Findings from the 2021 Massachusetts Health Insurance Survey

July 2022

CHIA.

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Executive Summary

The Massachusetts Health Insurance Survey (MHIS) is a statewide, population-based survey of non-institutionalized Massachusetts residents. It is part of the Continuing Program of Study on Insurance Coverage, Underinsurance, and Uninsurance at the Center for Health Information and Analysis (CHIA). The MHIS provides information on health insurance coverage, health care access and use, and health care affordability in the Commonwealth. MHIS data are used by CHIA, legislators, other policymakers, employers, insurers, and other stakeholders to track and monitor the experiences of Massachusetts residents in obtaining timely and affordable health care.

The 2021 MHIS is the first year of the survey since the beginning of the Coronavirus Disease 2019 (COVID-19) pandemic. New questions were included to provide data on the impacts of the pandemic on health insurance coverage, health care access and use, and health care affordability, as well as employment characteristics and changes in employment status, which may affect health insurance coverage, health risk, and ability to pay for health care. Data points and trends in this report should be viewed within the context of the extraordinary circumstances of the COVID-19 pandemic, which is far from over at the time of this publication.

Health Insurance Coverage and Uninsurance among Residents and Their Families

Massachusetts' uninsurance rate remained much lower than the nation in 2021, with 2.4% of Massachusetts residents uninsured at the time of the survey. This compares to 9.2% uninsured nationally in 2021, based on estimates from the National Health Interview Survey (NHIS). The uninsured in Massachusetts were more likely than the general Massachusetts population to

be non-elderly adults, male, Hispanic, and have family income below 300% of the Federal Poverty Level (FPL). Employer-sponsored coverage remained the dominant source of coverage in Massachusetts, accounting for over 60% of all insured persons in 2021. Furthermore, most Massachusetts residents had continuous health insurance coverage in 2021, with more than nine in 10 residents reporting coverage for themselves and all members of their family who were living with them for all of the past 12 months.

Health Care Access and Use for Residents

As in previous years, nearly all Massachusetts residents were able to access and use at least some health care services over the past 12 months in 2021. Most (88%) Massachusetts residents reported having a usual source of care and a visit to a health care provider in the past 12 months (95%). More than one in six (18%) had a visit with a behavioral health provider. The dramatic growth in recent years of telehealth services, which provide health care visits by video, phone, email, text, or chat, has expanded options for accessing health care. Of the 45% of Massachusetts residents who reported having had at least one telehealth visit in the past, nearly all (97%) reported their first telehealth visit occurred within the past two years. Nonetheless, more than one-third of residents reported difficulties accessing care in 2021, with nearly one in five (19%) residents reporting difficulties getting an appointment with a doctor's office or clinic as soon as needed, and 35% of residents with an ED visit in the past 12 months (or 7% of all residents) reported that at their most recent ED visit, they sought care in the ED for a non-emergency condition that could have been treated by a general doctor if one had been available. Thus, while nearly all residents are receiving some health care, these results suggest there are persistent barriers to obtaining all of the needed health care services in Massachusetts.

Health Care Affordability for Residents and Their Families

Despite the high rate of health insurance coverage in Massachusetts, health care costs were a concern for many residents in 2021. Two in five (41%) Massachusetts residents reported affordability issues over the past 12 months. These included having problems paying family medical bills (13%), having family medical debt (13%), spending a high share of family income on out-of-pocket health care expenses (8%), or having unmet family health care needs due to cost (31%). Further, a small share (4%) of residents whose families were continuously insured over the past 12 months reported that their family received a surprise medical bill in the prior year, defined as a medical bill where the insurer paid much less than expected or not at all because the provider was out-of-network.

Impact of the COVID-19 Pandemic on Residents and Their Families

In 2021, the COVID-19 pandemic affected the residents of Massachusetts across multiple domains, including social, economic, and health. One-third (34%) of residents reported losses of employment in their families the past 12 months due to the pandemic. Hispanic residents were nearly twice as likely as non-Hispanic White residents to report such losses. Two in five (41%) residents had difficulties accessing needed health care due to COVID-related concerns, and more than one in four (28%) reported unmet need for family health care due to the pandemic. Finally, 1.3% of residents reported having problems paying family medical bills due to the costs of COVID-19 tests or treatment, highlighting the direct effects of the pandemic on health care affordability. The latter was a particular challenge for residents with an uninsured family member. ■

Key Findings

2.4%

uninsurance rate in Massachusetts

43%

residents had a telehealth visit for the first time in the past 2 years

18%

residents had a visit to a behavioral health provider

35%

residents who sought care for a non-emergency condition at their most recent ED visit

41%

residents had health care affordability issues in their families

4%

residents in fully insured families received a surprise family medical bill

41%

residents had difficulties accessing health care related to COVID-19

28%

residents had an unmet need in family for health care due to COVID-19

Health Insurance Coverage and Uninsurance Among Residents and Their Families

One of the primary goals of the Massachusetts Health Insurance Survey (MHIS) is to track health insurance coverage for Massachusetts residents. The MHIS collects information on insurance status for multiple reference periods, including at the time of the survey and during the past six months, 12 months, two years, and five years. New in 2021, the MHIS also asked respondents about the health insurance coverage status of all members of the resident's family living in the same household during the past 12 months.

Additionally, the MHIS has specific questions about coverage transitions, periods of uninsurance, and types of health insurance coverage. Coverage transitions and periods of uninsurance capture residents' churn—that is, transitions between periods of coverage and uninsurance. For type of health insurance coverage, residents who reported more than one type of health insurance were assigned to a single coverage type according to the following hierarchy: employer-sponsored insurance, Medicare, MassHealth or ConnectorCare, private non-group coverage such as individual purchases of Health Connector plans, and other or unspecified coverage. While employer-sponsored coverage tends to be reported accurately, the other types of coverage are often reported with error.[1]

Key Findings

- As in prior years, the uninsurance rate in Massachusetts in 2021, at 2.4%, remained low compared to the nation, which was 9.2%.
- The uninsured were more likely than the general population to be non-elderly adults, male, Hispanic, and have family income below 300% of the Federal Poverty Level (FPL).

- Over nine in 10 (95%) residents had health insurance coverage for all of the past 12 months, as did all family members living with them (94%).
- Employer-sponsored coverage remained the dominant source of coverage in Massachusetts, accounting for more than 60% of all insured residents in 2021. ■

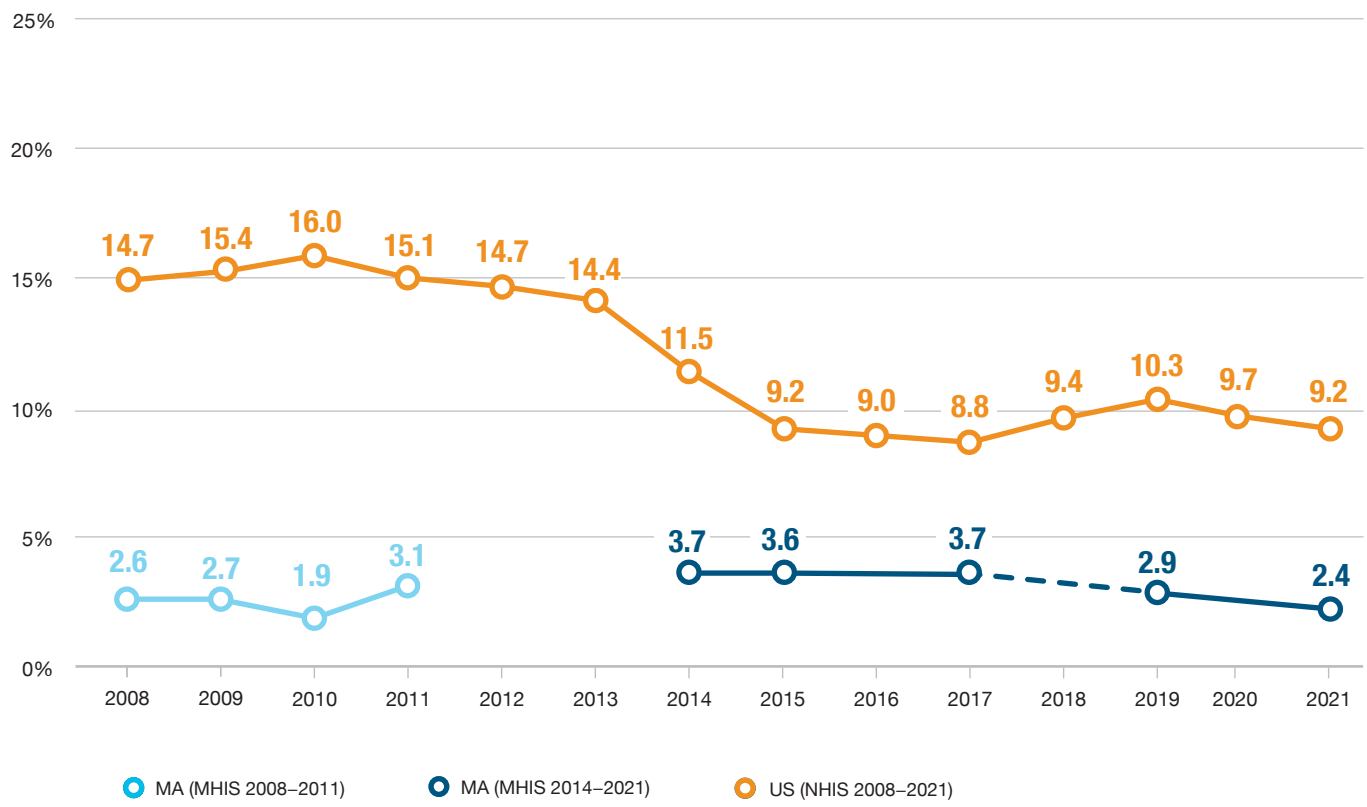
Uninsurance at the Time of the Survey for Massachusetts and the Nation

2008-2021

Uninsurance in Massachusetts remained low in 2021, with only 2.4% of residents uninsured at the time of the survey. The Massachusetts uninsurance rate continues to be well below the national rate based on estimates from the National Health Interview Survey (NHIS).

The uninsurance rate in Massachusetts declined slightly from 2019, but this change was not statistically significant. The uninsurance estimates for 2019 and 2021 are comparable to uninsurance estimates for Massachusetts from major national health surveys.[2]

Several factors have likely contributed to changes in the uninsurance rate in recent years, including rising health care costs, the reduction or elimination of some aspects of the Affordable Care Act (ACA) nationally with some portions continued in Massachusetts, and since early 2020, the COVID-19 pandemic.



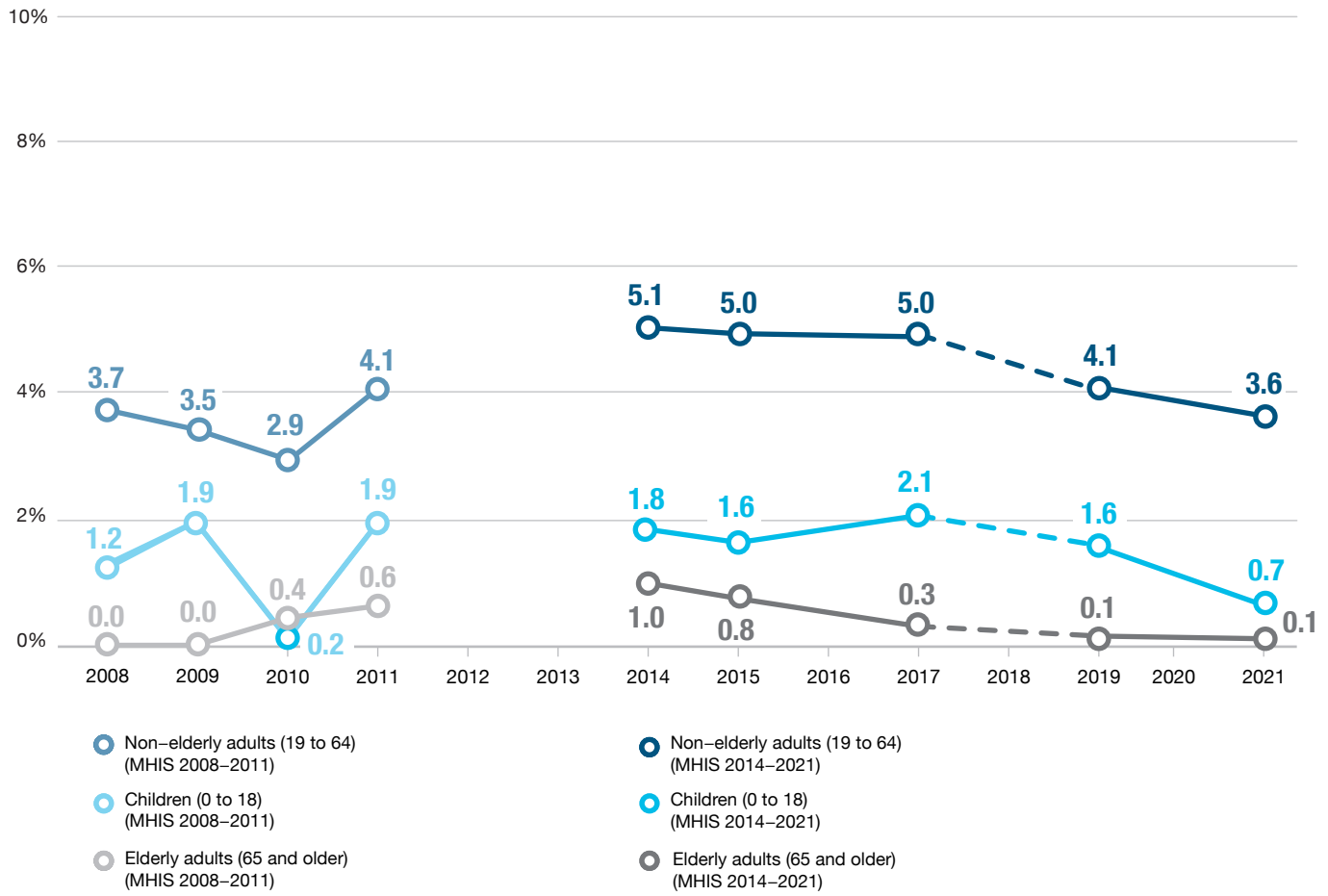
Note: Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017, and the 2021 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2021 (denoted by the dotted line).[3] Please see the methodology report for more information on design changes.

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

Non-elderly adults in Massachusetts had the highest uninsurance rate in 2021 (3.6%), which was still well below the national rate for non-elderly adults based on the 2021 NHIS (13.5%, data not shown). The decreases in uninsurance rates by age group from 2019 to 2021 were not statistically significant.

Uninsurance at the Time of the Survey by Age Group

2008-2021



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

The majority of the uninsured in Massachusetts in 2021 were non-elderly adults (aged 19 to 64), male, and had family income below 300% of the Federal Poverty Level (FPL). The uninsured were also disproportionately Hispanic. The low family income of many uninsured residents suggests that many may be eligible for public health insurance coverage or subsidized coverage through the Massachusetts Health Connector.

Characteristics of the Uninsured

2021

Characteristic	Among the uninsured residents, percent with the characteristic	Among all residents, percent with the characteristic
Aged 19-64	93.5%	61.2%
Male	73.3%	48.2%
Hispanic	44.4%	12.3%
Family income below 300% of the FPL	64.5%	34.7%

Note: The sample of uninsured residents was defined as those without insurance at the time of the survey. Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small, at 70 individuals. FPL = Federal Poverty Level.

Data Source: 2021 Massachusetts Health Insurance Survey

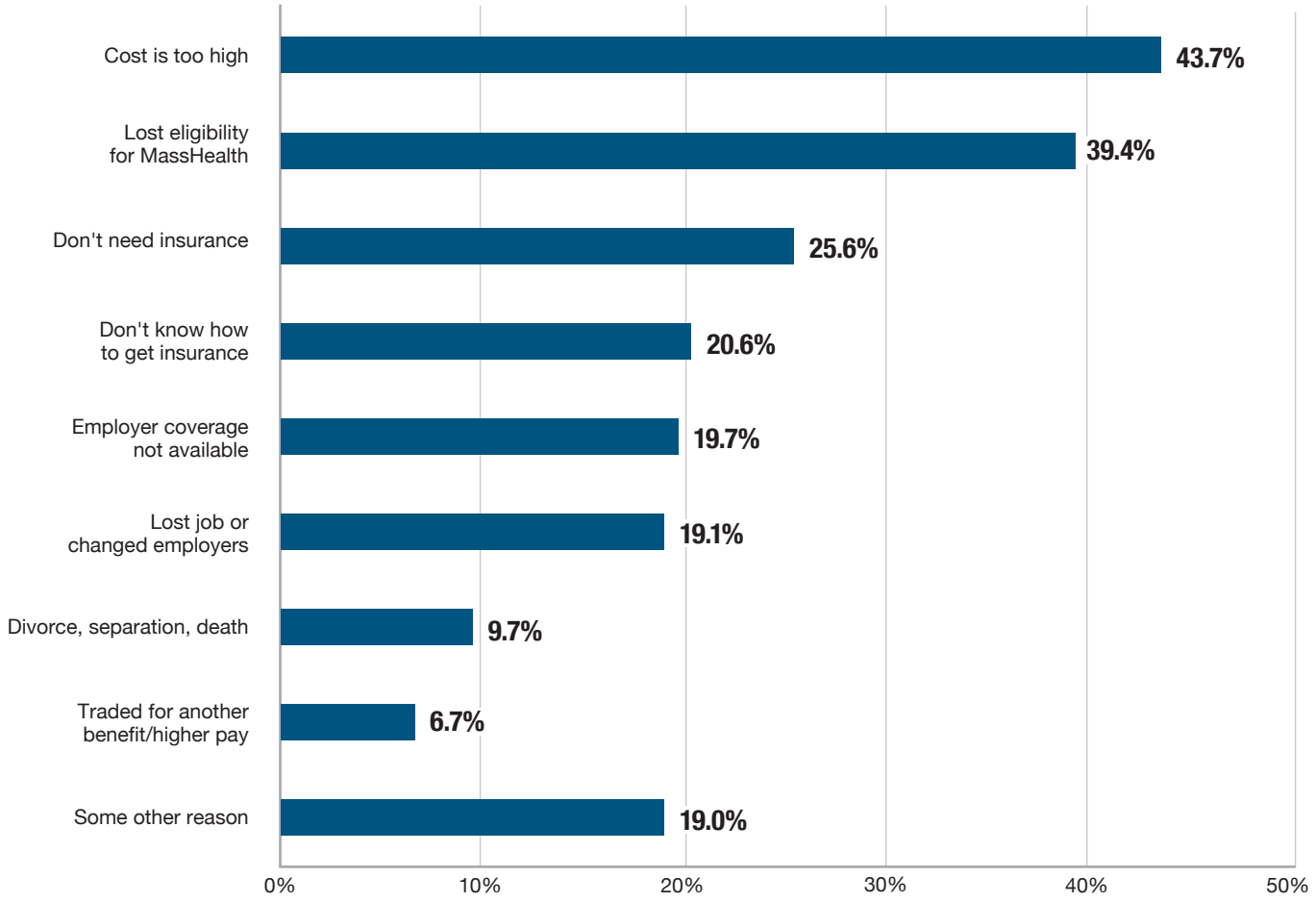
Reasons for Being Uninsured

2021

In 2021, the most commonly reported reason for Massachusetts residents being uninsured was related to cost. Over two in five (43.7%) uninsured residents reported the cost of coverage was too high.

Many of those who reported a loss of eligibility for MassHealth or not needing insurance also reported several of the other options.

In response to the COVID-19 pandemic, MassHealth has not ended coverage for members due to ineligibility since March 2020. Most of those reporting being uninsured due to a loss of MassHealth eligibility were continuously uninsured for all of the past 12 months and more than one-third reported being uninsured for all of the past two years.



Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. The sample for this analysis was defined as those without insurance at the time of the survey. Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small, at 70 individuals.

Data Source: 2021 Massachusetts Health Insurance Survey

Employer-sponsored insurance (ESI) was the most common type of health insurance (64.3%) for residents with coverage in Massachusetts in 2021. Another three in 10 insured residents were covered by Medicare, MassHealth, or ConnectorCare. Private non-group and other coverage types were relatively rare, covering fewer than 6% of insured residents (other coverage types not shown).

ESI was the most common coverage type for children and non-elderly adults, while elderly adults were most likely to be covered by Medicare followed by ESI. Elderly adults were also likely to have Medicare, as suggested by other data sources.[5]

Types of Health Insurance Coverage Overall and by Age Group

2021

Characteristic	All insured residents	Children (0-18)^	Non-elderly adults (19-64)	Elderly adults (65 and older)
Employer-sponsored insurance	64.3%	70.7%	69.4%	38.7%*
Medicare	13.6%	1.8%	5.0%*	58.5%*
MassHealth or ConnectorCare	16.6%	24.8%	18.0%*	1.6%*
Private, non-group coverage, including Health Connector Plans	2.6%	1.7%	3.5%*	0.8%

Note: Residents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; MassHealth or ConnectorCare; private non-group coverage including Health Connector Plans; and other coverage. Employer-sponsored insurance includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Medicare coverage estimates include Railroad Retirement board coverage and those dually eligible for Medicare and MassHealth. Estimates by type of coverage should be interpreted with caution, as ESI among elderly adults may reflect supplemental coverage plans for elderly adults who are also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with some error.[6] Estimates do not sum to 100% due to rounding and because "Other coverage or coverage type unknown" is not shown.

^Reference group for age group estimates

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

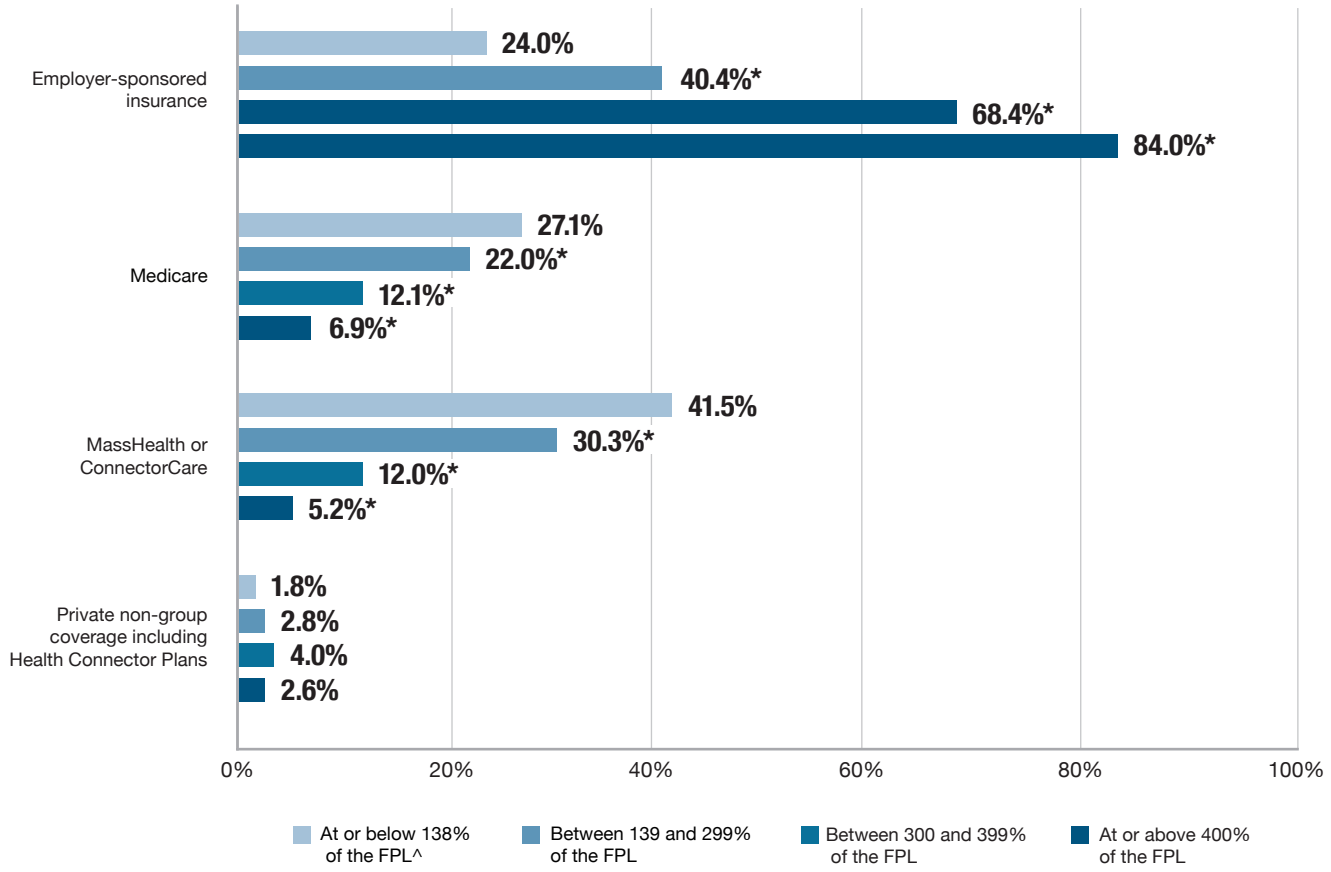
Data Source: 2021 Massachusetts Health Insurance Survey

Types of Health Insurance Coverage by Family Income

2021

In 2021, rates of reporting health insurance coverage type varied significantly by income, with 84.0% of residents with family income at or above 400% of the FPL insured by employer-sponsored insurance compared with only 24.0% of those at or below 138% of the FPL.

As expected, public coverage was most commonly reported among residents with family income at or below 138% of the FPL.



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^Reference group

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

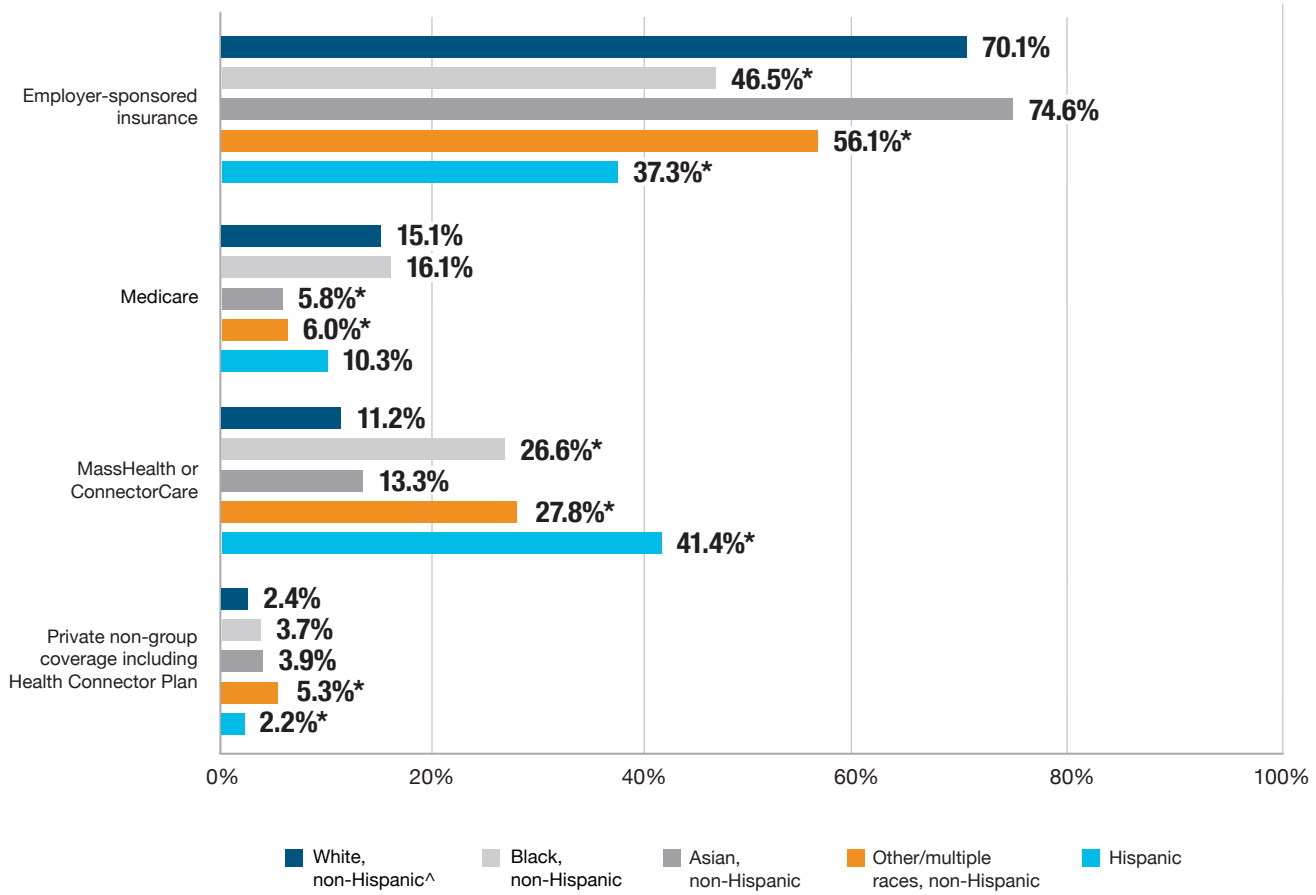
Data Source: 2021 Massachusetts Health Insurance Survey

Types of Health Insurance Coverage by Race/Ethnicity

2021

In 2021, the most commonly reported type of health insurance coverage was employment-sponsored insurance (ESI), with higher rates among non-Hispanic Asian (74.6%) and non-Hispanic White (70.1%) residents than other race/ethnicity groups.

Racial/ethnic minority residents other than non-Hispanic Asian residents were more likely than non-Hispanic White residents to report having MassHealth or ConnectorCare in 2021. This was particularly true of Hispanic residents, who were just over half as likely to report ESI and four times more likely to report MassHealth or Connector care compared to non-Hispanic White residents.



Note: Residents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; MassHealth or ConnectorCare; private non-group coverage including Health Connector Plans; and other coverage. Employer-sponsored insurance includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Medicare coverage estimates include Railroad Retirement board coverage and those dually eligible for Medicare and MassHealth. Estimates by type of coverage should be interpreted with caution, as ESI among elderly adults may reflect supplemental coverage plans for elderly adults who are also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with some error.[8] Estimates do not sum to 100% due to rounding and because "Other coverage or coverage type unknown" is not shown.

^Reference group

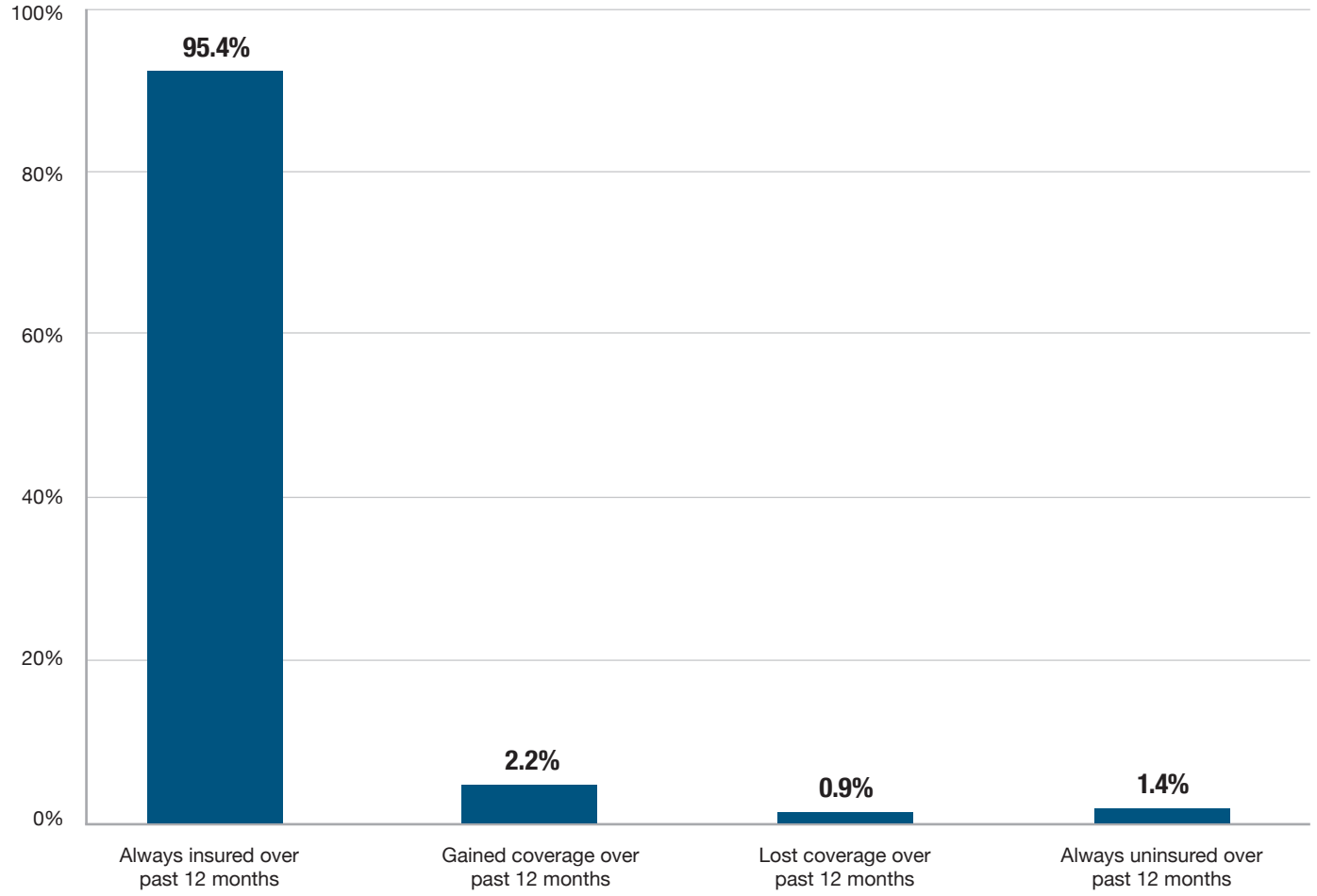
*Difference from estimate for "White, non-Hispanic" is statistically significant at the 5% level.

Data Source: 2021 Massachusetts Health Insurance Survey

Transitions in Health Insurance Coverage Over the Past 12 Months

2021

Transitions in health insurance coverage are defined as changes between being insured and uninsured within a year. In 2021, consistent with the low uninsurance rate in Massachusetts, most (95.4%) residents were continuously insured for all of the past 12 months, and few residents (1.4%) were continuously uninsured for all of the past 12 months.



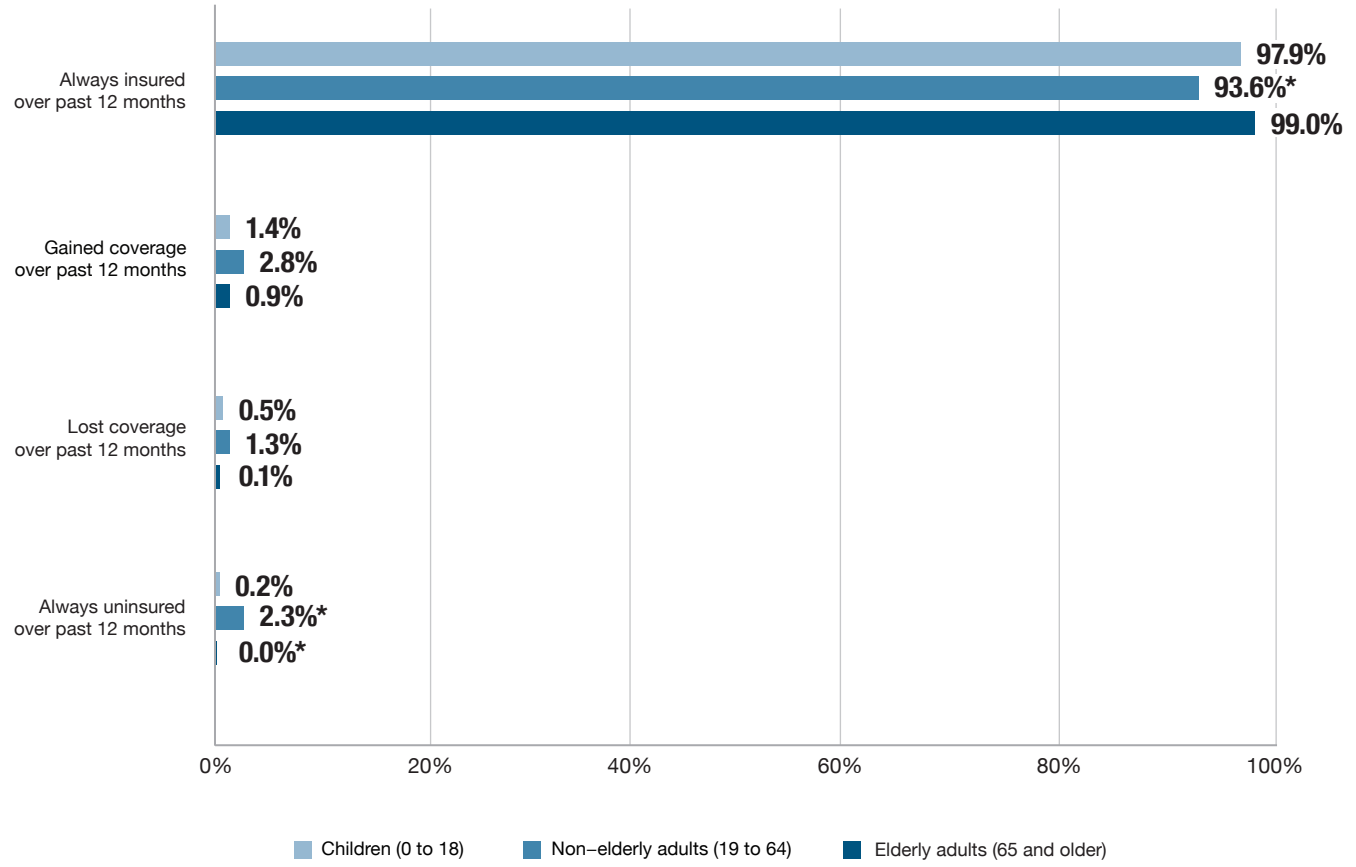
Note: Gained coverage over past 12 months includes residents who report having gaps in health insurance coverage over the past 12 months but were insured at the time of the survey. Lost coverage over past 12 months includes residents who report having gaps in health insurance coverage over the past 12 months and were uninsured at the time of the survey. Estimates may not sum to 100% due to rounding.

Data Source: 2021 Massachusetts Health Insurance Survey

Transitions in Health Insurance Coverage Over the Past 12 Months by Age Group

2021

In 2021, transitions in health insurance coverage during the year were rare for all age groups, highlighting the high levels of continuous insurance coverage in Massachusetts. Non-elderly adults were more likely to have a transition in health insurance status during the past 12 months than were children or elderly adults in 2021.



Note: Gained coverage over past 12 months includes residents who report having gaps in health insurance coverage over the past 12 months but were insured at the time of the survey. Lost coverage over past 12 months includes residents who report having gaps in health insurance coverage over the past 12 months and were uninsured at the time of the survey. Estimates may not sum to 100% due to rounding.

^Reference group

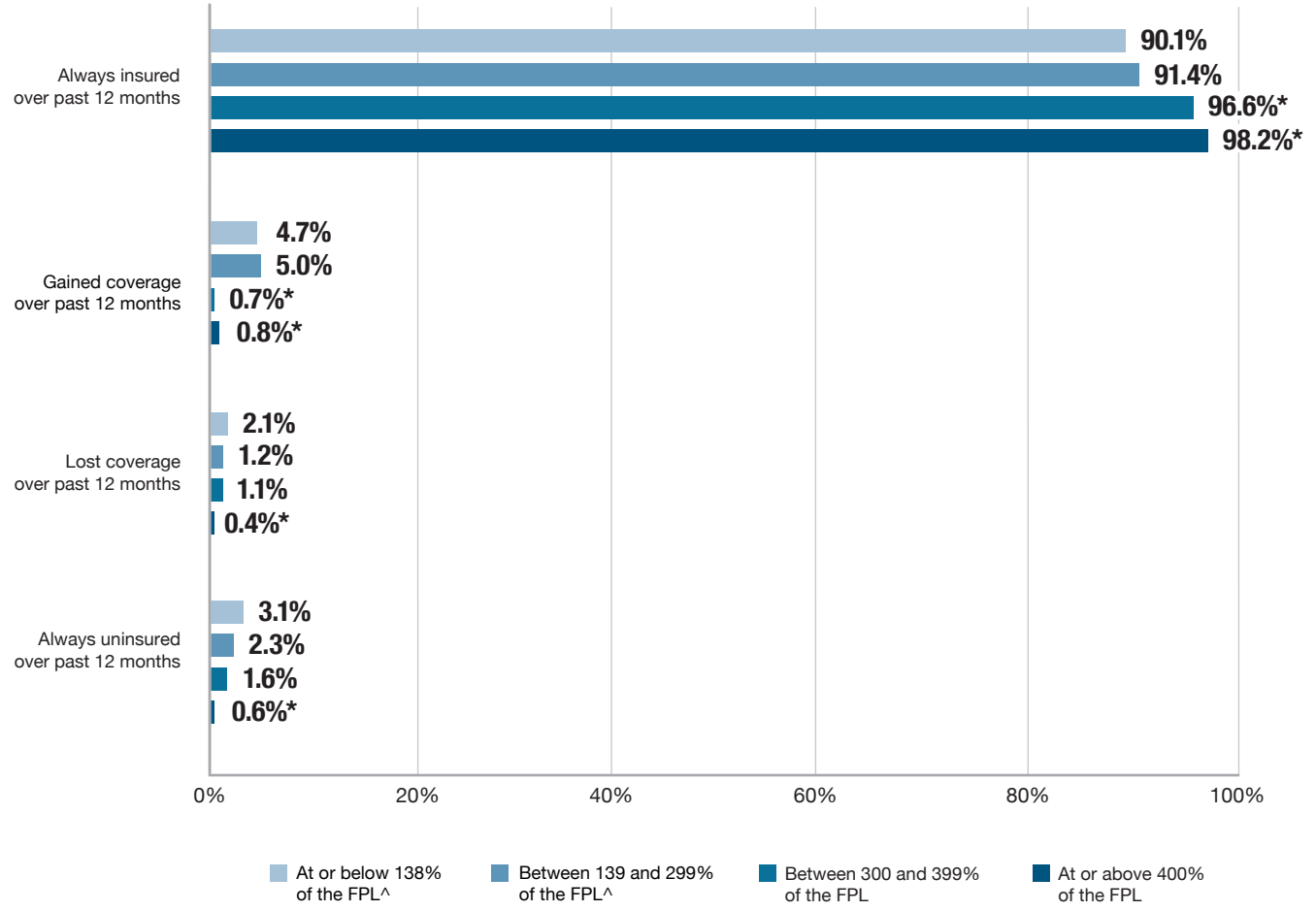
*Difference from estimate for "Children (0 to 18)" is statistically significant at the 5% level.

