

HEALTH INSURANCE COVERAGE AND HEALTH CARE ACCESS AND AFFORDABILITY IN MASSACHUSETTS: AFFORDABILITY STILL A CHALLENGE IN 2013

SUMMARY OF KEY FINDINGS

NOVEMBER 2014



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EXECUTIVE SUMMARY

In April 2006, Massachusetts passed a comprehensive health care reform bill entitled “An Act Providing Access To Affordable, Quality, Accountable Health Care” (Chapter 58 of the Acts of 2006). In order to track the impacts of Chapter 58, the Blue Cross Blue Shield of Massachusetts Foundation began funding an annual survey of nonelderly adults in the Commonwealth in the fall of 2006, just prior to the implementation of key elements of the law. That survey, called the Massachusetts Health Reform Survey (MHRS), has been fielded almost every fall in the subsequent years. The Foundation has continued to fund the survey in anticipation of the new round of changes to the health care system under the national Affordable Care Act (ACA), which encompasses many of the elements of Chapter 58, and other changes to be introduced by the state’s new cost-containment legislation, “An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation” (Chapter 224 of the Acts of 2012). Supplemental funding for the 2012 and 2013 rounds of the MHRS were provided by the Robert Wood Johnson Foundation (RWJF). RWJF and the Commonwealth Fund also provided support for survey years 2006–2008. The survey was not conducted in 2011.

The Massachusetts Health Reform Survey. The MHRS relies on telephone interviews (landline and cell phone) with a stratified random sample of nonelderly working-age adults 19 to 64 in Massachusetts, with oversamples of lower-income adults and, for 2006 to 2010, uninsured adults. This study uses data from the 2006–2013 MHRS, providing information on 22,374 nonelderly adults in Massachusetts, including 2,468 uninsured adults. The sample size in 2013 was 3,024. The analysis focuses on health insurance coverage (any coverage, employer-sponsored insurance [ESI], and other [non-ESI] coverage), health care access and use, and health care affordability for nonelderly adults in 2013 and changes over time since 2006.

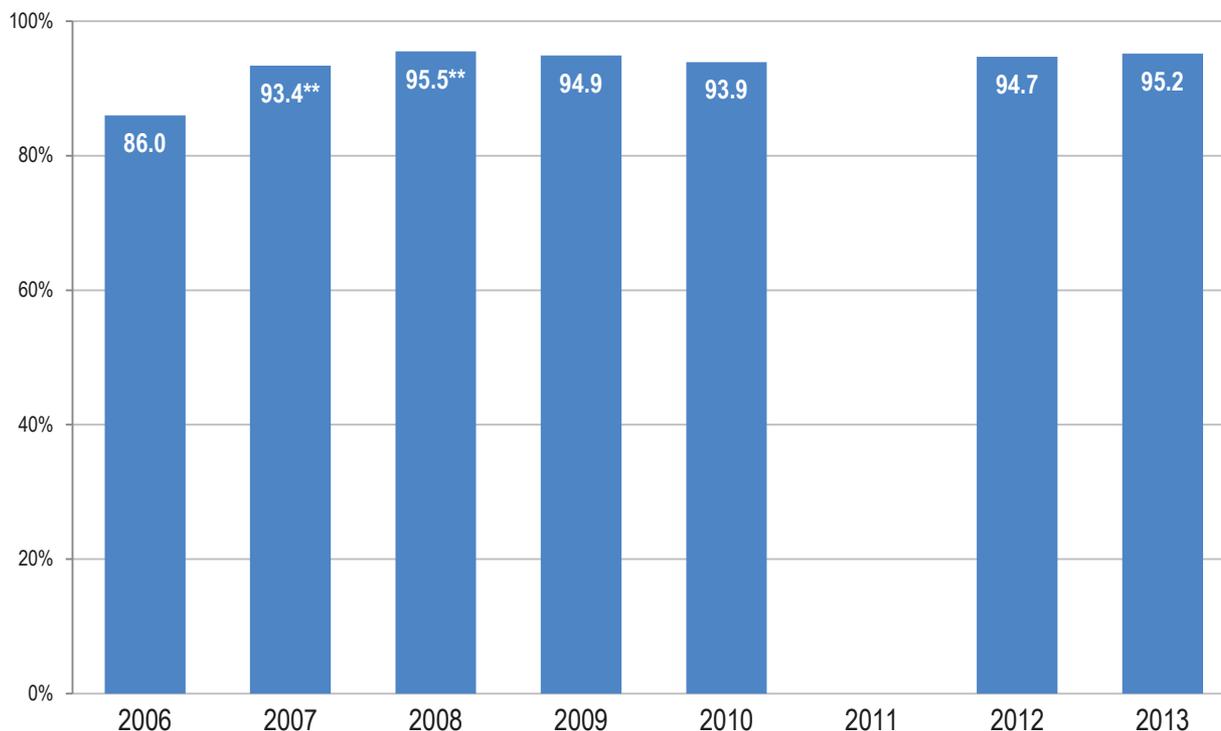
Findings. The 2013 MHRS highlights the state’s ongoing success at maintaining near universal health insurance coverage and high levels of health care use following the 2006 health care reform initiative, as well as opportunities for improvements for the state’s residents. Health insurance coverage in 2013 was at 95.2 percent for nonelderly adults in Massachusetts, with most (84.7 percent) reporting a health care visit to a general doctor or specialist in the past year. However, the high levels of health insurance coverage and health care use do not guarantee access to health care. Almost one-third of adults in the state with health insurance coverage for all of the past year reported unmet need for health care (29.8 percent), often due to the cost of that care (13.8 percent).

Affordability of health care, which has long been an issue in Massachusetts, continued to be a problem in 2013. About one in five adults reported high out-of-pocket health care spending, problems paying medical bills, and medical debt. Altogether, 38.6 percent of full-year insured adults reported that health care costs had caused problems for them and their families over the year.

Opportunities. As was true of the 2012 MHRS, the 2013 MHRS is a reminder that the goals of health care reform are not achieved by simply reducing the number of people in Massachusetts who are uninsured. Even with health insurance coverage, some insured residents of the state face gaps in financial protections under their health insurance coverage. It is important that changes be introduced to remove unnecessary costs from the system while ensuring access to needed health care, particularly for the most vulnerable Massachusetts residents.

HEALTH INSURANCE COVERAGE AT THE TIME OF THE SURVEY FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2006–2013

PERCENT REPORTING INSURANCE COVERAGE



- In 2013, 95.2 percent of nonelderly adults in Massachusetts were insured, a level well above the 86.0 percent who were insured in 2006, and above the 79.2 percent insured in the nation as a whole in 2013 (based on the National Health Interview Survey).

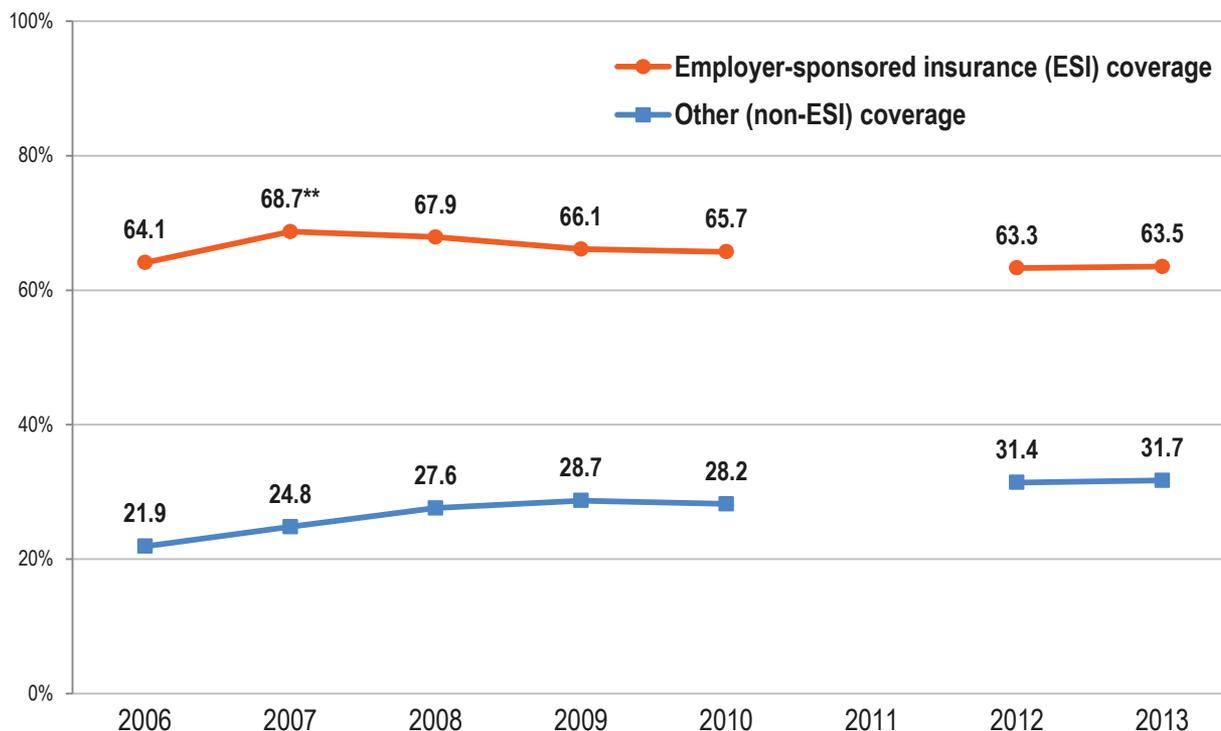
SOURCE: 2006–2013 Massachusetts Health Reform Survey (N=22,374). The survey was not fielded in 2011.

NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in the prior year at the .05 (.01) level, two-tailed test. Since the survey was not fielded in 2011, this is not relevant for 2012.

HEALTH INSURANCE COVERAGE TYPE AT THE TIME OF THE SURVEY FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2006–2012

PERCENT REPORTING INSURANCE COVERAGE



- Employer-sponsored insurance (ESI) coverage has remained the foundation for insurance coverage in Massachusetts. In 2013, 63.5 percent of nonelderly adults reported ESI coverage, similar to the 64.1 percent with ESI coverage in 2006.

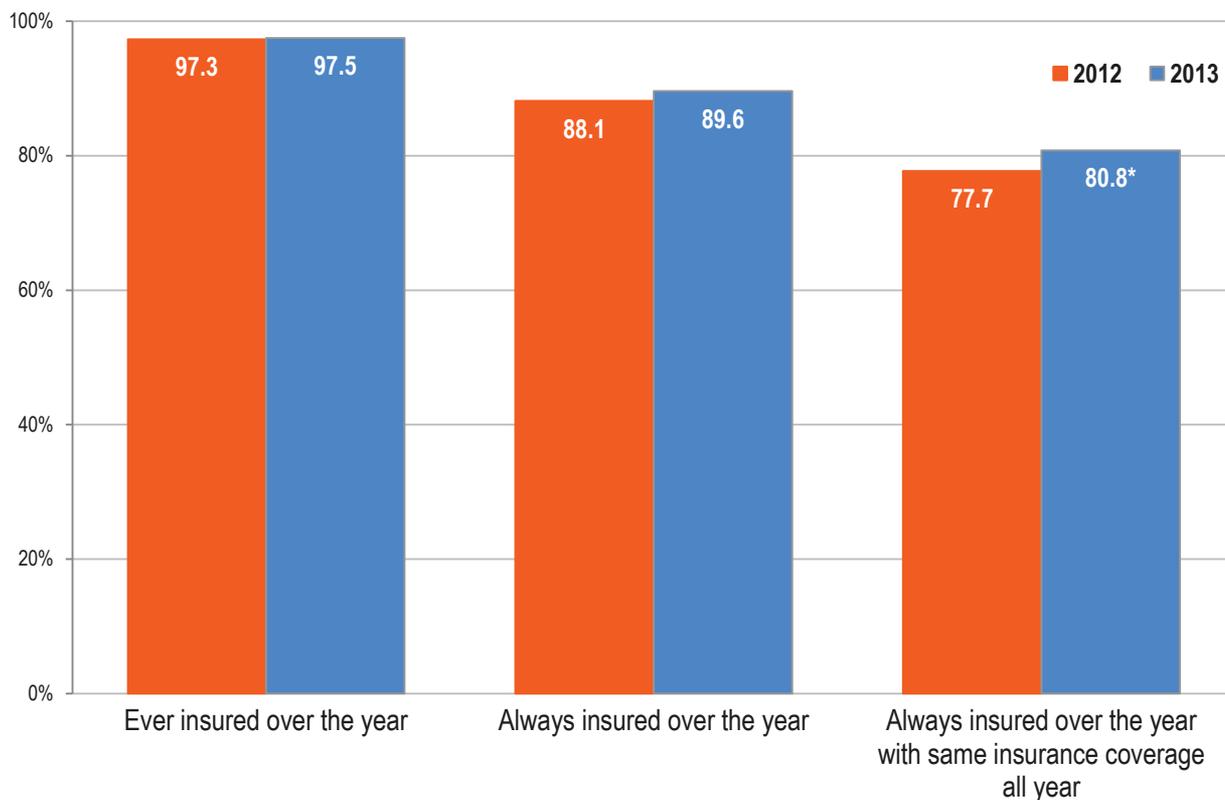
SOURCE: 2006–2013 Massachusetts Health Reform Survey (N=22,374). The survey was not fielded in 2011.

NOTE: These are simple (unadjusted) estimates. Other (non-ESI) coverage is largely public coverage.

***) Significantly different from the value in the prior year at the .05 (.01) level, two-tailed test. Since the survey was not fielded in 2011, this is not relevant for 2012.

HEALTH INSURANCE COVERAGE OVER THE PAST 12 MONTHS FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2012–2013

PERCENT REPORTING



- Increased insurance coverage in Massachusetts at a point in time has translated into a high share of nonelderly adults with coverage at some point over the year and with continuous coverage over the entire year. In 2013, 97.5 percent of adults reported coverage at some time over the year, 89.6 percent reported continuous coverage over the year, and 80.8 percent reported having the same insurance coverage for the year.
- The share of adults reporting having the same insurance coverage for all of the past year was significantly higher in 2013 than 2012.

SOURCE: 2012–2013 Massachusetts Health Reform Survey (N=6,184).

NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

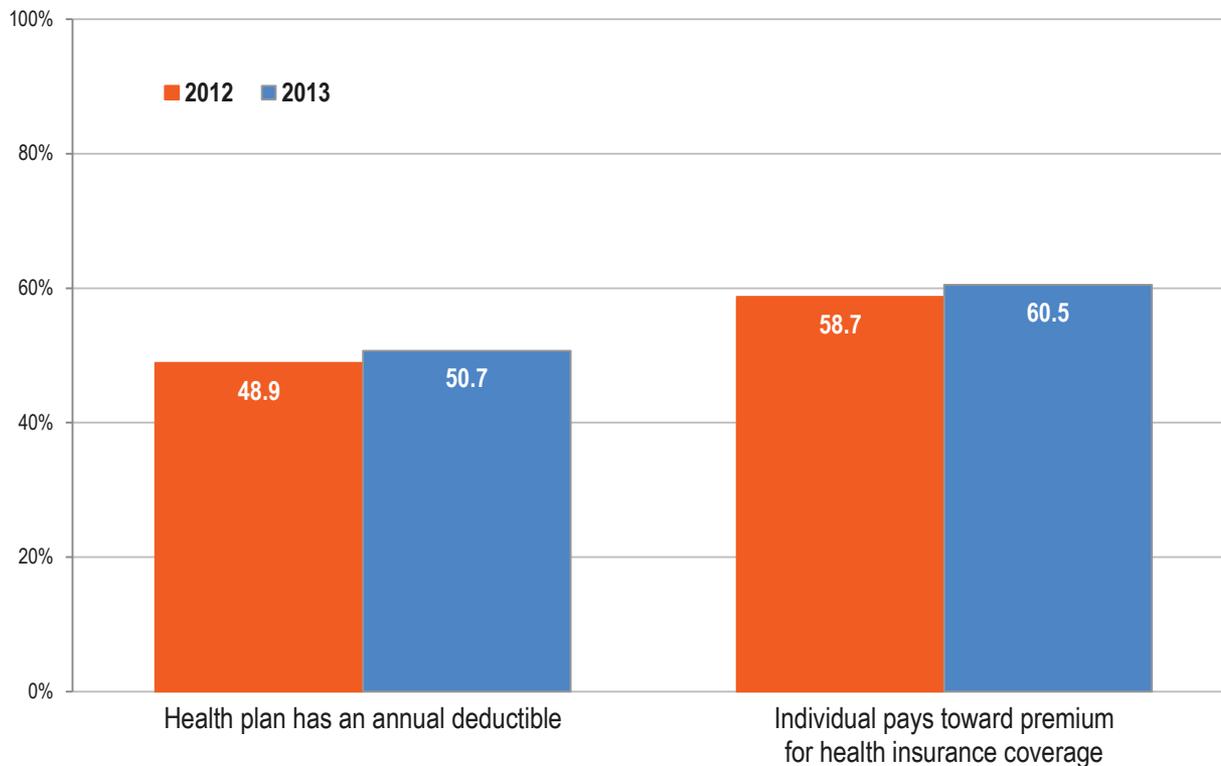
CHARACTERISTICS ASSOCIATED WITH LACKING STABLE HEALTH INSURANCE COVERAGE OVER THE PAST 12 MONTHS FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2013

- Groups who are less likely to have stable health insurance coverage—defined as the same insurance coverage for all of the past 12 months:
 - Demographic characteristics: younger adults, non-white and Hispanic adults, men, non-citizens, adults who do not speak English at home
 - Socioeconomic characteristics: unmarried adults, adults with lower family incomes
 - Health and disability status: adults with health problems, adults with activity limitations due to health
- Strongest predictors of unstable insurance coverage based on multivariate analysis:
 - Demographic characteristics: being male, not speaking English at home
 - Socioeconomic characteristics: having a lower family income
 - Health and disability status: not having any health limitations

SOURCE: Analysis of 2013 Massachusetts Health Reform Survey.

