

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

MARCH 2016

The 2015 Massachusetts Health Reform Survey (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.

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.

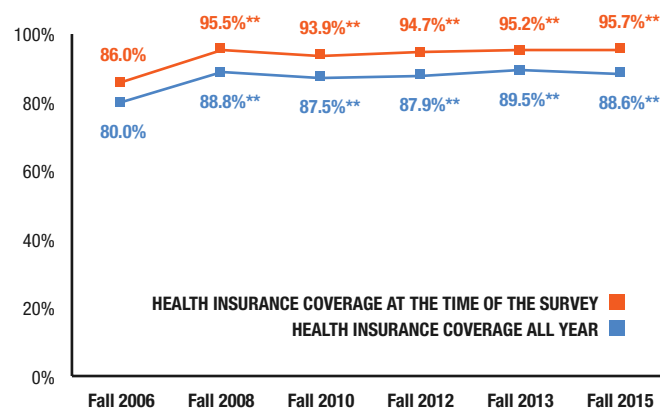
The 2015 MHRS provides a first assessment of the state's efforts to improve the affordability of care and reduce health care spending through cost containment legislation titled "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation"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

Health insurance coverage remains strong

In 2015, Massachusetts continued to sustain the health insurance gains that followed the state's 2006 health care reform initiative; roughly 95 percent of nonelderly adults ages 19 to 64 have had health insurance coverage since 2008, based on simple (unadjusted) estimates (Figure 1). Further, most of the insured adults in Massachusetts

(roughly 88 percent since 2008) maintained their health insurance over the entire year. These findings for 2015 echo recent estimates of health insurance coverage from the Center for Health Information and Analysis's (CHIA's) 2015 Massachusetts Health Insurance Survey (MHIS). In contrast to the coverage levels in Massachusetts in 2015, health insurance coverage for nonelderly adults in the United States as a whole was estimated to be 87.3 percent at the time of the survey and 82.6 percent over the entire year, based on early release estimates for January through June 2015 from the National Health Interview Survey.

FIGURE 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.

While still the dominant form of health insurance coverage in Massachusetts, at 57.3 percent of nonelderly adults in 2015, employer-sponsored insurance (ESI) was reported less often by nonelderly adults in 2015 than in prior years (Figure 2). The lower rate of ESI coverage found in the 2015 MHRS is consistent with findings from CHIA's 2015 MHIS, and from CHIA's analysis of private insurance trends in administrative data. 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.

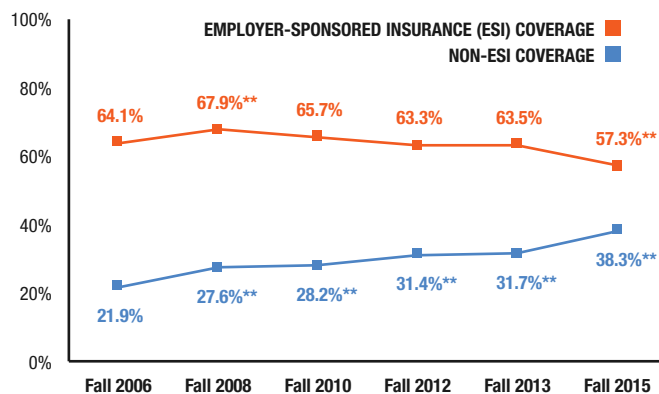
For the first time in 2015, the MHRS asked about insurance coverage for dental care. More than 73 percent of adults in Massachusetts reported having dental insurance coverage in 2015, with almost all of that coverage (94.3 percent) including coverage for routine dental care. This implies that more than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

Insurance coverage doesn't guarantee access to health care

In 2015, most full-year insured nonelderly adults in Massachusetts (87.8 percent) reported that they had a place (other than the emergency department [ED]) they usually go when they are sick or need advice about their health, suggesting they have strong connections to the health care system. However, many of the insured adults reported problems obtaining care, with more than one-third reporting they went without needed health care over the past year, most often going without medical care (23.3 percent), prescription drugs (13.7 percent), and dental care (17.6 percent) (Figure 3).