Data Source: 2021 Massachusetts Health Insurance Survey

Transitions in Health Insurance Coverage Over the Past 12 Months by Family Income

2021

In 2021, transitions in health insurance coverage among Massachusetts residents were also rare across all income groups, with the rate of continuous insurance coverage over the past 12 months ranging from 90.1% of residents with family income at or below 138% of the FPL to 98.2% of residents with family income at or above 400% of the FPL. Residents with family income at or below 299% of the FPL were more likely to gain coverage than residents with higher family income.



Note: Gained coverage over past 12 months includes residents who report having gaps in health insurance coverage over the past 12 months but were insured at the time of the survey. Lost coverage over past 12 months includes residents who report having gaps in health insurance coverage over the past 12 months and were uninsured at the time of the survey. Estimates may not sum to 100% due to rounding. FPL = Federal Poverty Level.

^Reference group

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

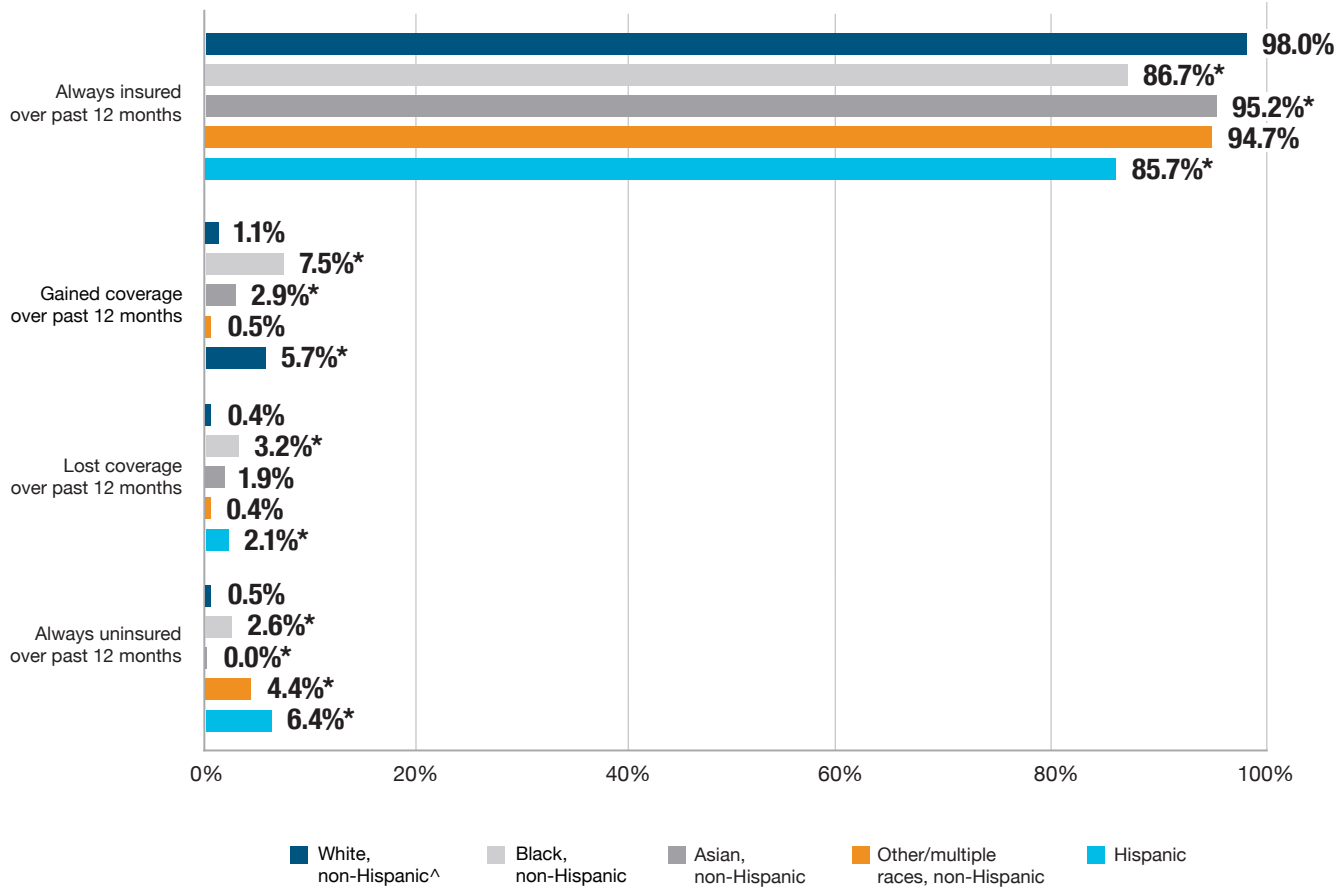
Data Source: 2021 Massachusetts Health Insurance Survey

Transitions in Health Insurance Coverage Over the Past 12 Months by Race/Ethnicity

2021

All racial/ethnic groups in Massachusetts reported high rates of continuous coverage in 2021, though Hispanic and non-Hispanic Black residents were less likely than non-Hispanic White residents to report always being insured over the past 12 months. Hispanic residents were also more likely than non-Hispanic White residents to report being always uninsured over the past 12 months.

Across all groups, gains in coverage over the past 12 months were reported more frequently than coverage losses over the past 12 months, with the largest net gains in coverage among Hispanic and non-Hispanic Black residents.



Note: Gained coverage over past 12 months includes residents who report having gaps in health insurance coverage over the past 12 months but were insured at the time of the survey. Lost coverage over past 12 months includes residents who report having gaps in health insurance coverage over the past 12 months and were uninsured at the time of the survey. Estimates may not sum to 100% due to rounding.

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

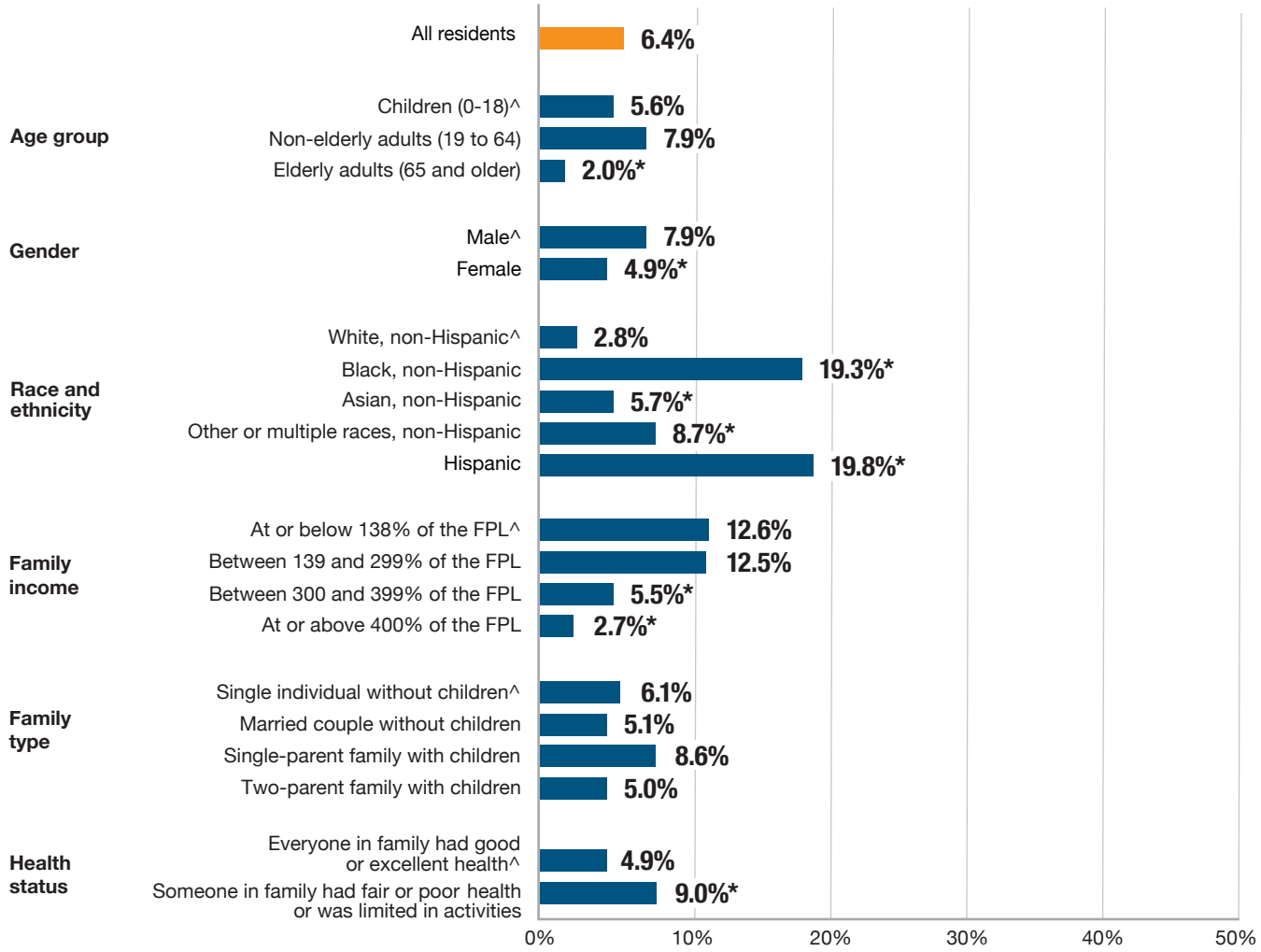
Any Uninsurance in Family Over the Past 12 Months, Overall and by Resident Characteristics

2021

Because of sharing of resources within families, dependent coverage, and other factors, any gaps in coverage for one member of a family may affect health coverage, access, utilization, and affordability for the others.

Statewide, 6.4% of residents reported that at least one member of their family had any period of uninsurance in the past 12 months.

There were differences in the level of family uninsurance among residents with different characteristics. In particular, family uninsurance was higher among non-white and Hispanic residents compared to non-Hispanic White residents and among residents with family income at or below 299% of the FPL relative to higher income residents.



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

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

Health Care Access and Use for Residents

The MHIS collects information on residents' health care access and use through questions about their usual source of care, visits to health care providers, emergency department (ED) utilization, and difficulties accessing care.

A usual source of care is the place that residents reported they usually go when they are sick or need advice about their health, excluding the ED. Health care visits over the past 12 months included those to a general doctor; nurse practitioner, midwife, or physician assistant; specialist; mental health professional; provider for substance use disorder care or treatment; and dentist or dental hygienist. Additionally, residents were asked whether any of their visits for medical care in the past 12 months were for preventive care and whether they took any prescription drugs in the past 12 months.

All visits to health care providers reported in this section include those conducted via telehealth. Reflecting the changing use of health care in recent years, particularly considering the COVID-19 pandemic, the 2021 MHIS asked residents if they had ever used telehealth services and how long ago they had their first telehealth visit.

All residents were asked about ED use in the past 12 months. Further, residents with an ED visit were asked if their most recent ED visit was for a non-emergency condition, which is defined as a condition that could have been treated by a general doctor if one had been available. Those who indicated that their most recent visit was for a non-emergency condition were asked their reasons for that visit. New in 2021, residents with an ED visit in the past 12 months were also asked whether their most recent visit was for a behavioral health condition, and whether it was for COVID-19 or a condition suspected to be related to COVID-19.

Residents were also asked about the difficulties they encountered when trying to access health care in the past 12 months. Residents were asked whether they were told by a doctor's office or clinic that their health insurance type was not accepted or that new patients were not being accepted. Furthermore, residents were asked if they were unable to get an appointment at a doctor's office or clinic as soon as they thought one was needed. Inability to get an appointment "as soon as needed" reflects residents' perception that care was needed, rather than a clinical assessment of needed care. New in 2021, residents were additionally asked whether they were unable to get an appointment in the past 12 months due to a lack of childcare services at home for children, language barriers or a lack of interpreter services, or transportation issues.

Key Findings

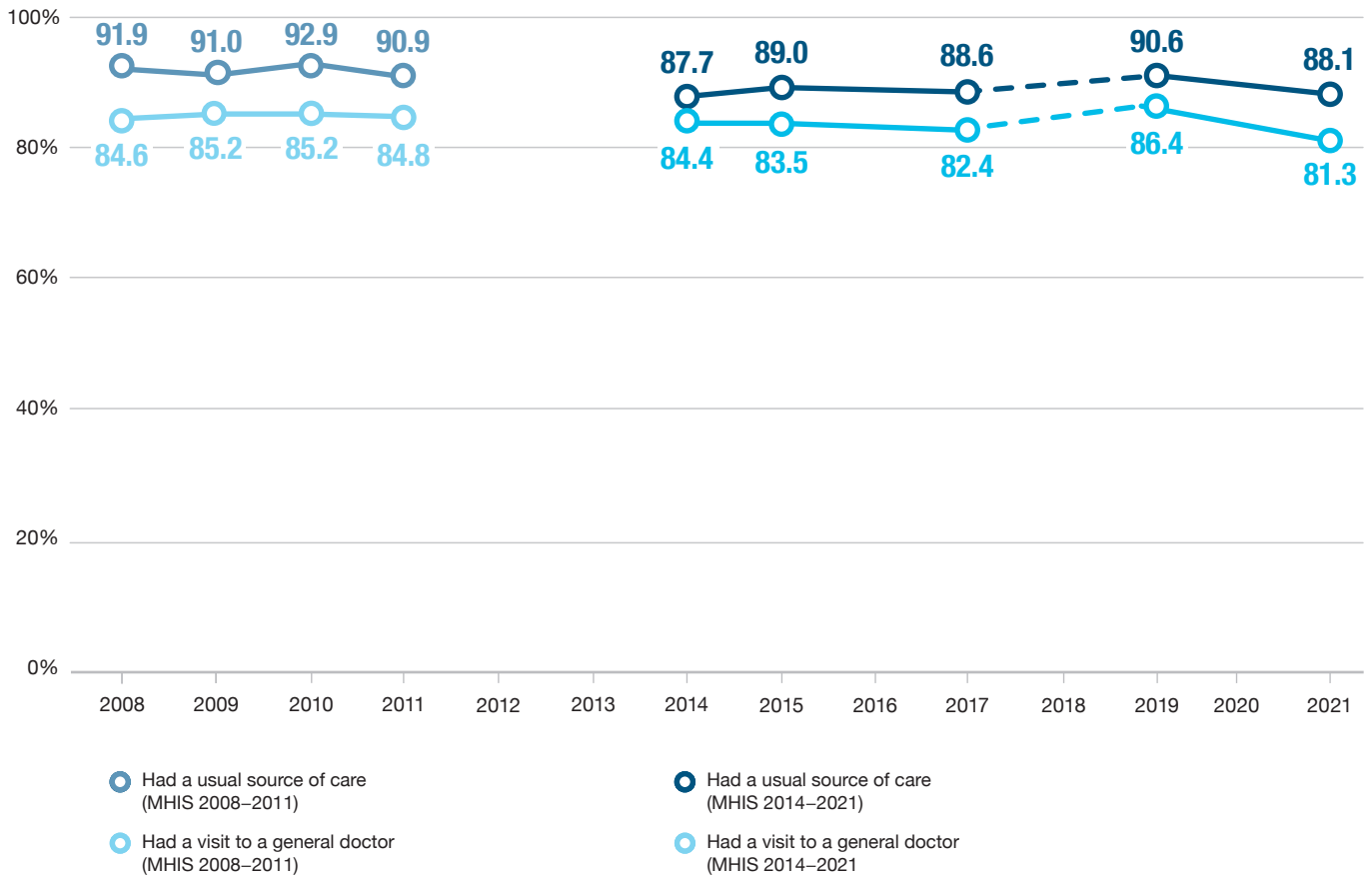
- Nearly nine in 10 (88%) Massachusetts residents reported having a usual source of care at the time of the survey in 2021.
- Ninety-five percent of Massachusetts residents had a visit to a health care provider in the past 12 months.
- Over one in six (18%) residents had a visit with a behavioral health provider in the past 12 months.
- Close to half (45%) of residents reported having had at least one telehealth visit, of whom the vast majority reported that their first telehealth visit took place in the past 2 years (97%).
- More than one in five (21%) residents visited the emergency department (ED) in the past 12 months, a decline of 23% since 2019.
- Among residents visiting the ED in the past 12 months, over a third (35%) sought care for a non-emergency condition in their most recent ED visit.
- Over one-third (34%) of residents reported difficulties accessing care in 2021, with nearly one in five (19%) residents reporting difficulties getting an appointment with a doctor's office or clinic as soon as needed.
- Overall, 2.4% of residents reported difficulties getting an appointment due to lack of childcare in the past 12 months. Hispanic residents were over four times more likely than non-Hispanic White residents to report this difficulty (7% vs. 2%). ■

In 2021, the majority (88.1%) of Massachusetts residents reported having a usual source of care other than the emergency department. Most (81.3%) residents also reported having at least one visit to a general doctor in the past 12 months in 2021, a statistically significant decrease from 2019 (86.4%).

Nationally, 88.6% of residents reported a usual place to go for medical care based on estimates from the 2020 NHIS (data not shown).

Health Care Access and Use Over the Past 12 Months

2008-2021



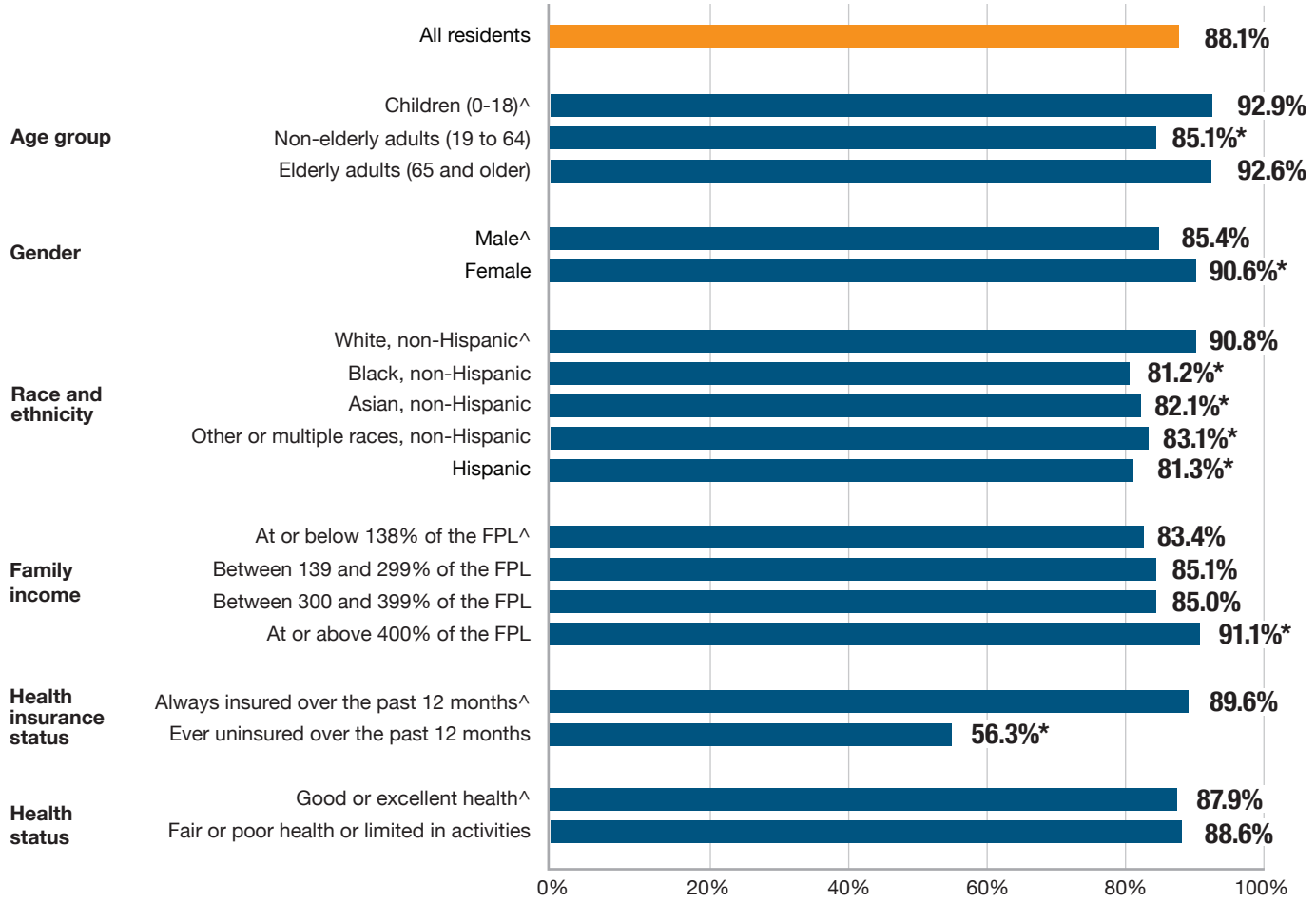
Note: Visits to a general doctor includes visits provided via telehealth. Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017, and the 2021 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2021 (denoted by the dotted line).[9] Please see the methodology report for more information on design changes.

Data Source: 2008–2011, 2014, 2015, 2017, 2019, and 2021 MHIS

Usual Source of Care Over the Past 12 Months by Resident Characteristics

2021

While most (88.1%) Massachusetts residents had a usual source of care in 2021, there were gaps for several population subgroups, particularly based on gaps in insurance coverage over the past 12 months. Only 56.3% of those who were ever uninsured over the past 12 months had a usual source of care, as compared to 89.6% for those always insured over the past 12 months.



Note: Usual source of care excludes the emergency department but may include telehealth providers. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

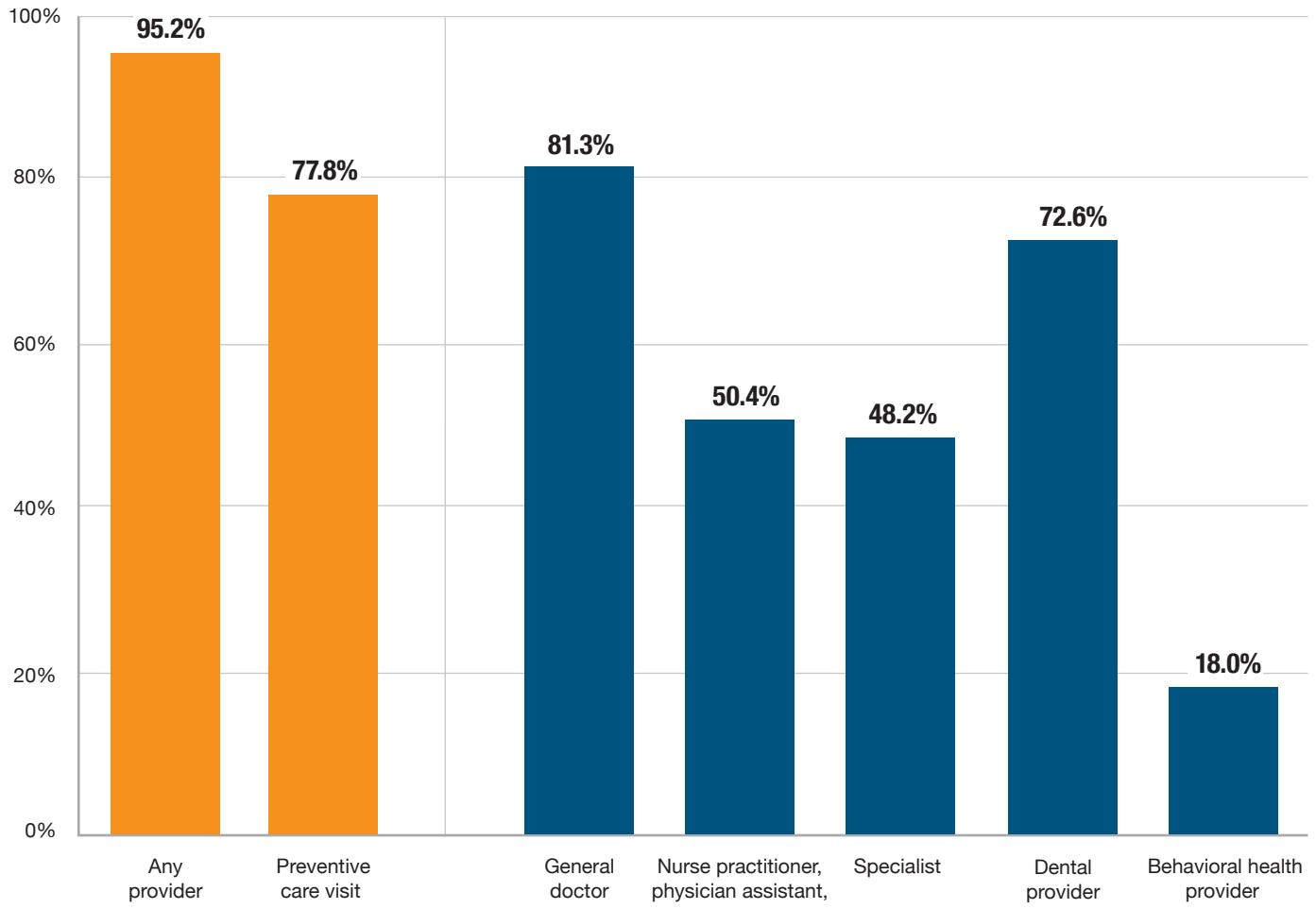
Data Source: 2021 Massachusetts Health Insurance Survey

Health Care Use Over the Past 12 Months by Type of Provider

2021

In 2021, most (95.2%) Massachusetts residents reported having at least one visit with a health care provider in the past 12 months. The most commonly reported visit for health care was to general doctors (81.3%), followed by dental care providers (72.6%).

Over three-fourths of residents reported having a preventive care visit in the past 12 months. Not all residents would be expected to need a preventive care visit over the course of a year, so these estimates do not necessarily provide a measure of unmet need for preventive care.



Note: Any visit to a provider includes the following visit types: general doctor; nurse practitioner; physician's assistant; midwife; specialist; dental provider; and behavioral health provider. Behavioral health provider includes mental health professionals and providers of alcohol or substance use care or treatment. Preventive care visit was defined as a visit to a general doctor, nurse practitioner, physician assistant, or midwife for a "check-up, physical examination, or for other preventive care." All visit types reported on this page include those provided via telehealth.

Data Source: 2021 Massachusetts Health Insurance Survey

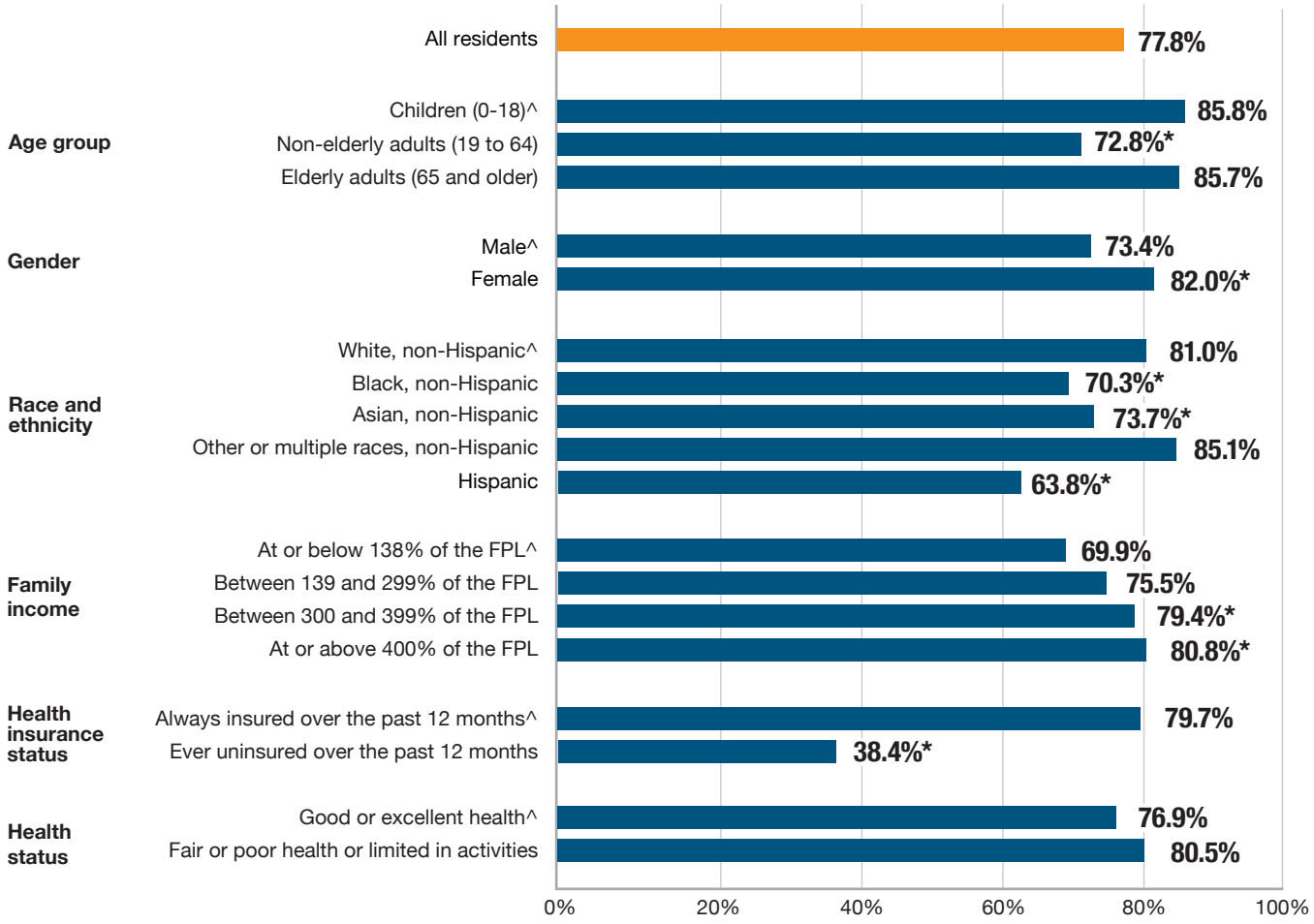
Visit for Preventive Care Use in the Past 12 Months by Resident Characteristics

2021

Over three-fourths (77.8%) of Massachusetts residents had a visit for preventive care in the past 12 months. Compared with children aged 18 and under, non-elderly adults were less likely to have had a preventive care visit over this period (72.8%).

Relative to residents with continuous coverage, residents who were ever uninsured over the past 12 months were less likely to have had a preventive care visit (38.4% vs. 79.7%). Hispanic residents were also less likely than their non-Hispanic White counterparts, to have a preventive care visit.

Not all residents would be expected to need a preventive care visit over the course of a year, so these estimates do not necessarily provide a measure of unmet need for preventive care.



Note: Preventive care was defined as a visit to a general doctor, nurse practitioner, physician assistant, or midwife for a "check-up, physical examination, or for other preventive care." Visits for preventive care include those provided via telehealth. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

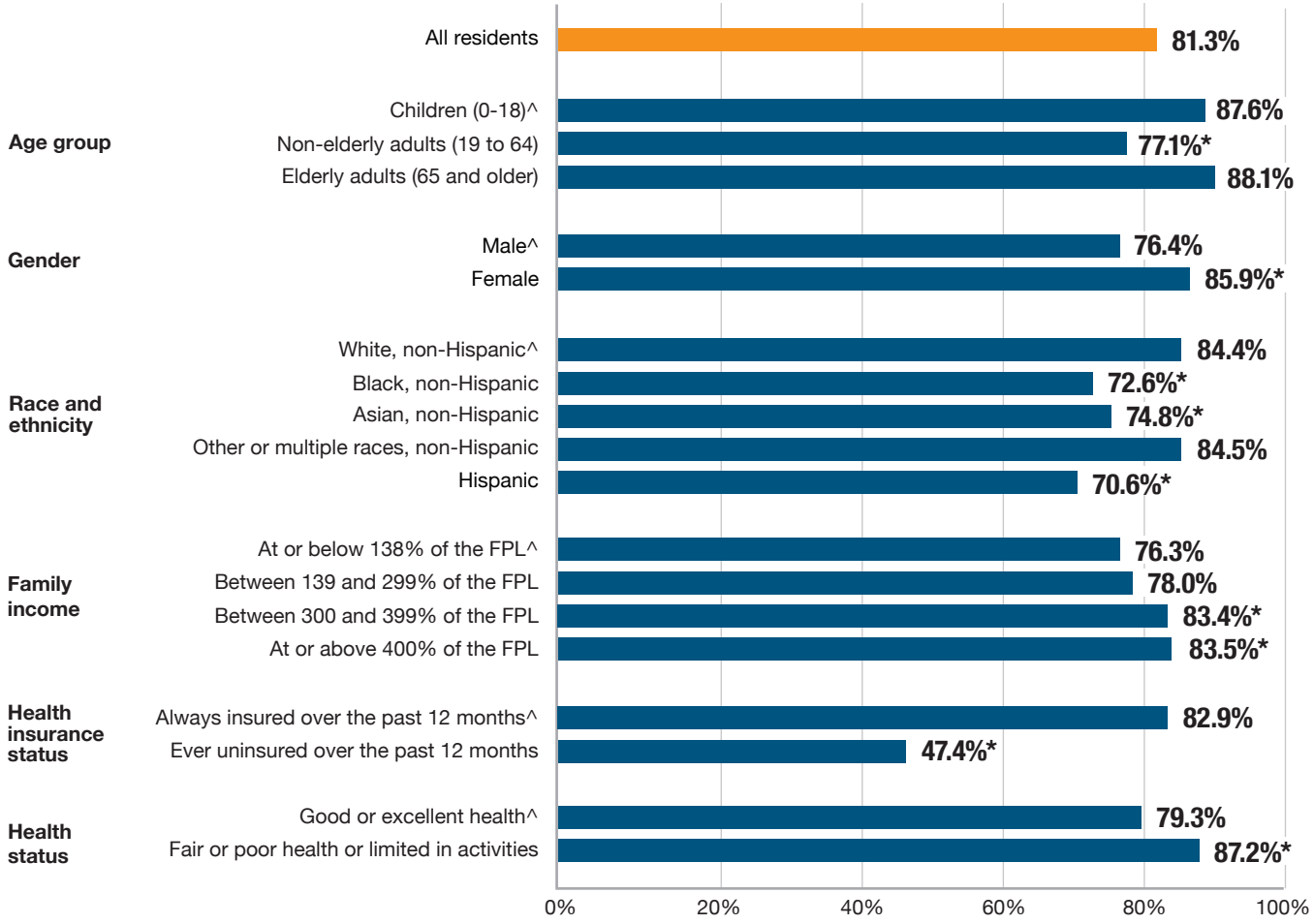
Data Source: 2021 Massachusetts Health Insurance Survey

Visit to a General Doctor Use in the Past 12 Months by Resident Characteristics

2021

Though most (81.3%) Massachusetts residents reported a visit to a general doctor over the past 12 months in 2021, there were some groups who were less likely to have a visit. Most notably, residents who were ever uninsured over the past 12 months were much less likely to report this type of visit compared to residents insured for all of the past 12 months (47.4% vs. 82.9%).

Compared to non-Hispanic White residents, Hispanic, non-Hispanic Black, and non-Hispanic Asian residents were less likely to visit a general doctor in the past 12 months.



Note: Visits to a doctor include those provided via telehealth, as well as visits to receive a vaccine if the resident saw a general doctor. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

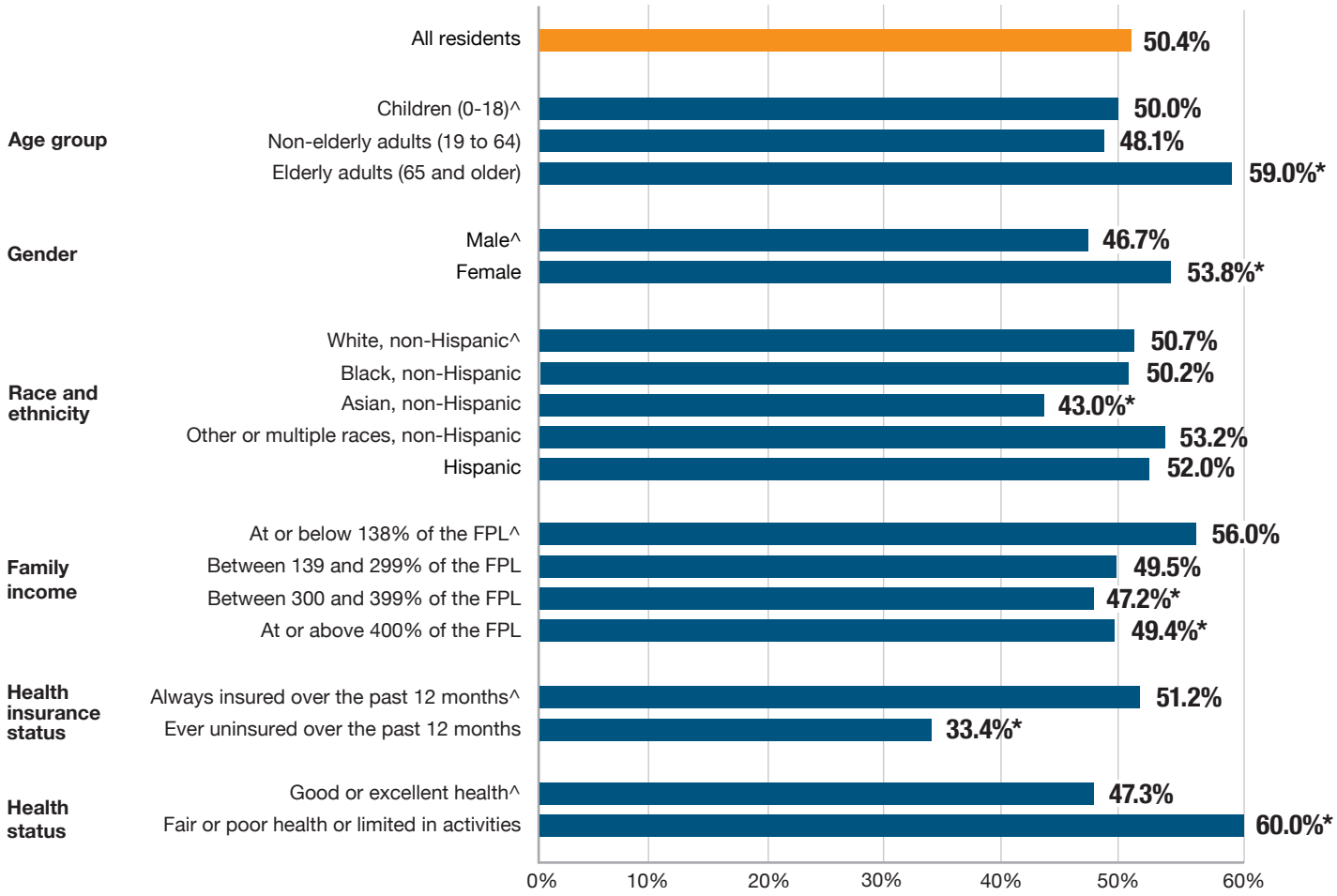
Visit to a Nurse Practitioner, Physician Assistant, or Midwife in the Past 12 Months by Resident Characteristics

2021

In 2021, half (50.4%) of Massachusetts residents reported a visit to a nurse practitioner (NP), physician assistant (PA), or midwife over the past 12 months.

Visits with these providers were more common among elderly residents compared to children, and those in fair or poor health compared to those in good or excellent health, likely reflecting higher health care needs in these populations.

Males, non-Hispanic Asian residents, residents with family income at or above 300% of the FPL, and those ever uninsured over the past 12 months were less likely than females, non-Hispanic White residents, residents with family income less than 138% of the FPL, and those always insured over the past 12 months, respectively, to have a health care visit with these providers.



Note: Visits to a nurse practitioner, physician assistant, or midwife include those provided via telehealth, as well as visits to receive a vaccine. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

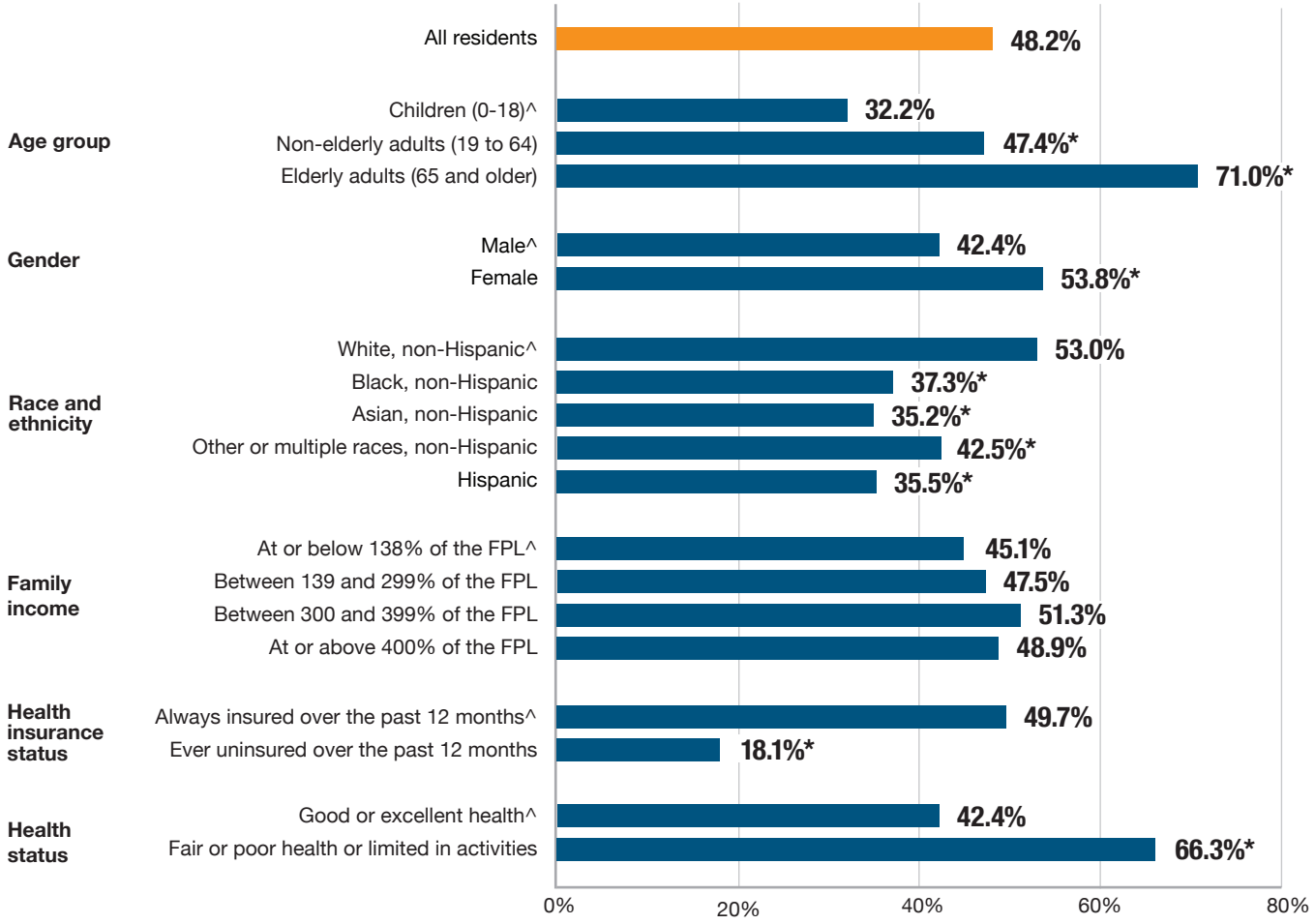
Visit to a Specialist in the Past 12 Months by Resident Characteristics

2021

Nearly half (48.2%) of Massachusetts residents reported a visit to a specialist over the past 12 months in 2021. Visits to a specialist were more common for elderly adults relative to children, for residents with health issues relative to those in good or excellent health, and for residents who were always insured over the past 12 months relative to those who were ever uninsured.