HEALTH INSURANCE DEDUCTIBLES AND PREMIUMS REPORTED BY CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2012–2013

PERCENT REPORTING



- Among currently insured nonelderly adults in Massachusetts, the majority have an annual deductible (50.7 percent) and make payments toward the premium (60.5 percent).
- There were no statistically significant changes between 2012 and 2013.

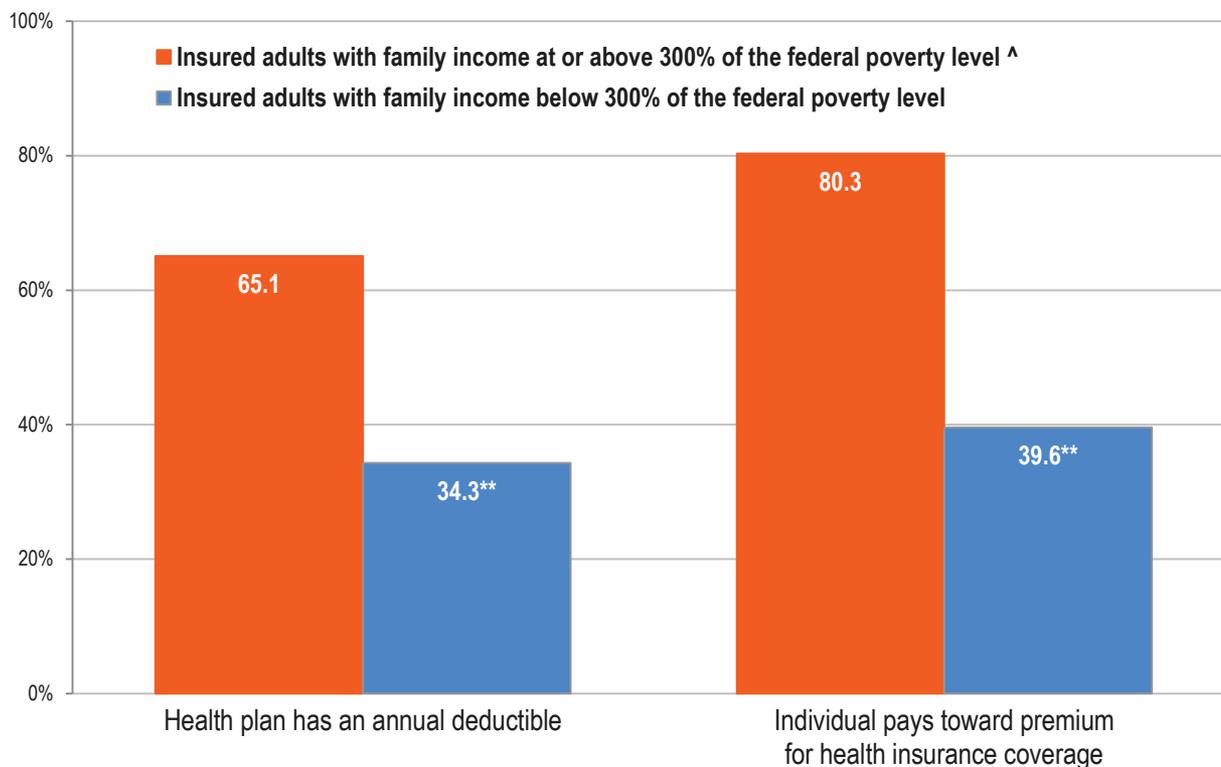
SOURCE: 2012-2013 Massachusetts Health Reform Survey (N=5,954).

NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

HEALTH INSURANCE DEDUCTIBLES AND PREMIUMS REPORTED BY CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2013

PERCENT REPORTING



- Among nonelderly adults in Massachusetts, higher-income adults were more likely than lower-income adults to have deductibles and premium payments. Similarly, adults with employer-sponsored insurance (ESI) coverage were more likely than those with other (non-ESI) coverage to have deductibles and premium payments (data not shown).
- Between 2012 and 2013, the share of higher-income adults reporting that their health plan had a deductible rose 7.5 percentage points. The other changes between 2012 and 2013 were not statistically significant (data not shown).

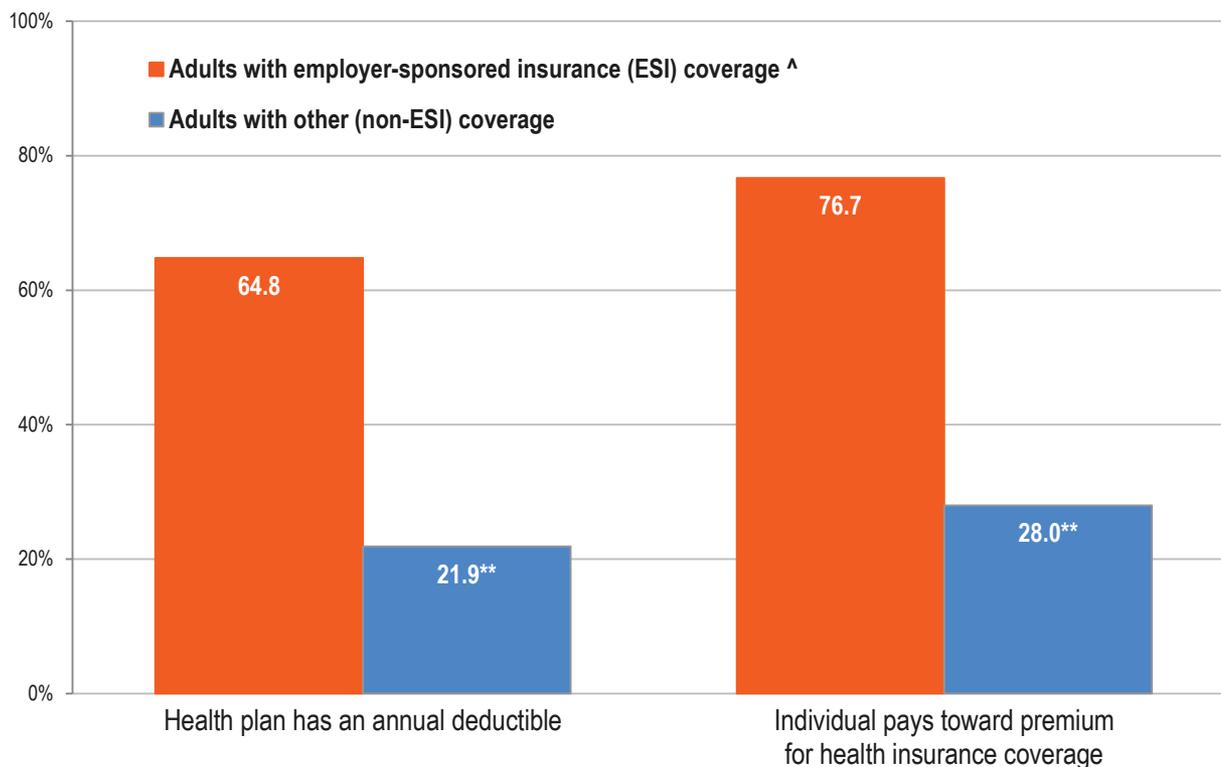
SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

NOTE: These are simple (unadjusted) estimates.

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

HEALTH INSURANCE DEDUCTIBLES AND PREMIUMS REPORTED BY CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY COVERAGE TYPE, 2013

PERCENT REPORTING



- Among nonelderly adults in Massachusetts, adults with employer-sponsored insurance (ESI) coverage were more likely than those with other (non-ESI) coverage to have deductibles and premium payments.
- Between 2012 and 2013, the share of adults with ESI coverage reporting that their health plan had a deductible rose 6.3 percentage points. The other changes between 2012 and 2013 were not statistically significant (data not shown).

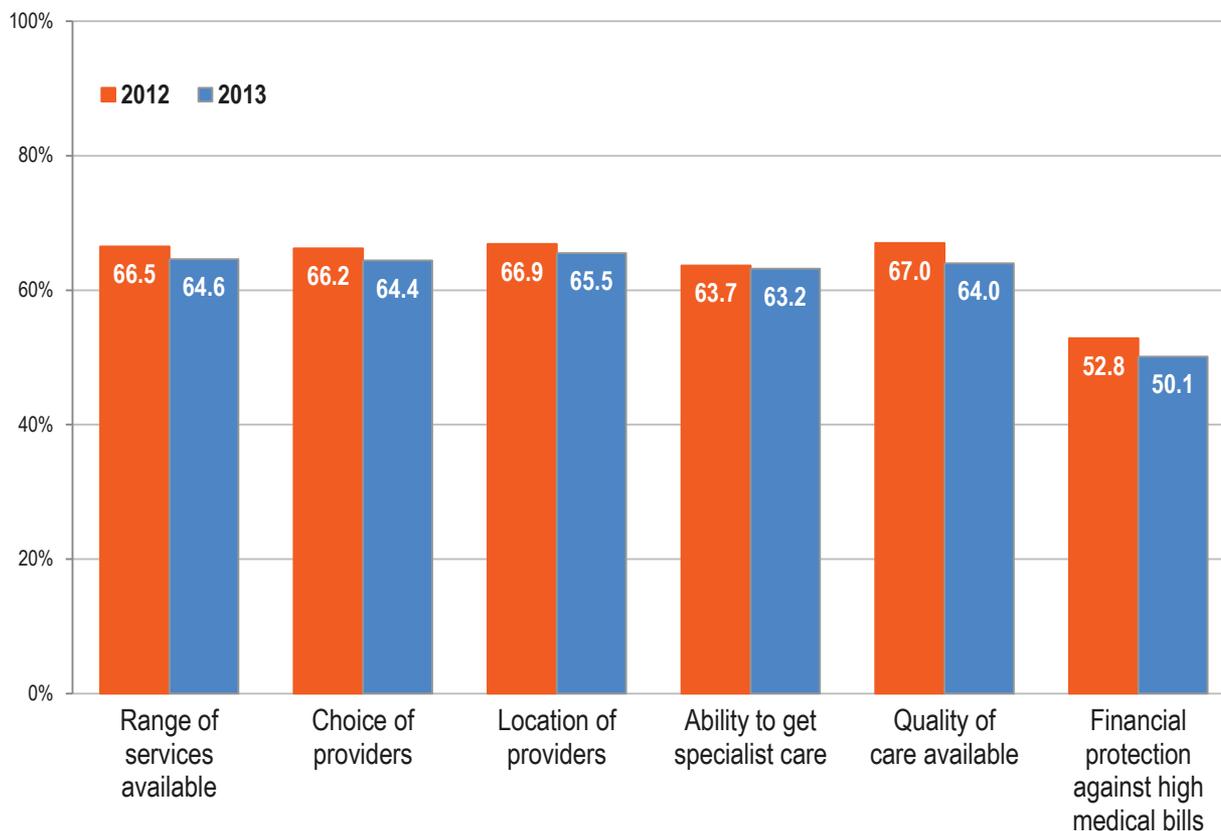
SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

NOTES: These are simple (unadjusted) estimates. Other (non-ESI) coverage is largely public coverage.

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

RATING OF CURRENT HEALTH INSURANCE COVERAGE BY CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2012–2013

PERCENT RATING PLAN AS VERY GOOD OR EXCELLENT



- Nearly two-thirds of nonelderly adults with health insurance coverage in Massachusetts rated their health care as very good or excellent on a variety of factors. However, only half rated financial protection against high medical bills under their health plan as very good or excellent.
- There were no statistically significant changes between 2012 and 2013.

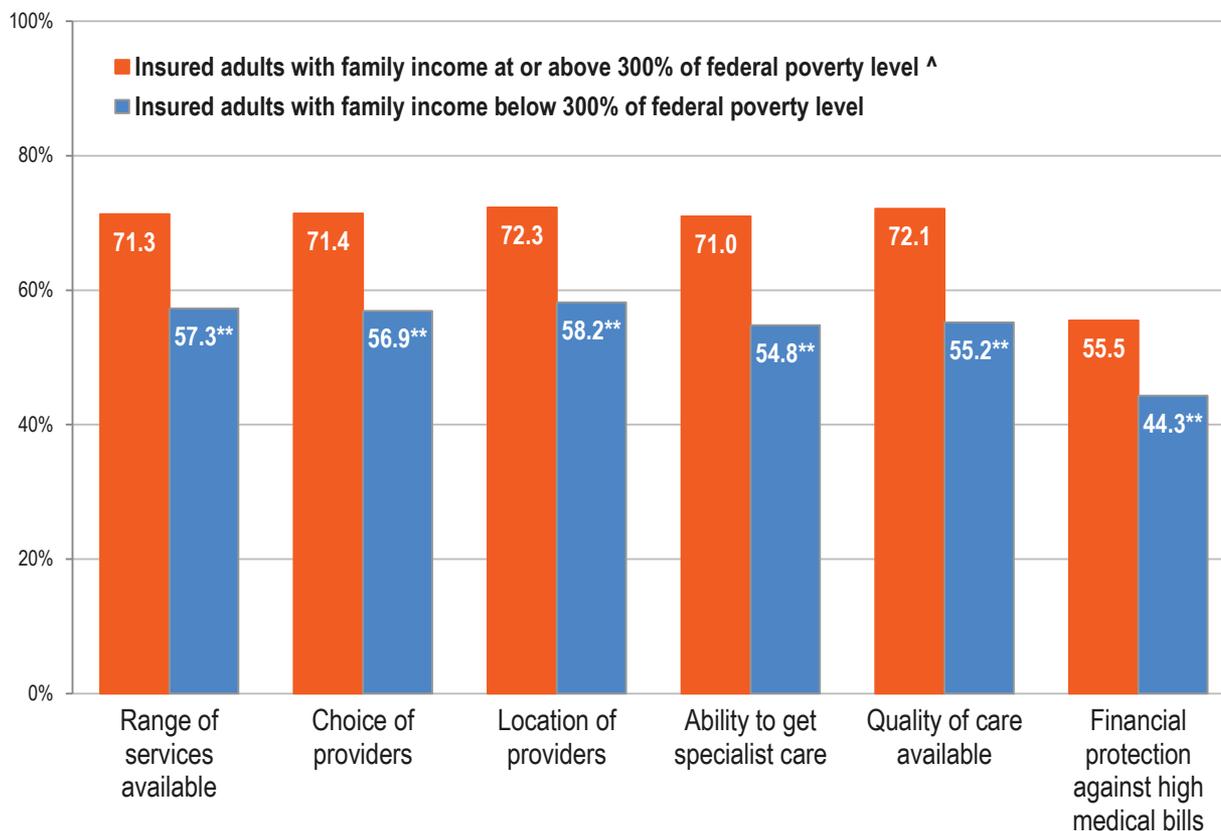
SOURCE: 2012–2013 Massachusetts Health Reform Survey (N=5,954).

NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

RATING OF CURRENT HEALTH INSURANCE COVERAGE BY CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2013

PERCENT RATING PLAN AS VERY GOOD OR EXCELLENT



- Among nonelderly insured adults in Massachusetts in 2013, higher-income adults were more likely than lower-income adults to rate their coverage as very good or excellent. The lowest rating for both groups was provided for the health plan's financial protection against high medical bills.
- There were no statistically significant changes between 2012 and 2013 (data not shown).

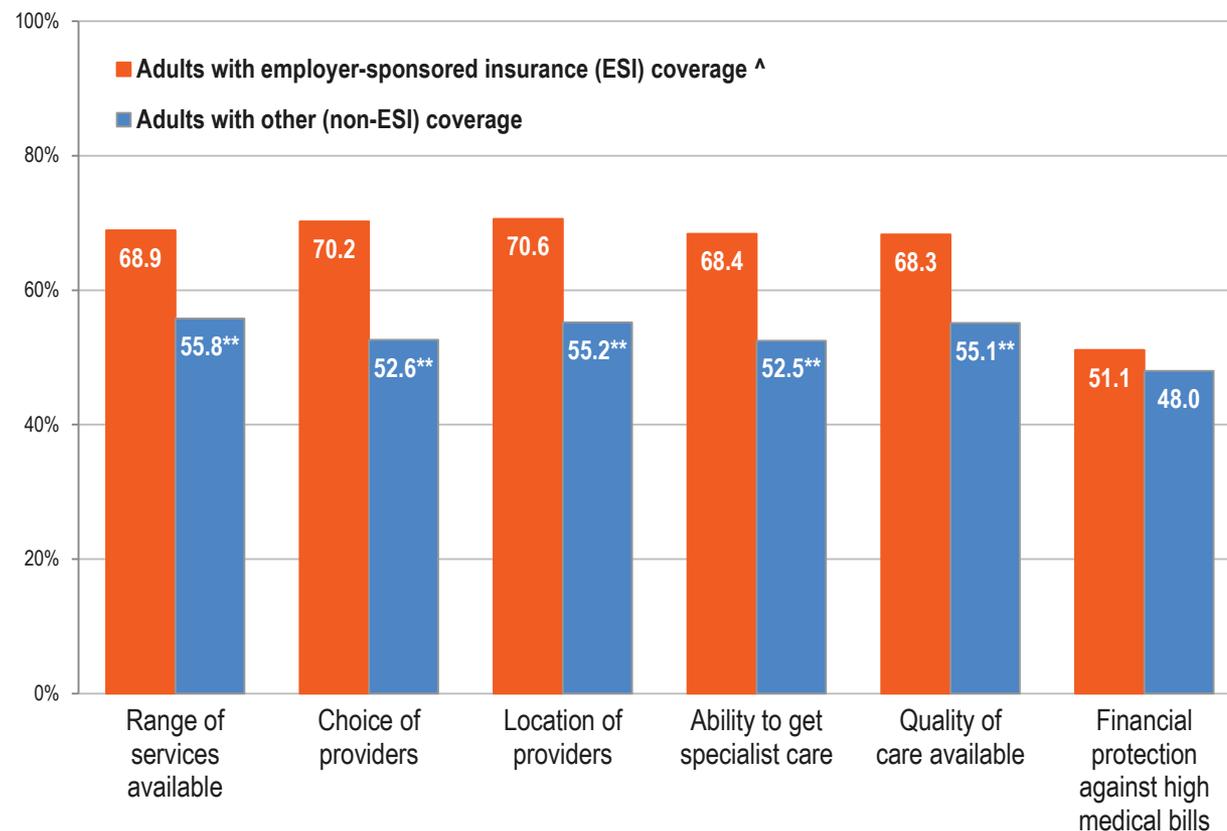
SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

NOTE: These are simple (unadjusted) estimates.

