CENTER FOR HEALTH INFORMATION AND ANALYSIS

Findings From the 2025 Massachusetts Health Insurance Survey

December 2025

CHIA

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Executive Summary

The Center for Health Information and Analysis (CHIA) conducts the Massachusetts Health Insurance Survey (MHIS) every two years to track and monitor health care coverage, access, use, and affordability trends in the Commonwealth. As a population-based survey, the MHIS provides critical data that enables CHIA to analyze these trends across Massachusetts, with a focus on health equity to inform policymaking.

The 2025 MHIS was fielded between January and April 2025. The survey included new questions on behavioral health care, tax-advantaged health savings and spending accounts (such as HSAs and FSAs), and administrative burden related to accessing care along with refinements to questions about medical debt and difficulties accessing care to capture recent changes in the health care landscape. This 2025 MHIS report has enhanced granularity for family income that distinguishes residents with family incomes from 400 to 499 percent of the federal poverty level from those at 500 percent or more of the federal poverty level.[1]

Additional information about the MHIS is available in the 2025 MHIS Methodology Report.

Health Insurance Coverage

Massachusetts continues to lead the nation with the highest insurance coverage rate: 97.9 percent of residents reported having health insurance at the time of the 2025 MHIS.[2] Furthermore, 9 out of 10 residents (92.3 percent) reported continuous insurance coverage over the past 12 months for all family members living in the household.[3] Hispanic residents were less likely to report being continuously insured over the 12 months prior to the survey than White residents (88.6 percent vs. 97.3 percent).[4]

Employer-sponsored insurance remained the main source of health insurance in Massachusetts, covering two-thirds (66.3 percent) of all insured residents in 2025. Medicare (15.2 percent) and MassHealth/ConnectorCare (15.2 percent) are also important sources of insurance coverage.[5]

Most uninsured residents in Massachusetts were adults ages 19 to 64 (86.8 percent), which reflects the broader availability of MassHealth for many children and high Medicare enrollment for adults ages 65 and older. Uninsured residents were disproportionately Hispanic (44.7 percent), and 87.9 percent had a family income below 300 percent of the federal poverty level, underscoring ongoing economic, racial, and ethnic inequities in coverage. Given the anticipated disruptions in insurance coverage due to policy decisions at the federal level, continued attention to health insurance coverage is crucial.

Health Care Access and Use

In 2025, 87.5 percent of residents reported having a usual source of care, and 90.4 percent reported having a primary care provider. Three-quarters of residents (75.1 percent) reported having a preventive care visit in the past 12 months. Nonetheless, more than 2 in 5 residents (43.1 percent) reported difficulties with accessing care; 30.1 percent of residents reported difficulties with accessing primary care. Difficulties include getting an appointment as soon as one was needed, administrative burden, and recent office or clinic closures. These challenges collectively point to persistent barriers to obtaining timely, needed health care services.

Overall, emergency department visits remained below pre-pandemic levels with just under 1 in 4 residents (22.6 percent) reporting a visit in the past 12 months. Nearly a third of residents with an emergency department visit (31.8 percent) reported that their most recent visit was for a condition they felt could have been treated by a non-emergency provider if one had been available. Nearly a third of Massachusetts residents (31.5 percent) reported an urgent care visit in the past 12 months.

While most residents accessed health care in the past 12 months, Black and Hispanic residents were less likely than White residents to report preventive care visits (61.7 percent and 62.8 percent, respectively, vs. 79.5 percent). In addition, Black residents were more than twice as likely as White residents to have a visit to an emergency department that could have been treated by a non-emergency provider had one been available (63.6 percent vs. 25.9 percent). This pattern is consistent with studies at the national level suggesting that people of color experience more structural barriers to accessing timely and affordable care than White

individuals, resulting in higher emergency department utilization for services that could otherwise be managed in lower-cost settings.[6,7,8]

Health Care Affordability

Despite having near-universal health insurance coverage in Massachusetts, health care affordability continued to pose a challenge in 2025. When health care is not affordable, residents may go without necessary care. More than a quarter of residents (28.4 percent) reported having forgone health care for themselves or a family member in the past 12 months due to the cost of that care.

