	10.7*	14.2** ^
Uninsured	6.2	1.7**	2.9**	1.5**	1.4**	1.9**
Health insurance over the past 12 months						
Always uninsured	3.9	0.6**	1.7**	0.8**	0.9**	0.9**
Part-year insured and part-year uninsured	4.4	4.8	4.5	3.7	2.6	4.5
Always insured	91.8	94.5*	93.8	95.5**	96.5**	94.7*
Sample size	1,561	1,986	1,588	1,768	1,671	1,065

Source: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown. Note: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and due to small levels of missing data on health insurance coverage over the past 12 months. The level of missing data on that measure increased slightly in 2015 with a change in the survey question. 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.

EXHIBIT I.3: SIMPLE (UNADJUSTED) TRENDS IN HEALTH INSURANCE COVERAGE FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
HEALTH STATUS IS FAIR OR POOR						
Current health insurance coverage						
Any insurance coverage	80.2	94.4**	93.6**	92.4**	92.0**	96.9**
– Employer-sponsored insurance (ESI) coverage	37.0	38.1	36.5	34.7	34.9	29.9
– Other (non-ESI) coverage	43.2	56.3**	57.1**	57.7**	57.1**	67.0** #
Uninsured	19.8	5.6**	6.4**	7.6**	8.0**	3.1**
Health insurance over the past 12 months						
Always uninsured	13.3	2.5**	3.9**	3.7**	4.4**	1.0** #
Part-year insured and part-year uninsured	17.0	11.7	9.6*	12.1	7.8**	16.2 #
Always insured	69.7	85.8**	86.5**	84.2**	87.8**	82.8**
Sample size	541	755	532	548	501	357
HEALTH STATUS IS GOOD, VERY GOOD, OR EXCELLENT						
Current health insurance coverage						
Any insurance coverage	87.0	95.7**	94.0**	95.1**	95.7**	95.5**
– Employer-sponsored insurance (ESI) coverage	68.7	72.8**	70.6	68.1	68.5	62.2** ^ ^ ##
– Other (non-ESI) coverage	18.3	22.9**	23.4**	27.0**	27.2**	33.3** ^ ^ ##
Uninsured	13.0	4.3**	6.0**	4.9**	4.3**	4.5**
Health insurance over the past 12 months						
Always uninsured	8.5	1.9**	3.1**	2.5**	2.2**	1.7**
Part-year insured and part-year uninsured	9.8	8.8	9.2	8.9	8.0	8.2
Always insured	81.7	89.3**	87.7**	88.6**	89.8**	89.6**
Sample size	2,462	3,277	2,502	2,606	2,515	1,655

Source: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown. Note: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and due to small levels of missing data on health insurance coverage over the past 12 months. The level of missing data on that measure increased slightly in 2015 with a change in the survey question.

*(**) 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.

EXHIBIT I.4: SIMPLE (UNADJUSTED) TRENDS IN HEALTH INSURANCE COVERAGE FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY DISABILITY STATUS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
HAS A HEALTH LIMITATION OR CHRONIC CONDITION						
Current health insurance coverage						
Any insurance coverage	87.6	96.4**	94.0**	95.3**	95.7**	98.0** ^^ #
– Employer-sponsored insurance (ESI) coverage	58.5	61.1	57.2	56.4	55.6	49.3** ^^ #
– Other (non-ESI) coverage	29.1	35.4**	36.8**	38.9**	40.1**	48.7** ^^ ##
Uninsured	12.4	3.6**	6.0**	4.7**	4.3**	2.0** ^^ #
Health insurance over the past 12 months						
Always uninsured	7.3	1.3**	3.1**	2.3**	2.0**	0.9** ^
Part-year insured and part-year uninsured	11.5	8.6*	9.0	9.7	6.8** ^	9.0
Always insured	81.1	90.1**	87.9**	88.0**	91.2** ^	90.2**
Sample size	1,769	2,447	1,807	1,969	1,824	1,202
NO HEALTH LIMITATION OR CHRONIC CONDITION						
Current health insurance coverage						
Any insurance coverage	84.2	94.4**	93.9**	94.1**	94.5**	93.0**
– Employer-sponsored insurance (ESI) coverage	70.4	75.7*	74.9	72.0	72.8	66.2 #
– Other (non-ESI) coverage	13.8	18.7*	19.0*	22.0**	21.6**	26.9**
Uninsured	15.8	5.6**	6.1**	5.9**	5.5**	7.0**
Health insurance over the past 12 months						
Always uninsured	11.3	2.7**	3.2**	3.1**	3.2**	2.5**
Part-year insured and part-year uninsured	10.1	10.1	9.6	8.9	9.3	10.0
Always insured	78.6	87.2**	87.1**	88.0**	87.5**	86.6**
Sample size	1,228	1,573	1,220	1,180	1,189	801

Source: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

Note: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and due to small levels of missing data on health insurance coverage over the past 12 months. The level of missing data on that measure increased slightly in 2015 with a change in the survey question. 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.

EXHIBIT I.5: SIMPLE (UNADJUSTED) TRENDS IN HEALTH INSURANCE COVERAGE FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY PARENT STATUS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
HAS CHILD UNDER AGE 19 AT HOME						
Current health insurance coverage						
Any insurance coverage	91.6	97.1**	96.4**	96.6**	97.5**	98.0**
– Employer-sponsored insurance (ESI) coverage	70.5	72.8	69.9	70.3	68.3	69.6
– Other (non-ESI) coverage	21.1	24.3	26.5*	26.4*	29.3**	28.3**
Uninsured	8.4	2.9**	3.6**	3.4**	2.5**	2.0**
Health insurance over the past 12 months						
Always uninsured	5.6	1.1**	1.7**	1.8**	1.5**	0.4** ^
Part-year insured and part-year uninsured	7.7	7.0	8.0	6.9	5.5	8.4
Always insured	86.7	91.9**	90.2*	91.3**	93.0**	91.2**
Sample size	1,197	1,589	1,072	1,107	1,044	667
NO CHILD UNDER AGE 19 AT HOME						
Current health insurance coverage						
Any insurance coverage	81.6	94.3**	92.3**	93.5**	93.6**	94.5**
– Employer-sponsored insurance (ESI) coverage	58.9	64.1**	63.0*	58.8	60.3	49.8** ^^ ##
– Other (non-ESI) coverage	22.7	30.2**	29.3**	34.7**	33.3**	44.7** ^^ ##
Uninsured	18.4	5.7**	7.7**	6.5**	6.4**	5.5**
Health insurance over the past 12 months						
Always uninsured	12.1	2.7**	4.2**	3.2**	3.2**	2.2**
Part-year insured and part-year uninsured	13.3	11.0	10.1*	11.0	9.5*	10.1
Always insured	74.6	86.3**	85.7**	85.7**	87.3**	87.1**
Sample size	1,806	2,446	1,964	2,040	1,967	1,337

Source: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown. Note: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and due to small levels of missing data on health insurance coverage over the past 12 months. The level of missing data on that measure increased slightly in 2015 with a change in the survey question.

*(**) 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.

EXHIBIT I.6: SIMPLE (UNADJUSTED) TRENDS IN EMPLOYER-SPONSORED INSURANCE OFFERS AND COVERAGE FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, OVERALL AND FOR WORKERS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
ALL ADULTS						
Has access to employer-sponsored insurance (ESI) through a job	69.4	71.7	69.8	68.0	67.3	64.9*
Has health insurance coverage	86.0	95.5**	93.9**	94.7**	95.2**	95.7**
– Has ESI coverage	64.1	67.9**	65.7	63.3	63.5	57.3** ^^ ##
Sample size	3,007	4,041	3,040	3,160	3,024	2,014
WORKING ADULTS						
Has access to ESI through a job	82.4	85.4	83.4	80.8	80.5	77.6**
Has health insurance coverage	86.7	96.0**	94.8**	95.2**	95.4**	95.5**
– Has ESI coverage	75.0	80.0**	77.6	74.1	75.1	67.4** ^^ ##
Sample size	2,087	2,667	2,003	2,140	2,066	1,391

Source: 2006–2015 Massachusetts Health Reform Survey. 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 2010 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.

EXHIBIT I.7: SIMPLE (UNADJUSTED) TRENDS IN EMPLOYER-SPONSORED INSURANCE OFFERS AND COVERAGE FOR WORKING ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY WORK HOURS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
FULL-TIME WORKERS (35 HOURS PER WEEK OR MORE)						
Has access to ESI through a job	88.0	91.3*	91.0*	88.6	89.1	84.6 ^ #
Has health insurance coverage	89.1	96.5**	95.3**	96.9**	97.0**	95.7**
– Has ESI coverage	81.3	86.9**	86.1**	81.9	83.9	75.5** ^^ ##
Sample size	1,385	1,883	1,458	1,605	1,577	1,073
PART-TIME WORKERS (LESS THAN 35 HOURS PER WEEK)						
Has access to ESI through a job	69.2	71.1	63.2	59.3**	55.0**	55.1**
Has health insurance coverage	81.0	94.5**	93.6**	90.6**	90.6**	94.7**
– Has ESI coverage	60.1	63.2	54.7	52.8	49.1**	41.3** ^
Sample size	702	784	545	535	489	318

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

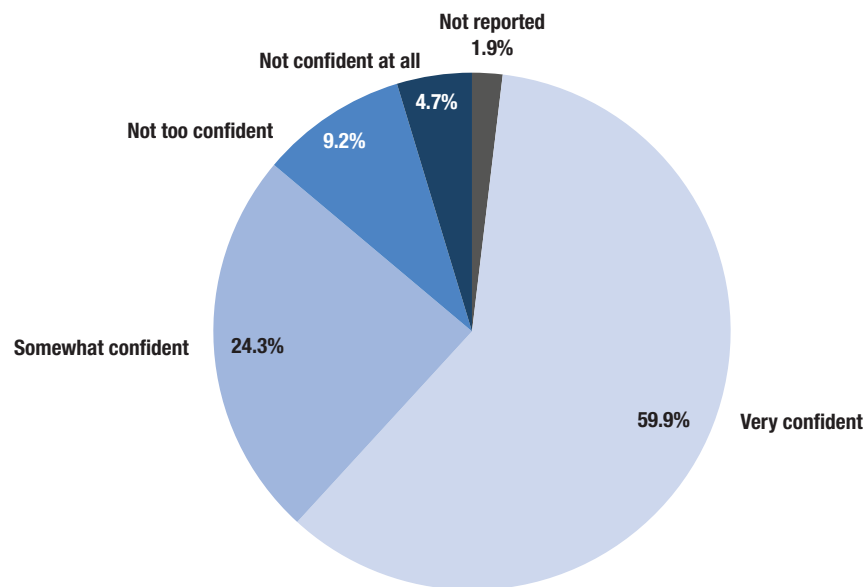
^(^^) For 2013 and 2015: Significantly different from the value in 2010 at the .05 (.01) level, two-tailed test.

#(##) 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 2015, most (84.2 percent) insured adults in Massachusetts were somewhat or very confident in their ability to keep their health insurance coverage in the future (Figure I.2). However, 4.7 percent of the insured adults were not at all confident that they would be able to keep their coverage.