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

RATING OF CURRENT HEALTH INSURANCE COVERAGE BY CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY COVERAGE TYPE, 2013

PERCENT RATING PLAN AS VERY GOOD OR EXCELLENT



- Among nonelderly insured adults in Massachusetts in 2013, adults with employer-sponsored insurance (ESI) coverage were more likely than those with other (non-ESI) coverage to rate their coverage as very good or excellent. The lowest rating for both groups was provided for the health plan's financial protection against high medical bills.
- There were no statistically significant changes between 2012 and 2013 (data not shown).

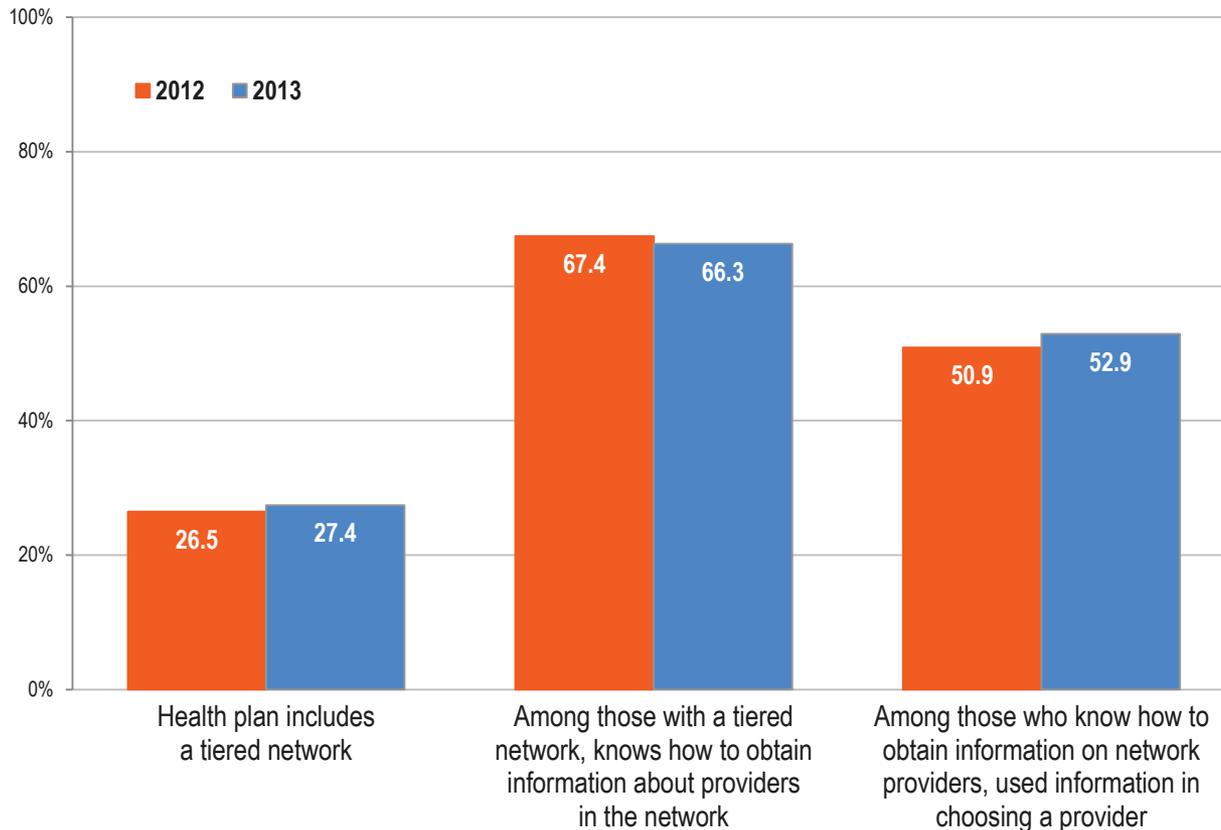
SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

NOTE: These are simple (unadjusted) estimates.

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

AVAILABILITY OF TIERED NETWORKS AMONG CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2012–2013

PERCENT REPORTING



- Roughly one-quarter of insured nonelderly adults in Massachusetts reported that they had access to a tiered network. Among those adults, two-thirds reported that they knew how to obtain information on network providers, and among those, about half reported using the information in choosing a provider.
- There were no statistically significant changes between 2012 and 2013.

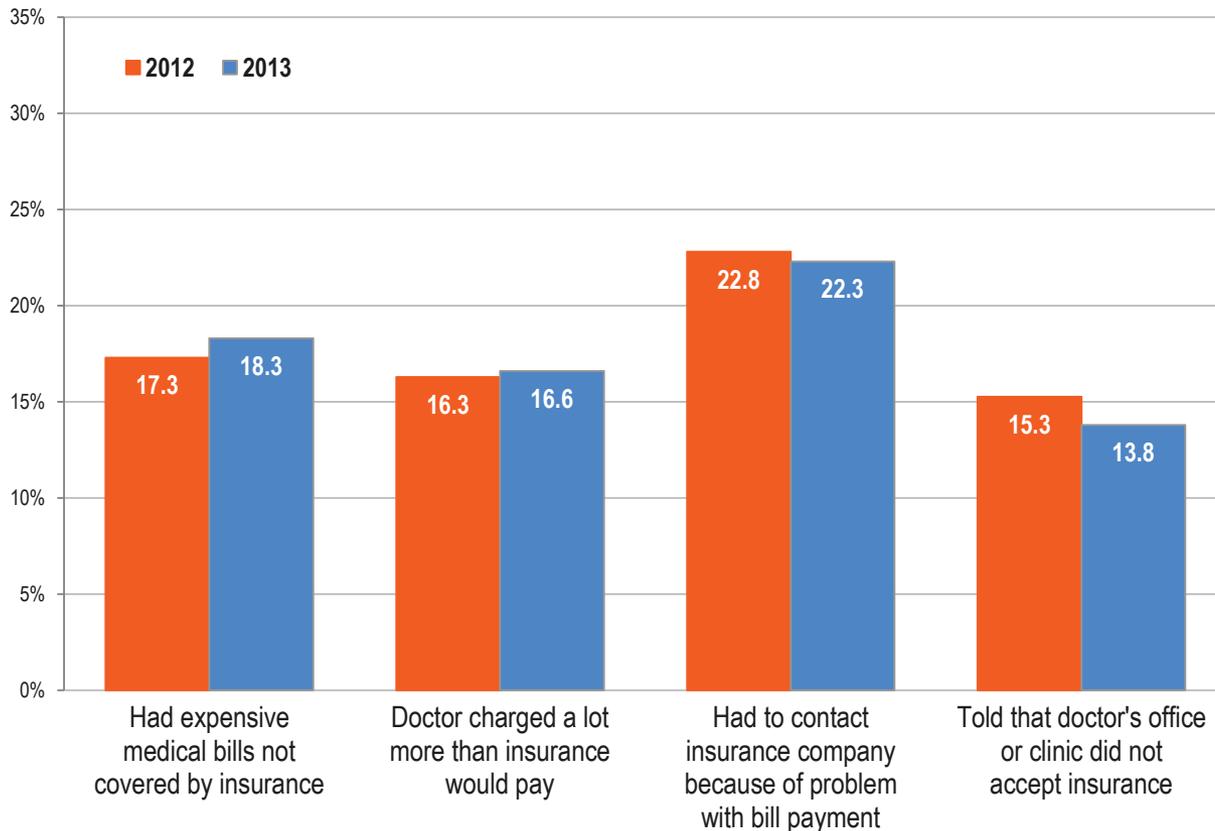
SOURCE: 2012–2013 Massachusetts Health Reform Survey (N=5,954).

NOTES: These are simple (unadjusted) estimates. A network is a group of providers, such as physicians, hospitals, and pharmacies, who contract with a health plan to provide health care services to members of that health plan. A tiered network is a subset of the more cost-effective providers who are available to the consumer at lower cost. These estimates exclude a small share of respondents who did not respond to the question.

*(**) Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

PROBLEMS WITH HEALTH INSURANCE COVERAGE OVER THE PAST YEAR REPORTED BY CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2012–2013

PERCENT REPORTING COVERAGE PROBLEM



- While most insured adults in Massachusetts did not report problems with their health insurance coverage, 18.3 percent reported expensive medical bills that were not covered, 16.6 percent reported a doctor charging a lot more than their insurance would pay, 22.3 percent reported having to contact the insurance company about a bill, and 13.8 percent reported having a doctor's office or clinic tell them that the provider did not accept their insurance type.
- There were no statistically significant changes between 2012 and 2013.

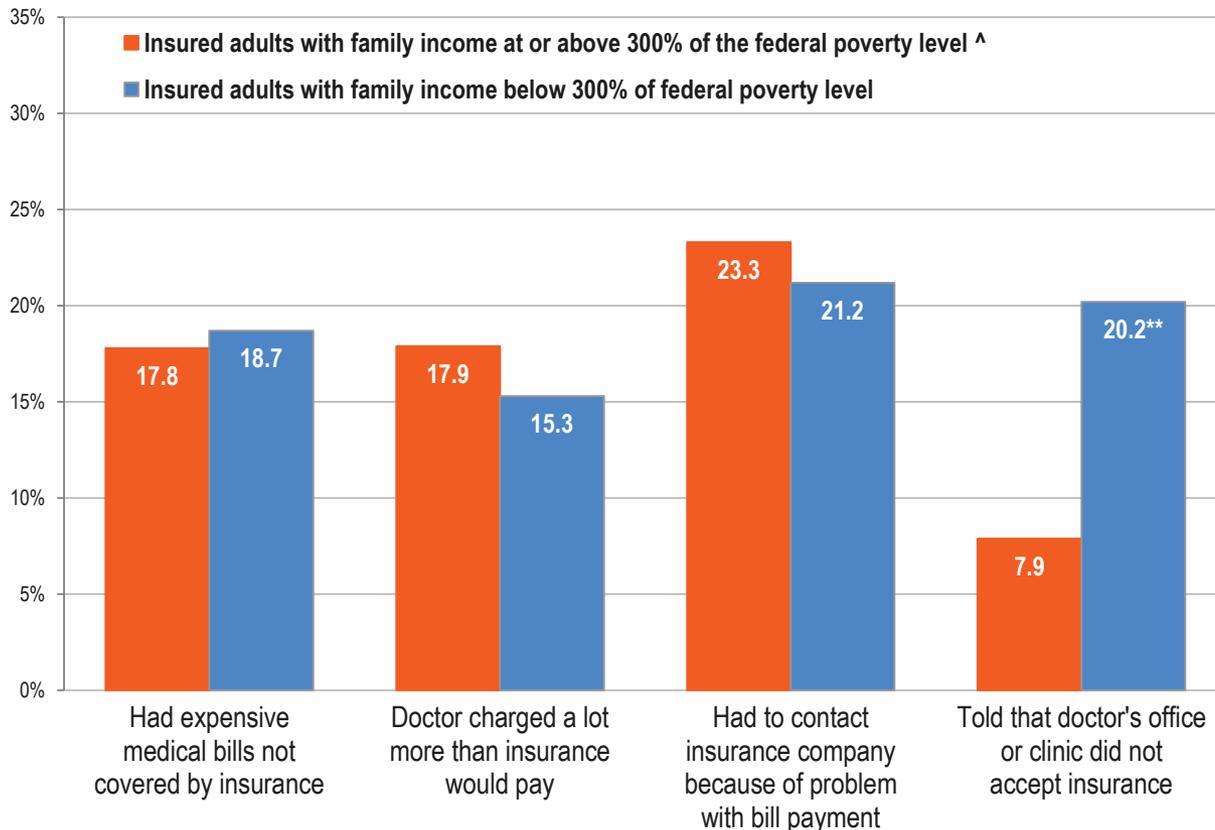
SOURCE: 2012–2013 Massachusetts Health Reform Survey (N=5,954).

NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

PROBLEMS WITH HEALTH INSURANCE COVERAGE OVER THE PAST YEAR REPORTED BY CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2013

PERCENT REPORTING COVERAGE PROBLEM



- In 2013, problems with insurance coverage were generally similar for higher- and lower-income insured nonelderly adults in Massachusetts, except that lower-income adults were more likely to be told that a doctor's office or clinic was not taking their insurance type, which was often public coverage.
- There were no statistically significant changes between 2012 and 2013 (data not shown).

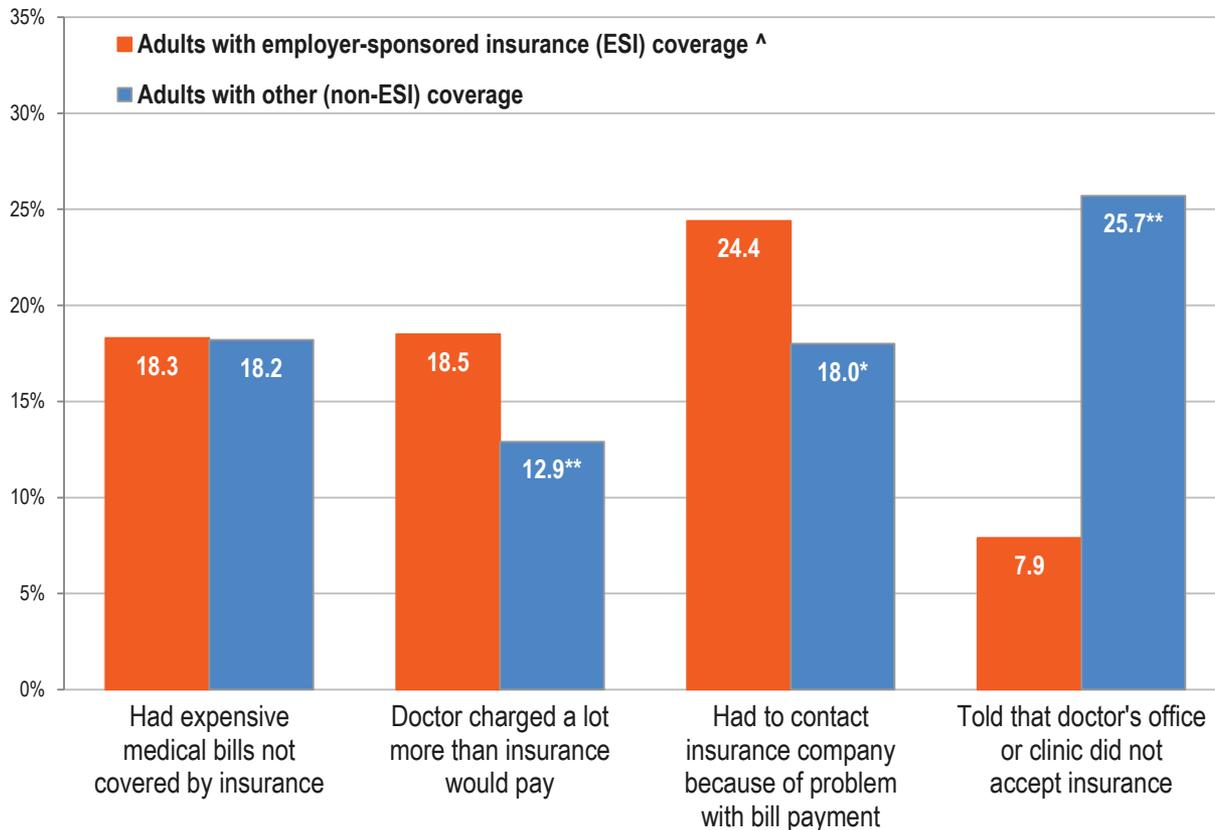
SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

NOTE: These are simple (unadjusted) estimates.

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

PROBLEMS WITH HEALTH INSURANCE COVERAGE OVER THE PAST YEAR REPORTED BY CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY COVERAGE TYPE, 2013

PERCENT REPORTING COVERAGE PROBLEM



- In 2013, insured nonelderly adults in Massachusetts adults with employer-sponsored insurance (ESI) coverage reported more problems with the amount that doctors charged and with needing to contact insurance companies about problems with bill payments, while adults with other (non-ESI) coverage were more likely be told by a doctor's office or clinic that the provider was not taking their insurance type.
- There were no statistically significant changes between 2012 and 2013 (data not shown).