While we examine the population subgroups separately, there is likely to be substantial overlap between those who are elderly, in fair or poor health, and always insured over the past 12 months.

Not all residents would be expected to need a visit to a specialist over the course of a year, so these estimates do not provide a measure of unmet need for specialist care.



Note: Specialist visits include those provided via telehealth. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

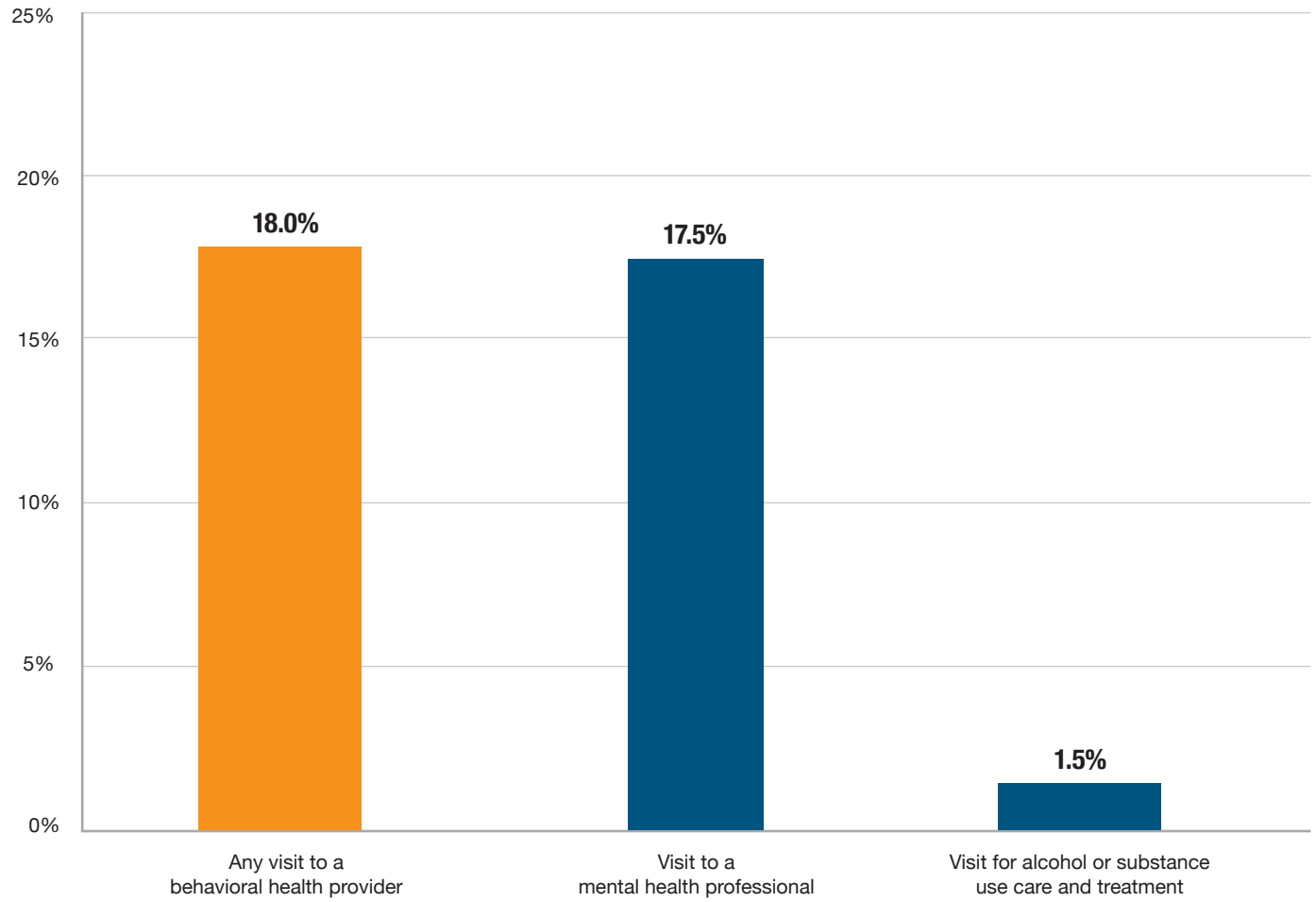
Data Source: 2021 Massachusetts Health Insurance Survey

Visit to a Behavioral Health Care Provider in the Past 12 Months, Overall and by Type of Visit

2021

In 2021, over one in six (18.0%) Massachusetts residents reported having a visit with a behavioral health provider in the past 12 months. Most of these visits were for mental health rather than for alcohol or substance use care and treatment.

Because of social stigma, legal concerns about illicit drug use, under-diagnosis or misdiagnosis, cultural barriers, and shortages of behavioral health providers, among other barriers to care, this rate may undercount the true needs in the Massachusetts population.



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment. These include visits provided via telehealth.

Data Source: 2021 Massachusetts Health Insurance Survey

Visit for Behavioral Health Care in the Past 12 Months by Resident Characteristics

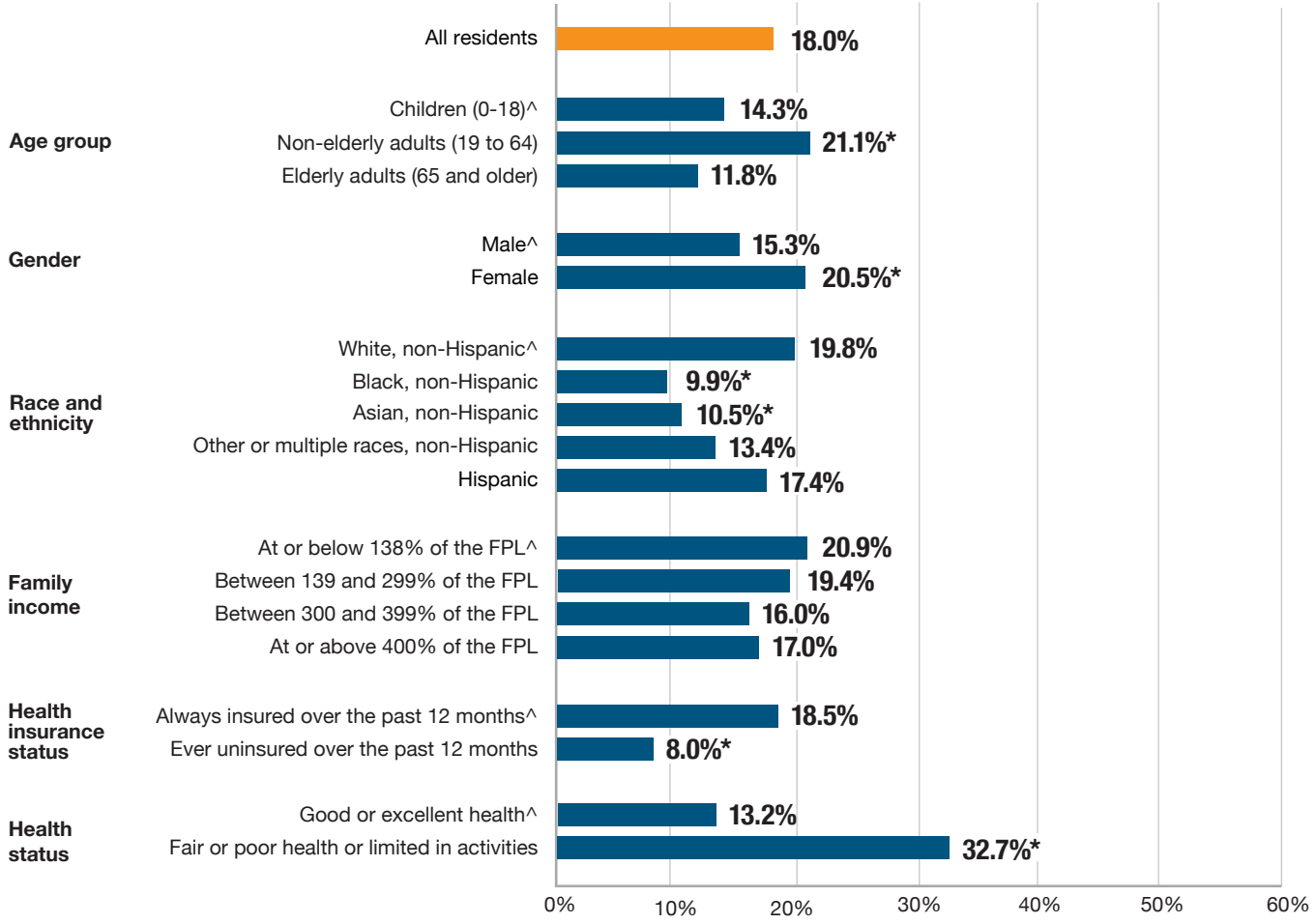
2021

There were differences in behavioral health care visits across population subgroups, particularly by race/ethnicity, insurance status, and health status.

Non-Hispanic White residents were roughly twice as likely to report a visit for behavioral health care (19.8%) compared with non-Hispanic Black and non-Hispanic Asian residents (9.9% and 10.5%, respectively).

Those with insurance coverage for all of the past 12 months were twice as likely to visit behavioral health providers as their counterparts with gaps in coverage over the past 12 months (18.5% vs. 8.0%).

Visits for behavioral health care in the past 12 months were also more likely to be reported by residents in fair or poor health or limited in activities compared to those in good or excellent health (32.7% vs. 13.2%).



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment. Behavioral health care visits include those provided via telehealth. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

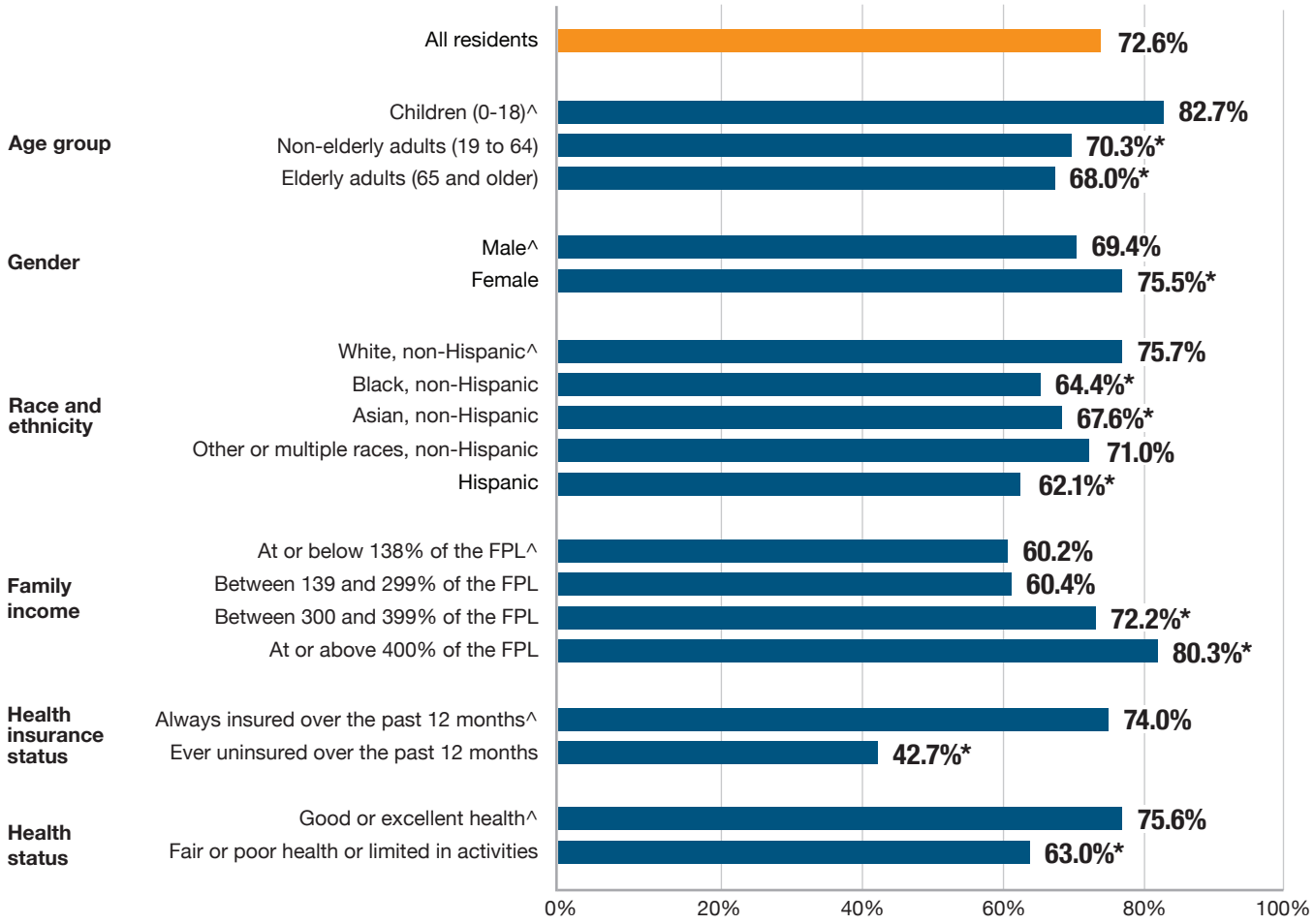
Visit for Dental Care in the Past 12 Months by Resident Characteristics

2021

In 2021, nearly three-fourths of Massachusetts residents reported having a dental care visit in the past 12 months, meaning over one in four did not have a visit for dental care over this period.

As the MHIS did not ask residents about their dental insurance, we do not have direct evidence on the link between gaps in dental care and gaps in dental insurance. However, residents with gaps in health insurance coverage, who were also unlikely to have dental insurance coverage, were significantly less likely to have had a dental visit than those always insured over the past 12 months.

Residents with lower family income were less likely than those with higher income to report dental visits, as were racial/ethnic minority residents compared to non-Hispanic White residents.



Note: Dental care visits include those provided via telehealth. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

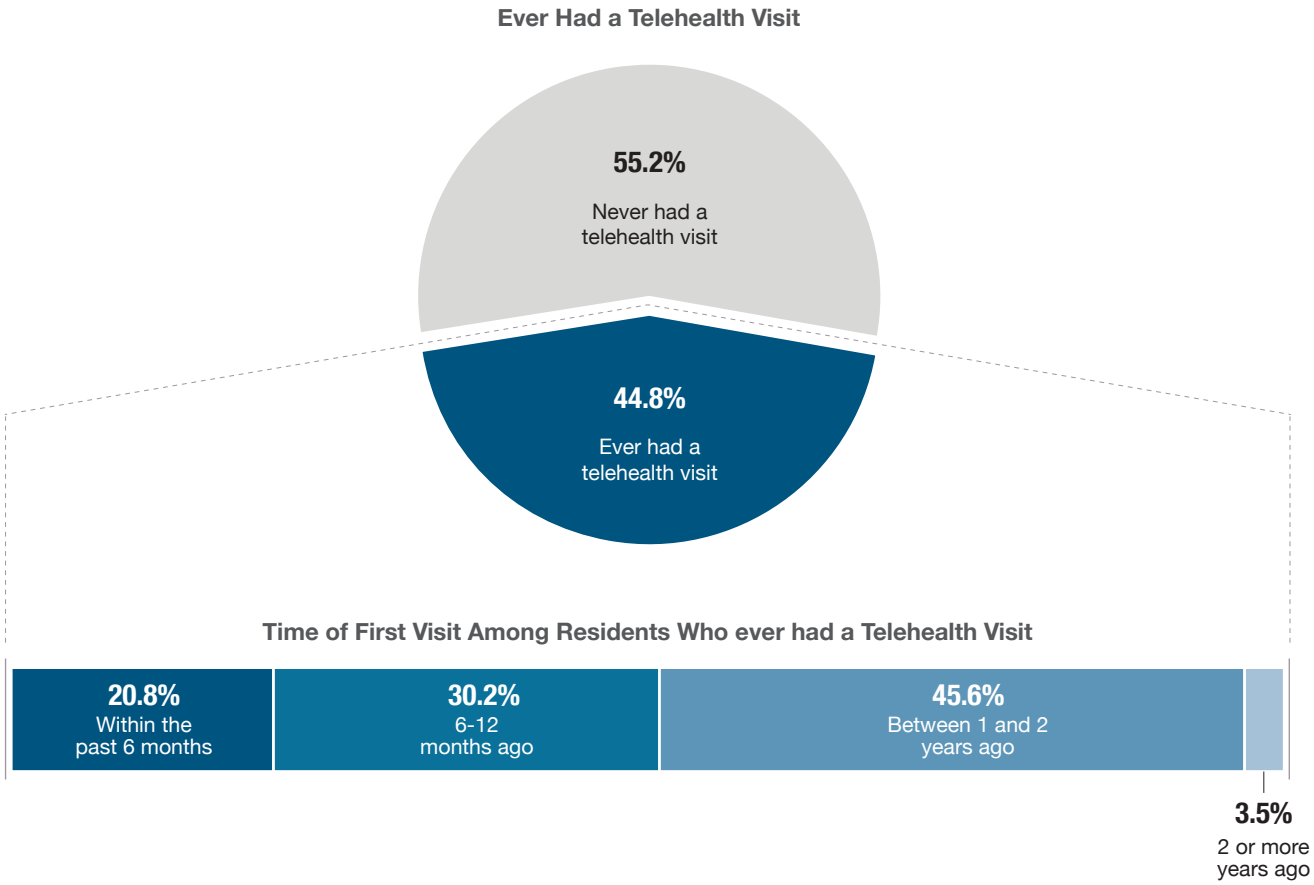
Data Source: 2021 Massachusetts Health Insurance Survey

Telehealth Visits among Residents

2021

The use of telehealth services has grown rapidly in Massachusetts and across the U.S. in recent years, particularly in response to the COVID-19 pandemic. New in 2021, the MHIS asked residents whether they had ever used telehealth services for any type of health care and how long ago their first visit took place.

Statewide, 44.8% of residents indicated they had ever had a telehealth visit, with the vast majority (96.5%) of residents with a telehealth visit reporting that their first visit had taken place within the two years prior to the survey. Because the 2021 MHIS was fielded over a six-month period, these residents' first telehealth visit could fall between July 2019 and December 2021.



Note: Telehealth visits were defined as health care visits provided "by video, phone, email, text, or chat".

Data Source: 2021 Massachusetts Health Insurance Survey

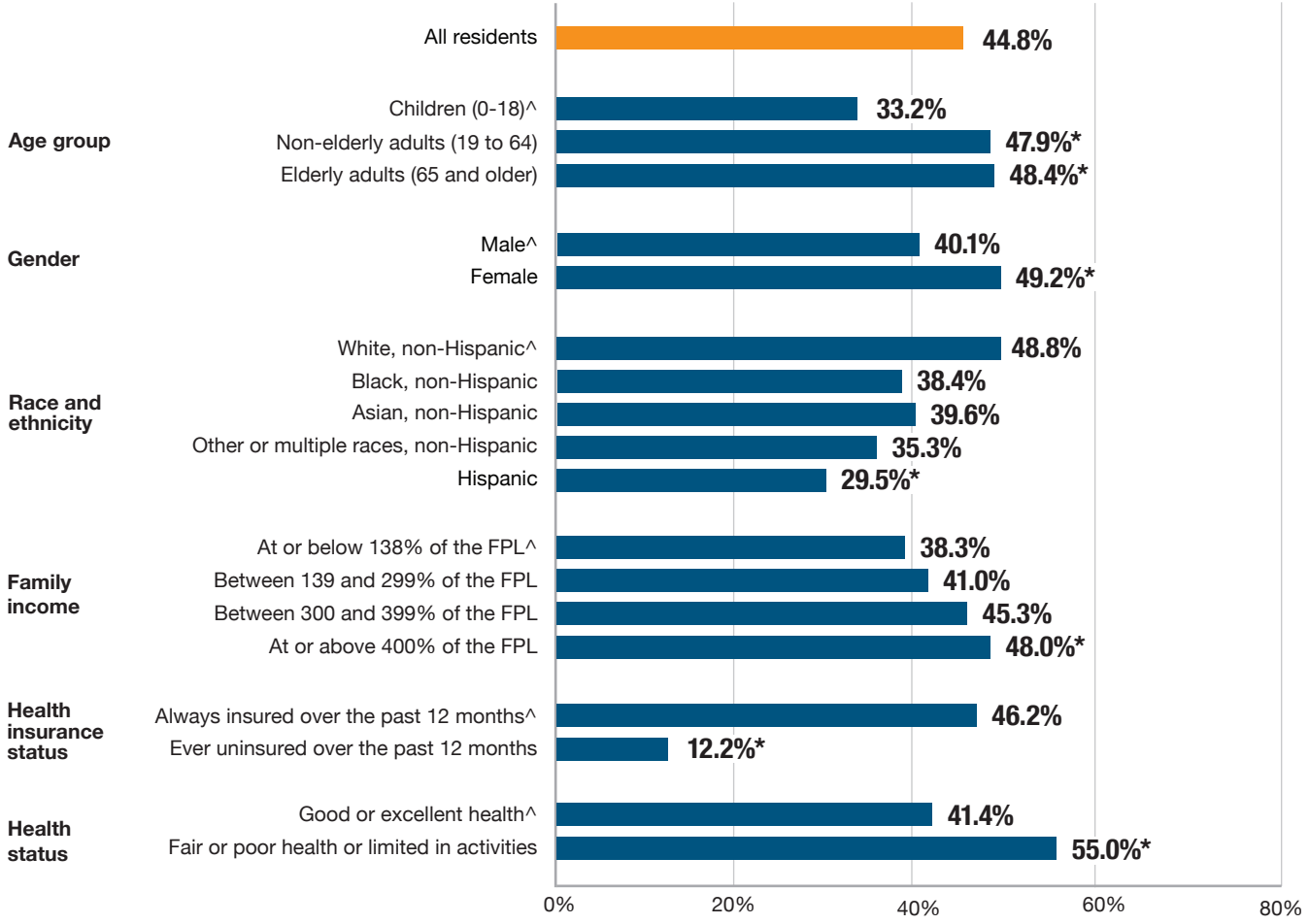
Resident Has Ever Had a Telehealth Visit by Resident Characteristics

2021

While close to half (44.8%) of Massachusetts residents have had a telehealth visit, usage varies among different population groups. Children aged 18 and younger were less likely to have had a telehealth visit than adults (33.2% vs. 47.9-48.4%). Hispanic residents were also less likely to report telehealth usage compared to their non-Hispanic White counterparts (29.5% vs. 48.8%).

Residents with insurance coverage for all of the past 12 months were nearly four times as likely as those with gaps in coverage to have had a telehealth visit (46.2% vs. 12.2%).

Differences in telehealth usage may reflect a wide range of factors, such as differences in health care need, internet access, or language and cultural barriers.



Note: Telehealth visits were defined as health care visits provided "by video, phone, email, text, or chat." FPL = Federal Poverty Level.

Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

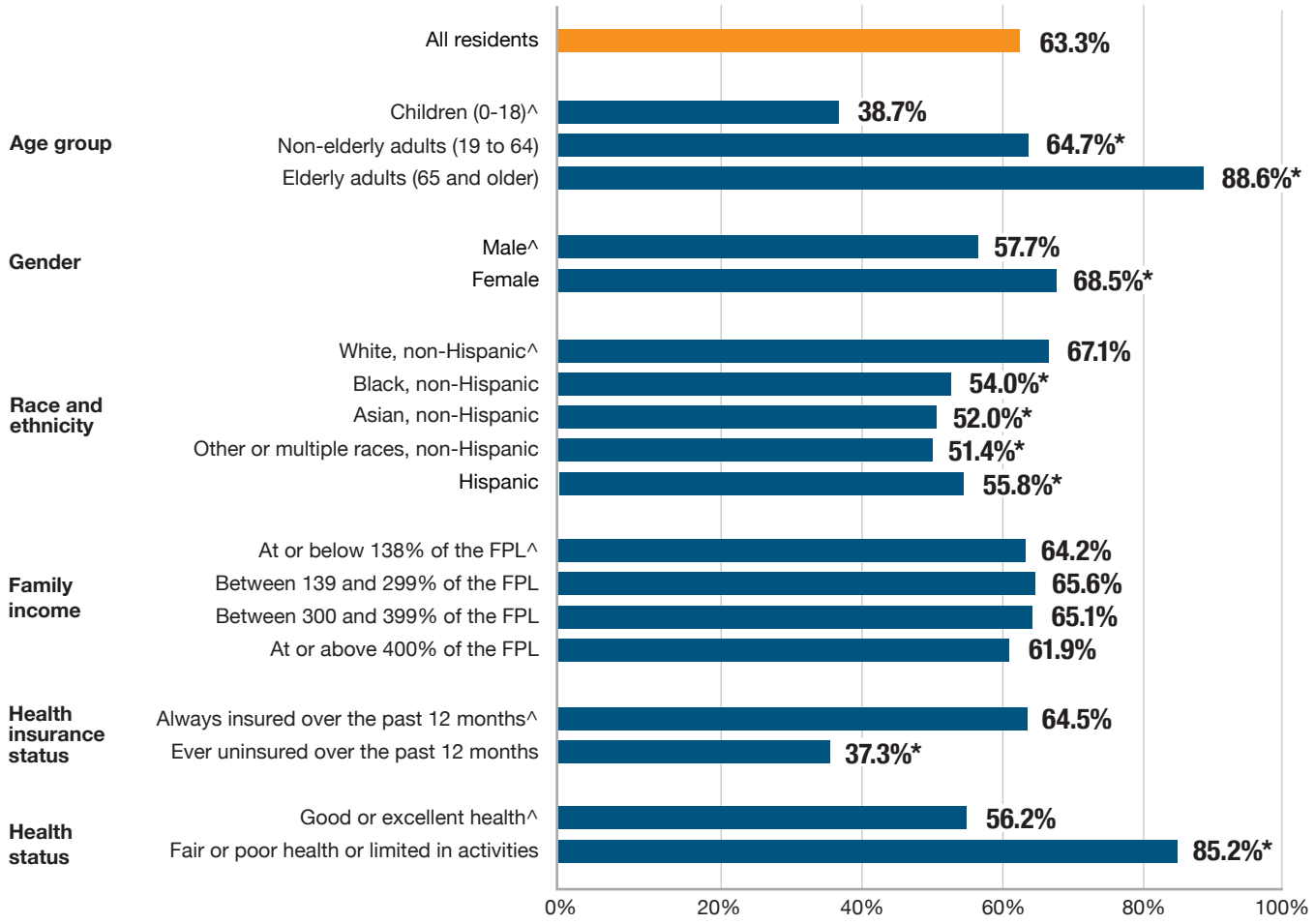
*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2021 Massachusetts Health Insurance Survey

Prescription Drug Use Over the Past 12 Months by Resident Characteristics

2021

In 2021, nearly two-thirds (63.3%) of Massachusetts residents reported taking one or more prescription drugs over the past 12 months. Adults, especially elderly adults, were more likely than children to report prescription drug use. In addition, 85.2% of residents who reported being in fair or poor health reported taking prescription drugs over the past 12 months compared to only 56.2% who reported being in good or excellent health.



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

^Reference group

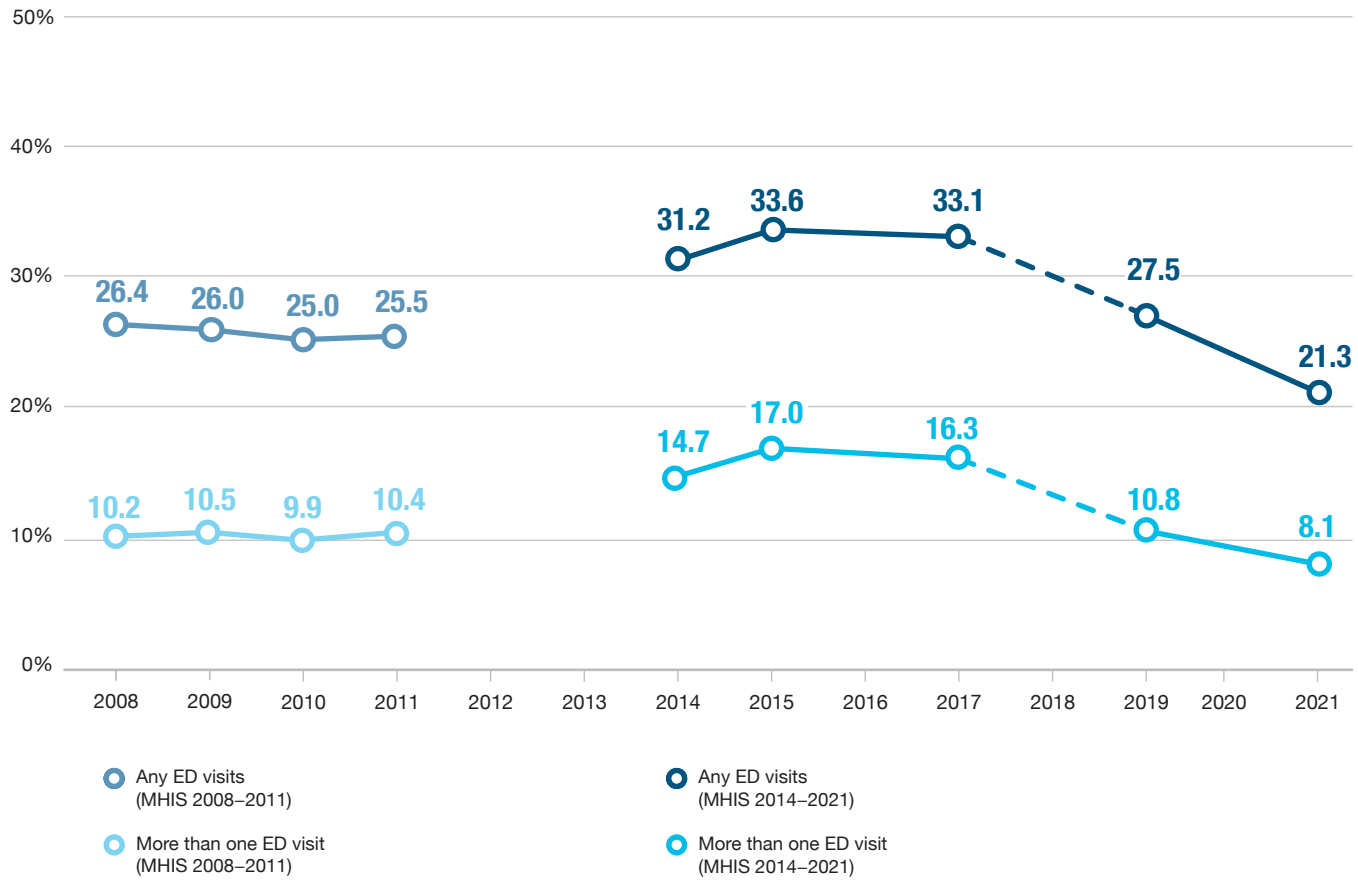
*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2021 Massachusetts Health Insurance Survey

The percent of Massachusetts residents reporting a visit to an ED in the past 12 months declined between 2019 and 2021, from 27.5% to 21.3%, and the percent reporting multiple ED visits in the past 12 months also declined, from 10.8% in 2019 to 8.1% in 2021. Both decreases were statistically significant.

ED Visits Over the Past 12 Months

2008-2021



Note: ED = Emergency Department. Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017, and the 2021 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2021 (denoted by the dotted line).[10] Please see the methodology report for more information on design changes.

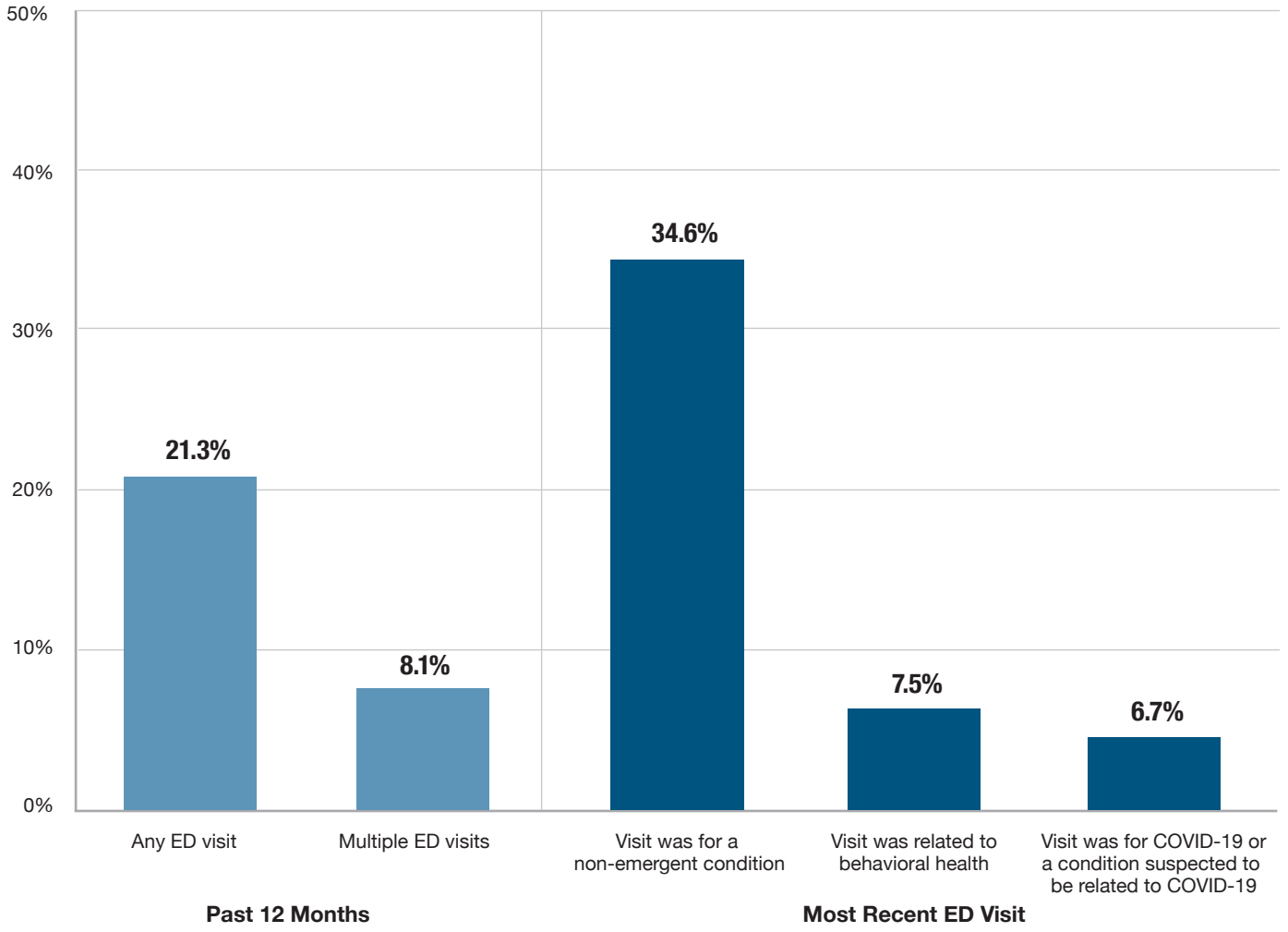
Data Source: 2008–2011, 2014, 2015, 2017, 2019, and 2021 Massachusetts Health Insurance Survey

ED Visits Over the Past 12 Months by Type

2021

In 2021, among Massachusetts residents with an ED visit in the past 12 months, over one-third (34.6%) reported that their most recent visit was for a non-emergency condition, defined as a condition that could have been treated by a general doctor if one had been available.

Furthermore, among residents with an ED visit in the past 12 months, 7.5% reported that their most recent visit was related to behavioral health, and 6.7% reported that their most recent visit was for COVID-19 or a condition suspected to be related to COVID-19.



Note: ED = Emergency Department. The categories of reasons for the most recent ED visit listed above are not mutually exclusive. Residents were asked to select all applicable options. Visits related to behavioral health include visits related to mental health (6.0%) and visits related to alcohol or substance use disorders (2.3%). Non-emergent conditions are defined as conditions that the resident thought could have been treated by a regular doctor if one had been available.

Data Source: 2021 Massachusetts Health Insurance Survey

ED Visit in the Past 12 Months by Resident Characteristics

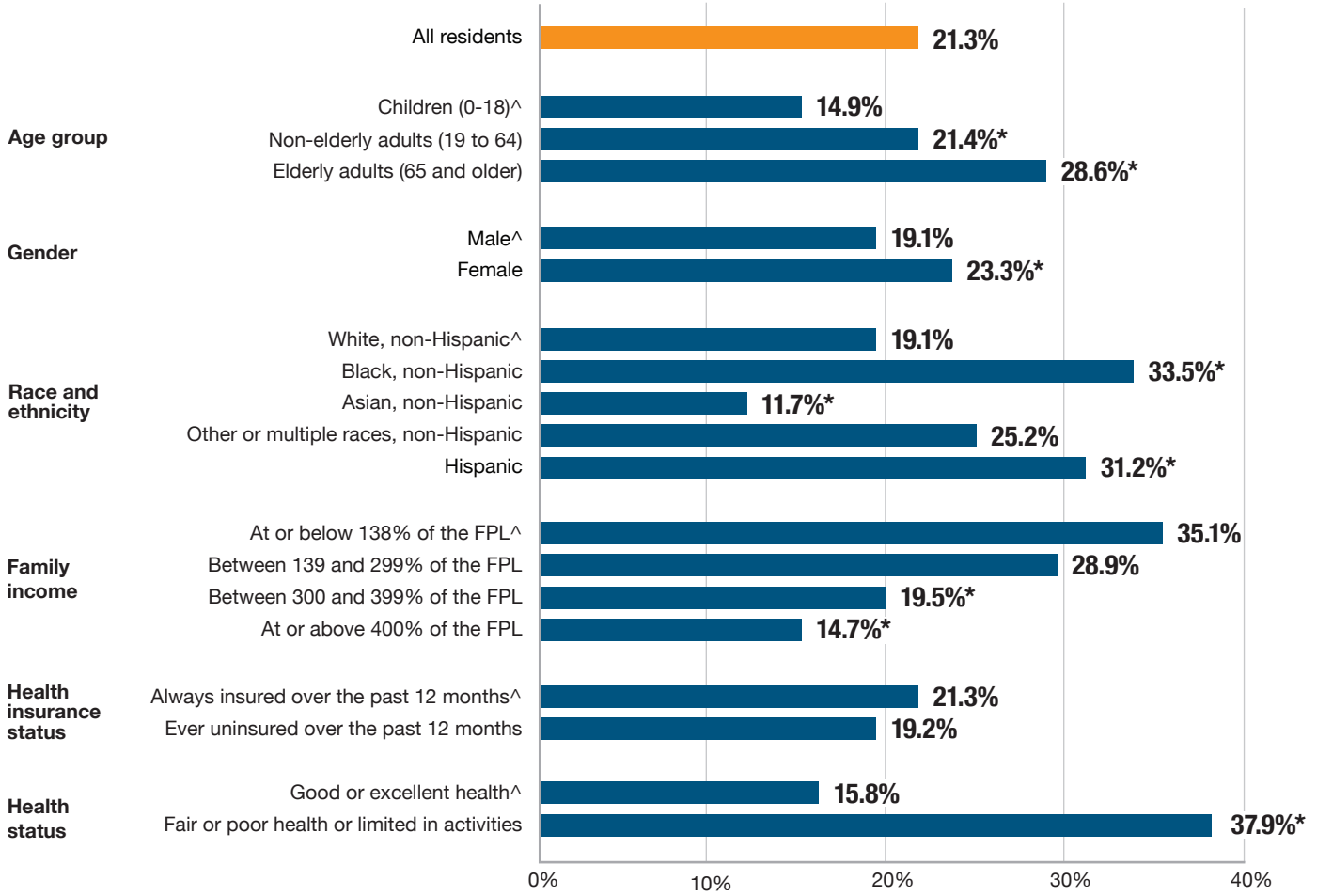
2021

The share of Massachusetts residents reporting an ED visit in the past 12 months varied by resident characteristics in 2021.

Compared to non-Hispanic White residents, non-Hispanic Black and Hispanic residents were more likely to have an ED visit in the past 12 months, whereas non-Hispanic Asian residents were less likely.

Residents reporting fair or poor health or an activity limitation were twice as likely as those in good or excellent health to report having had at least one visit to the ED over this period.

ED visits also varied significantly by family income, with residents with family income at or below 138% of the FPL much more likely than those with at or above 300% of the FPL to have an ED visit in the past 12 months.