FIGURE I.2: CONFIDENCE IN ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE FOR CURRENTLY INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, FALL 2015

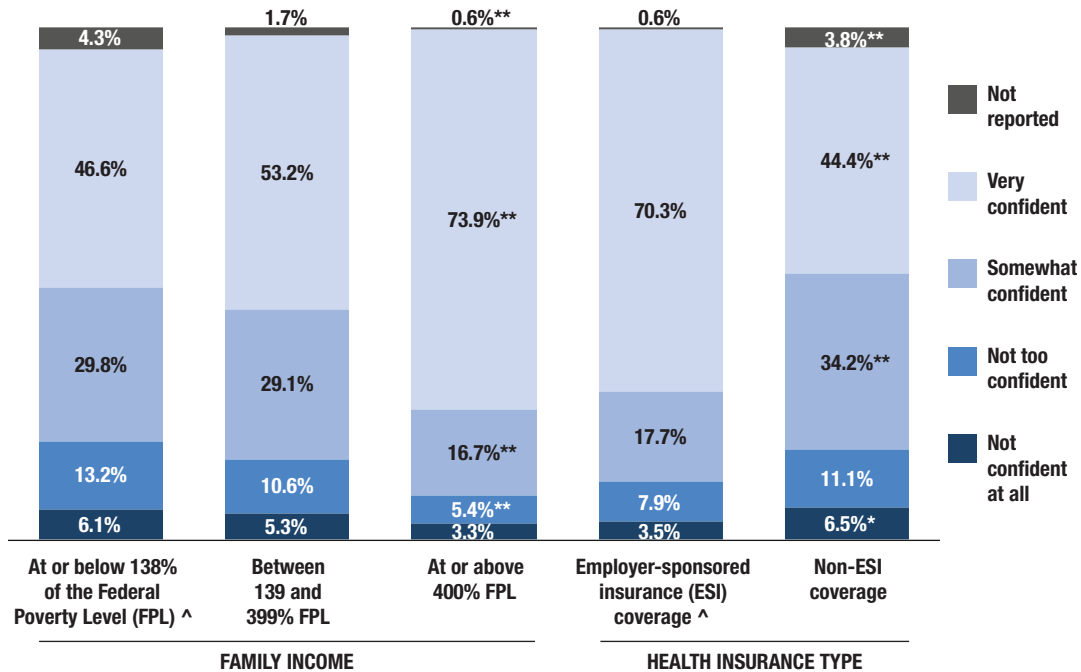


Source: 2015 Massachusetts Health Reform Survey (N=1,954).

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

- Insured adults were more likely to be somewhat or very confident in their ability to keep their health insurance coverage if they had higher family income (90.6 percent among those with family income at or above 400 percent FPL versus 76.4 percent among those with family income at or below 138 percent FPL), or if they were covered by ESI rather than non-ESI coverage (88.0 percent for those with ESI versus 78.6 percent for other adults) (Figure I.3).

FIGURE I.3: CONFIDENCE IN ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE FOR CURRENTLY INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, AND BY HEALTH INSURANCE TYPE, FALL 2015



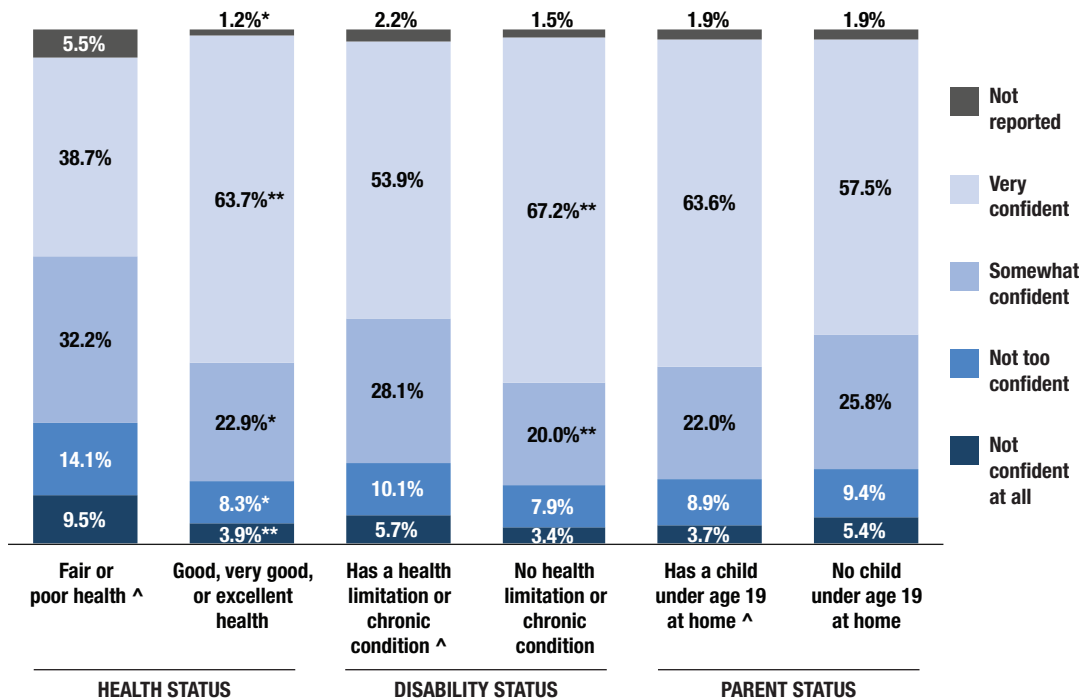
Source: 2015 Massachusetts Health Reform Survey (N=1,954).

Notes: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding. Income categories used for comparisons in Fall 2015 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.

- Insured adults in good, very good, or excellent health were more likely to report that they were somewhat or very confident in their ability to keep their health insurance than were adults with fair or poor health (86.6 versus 70.9 percent, respectively). Similarly, insured adults without a health limitation or chronic condition were more likely than those with a health limitation or chronic condition to report this confidence (87.2 versus 82.0 percent, respectively). These findings suggest that adults with greater health care needs are more likely to feel vulnerable in their ability to maintain their coverage (Figure I.4).

FIGURE I.4: CONFIDENCE IN ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE FOR CURRENTLY INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS, BY DISABILITY STATUS, AND BY PARENT STATUS, FALL 2015



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

Notes: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding. Has a chronic condition includes adults 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.

- Looking at all full-year insured adults over time, we find that the share who are somewhat or very confident in their ability to keep their health insurance coverage has improved since 2013, rising by 6.0 percentage points (Exhibit I.8) based on simple (unadjusted) estimates. Within that group, there have been particularly large gains among categories of adults who were targeted by the ACA's public and private market changes, including moderate-income adults (confidence increased by 8.6 percentage points), and adults with non-ESI coverage (confidence increased by 11.3 percentage points) (Exhibit I.8). However, since these are simple (unadjusted) estimates of changes over time, it is not possible to attribute any changes to a specific policy.

EXHIBIT I.8: CHANGES IN SHARE OF CURRENTLY INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS WHO ARE CONFIDENT IN THEIR ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE, OVERALL AND BY SELECTED SUBGROUPS, FALL 2012 TO FALL 2015 AND FALL 2013 TO FALL 2015

	Change from Fall 2012 to Fall 2015	Change from Fall 2013 to Fall 2015
ALL CURRENTLY INSURED ADULTS	0.7	6.0**
By Family Income		
At or below 138% of the Federal Poverty Level (FPL)	2.7	4.1
Between 139 and 399% of FPL	-0.3	8.6*
At or Above 400% of FPL	0.8	5.2**
By Current Health Insurance Type		
Employer-sponsored Insurance (ESI) coverage	0.5	4.3*
Other (non-ESI) coverage	3.0	11.3**
By Health Status		
Good, very good, or excellent health	1.0	5.6**
Fair or poor health	-0.1	8.9
By Disability Status		
Has a health limitation or chronic condition	-0.1	6.6**
No health limitation or chronic condition	1.5	5.3*
By Parent Status		
Has a child under age 19 at home	2.3	7.1**
No child under age 19 at home	-0.4	5.3*
Sample size	4,984	4,878

Source: 2012–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2014.

Note: These are simple (unadjusted) estimates. Confident is defined as being somewhat or very confident in the ability to keep health insurance in the future. Income categories used for comparisons in Fall 2015 rely on income groups that are relevant to the Affordable Care Act. 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 zero at the .05 (.01) level, two-tailed test.

DENTAL INSURANCE COVERAGE

- For the first time, the 2015 MHRS asked about insurance coverage for dental care. More than 73 percent of adults in Massachusetts reported having dental insurance coverage, with almost all of that coverage (94.3 percent) including coverage for routine dental care (Exhibit 1.9). This implies that more than one in four adults had no dental insurance, or they only had insurance for emergency dental care.

EXHIBIT I.9: DENTAL INSURANCE COVERAGE AT THE TIME OF THE SURVEY FOR ADULTS AGES 19 TO 64 IN MASSACHUSETTS, OVERALL AND BY HEALTH INSURANCE STATUS, FALL 2015

	All Adults	Adults with Current Health Insurance Coverage	Adults with Full-Year Health Insurance Coverage
Any dental insurance	73.4	73.4	75.5
Among those with dental insurance:			
– Dental insurance covers routine care	94.3	94.3	95.1
– Dental insurance covers emergency dental care only	5.7	5.7	4.9
Sample size	2,014	1,954	1,837

Source: 2015 Massachusetts Health Reform Survey.

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

II. HEALTH CARE ACCESS AND USE

USUAL SOURCE OF CARE

- In 2015, 85.8 percent of adults in Massachusetts reported having a place that they usually go when they are sick or need advice about their health (Exhibit II.1), suggesting they have strong connections to the health care system. This is the same as the level in Massachusetts in 2006.
- Looking only at the full-year insured adults over time, we find that 87.8 percent of insured adults reported a usual source of care in 2015, which was a decline of nearly 5 percentage points relative to the 92.2 percent who reported a usual source of care in 2006 based on simple (unadjusted) differences (Exhibit II.1). There was also a decline relative to 2013, when 89.9 percent reported they had a usual source of care.
- Among insured adults in 2015, the share with a usual source of care was lower for adults with family income below 300 percent FPL (83.3 percent; Exhibit II.2) and adults with non-ESI coverage (81.9 percent; Exhibit II.3), suggesting weaker connections to the health care system for adults in those groups.

EMERGENCY DEPARTMENT USE

- Almost one-third of the full-year insured adults in Massachusetts reported an emergency department (ED) visit over the prior year in 2015, with about half of those adults (or nearly 13 percent of all full-year insured adults) reporting that their most recent visit was for a non-emergency condition (defined as a condition that could have been treated by a regular doctor if one had been available) (Exhibit II.1).
- Looking at all adults over time, we find that the share who report an ED visit over the year appears to be declining based on simple (unadjusted) differences, with the level in 2015 significantly less than that in 2006 (Exhibit II.1). When we focus on adults with full-year insurance coverage in each of the years, we find more consistency over time.
- We see more differences in ED visits between 2015 and earlier years when examining findings by family income (Exhibit II.2), by type of health insurance coverage (Exhibit II.3), by health status (Exhibit II.4), and by disability status (Exhibit II.5). There appears to have been reductions in ED use and/or ED use for non-emergency conditions among higher-income insured adults; adults with ESI coverage; insured adults in good, very good, or excellent health; and insured adults without a health limitation or chronic condition based on simple (unadjusted) differences. Conversely, the rates of ED use and ED use for non-emergency conditions have remained relatively stable among insured adults with lower incomes, those with non-ESI coverage, those in fair or poor health, and those with a health limitation or chronic condition.
- Among full-year insured adults in 2015, ED use overall and ED use for non-emergency conditions were higher among adults with family income below 300 percent FPL (Exhibit II.2), adults

with non-ESI coverage (Exhibit II.3), adults with fair or poor health (Exhibit II.4), and adults with a health limitation or chronic condition (Exhibit II.5). These populations were twice, or in some cases, more than three times more likely to use the ED for non-emergency conditions. For example, 20.7 percent adults with family income below 300 percent FPL used the ED in such circumstances, while only 6.4 percent of those with higher incomes did so.

- While 7.0 percent of those with ESI coverage reported that their most recent ED was for a non-emergency condition, 23.0 percent of those with non-ESI coverage used the ED in such circumstances (Exhibit II.3). The reliance on the ED for non-emergency care raises concerns about barriers to care that may exist for those with non-ESI coverage, although it may also be that many of these adults are covered by public plans, which have more limited financial disincentives for ED use than exist in private plans.

EXHIBIT II.1: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE ACCESS AND EMERGENCY DEPARTMENT USE FOR ALL ADULTS AND FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
ALL ADULTS						
Has a usual source of care (excluding the emergency department [ED])	85.8	91.4**	89.6**	87.8	87.5	85.8
Any ED visits in past 12 months	35.3	34.5	32.2	32.3	32.8	31.5*
– Three or more ED visits	9.6	8.7	8.1	8.1	9.0	8.1
– Any ED visit for a chronic condition	5.1	5.2	4.7	4.5	5.2	3.8
– Most recent ED visit was for non-emergency condition†	16.6	15.5	13.3*	14.9	12.9**	14.1
Sample size	3,007	4,041	3,040	3,160	3,024	2,014
ADULTS WITH FULL-YEAR HEALTH INSURANCE COVERAGE						
Has a usual source of care (excluding the ED)	92.2	94.3	92.5	91.4	89.9	87.8** ^^
Any ED visits in past 12 months	33.9	33.8	31.5	32.0	32.0	30.2
– Three or more ED visits	9.2	8.0	8.6	7.9	8.8	7.3
– Any ED visit for a chronic condition	4.8	5.0	4.7	4.4	5.1	3.7
– Most recent ED visit was for non-emergency condition†	14.5	15.0	12.1	14.3	12.2	12.9
Sample size	2,159	3,357	2,584	2,855	2,795	1,837

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

† A condition that the respondent thought could have been treated by a regular doctor if one had been available.