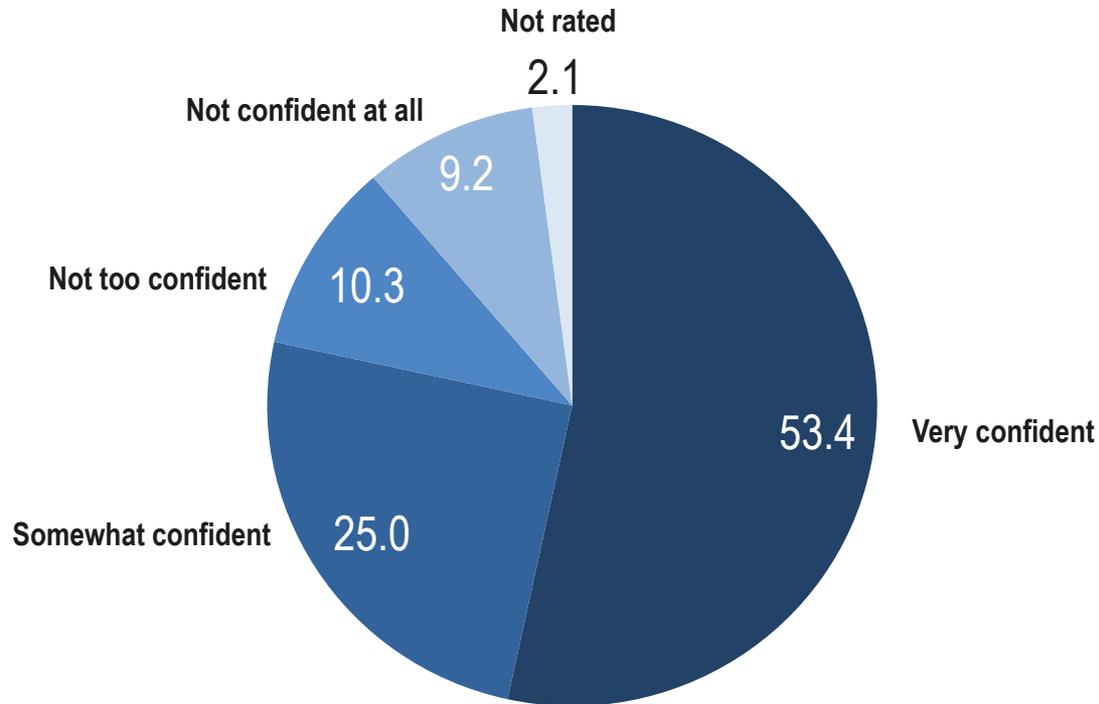
SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

NOTES: These are simple (unadjusted) estimates. Other (non-ESI) coverage is largely public coverage.

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

CONFIDENCE IN ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE FOR CURRENTLY INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2013

PERCENT REPORTING CONFIDENCE LEVEL



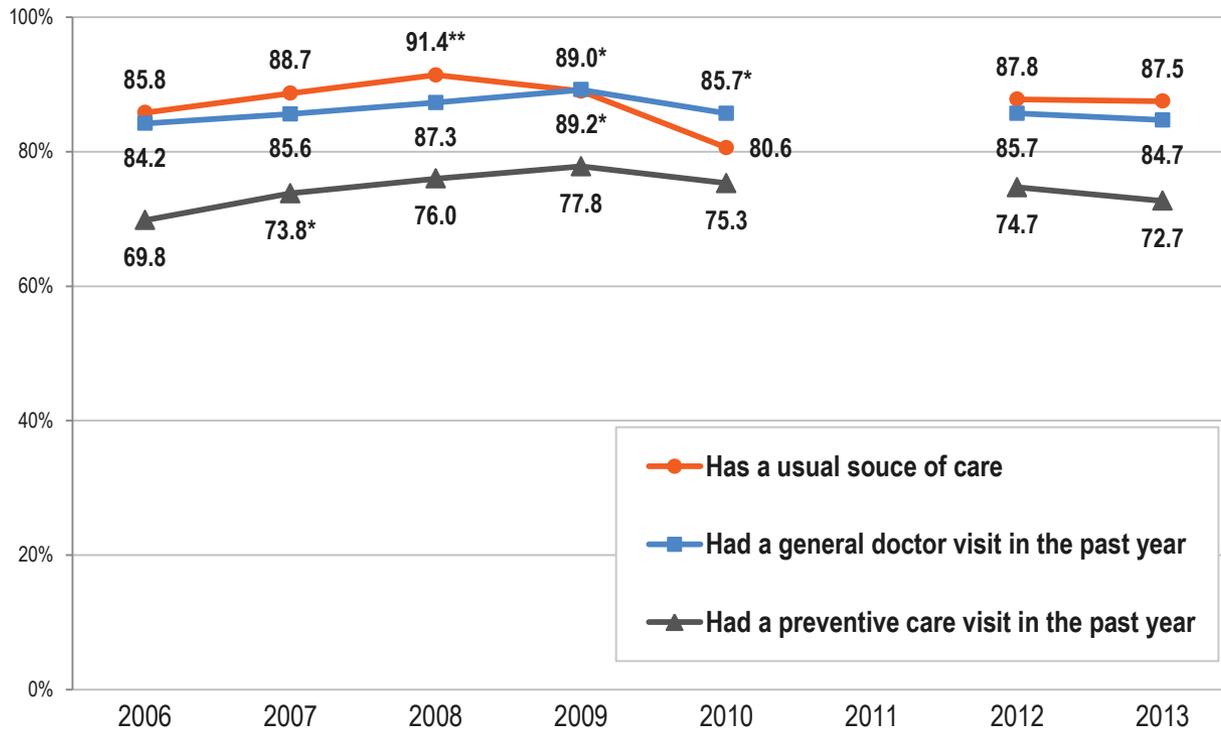
- Most (78.4 percent) insured nonelderly adults in Massachusetts in 2013 were somewhat confident or very confident in their ability to keep their health insurance coverage in the future.
- There were no statistically significant changes in confidence levels between 2012 and 2013 (data not shown).

SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

NOTES: These are simple (unadjusted) estimates. FPL is the federal poverty level.

TRENDS IN ACCESS TO HEALTH CARE OVER THE PAST YEAR FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2006–2013

PERCENT REPORTING



- By 2013, health care access and use for adults in Massachusetts, which had increased over the 2007 to 2010 period, were not significantly different from the levels in 2006. As in 2006, most (87.5 percent) of adults had a usual source of care, and most (84.7 percent) had had a doctor visit over the past year in 2013, including a preventive care visit (72.7 percent).
- There were no statistically significant changes in the probability of having a usual source of care, a general doctor visit, or a preventive care visit over the past year between 2012 and 2013.

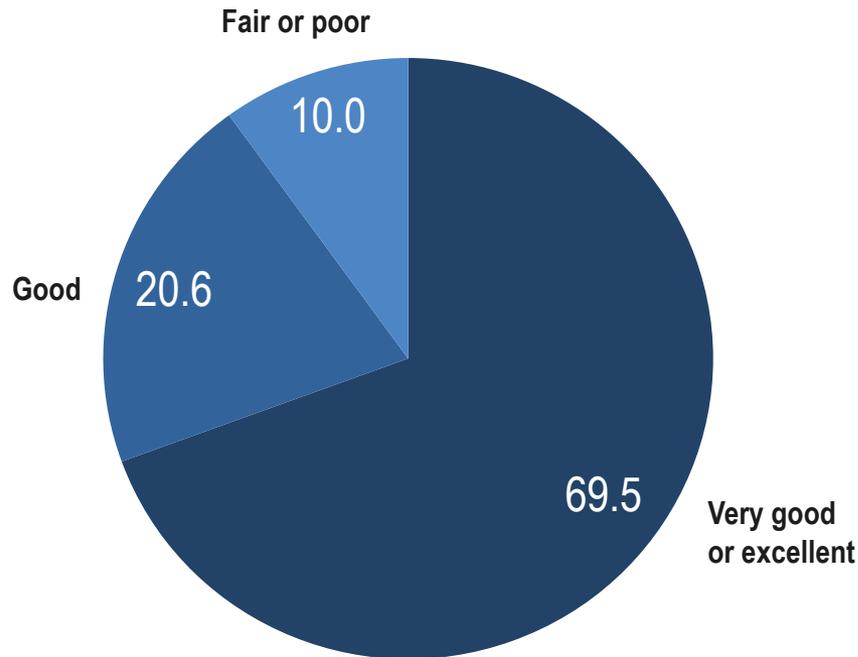
SOURCE: 2006–2013 Massachusetts Health Reform Survey (N=22,374). The survey was not fielded in 2011.

NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in the prior year at the .05 (.01) level, two-tailed test. Since the survey was not fielded in 2011, this is not relevant for 2012.

QUALITY OF HEALTH CARE RECEIVED OVER THE PAST YEAR FOR ADULTS 19 TO 64 IN MASSACHUSETTS WHO USED HEALTH CARE, 2013

PERCENT REPORTING

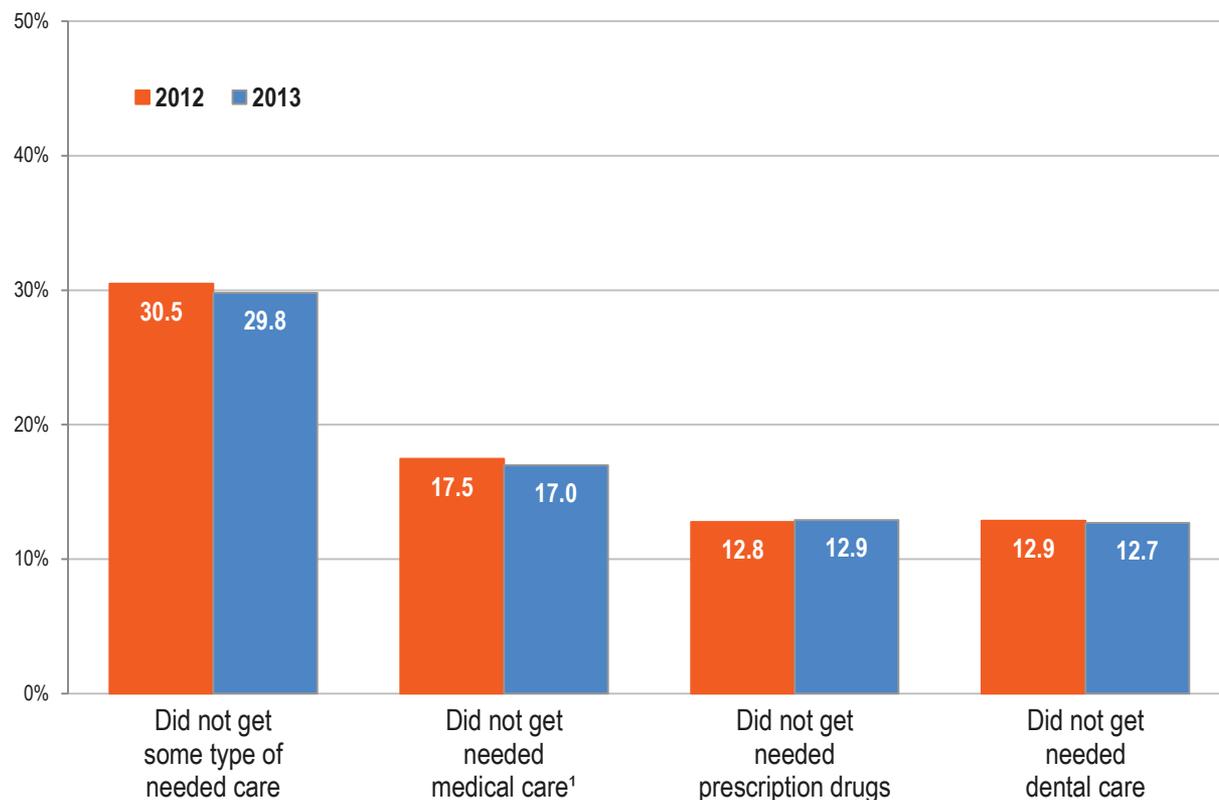


- In 2013, the majority of nonelderly adults in Massachusetts who used health care over the past year rated the quality of the care they had received as very good or excellent.
- There were no statistically significant changes in reported quality of care between 2012 and 2013 (data not shown).

SOURCE: 2013 Massachusetts Health Reform Survey (N=3,024).
NOTE: These are simple (unadjusted) estimates.

UNMET NEED FOR HEALTH CARE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2012–2013

PERCENT REPORTING



- In 2013, about 30 percent of nonelderly adults in Massachusetts with health insurance coverage for the full year reported unmet need for some type of health care over the year, with 17.0 percent reporting unmet need for medical care and about 12.9 percent reporting unmet need for prescription drugs and dental care.
- There were no statistically significant changes between 2012 and 2013.

SOURCE: 2012–2013 Massachusetts Health Reform Survey (N=5,650).

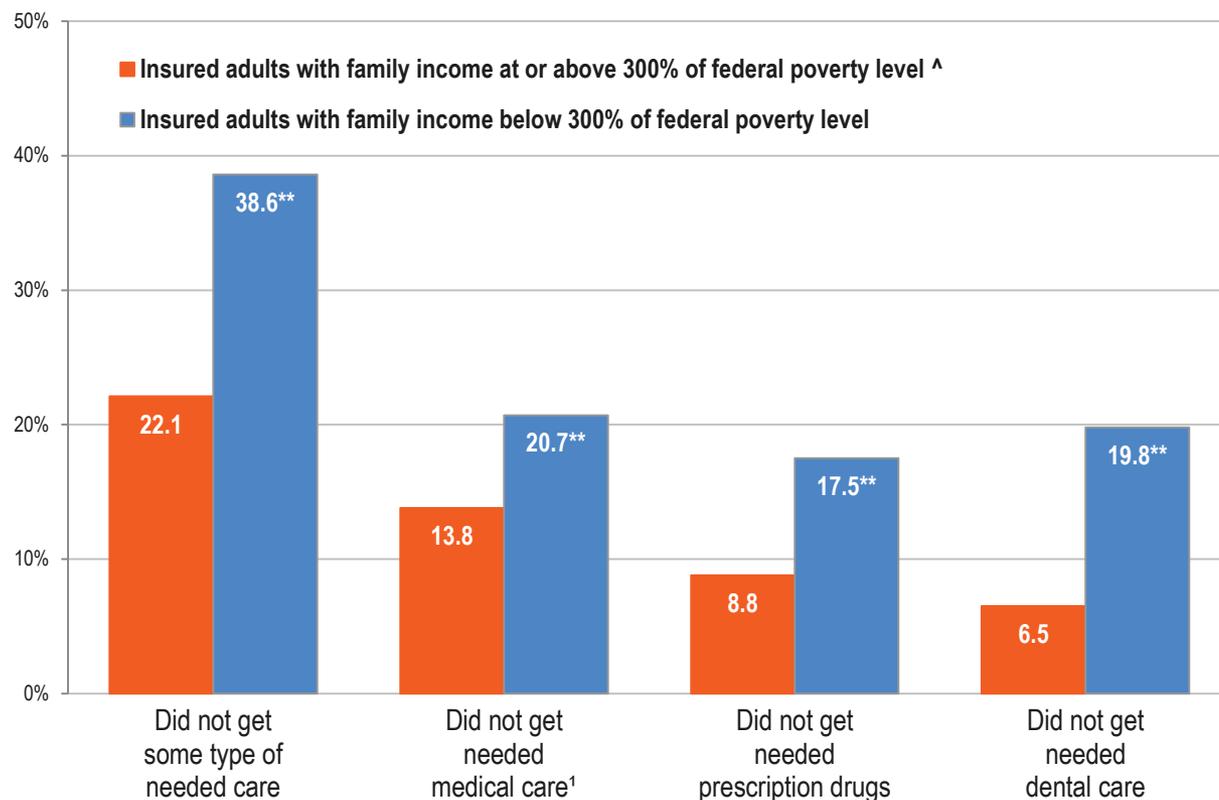
NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

¹ Medical care includes doctor care; specialist care; medical tests, treatment or follow-up care; and preventive care screenings.

UNMET NEED FOR HEALTH CARE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2013

PERCENT REPORTING



- Among nonelderly adults in Massachusetts with insurance coverage for the full year in 2013, unmet need was more common among the adults with lower incomes than those with higher incomes (38.6 percent versus 22.1 percent for any unmet need).
- There were no statistically significant changes between 2012 and 2013 (data not shown).

SOURCE: 2013 Massachusetts Health Reform Survey (N=2,795).

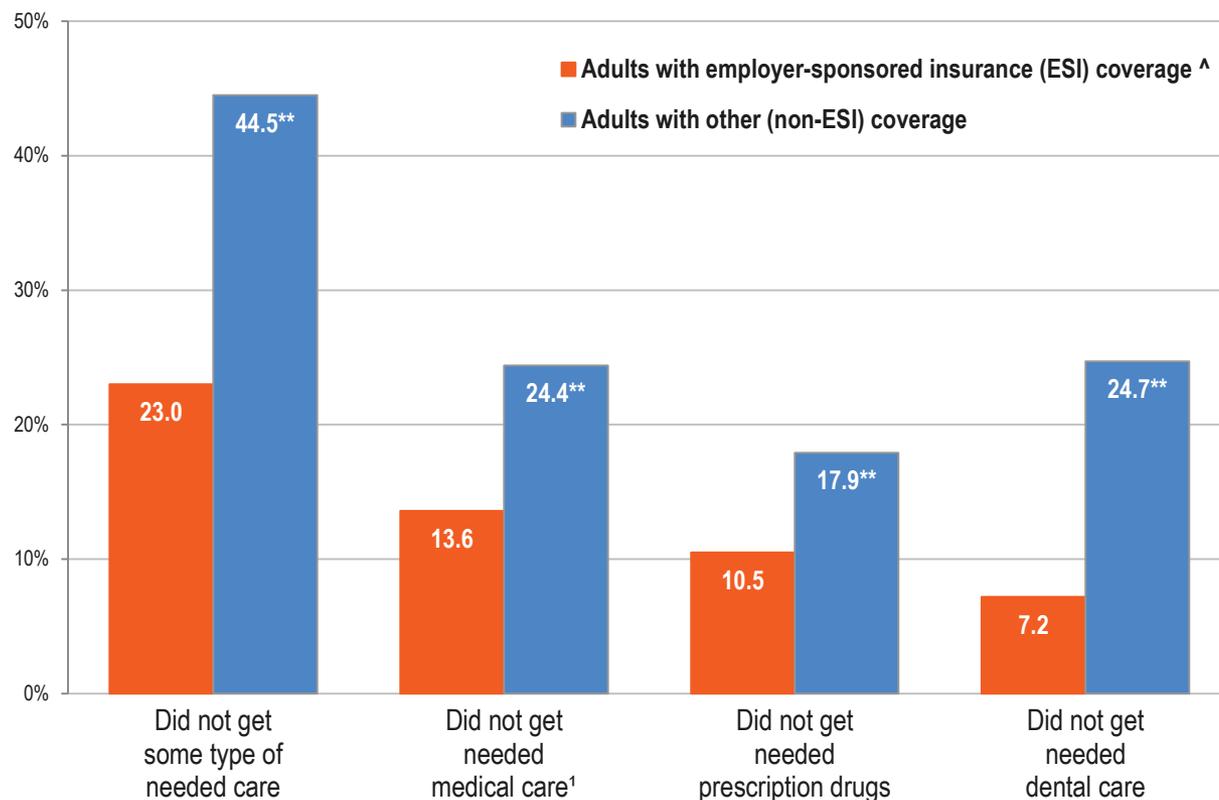
NOTE: These are simple (unadjusted) estimates.