Note: ED = Emergency Department; FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

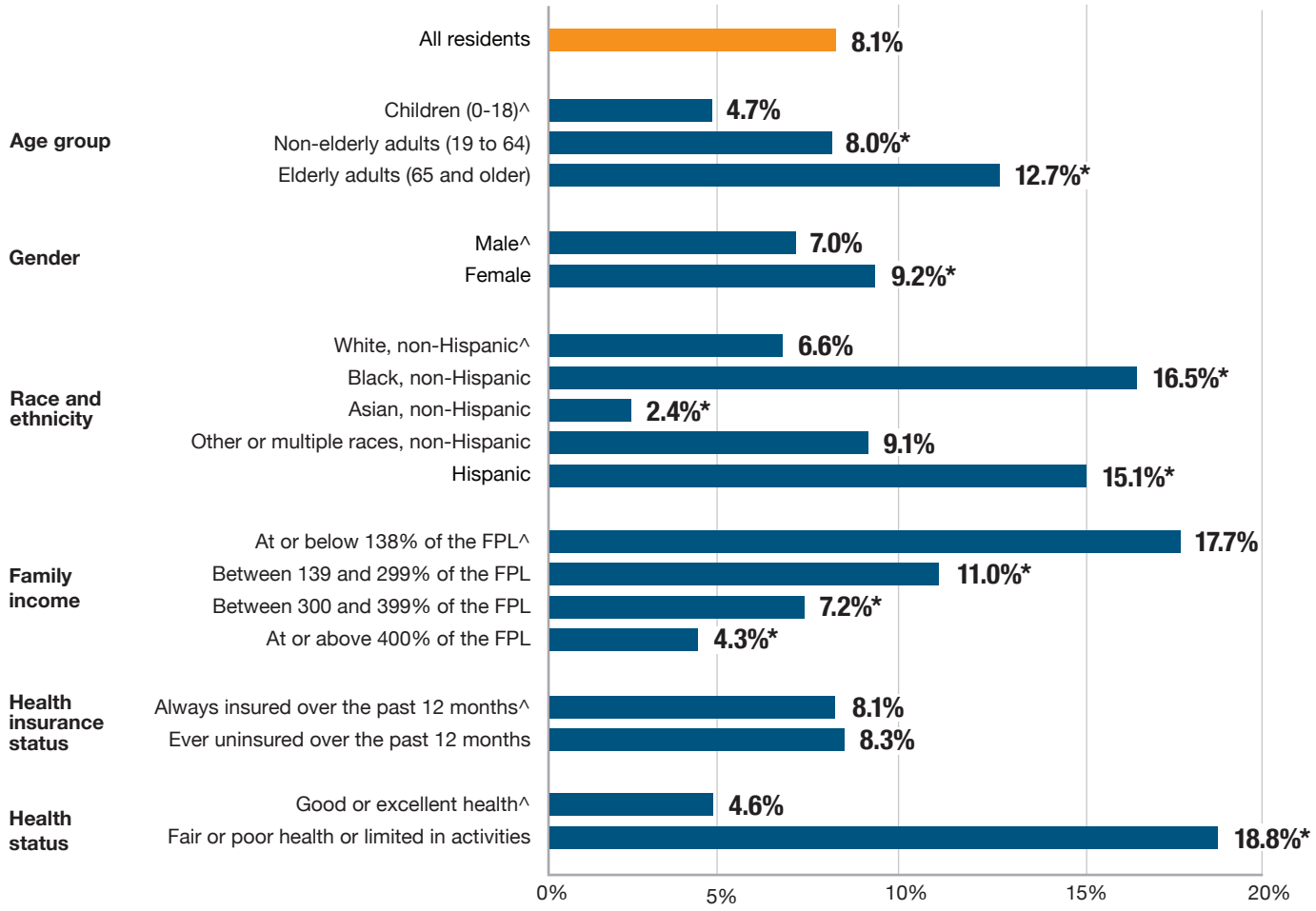
Multiple ED Visits in the Past 12 Months by Resident Characteristics

2021

In 2021, 8.1% of Massachusetts residents reported multiple visits to the ED. Non-Hispanic Black and Hispanic residents were more than twice as likely as non-Hispanic White residents to report multiple ED visits.

Residents with family income at or below 138% of the FPL were four times as likely as those residents at or above 400% of FPL to have multiple ED visits (17.7% vs. 4.3%).

Compared with residents in good or excellent health, residents in fair or poor health or with an activity limitation were particularly likely to report multiple ED visits.



Note: ED = Emergency Department; FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

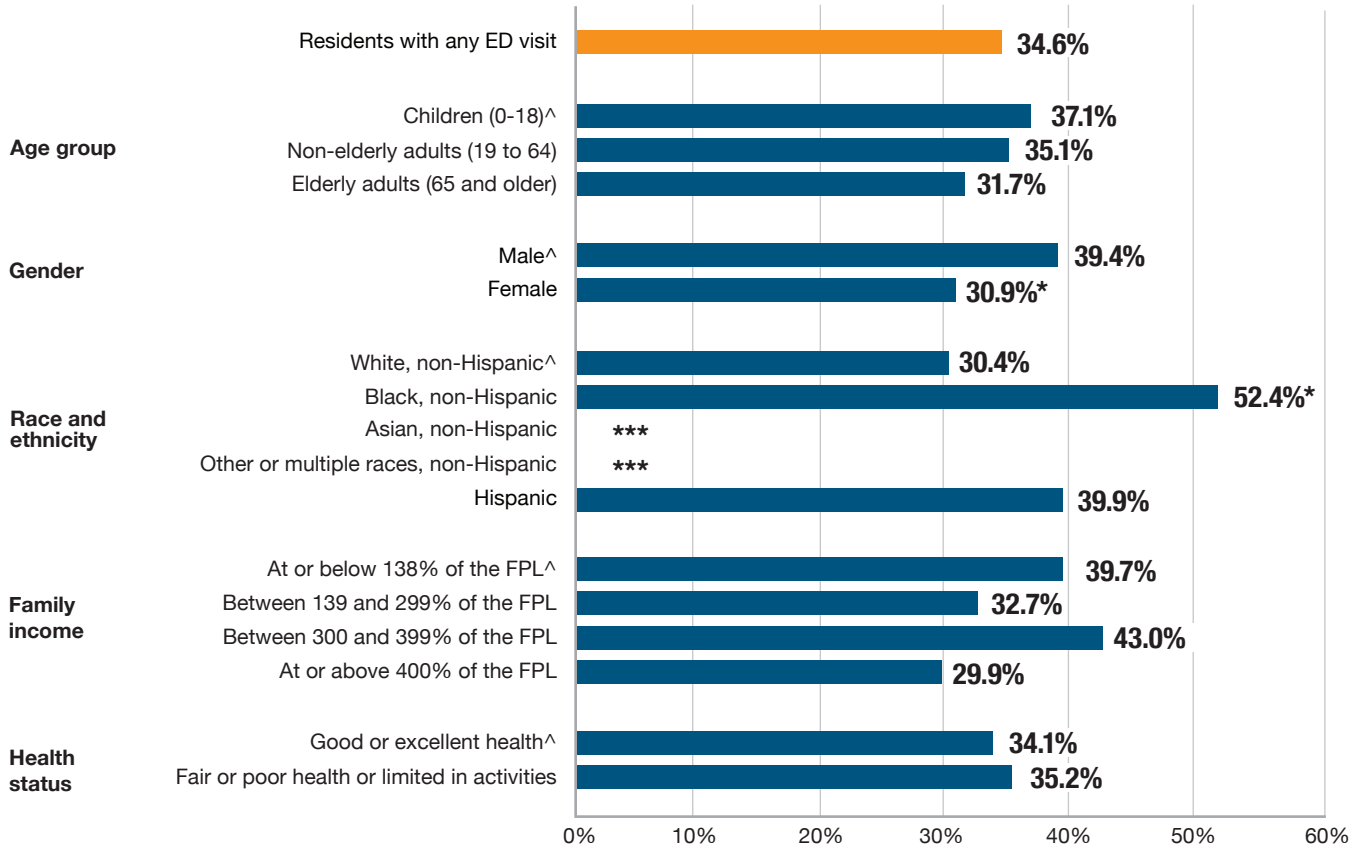
Data Source: 2021 Massachusetts Health Insurance Survey

Among Those with an ED Visit in Past 12 Months, Most Recent ED Visit Was for a Non-Emergency Condition by Resident Characteristics

2021

In 2021, more than a third (34.6%) of Massachusetts residents with an ED visit over the past 12 months reported that their most recent visit was for a non-emergency condition.

More than half (52.4%) of non-Hispanic Black residents with an ED visit in the past 12 months reported that it was for a non-emergency condition, a significantly higher proportion than that of non-Hispanic White residents (30.4%). Males were also more likely than females to report that their last ED visits in that period was for a non-emergent condition.



Note: ED = Emergency Department; FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." To ensure reliability, estimates derived from subgroups with fewer than 50 survey respondents are not reported.

^Reference group

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

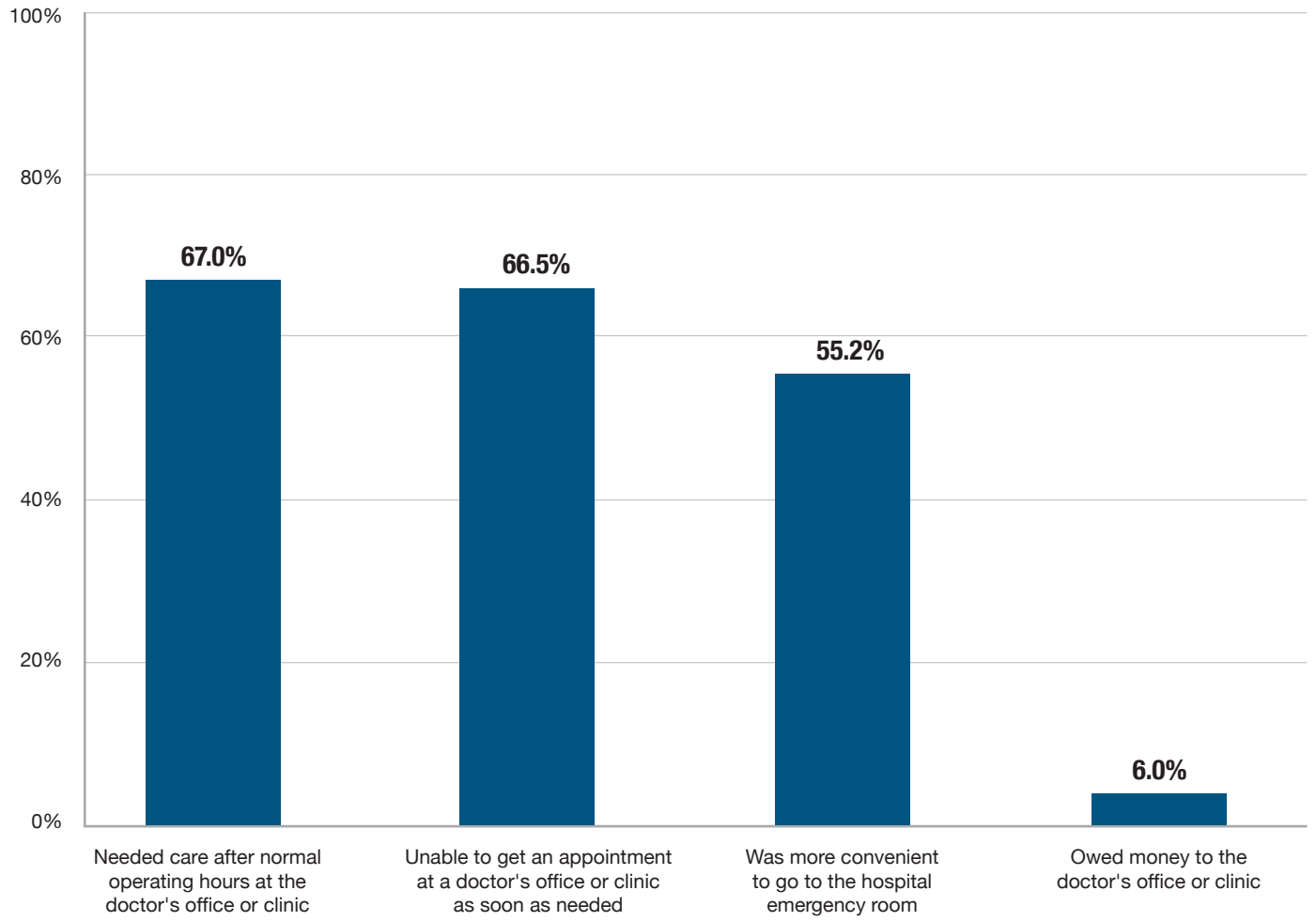
*** Estimate for Asian and Other or multiple races, non-Hispanic is suppressed due to small sample size.

Data Source: 2021 Massachusetts Health Insurance Survey

Among Those with an ED Visit for a Non-Emergency Condition in the Past 12 Months, Reasons for Most Recent Non-Emergency ED Visit

2021

In 2021, the most common reasons reported by Massachusetts residents for visiting the ED for a non-emergency condition were related to difficulties getting care at a doctor's office or clinic. The majority of residents reported that their most recent non-emergency ED visit was due to needing care after normal operating hours at the doctor's office or clinic (67.0%), followed by being unable to get an appointment at a doctor's office or clinic as soon as needed (66.5%).



Note: ED = Emergency Department. The categories listed above are not mutually exclusive. Residents were asked to select all applicable options.

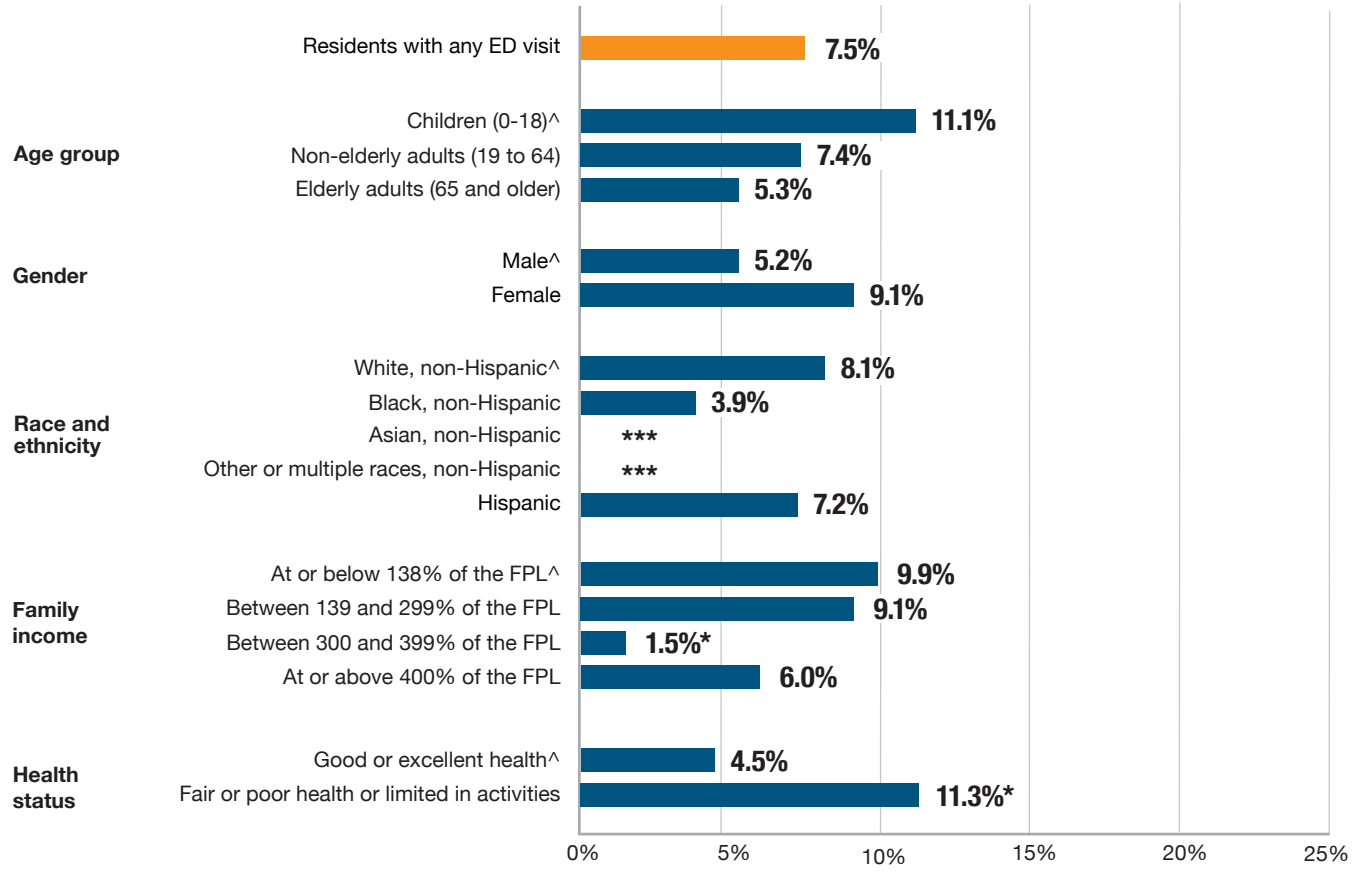
Data Source: 2021 Massachusetts Health Insurance Survey

Among Residents with an ED Visit in the Past 12 Months, Most Recent ED Visit was Related to a Behavioral Health Condition by Resident Characteristics

2021

Among Massachusetts residents who had an ED visit in 2021, 7.5% reported that the most recent visit was related to a behavioral health condition.

Residents who reported being in fair or poor health or limited in activities were two and a half times as likely than those who reported being in good or excellent health to report that their most recent ED visit was related to a behavioral health condition (11.3% vs. 4.5%).



Note: ED = Emergency Department. Visits for behavioral health conditions include visits related to mental health conditions and substance use disorders. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." To ensure reliability, estimates derived from subgroups with fewer than 50 survey respondents are not reported.

^Reference group

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

*** Estimate for Asian and Other or multiple races, non-Hispanic is suppressed due to small sample size.

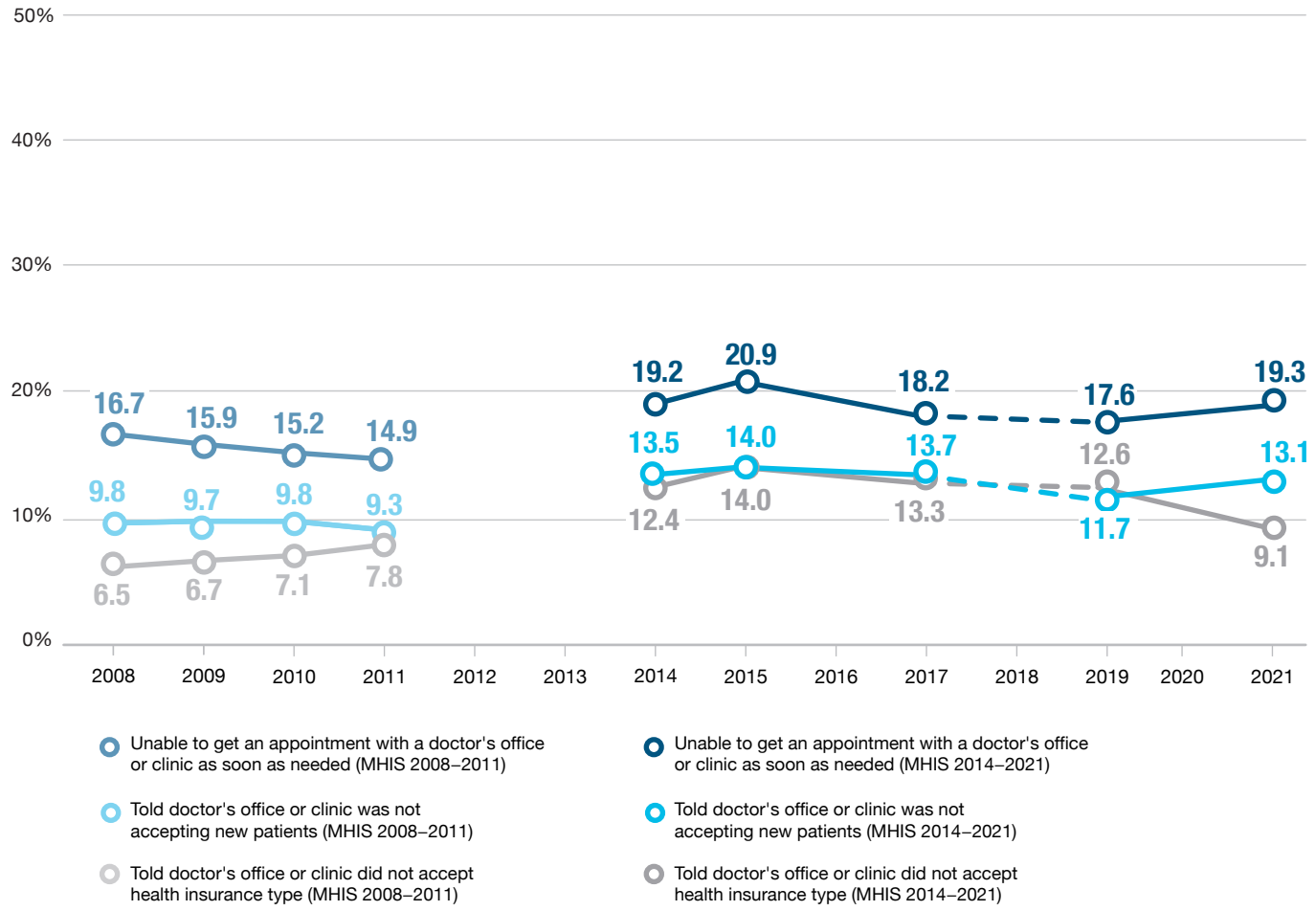
Data Source: 2021 Massachusetts Health Insurance Survey

Despite the high percentage of Massachusetts residents reporting that they had a usual source of care, some residents still faced difficulties obtaining needed health care in the past 12 months in 2021, with nearly one in five residents reporting being unable to get an appointment with a doctor's office or clinic as soon as they felt was needed, and more than one in eight reporting being told the doctor's office or clinic was not accepting new patients.

Fewer residents reported in 2021 being told in the past 12 months that a doctor's office or clinic did not accept their insurance type compared to 2019 (9.1% vs. 12.6%); this decline was statistically significant. This might reflect, in part, fewer residents seeking health care during the COVID-19 pandemic.

Difficulties Accessing Care Over the Past 12 Months

2008-2021



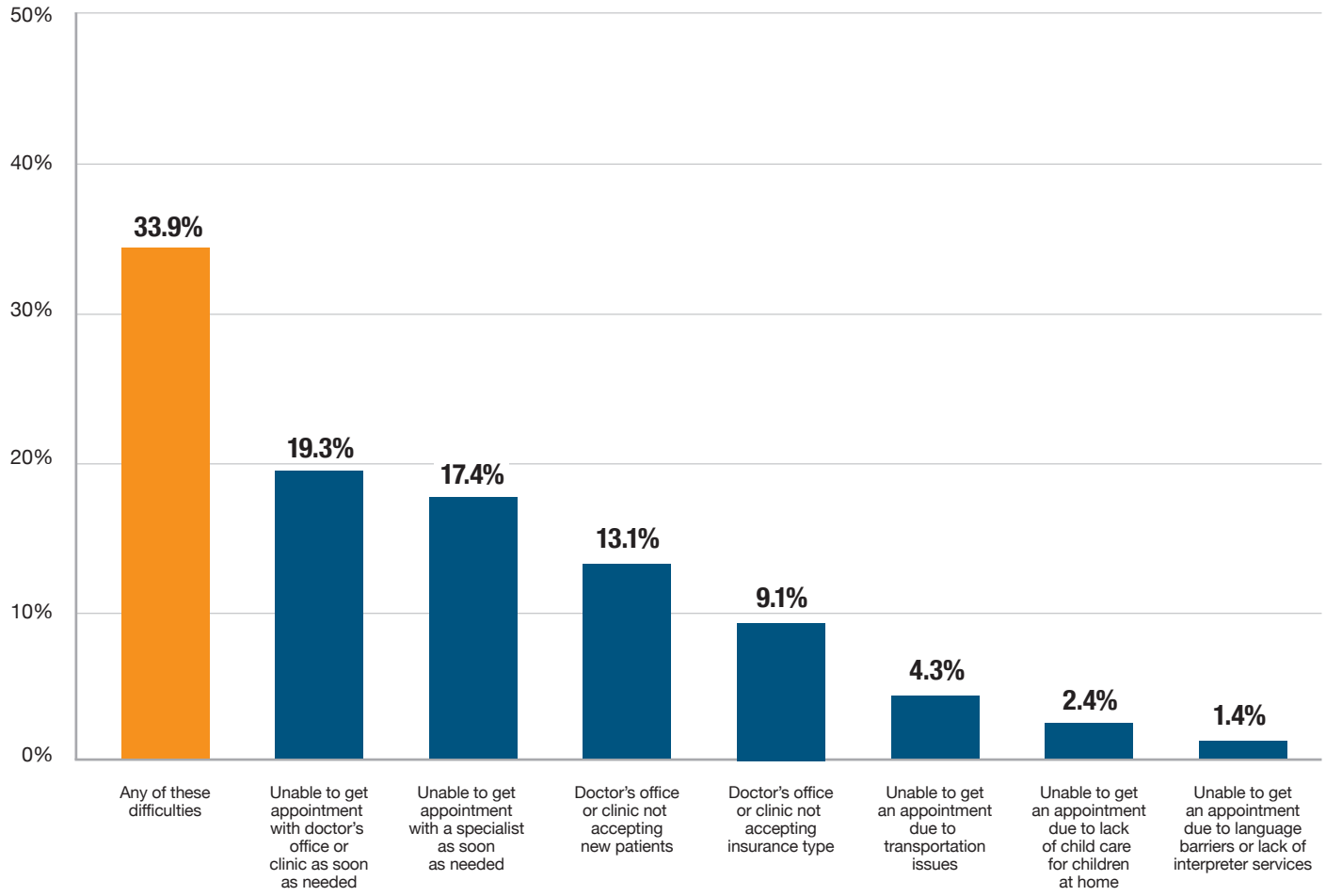
Note: Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017, and the 2021 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2021 (denoted by the dotted line).[11] Please see the methodology report for more information on design changes.

Data Source: 2008–2011, 2014, 2015, 2017, 2019, and 2021 Massachusetts Health Insurance Survey (MHIS) for Massachusetts estimates.

Difficulties Accessing Care Over the Past 12 Months by Type of Difficulty

2021

Over one-third of Massachusetts residents reported at least one type of difficulty accessing care at the doctor's office or clinic in 2021 (33.9%). The most commonly reported difficulties in accessing care include being unable to get an appointment with a doctor's office or specialist as soon as needed (19.3% and 17.4%, respectively), the provider not accepting new patients (13.1%), and the provider not accepting the resident's insurance type or was uninsured (9.1%).



Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. Any of these difficulties includes the following: unable to get an appointment with doctor's office or clinic as soon as needed; unable to get an appointment with a specialist as soon as needed; doctor's office or clinic not accepting new patients; doctor's office or clinic not accepting insurance type; unable to get an appointment due to transportation issues; unable to get an appointment due to a lack of child care for children at home; and unable to get an appointment due to language barriers or a lack of interpreter services.

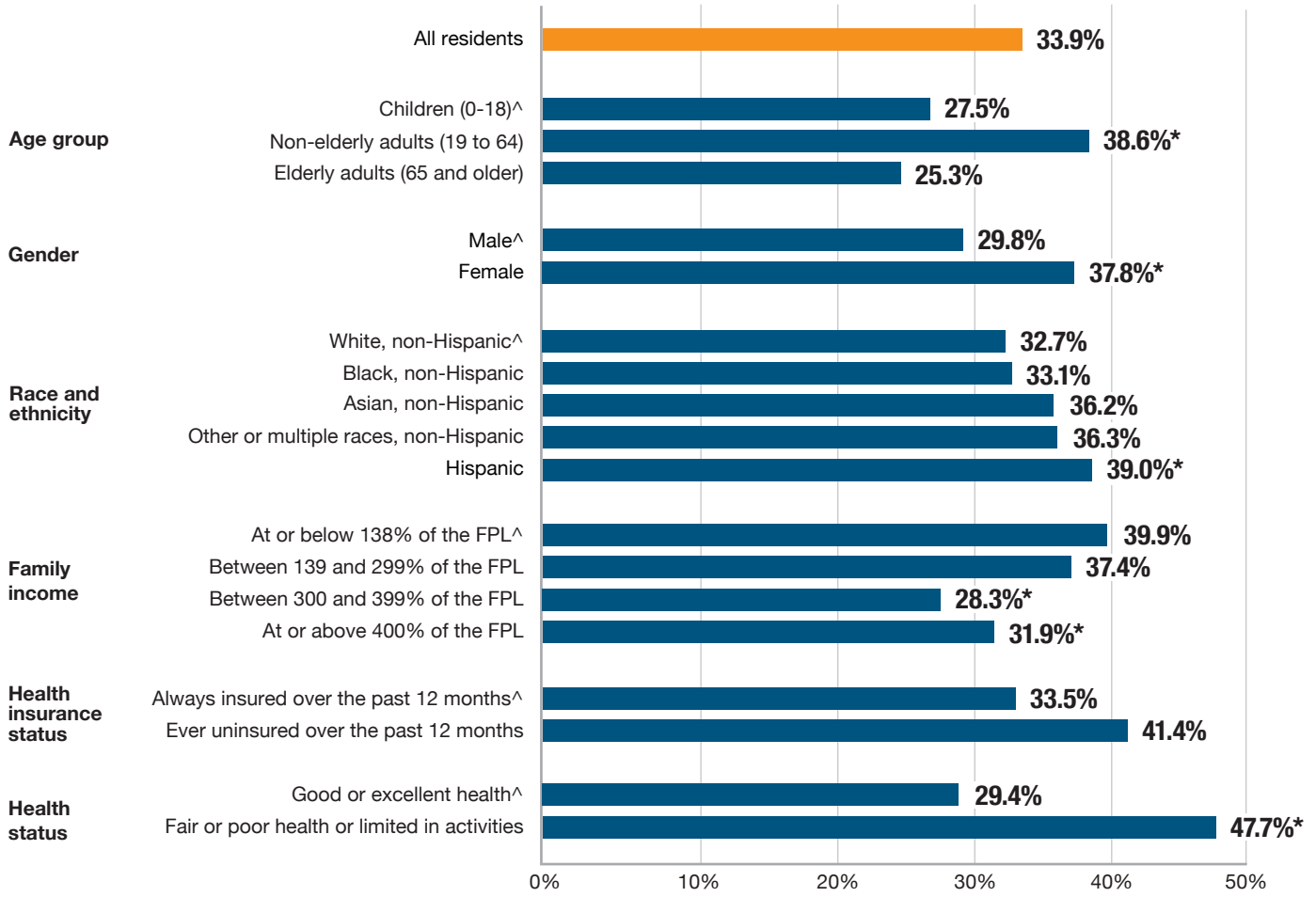
Data Source: 2021 Massachusetts Health Insurance Survey

Difficulties Accessing Care Over the Past 12 Months by Resident Characteristics

2021

While over one-third (33.9%) of Massachusetts residents reported having difficulties accessing health care over the past 12 months in 2021, these were more commonly reported among non-elderly adults relative to children, for females relative to males, for Hispanic residents relative to non-Hispanic White residents, for residents with health issues relative to those in good or excellent health, and those with family income at or below 138% of the FPL relative to those at or above 300% of the FPL.

Variation among these groups reflects both differences in the propensity of different population subgroups to seek health care and, when they do seek care, the likelihood that individuals in those subgroups will experience a difficulty in successfully accessing



Note: Any of these difficulties includes the following: unable to get an appointment with doctor's office or clinic as soon as needed; unable to get an appointment with a specialist as soon as needed; doctor's office or clinic not accepting new patients; doctor's office or clinic not accepting insurance type; unable to get an appointment due to transportation issues; unable to get an appointment due to a lack of child care for children at home; and unable to get an appointment due to language barriers or a lack of interpreter services. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

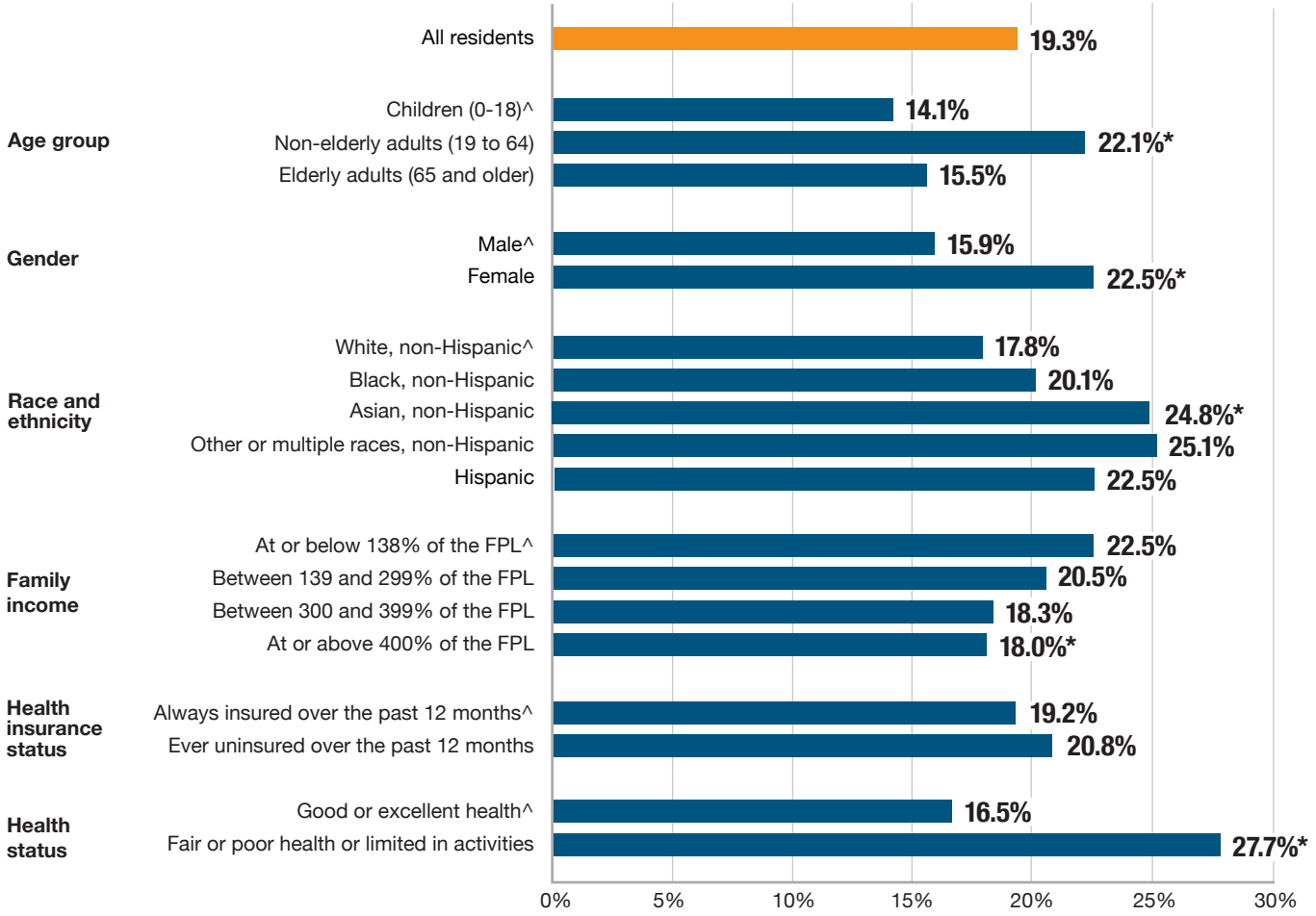
Data Source: 2021 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Unable to Get an Appointment with a Doctor's Office or Clinic As Soon As Needed by Resident Characteristics

2021

In 2021, the share of Massachusetts residents reporting being unable to get an appointment with a doctor's office or clinic as soon as needed in the past 12 months varied by resident characteristics.

Residents in fair or poor health or with an activity limitation were twice as likely to report difficulties accessing care in the past 12 months compared to those in good or excellent health (27.7% vs. 16.5%). Additionally, non-elderly adults were more likely to experience difficulties than children, and females were more likely to experience difficulties than males.



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

^Reference group

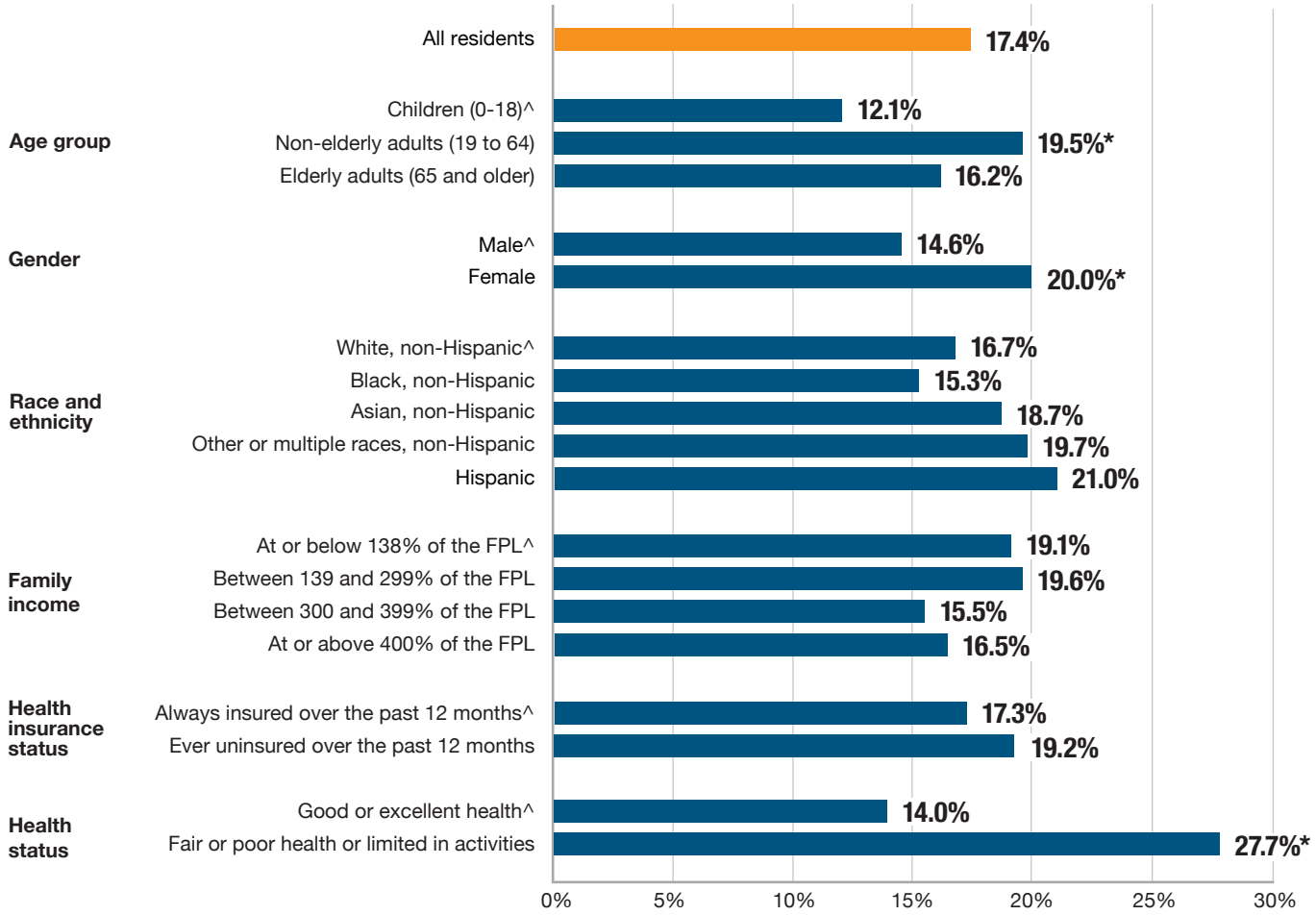
*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2021 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Unable to Get an Appointment with a Specialist As Soon As Needed by Resident Characteristics

2021

The largest difference in reporting having difficulties getting an appointment with a specialist as soon as needed in the past 12 months was found in residents with fair or poor health or an activity limitation (27.7%) compared to those in good or excellent health (14.0%) in 2021.



