

AN INSIDE LOOK:

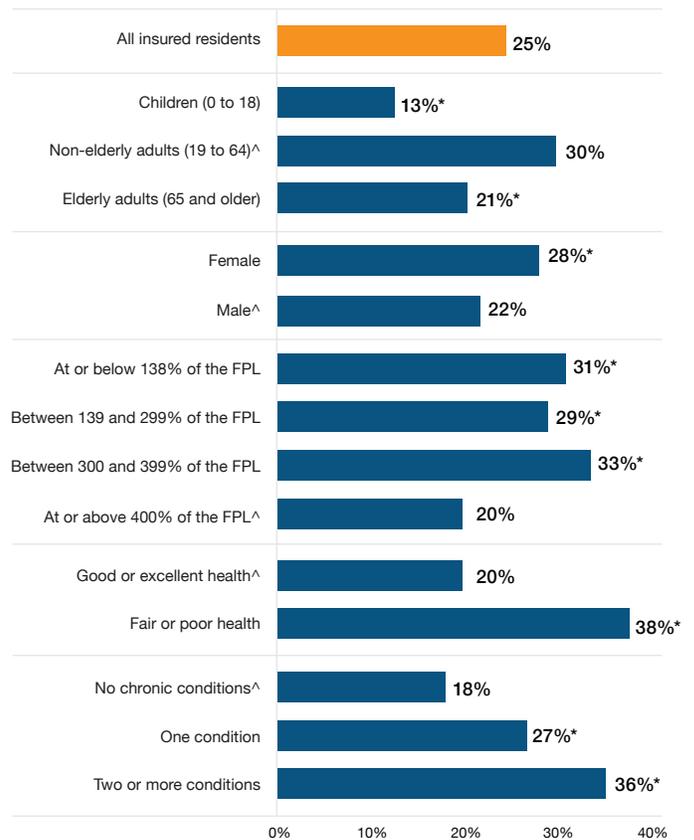
# Unmet Health Care Needs Due to Cost Are Still Common among the Insured

## Findings from the Massachusetts Health Insurance Survey (MHIS)

In Massachusetts, where health care coverage has been nearly universal for over a decade, unmet health care needs due to cost remain an issue. In 2019, one in four (25%) Massachusetts residents who were insured all year reported forgoing a broad range of needed health care services due to cost. Among insured residents, the burden of unmet needs fell disproportionately on some population groups, including non-elderly adults, females, and residents with family income below 400% of the Federal Poverty Level (FPL); many of those who went without needed care did so due to lack of sufficient coverage, high costs, and uncertainty about coverage and cost.

Nearly one-third of insured, non-elderly adults had unmet health care needs (Figure 1). Compared with males, females had higher rates of unmet needs (28% vs. 22%). Residents below 400% of the FPL are more likely to report having an unmet need due to cost compared to those at or above 400% of the FPL. Residents with more complex health care needs were more likely to report forgoing care due to cost. Nearly two in five insured residents who reported being in fair or poor health and/or had an activity limitation had unmet needs in 2019. Compared with residents without any chronic conditions, those with multiple chronic conditions

**Figure 1. Unmet Needs for Health Care Due to Cost among Insured MA Residents, 2019**



^ Reference group  
\* Denotes statistical significance at p=0.05

**1 in 4**

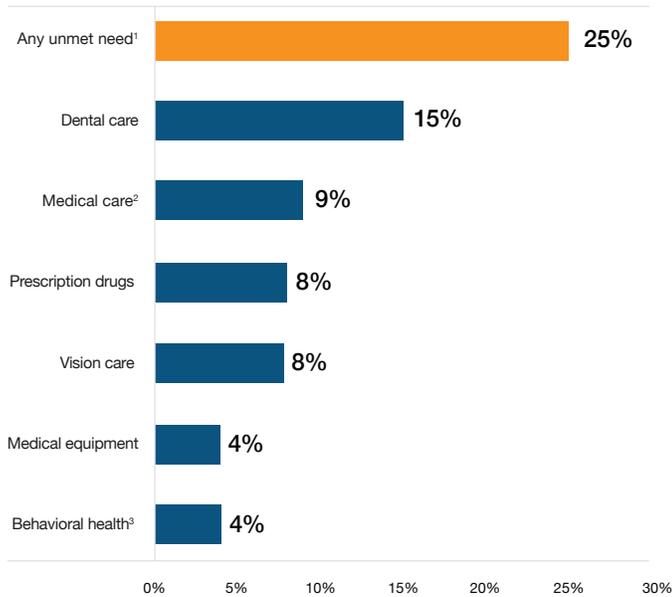
One in four insured residents reported forgoing health care due to cost.

Over half (52%) of insured residents with an unmet need due to cost reported that the care was not covered by their health plan.

**52%**

had a substantially higher rate of unmet needs (36% vs. 18%). These findings may reflect a variety of factors, including differences in insurance type, financial resources, and health care status.