EXHIBIT II.2: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE ACCESS AND EMERGENCY DEPARTMENT USE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
FAMILY INCOME BELOW 300% OF THE FEDERAL POVERTY LEVEL (FPL)						
Has a usual source of care (excluding the emergency department [ED])	89.5	91.8	88.3	88.2	86.0	83.3*
Any ED visits in past 12 months	47.5	48.0	45.0	47.4	45.3	43.6
– Three or more ED visits	18.1	15.5	15.3	14.3	16.1	12.9
– Any ED visit for a chronic condition	9.5	7.7	7.1	7.4	9.3	6.5
– Most recent ED visit was for non-emergency condition†	20.6	23.2	19.2	23.8	19.4	20.7
Sample size	813	1,531	1,111	1,159	1,184	817
FAMILY INCOME AT OR ABOVE 300% OF FPL						
Has a usual source of care (excluding the ED)	93.7	96.0	95.8	93.8	93.4	91.7
Any ED visits in past 12 months	26.5	24.0	21.5*	20.9*	20.4*	18.9**
– Three or more ED visits	4.3	2.8	3.5	3.3	2.4	2.6
– Any ED visit for a chronic condition	2.2	3.1	2.8	2.3	1.5	1.4
– Most recent ED visit was for non-emergency condition†	11.2	9.3	6.7**	7.5*	6.0**	6.4**
Sample size	1,346	1,826	1,465	1,696	1,611	1,018

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

† A condition that the respondent thought could have been treated by a regular doctor if one had been available.

EXHIBIT II.3: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE ACCESS AND EMERGENCY DEPARTMENT USE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY CURRENT HEALTH INSURANCE TYPE, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
EMPLOYER-SPONSORED INSURANCE (ESI)						
Has a usual source of care (excluding the emergency department [ED])	93.9	95.5	93.7	93.3	92.0	91.4
Any ED visits in past 12 months	28.7	26.6	23.7*	23.8*	24.0*	19.6** ^ #
– Three or more ED visits	5.3	4.1	4.6	3.4	4.5	2.0** ^ ##
– Any ED visit for a chronic condition	3.0	3.2	2.9	2.7	2.2	1.5*
– Most recent ED visit was for non-emergency condition†	11.9	10.6	8.5*	8.8*	8.3*	7.0**
Sample size	1,593	2,239	1,759	1,945	1,871	1,147
OTHER (NON-ESI) COVERAGE						
Has a usual source of care (excluding the ED)	86.6	91.0	89.5	87.2	85.5	81.9
Any ED visits in past 12 months	51.1	54.3	52.3	51.2	49.6	48.0
– Three or more ED visits	22.0	18.9	19.0	18.4	18.3	16.5
– Any ED visit for a chronic condition	10.7	10.1	9.4	8.5	11.6	7.5 #
– Most recent ED visit was for non-emergency condition†	23.1	27.6	21.6	27.1	20.8	23.0
Sample size	566	1,118	825	910	924	690

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

† A condition that the respondent thought could have been treated by a regular doctor if one had been available.

EXHIBIT II.4: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE ACCESS AND EMERGENCY DEPARTMENT USE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
HEALTH STATUS IS FAIR OR POOR						
Has a usual source of care (excluding the emergency department [ED])	95.1	94.9	92.2	94.7	90.5	89.2* ^
Any ED visits in past 12 months	59.9	62.3	65.7	62.6	61.4	57.7
– Three or more ED visits	26.1	24.2	28.5	22.1	26.0	24.7
– Any ED visit for a chronic condition	19.4	16.1	18.9	15.6	19.1	13.8
– Most recent ED visit was for non-emergency condition†	19.3	25.6	26.7	25.6	23.9	27.1
Sample size	352	618	453	489	460	315
HEALTH STATUS IS GOOD, VERY GOOD, OR EXCELLENT						
Has a usual source of care (excluding the ED)	91.8	94.2	92.8	90.9	89.9	87.6** ^
Any ED visits in past 12 months	30.1	29.3	25.8*	27.2	27.0	25.7*
– Three or more ED visits	6.7	5.4	5.2	5.7	5.9	4.5
– Any ED visit for a chronic condition	2.7	3.3	2.3	2.7	2.8	2.1
– Most recent ED visit was for non-emergency condition†	13.7	13.2	9.6**	12.5	10.2*	10.6*
Sample size	1,805	2,735	2,127	2,361	2,328	1,521

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

† A condition that the respondent thought could have been treated by a regular doctor if one had been available.

EXHIBIT II.5: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE ACCESS AND EMERGENCY DEPARTMENT USE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY DISABILITY STATUS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
HAS A HEALTH LIMITATION OR CHRONIC CONDITION						
Has a usual source of care (excluding the emergency department [ED])	95.0	95.2	94.0	94.0	91.7*	88.5** ^^^
Any ED visits in past 12 months	42.2	42.5	38.8	40.9	39.4	40.1
– Three or more ED visits	13.9	12.8	12.7	11.4	11.8	11.3
– Any ED visit for a chronic condition	8.9	9.1	9.0	8.0	9.3	6.9
– Most recent ED visit was for non-emergency condition†	16.1	19.0	15.0	16.7	14.4	17.3
Sample size	1,318	2,074	1,556	1,791	1,703	1,104
NO HEALTH LIMITATION OR CHRONIC CONDITION						
Has a usual source of care (excluding the ED)	88.8	93.2*	91.0	88.3	87.7	86.9
Any ED visits in past 12 months	24.2	23.0	23.4	21.1	22.9	18.6
– Three or more ED visits	3.7	2.2*	4.0	3.6	4.8	2.7
– Any ED visit for a chronic condition	NA	NA	NA	NA	NA	NA
– Most recent ED visit was for non-emergency condition†	12.6	10.2	8.9	11.4	9.3	7.8*
Sample size	836	1,266	1,017	1,055	1,081	723

Source: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

Note: These are simple (unadjusted) estimates. NA indicates outcome is not relevant for that population group. 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.

† A condition that the respondent thought could have been treated by a regular doctor if one had been available.

UNMET NEED FOR HEALTH CARE

- More than a third (37.2 percent) of full-year insured adults in Massachusetts reported going without needed health care in 2015, most often for medical care (23.3 percent), prescription drugs (13.7 percent), and dental care (17.6 percent) (Exhibit II.6).¹⁴ The high level of unmet need for dental care likely reflects the lack of dental insurance for roughly 25 percent of adults with health insurance coverage.
- Among the insured adults in 2015, unmet need for health care was higher for low-income adults, adults with non-ESI types of coverage, and adults with health problems. For example, more than 50 percent of insured adults with family incomes at or below 138 percent FPL reported unmet need, as compared to 26.9 percent of higher-income insured adults (Exhibit II.6). Similarly, nearly 50 percent of adults with non-ESI coverage reported unmet need, as compared to 29.9 percent of adults with ESI coverage. For adults with health problems, unmet need was more common for adults who reported fair or poor health than adults in better health (53.7 versus 34.5 percent), and it was more common among adults with a health limitation or chronic condition than adults without (44.7 versus 28.4 percent) (Exhibit II.7).
- Looking at full-year insured adults over time, we find that unmet need for health care has been increasing based on simple (unadjusted) differences, with the share reporting unmet need having risen roughly 7 percentage points between 2012 and 2015 (Exhibit II.8), and between 2013 and 2015 (Exhibit II.9).

PROBLEMS WITH PROVIDER ACCESS

- In 2015, 46.9 percent of full-year insured adults reported difficulties obtaining health care due to provider access issues over the past year, most often due to difficulties getting an appointment as soon as they felt it was needed (Exhibit II.6).
- Among full-year insured adults in 2015, difficulties obtaining health care due to provider access issues were more common for low- and moderate-income adults (defined as those with family income at or below 138 percent FPL and between 139 and 399 percent FPL, respectively), adults with non-ESI coverage, and adults with fair or poor health (Exhibit II.6 and Exhibit II.7). Over half of insured adults with family income below 400 percent FPL, adults with non-ESI coverage, and adults with fair or poor health reported problems due to provider access issues.
- Looking at full-year insured adults over time, we find that the share of adults reporting difficulties obtaining health care because of provider access issues appears to have been increasing based on simple (unadjusted) differences, with the share reporting these difficulties having risen roughly 9 to 10 percentage points between 2012 and 2015 (Exhibit II.8), and between 2013 and 2015 (Exhibit II.9).

¹⁴ This measure of unmet need captures unmet need for doctor care; specialist care; medical tests, treatment, or follow-up care; preventive care screening; prescription drugs; or dental care.

EXHIBIT II.6: UNMET NEED FOR HEALTH CARE AND DIFFICULTY OBTAINING HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, OVERALL, BY FAMILY INCOME, AND BY CURRENT HEALTH INSURANCE TYPE, FALL 2015

		FAMILY INCOME			HEALTH INSURANCE TYPE	
		At or Below 138% of the Federal Poverty Level (FPL) ^	Between 139 and 399% of FPL	At or Above 400% of FPL	Employer- sponsored Insurance (ESI) ^	Other (Non-ESI) Coverage
UNMET NEED FOR HEALTH CARE						
Did not get needed care in past 12 months	37.2	52.3	39.5**	26.9**	29.9	49.5**
Type of unmet need:						
Medical care	23.3	35.8	21.7**	17.5**	18.6	31.1**
– Doctor care	7.8	12.7	6.4*	6.2*	6.0	10.9
– Specialist care	9.5	13.3	10.2	6.8*	7.1	13.5**
– Medical tests, treatment, or follow-up care	12.5	20.2	11.3*	9.2**	10.2	16.5**
– Preventive care screening	7.4	10.5	6.6	6.4	6.6	8.9
Prescription drugs	13.7	20.7	14.0	9.5**	10.2	19.6**
Dental care	17.6	28.9	20.2*	9.3**	11.5	27.9**
DIFFICULTIES OBTAINING HEALTH CARE						
Had difficulty obtaining care in the past 12 months due to provider access issues	46.9	53.5	52.8	38.5**	41.3	56.3**
– Told doctor's office or clinic did not accept individual's type of health insurance	14.8	22.0	17.2	8.8**	7.8	26.7**
– Told doctor's office or clinic did not accept new patients	15.3	21.6	12.1**	14.2*	11.7	21.5**
– Had problems getting appointment with a general doctor as soon as needed	22.5	28.5	24.1	18.0*	19.4	27.8**
– Had problems getting appointment with a specialist as soon as needed	35.6	42.3	39.9	28.0**	32.0	41.3*
Sample size	1,837	437	583	815	1,147	690
Share of population	88.6%	21.5%	29.3%	37.7%	55.6%	32.9%

Source: 2015 Massachusetts Health Reform Survey.

Notes: These are simple (unadjusted) estimates. Income categories used for comparisons based on Fall 2015 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.