Two in 5 Massachusetts residents (40.3 percent) reported that their family faced health care affordability issues in the previous 12 months. The burden of having any family affordability issue was greater for Black residents (54.1 percent) and Hispanic residents (47.3 percent) than White residents (37.3 percent). Affordability issues were common among residents with family incomes below 400 percent of the federal poverty level. Massachusetts residents also faced issues in spending a high proportion of family income on out-of-pocket health care expenses (8.6 percent of residents), having problems paying or being unable to pay family medical bills (13.7 percent), and carrying family medical debt (13.5 percent).

Medical debt most often stemmed from medical tests and procedures, and had a substantial impact on families' finances: more than half of those with debt (53.3 percent) cut back on savings or took money out of their savings, 2 in 5 (40.6 percent) were contacted by a collection agency about their medical debt, and a third (35.9 percent) borrowed money or took on credit card debt. Among those insured at the time debt was incurred, nearly three-quarters (71.9 percent) reported that deductibles were a source of their medical debt.

More than 4 out of 5 residents with commercial insurance had plan deductibles, and nearly half of commercially insured Massachusetts residents (46.4 percent) reported having a high-deductible health plan (HDHP).[9] HDHPs tend to have lower monthly premiums and may be paired with certain health savings plans to pay for medical expenses with tax-free funds. Nearly half of commercially insured residents participated in tax-advantaged health savings and spending accounts, with Health Savings Accounts (HSA) being the most common followed by Flexible Spending Accounts (FSA) and Health Reimbursement Arrangements (HRA) (28.6 percent, 23.2 percent, and 5.2 percent, respectively).

Behavioral Health

In recent years, Massachusetts has implemented several policies expanding access to behavioral health care, including the Mental Health ABC Act: Addressing Barriers to Care and the Roadmap to Behavioral Health Reform.

Behavioral health includes care for mental health and substance use disorders. Currently, all fully insured commercial health plans based in Massachusetts are required to cover behavioral health services in parity with physical health services, and most government and self-funded plans also cover behavioral health benefits, although it is not required of self-funded plans.

In 2025, over 1 in 5 Massachusetts residents (22.8 percent) reported having a visit for behavioral health care in the past 12 months: 22.4 percent of residents 5 years and older had a visit for mental health care, and 1.9 percent of residents 12 years and older had a visit for alcohol or substance use disorder care.[10] Residents were slightly more likely to report that their most recent behavioral health care visit was via telehealth (42.6 percent) than in the office of a therapist, psychiatrist, or social worker (37.9 percent).

While most residents knew that their health insurance covered mental health visits (63.2 percent), 1 in 4 (28.2 percent) did not know whether their insurance covered mental health visits, and 8.6 percent reported that their health insurance did not cover mental health visits. Nearly half of residents did not know if their insurance covered care for substance use disorders (49.3 percent). Uncertainty about behavioral health benefits may be related to not having searched for behavioral health care or to difficulties finding a provider who accepts their health insurance.

Many behavioral health providers in Massachusetts do not accept health insurance,[11] leaving their patients to pay entirely out of pocket or to seek reimbursement by submitting an itemized receipt to their insurance company. Among residents who reported a visit for behavioral health care, over 1 in 6 (17.2 percent) reported paying for their appointment entirely out of pocket. Residents paying entirely out of pocket did so most often because their provider did not accept any health insurance (33.0 percent) or their preferred provider did not accept their insurance plan (27.1 percent), underscoring the affordability challenges specific to accessing behavioral health care.