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

^Reference group

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

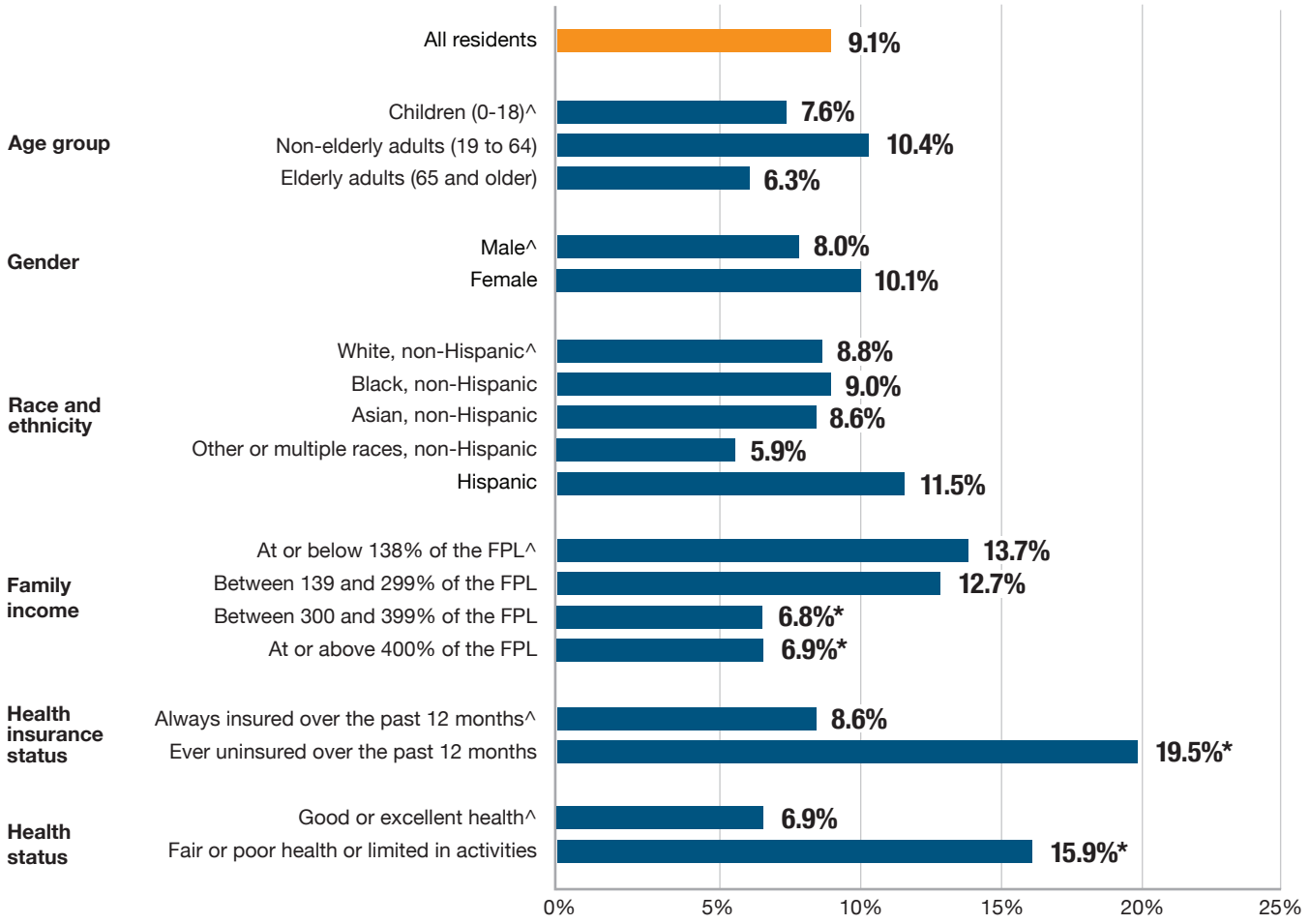
Data Source: 2021 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Doctor's Office or Clinic Not Accepting Insurance Type by Resident Characteristics

2021

In 2021, over one in eight (13.7%) Massachusetts residents with family income at or below 138% of the FPL reported that the provider was not accepting their insurance type, compared to 6.9% of residents at or above 400% of the FPL. This could be related in part to providers being less likely to accept MassHealth or other public coverage.

Additionally, residents in fair or poor health or with an activity limitation were nearly twice as likely to report that a provider did not accept their insurance type in the past 12 months compared to residents in good or excellent health (15.9% vs. 6.9%), which could also reflect differences in coverage type, or a greater number of interactions with the health care system, among other factors.



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

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

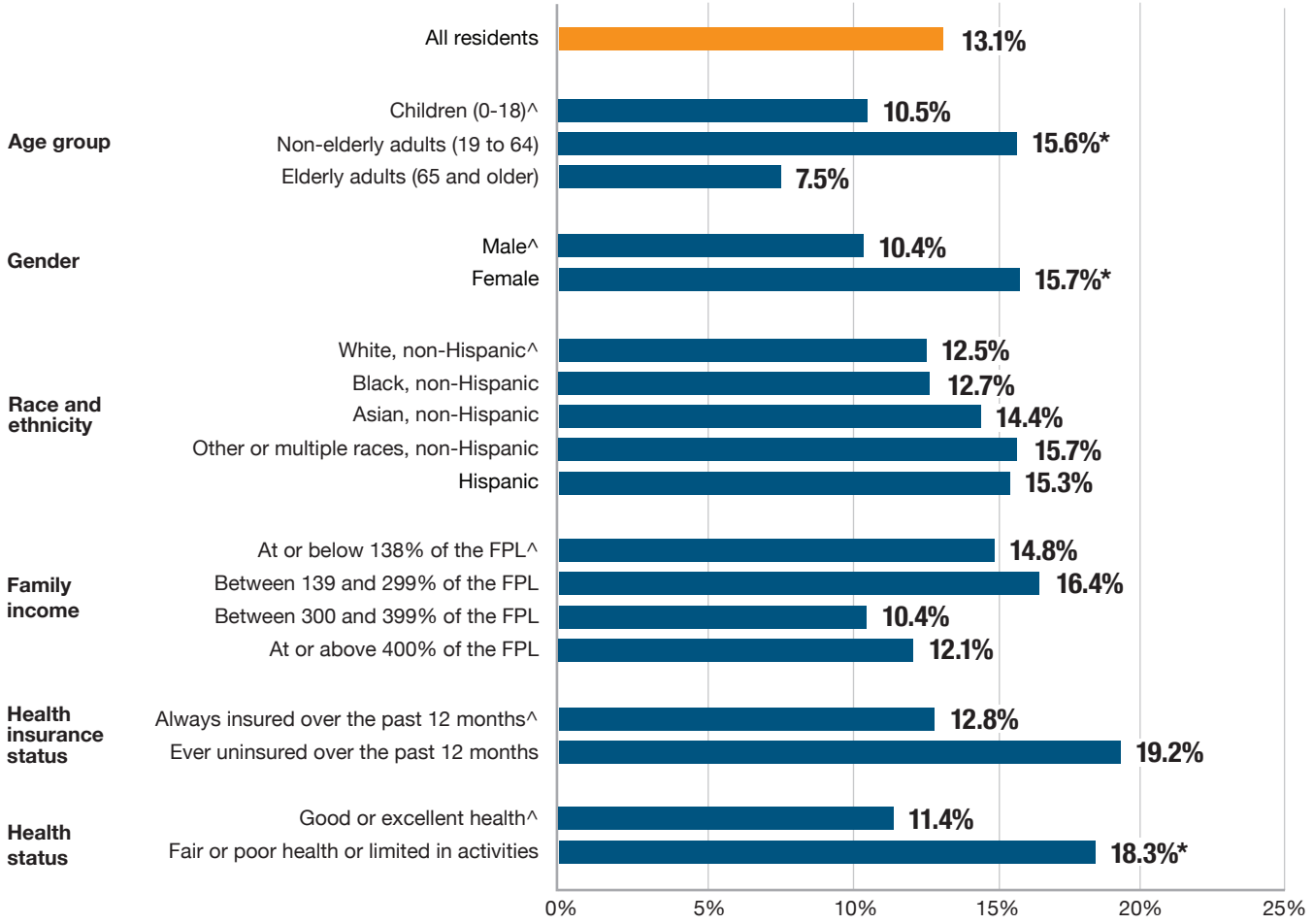
Difficulties Accessing Care: Doctor's Office or Clinic Not Accepting New Patients by Resident Characteristics

2021

In 2021, Massachusetts residents in fair or poor health or with an activity limitation were more likely than those in good or excellent health to report that a provider did not accept their insurance type in the past 12 months (18.3% vs. 11.4%).

Non-elderly adults were also more likely (15.6%) than children (10.5%) and elderly adults (7.5%) to report being told that a doctor's office or clinic was not accepting new patients over the past 12 months.

Furthermore, a higher proportion of female residents reported being told that a doctor's office or clinic was not accepting new patients than male residents (15.7% vs. 10.4%).



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

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Unable to Get an Appointment Due to a Lack of Child Care for Children at Home by Resident Characteristics

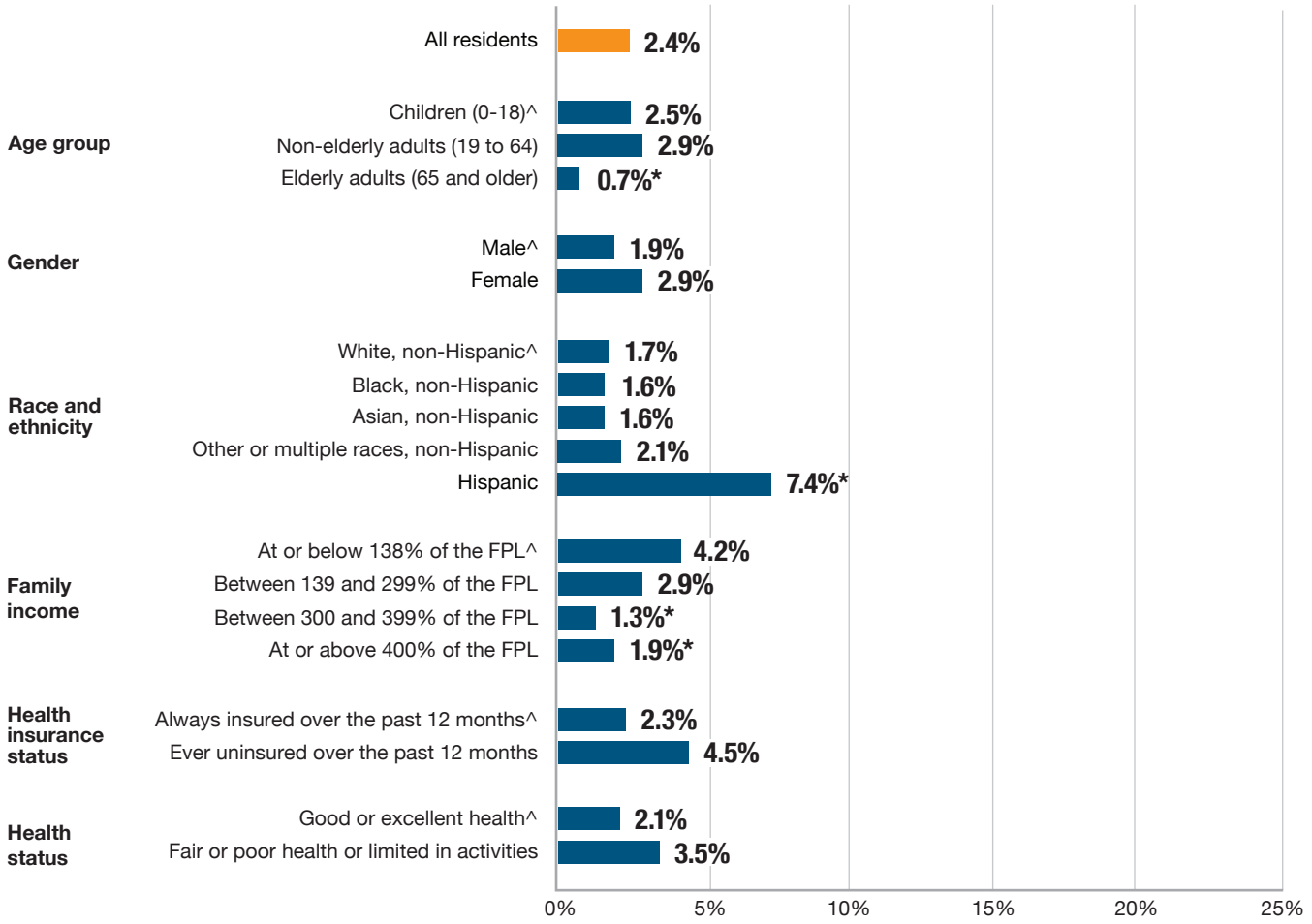
2021

New in 2021, the MHIS asked residents about difficulties getting an appointment for health care due to a lack of childcare at home. Overall, 2.4% of residents reported experiencing this difficulty in the past 12 months.

Hispanic residents were four times more likely to report this difficulty than non-Hispanic White residents (7.4% vs. 1.7%).

Residents with family income at or below 138% of the FPL were also significantly more likely than to those with family income at or above 300% of the FPL to report being unable to get an appointment due to a lack of childcare in the past 12 months (4.2% vs. 1.3-1.9%).

Elderly adults, who were less likely to have children present in the household, were less likely to report this difficulty than other age groups.



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

^Reference group

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

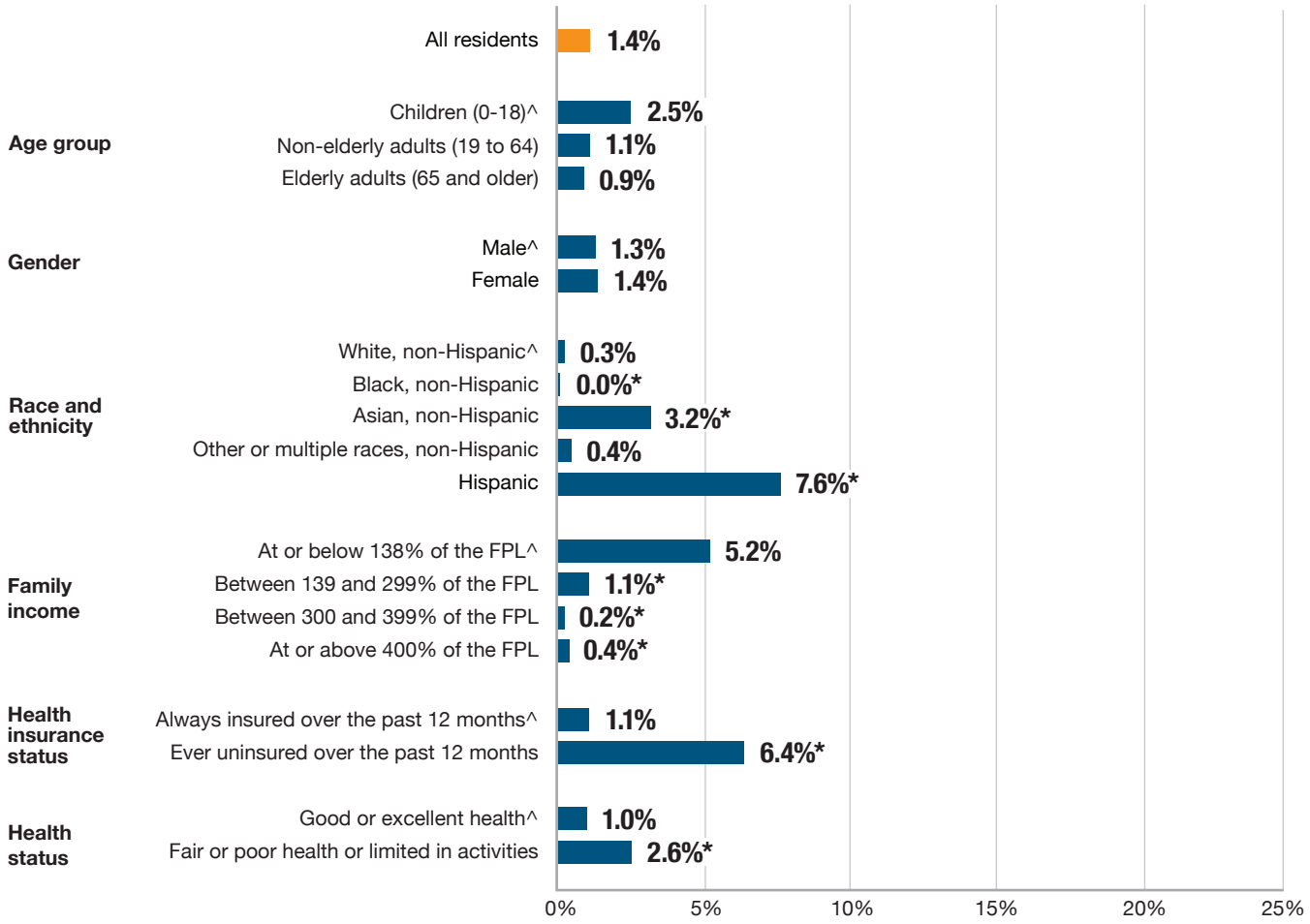
Data Source: 2021 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Unable to Get an Appointment Due to Language Barriers or Lack of Interpreter Services by Resident Characteristics

2021

Also new in 2021, residents were asked about difficulties obtaining an appointment for health care due to language barriers or a lack of interpreter services. While just 1.4% of residents overall reported experiencing this difficulty in the past 12 months, a much larger proportion of Hispanic and non-Hispanic Asian residents reported this (7.6% and 3.2%, respectively) compared to non-Hispanic White residents (0.3%).

This difficulty was also several times more common for residents with family income at or below 138% of the FPL compared to all other income groups (5.2% vs. 0.2-1.1%), as it was for residents with any periods of uninsurance in the past 12 months compared to their continuously insured counterparts (6.4% vs. 1.1%).



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

^Reference group

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

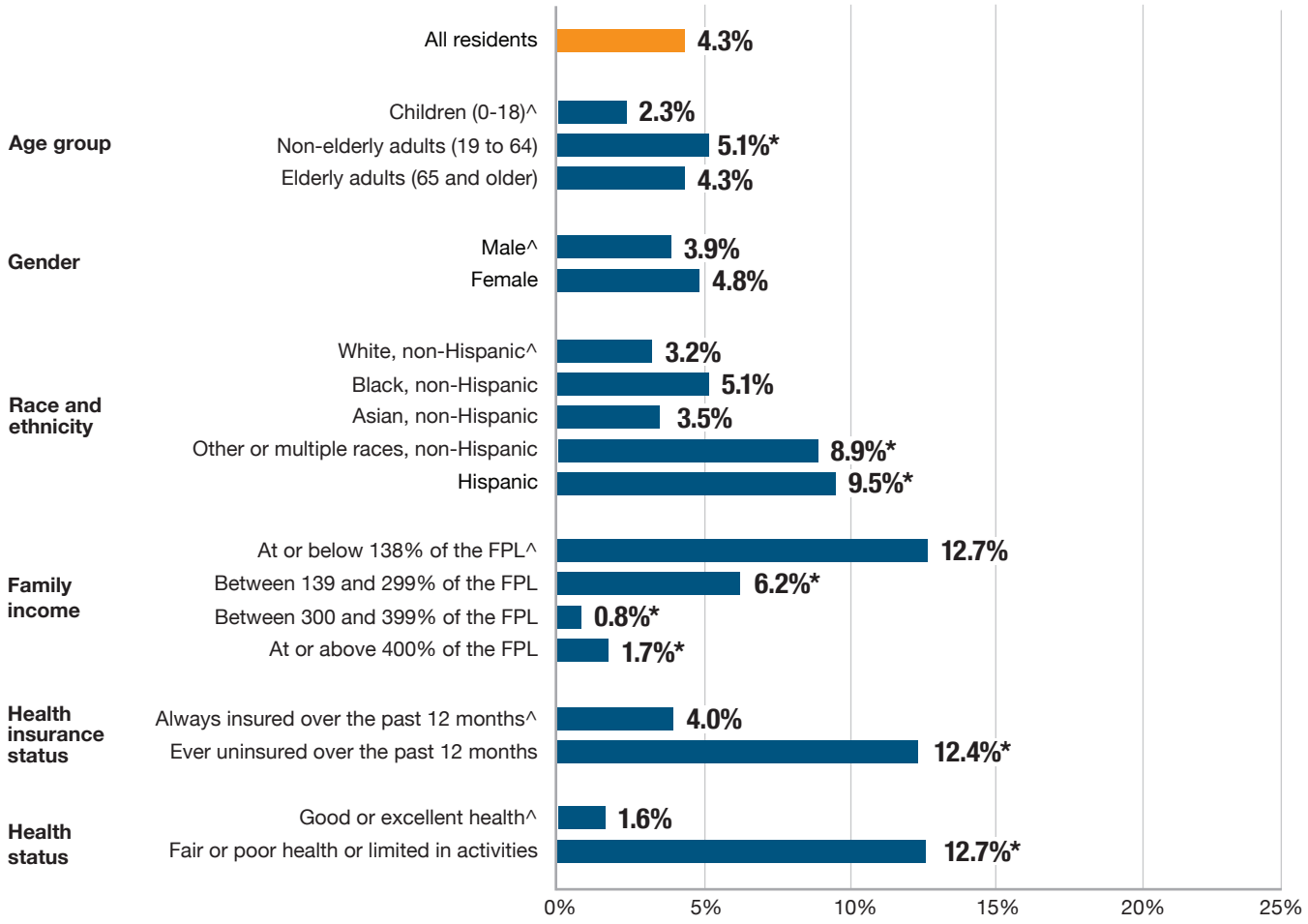
Data Source: 2021 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Unable to Get an Appointment Due to Transportation Issues by Resident Characteristics

2021

New in 2021, residents were asked if they had any difficulties getting an appointment for health care due to transportation issues. Overall, 4.3% of residents reported experiencing this difficulty in the past 12 months.

More than one in eight (12.7%) residents reporting transportation-related difficulties if they had family income below 138% of the poverty level, periods of uninsurance in the past 12 months (12.4%), or fair or poor health or an activity limitation (12.7%).



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

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

The MHIS examines health care affordability by asking residents about any difficulties paying family medical bills, their medical debt, the amount and share of family income spent on out-of-pocket health care costs, any unmet health care needs due to cost of care, unexpected medical bills, including surprise medical bills, and any strategies used by their family to lower their health care costs.

Residents were asked about both their difficulty paying family medical bills and medical debt. Medical debt is different from difficulty paying family medical bills. Residents with difficulty paying family medical bills may have paid the bills in full at the time they were due by cutting back on savings or other expenses, while residents with medical debt are paying family medical bills off over time; many Massachusetts families experience both.

In the MHIS, out-of-pocket health care costs include direct spending by residents and their families on deductibles, copays, and coinsurance for benefits covered by their health insurance, and their spending on medical, dental, and vision services not covered by insurance. Out-of-pocket spending does not include premiums for health insurance. As in 2019, residents in 2021 were asked to include any out-of-pocket costs they owed for care received over the past 12 months but had not yet paid. The MHIS also includes questions about deductibles and high deductible health plans (HDHPs), which are defined by the Internal Revenue Service as insurance plans with annual deductibles over $1,400 for single coverage or $2,800 for family coverage.

The 2021 MHIS includes a measure of high spending on out-of-pocket health care relative to family income, defined as spending 5% or more of family income on family out-of-pocket health care expenses in the past

12 months for families with income below 200% of the Federal Poverty Level (FPL), or spending 10% or more of family income for families with income at or above 200% of the FPL.

The MHIS also includes questions about unexpected medical bills, which are defined as family medical bills where a health plan paid much less than the family expected (or paid nothing at all), and a new question about surprise medical bills. Surprise medical bills are a type of unexpected medical bill in which a member of the family received an out-of-network bill for health care that was thought to be in-network. Surprise medical bills have been a topic of interest at the state and federal policymaking level in recent years, and the No Surprises Act[12] established new federal protections against surprise medical bills effective January 1, 2022.

Finally, beyond affordability issues arising from the costs of health care that was obtained, residents were asked whether they had forgone needed health care due to cost in the past 12 months. Any unmet health care need due to cost in the family is defined as any member of the resident's family going without one or more of the following types of care due to cost: general doctor care; nurse practitioner, physician's assistant, or midwife care; specialist care; mental health care or counseling; substance use disorder care or treatment; dental care; vision care; medical equipment; or prescription drugs.

Key Findings

- Despite high rates of insurance coverage in Massachusetts in 2021, 41% of residents reported that they or their families had health care affordability issues in the past 12 months.
- Thirteen percent of residents reported having family medical debt. Of those with family medical debt, 88% incurred all of those medical bills while they and their family members had health insurance.
- Eight percent of residents reported that their families spent a high share of income on of out-of-pocket health care expenses.
- More than one in five (23%) residents whose families were insured for all of the past 12 months reported receiving an unexpected medical bill in their family where their insurer paid much less than expected or not at all.
- Four percent of residents whose families were insured for all of the past 12 months reported receiving a surprise medical bill in their family where their insurer paid much less than expected or not at all because the provider was out-of-network.
- Nearly half (45%) of residents with private insurance reported being enrolled in a high deductible health plan.

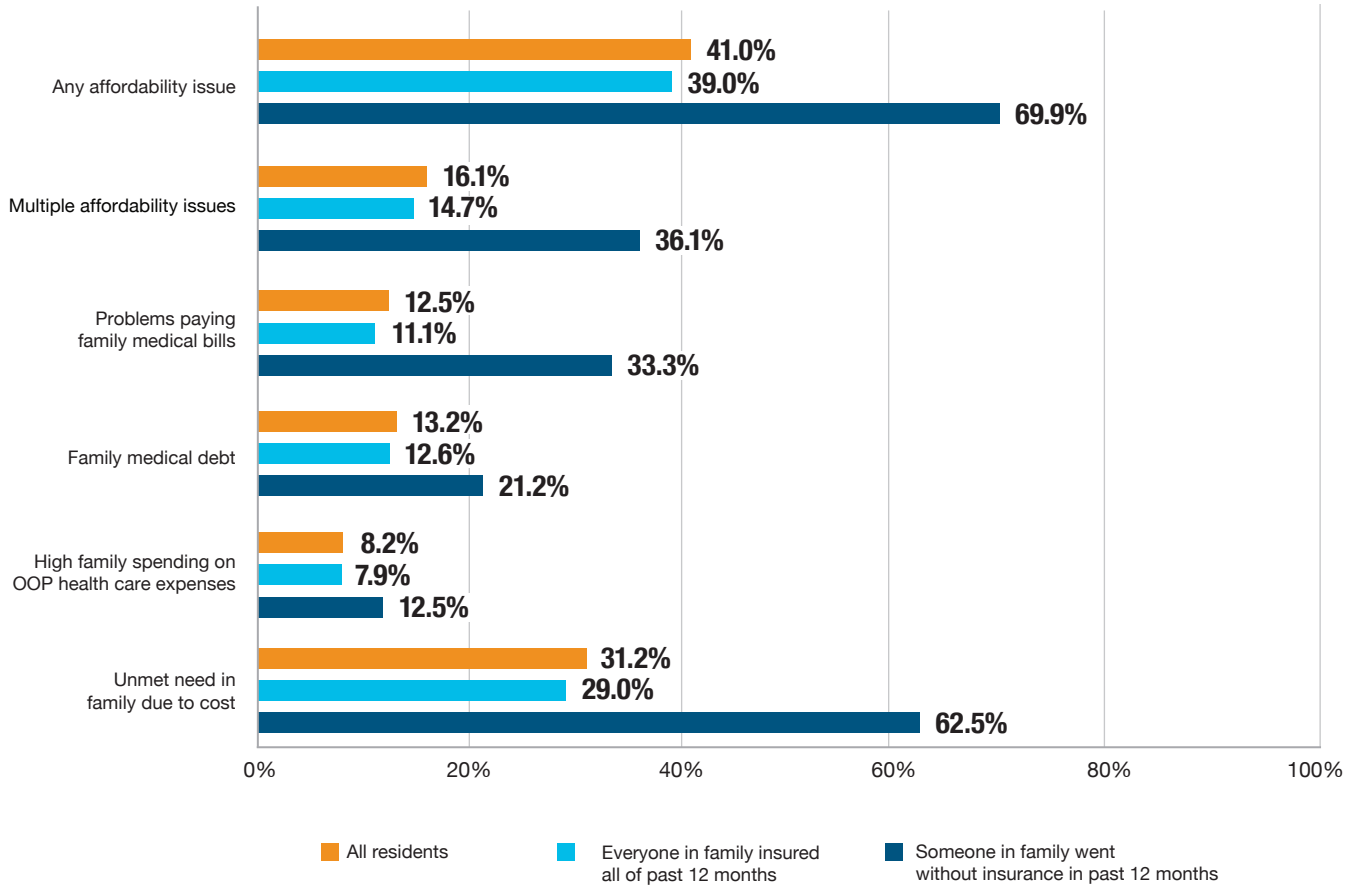
- Nearly one-third (31%) of residents reported having an unmet health care need in their family due to cost in the past 12 months.
- While just 9% of residents reported having unmet need for behavioral health in their families in the past 12 months, residents who reported that someone in their family had periods of uninsurance over that time were three and a half times as likely as those with insurance all year to report having an unmet need for behavioral health due to cost (26% vs. 7%). ■

Affordability Issues among All Massachusetts Residents and Their Families

2021

Despite near universal health insurance coverage in Massachusetts, affordability issues were pervasive across Massachusetts families. In 2021, 41.0% of Massachusetts residents reported that their families faced affordability issues within the past 12 months.

Residents who reported that someone in their family had periods of uninsurance during in the past 12 months reported affordability issues at much higher rates than those residents whose family was continuously insured over the past 12 months, though residents with continuous coverage for all family members still reported very high rates of affordability issues.



Note: OOP = Out-of-pocket. Any Affordability Issue is defined as reporting any of the following issues in the past 12 months: problems paying family medical bills; family medical debt; spending a high share of family income on OOP health care expenses; and unmet family health care needs due to the cost of care. Multiple Affordability Issues is defined as reporting two or more affordability issues in the past 12 months.

Data Source: 2021 Massachusetts Health Insurance Survey

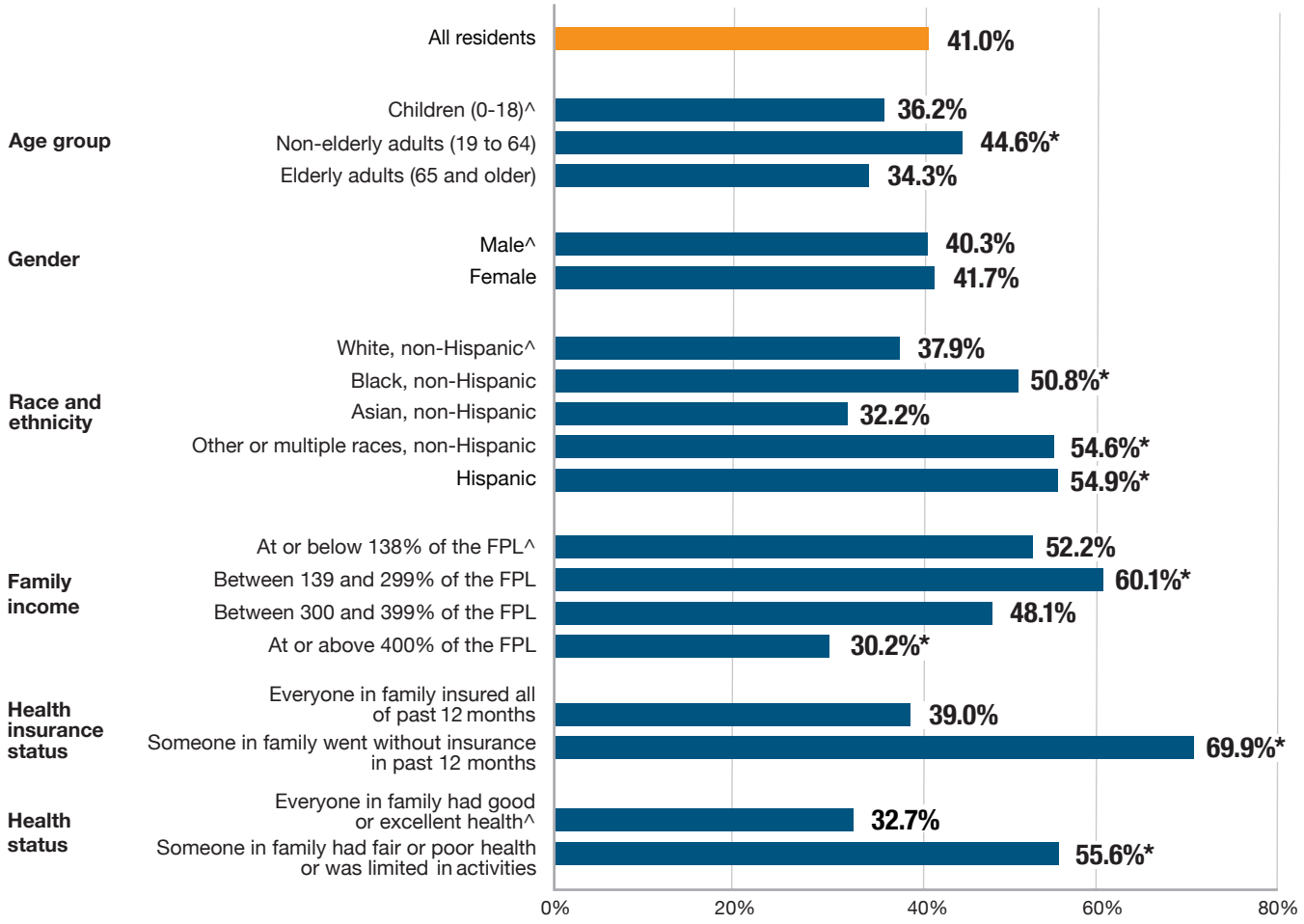
Any Affordability Issue among All Massachusetts Residents and Their Families by Resident Characteristics

2021

More than two-thirds of residents whose family members had any gap in insurance in the past 12 months reported affordability issues in 2021. Additionally, even among residents whose family members were always insured over that period, one-third reported affordability issues. Affordability issues were also substantial across all demographic, socioeconomic, and health status groups in Massachusetts.

The burden of affordability was greater for non-Hispanic Black residents, non-Hispanic residents of other or multiple races, and Hispanic residents relative to non-Hispanic White residents.

Residents with moderate family income between 139 and 299% of the FPL were twice as likely as those at or above 400% of the FPL to report that they and their family experienced an affordability issue (60.1% vs. 30.2%).



Note: Any Affordability Issue is defined as reporting any of the following issues: problems paying family medical bills in past 12 months; family medical debt at the time of survey; spending a high share of family income in past 12 months on out-of-pocket health care expenses; and unmet family health care needs due to the cost of care in past 12 months. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

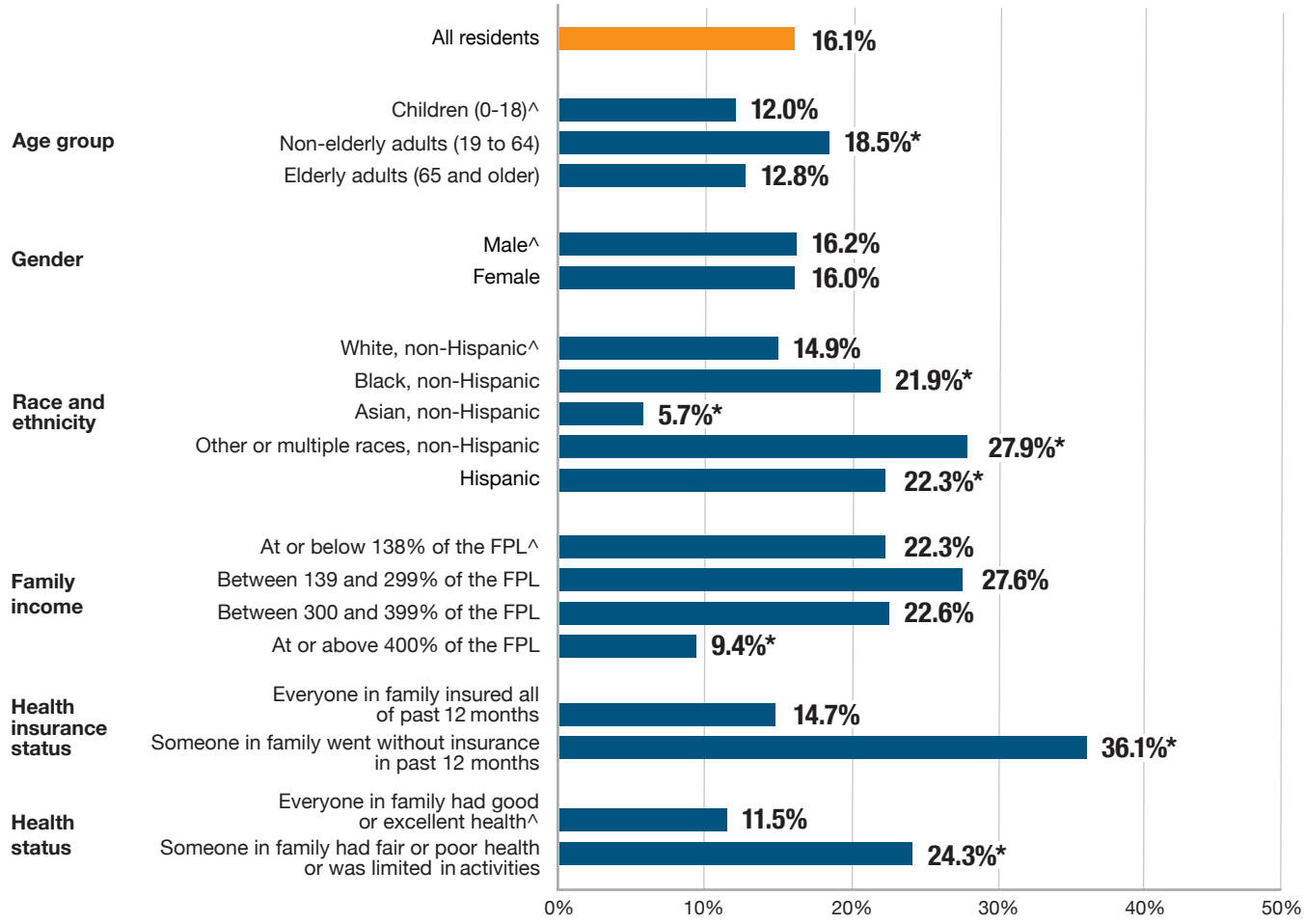
*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2021 Massachusetts Health Insurance Survey

Multiple Affordability Issues among All Massachusetts Residents and Their Families by Resident Characteristics

2021

In 2021, nearly one in six (16.1%) Massachusetts residents reported that they and their families faced more than one affordability issue in the past 12 months. Multiple affordability issues were most common among the uninsured (36.1%), non-Hispanic residents of other or multiple races (27.9%), and those with family income between 139 and 299% of the FPL (27.6%). In contrast, non-Hispanic Asian residents reported multiple affordability issues two and a half times less frequently than non-Hispanic White residents (5.7% vs. 14.9%).



Note: Multiple Affordability Issues is defined as reporting two or more of the following issues: problems paying family medical bills in past 12 months; family medical debt at the time of survey; spending a high share of family income in past 12 months on out-of-pocket health care expenses; and unmet family health care needs due to the cost of care in past 12 months. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

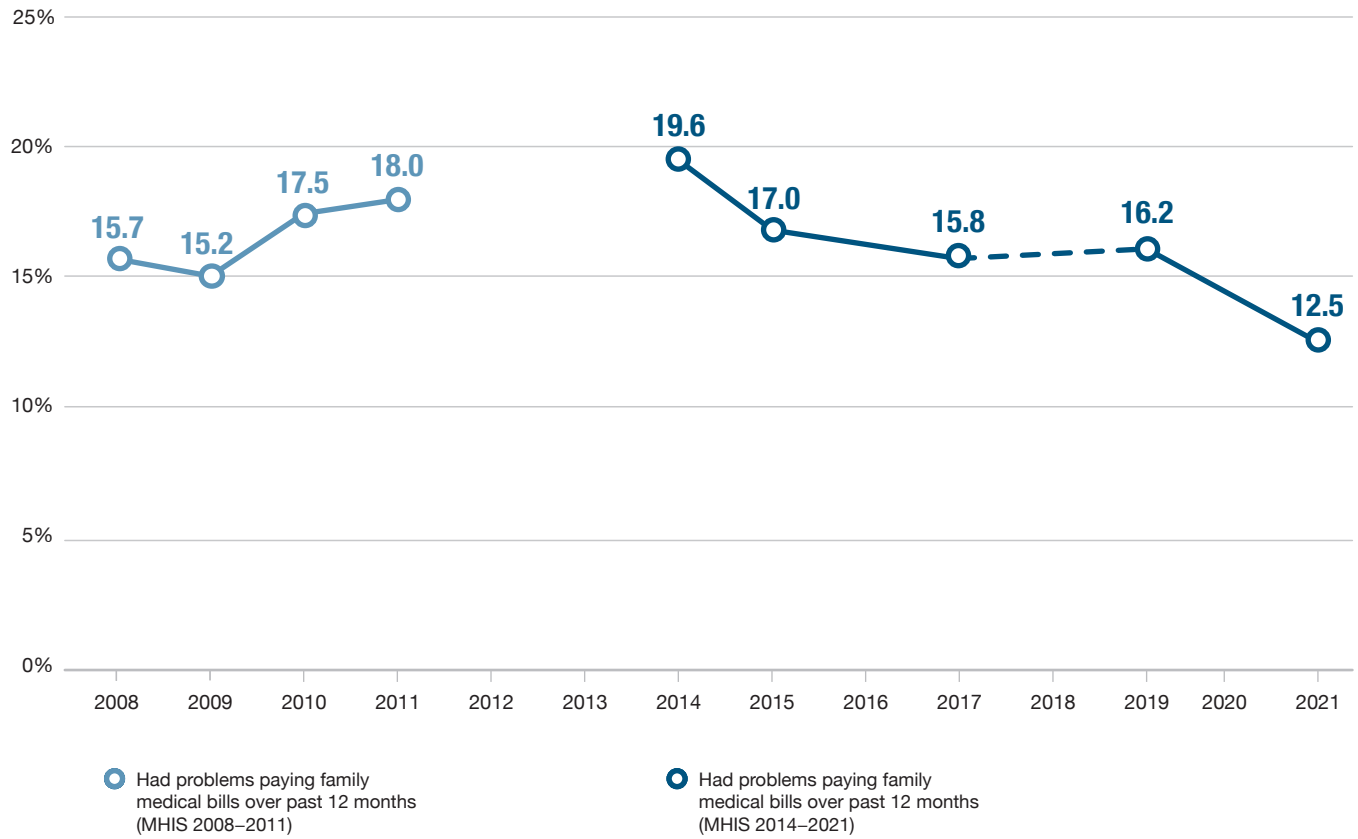
Data Source: 2021 Massachusetts Health Insurance Survey

The share of Massachusetts residents reporting problems paying family medical bills generally declined between 2014 and 2021, with one in eight (12.5%) residents reporting problems paying medical bills in 2021. Declines in 2014-2017 were likely due in part to the implementation of the ACA.

The decline from 2019-2021, which was statistically significant, may reflect reduced health care use, as well as COVID-19 stimulus payments from the Internal Revenue Service, among other factors.

Problems Paying Family Medical Bills Over the Past 12 Months

2008-2021



Note: Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017, and the 2021 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2021 (denoted by the dotted line).[13] Please see the methodology report for more information on design changes.