EXHIBIT II.7: UNMET NEED FOR HEALTH CARE AND DIFFICULTY OBTAINING HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS AND BY DISABILITY STATUS, FALL 2015

	HEALTH STATUS		DISABILITY STATUS	
	Fair or Poor Health ^	Good, Very Good, or Excellent Health	Has a Health Limitation or Chronic Condition ^	No Health Limitation or Chronic Condition
UNMET NEED FOR HEALTH CARE				
Did not get needed care in past 12 months	53.7	34.5**	44.7	28.4**
Type of unmet need:				
Medical care	39.0	20.7**	27.7	18.1**
– Doctor care	19.2	6.0**	9.9	5.5*
– Specialist care	16.8	8.3*	12.9	5.6**
– Medical tests, treatment, or follow-up care	18.6	11.5*	14.0	10.8
– Preventive care screening	12.6	6.6	9.6	5.0*
Prescription drugs	20.8	12.5**	18.2	8.4**
Dental care	29.8	15.6**	22.0	12.5**
DIFFICULTIES OBTAINING HEALTH CARE				
Had difficulty obtaining care in the past 12 months due to provider access issues	55.8	45.4*	50.5	43.0*
– Told doctor's office or clinic did not accept individual's type of health insurance	24.5	13.2*	19.2	9.8**
– Told doctor's office or clinic did not accept new patients	20.8	14.4	17.4	13.1
– Had problems getting appointment with a general doctor as soon as needed	26.2	21.9	22.0	23.5
– Had problems getting appointment with a specialist as soon as needed	37.9	35.2	35.9	35.3
Sample size	315	1,521	1,104	723
Share of population	12.4%	76.1%	48.1%	39.9%

Source: 2015 Massachusetts Health Reform Survey.

Notes: 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.

EXHIBIT II.8: CHANGES IN UNMET NEED FOR HEALTH CARE AND DIFFICULTY OBTAINING HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, OVERALL, BY FAMILY INCOME, AND BY CURRENT HEALTH INSURANCE TYPE, FALL 2012 TO FALL 2015

		FAMILY INCOME			HEALTH INSURANCE TYPE	
		At or Below 138% of the Federal Poverty Level (FPL)	Between 139 and 399% of FPL	At or Above 400% of FPL	Employer- sponsored Insurance (ESI)	Other (Non-ESI) Coverage
UNMET NEED FOR HEALTH CARE						
Did not get needed care in past 12 months	6.7**	4.8	7.3	6.3*	6.5**	2.7
Type of unmet need:						
Medical care	5.8**	10.8**	2.9	4.8*	4.3*	6.4*
– Doctor care	1.7	1.6	0.5	2.4	1.4	1.1
– Specialist care	3.6**	3.5	3.8	3.2*	2.7*	4.0
– Medical tests, treatment, or follow-up care	3.1*	8.1*	-0.1	2.3	2.1	3.8
– Preventive care screening	3.1**	5.3	1.3	3.0	2.8*	3.1
Prescription drugs	1.0	0.3	0.4	1.3	0.5	-0.1
Dental care	4.8**	4.2	5.5*	3.7*	3.6*	3.6
DIFFICULTIES OBTAINING HEALTH CARE						
Had difficulty obtaining care in the past 12 months due to provider access issues	10.0**	-0.6	14.3**	11.6**	10.9**	4.3
– Told doctor's office or clinic did not accept individual's type of health insurance	4.9**	3.3	5.8	4.3**	1.9	7.3*
– Told doctor's office or clinic did not accept new patients	3.5**	4.3	0.5	5.1*	1.6	5.8*
– Had problems getting appointment with a general doctor as soon as needed	2.9	-1.4	5.2	3.4	3.5	-0.2
– Had problems getting appointment with a specialist as soon as needed	7.9**	4.2	10.2**	7.8*	10.1**	2.3
Sample size	4,692	1,063	1,452	2,175	3,092	1,600
Share of population	88.2%	21.3%	27.4%	39.5%	59.2%	29.0%

Source: 2012 and 2015 Massachusetts Health Reform Survey.

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

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

EXHIBIT II.9: CHANGES IN UNMET NEED FOR HEALTH CARE AND DIFFICULTY OBTAINING HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, OVERALL, BY FAMILY INCOME, AND BY CURRENT HEALTH INSURANCE TYPE, FALL 2013 TO FALL 2015

	FULL-YEAR INSURED ADULTS	FAMILY INCOME			HEALTH INSURANCE TYPE	
		At or Below 138% of the Federal Poverty Level (FPL)	Between 139 and 399% of FPL	At or Above 400% of FPL	Employer- sponsored Insurance (ESI)	Other (Non-ESI) Coverage
UNMET NEED FOR HEALTH CARE						
Did not get needed care in past 12 months	7.4**	10.8**	5.9	6.3*	6.9**	5.0
Type of unmet need:						
Medical care	6.3**	13.9**	2.7	4.7*	5.1**	6.7*
– Doctor care	0.4	2.0	-3.5	2.3	0.4	-0.6
– Specialist care	3.2**	4.2	2.9	2.9*	1.8	5.3*
– Medical tests, treatment, or follow-up care	3.1*	8.7*	-1.1	3.1	2.8*	2.5
– Preventive care screening	2.9*	4.9	2.8	1.8	2.9*	2.2
Prescription drugs	0.8	2.6	-1.6	1.5	-0.4	1.7
Dental care	4.9**	9.8*	3.0	3.4	4.3*	3.2
DIFFICULTIES OBTAINING HEALTH CARE						
Had difficulty obtaining care in the past 12 months due to provider access issues	8.9**	3.6	12.5**	8.6**	8.8**	6.1
– Told doctor's office or clinic did not accept individual's type of health insurance	4.0**	3.9	3.1	4.5**	2.0	5.1
– Told doctor's office or clinic did not accept new patients	1.6	6.1	-4.2	3.3	0.8	1.4
– Had problems getting appointment with a general doctor as soon as needed	2.8	1.8	2.6	3.6	2.4	2.2
– Had problems getting appointment with a specialist as soon as needed	5.9*	6.6	7.8*	3.6	3.7	8.6*
Sample size	4,632	1,039	1,463	2,128	3,018	1,614
Share of population	89.1%	21.1%	29.6%	38.3%	59.1%	30.0%

Source: 2012 and 2015 Massachusetts Health Reform Survey.

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

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

EXHIBIT II.10: CHANGES IN UNMET NEED FOR HEALTH CARE AND DIFFICULTY OBTAINING HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS AND BY DISABILITY STATUS, FALL 2012 TO FALL 2015

	HEALTH STATUS		DISABILITY STATUS	
	Fair or Poor Health	Good, Very Good, or Excellent Health	Has a Health Limitation or Chronic Condition	No Health Limitation or Chronic Condition
UNMET NEED FOR HEALTH CARE				
Did not get needed care in past 12 months	3.1	7.2**	6.7*	7.2*
Type of unmet need:				
Medical care	10.6*	5.0**	4.7*	7.5**
– Doctor care	4.9	1.1	1.5	2.1
– Specialist care	4.0	3.4**	4.3*	2.8*
– Medical tests, treatment, or follow-up care	3.0	3.0*	2.1	4.3*
– Preventive care screening	3.9	3.0**	3.5	2.7*
Prescription drugs	-1.1	1.2	2.1	-0.1
Dental care	3.2	4.9**	5.2*	4.6
DIFFICULTIES OBTAINING HEALTH CARE				
Had difficulty obtaining care in the past 12 months due to provider access issues	6.5	10.5**	9.0**	11.9**
– Told doctor's office or clinic did not accept individual's type of health insurance	3.7	5.0**	5.7*	4.2*
– Told doctor's office or clinic did not accept new patients	2.5	3.6*	3.1	4.3
– Had problems getting appointment with a general doctor as soon as needed	4.4	2.6	2.1	4.4
– Had problems getting appointment with a specialist as soon as needed	7.4	8.1**	7.6**	8.5*
Sample size	804	3,882	2,895	1,778
Share of population	12.1%	76.0%	48.4%	39.5%

Source: 2012 and 2015 Massachusetts Health Reform Survey.

Notes: 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 zero at the .05 (.01) level, two-tailed test.

EXHIBIT II.11: CHANGES IN UNMET NEED FOR HEALTH CARE AND DIFFICULTY OBTAINING HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS AND BY DISABILITY STATUS, FALL 2013 TO FALL 2015

	HEALTH STATUS		DISABILITY STATUS	
	Fair or Poor Health	Good, Very Good, or Excellent Health	Has a Health Limitation or Chronic Condition	No Health Limitation or Chronic Condition
UNMET NEED FOR HEALTH CARE				
Did not get needed care in past 12 months	0.3	8.8**	7.2**	8.0*
Type of unmet need:				
Medical care	5.9	6.4**	5.4*	7.5**
– Doctor care	0.6	0.3	-0.4	1.4
– Specialist care	2.5	3.4**	4.5*	1.9
– Medical tests, treatment, or follow-up care	0.3	3.5*	1.9	4.5*
– Preventive care screening	6.6	2.2*	3.1	2.7*
Prescription drugs	-4.4	1.7	1.2	0.5
Dental care	3.7	5.3**	6.3**	3.5
DIFFICULTIES OBTAINING HEALTH CARE				
Had difficulty obtaining care in the past 12 months due to provider access issues	0.1	10.4**	11.0**	7.0
– Told doctor's office or clinic did not accept individual's type of health insurance	8.4	3.5*	6.6**	1.2
– Told doctor's office or clinic did not accept new patients	-0.7	2.0	2.2	1.1
– Had problems getting appointment with a general doctor as soon as needed	-2.7	3.9	3.1	3.1
– Had problems getting appointment with a specialist as soon as needed	-1.1	7.3**	6.7*	4.9
Sample size	775	3,849	2,807	1,804
Share of population	12.7%	76.2%	48.7%	39.9%

Source: 2012 and 2015 Massachusetts Health Reform Survey.

Notes: 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 zero at the .05 (.01) level, two-tailed test.

III. AFFORDABILITY OF HEALTH CARE

PROBLEMS PAYING MEDICAL BILLS AND MEDICAL DEBT

- In 2015, roughly one in five adults in Massachusetts reported problems paying family medical bills over the past year (18.3 percent), or their family had medical bills they were paying off over time (i.e., medical debt) (22.8 percent; Exhibit III.1). For adults with health insurance coverage all year, affordability issues were somewhat less common; 15.9 percent of insured adults reported problems paying family medical bills, and 21.3 percent reported medical debt. Roughly one in five of the insured adults also reported problems paying non-medical bills over the past year, highlighting the broader financial challenges faced by some Massachusetts families.
- The incidence of problems paying medical bills appears to be lower for all adults in 2015 relative to 2006 based on simple (unadjusted) estimates, likely due to expanded health insurance coverage (Exhibit III.1). Consistent with that theory, there were no significant changes with problems paying medical bills among adults with insurance coverage over the 2006 to 2015 period. There was, however, a suggestion of more problems with medical debt among adults with insurance coverage all year in 2015. This medical debt could have been acquired over the past year or could be medical debt acquired during earlier periods.

EXHIBIT III.1: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE AFFORDABILITY FOR ALL ADULTS AND FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
ALL ADULTS						
Had problems paying medical bills in past 12 months	21.5	17.7**	18.3*	18.1*	19.6	18.3*
Have medical bills that are paying off over time	21.0	19.5	20.6	20.2	20.8	22.8
Had problems paying other (non-medical) bills in past 12 months	26.0	24.9	26.5	24.3	24.4	23.5
Sample size	3,007	4,041	3,040	3,160	3,024	2,014
ADULTS WITH FULL-YEAR INSURANCE COVERAGE						
Had problems paying medical bills in past 12 months	15.8	15.4	15.8	15.2	17.1	15.9
Have medical bills that are paying off over time	17.2	18.1	19.0	18.2	19.6	21.3**
Had problems paying other (non-medical) bills in past 12 months	21.0	22.6	23.4	21.4	22.7	21.8
Sample size	2,159	3,357	2,584	2,855	2,795	1,837

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

- Looking at full-year insured adults over time, we find some differences in affordability of care between 2015 and earlier years based on simple (unadjusted) differences, including differences by family income (Exhibit III.2), by type of health insurance coverage (Exhibit III.3), by health status (Exhibit III.4), by health limitations and chronic conditions (Exhibit III.5), and by parent status (Exhibit III.6). For example, there were significant increases in medical debt reported in 2015 relative to 2006 for higher-income adults; adults with ESI coverage; adults in good, very good, or excellent health; and adults without a health limitation or chronic condition.
- Among full-year insured adults in 2015, problems paying medical bills were most often an issue for adults with family income below 300 percent FPL (Exhibit III.2), adults with non-ESI coverage (Exhibit III.3), adults with fair or poor health (Exhibit III.4), and adults with a health limitation or chronic condition (Exhibit III.5). For example, more than twice as many adults in fair or poor health than healthy adults reported problems paying medical bills (32.3 versus 13.2 percent). Similarly, more than twice as many adults with a health limitation or chronic condition than those without such conditions reported these problems (21.5 versus 9.4 percent).