One in 10 residents (10.4 percent) had an unmet behavioral health care need in the past 12 months, and 5.4 percent reported an unmet behavioral health care need specifically due to cost. Unmet need for behavioral health care for any reason was highest among residents who did not have continuous insurance in the past 12 months (24.8 percent). ■

Key Findings for 2025

- Nearly all Massachusetts residents—97.9%—reported having insurance in 2025. Uninsured residents were disproportionately adults ages 19 to 64, male, Hispanic, or in a household with a family income below 300% of the federal poverty level.
- Nine out of 10 residents reported having a usual source of care or a primary care provider, and three-quarters reported a preventive care visit in the past 12 months. Nonetheless, more than 2 in 5 residents reported difficulties accessing care, including nearly a third of residents with difficulties accessing primary care.
- Two out of 5 residents reported that they or their families had issues related to health care affordability, a burden that is greater for Hispanic and Black residents as well as those with a family income less than 400 percent of the federal poverty level.
- Nearly half of commercially insured Massachusetts residents reported having a high-deductible health plan (HDHP). Approximately half of commercially insured residents had tax-advantaged health savings and spending accounts, with Health Savings Accounts (HSA) being the most common, followed by Flexible Spending Accounts (FSA) and Health Reimbursement Arrangements (HRA).
- Among the 1 in 5 residents who reported a visit for behavioral health care, 1 in 6 reported paying for their appointment entirely out of pocket. Residents paying entirely out of pocket most often did so because their provider did not accept any health insurance or did not accept their insurance plan. ■

Health Insurance Coverage and Uninsurance for 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 asks about the health insurance status of residents and immediate family members living in their households.

The MHIS has questions about periods of uninsurance and types of health insurance coverage. For types of 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 (ESI), Medicare, MassHealth, ConnectorCare, private non-group coverage such as individual purchase of Health Connector plans, other or unspecified coverage. While ESI coverage tends to be reported accurately in surveys, the other types of coverage are more prone toreporting error.[12]

Commercial insurance, also known as private commercial insurance, refers to insurance from a private health insurance company and includes both ESI and private non-group coverage. Given the anticipated disruptions in insurance coverage due to policy decisions at the federal level, continued attention to health insurance coverage is particularly critical.

Key Findings

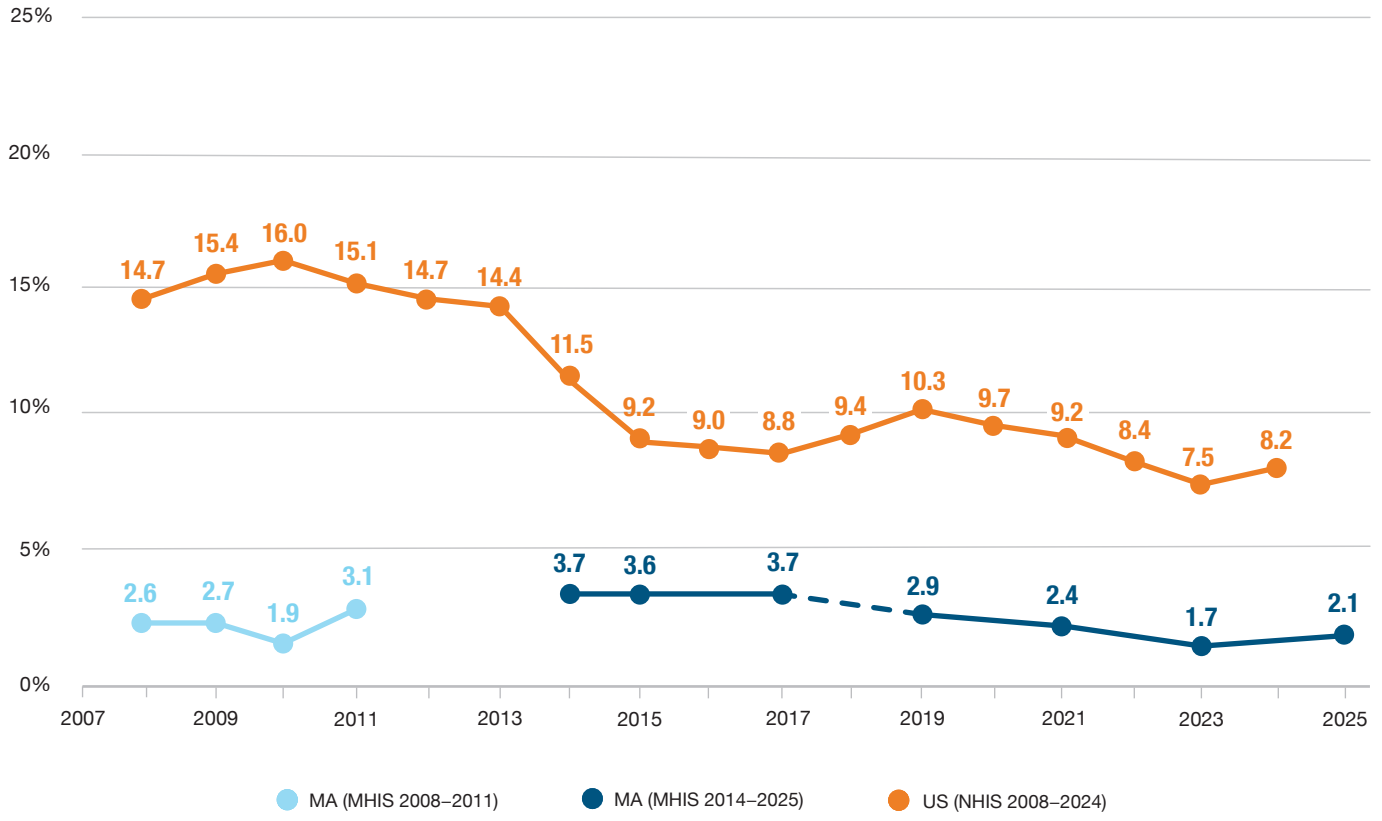
- Nearly all Massachusetts residents—97.9%—reported having insurance at the time of the 2025 MHIS, substantially higher than the national rate of 91.8%.[13]
- Employer-sponsored insurance remained the main source of health insurance coverage in Massachusetts, covering two-thirds (66.3%) of all insured residents in 2025. Medicare (15.2%) and MassHealth/ConnectorCare (15.2%) are also important sources of insurance.[14]