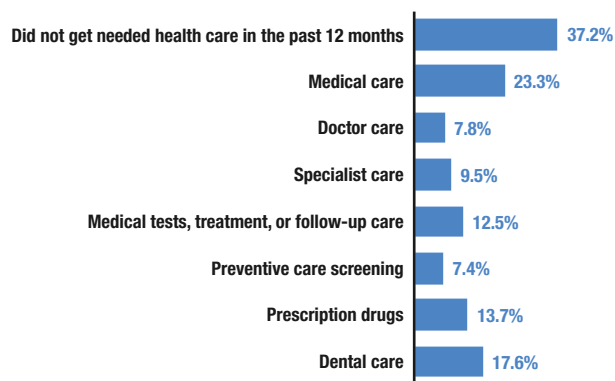
Difficulty finding a provider and difficulty getting an appointment with a provider in a timely manner contributed to the unmet need for care; together these two factors affected almost half of the insured adults. Difficulty finding a provider may also be a factor in the high level of ED use by insured adults, including ED use for non-emergency care (defined as ED use for a condition that could have been treated by a regular doctor if one had been available). Despite most insured adults reporting a connection to a non-ED health care site, in 2015 nearly one-third of

FIGURE 2: EMPLOYER-SPONSORED INSURANCE COVERAGE AND OTHER 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.

FIGURE 3: UNMET NEED FOR HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, FALL 2015

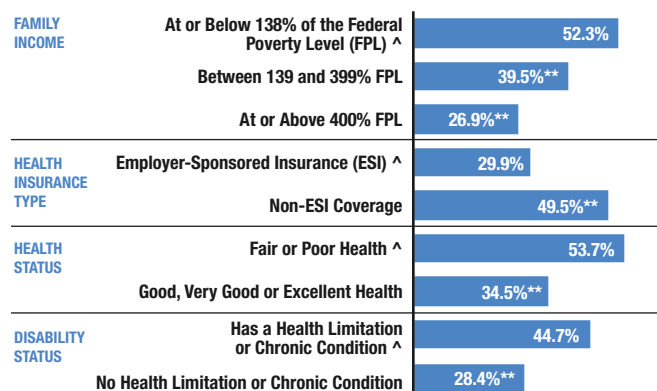


Source: 2015 Massachusetts Health Reform Survey (N=1,837). Note: These are simple (unadjusted) estimates.

insured adults in Massachusetts reported an ED visit over the prior year, with about half of those adults reporting that their most recent ED visit was for non-emergency care. These results have been consistent since 2006.

Problems with access to health care among insured adults were more common for low-income adults (defined here as those with family income at or below 138 percent of the Federal Poverty Level [FPL]), adults with non-ESI coverage, and adults with health problems, including those who reported fair or poor health and those with a health limitation or chronic condition. Roughly half of low-income

FIGURE 4: UNMET NEED FOR HEALTH CARE FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, BY SELECTED CHARACTERISTICS, FALL 2015



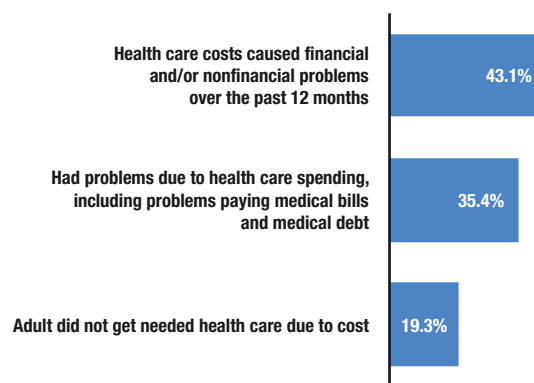
Source: 2015 Massachusetts Health Reform Survey (N=1,837).
 Notes: These are simple (unadjusted) estimates. Adults with a chronic condition include those who report they have ever been told by a doctor or other health professional that they have at least one of the following: hypertension or high blood pressure; heart disease or congestive heart failure; diabetes; asthma; as well as those reporting other chronic or long-term health conditions or health problems.
 *(**) Significantly different from the value for the reference category (indicated by ^) at the .05 (.01) level, two-tailed test.