EXHIBIT III.2: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE AFFORDABILITY FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
FAMILY INCOME BELOW 300% OF THE FEDERAL POVERTY LEVEL (FPL)						
Had problems paying medical bills in past 12 months	25.8	24.1	23.4	22.2	25.1	20.1*
Have medical bills that are paying off over time	21.6	23.2	20.9	18.9	23.0	20.8
Had problems paying other (non-medical) bills in past 12 months	31.4	37.3*	36.3	32.6	34.8	33.2
Sample size	813	1,531	1,111	1,159	1,184	817
FAMILY INCOME AT OR ABOVE 300% OF FPL						
Had problems paying medical bills in past 12 months	10.4	9.4	10.2	10.2	10.1	12.3
Have medical bills that are paying off over time	14.8	14.7	17.8	17.7	16.6	21.7**
Had problems paying other (non-medical) bills in past 12 months	15.4	12.5	13.7	13.3	12.2	12.1
Sample size	1,346	1,826	1,465	1,696	1,611	1,018

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

EXHIBIT III.3: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE AFFORDABILITY FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY CURRENT HEALTH INSURANCE TYPE, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
EMPLOYER-SPONSORED INSURANCE (ESI)						
Had problems paying medical bills in past 12 months	13.2	13.2	13.4	13.0	14.4	13.7
Have medical bills that are paying off over time	17.6	18.2	19.7	19.8	19.7	22.4*
Had problems paying other (non-medical) bills in past 12 months	17.7	16.5	17.1	15.1	16.2	14.3*
Sample size	1,593	2,239	1,759	1,945	1,871	1,147
OTHER (NON-ESI) COVERAGE						
Had problems paying medical bills in past 12 months	24.4	21.5	22.0	20.3	23.1	19.6
Have medical bills that are paying off over time	15.8	17.9	17.2	14.3	19.3	19.5
Had problems paying other (non-medical) bills in past 12 months	31.9	39.9*	39.7*	36.1	36.9	34.4
Sample size	566	1,118	825	910	924	690

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

EXHIBIT III.4: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE AFFORDABILITY FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
HEALTH STATUS IS FAIR OR POOR						
Had problems paying medical bills in past 12 months	39.1	33.3	30.9	31.3	33.2	32.3
Have medical bills that are paying off over time	26.9	28.4	24.8	29.0	32.7	30.7
Had problems paying other (non-medical) bills in past 12 months	41.0	50.2*	43.2	41.1	47.8	45.5
Sample size	352	618	453	489	460	315
HEALTH STATUS IS GOOD, VERY GOOD OR EXCELLENT						
Had problems paying medical bills in past 12 months	12.4	12.6	13.1	12.7	14.4	13.2
Have medical bills that are paying off over time	15.7	16.5	18.1	16.5	17.4	19.8*
Had problems paying other (non-medical) bills in past 12 months	18.1	18.4	20.0	18.4	18.4	18.0
Sample size	1,805	2,735	2,127	2,361	2,328	1,521

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

EXHIBIT III.5: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE AFFORDABILITY FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY DISABILITY STATUS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
HAS A HEALTH LIMITATION OR CHRONIC CONDITION						
Had problems paying medical bills in past 12 months	22.7	20.8	20.6	20.5	23.7	21.5
Have medical bills that are paying off over time	21.9	21.7	20.6	22.0	25.0	25.7
Had problems paying other (non-medical) bills in past 12 months	25.7	29.2	30.6*	28.5	28.0	29.5
Sample size	1,318	2,074	1,556	1,791	1,703	1,104
NO HEALTH LIMITATION OR CHRONIC CONDITION						
Had problems paying medical bills in past 12 months	7.7	8.9	10.5	8.7	9.1	9.4
Have medical bills that are paying off over time	11.7	13.8	17.3**	13.5	12.9	16.4*
Had problems paying other (non-medical) bills in past 12 months	15.7	14.5	15.5	12.8	15.9	12.9
Sample size	836	1,266	1,017	1,055	1,081	723

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

EXHIBIT III.6: SIMPLE (UNADJUSTED) TRENDS IN HEALTH CARE AFFORDABILITY FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY PARENT STATUS, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
HAS A CHILD UNDER AGE 19 AT HOME						
Had problems paying medical bills in past 12 months	18.1	18.2	19.2	17.3	22.5* ^	16.0 #
Have medical bills that are paying off over time	20.6	22.6	25.9*	19.5	24.2 ^	22.4
Had problems paying other (non-medical) bills in past 12 months	25.5	28.4	30.3	27.7	29.6	24.8
Sample size	930	1,371	940	1,009	986	616
NO CHILD UNDER AGE 19 AT HOME						
Had problems paying medical bills in past 12 months	13.7	13.0	13.5	13.8	13.6	15.7
Have medical bills that are paying off over time	14.0	14.3	14.3	17.3	16.4	20.7** #
Had problems paying other (non-medical) bills in past 12 months	16.8	17.8	18.4	17.1	18.0	19.9
Sample size	1,227	1,981	1,640	1,833	1,798	1,213

Source: 2006–2015 Massachusetts Health Reform Survey. 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.

BURDEN OF HEALTH CARE COSTS

- In 2015, 43.1 percent of full-year insured adults reported that health care costs had caused problems for them and their families over the last year (Exhibit III.7). This includes 35.4 percent who reported problems due to health care spending, and 19.3 percent who reported that they went without needed care because of health care costs. The unmet need due to costs was most often for dental care (13.7 percent; Figure III.1), which may reflect the lack of dental coverage for more than a quarter of those covered by health insurance all year.
- Problems with health care costs were more of an issue for low- and moderate-income insured adults and their families in 2015, with half of those adults reporting problems due to health care costs over the past year, as compared to less than a third of higher-income adults (Exhibit III.7).
- Insured adults with fair or poor health and those with a health limitation or chronic condition were also more likely to report problems with family health care costs than were adults without health problems (Exhibit III.8). For example, 65.5 percent of adults with fair or poor health reported that health care costs had cause problems for them and their families over the past year, compared to 39.4 percent of adults in better health. The comparable figures for adults with and without a health limitation or chronic condition were 51.8 percent and 33.0 percent, respectively.

EXHIBIT III.7: AFFORDABILITY OF HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, OVERALL, BY FAMILY INCOME, AND BY CURRENT HEALTH INSURANCE TYPE, FALL 2015

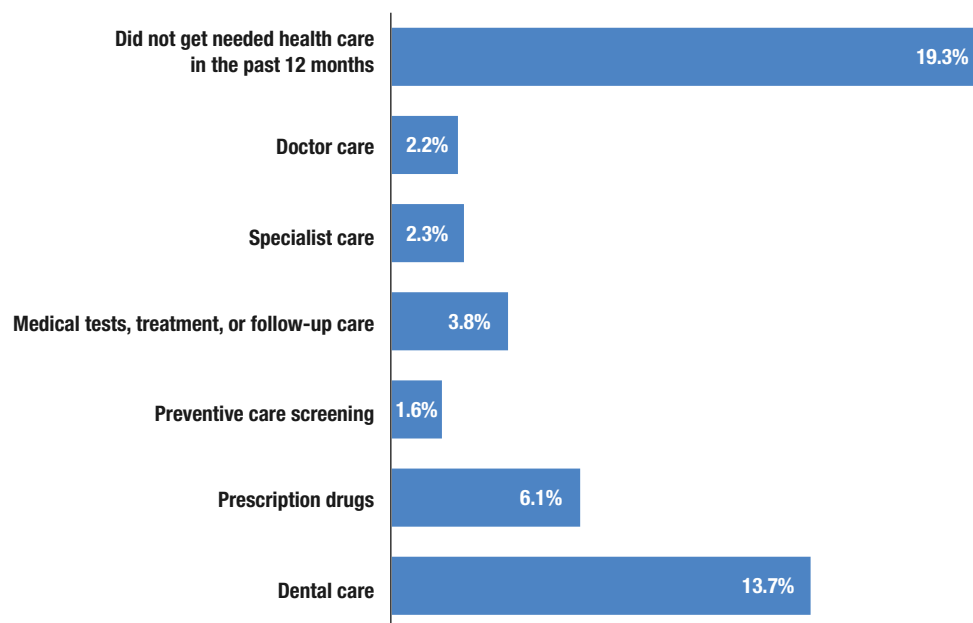
	FULL-YEAR INSURED ADULTS	FAMILY INCOME			HEALTH INSURANCE TYPE	
		At or Below 138% of the Federal Poverty Level (FPL)	Between 139 and 399% of FPL	At or Above 400% of FPL	Employer-sponsored Insurance (ESI)	Other (Non-ESI) Coverage
Rate financial protection against high medical bills from health plan as fair or poor	17.2	18.2	18.9	15.3	17.7	16.3
Any evidence that health care costs had caused problems for the adult and his/her family over the past 12 months	43.1	52.1	50.3	32.2**	37.4	52.7**
Any evidence of family problems with health care spending over past 12 months	35.4	40.3	42.4	27.1**	32.4	40.5*
– Had problems paying medical bills in past 12 months	15.9	20.7	18.9	10.6**	13.7	19.6*
– Have medical bills that are paying off over time	21.3	19.9	26.0	18.4	22.4	19.5
– Contacted by collection agency because of medical bills in past 12 months	9.2	10.8	8.5	8.7	9.9	8.0
– Health care spending caused financial problems for family in past 12 months	20.7	23.9	24.3	15.9*	19.5	22.7
Unmet need for health care due to costs over past 12 months						
– Adult did not get needed health care due to costs in the past 12 months	19.3	27.9	21.7	12.6**	13.6	28.9**
Used any strategy to address family health care spending over past 12 months	20.1	22.8	24.3	15.2*	19.0	21.8
– Cut back on health care spending	11.4	12.5	14.6	8.4	11.5	11.4
– Cut back on other, non-health care spending	17.1	19.2	20.9	12.9	16.4	18.2
– Cut back on savings/took money from savings	15.2	12.9	19.5*	13.1	15.8	14.2
– Increased time working	9.8	11.9	11.6	7.2	8.8	11.5
– Borrowed or took on credit card debt	8.8	12.1	9.6	6.2*	8.3	9.5
– Declared bankruptcy due to health care spending	0.6	1.7	0.5	0.0	0.3	1.1*
Sample size	1,837	437	583	815	1,147	690
Share of population	88.6%	21.5%	29.3%	37.7%	55.6%	32.9%

Source: 2015 Massachusetts Health Reform Survey.

Notes: These are simple (unadjusted) estimates. Income categories used for comparisons based on Fall 2015 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.

FIGURE III.1: UNMET NEED FOR HEALTH CARE DUE TO COSTS OVER THE PAST 12 MONTHS FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY TYPE OF UNMET NEED, FALL 2015



Source: 2015 Massachusetts Health Reform Survey (N=1,837).
Note: These are simple (unadjusted) estimates.

EXHIBIT III.8: AFFORDABILITY OF HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS, BY DISABILITY STATUS, AND BY PARENT STATUS, FALL 2015

	HEALTH STATUS		DISABILITY STATUS		PARENT STATUS	
	Fair or Poor Health ^	Good, Very Good, or Excellent Health	Has a Health Limitation or Chronic Condition ^	No Health Limitation or Chronic Condition	Has a Child Under Age 19 at Home ^	No Child Under Age 19 at Home
Rate financial protection against high medical bills from health plan as fair or poor	27.1	15.5**	18.9	15.2	15.6	18.2
Any evidence that health care costs had caused problems for the adult and his/her family over the past 12 months	65.5	39.4**	51.8	33.0**	43.3	42.8
Any evidence of family problems with health care spending over past 12 months	57.3	31.8**	44.7	24.6**	37.1	34.3
– Had problems paying medical bills in past 12 months	32.3	13.2**	21.5	9.4**	16.0	15.7
– Have medical bills that are paying off over time	30.7	19.8**	25.7	16.4**	22.4	20.7
– Contacted by collection agency because of medical bills in past 12 months	17.9	7.8**	11.6	6.4*	10.7	8.2
– Health care spending caused financial problems for family in past 12 months	37.0	18.0**	27.5	12.6**	24.2	18.3*
Unmet need for health care due to costs over past 12 months						
– Adult did not get needed health care due to costs in the past 12 months	28.6	17.8**	23.5	14.6*	18.7	19.7
Used any strategy to address family health care spending over past 12 months	35.8	17.5**	26.9	12.0**	23.2	18.1
– Cut back on health care spending	21.7	9.8**	13.6	9.0*	14.0	9.8
– Cut back on other, non-health care spending	29.2	15.1**	22.4	10.7**	20.1	15.1*
– Cut back on savings/ took money from savings	24.4	13.7**	18.8	10.9**	18.6	13.1
– Increased time working	18.4	8.4**	12.6	6.6**	12.3	8.2
– Borrowed or took on credit card debt	18.4	7.2**	12.4	4.5**	10.4	7.7
– Declared bankruptcy due to health care spending	1.4	0.4	1.0	0.0*	0.7	0.5
Sample size	315	1,521	1,104	723	616	1,213
Share of population	12.4%	76.1%	48.1%	39.9%	34.6%	53.8%

Source: 2015 Massachusetts Health Reform Survey.