- Residents who were uninsured in Massachusetts were disproportionately from families with income below 300% of the federal poverty level (87.9%), adults ages 19 to 64 (86.8%), male (84.7%), and/or Hispanic (44.7%).[15]
- Nearly all Massachusetts residents (95.7%) had continuous health insurance coverage for the past 12 months, and more than 9 in 10 residents (92.3%) lived in households where all family members had continuous insurance. Hispanic residents were the least likely to live in households where all family members had continuous coverage over the past 12 months (81.2%). ■

Uninsurance at the Time of the Survey for Massachusetts and the Nation, 2008-2025

The Massachusetts uninsurance rate at the time of the 2025 MHIS (2.1%) continues to be well below the national rate (8.2%) based on estimates from the National Health Interview Survey (NHIS).

Several factors likely contributed to these health insurance rates, including state-specific health care reform initiatives and continuous coverage provisions during the COVID-19 pandemic public health emergency.



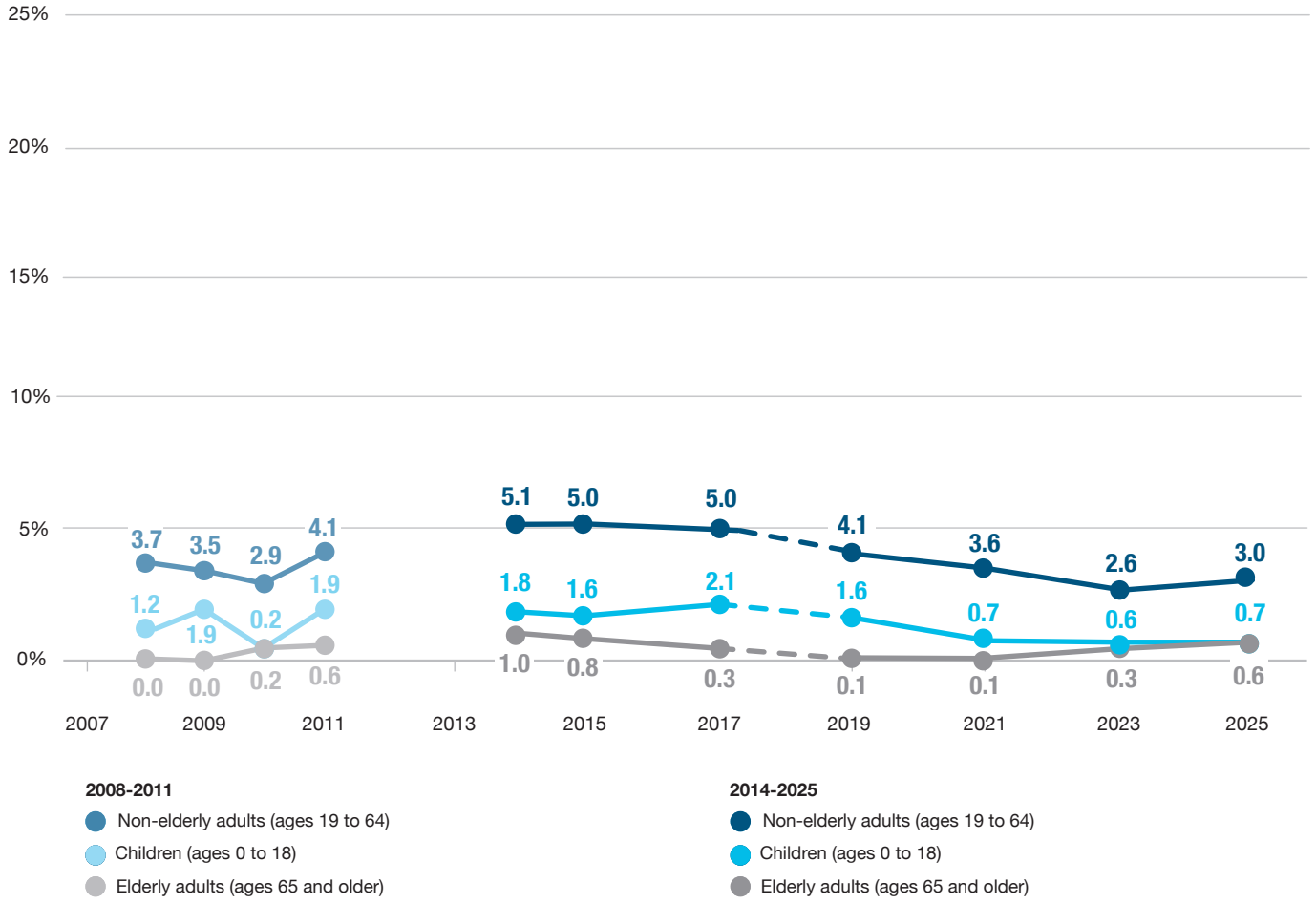
Notes: Due to changes in the Massachusetts Health Insurance Survey (MHIS) design in 2014, estimates for 2008-2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit dialing (RDD) telephone sample used from 2014-2017; the 2021-2025 designs 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 2019-2025 (denoted by the dotted line).[16] See the 2025 MHIS Methodology Report for more information on design changes.

Data source: 2008-2011, 2014, 2015, 2017, 2019, 2021, 2023, 2025 MHIS for Massachusetts estimates. 2008-2024 National Health Interview Survey (NHIS) for national estimates.

Uninsurance at the Time of the Survey by Age Group, 2008-2025

Adults ages 19 to 64 in Massachusetts had the highest uninsurance rate in 2025 (3.0%) compared with children and elderly adults (<1% for each).

There were no statistically significant differences in the changes in uninsurance rate by age group between 2023 and 2025.