**Figure 2. Unmet Needs for Health Care Due to Cost by Type of Care among Insured MA Residents, 2019**



<sup>1</sup> Any unmet need is a roll-up of all residents who reported at least one unmet need of any of the types of care.

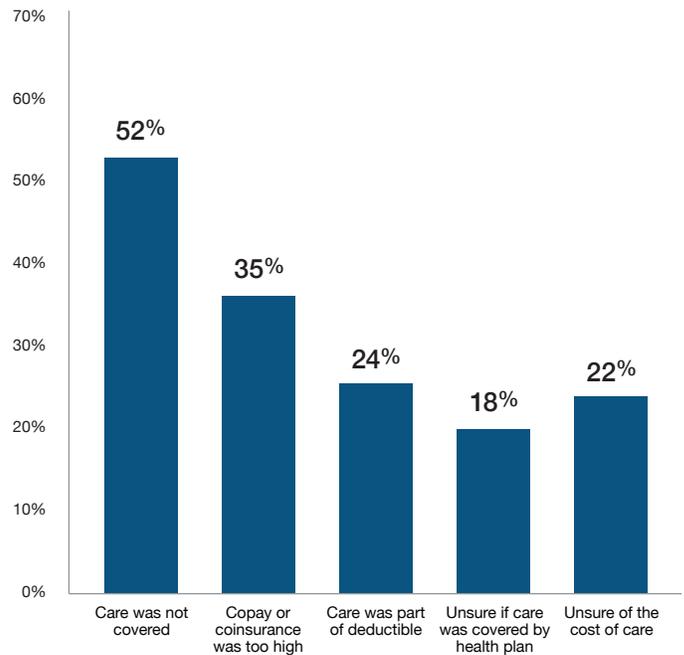
<sup>2</sup> Unmet need for medical care includes any unmet need for care by general doctor, specialist, or non-physician practitioner care such as physician assistant, nurse practitioner, or midwife.

<sup>3</sup> Unmet need for behavioral health includes any unmet need for mental health care or counseling and any unmet need for alcohol or substance use treatment or care.

Fifteen percent of insured resident reported that the most prevalent type of unmet health care need due to cost was dental care (Figure 2). Dental care is largely excluded from most health insurance plans and covered through optional standalone plans that may not be offered by employers or affordable to purchase. Nearly one in 10 insured residents reported having an unmet need for medical care from a general doctor, specialist, or nurse practitioner, and 8% of insured residents had unmet need for prescription drugs, suggesting cost-related gaps exist even for care typically covered by traditional health insurance plans.

When asked the reason for their unmet needs, most insured residents referred to issues in insurance coverage or cost (Figure 3). Over half (52%) of insured residents with an unmet need reported that the care was not covered by their health

**Figure 3. Reasons for Unmet Needs for Health Care Due to Cost among Those Who Were Insured at Time of the Unmet Need, 2019**



plan. Additionally, over a third (35%) said that the copay or coinsurance was too high, or that the care would have been part of the deductible (24%). Uncertainty was also a key factor for unmet needs; over one in five insured residents went without needed care because they were unsure about the cost of the care. Improving the availability and clarity of information around the coverage and cost of care and making costs more predictable for patients may help reduce unmet needs.

Despite near universal health insurance coverage, one in four insured Massachusetts residents reported going without needed health care due to cost in 2019. Vulnerable populations such as residents with lower family incomes and those with complex health care needs were more likely to report unmet health care needs due to cost. Dental care, medical care, and prescription drugs were the most common types of unmet needs. Moreover, many of those who went without needed care did so due to concerns about out-of-pocket costs and uncertainty over service coverage and costs. Together, these findings demonstrate that gaps in access and coverage due to cost persist even among insured residents and additional work needs to be done to provide more affordable health care to Massachusetts residents.

Read the full report at [www.chiamass.gov/massachusetts-health-insurance-survey](http://www.chiamass.gov/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 perceived health care affordability for the non-institutionalized population in Massachusetts. The 2019 MHIS included a random digit dialing and an address-based sample and was fielded between April and July of 2019. Surveys were completed with 4,873 Massachusetts households, collecting data on 4,873 target persons, including 529 children aged 0 to 18, 3,058 non-elderly adults aged 19 to 64, and 1,286 elderly adults aged 65 and older. The overall response rate for the 2019 MHIS was 16.5 percent. A follow-up survey was fielded between December 2019 and January 2020 with 1,133 Massachusetts households, collecting data on 1,133 target persons including 104 children aged 0 to 18, 686 non-elderly adults aged 19 to 64, and 343 elderly adults aged 65 and older. The overall response rate for the 2019 MHIS Re-contact Survey was 5.0 percent, combining the response rate of 16.5 percent for the main MHIS and 30.6 percent for the follow-up survey. All estimates based on the survey are prepared using weights that adjust for the complex survey design, for undercoverage, and for survey nonresponse. Additional information is available in the [MHIS Methodology Report](#).

For more information, please contact:



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