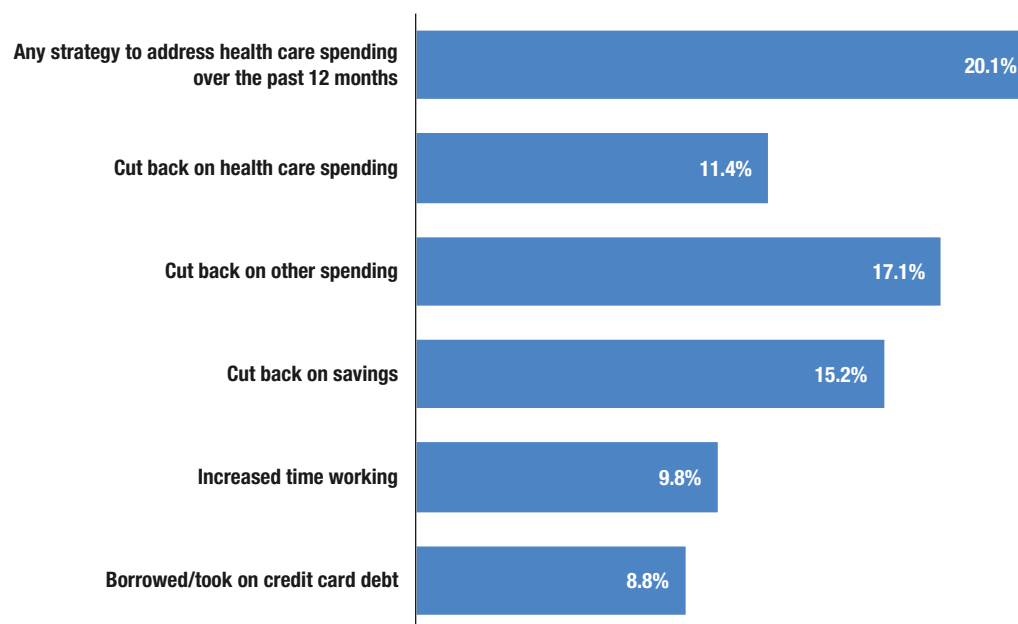
Notes: These are simple (unadjusted) estimates. Adults with a chronic condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; 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 TO LOWER FAMILY HEALTH CARE SPENDING

- In 2015, one in five full-year insured adults reported that they and their families had tried to address family health care spending over the past year (Figure III.2). The strategies used included cutting back on health care spending (11.4 percent), cutting back on other spending (17.1 percent), reducing savings or taking funds from savings (15.2 percent), increasing time working (9.8 percent), and taking on debt, including credit card debt (8.8 percent).

FIGURE III.2: 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, FALL 2015



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

Note: These are simple (unadjusted) estimates.

- The strategies used by insured adults and their families were similar across different income groups, although moderate-income adults were more likely than low-income adults to cut back on savings or take money from savings to address health care spending (19.5 versus 12.9 percent; Exhibit III.7). This difference likely reflects the much lower levels of savings among low-income adults. Also, high-income adults were less likely than low-income adults to borrow money or take on credit card debt to pay for health care (6.2 versus 12.1 percent).
- The strategies used by full-year insured adults and their families varied for those with and without health problems (Exhibit III.8). Adults with fair or poor health were more than twice as likely as those with better health to report they and their families cut back on health care spending. Adults with fair or poor health and those with a health limitation or chronic condition were also more likely to borrow money or take on credit card debt to address health care spending than those with better health.

PROBLEMS WITH HEALTH CARE COSTS OVER TIME

- Overall, the frequency of problems with health care costs reported by full-year insured adults and their families in Massachusetts has changed little between 2012 and 2015 (Exhibit III.9), or between 2013 and 2015 (Exhibit III.10) based on simple (unadjusted) differences. The only significant changes were in the share of insured adults reporting financial problems with health care, which dropped by roughly 4 percentage points, and the share of adults who reported unmet need due to costs, which rose by more than 5 percentage points. Since going without needed care is one way to reduce the financial burden of health care costs, these patterns suggest some shifts in the financial and non-financial burdens of health care costs, but no reduction in the problems caused by health care costs.
- While there has been little change over time in the overall frequency of problems with health care costs for insured adults and their families, there are some suggestions of improvements in affordability for moderate-income adults between 2012 and 2015 (Exhibit III.9), and between 2013 and 2015 (Exhibit III.10) based on simple (unadjusted) differences. For example, the share reporting that health care spending had caused financial problems for the family over the past year dropped by between 9 and 11 percentage points, and the share reporting that they had adopted strategies to reduce health care spending dropped by between 7 and 10 percentage points. However, these changes may reflect changes in many factors over the period, including the characteristics of moderate-income insured adults.

EXHIBIT III.9: CHANGES IN AFFORDABILITY OF HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, OVERALL, BY FAMILY INCOME, AND BY CURRENT HEALTH INSURANCE TYPE, FALL 2012 TO FALL 2015

	FULL-YEAR INSURED ADULTS	FAMILY INCOME			HEALTH INSURANCE TYPE	
		At or Below 138% of the Federal Poverty Level (FPL)	Between 139 and 399% of FPL	At or Above 400% of FPL	Employer- sponsored Insurance (ESI)	Other (Non-ESI) Coverage
Rate financial protection against high medical bills from health plan as fair or poor	3.0	-0.6	2.1	5.2**	3.6	2.0
Any evidence that health care costs had caused problems for the adult and his/her family over the past 12 months	3.9*	9.4*	0.6	1.6	2.7	3.2
Any evidence of family problems with health care spending over past 12 months	1.4	7.6	-3.1	-0.2	0.7	1.1
– Had problems paying medical bills in past 12 months	0.7	2.7	-4.7	2.3	0.7	-0.7
– Have medical bills that are paying off over time	3.2	5.5	1.1	2.6	2.6	5.1
– Contacted by collection agency because of medical bills in past 12 months	1.2	4.8*	-4.1*	2.7	1.6	0.9
– Health care spending caused financial problems for family in past 12 months	-4.0*	1.2	-11.4**	-2.8	-3.2	-6.8
Unmet need for health care due to costs over past 12 months						
– Adult did not get needed health care due to costs in the past 12 months	5.5**	4.8	5.2	5.3*	4.3*	4.6
Used any strategy to address family health care spending over past 12 months	-3.6*	0.9	-10.4**	-2.4	-2.7	-6.5
– Cut back on health care spending	-0.8	-1.0	-3.2	0.4	0.6	-4.1
– Cut back on other, non-health care spending	-4.9**	-0.4	-12.1**	-3.2	-4.2*	-6.8*
– Cut back on savings/took money from savings	-3.9*	-1.9	-8.8**	-2.3	-2.7	-6.5*
– Increased time working	1.2	7.9**	-3.7	0.4	-0.3	4.0
– Borrowed or took on credit card debt	-1.7	1.8	-6.2**	-1.0	-1.1	-3.4
– Declared bankruptcy due to health care spending	-0.3	1.2	-1.1*	-0.7	-0.6	0.0
Sample size	4,692	1,063	1,452	2,175	3,092	1,600
Share of population	88.2%	21.3%	27.4%	39.5%	59.2%	29.0%

Source: 2012 and 2015 Massachusetts Health Reform Survey.

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

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

EXHIBIT III.10: CHANGES IN AFFORDABILITY OF HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, OVERALL, BY FAMILY INCOME, AND BY CURRENT HEALTH INSURANCE TYPE, FALL 2013 TO FALL 2015

	FULL-YEAR INSURED ADULTS	FAMILY INCOME			HEALTH INSURANCE TYPE	
		At or Below 138% of the Federal Poverty Level (FPL)	Between 139 and 399% of FPL	At or Above 400% of FPL	Employer- sponsored Insurance (ESI)	Other (Non-ESI) Coverage
Rate financial protection against high medical bills from health plan as fair or poor	0.3	2.0	-2.9	1.8	1.4	-2.0
Any evidence that health care costs had caused problems for the adult and his/her family over the past 12 months	4.4*	8.4*	-1.4	6.2	3.8	2.9
Any evidence of family problems with health care spending over past 12 months	0.5	3.7	-4.9	2.7	1.7	-3.4
– Had problems paying medical bills in past 12 months	-1.3	-0.1	-7.8*	2.9	-0.7	-3.5
– Have medical bills that are paying off over time	1.8	3.9	-4.1	4.9	2.7	0.2
– Contacted by collection agency because of medical bills in past 12 months	-0.1	3.5	-7.3**	3.3	0.4	-0.7
– Health care spending caused financial problems for family in past 12 months	-4.5*	-1.5	-9.1**	-2.9	-2.8	-8.8*
Unmet need for health care due to costs over past 12 months						
– Adult did not get needed health care due to costs in the past 12 months	5.5**	8.8*	2.2	6.1**	3.9*	6.4
Used any strategy to address family health care spending over past 12 months	-3.6*	-1.0	-7.3*	-2.5	-1.8	-8.1*
– Cut back on health care spending	-2.1	-3.3	-3.2	-0.7	0.7	-8.3**
– Cut back on other, non-health care spending	-3.7*	-1.9	-6.6*	-2.7	-1.9	-7.9*
– Cut back on savings/took money from savings	-4.2*	-4.6	-7.1*	-1.9	-1.9	-9.1**
– Increased time working	-0.8	0.7	-3.1	0.2	-1.4	0.2
– Borrowed or took on credit card debt	-2.4	1.5	-7.0**	-1.3	-1.7	-4.3
– Declared bankruptcy due to health care spending	-0.3	0.6	-1.2	-0.1	-0.5	0.1
Sample size	4,632	1,039	1,463	2,128	3,018	1,614
Share of population	89.1%	21.1%	29.6%	38.3%	59.1%	30.0%

Source: 2013 and 2015 Massachusetts Health Reform Survey.

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

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

EXHIBIT III.11: CHANGES IN AFFORDABILITY OF HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS, BY DISABILITY STATUS, AND BY PARENT STATUS, FALL 2012 TO FALL 2015

	HEALTH STATUS		DISABILITY STATUS		PARENT STATUS	
	Fair or Poor Health	Good, Very Good, or Excellent Health	Has a Health Limitation or Chronic Condition	No Health Limitation or Chronic Condition	Has a Child Under Age 19 at Home	No Child Under Age 19 at Home
Rate financial protection against high medical bills from health plan as fair or poor	2.6	3.0	3.3	3.0	0.6	4.7*
Any evidence that health care costs had caused problems for the adult and his/her family over the past 12 months	1.8	4.1	4.3	4.3	2.3	5.0*
Any evidence of family problems with health care spending over past 12 months	1.0	1.3	3.2	-0.2	1.0	1.7
– Had problems paying medical bills in past 12 months	1.1	0.5	0.9	0.7	-1.2	1.9
– Have medical bills that are paying off over time	1.7	3.3	3.7	3.0	2.9	3.3
– Contacted by collection agency because of medical bills in past 12 months	1.4	1.1	0.7	2.1	1.1	1.3
– Health care spending caused financial problems for family in past 12 months	-8.0	-3.5	-4.3	-3.3	-2.7	-4.8*
Unmet need for health care due to costs over past 12 months						
– Adult did not get needed health care due to costs in the past 12 months	-1.1	6.4**	5.0*	6.5*	4.7	6.0**
Used any strategy to address family health care spending over past 12 months	-8.7	-2.9	-3.8	-3.0	-3.0	-3.9
– Cut back on health care spending	-3.1	-0.5	-2.6	1.6	0.6	-1.6
– Cut back on other, non-health care spending	-13.7**	-3.5*	-6.4*	-2.7	-4.7	-4.9*
– Cut back on savings/took money from savings	-9.1*	-3.2	-5.7*	-1.6	-4.3	-3.4
– Increased time working	7.1	0.2	1.9	0.4	1.4	1.2
– Borrowed or took on credit card debt	-4.7	-1.2	-1.4	-1.7	-1.7	-1.6
– Declared bankruptcy due to health care spending	-0.5	-0.3	-0.4	-0.2	-0.1	-0.5
Sample size	804	3,882	2,895	1,778	1,625	3,046
Share of population	12.1%	76.0%	48.4%	39.5%	35.5%	52.6%

Source: 2012 and 2015 Massachusetts Health Reform Survey.