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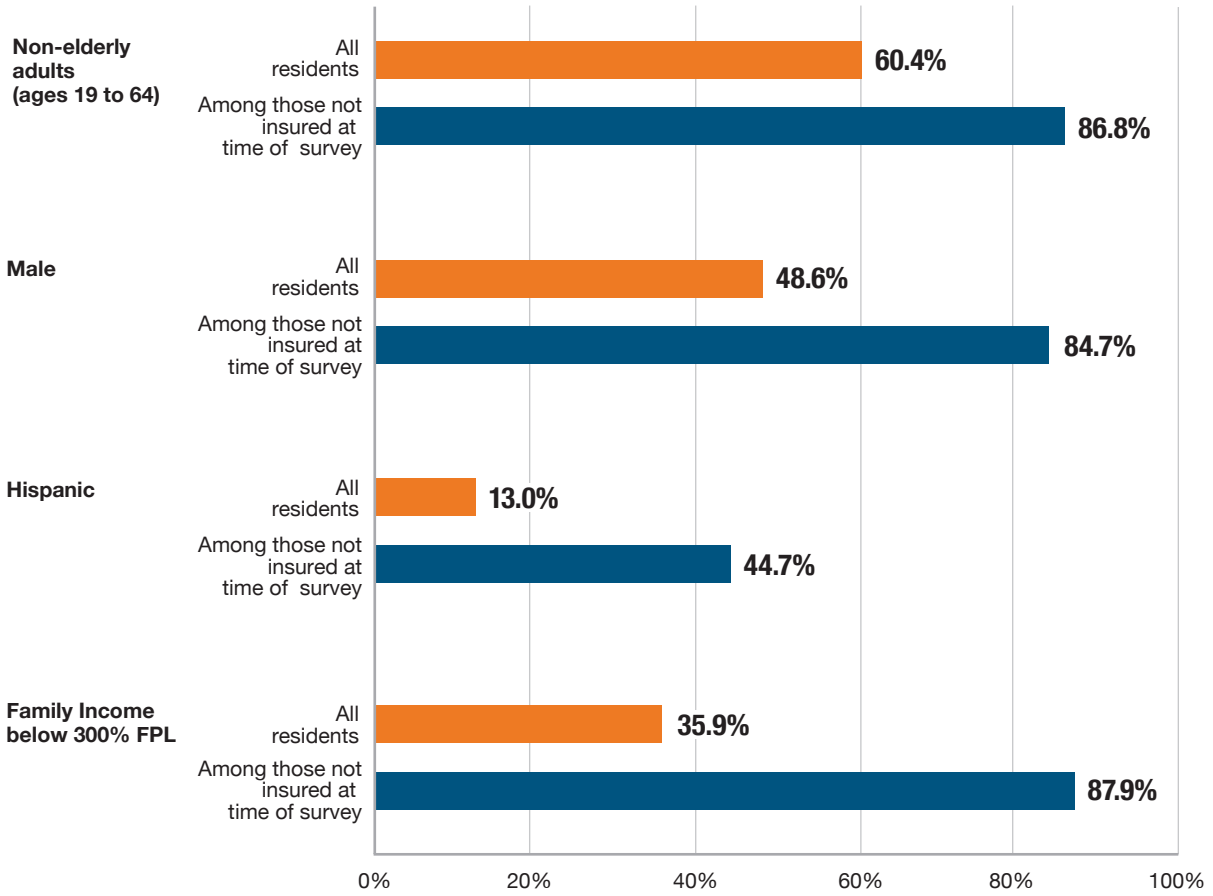
See the 2025 MHIS Methodology Report for more information on design changes.

Data source: 2008-2011, 2014, 2015, 2017, 2019, 2021, 2023, 2025 Massachusetts Health Insurance Survey

The majority of the uninsured in Massachusetts were ages 19 to 64 (86.8%) in 2025. The uninsured were disproportionately male, Hispanic, and/or low-income.

The low family income of many uninsured residents suggests that they may be eligible for state-subsidized health insurance plans offered by MassHealth or the Health Connector.

Characteristics of the Uninsured, 2025



Notes: Among residents uninsured at time of survey. Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small (63 individuals). FPL = federal poverty level. Income was reported from 2024; for a family of 4, 300% FPL was $94,000, rounded to the nearest thousand.