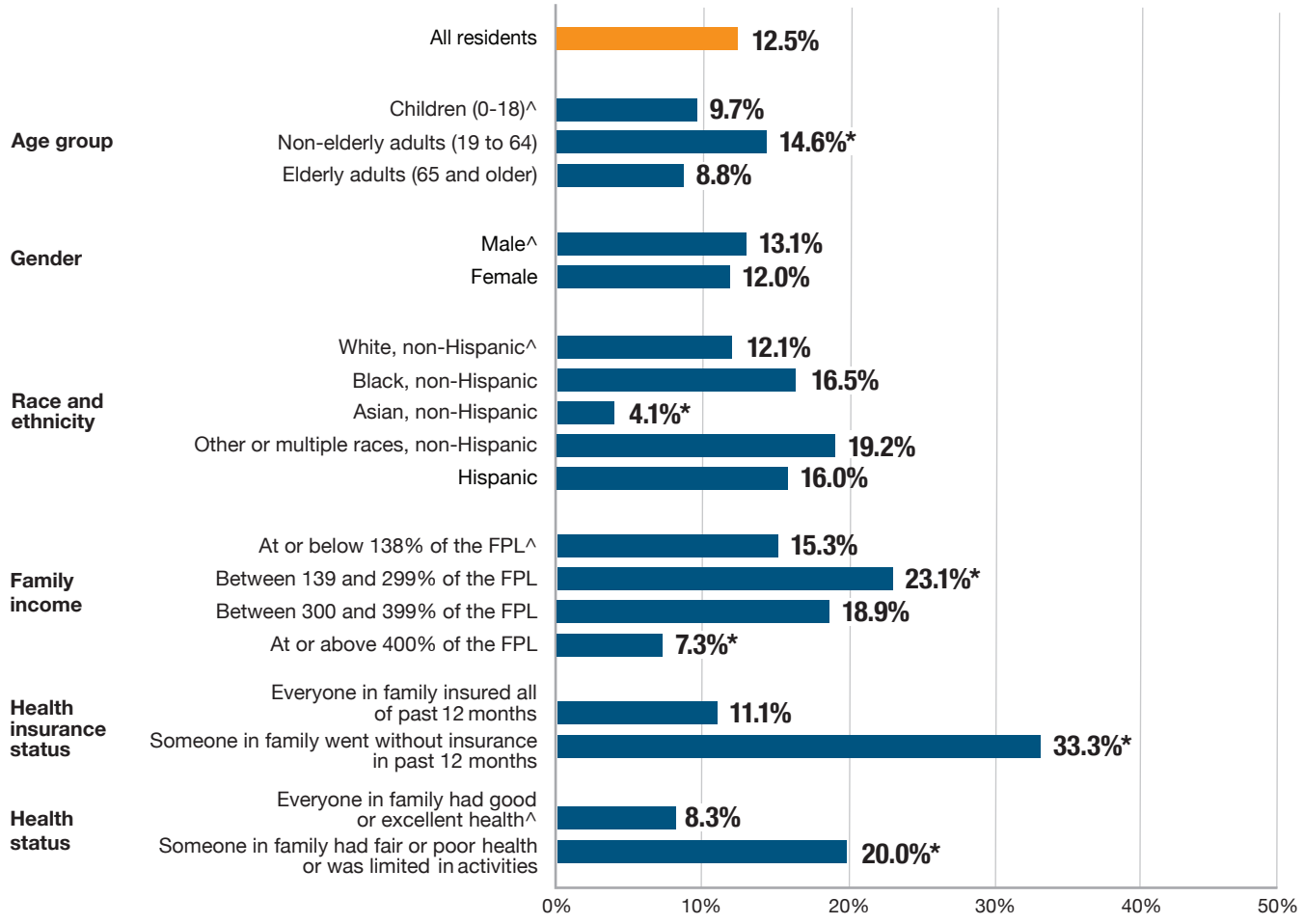
Data Source: 2008–2011, 2014, 2015, 2017, 2019, and 2021 Massachusetts Health Insurance Survey (MHIS) for Massachusetts estimates.

Problems Paying Family Medical Bills Over the Past 12 Months by Resident Characteristics

2021

Massachusetts residents with family income between 139 and 299% of FPL were more likely than those residents at or below 138% of FPL to report problems paying family medical bills in 2021. Compared to residents with all family members insured, residents with someone uninsured in the family were three times more likely to have problems paying family medical bills (33.3% vs. 11.1%).

Residents in fair or poor health or with an activity limitation were more than twice as likely as those in good or excellent health to report problems paying family medical bills (20.0% vs. 8.3%).



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

^Reference group

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

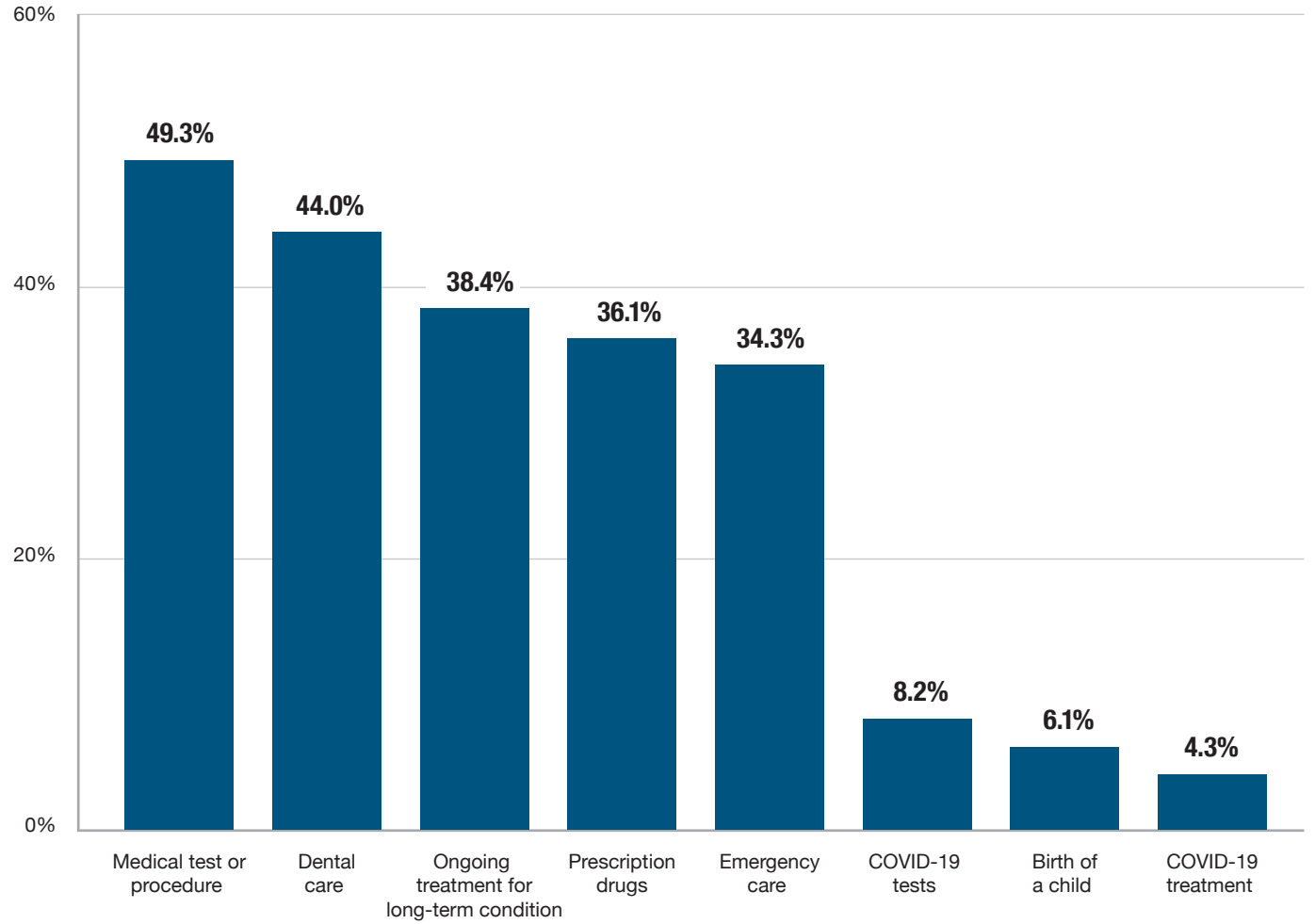
Data Source: 2021 Massachusetts Health Insurance Survey

Types of Care and Services that Led to Problems Paying Family Medical Bills Over the Past 12 Months

2021

In 2021, among Massachusetts residents who reported having problems paying family medical bills in the past 12 months, the most commonly reported services that led to these problems included medical bills for a medical test or surgical procedure (49.3%), for dental care (44.0%), or for on-going care for a chronic condition or long-term health problem (38.4%).

Although the overall rate of problems paying bills has fallen since 2019, the COVID-19 pandemic has added new affordability challenges to the Massachusetts health care landscape. In 2021, among residents with problems paying family medical bills in the past 12 months, 8.2% mentioned COVID-19 tests and 4.3% mentioned COVID-19 treatment as a source of those problems.



Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options.

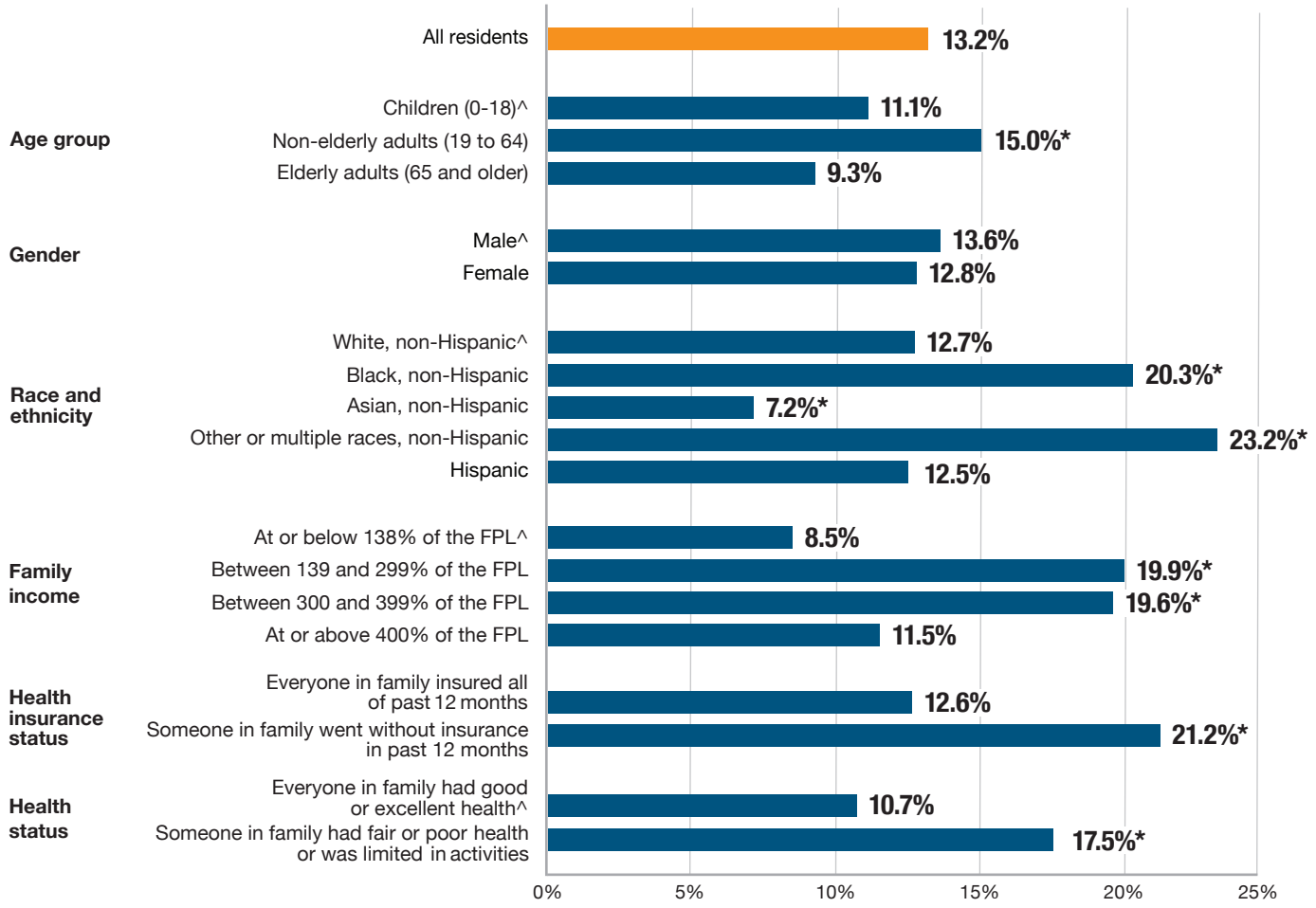
Data Source: 2021 Massachusetts Health Insurance Survey

Family Medical Debt by Resident Characteristics

2021

In 2021, over one in eight (13.2%) Massachusetts residents reported that their family had medical debt, or family medical bills that are being paid off over time. Non-Hispanic Black residents and non-Hispanic residents of other or multiple races, as well as residents in fair or poor health or with an activity limitation were most likely to have family medical debt.

Residents in families between 139 and 399% of the FPL were more likely than those with lower and higher family income to report family medical debt. This relationship between income and medical bills being paid off over time may reflect low cost-sharing in MassHealth and other types of subsidized health coverage that could protect low-income families from high out-of-pocket expenses, and the greater resources of higher-income families to pay bills on time.



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

^Reference group

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

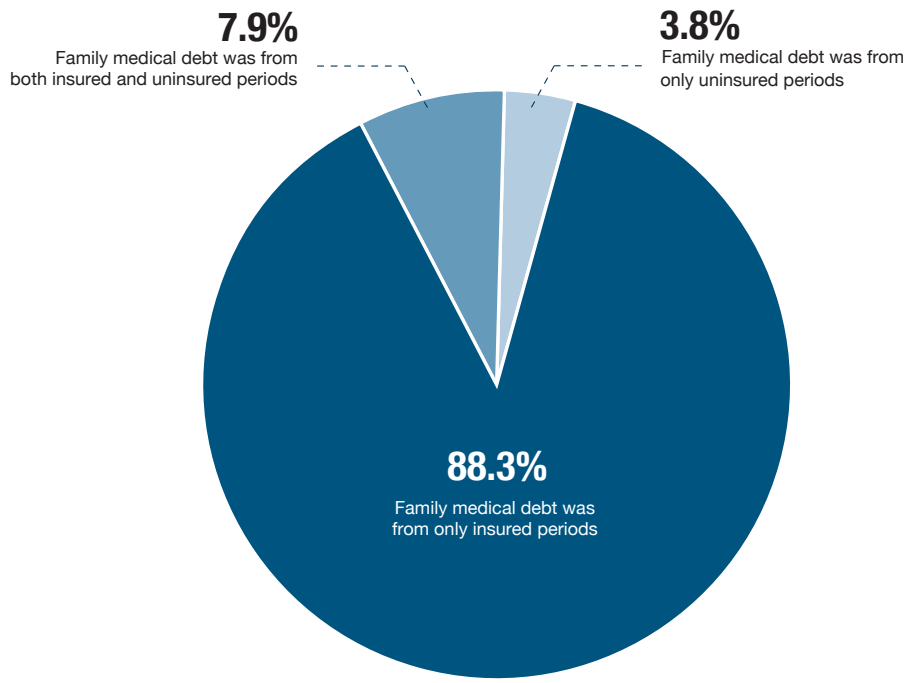
Data Source: 2021 Massachusetts Health Insurance Survey

Among Residents with Family Medical Debt, Family Insurance Status at the Time All Family Medical Bills were Incurred

2021

Massachusetts residents with family medical debt were somewhat more likely than the general resident population to report having periods of uninsurance for themselves or a family member in the past 12 months (10.3% vs. 6.4%, data not shown).

However, in 2021, most residents (88.3%) reported that all of their family medical debt was incurred for care obtained when the resident and all of their family members had insurance coverage.



Data Source: 2021 Massachusetts Health Insurance Survey

Among Residents with Family Medical Debt, Amount and Age of Family Medical Bills

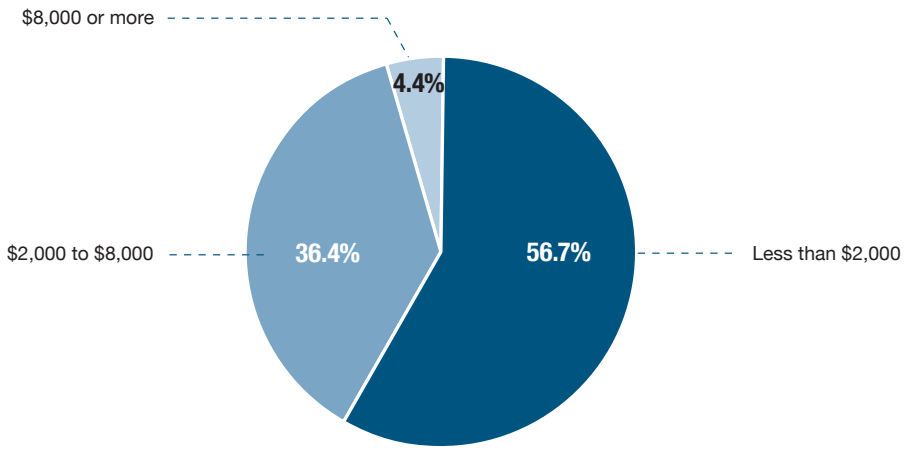
2021

In 2021, the majority (95.5%) of Massachusetts residents with family medical debt owed less than $8,000 in medical bills, and over half (58.1%) owed less than $2,000.

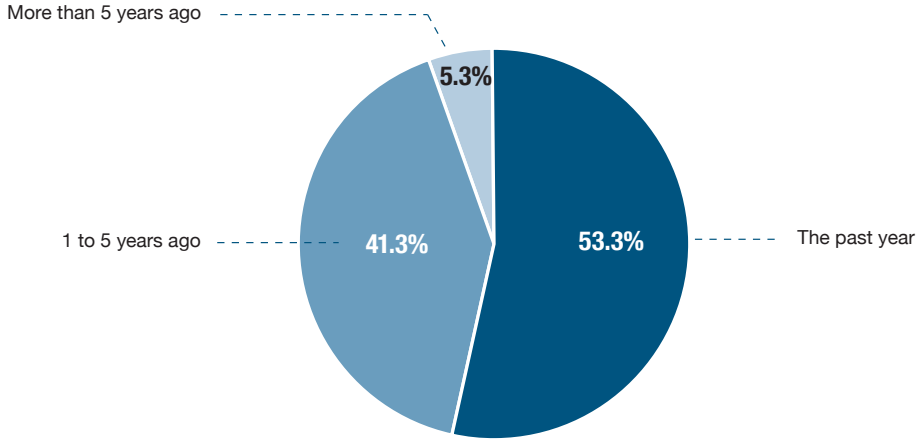
In addition, roughly half (53.3%) of those with family medical debt incurred those bills within the last year, with the other half having incurred them more than a year ago.

As in previous years, larger debts were associated with longer debt age.

Amount of Family Medical Bills Being Paid Off Over Time



Age of Family Medical Bills Being Paid Off Over Time

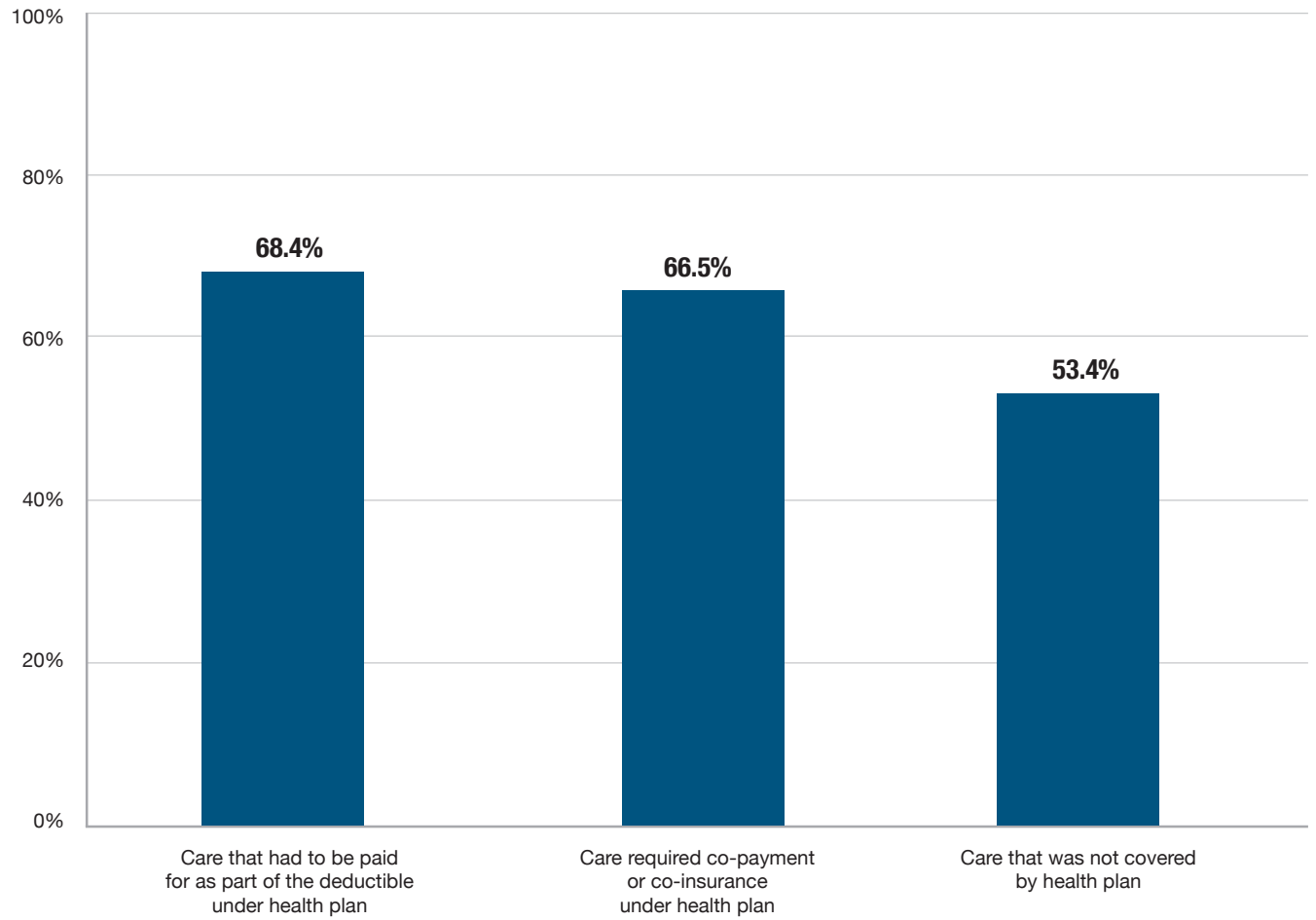


Data Source: 2021 Massachusetts Health Insurance Survey

Among Residents with Family Medical Debt Incurred while All Family Members were Insured, Reasons for Most Recent Family Medical Bills Being Paid Off Over Time

2021

In 2021, most Massachusetts residents whose families had health insurance coverage when all family medical bills were incurred reported that the debt was for care that required cost-sharing under their health insurance. Over two-thirds (68.4%) reported that they had medical debt from care that had to be paid as part of their health plan deductible, and a similar share (66.5%) reported that they had medical debt from copayments or coinsurance.



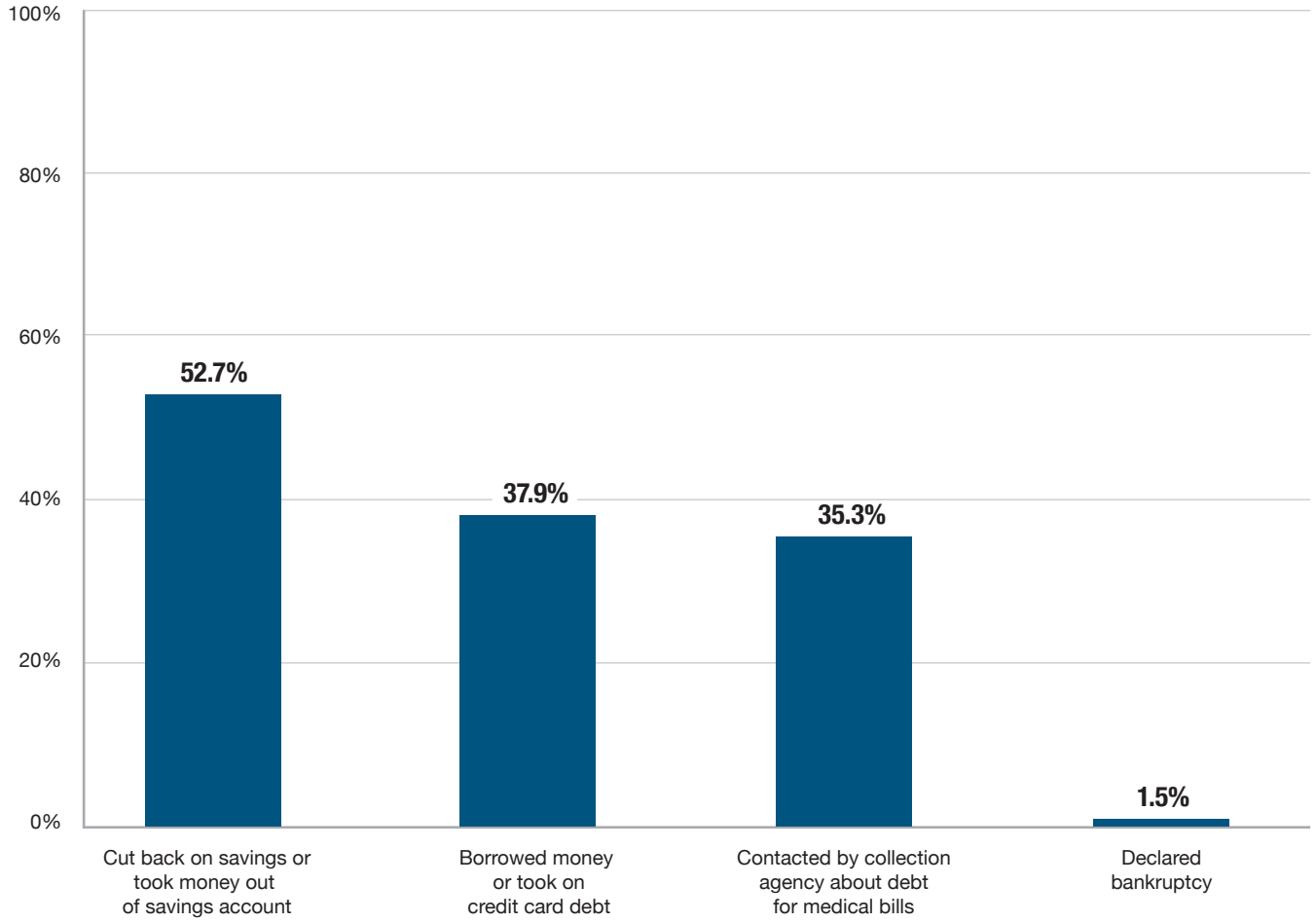
Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options.

Data Source: 2021 Massachusetts Health Insurance Survey

Implications of Problems Paying Family Medical Bills and Medical Debt Over the Past 12 Months

2021

In 2021, many Massachusetts residents and their families reported several implications for their families due to problems paying family medical bills or medical debt. Among residents with either problems paying family medical bills or medical debt, many tried to mitigate their effects by cutting back on savings or taking money out of a savings account (52.7%) and by borrowing money or taking on credit card debt (37.9%). In addition, residents with difficulty paying family medical bills or medical debt reported being contacted by a collection agency about debt for medical bills (35.3%) or declaring bankruptcy (1.5%).



Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options.

Data Source: 2021 Massachusetts Health Insurance Survey

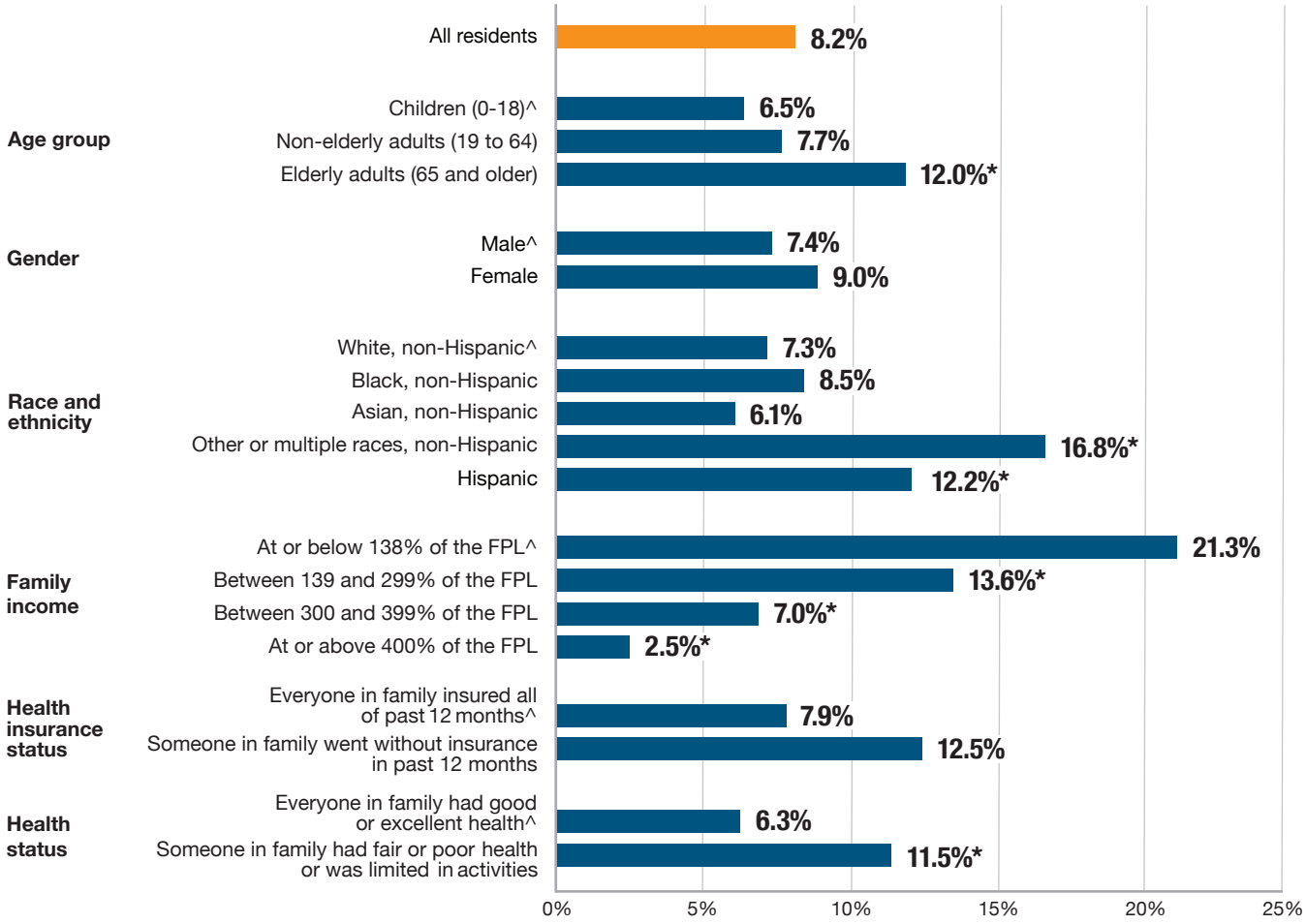
High Share of Family Income on Out-of-Pocket Spending Over the Past 12 Months by Resident Characteristics

2021

In 2021, roughly one in 12 insured Massachusetts residents spent a high share of family income on out-of-pocket expenses, defined as spending 5% or more of income for families below 200% of the FPL or 10% or more for families at or above 200% of the FPL.

While residents with family income below 138% of the FPL may have lower total out of pocket expenses compared to other family income groups, they were much more likely (21.3%) to have a high share of family income spent on out-of-pocket expenses.

Additionally, elderly adults and residents in families with one or more members in fair or poor health or an activity limitation reported higher rates on this measure, which likely reflects, in part, higher health care need.



Note: Out-of-pocket expenses include spending on deductibles, copays, and coinsurance for benefits covered by insurance, and all spending on non-covered medical, dental, and vision services that the resident pays for directly. Out-of-pocket spending does not include premiums for health insurance. A high share of family income spent on out-of-pocket costs is defined as 5% or more of income for families below 200% of the FPL, or 10% or more for families at or above 200% of the FPL. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

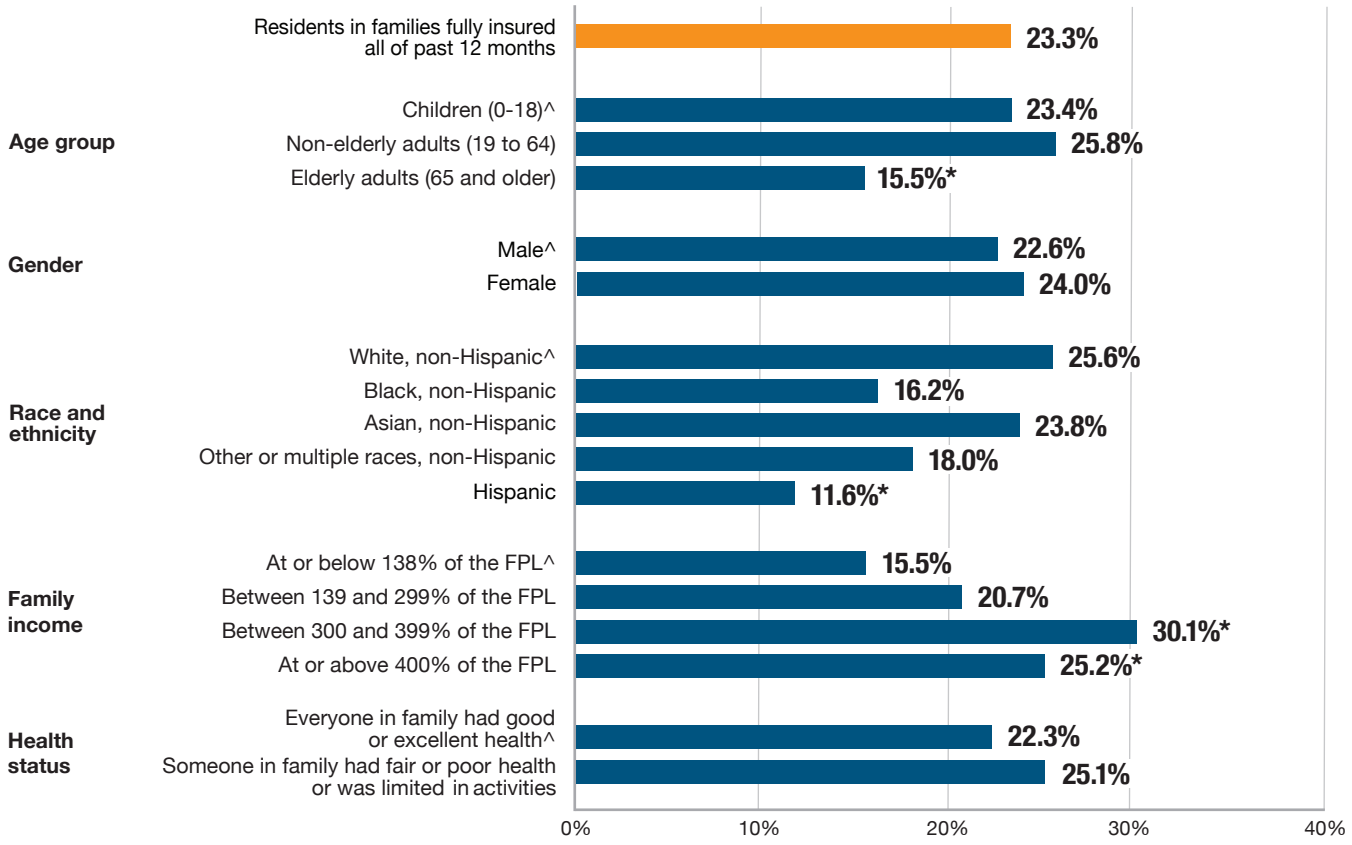
Among Residents in Fully Insured Families, Unexpected Family Medical Bill in the Past 12 Months by Resident Characteristics

2021

Unexpected medical bills are defined as medical bills where the health plan paid much less than the family expected or did not pay at all. This definition includes, but is broader than, unexpected bills for payments for out-of-network providers, commonly known as "surprise bills."

Over one in five (23.3%) Massachusetts residents with insurance for all of the past 12 months reported receiving unexpected medical bills in 2021. Elderly adults, Hispanic residents, and lower-income residents were less likely to report receiving an unexpected medical bill, which may reflect differences in type of insurance coverage, among other factors.

Unexpected medical bills indicate that families may face difficulties understanding their insurance coverage and accurately estimating the amounts that they would be expected to pay for different types of health care.



Note: Unexpected family medical bills are defined as a medical bill where the health plan paid much less than the family expected that it would; this may include bills where the health plan made no payment at all. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

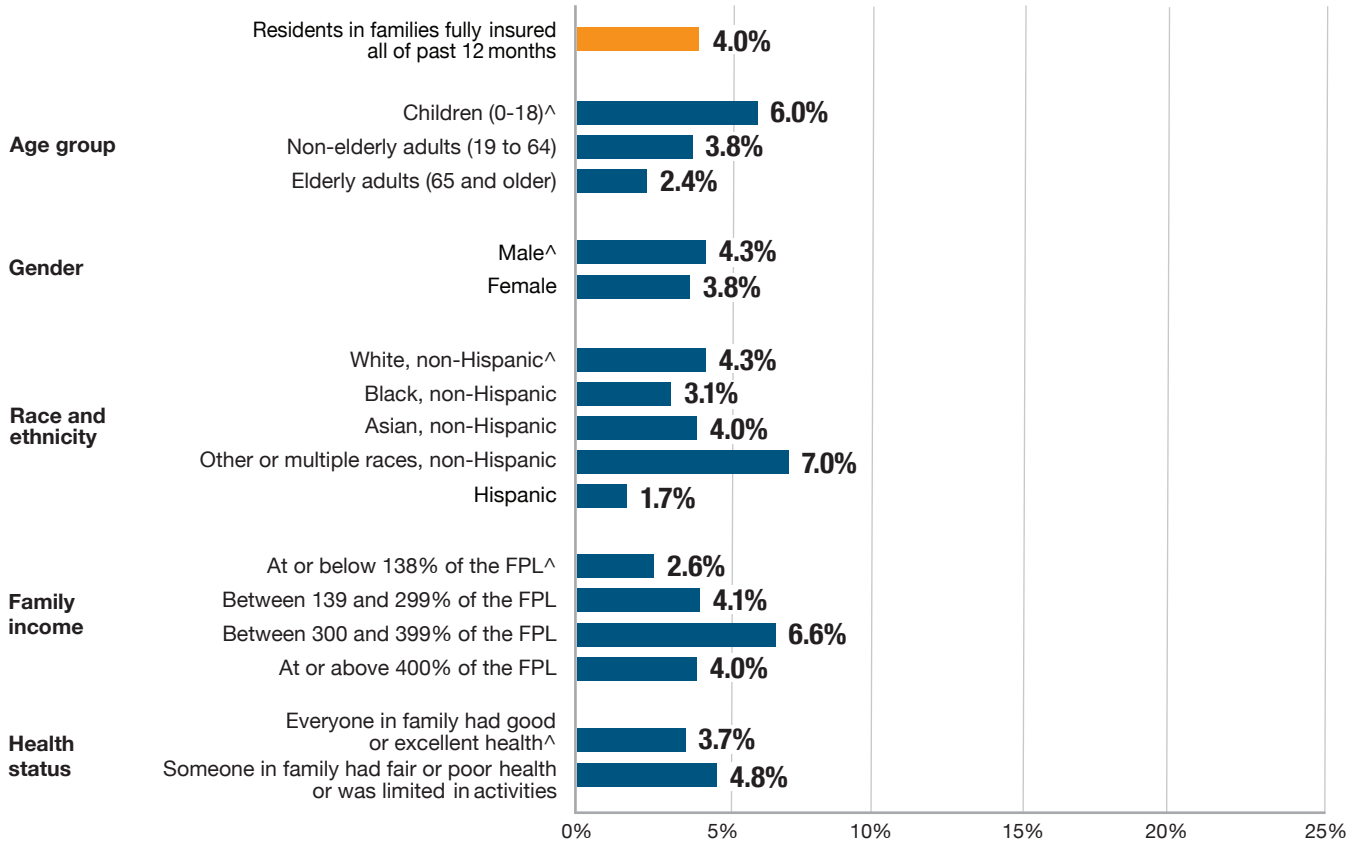
Data Source: 2021 Massachusetts Health Insurance Survey

Among Residents in Fully Insured Families, Unexpected Family Medical Bill for Out-of-Network Charge (Surprise Family Medical Bill) in the Past 12 Months by Resident Characteristics

2021

New in 2021, the MHIS asked residents if they had received a surprise medical bill in their family the past 12 months. Surprise medical bills are a type of unexpected medical bill where the health plan paid much less than the family thought it would (or did not pay at all) because the provider was not in the plan's network. Statewide, 4.0% of residents in families in which all members were insured all year reported receiving a surprise medical bill in the past 12 months.

Surprise medical bills have been a topic of interest at the state and federal policymaking level in recent years, and the No Surprises Act[14] establishes new federal protections against surprise medical bills effective January 1, 2022.