Notes: 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 zero at the .05 (.01) level, two-tailed test.

EXHIBIT III.12: CHANGES IN AFFORDABILITY OF HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS, BY DISABILITY STATUS, AND BY PARENT STATUS, FALL 2013 TO FALL 2015

	HEALTH STATUS		DISABILITY STATUS		PARENT STATUS	
	Fair or Poor Health	Good, Very Good, or Excellent Health	Has a Health Limitation or Chronic Condition	No Health Limitation or Chronic Condition	Has a Child Under Age 19 at Home	No Child Under Age 19 at Home
Rate financial protection against high medical bills from health plan as fair or poor	3.8	-0.2	1.2	-0.1	-3.1	2.5
Any evidence that health care costs had caused problems for the adult and his/her family over the past 12 months	1.5	5.1*	4.7	4.6	-2.1	8.7**
Any evidence of family problems with health care spending over past 12 months	1.3	0.6	1.7	-0.4	-4.0	3.6
– Had problems paying medical bills in past 12 months	-0.9	-1.2	-2.2	0.2	-6.5*	2.1
– Have medical bills that are paying off over time	-2.0	2.5	0.7	3.5	-1.9	4.3*
– Contacted by collection agency because of medical bills in past 12 months	2.1	-0.4	-0.6	0.7	-2.6	1.7
– Health care spending caused financial problems for family in past 12 months	-5.0	-4.3*	-3.8	-5.2	-5.1	-4.0
Unmet need for health care due to costs over past 12 months						
– Adult did not get needed health care due to costs in the past 12 months	-0.6	6.6**	4.8*	6.8*	0.9	8.5**
Used any strategy to address family health care spending over past 12 months	-3.6	-3.5	-3.2	-4.0	-5.3	-2.4
– Cut back on health care spending	-3.2	-1.8	-3.3	-0.5	-2.8	-1.6
– Cut back on other, non-health care spending	-6.7	-3.1	-3.6	-3.7	-6.1*	-2.0
– Cut back on savings/took money from savings	-6.8	-3.7*	-5.5*	-2.6	-5.9*	-3.0
– Increased time working	3.1	-1.3	-0.7	-0.6	-2.1	0.3
– Borrowed or took on credit card debt	-2.7	-2.4	-2.6	-2.0	-5.5*	-0.4
– Declared bankruptcy due to health care spending	-0.2	-0.3	-0.2	-0.3	-0.6	0.0
Sample size	775	3,849	2,807	1,804	1,602	3,011
Share of population	12.7%	76.2%	48.7%	39.9%	35.4%	53.5%

Source: 2013 and 2015 Massachusetts Health Reform Survey.

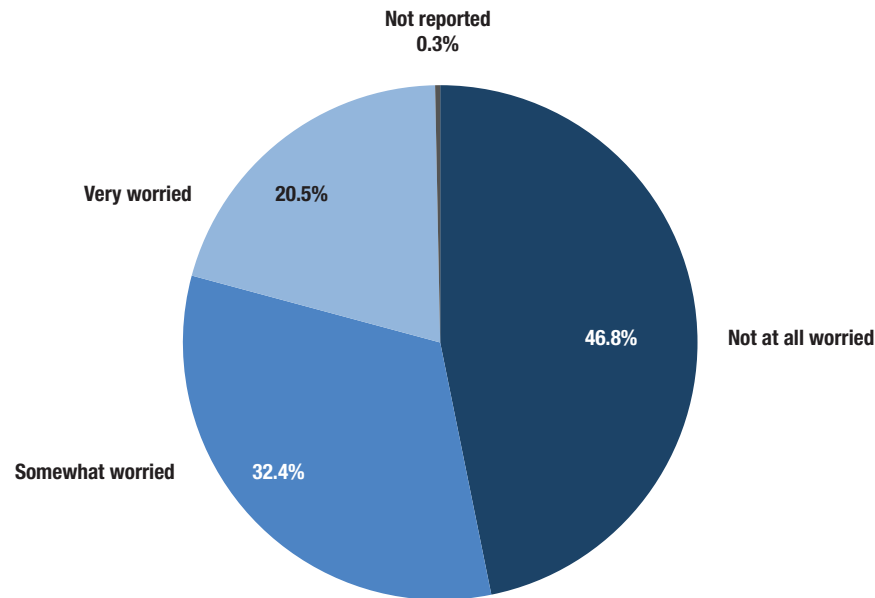
Notes: These are simple (unadjusted) estimates. Adults with a chronic condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes;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

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

WORRY ABOUT PAYING MEDICAL BILLS IN THE FUTURE

- Given the frequency of reported problems with health care costs in the state in 2015, it is perhaps not surprising that more than half (52.9 percent) of full-year insured adults in Massachusetts were somewhat or very worried about their ability to pay their medical bills in the future (Figure III.3).

FIGURE III.3: WORRY ABOUT ABILITY TO PAY MEDICAL BILLS IN THE FUTURE AMONG FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, FALL 2015

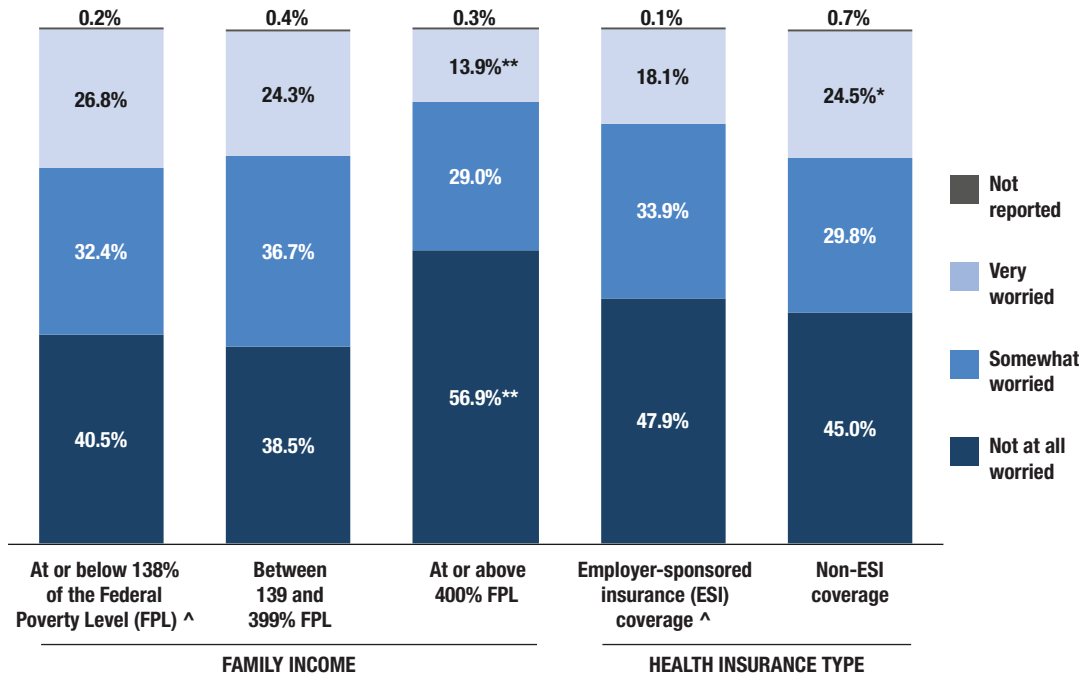


Source: 2015 Massachusetts Health Reform Survey (N=1,837).

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

- In 2015, insured adults with family income below 400 percent FPL were more likely to be somewhat or very worried about paying medical bills in the future than high-income insured adults (roughly 60 versus 42.9 percent) (Figure III.4). At the same time, insured adults with non-ESI coverage were more likely than those with ESI coverage to be very worried about future medical bills (24.5 versus 18.1 percent).

FIGURE III.4: WORRY ABOUT ABILITY TO PAY MEDICAL BILLS IN THE FUTURE AMONG FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME AND BY CURRENT HEALTH INSURANCE TYPE, FALL 2015



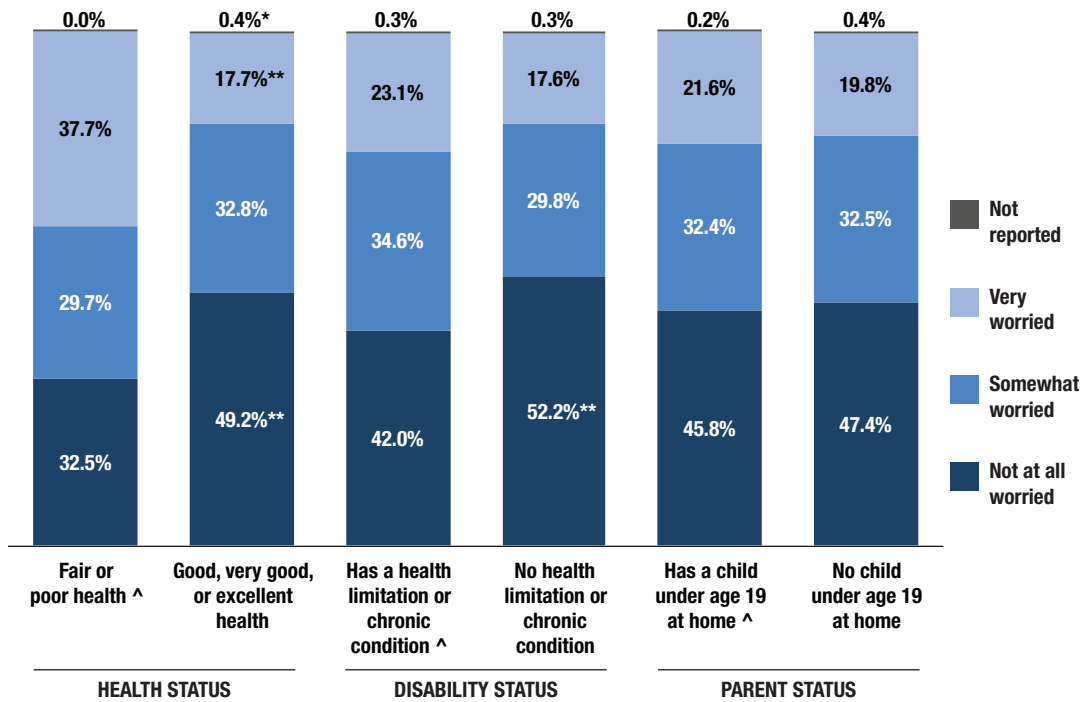
Source: 2015 Massachusetts Health Reform Survey (N=1,837).

Note: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding. Income categories used for comparisons based on Fall 2015 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.

- Worry about paying medical bills in the future was much more common among insured adults who reported fair or poor health, and those with a health limitation or chronic condition, than among full-year insured adults without those health problems (Figure III.5). Most notably, 67.4 percent of insured adults with fair or poor health were somewhat or very worried about paying future medical bills, as compared to 50.5 percent of those in better health.

FIGURE III.5: WORRY ABOUT ABILITY TO PAY MEDICAL BILLS IN THE FUTURE AMONG FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY HEALTH STATUS, BY DISABILITY STATUS, AND BY PARENT STATUS, FALL 2015



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.