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

¹ Medical care includes doctor care; specialist care; medical tests, treatment or follow-up care; and preventive care screenings.

UNMET NEED FOR HEALTH CARE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY COVERAGE TYPE, 2013

PERCENT REPORTING



- Among nonelderly adults in Massachusetts with insurance coverage for the full year in 2013, unmet need was more common among adults with other (non-employer-sponsored insurance [ESI]) coverage than for adults with ESI coverage (44.5 percent versus 23.0 percent).
- There were no statistically significant changes between 2012 and 2013 (data not shown).

SOURCE: 2013 Massachusetts Health Reform Survey (N=2,795).

NOTES: These are simple (unadjusted) estimates. Other (non-ESI) coverage is largely public coverage.

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

¹ Medical care includes doctor care; specialist care; medical tests, treatment or follow-up care; and preventive care screenings.

CHARACTERISTICS ASSOCIATED WITH UNMET NEED FOR HEALTH CARE OVER THE PAST 12 MONTHS FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2013

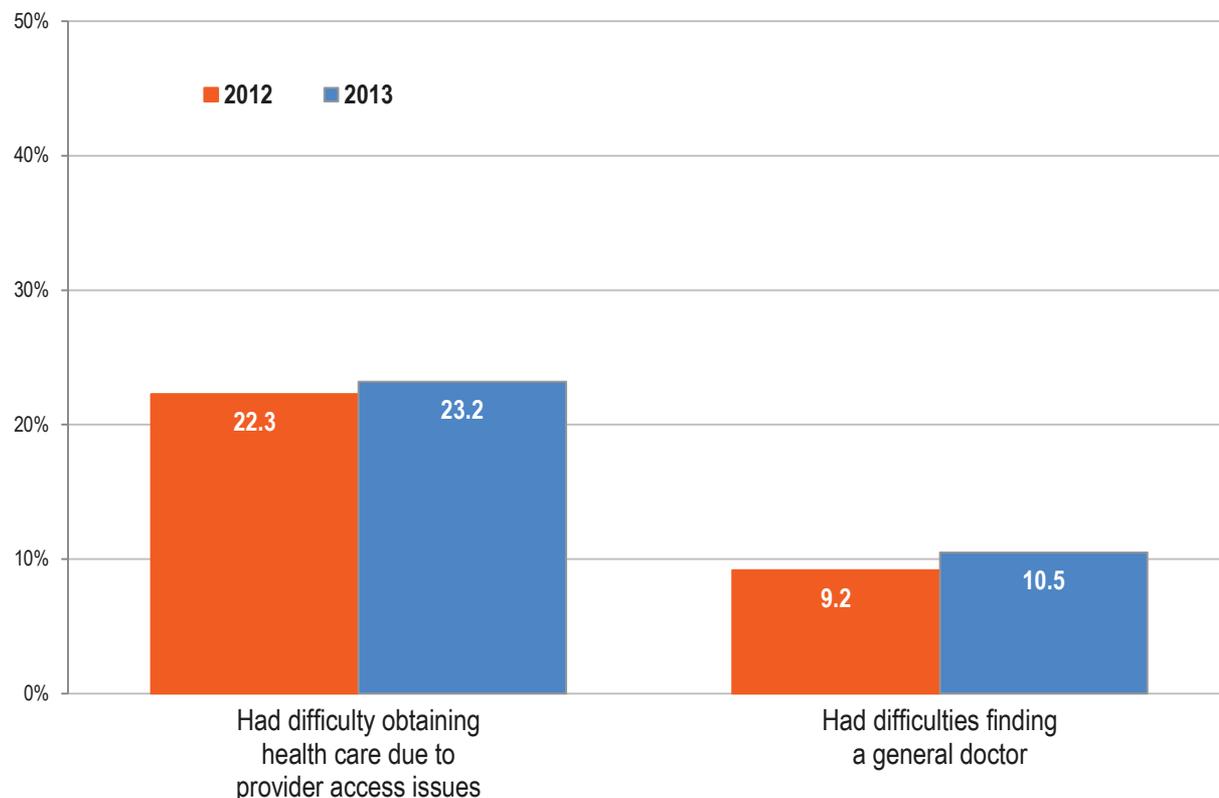
- Groups who are more likely to have unmet need for health care:
 - Demographic characteristics: younger adults, women, parents
 - Socioeconomic characteristics: unmarried adults, adults with lower educational attainment, adults who do not work, adults with lower family incomes
 - Health and disability status: adults who report poorer health, adults with health problems, adults with activity limitations due to health
 - Coverage characteristics: adults with other (non-ESI) coverage
- Strongest predictors of unmet need based on multivariate analysis:
 - Demographic characteristics: being female, being a parent
 - Health and disability status: reporting poorer health, having a health condition, having an activity limitation due to health
 - Coverage characteristics: having a high-deductible health plan

SOURCE: Analysis of 2013 Massachusetts Health Reform Survey.

NOTES: ESI is employer-sponsored insurance. Other (non-ESI) coverage is largely public coverage.

DIFFICULTY OBTAINING HEALTH CARE DUE TO PROVIDER ACCESS ISSUES FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2012–2013

PERCENT REPORTING



- Nearly a quarter of nonelderly adults in Massachusetts with health insurance coverage for the full year in 2013 reported difficulties obtaining health care due to provider access issues, with more than one in 10 reporting problems finding a general doctor.
- There were no statistically significant changes between 2012 and 2013.

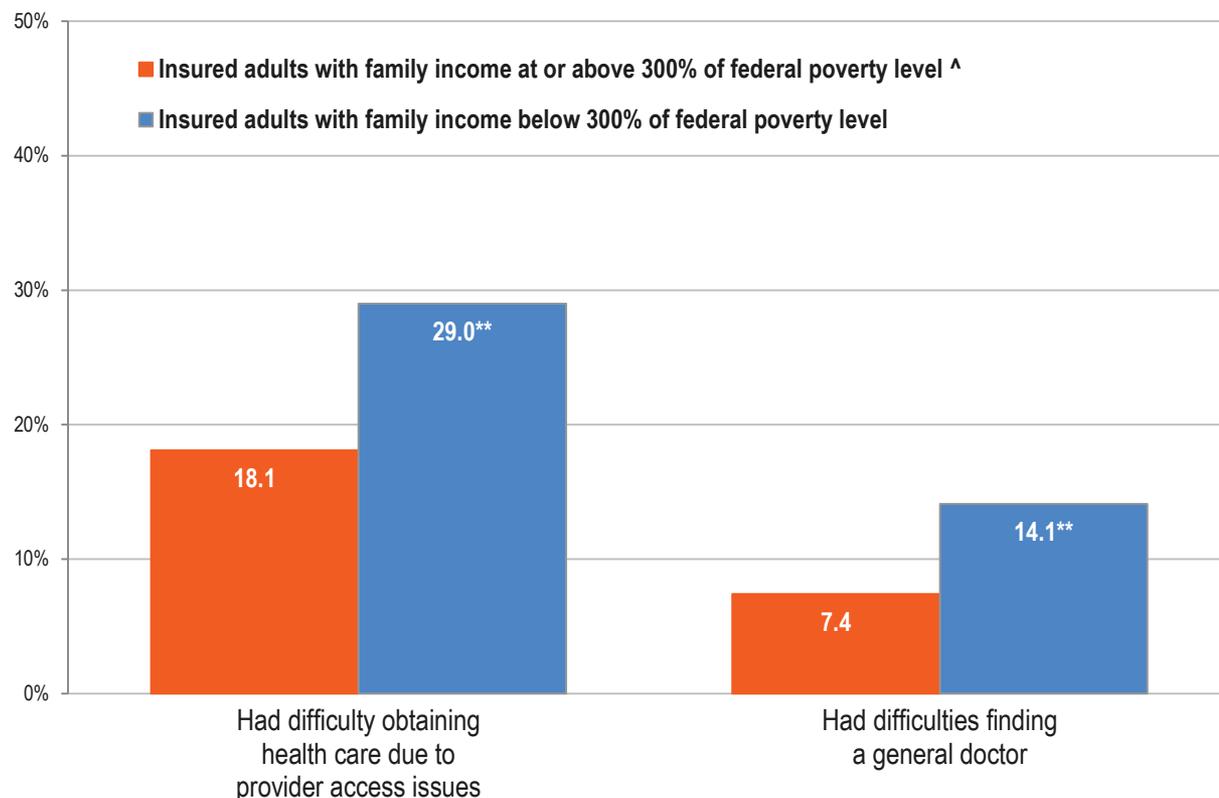
SOURCE: 2012–2013 Massachusetts Health Reform Survey (N=5,650).

NOTES: These are simple (unadjusted) estimates. Provider access issues include difficulty finding a provider (both general doctors and specialists), difficulty getting an appointment as soon as needed, and difficulty with the location of a provider.

*(**) Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

DIFFICULTY OBTAINING HEALTH CARE DUE TO PROVIDER ACCESS ISSUES FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2013

PERCENT REPORTING



- Among nonelderly adults in Massachusetts with insurance coverage all year in 2013, provider access issues were more of a problem for lower-income than higher-income adults.
- There were no statistically significant changes between 2012 and 2013 (data not shown).

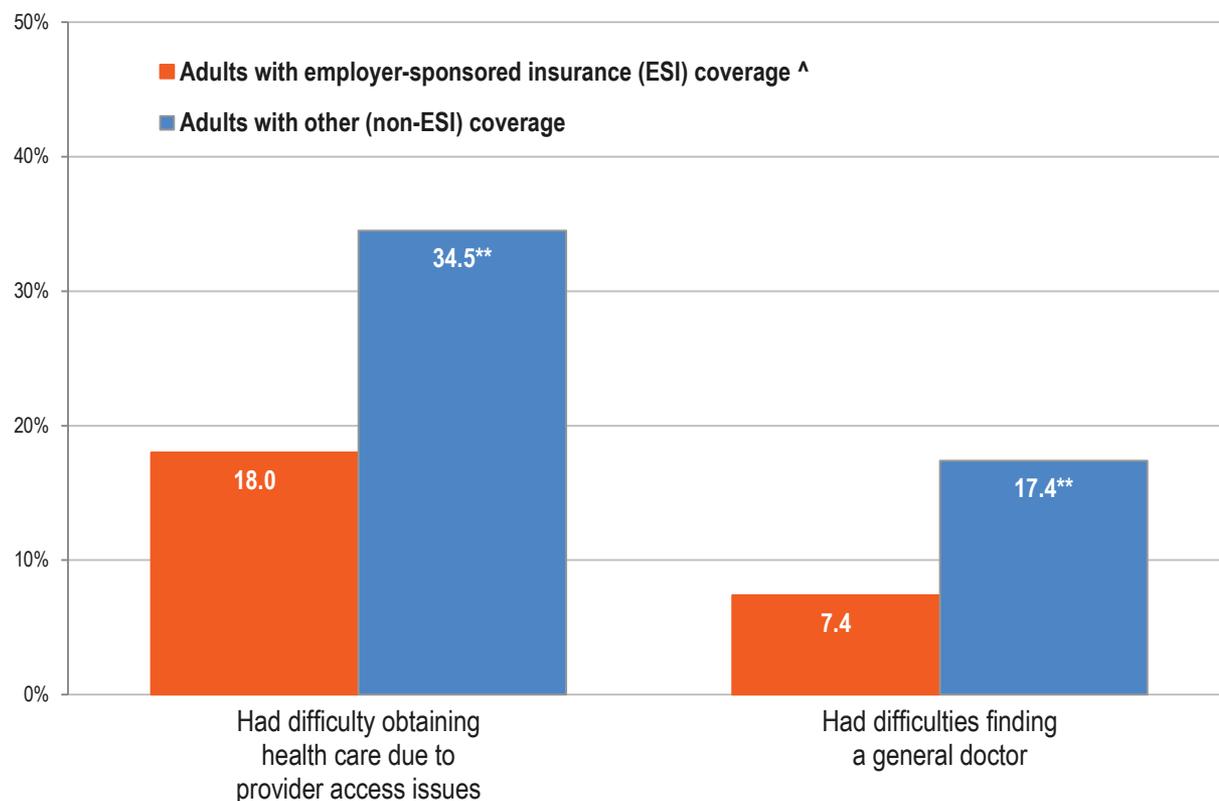
SOURCE: 2013 Massachusetts Health Reform Survey (N=2,795).

NOTES: These are simple (unadjusted) estimates. Provider access issues include difficulty finding a provider (both general doctors and specialists), difficulty getting an appointment as soon as needed, and difficulty with the location of a provider.

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

DIFFICULTY OBTAINING HEALTH CARE DUE TO PROVIDER ACCESS ISSUES FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY COVERAGE TYPE, 2013

PERCENT REPORTING



- Among nonelderly adults in Massachusetts with insurance coverage all year in 2013, provider access issues were more of a problem for adults with other (non-employer-sponsored insurance [ESI]) coverage than adults with ESI coverage.
- There were no statistically significant changes between 2012 and 2013 (data not shown).

SOURCE: 2013 Massachusetts Health Reform Survey (N=2,795).

NOTES: These are simple (unadjusted) estimates. Other (non-ESI) coverage is largely public coverage. Provider access issues include difficulty finding a provider (both general doctors and specialists), difficulty getting an appointment as soon as needed, and difficulty with the location of a provider.

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

CHARACTERISTICS ASSOCIATED WITH DIFFICULTIES OBTAINING HEALTH CARE DUE TO PROVIDER ACCESS ISSUES OVER THE PAST 12 MONTHS FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2013

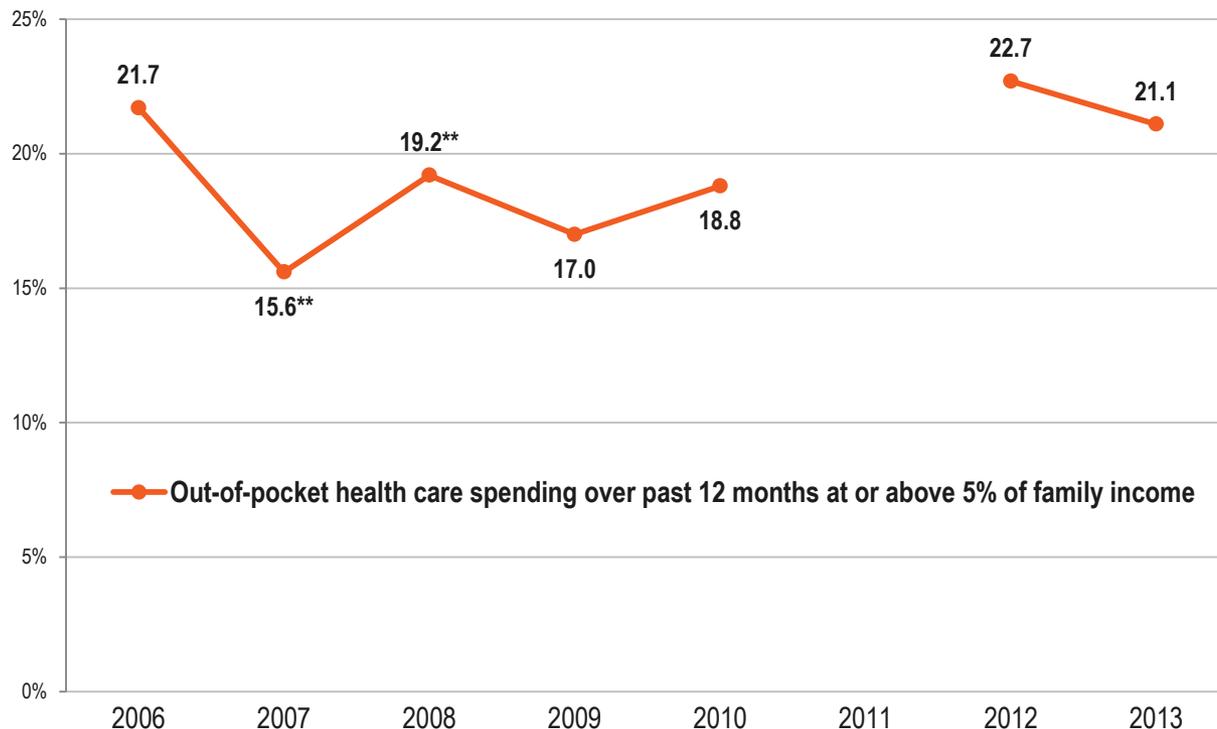
- Groups who are more likely to have difficulties obtaining health care due to provider access issues:
 - Demographic characteristics: younger adults, women
 - Socioeconomic characteristics: unmarried adults, adults with lower educational attainment, adults who do not work full-time, adults with lower family incomes
 - Health and disability status: adults who report poorer health, adults with health problems, adults with activity limitations due to health
 - Coverage characteristics: adults with other (non-ESI) coverage
- The multivariate analysis did not identify any strong predictors of difficulties obtaining health care due to provider access issues, suggesting problems across the population subgroups.