insured adults, adults with non-ESI coverage, and insured adults with fair or poor health reported going without needed health care over the past year, as did more than 40 percent of insured adults with a health limitation or chronic condition (Figure 4).

Insurance coverage doesn't guarantee affordable health care

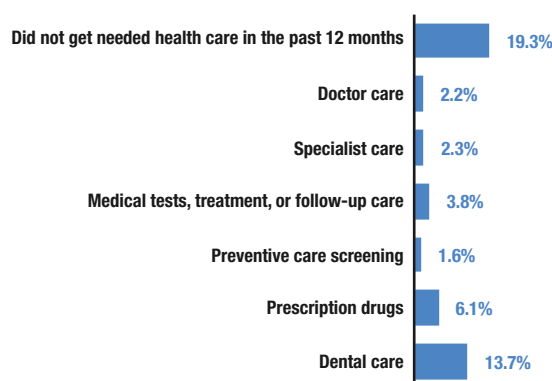
Health care affordability continued to be a problem for Massachusetts families in 2015, despite implementation of the state's 2012 cost containment legislation. Nearly one in five full-year insured adults reported problems paying family medical bills in the past year, and more than one in five reported having medical bills they are paying off over time (i.e., medical debt). More than 43 percent of insured adults reported that health care costs had caused problems for them and their families over the last year (Figure 5). This includes 35.4 percent who reported problems due to their health care spending, and 19.3 percent who reported that they went without needed care because of health care costs. Unmet need due to costs occurred most often for dental care (13.7 percent) and prescription drugs (6.1 percent) (Figure 6). Given that all of these adults have health insurance coverage and about three-quarters have dental insurance coverage, these findings

FIGURE 5: PROBLEMS WITH HEALTH CARE COSTS OVER THE PAST 12 MONTHS FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 AND THEIR FAMILIES IN MASSACHUSETTS, FALL 2015



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

FIGURE 6: 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

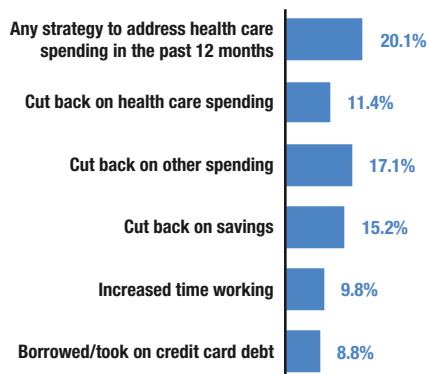


Source: 2015 Massachusetts Health Reform Survey (N=1,837).
 Note: These are simple (unadjusted) estimates.

raise questions about the adequacy of their medical and dental coverage.

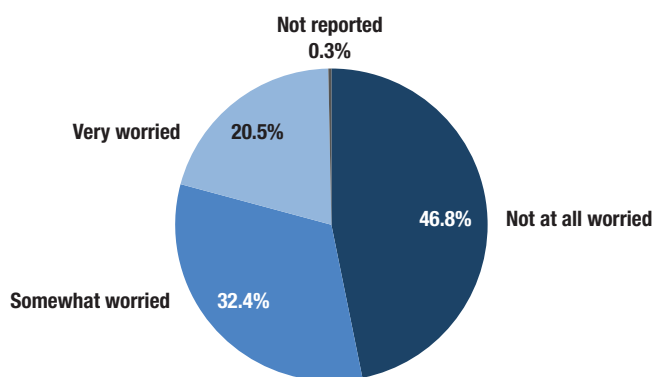
One in five insured adults reported that they and their families had tried to address health care spending by cutting back on health care spending (11.4 percent), cutting back on other spending (17.1 percent), reducing savings or taking funds from savings (15.2 percent), increasing time spent working (9.8 percent), and/or taking on debt, including credit card debt (8.8 percent) (Figure 7). Given the frequency of reported problems with health care costs in the state in 2015, it is perhaps not surprising that more than half of insured adults in Massachusetts were some-

FIGURE 7: 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.