Note: Surprise medical bills are defined as a medical bill where the health plan paid much less than the family expected that it would or did not pay at all because the provider was not in the plan's network. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

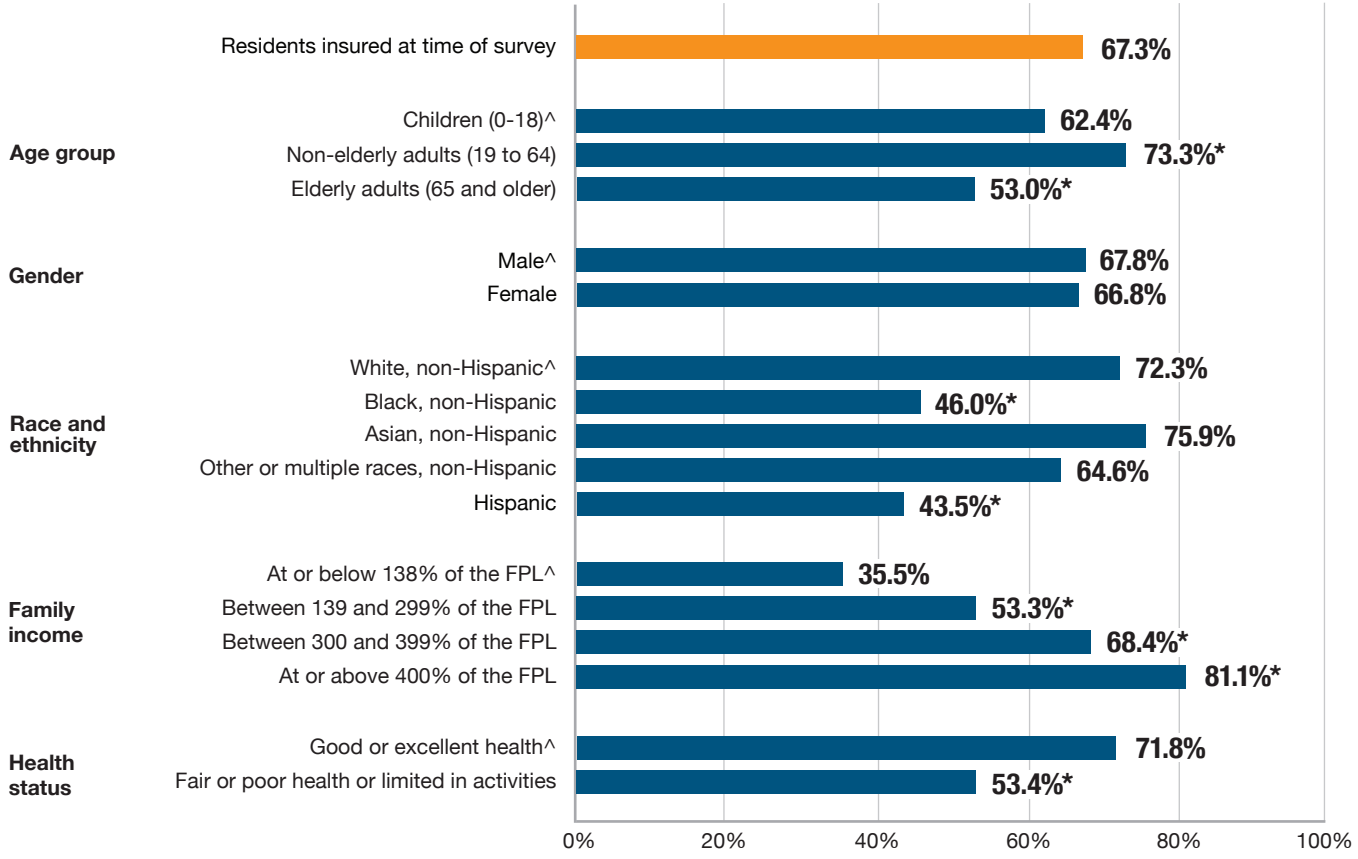
Data Source: 2021 Massachusetts Health Insurance Survey

Among Insured Residents, Deductibles by Resident Characteristics

2021

Among Massachusetts residents insured at the time of the survey, 67.3% reported that their insurance plan had a deductible in 2021. Residents were less likely to report having a deductible if they were elderly adults, non-Hispanic Black, Hispanic, had a family income below 400% of the FPL, or reported fair or poor health status or an activity limitation.

Some of these differences may be partly attributable to differences in the share of enrollees in MassHealth and ConnectorCare plans, which do not have deductibles.



Note: FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." To ensure reliability, estimates derived from subgroups with fewer than 50 survey respondents are not reported.

^Reference group

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

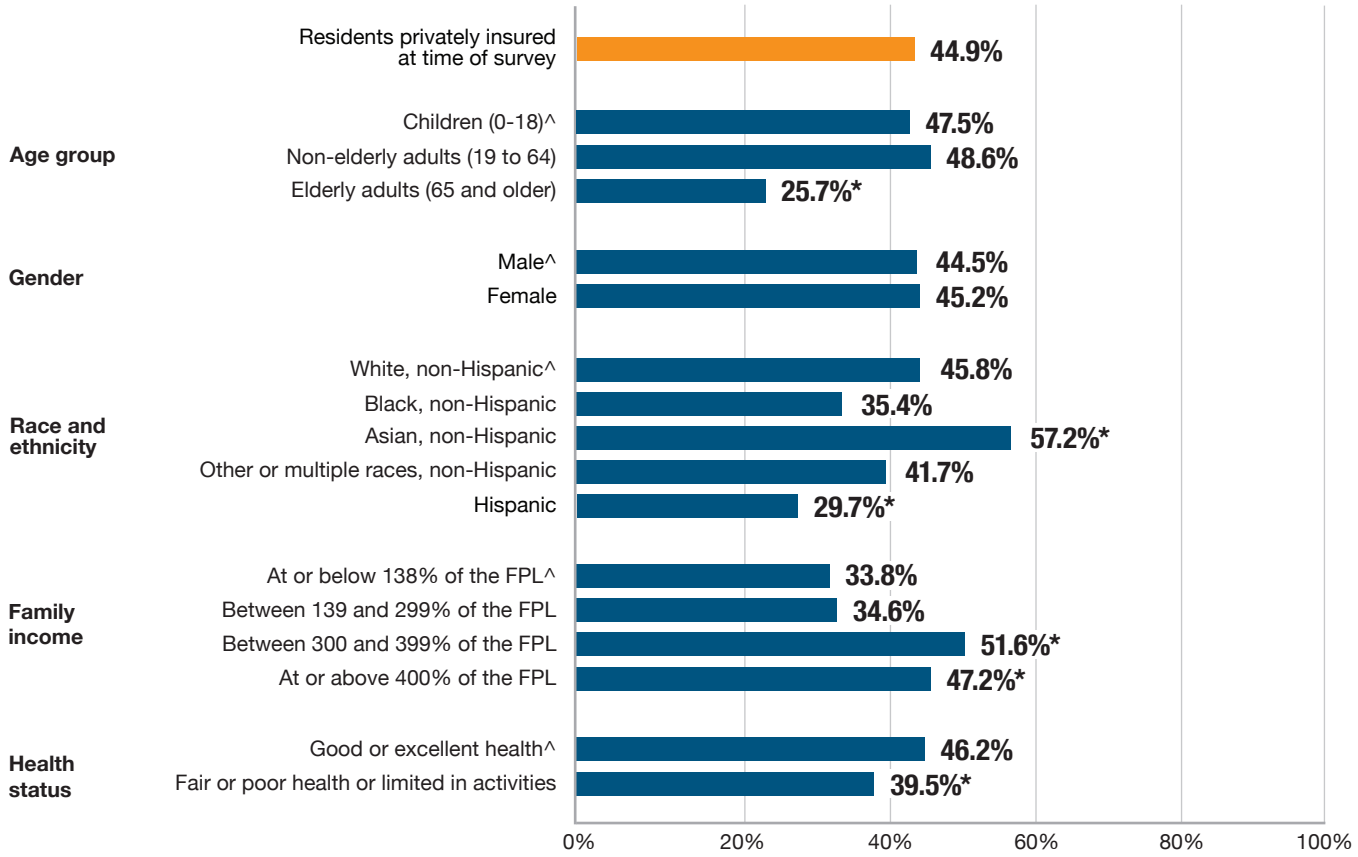
Data Source: 2021 Massachusetts Health Insurance Survey

Among Privately Insured Residents, High Deductible Health Plan by Resident Characteristics

2021

Among Massachusetts residents who had private health insurance, close to half (44.9%) said that they were enrolled in a high deductible health plan (HDHP). HDHPs typically charge lower premiums than similar non-HDHP plans, but may result in higher out-of-pocket expenses for members, who must meet the deductible before most types of care are covered under the plan.

Residents with family income at or below 138% of FPL were less likely than residents with family income at or above 300% of FPL to enroll in an HDHP. Similarly, Hispanic residents were less likely than non-Hispanic White residents to enroll in a HDHP (29.7% vs. 45.8%). In contrast, over half (57.2%) of non-Hispanic Asian residents enrolled in a HDHP. These findings may reflect differences in employer offerings or economic resources, among other factors.



Note: For 2021, a high deductible health care plan is defined by the IRS a health insurance plan with an annual deductible of $1,400 or more for individual coverage or $2,800 or more for family coverage. Estimates on this page are limited to residents with private health insurance coverage, which includes employer-sponsored insurance, Health Connector Plans, and non-group health insurance plans bought directly from an insurance company. Residents were assigned a single health insurance coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; MassHealth or ConnectorCare; Health Connector Plans; a qualifying student health insurance plan; other private non-group coverage; and other coverage. Employer-sponsored insurance includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Estimates should be interpreted with caution because residents may have both private and non-private health insurance coverage; in particular, employer-sponsored coverage among elderly adults may reflect supplemental coverage plans for elderly adults who are also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with some error.[15] FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." To ensure reliability, estimates derived from subgroups with fewer than 50 survey respondents are not reported.

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

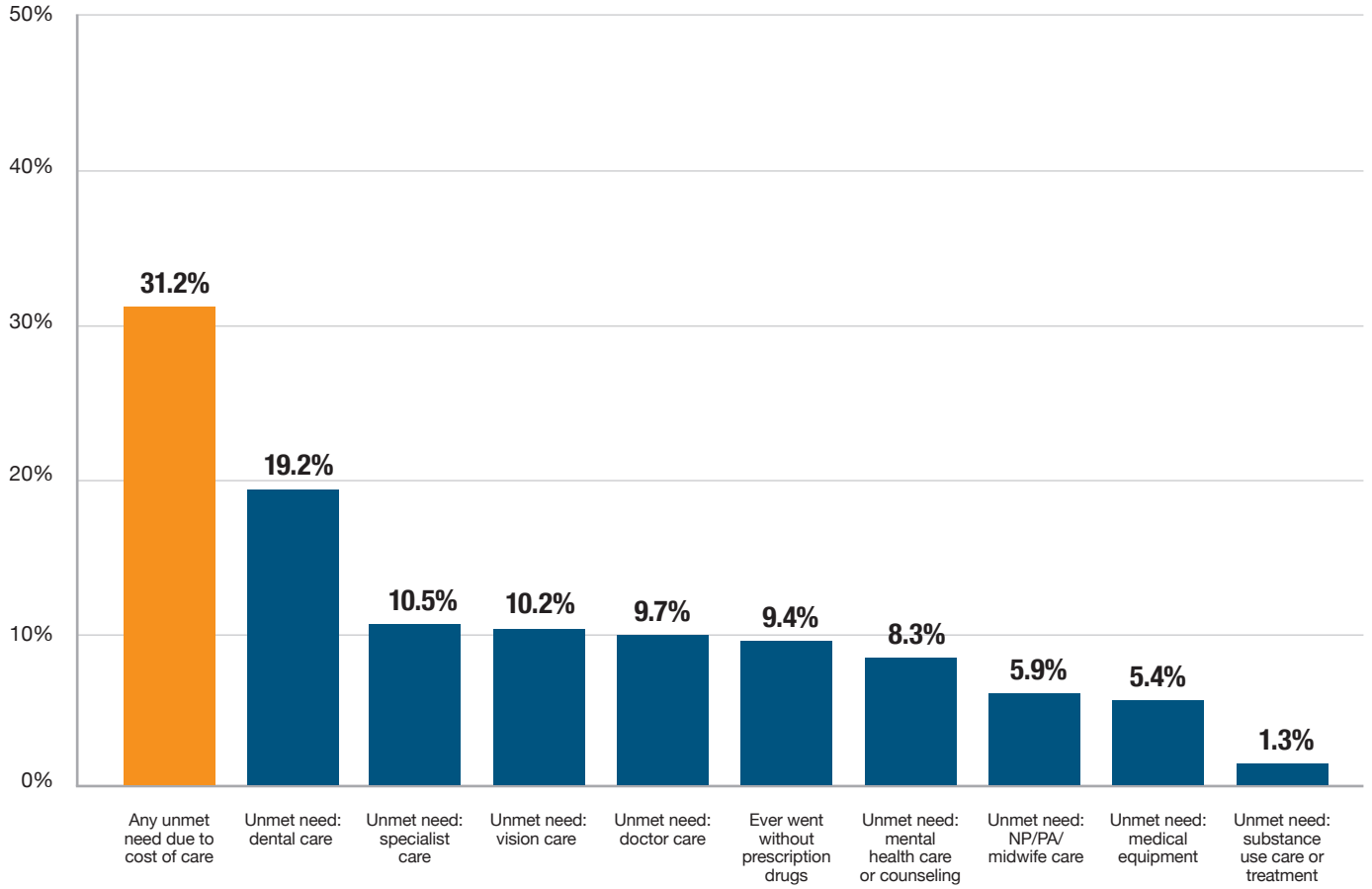
Unmet Health Care Need Due to Cost in the Family Over the Past 12 Months

2021

In 2021, nearly one-third (31.2%) of Massachusetts residents reported that they or a family member went without health care services that they felt were needed in the past 12 months due to the cost of that care.

The most common types of unmet health care need due to cost in the family were dental care (19.2%), specialist care (10.5%), and vision care (10.2%).

Most dental and vision care are not commonly covered by medical insurance, and specialist care often carries higher copays and coinsurance than general medical care. These types of care may also be costly for the uninsured.



Note: NP = Nurse pracitioner; PA = Physician assistant. The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. Any unmet need in family for health care due to cost includes the following family unmet needs due to cost in the past 12 months: doctor care; nurse practitioner, physician assistant, or midwife care; specialist care; mental health care or counseling; substance use care or treatment; prescription drugs; dental care; vision care; and medical equipment.

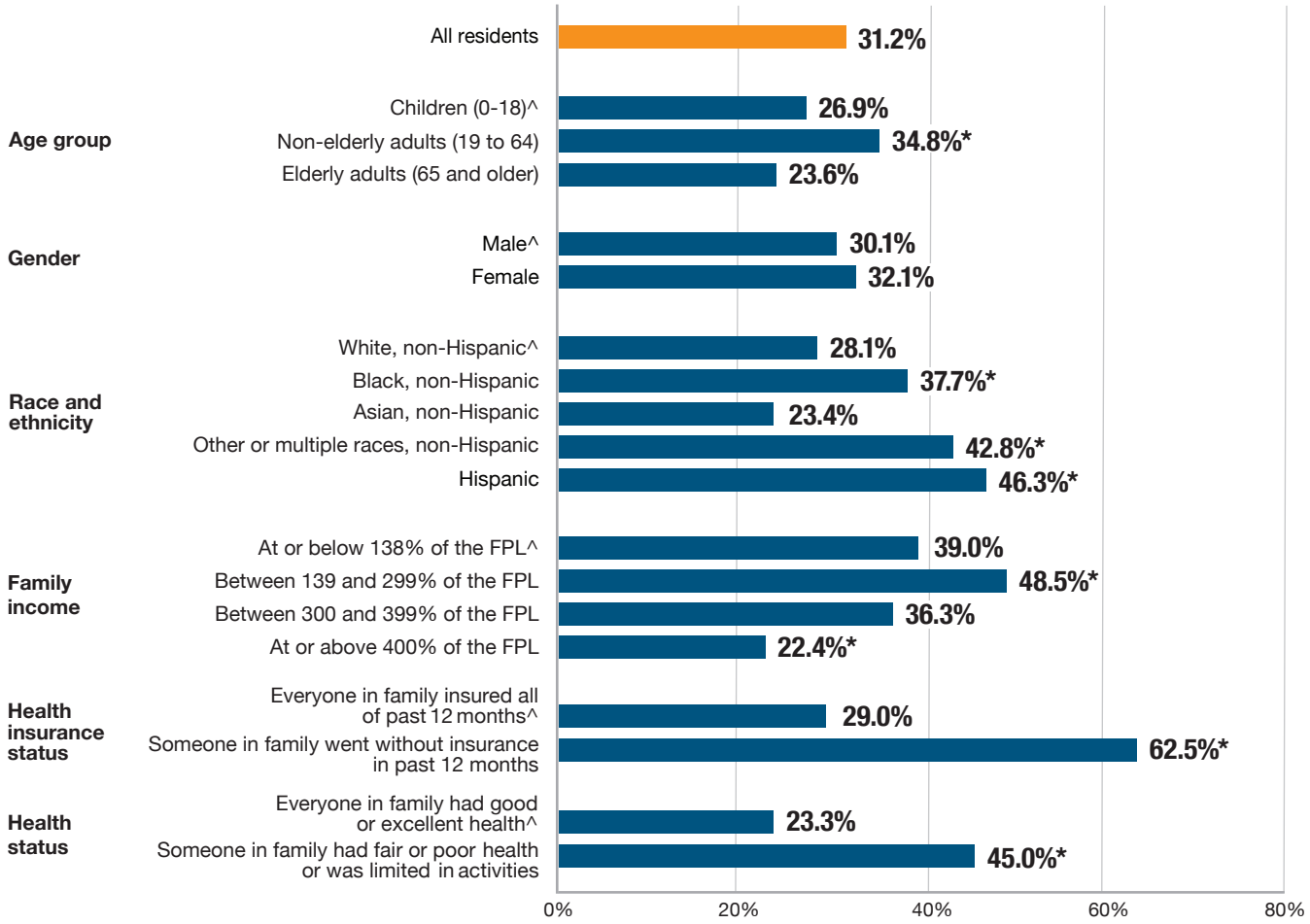
Data Source: 2021 Massachusetts Health Insurance Survey

Unmet Health Care Need Due to Cost in the Family Over the Past 12 Months by Resident Characteristics

2021

Residents living in families in which one or more members went without health insurance in the past 12 months were more than twice as likely to report an unmet health care need due to cost in the family in 2021 compared to residents in continuously insured families (62.5% vs. 29.0%), reflecting the challenges associated with a lack of insurance coverage.

Unmet health care needs due to cost in the family were also most common for residents with moderate family income between 139 and 299% of the FPL (48.5%). This reflects, in part, that lower-income residents may benefit from greater cost-sharing under MassHealth plans, and that higher income residents may have a greater ability to pay for needed health care.



Note: Any unmet need for health care in family due to cost includes the following family unmet needs due to cost: doctor care; nurse practitioner, physician assistant, or midwife care; specialist care; mental health care or counseling; substance use care or treatment; prescription drugs; dental care; vision care; and medical equipment. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

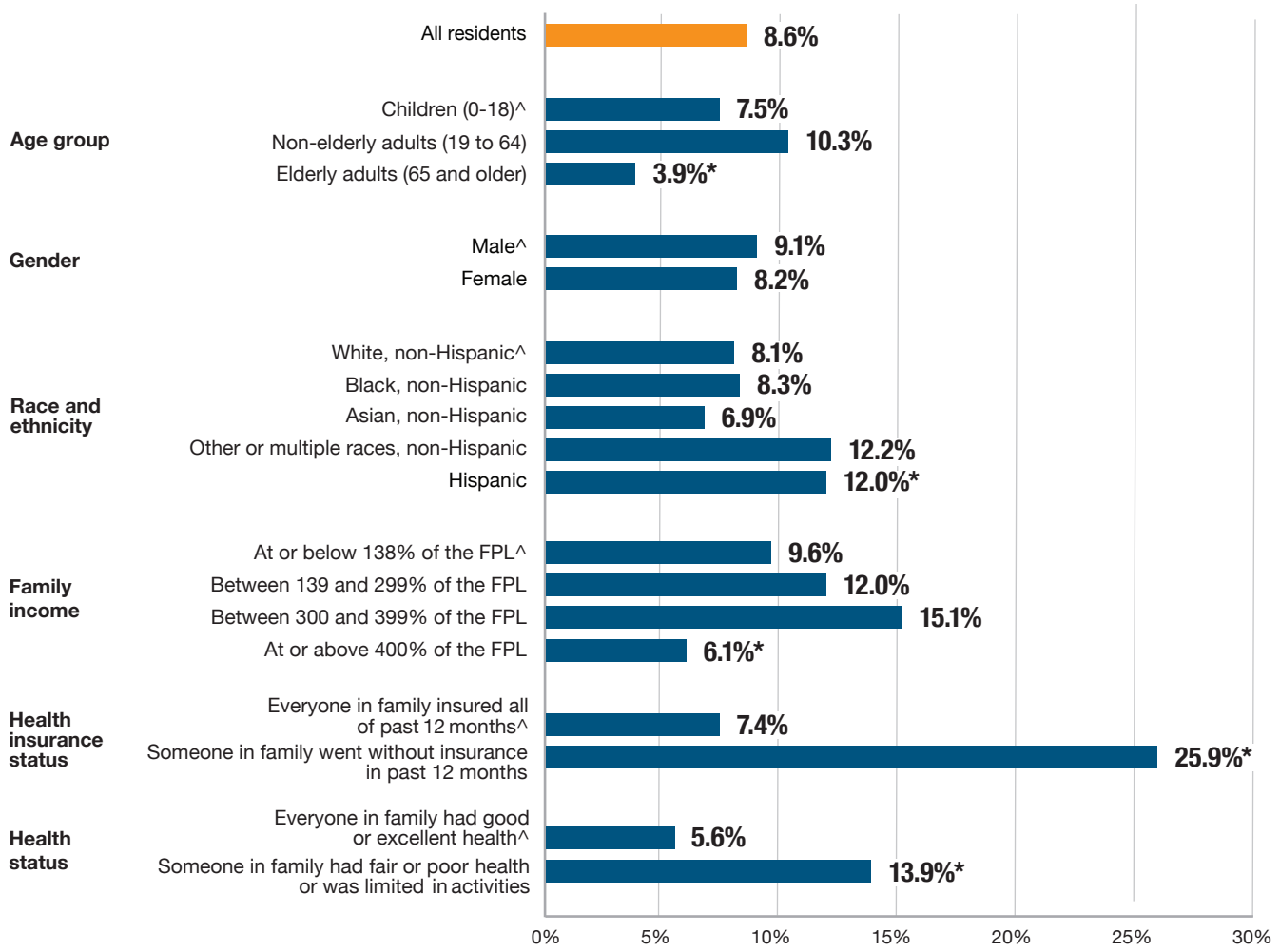
Unmet Need for Behavioral Health Care Due to Cost in the Family Over the Past 12 Months by Resident Characteristics

2021

In 2021, 8.6% of Massachusetts residents reported having an unmet need for behavioral health care in their family due to cost in the past 12 months.

Those with a family member ever uninsured in the past 12 months were three and half times as likely as those with insurance for all year to report having an unmet need for behavioral health due to cost (25.9% vs. 7.4%).

Residents in fair or poor health or who had limitations in activities due to a physical, mental, or emotional problem were both more likely than those in good or excellent health to report having visits for behavioral health care (see p. 36) and much more likely to report unmet need for behavioral health care (13.9% vs. 5.6%).



Note: Unmet need for behavioral health care due to cost includes unmet need for mental health care or counseling due to cost and unmet need for substance use disorder care or treatment due to cost. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

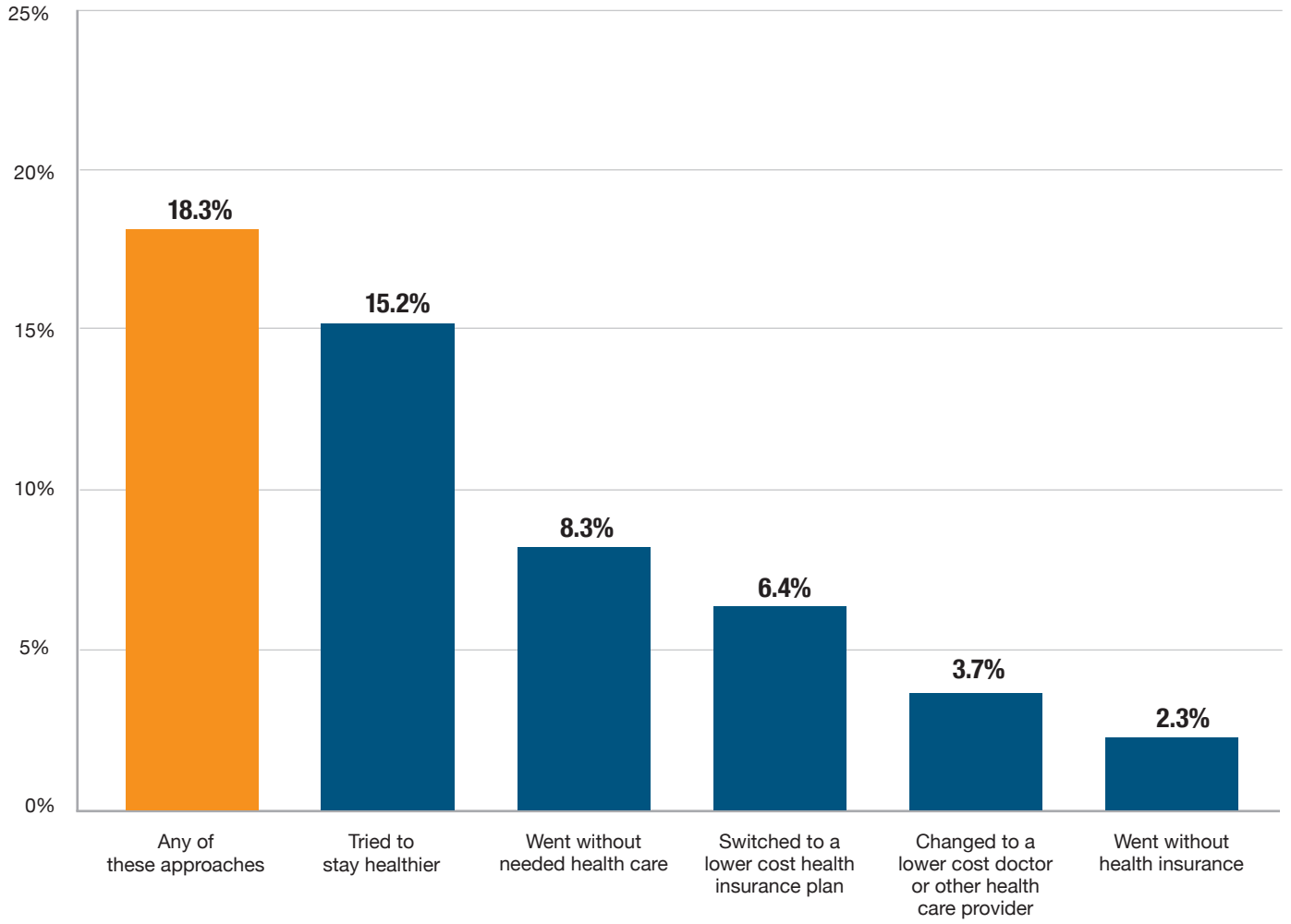
Approaches to Lowering Family Health Care Costs Over the Past 12 Months

2021

In 2021, over one in six (18.3%) Massachusetts residents reported that their family made attempts to lower its health care costs in the past 12 months.

The most reported approach was preventive, with 15.2% of residents reporting that someone in the family tried to stay healthier. Residents also reported having someone in the family go without needed health care (8.3%).

Changing health plans or providers to lower family health care costs, or dropping health insurance altogether, were less commonly reported.



Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. "Any of these approaches" includes the resident reporting that they or a family member did any of the following in the past 12 months to lower family health care costs: tried to stay healthier, went without health care that they felt was needed; switch to a lower health insurance plan; changed to a lower cost doctor or other health care provider; or went without health insurance.

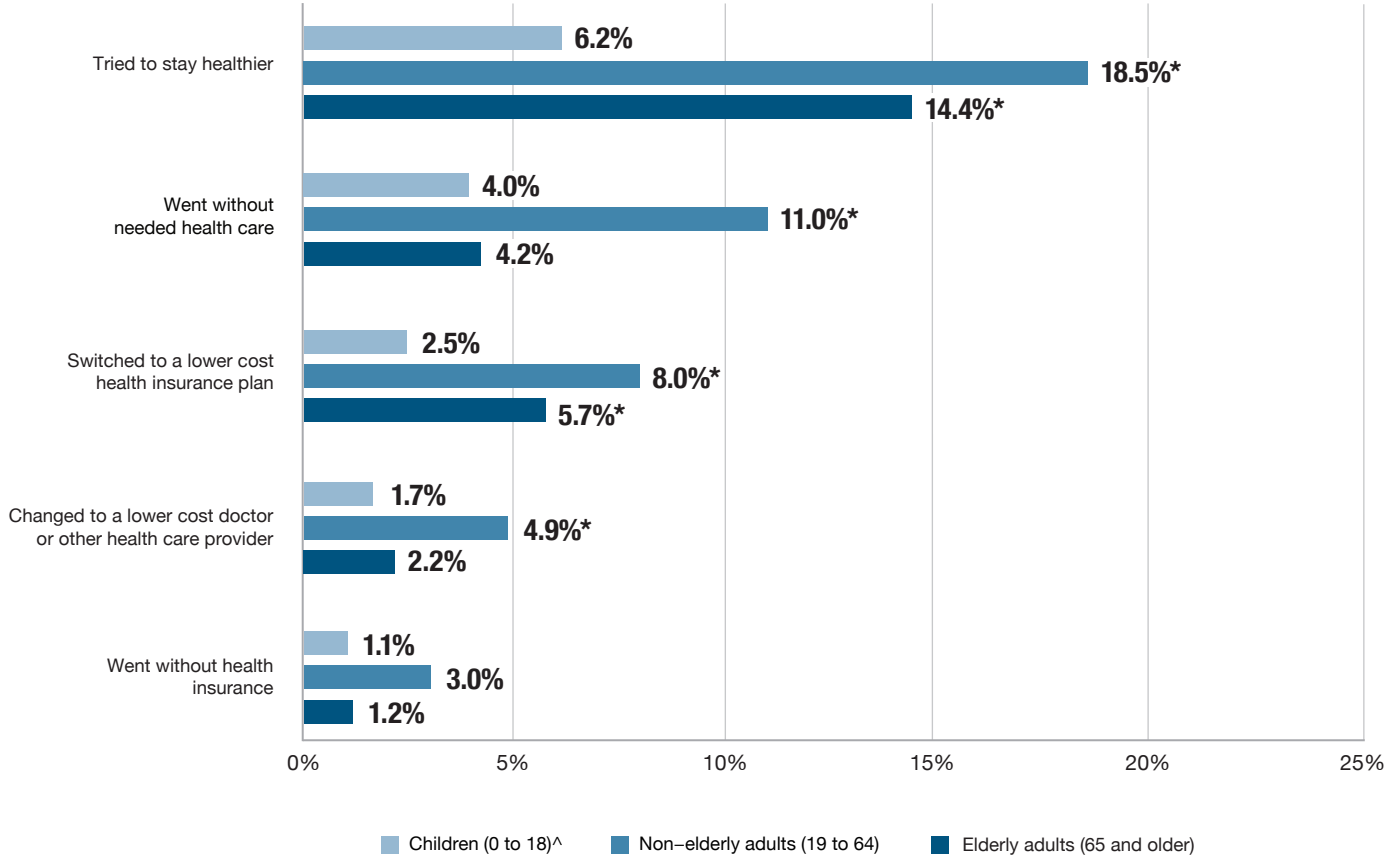
Data Source: 2021 Massachusetts Health Insurance Survey

Approaches to Lowering Family Health Care Costs Over the Past 12 Months by Resident's Age Group

2021

In 2021, trying to stay healthier was the most common approach for lowering family health care costs reported by residents of all age groups in Massachusetts.

Non-elderly adults were more than twice as likely as residents of other age groups to report going without needed health care in order to lower family health care costs.



Note: Categories of approaches to lowering health care costs are not mutually exclusive. Respondents were asked to select all applicable options.

^Reference group

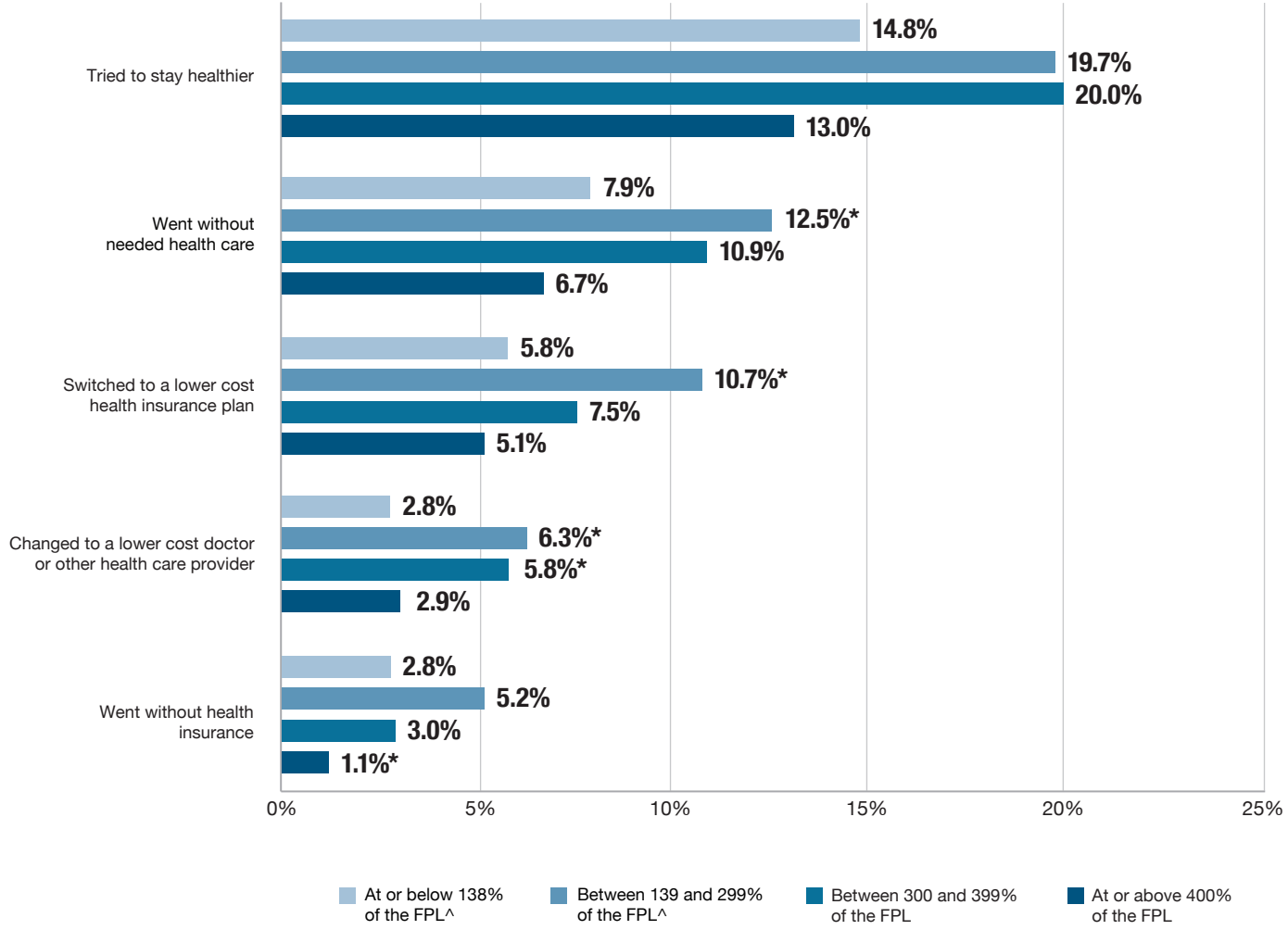
*Difference from estimate for "Children (0-18)" is statistically significant at the 5% level.

Date Source: 2021 Massachusetts Health Insurance Survey

Approaches to Lowering Family Health Care Costs Over Past 12 Months by Resident's Family Income

2021

Massachusetts residents with moderate family income between 139 and 299% of the FPL were more likely than those with income less than 138% of the FPL or those with income at or above 400% of the FPL to report trying to lower family health care costs using several strategies, including going without needed health care, switching to a lower cost health insurance plan, and changing to a lower cost doctor or other provider. They were also more likely than those at or above 400% of the FPL to go without health insurance (statistical tests not shown).



Note: Categories of approaches to lowering health care costs are not mutually exclusive. Respondents were asked to select all applicable options. FPL = Federal Poverty Level.

^Reference group

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

Date Source: 2021 Massachusetts Health Insurance Survey

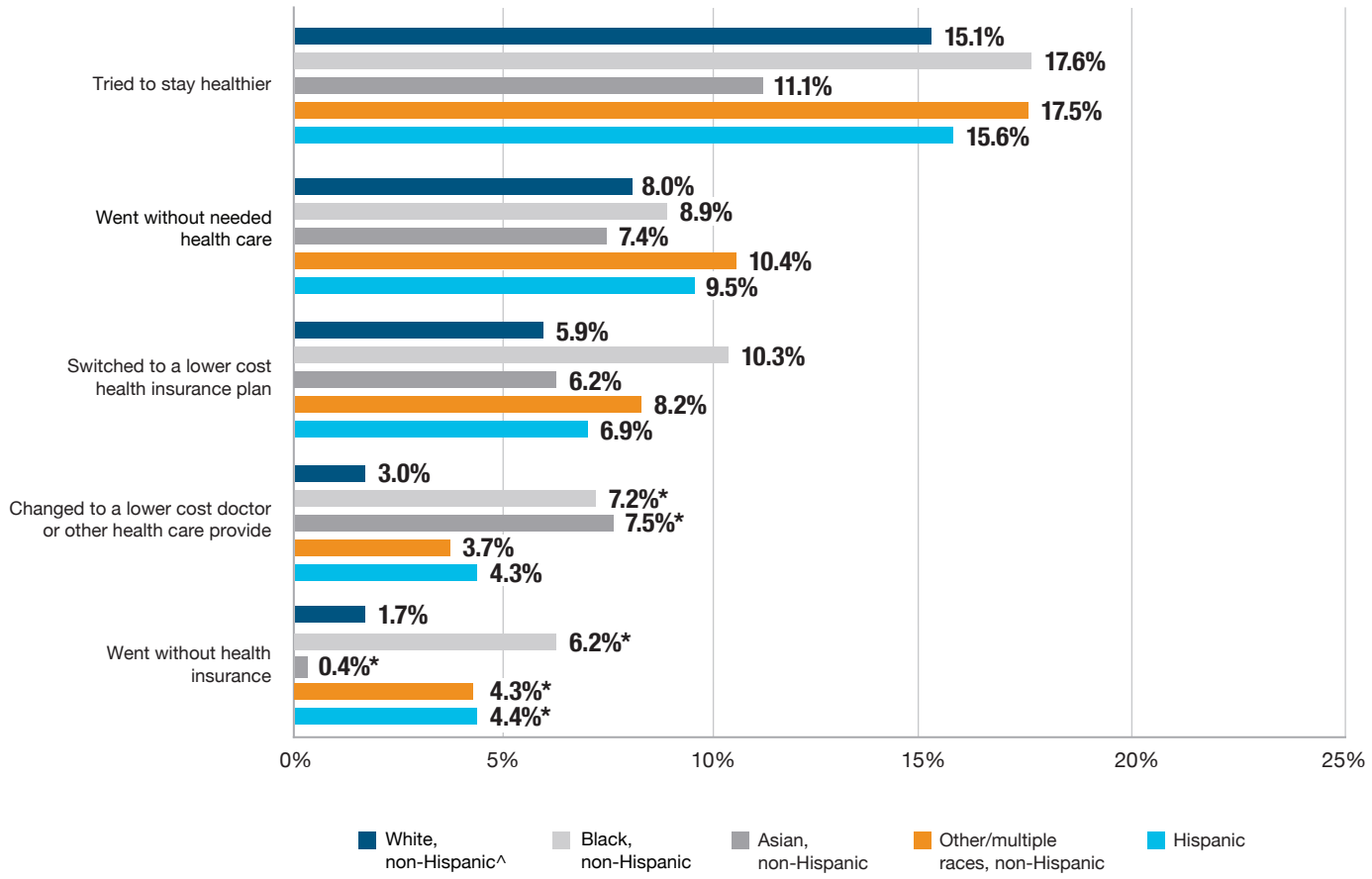
Approaches to Lowering Family Health Care Costs Over Past 12 Months by Resident's Race/Ethnicity

2021

The most common approach reported among Massachusetts residents of all race/ethnic groups to lower family health care costs was trying to stay healthier in 2021.

Substantial racial/ethnic differences exist in other strategies. Non-Hispanic Black and non-Hispanic Asian residents were more likely than non-Hispanic White residents to change to a lower cost doctor or other health care provider.

Non-Hispanic Black residents, non-Hispanic residents of other or multiple races, and Hispanic residents were also several times more likely than non-Hispanic White residents to go without health insurance due to cost.



Note: Categories of approaches to lowering health care costs are not mutually exclusive. Respondents were asked to select all applicable options.

^Reference group

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

Data Source: 2021 Massachusetts Health Insurance Survey

Impact of the COVID-19 Pandemic on Residents and Their Families

The 2021 MHIS was the first cycle of data collection since the beginning of the COVID-19 pandemic, a period in which health care utilization, service delivery, payer and provider finances, household and resident employment, public attitudes toward health care, and public experiences with health care systems were significantly impacted.

The 2021 MHIS added several new questions directly or indirectly related to COVID-19 to better assess recent changes in the health care system and impacts on the health care experiences of residents and their families. Topics included changes over the past 12 months in employment, health insurance coverage, health care use and barriers in accessing care, and problems paying health care bills related to the pandemic.

Changes in employment over the past 12 months included whether residents in the labor force aged 16 and over or their family members experienced a loss of employment due to the COVID-19 pandemic, including permanent or temporary job losses and mandatory or voluntary reduction in hours. The MHIS also asked whether residents or their family members were deemed essential workers in the past 12 months, meaning they were required to work outside the home during the pandemic, and whether they had the ability to telework in the past 12 months.

Changes in health care coverage included whether the resident and their family members lost health insurance coverage in the past 12 months due to the pandemic.

The MHIS also asked about changes in health care utilization, difficulties accessing health care services, and foregone care related to the pandemic. This included asking about visits to the emergency department due to COVID-19 or a condition suspected to be related to COVID-19; difficulties accessing health care because a

doctor's office, clinic or health care facility was closed or offering limited appointments during the pandemic; and concerns about visiting or traveling to a health care provider due to the pandemic. Residents were also asked if they and their family had forgone care that they felt was necessary due to the pandemic, including visits to general doctors, specialists, nurse practitioners, physician assistants, midwives, mental health care or counseling, alcohol or substance use disorder care or treatment, dental care, vision care, prescription fills, and medical equipment.

Finally, the MHIS also asked about problems paying medical bills due to coronavirus tests and treatment, including treatment for the after-effects of COVID-19.