SOURCE: Analysis of 2013 Massachusetts Health Reform Survey.

NOTES: ESI is employer-sponsored insurance. Other (non-ESI) coverage is largely public coverage.

TRENDS IN OUT-OF-POCKET SPENDING ON HEALTH CARE OVER THE PAST YEAR FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2006–2013

PERCENT REPORTING



- The affordability of health care for adults overall in Massachusetts, which had improved somewhat over the 2007 to 2008 period, was not significantly different in 2013 from the levels in 2006. As in 2006, roughly one in five of the adults with family income below 500 percent of the federal poverty level had out-of-pocket spending over the past 12 months that was at or above 5 percent of family income (21.1 percent) in 2013.
- There were no statistically significant changes between 2012 and 2013.

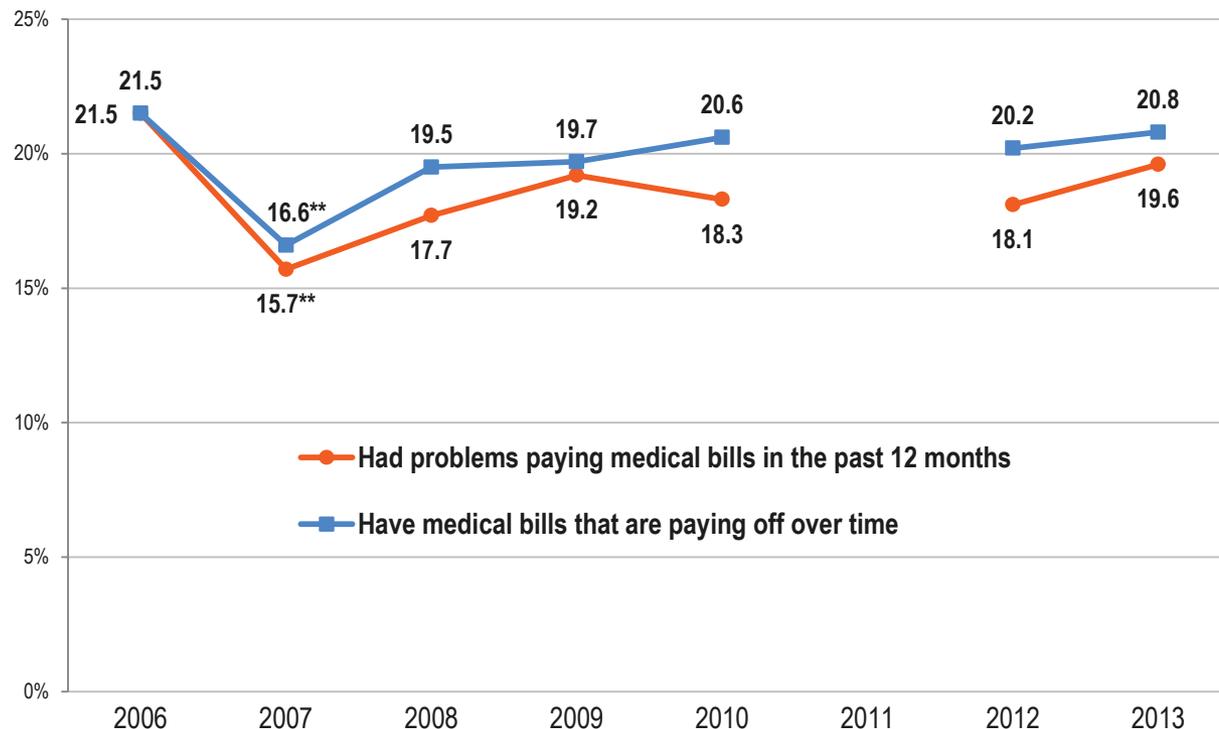
SOURCE: 2006–2013 Massachusetts Health Reform Survey (N=22,374). The survey was not fielded in 2011.

NOTES: These are simple (unadjusted) estimates. Because of the way the income information is collected in the survey, the measures of spending relative to family income cannot be constructed for adults with family income above 500 percent of federal poverty level (FPL).

*(**) Significantly different from the value in the prior year at the .05 (.01) level, two-tailed test. Since the survey was not fielded in 2011, this is not relevant for 2012.

TRENDS IN PROBLEMS PAYING MEDICAL BILLS AND MEDICAL DEBT OVER THE PAST YEAR FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2006–2013

PERCENT REPORTING



- The affordability of health care for adults overall in Massachusetts, which had improved somewhat over the 2007 to 2008 period, was not significantly different in 2013 from the levels in 2006. As in 2006, roughly one in five had problems paying medical bills (19.6 percent) and had medical bills that they were paying off over time (20.8 percent) in 2013.
- There were no statistically significant changes between 2012 and 2013.

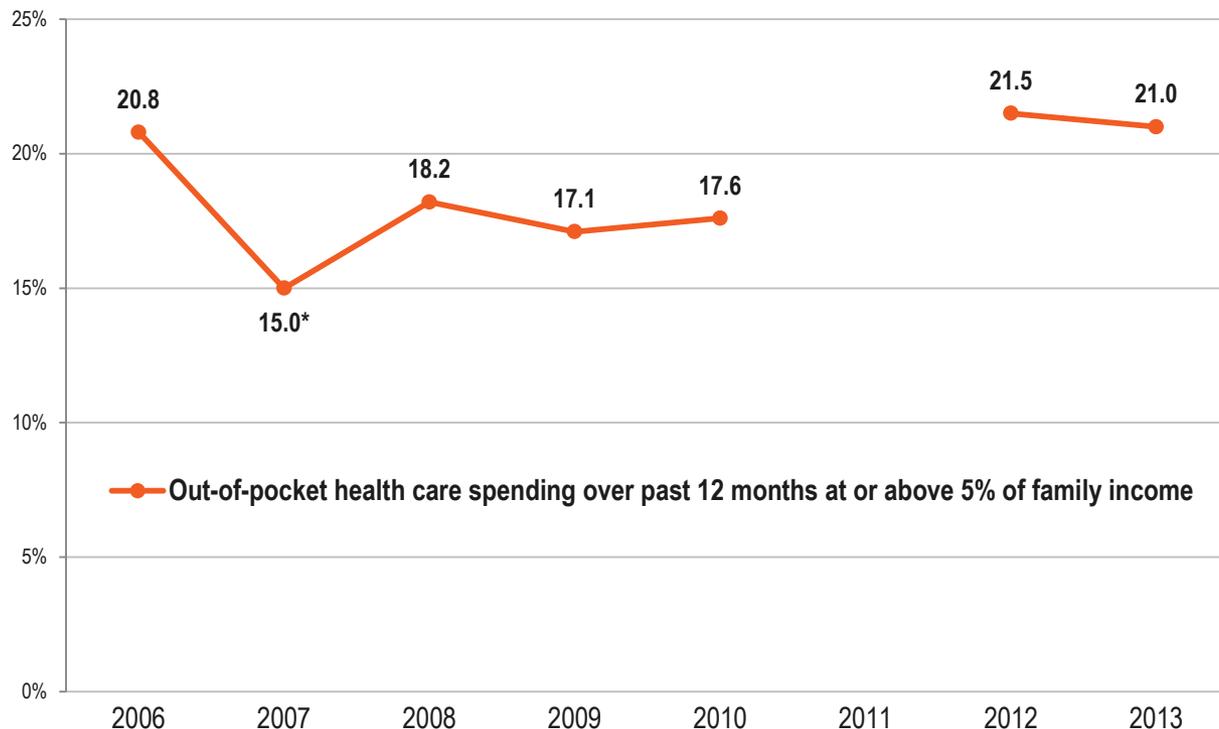
SOURCE: 2006–2013 Massachusetts Health Reform Survey (N=22,374). The survey was not fielded in 2011.

NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in the prior year at the .05 (.01) level, two-tailed test. Since the survey was not fielded in 2011, this is not relevant for 2012.

TRENDS IN OUT-OF-POCKET SPENDING ON HEALTH CARE OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2006–2013

PERCENT REPORTING



- The affordability of health care for nonelderly adults in Massachusetts with insurance coverage all year, which had improved somewhat in 2007, was not significantly different in 2013 from the levels in 2006. As in 2006, roughly one in five of the insured adults with family income below 500 percent of the federal poverty level had out-of-pocket spending over the past 12 months that was at or above 5 percent of family income in 2013.
- There were no statistically significant changes between 2012 and 2013.

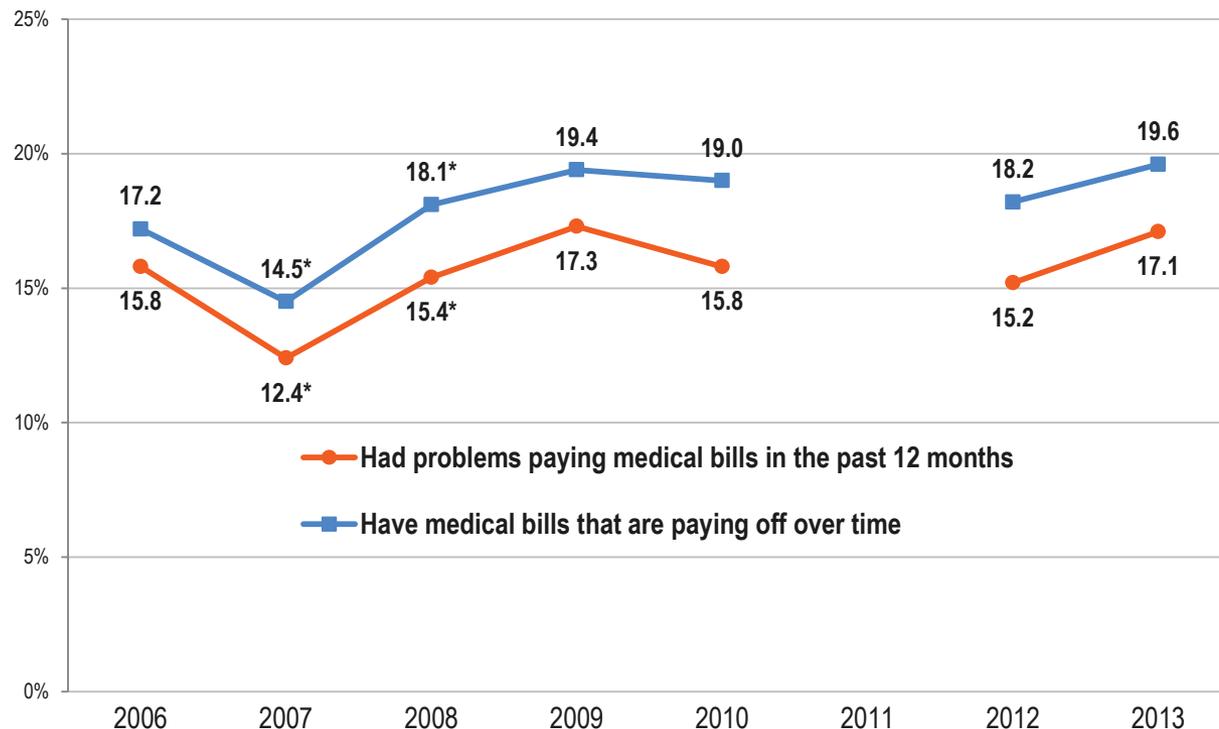
SOURCE: 2006–2013 Massachusetts Health Reform Survey (N=18,757). The survey was not fielded in 2011.

NOTES: These are simple (unadjusted) estimates. Because of the way the income information is collected in the survey, the measures of spending relative to family income cannot be constructed for adults with family income above 500 percent of federal poverty level (FPL).

*(**) Significantly different from the value in the prior year at the .05 (.01) level, two-tailed test. Since the survey was not fielded in 2011, this is not relevant for 2012.

TRENDS IN PAYING MEDICAL BILLS AND MEDICAL DEBT OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2006–2013

PERCENT REPORTING



- The affordability of health care for nonelderly adults in Massachusetts with insurance coverage all year, which had improved somewhat in 2007, was not significantly different in 2013 from the levels in 2006. As in 2006, roughly one in five of the adults had problems paying medical bills (19.6 percent) and had medical bills that they were paying off over time (17.1 percent) in 2013.
- There were no statistically significant changes between 2012 and 2013.

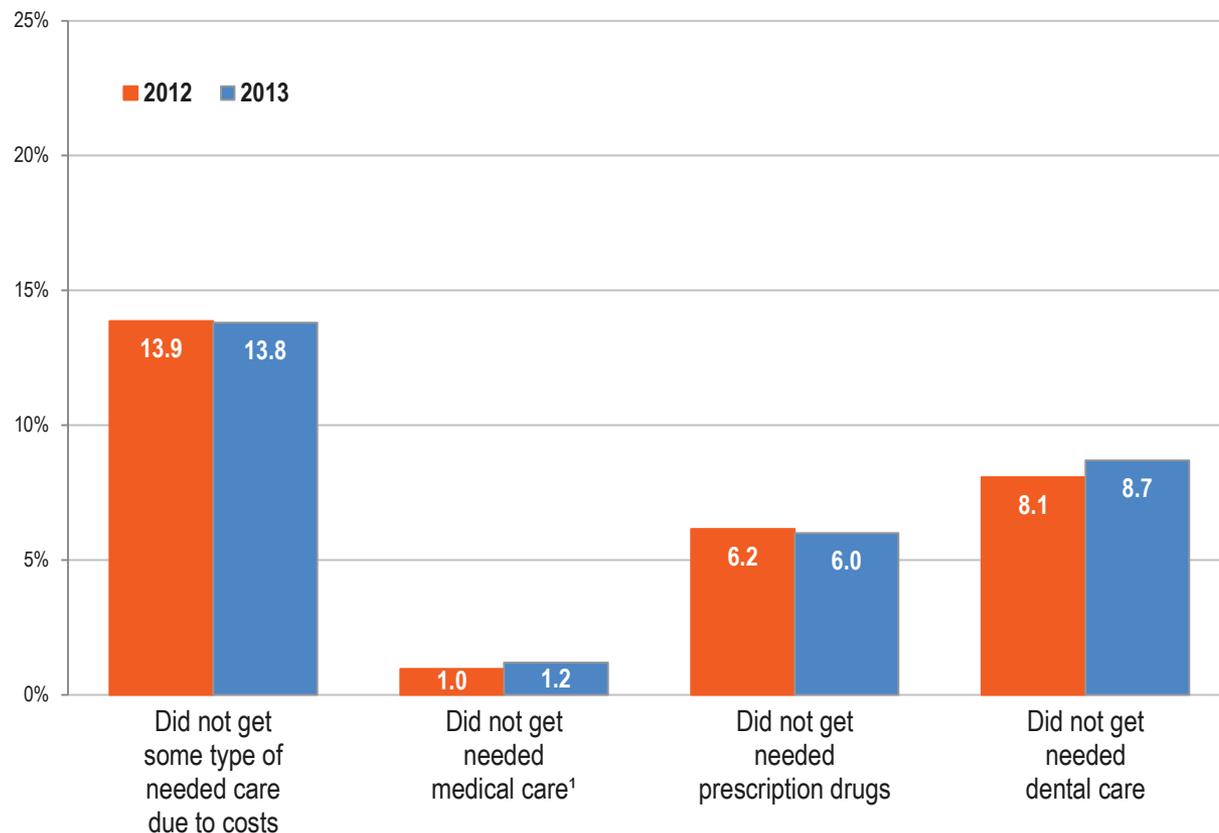
SOURCE: 2006–2013 Massachusetts Health Reform Survey (N=18,757). The survey was not fielded in 2011.

NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in the prior year at the .05 (.01) level, two-tailed test. Since the survey was not fielded in 2011, this is not relevant for 2012.

UNMET NEED FOR HEALTH CARE DUE TO HEALTH CARE COSTS OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2012–2013

PERCENT REPORTING



- More than one in 10 nonelderly adults in Massachusetts with health insurance coverage for the full year in 2013 reported unmet need for some type of health care because of health care costs over the year, particularly unmet need for prescription drugs (6.0 percent) and unmet need for dental care (8.7 percent).
- There were no statistically significant changes between 2012 and 2013.

SOURCE: 2012–2013 Massachusetts Health Reform Survey (N=5,650).