- Looking at full-year insured adults over time, we find no significant changes in the share reporting that they are somewhat or very worried about their ability to pay medical bills in the future between 2012 and 2015 or between 2013 and 2015 (Exhibit III.13) based on simple (unadjusted) differences. There is some suggestion, however, that worry has been dropping for high-income adults over the period. However, these changes may reflect changes in many factors over the period, including changes in the characteristics of high-income adults.

EXHIBIT III.13: CHANGES IN SHARE OF FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS WHO ARE WORRIED ABOUT THEIR ABILITY TO PAY MEDICAL BILLS IN THE FUTURE, OVERALL AND BY SELECTED SUBGROUPS, FALL 2012 TO FALL 2015 AND FALL 2013 TO FALL 2015

	Change from Fall 2012 to Fall 2015	Change from Fall 2013 to Fall 2015
FULL-YEAR INSURED ADULTS	-1.6	-3.4
By Family Income		
At or below 138% of the Federal Poverty Level (FPL)	9.0	3.3
Between 139 and 399% of FPL	-3.1	-3.8
At or Above 400% of FPL	-7.6*	-7.0*
By Current Health Insurance Type		
Employer-sponsored Insurance (ESI) coverage	-0.2	-3.5
Other (non-ESI) coverage	-5.4	-3.7
By Health Status		
Good, very good, or excellent health	-2.9	-3.9
Fair or poor health	6.0	0.1
By Disability Status		
Has a health limitation or chronic condition	-0.6	-3.1
No health limitation or chronic condition	-2.2	-3.2
By Parent Status		
Has a child under age 19 at home	-7.0*	-7.3*
No child under age 19 at home	2.4	-0.6
Sample size	4,692	4,632

Source: 2012–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2014.

Note: These are simple (unadjusted) estimates. Worry is defined as being somewhat or very worried about their ability to pay medical bills. Income categories used for comparisons based on Fall 2015 rely on income groups that are relevant to the Affordable Care Act. 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 zero at the .05 (.01) level, two-tailed test.

LOOKING FORWARD: A CONTINUED NEED TO IMPROVE ACCESS AND AFFORDABILITY

The MHRS has been conducted since 2006 to monitor and understand the state's health care system. The 2015 MHRS provides a first assessment of the state's efforts to improve the affordability of care and reduce health care spending through 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. The 2015 MHRS highlights the state's ongoing success at maintaining near universal health insurance coverage, as well as the continued need to address barriers to obtaining health care and the burden of health care costs on the state's residents, including those with full-year insurance coverage.

As has been the case since 2008, more than 95 percent of Massachusetts adults ages 19 to 64 had health insurance at the time of the 2015 survey, and almost 90 percent were covered for all of the past year. Unfortunately, health insurance coverage does not guarantee either access to care or affordable health care. Nearly half of all full-year insured adults reported difficulty obtaining care over the past year due to provider access issues, most often due to difficulty getting an appointment as soon as it was needed. Similarly, health care costs continued to be a problem for many, with almost one in five reporting problems paying their medical bills over the past year, and more than one in five reporting medical debt that they were paying off over time. As in 2012 and 2013, roughly 40 percent of insured adults reported that health care costs had caused problems for them and their family in 2015, with the problems more common for insured adults with lower incomes, adults with fair or poor health, and adults with a health limitation or chronic condition. As a result, more than half of insured adults overall in the Bay State were somewhat or very worried in 2015 about their ability to pay their medical bills in the future.

Massachusetts has been successful at maintaining the gains in health insurance coverage that were achieved following the state's 2006 health care reform initiative. However, evidence from 2015, as in earlier years, suggests little progress has been made improving the affordability of health care for individuals since the 2012 passage of Chapter 224, the state's cost containment legislation. New strategies are needed to reduce the burden of health care costs in Massachusetts, particularly for insured adults with lower incomes, adults with non-ESI coverage, and those with health problems.

New strategies are also needed to improve access to care in the state. While some of the access problems reported by Massachusetts residents are financial, nearly half of insured Massachusetts adults reported difficulties obtaining care due to provider access issues, including difficulty finding a provider and difficulty getting an appointment with a provider as soon as needed. Again, these problems are disproportionately affecting insured adults with lower-incomes, those with non-ESI coverage, and those with health problems.

The 2015 MHRS, like earlier years of the survey, is a reminder that the goals of health care reform are not fully achieved by simply reducing the number of people in Massachusetts who are uninsured.

APPENDIX: EXHIBITS

**APPENDIX EXHIBIT 1: MASSACHUSETTS HEALTH REFORM SURVEY RESPONSE RATES,
FALL 2006 TO FALL 2015**

YEAR	LANDLINE SAMPLE	CELL PHONE SAMPLE	TOTAL SAMPLE	SAMPLE SIZE
2006	48.9%	Not applicable	48.9%	2,902
2007	45.2%	Not applicable	45.2%	2,812
2008	43.8%	Not applicable	43.8%	3,868
2009	45.5%	Not applicable	45.5%	3,028
2010	42.4%	30.6%	38.2%	2,934
2012	37.0%	25.7%	33.1%	3,160
2013	36.6%	23.9%	30.4%	3,024
2015	24.0%	17.2%	20.6%	2,014

Source: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014.

**APPENDIX EXHIBIT 2: CHARACTERISTICS OF MASSACHUSETTS ADULTS AGES 19 TO 64
IN THE 2015 MASSACHUSETTS HEALTH REFORM SURVEY (MHRS) AND THE
2014 AMERICAN COMMUNITY SURVEY (ACS)**

	2015 MHRS	2014 ACS
Age		
19 to 25 years	15.2%	14.6%
26 to 34 years	20.3%	19.6%
35 to 49 years	30.6%	31.8%
50 to 64 years	33.8%	34.0%
Race/ethnicity		
White, non-Hispanic	76.9%	74.1%
Other race, non-Hispanic	12.2%	15.5%
Hispanic	10.6%	10.4%
Female	50.7%	51.3%
U.S. citizen	91.0%	90.3%
Marital status		
Married	48.3%	49.7%
Divorced, separated, widowed	14.1%	13.4%
Never married/living with partner	37.6%	36.8%
Education		
Less than high school	8.7%	8.1%
High school graduate (includes some college)	49.8%	49.5%
College graduate or higher	41.5%	42.4%
Work status		
Working	73.8%	76.7%
Not working	26.2%	23.3%
Current health insurance coverage		
Uninsured	4.3%	4.7%
Insured	95.7%	95.3%
Sample size	2,014	38,624

Source: 2015 Massachusetts Health Reform Survey and 2014 American Community Survey.

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

**APPENDIX EXHIBIT 3: DEMOGRAPHIC CHARACTERISTICS OF MASSACHUSETTS HEALTH REFORM SURVEY
SAMPLE ADULTS AGES 19 TO 64, FALL 2006 TO FALL 2015**

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
Age						
19 to 25 years	13.9%	13.5%	16.3%	17.6%*	16.6%	15.2%
26 to 34 years	17.7%	19.5%	17.2%	16.4%	18.7%	20.3% ^
35 to 49 years	38.8%	36.7%	35.8%	33.7%**	32.6%**	30.6%**
50 to 64 years	29.6%	30.3%	30.7%	32.3%*	32.1%*	33.8%**
Race/ethnicity						
White, non-Hispanic	80.1%	79.8%	78.9%	75.6%**	74.4%**	76.9%*
Other race, non-Hispanic	12.0%	13.4%	13.0%	13.7%	15.4%*	12.2% #
Hispanic	7.9%	6.7%	8.0%	10.6%**	10.1%*	10.6%*
Female	51.3%	51.6%	50.7%	51.5%	51.4%	50.7%
U.S. citizen	92.6%	94.0%	92.6%	93.2%	90.8% ^	91.0% ^
– Born in US	84.1%	84.1%	84.2%	82.7%	80.9%*	80.5%*
Marital status						
Married	56.1%	54.3%	53.4%	51.0%**	50.5%**	48.3%**
Living with partner	7.0%	7.4%	9.1%*	6.9%	8.9%	7.7%
Divorced, separated, widowed	13.7%	12.1%	12.5%	11.1%**	10.8%**	14.1% ^ ##
Never married	23.2%	26.2%	25.0%	30.9%**	29.8%**	29.9%**
With one or more children under 19 at home	44.8%	43.8%	39.7%**	39.5%**	38.6%**	38.1%**
Sample size	3,007	4,041	3,040	3,160	3,024	2,014

Source: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.
Note: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and due to small levels of missing data for some variables.

*(**) 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.

APPENDIX EXHIBIT 4: SOCIOECONOMIC CHARACTERISTICS OF MASSACHUSETTS HEALTH REFORM SURVEY SAMPLE ADULTS AGES 19 TO 64, FALL 2006 TO FALL 2015

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
Education						
Less than high school	7.7%	6.9%	8.1%	7.7%	7.4%	8.7%
High school graduate (includes some college)	52.3%	49.6%	51.7%	49.5%	51.1%	49.8%
College graduate or higher	40.1%	43.6%	40.2%	42.8%	41.5%	41.5%
Work status						
Full-time	51.1%	50.4%	50.5%	51.3%	53.2%	56.2%* ^
Part-time	21.5%	20.7%	18.9%*	18.7%*	17.9%**	17.6%*
Not working	27.4%	28.9%	30.6%	29.9%	29.0%	26.2% ^
Family income relative to the federal poverty level (FPL)						
Below 100% of FPL	12.6%	15.7%**	16.6%**	19.0%**	17.7%**	16.5%**
100–299% of FPL	31.0%	28.7%	30.5%	27.6%*	32.7% ^^	32.8% ^^
300–399% of FPL	15.0%	10.0%**	11.0%**	11.1%**	9.6%**	11.2%**
400–499% of FPL	11.5%	10.4%	10.4%	9.3%*	8.7%*	10.5%
At or above 500% of FPL	29.9%	35.2%**	31.5%	32.9%	31.3%	29.0% ^^
Current health insurance coverage						
Any insurance coverage	86.0%	95.5%**	93.9%**	94.7%**	95.2%**	95.7%**
– Employer-Sponsored Insurance (ESI) coverage	64.1%	67.9%**	65.7%	63.3%	63.5%	57.3%** ^^ ##
– Other (non-ESI) coverage	21.9%	27.6%**	28.2%**	31.4%**	31.7%**	38.3%** ^^ ##
Uninsured	14.0%	4.5%**	6.1%**	5.3%**	4.8%**	4.3%**
Region						
Boston	11.0%	11.5%	11.5%	11.9%	12.5%	12.6%
Metro West	32.8%	32.8%	32.8%	33.8%	33.4%	33.6%
Northeast	11.2%	11.1%	11.3%	11.0%	11.0%	11.3%
Central	12.2%	12.5%	12.1%	12.3%	12.1%	12.1%
West	12.9%	12.6%	12.6%	12.3%	12.3%	12.4%
Southeast	19.9%	19.5%	19.7%	18.6%	18.7%	18.1%
Sample size	3,007	4,041	3,040	3,160	3,024	2,014

Source: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.
Note: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding and due to small levels of missing data for some variables.

*(**) 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.

**APPENDIX EXHIBIT 5: HEALTH AND DISABILITY STATUS OF MASSACHUSETTS HEALTH REFORM SURVEY
SAMPLE ADULTS AGES 19 TO 64 IN MASSACHUSETTS, FALL 2006 TO FALL 2015**

	Fall 2006	Fall 2008	Fall 2010	Fall 2012	Fall 2013	Fall 2015
Health status						
Very good or excellent	57.1%	62.3%**	62.4%**	59.7%	59.7%	58.5%
Good	28.2%	23.8%**	23.3%**	26.1%	25.6%	26.5%
Fair or poor	14.6%	13.9%	14.3%	14.2%	14.7%	15.0%
Has a health condition	50.3%	51.1%	49.7%	52.9%	51.4%	50.0%
Hypertension	20.7%	21.8%	21.2%	21.8%	19.9%	20.7%
Heart disease	4.2%	4.5%	4.5%	4.8%	4.5%	3.4%
Diabetes	7.1%	6.6%	7.3%	7.8%	8.2%	8.3%
Asthma	15.2%	15.3%	14.8%	17.8%	17.8%	16.4%
Activities are limited by a health problem	19.3%	19.5%	19.6%	21.7%	20.7%	22.5%
Sample size	3,007	4,041	3,040	3,160	3,024	2,014

Source: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

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