FIGURE 8: WORRY ABOUT ABILITY TO PAY MEDICAL BILLS IN THE FUTURE AMONG FULL-YEAR INSURED ADULTS AGES 19 TO 64 IN MASSACHUSETTS, FALL 2015

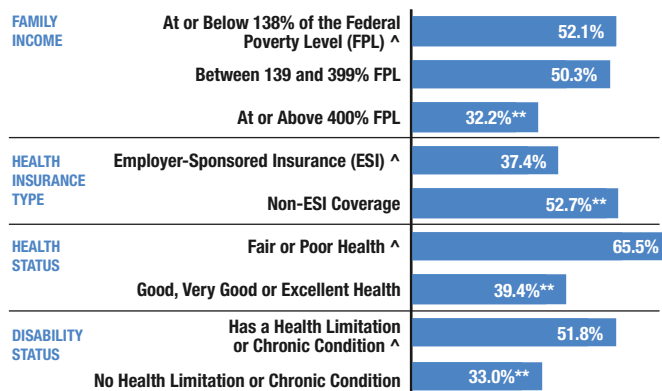


Source: 2015 Massachusetts Health Reform Survey (N=1,837).
 Note: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding.

what or very worried about their ability to pay their medical bills in the future (Figure 8).

As with problems with access to care, problems with health care affordability and worry about affording care in the future were more common for low- and moderate-income insured adults (defined here as those with family income below 400 percent FPL), adults with non-ESI coverage, and insured adults with health problems. Of particular concern, roughly half of low- and moderate-income insured adults, adults with non-ESI coverage, and insured adults with a health limitation or chronic condition reported that health care costs had caused problems for them and

FIGURE 9: PROBLEMS WITH HEALTH CARE COSTS FOR FULL-YEAR INSURED ADULTS AGES 19 TO 64 AND THEIR FAMILIES IN MASSACHUSETTS, BY SELECTED CHARACTERISTICS, FALL 2015



Source: 2015 Massachusetts Health Reform Survey (N=1,837).
 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 conditions or health problems.
 (***) Significantly different from the value for the reference category (indicated by ^) at the .05 (.01) level, two-tailed test.

their families over the past year. Among insured adults with fair or poor health, more than 60 percent reported such problems (Figure 9).

Health care costs are one of many financial burdens for some Massachusetts families

Beyond the burden of health care costs, more than one in four full-year insured nonelderly adults reported problems paying other, non-medical bills such as mortgage, rent, or utilities in the past year. As was true for problems paying medical bills, problems paying non-medical bills were more common for lower-income insured adults (defined here as those with family income below 300 percent FPL) and insured adults with health problems. About a third of lower-income insured adults and more than 40 percent of insured adults with fair or poor health reported problems paying non-medical bills.

Looking forward: A continued need to improve access and affordability

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 ac-

cess to health care or affordable health care. The evidence from 2015 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. More than 40 percent of Massachusetts adults and their families continue to report difficulties due to high health care costs. 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 one in four insured 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, with non-ESI coverage, and with health problems.

In summary, new strategies are needed to improve access to care and reduce the burden of health care costs for Massachusetts families, particularly for those made more vulnerable by limited economic resources and high health care needs.

ENDNOTES

- 1 Thus, the differences between the 2015 results and earlier reports 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.
- 2 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>.
- 3 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>.
- 4 Skopec L, and Long SK.
- 5 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>.