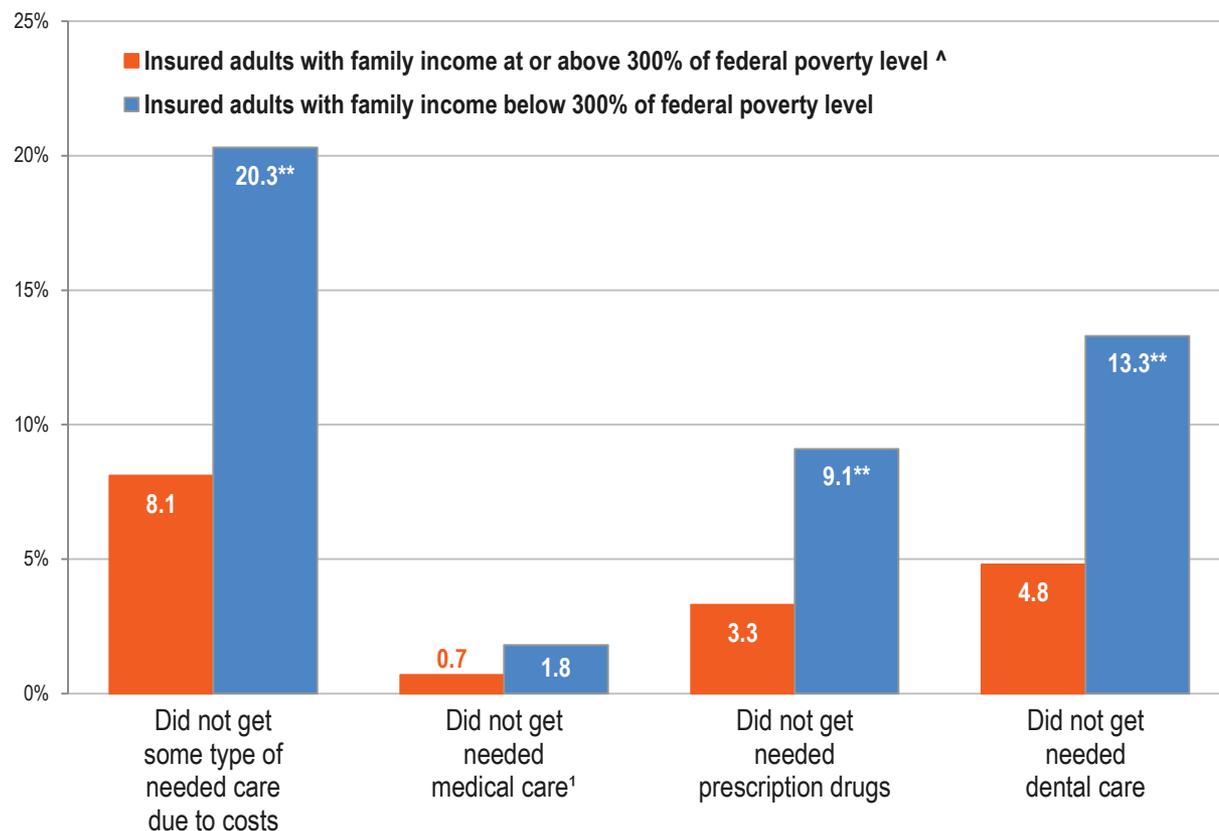
NOTE: These are simple (unadjusted) estimates.

*(**) Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

¹ Medical care includes doctor care; specialist care; medical tests, treatment or follow-up care; and preventive care screenings.

UNMET NEED FOR HEALTH CARE DUE TO HEALTH CARE COSTS OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2013

PERCENT REPORTING



- Among nonelderly adults in Massachusetts with insurance coverage for the full year in 2013, unmet need due to health care costs was more common among the adults with lower incomes than those with higher incomes (20.3 percent versus 8.1 percent for any unmet need), primarily due to unmet need for prescription drugs and dental care.
- There were no statistically significant changes between 2012 and 2013 (data not shown).

SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

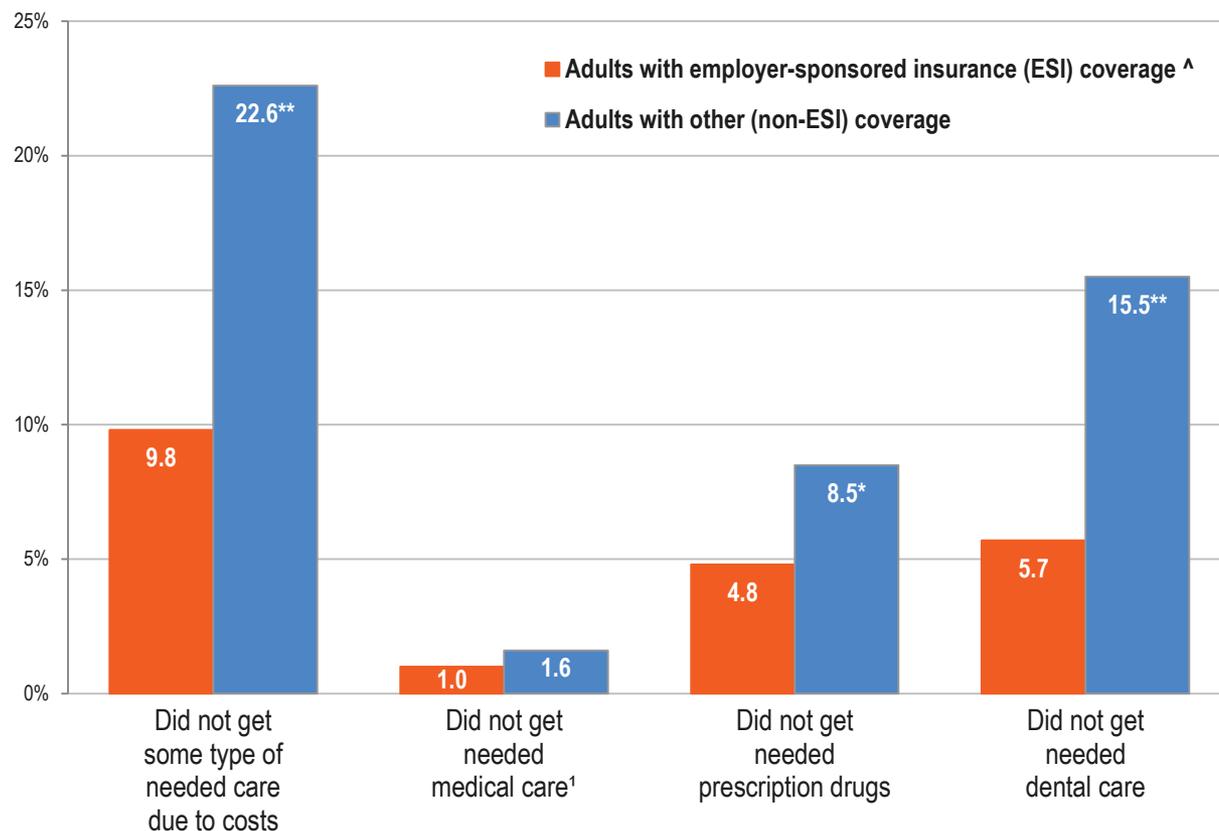
NOTE: These are simple (unadjusted) estimates.

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

¹ Medical care includes doctor care; specialist care; medical tests, treatment or follow-up care; and preventive care screenings.

UNMET NEED FOR HEALTH CARE DUE TO HEALTH CARE COSTS OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY COVERAGE TYPE, 2013

PERCENT REPORTING



- Among nonelderly adults in Massachusetts with insurance coverage for the full year in 2013, unmet need was more common among the adults with other (non-employer-sponsored insurance [ESI]) coverage than among adults with ESI coverage.
- There were no statistically significant changes between 2012 and 2013 (data not shown).

SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

NOTES: These are simple (unadjusted) estimates. Other (non-ESI) coverage is largely public coverage.

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

¹ Medical care includes doctor care; specialist care; medical tests, treatment or follow-up care; and preventive care screenings.

CHARACTERISTICS ASSOCIATED WITH UNMET NEED FOR HEALTH CARE DUE TO HEALTH CARE COSTS OVER THE PAST 12 MONTHS FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2013

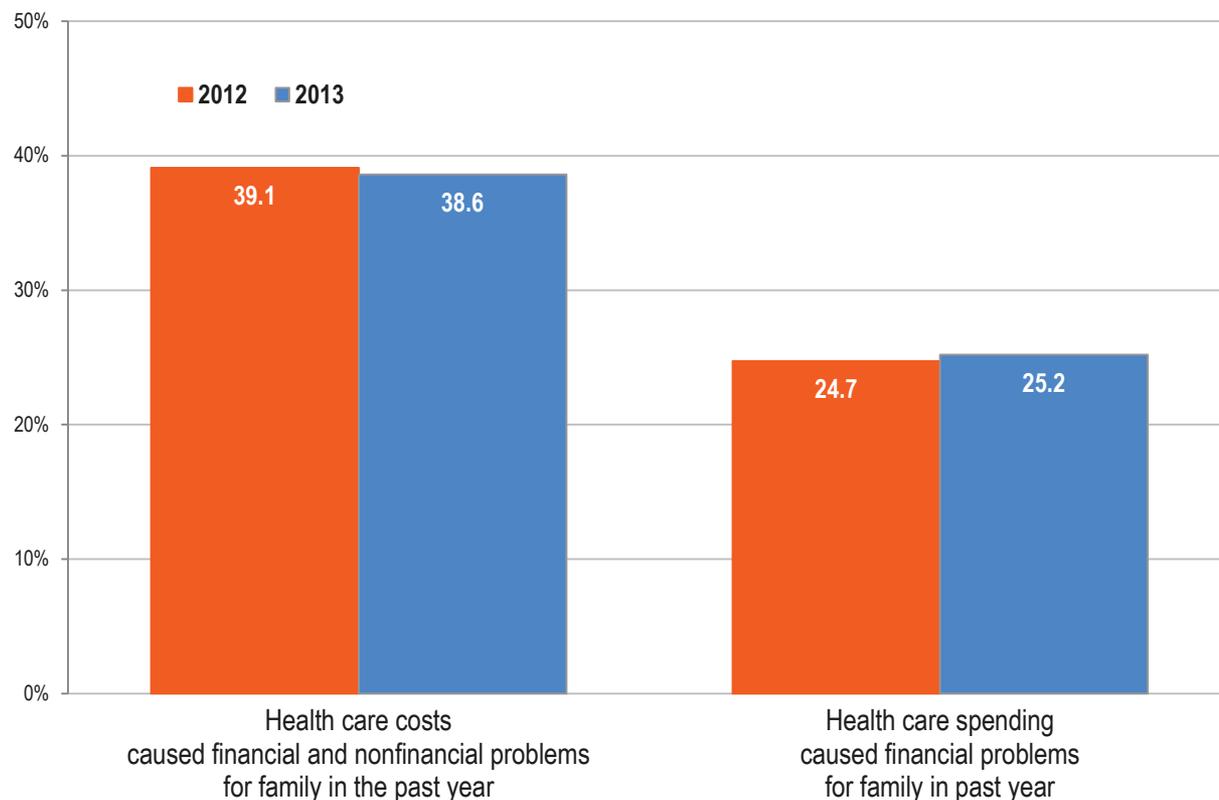
- Groups who were more likely to have unmet need for health care due to costs:
 - Demographic characteristics: Hispanic adults, women, parents
 - Socioeconomic characteristics: adults with lower educational attainment, adults who do not work, adults with lower family incomes
 - Health and disability status: adults who report poorer health, adults with health problems, adults with activity limitations due to health
 - Coverage characteristics: adults with other (non-ESI) coverage
- Strongest predictors of unmet need for health care due to cost based on multivariate analysis:
 - Demographic characteristics: being white and non-Hispanic rather than other races and non-Hispanic, being female, being a parent
 - Socioeconomic characteristics: having lower family income
 - Health and disability status: reporting poorer health, having a health condition, having an activity limitation due to health
 - Coverage characteristics: having a high-deductible health plan

SOURCE: Analysis of 2013 Massachusetts Health Reform Survey.

NOTES: ESI is employer-sponsored insurance. Other (non-ESI) coverage is largely public coverage.

HEALTH CARE COSTS CAUSED PROBLEMS OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2012–2013

PERCENT REPORTING



- Affordability of health care was a concern for many nonelderly adults in Massachusetts in 2013, with 38.6 percent of full-year insured adults reporting that health care costs had caused problems for them and their families over the past 12 months (includes financial and nonfinancial problems, such as going without needed care) and 25.2 percent reporting that spending on health care had caused financial problems.
- There were no statistically significant changes between 2012 and 2013.

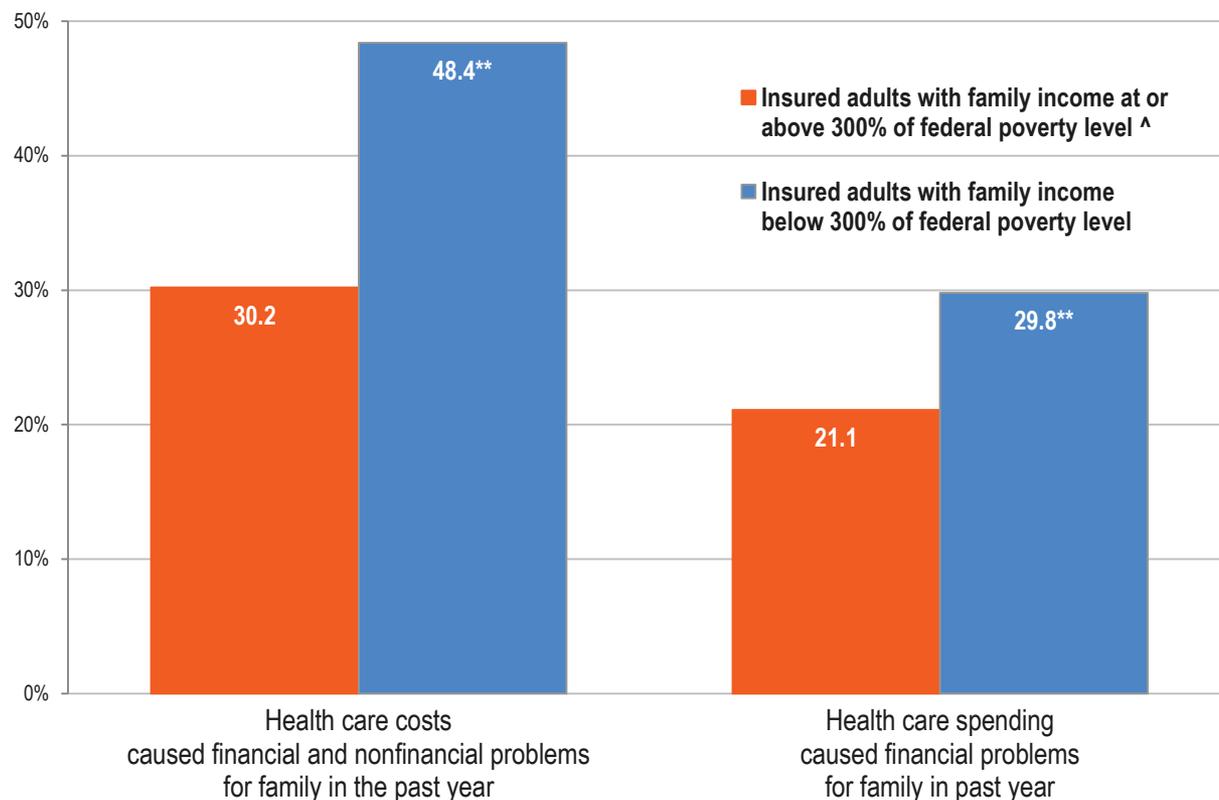
SOURCE: 2012–2013 Massachusetts Health Reform Survey (N=5,650).

NOTES: These are simple (unadjusted) estimates. Problems due to health care costs include going without need care because of the cost of the care, problems paying medical bills, medical debt, and other issues (e.g., drawing down savings to pay medical bills).

*(**) Significantly different from the value in 2012 at the .05 (.01) level, two-tailed test.

HEALTH CARE COSTS CAUSED PROBLEMS OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY FAMILY INCOME, 2013

PERCENT REPORTING



- Among insured nonelderly adults in Massachusetts, affordability of health care was a more of a concern for lower-income than higher-income adults in 2013, with lower-income adults more likely to report both that that health care costs had caused problems for their families over the past 12 months (includes financial and nonfinancial problems, such as going without needed care) and that spending on health care had caused financial problems for their families.
- There were no statistically significant changes between 2012 and 2013 (data not shown).

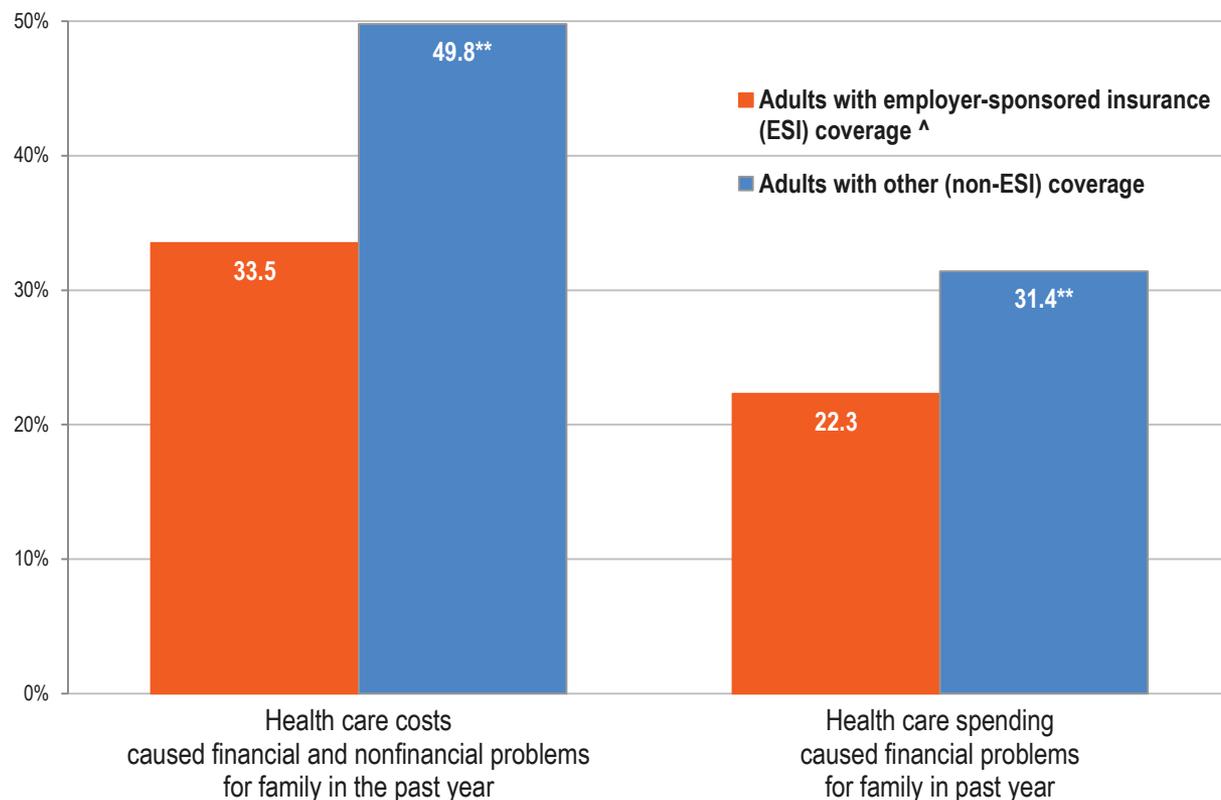
SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

NOTES: These are simple (unadjusted) estimates. Problems due to health care costs include going without need care because of the cost of the care, problems paying medical bills, medical debt, and other issues (e.g., drawing down savings to pay medical bills).