Key Finding

- Over a quarter (27%) of residents in the labor force aged 16 and over reported that they were deemed essential workers in the past 12 months, with many of those workers having lower family incomes, periods of uninsurance, or health issues.
- Residents with family income at or above 400% of the Federal Poverty Level (FPL) were three and a half times as likely as those at or below 138% of the FPL to be able to telework in the past 12 months.
- More than one-third (34%) of residents reported that someone in their family had a loss of employment due to the pandemic in the past 12 months. The most common types of employment losses were being required to stop working temporarily (20%) and cutting back on hours at work (19%).
- Hispanic residents were nearly twice as likely as non-Hispanic White residents to report employment losses due to the pandemic (56% vs. 31%)
- Nearly 7% of residents with at least one ED visit in the past 12 months indicated that their most recent visit was for COVID-19 or a condition suspected to be related to COVID-19.
- Two in five (41%) residents said that they had difficulties accessing health care for reasons related to the COVID-19 pandemic in the past 12 months.
- Half of residents with family income at or below 138% of the FPL reported difficulty accessing care due the pandemic, compared to just a third of residents with family income at or above 400% of the FPL.
- Over one in four residents reported that their families had unmet health care need due to the COVID-19 pandemic, and Hispanic residents were nearly 1.5 times more likely than non-Hispanic White residents to report that their families experienced this unmet need (37% vs. 26%).

- A small share (1.3%) reported having problems paying family medical bills due to COVID-19 tests or treatment in the past 12 months. Those with problems paying family medical bills were twice as likely to have family income under 300% of the FPL as all residents. ■

Among Residents in the Work Force Aged 16 and Over, Resident Reported Being an Essential Worker in the Past 12 Months by Resident Characteristics

2021

In 2021, 37.1% of Massachusetts residents aged 16 and over in the work force reported being able to telework and 27.0% reported being deemed an essential worker in the past 12 months (data not shown).

Those who could telework were disproportionately female or non-Hispanic Asian, whereas they were less likely to be Hispanic or had family income under 300% of the FPL. Essential workers, on the other hand, were disproportionately non-Hispanic Black residents.

Essential workers and their household members may be at greater risk of exposure to COVID-19, especially concerning for high-risk groups such as older adults and those with health conditions.

	Percent of all residents in work force	Percent of residents in work force who teleworked due to COVID-19	Percent of residents in work force deemed essential workers due to COVID-19
Elderly adults (65+)	8.4%	7.0%	5.0%
Female	50.4%	53.6%	51.7%
Black, non-Hispanic	7.1%	7.1%	9.8%
Asian, non-Hispanic	7.3%	10.4%	5.8%
Hispanic	12.7%	6.5%	9.0%
Under 300% of the FPL	31.2%	14.7%	28.9%
Ever uninsured over the past 12 months	6.4%	3.8%	4.8%
Fair or poor health or limited in activities	21.1%	16.8%	16.4%

Note: "Work Force" for the purposes of this analysis includes residents aged 16 and over at the time of the survey who either reported that they worked for pay at a job or business in the past week or did not work for reasons other than being retired, disabled, or going to school (student). This definition of work force may not align with definitions of work force used by the U.S. Department of Labor or other state and federal agencies. Essential workers were defined as residents who were required to work outside the home during the pandemic. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

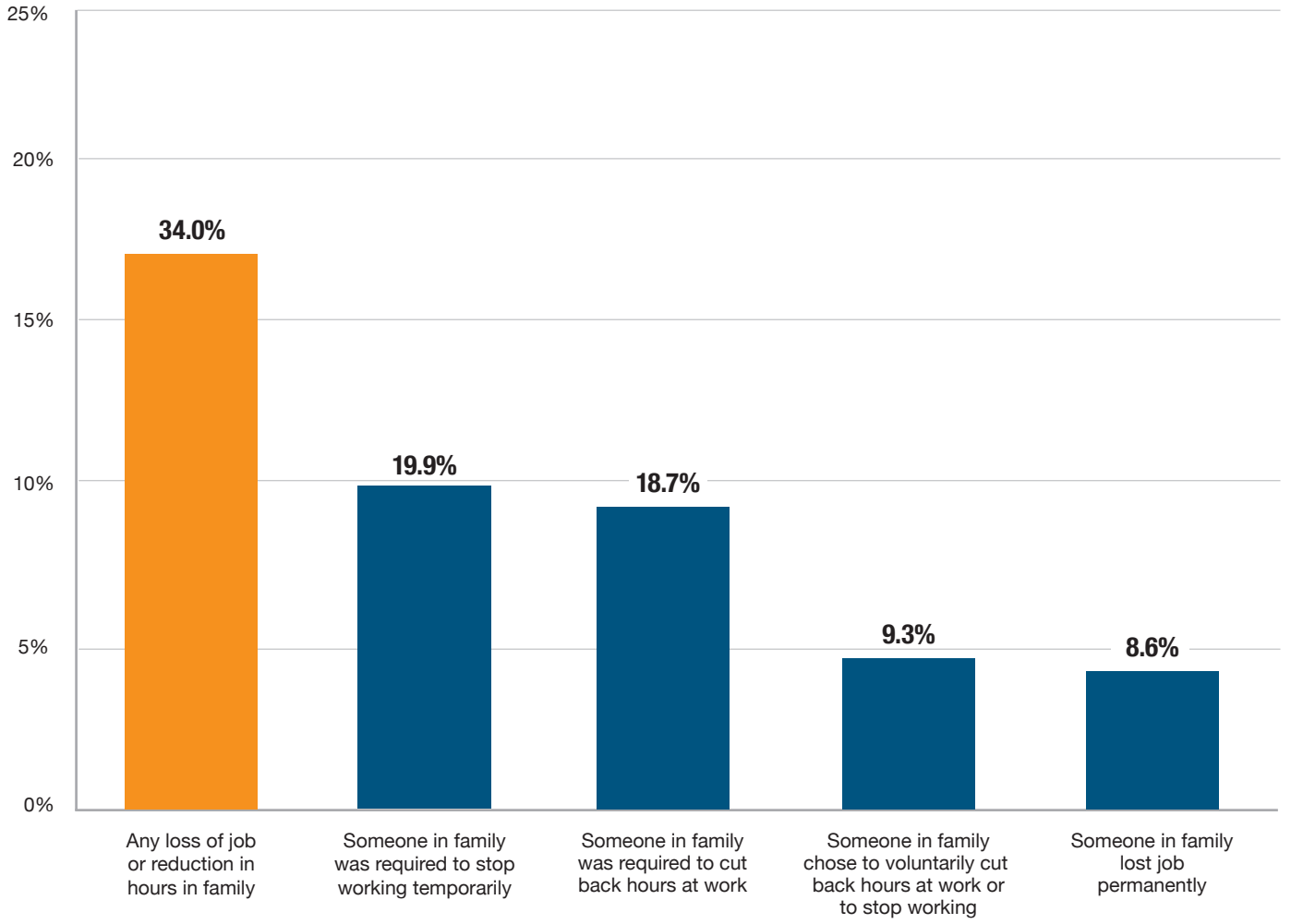
Data Source: 2021 Massachusetts Health Insurance Survey

Loss of Employment in Family Over the Past 12 Months Due to the COVID-19 Pandemic, Overall and by Type of Loss of Employment

2021

In 2021, over one-third (34.0%) of residents reported that someone in their family had experienced a job loss or reduction in work hours in the past 12 months due to the COVID-19 pandemic. The most common types of employment loss were being required to stop working temporarily (19.9%) or cut back on hours at work (18.7%).

Employment disruptions may negatively impact families in a variety of ways that affect health care. These include increased stress, reduced ability to pay for needed health care, housing, food, and other necessities, increases in emotional stress, and increased risk of interpersonal conflict, among other consequences.



Note: These categories are not mutually exclusive. Respondents were asked to select all applicable options. "Any loss of job or reduction in hours in family" over the past 12 months includes reporting any of the following over the past 12 months: someone in family was required to stop working temporarily, someone in family was required to cut back hours at work, someone in family chose to voluntarily cut back hours at work or to stop working, and someone in family lost job permanently.

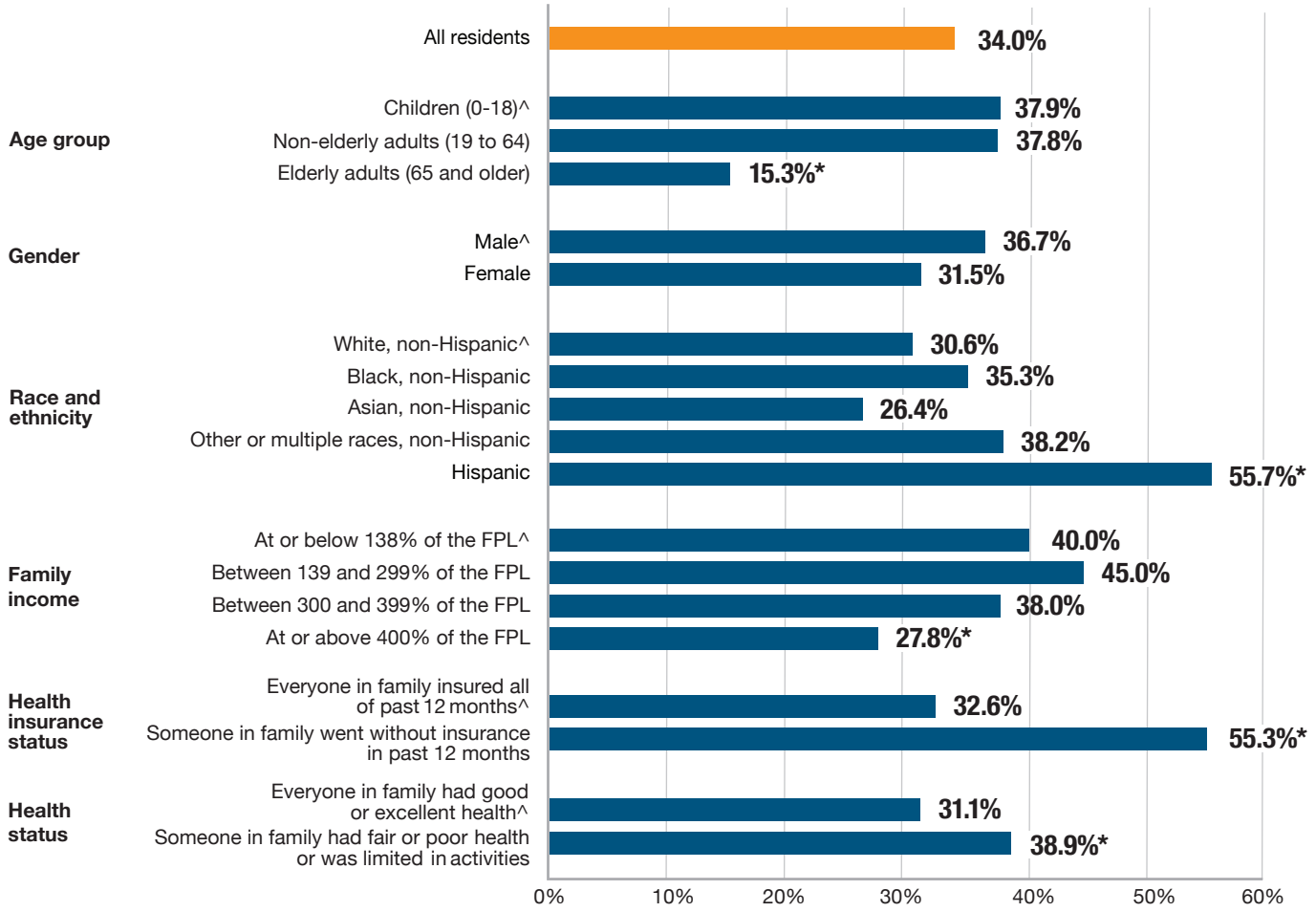
Data Source: 2021 Massachusetts Health Insurance Survey

Loss of Employment in Family Over the Past 12 Months Due to the COVID-19 Pandemic by Resident Characteristics

2021

Losses of employment over the past 12 months due to the pandemic fell disproportionately on certain groups in 2021. Hispanic residents experienced losses of employment in their family at nearly twice the rate of non-Hispanic White residents (55.7% vs. 30.6%). Those residents with family income at or below 399% of the FPL were also more likely than residents with family income at or above 400% of the FPL to experience a loss of employment in the family (some statistical tests not shown).

Employment losses were also more common among residents in families that had members go without health insurance coverage in the past 12 months relative to those that did not, and those who had health issues relative to those in good or excellent health.



Note: Loss of employment in family in the past 12 months includes the following types of employment losses: someone in family was required to stop working temporarily, someone in family was required to cut back hours at work, someone in family chose to voluntarily cut back hours at work or to stop working, and someone in family lost job permanently. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

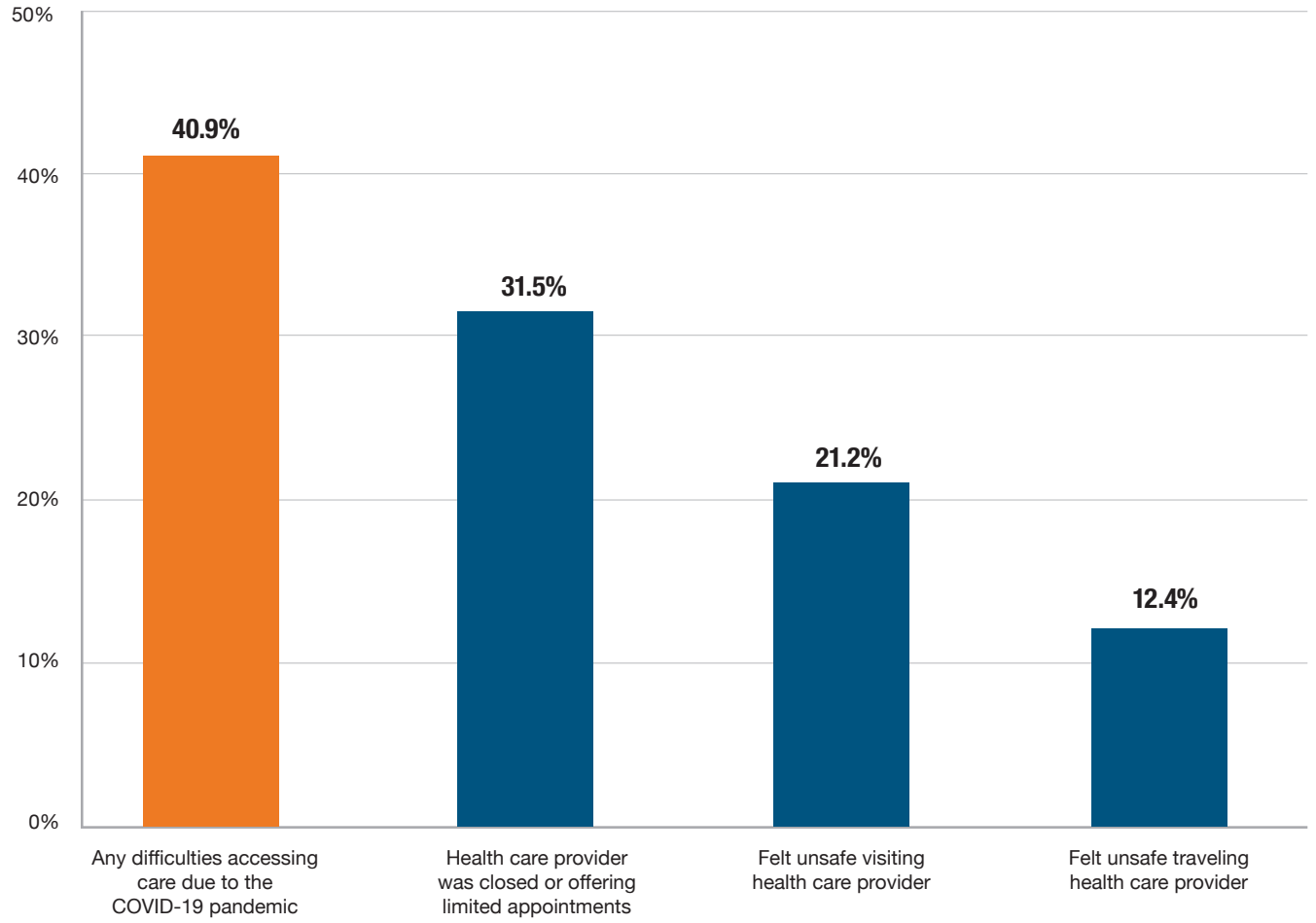
Data Source: 2021 Massachusetts Health Insurance Survey

Difficulties Accessing Care Over the Past 12 Months Due to the COVID-19 Pandemic

2021

In 2021, two in five (40.9%) Massachusetts residents reported experiencing difficulties accessing care due to the pandemic in the past 12 months.

The most common difficulty residents reported experiencing was that health care providers were closed or offering limited appointment availability due to the pandemic (31.5%), followed by concerns about the safety in visiting a health care provider due to the pandemic (21.2%).



Note: These categories are not mutually exclusive. Respondents were asked to select all applicable options. "Any difficulties accessing care due to the COVID-19 Pandemic" in the past 12 months includes reporting any of the following difficulties in the past 12 months: the health care provider was closed or offering limited appointments due to the coronavirus pandemic, it felt unsafe visiting the health care provider due to the coronavirus pandemic, or it felt unsafe traveling to the health care provider due to the coronavirus pandemic.

Data Source: 2021 Massachusetts Health Insurance Survey

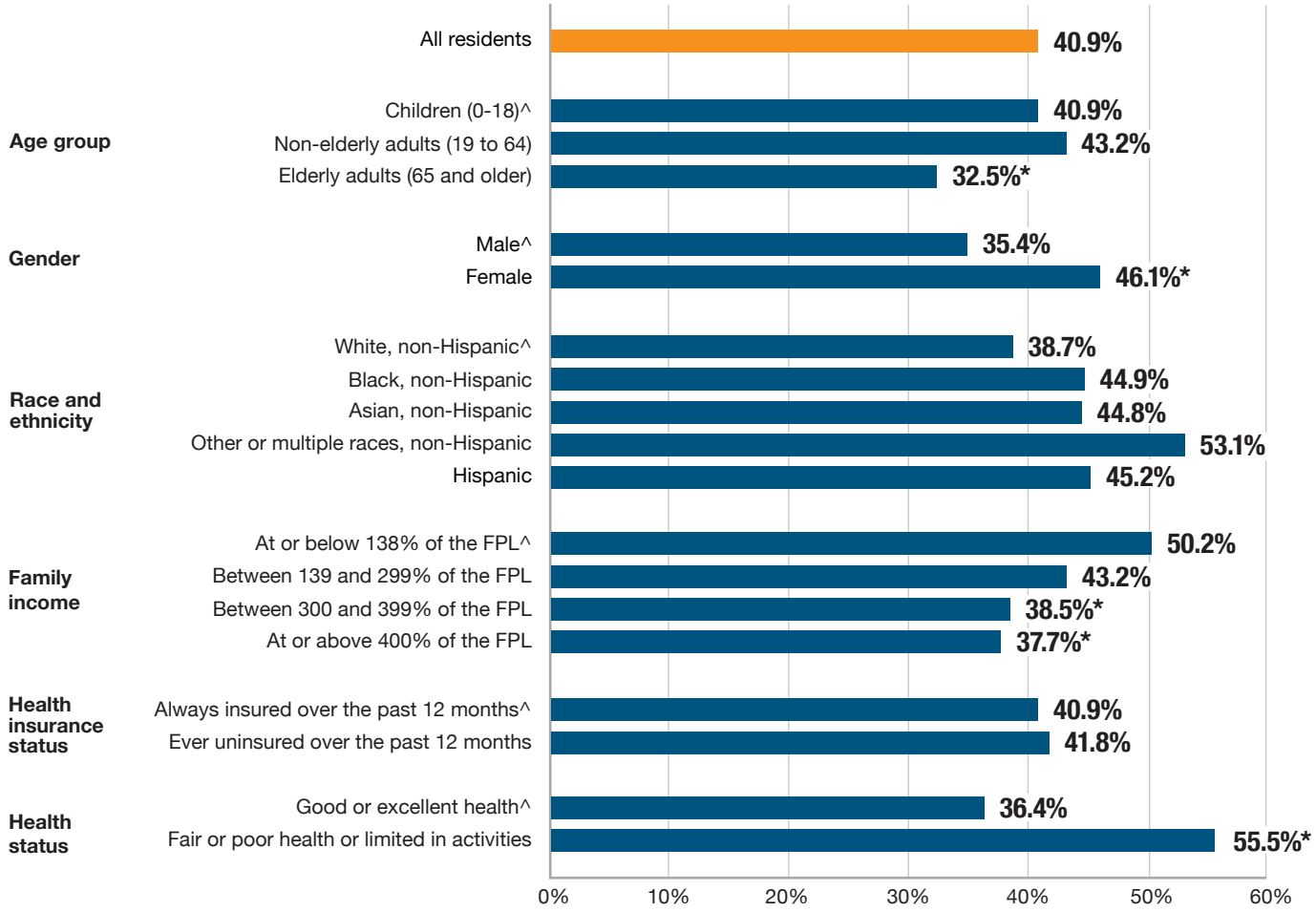
Difficulties Accessing Care Over the Past 12 Months Due to the COVID-19 Pandemic by Resident Characteristics

2021

More than 40% of residents reported experiencing difficulties accessing care due to the COVID-19 pandemic in the past 12 months in 2021, with those difficulties reported by nearly a third or more of residents across every socioeconomic subgroup.

Residents with health issues were much more likely to report difficulties than those in good or excellent health (55.5% vs. 36.4%), reflecting in part a greater need for regular interactions with the health care system.

Residents with family income at or below 138% of the FPL were also much more likely to report these difficulties relative to higher-income residents with family income at or above 300% of the FPL.



Note: Difficulties accessing care over the past 12 months due to the COVID-19 pandemic includes the following types of difficulties: the health care provider was closed or offering limited appointments due to the coronavirus pandemic, it felt unsafe visiting the health care provider due to the coronavirus pandemic, or it felt unsafe traveling to the health care provider due to the coronavirus pandemic. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

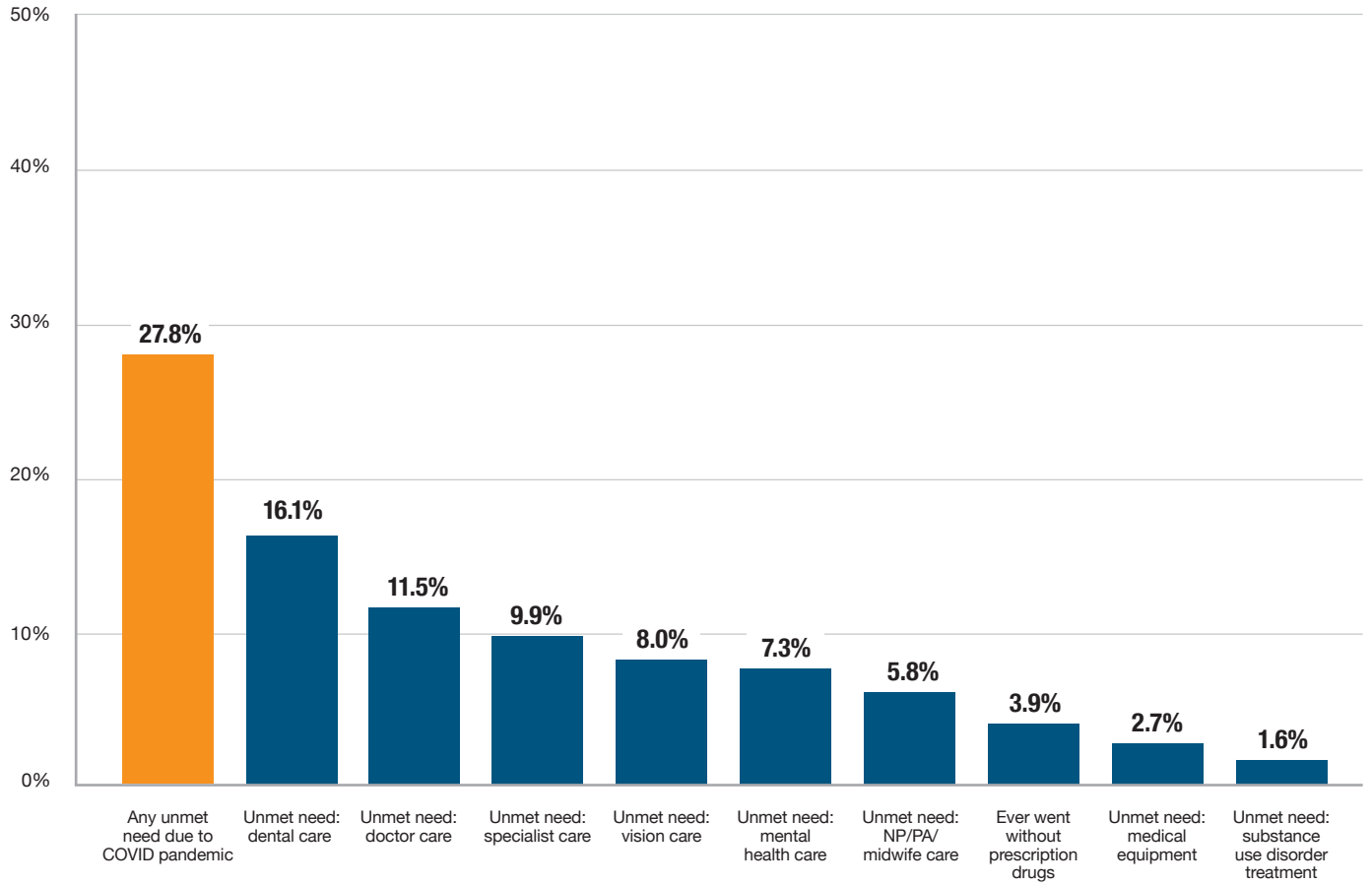
Data Source: 2021 Massachusetts Health Insurance Survey

Impact of the COVID-19 Pandemic on Unmet Need in Family for Health Care Over the Past 12 Months, Overall and by Type of Unmet Need

2021

Additional barriers to accessing care during the pandemic have resulted in many residents delaying or forgoing health care that they felt was necessary due to concerns about COVID-19. Although delayed or forgone care may result in temporary reductions in health care expenses for the family, it could have long-term health and financial consequences.

Overall, over one-quarter (27.8%) of residents reported that they or a family member went without needed health care in the past 12 months due to the pandemic. The most common type of forgone care was dental care (16.1%), as many dental practices remained closed or were offering limited availability during the 12 months prior to the survey. Forgoing general doctor care (11.5%) and specialist care (9.9%) were also commonly reported.



Note: These categories are not mutually exclusive. Respondents were asked to select all applicable options. Any unmet need over the past 12 months due to the coronavirus pandemic in the family includes reporting that the resident or a family member had any of the following unmet needs in the past 12 months: unmet need for dental care; unmet need for doctor care; unmet need for specialist care; unmet need for vision care; unmet need for mental health care; unmet need for care from a nurse practitioner; physician assistant; or midwife; ever going without prescription drugs; unmet need for medical equipment; or unmet need for substance use disorder. NP = Nurse pracitioner; PA = Physician assistant.

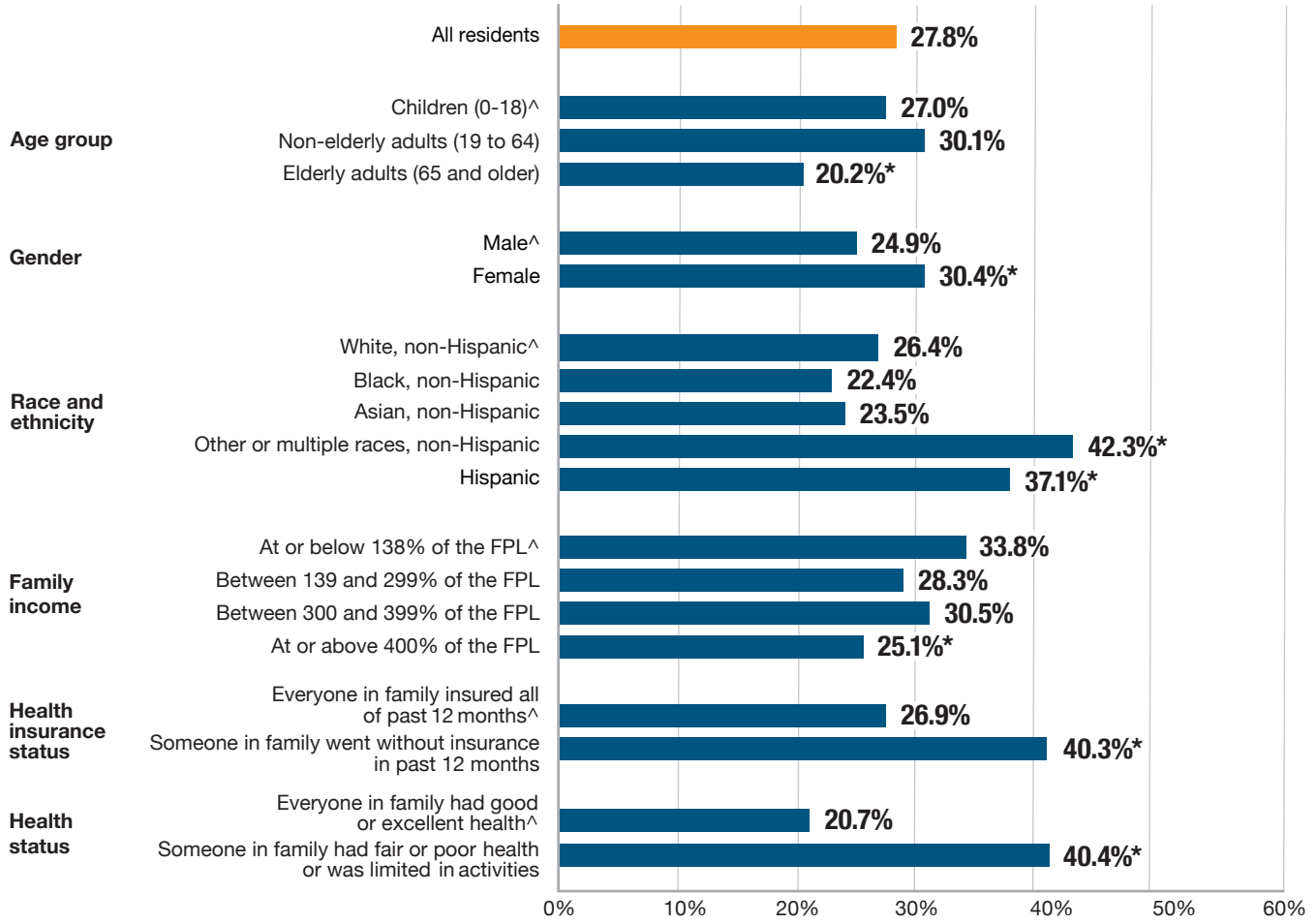
Data Source: 2021 Massachusetts Health Insurance Survey

Impact of the COVID-19 Pandemic on Unmet Need in Family for Health Care Over the Past 12 Months by Resident Characteristics

2021

In 2021, over one in four (27.8%) residents overall, and at least one in five residents across every socioeconomic subgroup, reported that someone in their family had delayed or foregone care due to COVID-19 in the past 12 months.

Residents in families with at least one member with health issues were twice as likely as those in families where all members were in good or excellent health to have unmet need for health care due to the pandemic (40.4% vs. 20.7%). Hispanic residents were nearly 1.5 times more likely than non-Hispanic White residents to report that their families experienced an unmet need. Residents with family income at or below 138% of the FPL were also more likely than those at or above 400% of the FPL to report an unmet need in their family.



Note: Any unmet need for health care over the past 12 months due to the coronavirus pandemic in the family includes reporting that the resident or a family member had any of the following unmet needs in the past 12 months: unmet need for dental care; unmet need for doctor care; unmet need for specialist care; unmet need for vision care; unmet need for mental health care; unmet need for care from a nurse practitioner; physician assistant; or midwife; ever going without prescription drugs; unmet need for medical equipment; or unmet need for substance use disorder. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

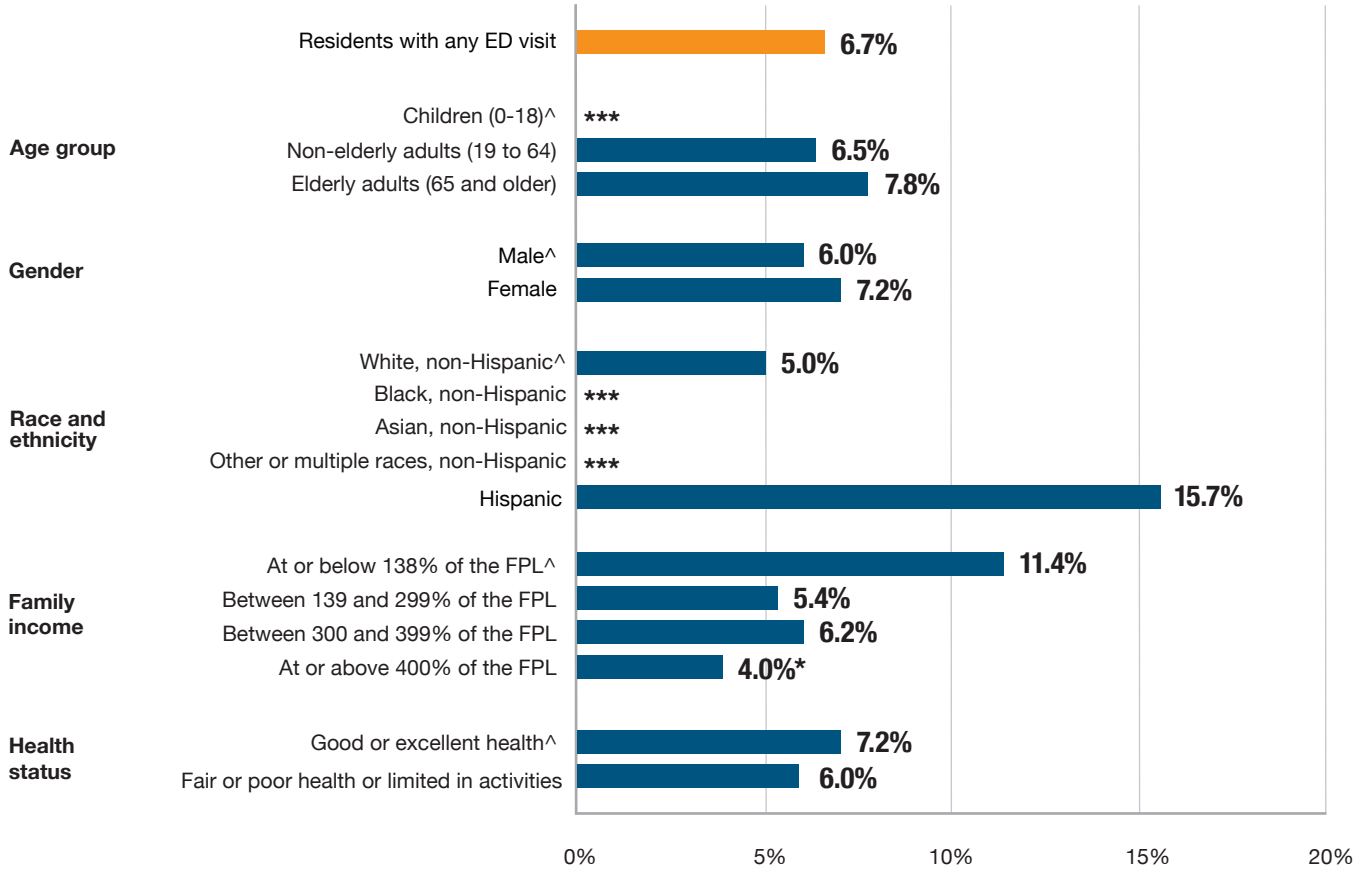
Data Source: 2021 Massachusetts Health Insurance Survey

Among Residents with an ED Visit in the Past 12 Months, Most Recent ED Visit was for COVID-19 or Condition Suspected to be Related to COVID-19, Overall and by Resident Characteristics

2021

In 2021, nearly 7% of residents with an ED visit in the past 12 months reported that their most recent ED visit was for COVID-19 or a condition suspected to be related to COVID-19. Emergency care has been a center of focus for utilization management throughout the waves of the pandemic and is a major source of COVID-19-related health care expenses.

Residents reporting that their most recent ED visit was for COVID-19 was more than twice as common among residents with family income at or below 138% of the FPL compared to residents at or above 400% of the FPL (11.4% vs. 4.0%) and three times higher for Hispanic residents compared to non-Hispanic White residents (15.7% vs. 5.0%).



Note: ED = Emergency Department. FPL = Federal Poverty Level. Fair or poor health includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." To ensure reliability, estimates derived from subgroups with fewer than 50 survey respondents are not reported.

^Reference group

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

*** Estimate for Asian and Other or multiple races, non-Hispanic is suppressed due to small sample size.

Data Source: 2021 Massachusetts Health Insurance Survey

A small share (1.3%, data not shown) of Massachusetts residents reported experiencing problems paying family medical bills in the past 12 months due to COVID-19 care. This includes COVID-19 tests and treatment, including care for long-term infections or the after-effects of a COVID-19 infection, known colloquially as "Long COVID."

Compared with all residents, residents in families with problems maying medical bills due to COVID-19 care were more than four times as likely to have someone in the family go without health care coverage in the past 12 months, twice as likely to have family income under 300% of the FPL, and twice as likely to have a family member with health issues, which may reflect how COVID-19 may exacerbate preexisting health care treatment-related cost burdens.

Problems Paying Family Medical Bills Over the Past 12 Months Due to COVID-19 Care by Resident Characteristics

2021

	Percent of all residents	Percent of residents with problems paying family medical bills for COVID-related care
Non-elderly adult (19 to 64)	61.2%	78.1%
Female	51.5%	58.9%
Under 300% of the FPL	34.7%	77.7%
Someone in family went without insurance in the past 12 months	6.4%	27.3%
Someone in family had fair or poor health or was limited in activities	36.3%	75.0%

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

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

Data Source: 2021 Massachusetts Health Insurance Survey

About the MHIS

The Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage, health care access and use, and health care affordability for the non-institutionalized population in Massachusetts. The MHIS has been fielded periodically since 1998 and biennially since 2015. The content and design of the survey have been modified over time to address the changing health care environment in Massachusetts and changes in state-of the-art household survey strategies. Content changes to the MHIS in 2021 included adding more in-depth questions on health insurance coverage and unmet need for health care due to cost in residents' families, telehealth services, behavioral health, employment, social determinants of health, and the COVID-19 pandemic. The 2021 MHIS was fielded between July and December of 2021.

Survey design changes include a shift in sampling frame for the survey in 2008 and 2014, an expansion of the sampling frame for the survey in 2019-2021. As a result of the shift in the sample frame in 2014, the data for the 2008–2011 period are not directly comparable to later years. The 2019 survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017. The 2021 survey expanded the use of the address-based sample and limited the random-digit-dial telephone sample to prepaid cell phone numbers only. Because of the similarity of the estimates from the RDD sample and ABS sample in 2019, the 2019-2021 estimates may still be used to evaluate trends for the period 2014–2021.[16] Please see methodology report for more information.

The 2021 MHIS was conducted in English and Spanish, and its average completion time was 33.2 minutes for

telephone-based surveys and 18.8 minutes for the web-based survey. Surveys were completed with 5,000 Massachusetts households, collecting data on 5,000 residents and their families, including 617 children aged 0 to 18, 3,171 non-elderly adults aged 19 to 64, and 1,212 elderly adults aged 65 and older. The overall response rate for the 2021 MHIS was 6.5%, combining the response rate of 2.2% for the prepaid cell phone sample of 794 completed interviews and 13.2% for the address-based sample of 4,206 interviews.

Additional information about the MHIS is available in the MHIS methodology report. ■

Notes

1 Pascale, J, Fertig, AR, Call, KT. Assessing the accuracy of survey reports of health insurance coverage using enrollment data. Health Serv Res. 2019; 54: 1099- 1109. https://doi.org/10.1111/1475-6773.13191.

2. The estimates and trends in the uninsurance rate in Massachusetts from the MHIS in 2019-2021 are comparable to estimates for the rate of uninsurance from the American Community Survey (ACS) and the National Health Insurance Survey (NHIS). Estimates and confidence intervals (CI) for the two most recently available survey years are as follows: ACS 5-Year Estimates: 2015-2019, 3.0% (90% CI: 2.8-3.2%), 2016-2020, 2.7% (90% CI: 2.6-2.8%); NHIS: 2019: 2.4% (95% CI: 1.1–4.6%), 2020: 2.2% (95% CI: 0.9–4.5%); MHIS: 2019: 2.9% (95% CI: 6.2-8.8%), 2021: 2.4% (95% CI: 3.6-5.5%). Sources: ACS: U.S. Census Bureau, 2015-2019 and 2016-2020 American Community Survey 5-Year Estimates. NHIS (2019): Terlizzi EP, Cohen RA. Geographic variation in health insurance coverage: United States, 2020. National Health Statistics Reports; no 168. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: https://dx.doi. org/10.15620/cdc:112968. NHIS (2020): Cohen RA, Terlizzi EP, Cha AE, Martinez ME, Parsons VL, Wei R, He Y. Geographic variation in health insurance coverage: United States, 2019. National Health Statistics Reports; no 163. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: https://dx.doi.org/10.15620/cdc:107558.

3. By maintaining the RDD telephone sample between 2017 and 2019, we were able to assess the impacts of the 2019 modification and determined that the 2019 design did not have a significant impact on the estimates of trends over time based on the 2014-2017 data. The ABS and RDD estimates were similar, but caution should be used when interpreting trends. For more information about the 2019 design, please see the 2019 MHIS methodology report.

4. See note 3.

5. The 2017 MHIS asked residents about all sources of health insurance coverage and found a Medicare coverage rate estimate among elderly residents aged 65 and over of 88.5%. More recently, the 2019 American Community Survey (ACS) 1-Year estimates indicate a Medicare coverage rate among Massachusetts residents aged 65 and older of 94.4%. Sources: 2017 MHIS: Center for Health Information and Analysis, Findings from the 2017 Massachusetts Health Insurance Survey [Detailed Tables, B.3-1], December 2017. ACS: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates.

6. See note 1.

7. See note 1.

8. See note 1.

9. See note 3.

10. See note 3.

11. See note 3.

12. The No Surprises Act was passed as part of Omnibus Legislation: H.R.133 - 116th Congress (2019-2020): Consolidated Appropriations Act, 2021. (2020, December 27). https://www.congress.gov/bill/116th-congress/house-bill/133?q=%7B%22search%22%3A%5B%22hr+133%22%5D%7D&s=1&r=1.

13. See note 3.

14. See note 12.

15. See note 1.

16. See note 1.

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