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

HEALTH CARE COSTS CAUSED PROBLEMS OVER THE PAST YEAR FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, BY COVERAGE TYPE, 2013

PERCENT REPORTING



- Among insured nonelderly adults in Massachusetts, affordability of health care was a more of a concern for adults with other (non-employer-sponsored insurance [ESI] coverage) than those with ESI coverage in 2013, with adults with non-ESI coverage more likely to report both that that health care costs had caused problems for their families over the past 12 months (includes financial and nonfinancial problems, such as going without needed care) and that spending on health care had caused them financial problems.
- There were no statistically significant changes between 2012 and 2013 (data not shown).

SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).

NOTES: These are simple (unadjusted) estimates. Problems due to health care costs include going without need care because of the cost of the care, problems paying medical bills, medical debt, and other issues (e.g., drawing down savings to pay medical bills). Other (non-ESI) coverage is largely public coverage.

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

CHARACTERISTICS ASSOCIATED WITH HEALTH CARE COSTS CAUSING PROBLEMS OVER THE PAST 12 MONTHS FOR FULL-YEAR INSURED ADULTS 19 TO 64 IN MASSACHUSETTS, 2013

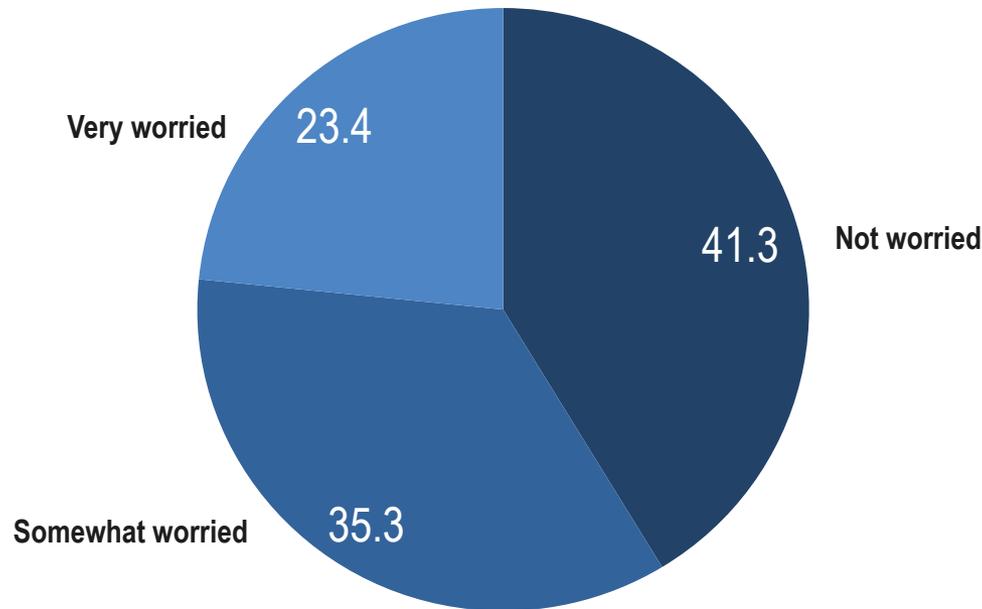
- Groups who were more likely to have problems due to health care costs:
 - Demographic characteristics: older adults, Hispanic adults, women, parents
 - Socioeconomic characteristics: unmarried adults, adults with lower educational attainment, adults with lower family incomes
 - Health and disability status: adults who report poorer health, adults with health problems, adults with activity limitations due to health
 - Coverage characteristics: adults with other (non-ESI) coverage, adults with high-deductible health plans
- Strongest predictors of problems due to health care costs based on multivariate analysis:
 - Demographic characteristics: being female, being older, being a parent
 - Socioeconomic characteristics: having lower family income
 - Health and disability status: reporting poorer health status
 - Coverage characteristics: having a high-deductible health plan

SOURCE: Analysis of 2013 Massachusetts Health Reform Survey.

NOTES: Problems due to health care costs include going without need care because of the cost of the care, problems paying medical bills, medical debt, and other issues (e.g., drawing down savings to pay medical bills). ESI is employer-sponsored insurance. Other (non-ESI) coverage is largely public coverage.

WORRY ABOUT ABILITY TO PAY MEDICAL BILLS IN THE FUTURE FOR ADULTS 19 TO 64 IN MASSACHUSETTS, 2013

PERCENT REPORTING

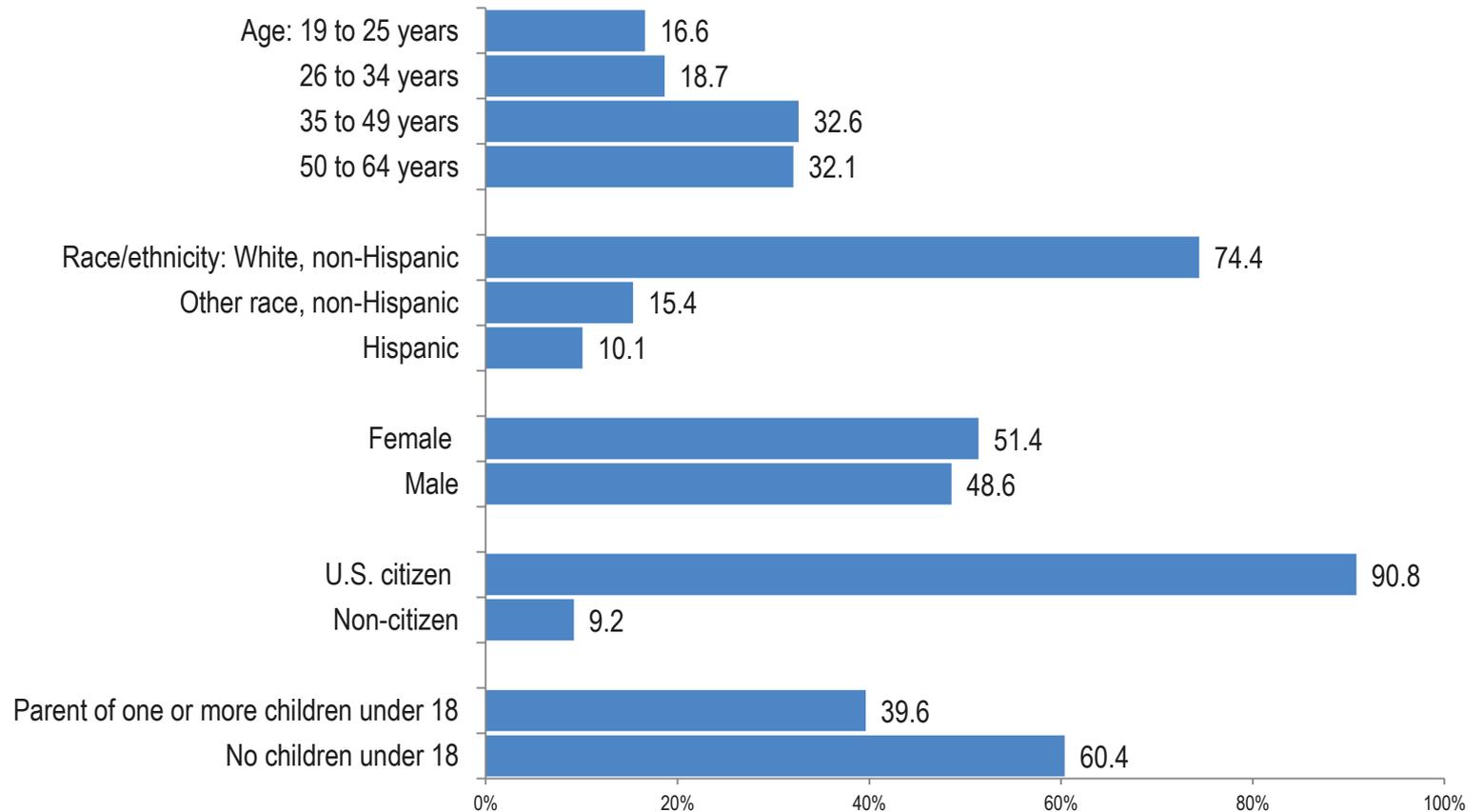


- More than half of nonelderly adults in Massachusetts in 2013 were worried about their ability to pay their medical bills in the future. These findings are very similar to those for adults who had insurance coverage for the full year (data not shown).
- There were no statistically significant changes between 2012 and 2013 (data not shown).

SOURCE: 2013 Massachusetts Health Reform Survey (N=2,924).
NOTE: These are simple (unadjusted) estimates.

DEMOGRAPHIC CHARACTERISTICS OF ADULTS 19 TO 64 IN MASSACHUSETTS, 2013

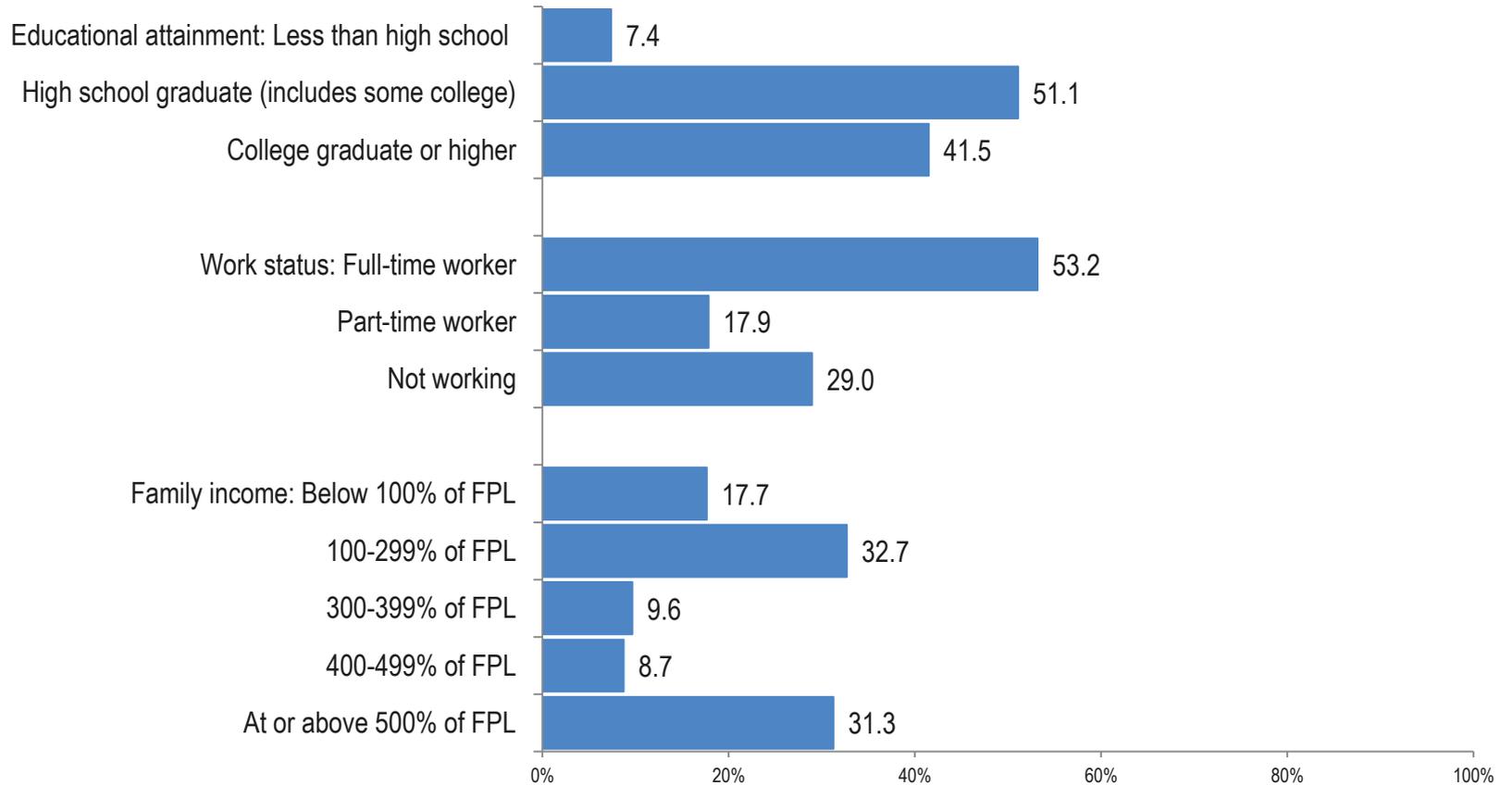
PERCENT WITH CHARACTERISTIC



SOURCE: 2013 Massachusetts Health Reform Survey (N=3,024).

SOCIOECONOMIC CHARACTERISTICS OF ADULTS 19 TO 64 IN MASSACHUSETTS, 2013

PERCENT WITH CHARACTERISTIC

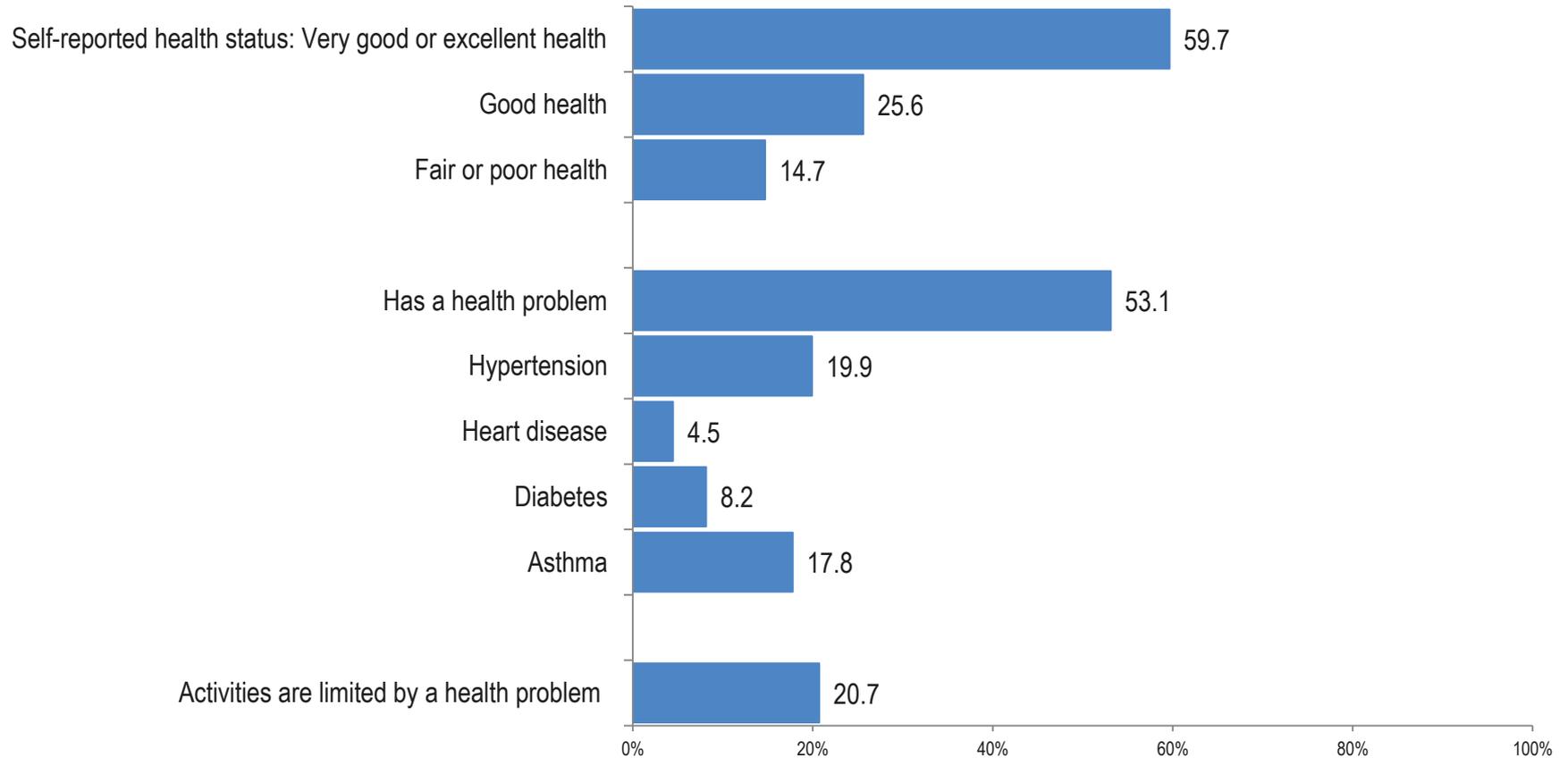


SOURCE: 2013 Massachusetts Health Reform Survey (N=3,024).

NOTE: FPL is the federal poverty level.

HEALTH AND DISABILITY STATUS OF ADULTS 19 TO 64 IN MASSACHUSETTS, 2013

PERCENT WITH CHARACTERISTIC



SOURCE: 2013 Massachusetts Health Reform Survey (N=3,024).

NOTE: Has a health problem 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; any other chronic or long-term health condition or health problem; or are pregnant.