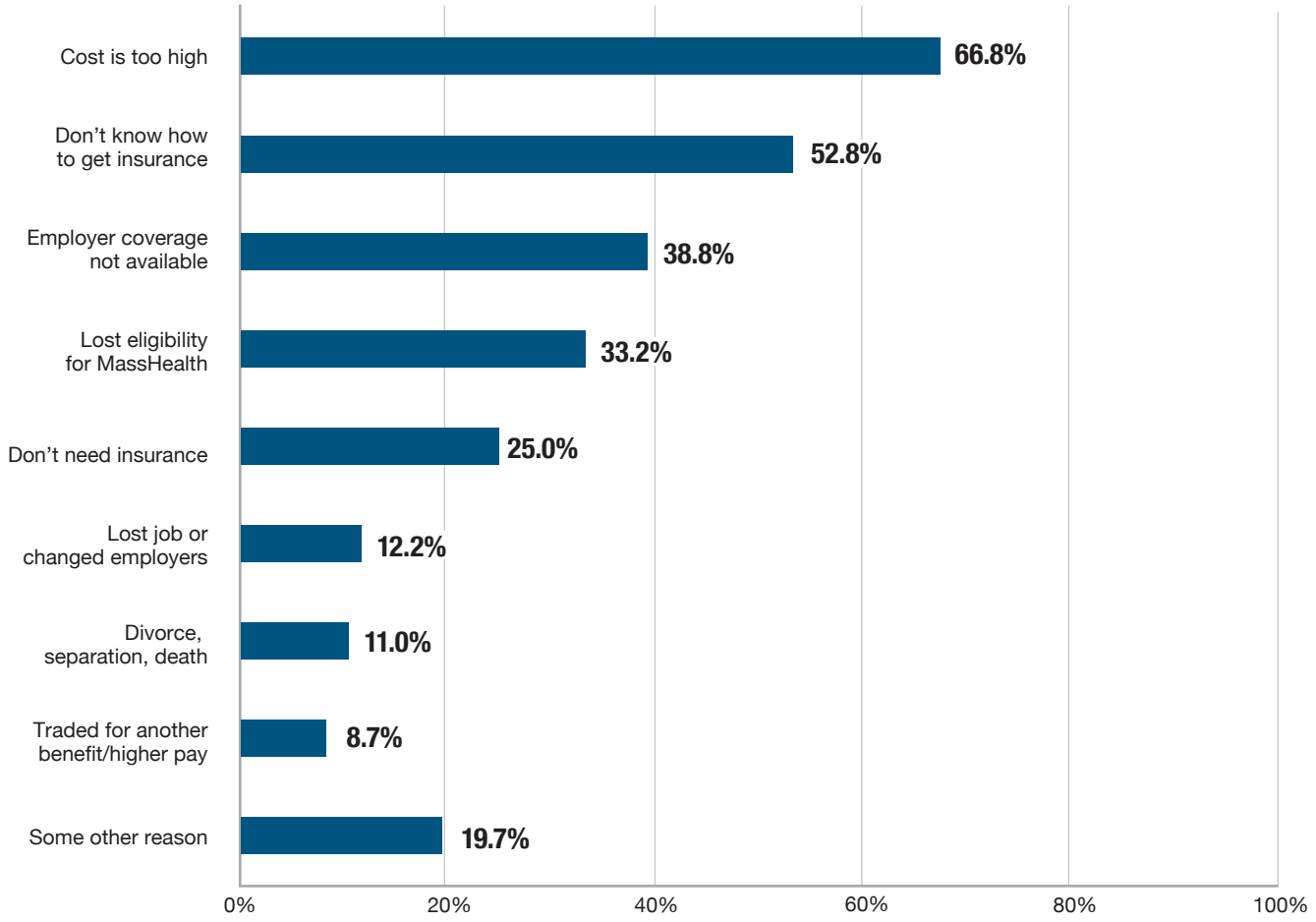
Data source: 2025 Massachusetts Health Insurance Survey

Reasons for Being Uninsured, 2025

In 2025, the most common reasons reported by Massachusetts residents for being uninsured were that the cost of coverage was too high (66.8%) followed by not knowing how to get insurance (52.8%).

The availability of coverage was also reported as a main reason for being uninsured, with nearly two-fifths reporting that employer-sponsored coverage (ESI) was not available (38.8%).

One-third of uninsured residents (33.2%) reported loss of eligibility for MassHealth as their reason for being uninsured.



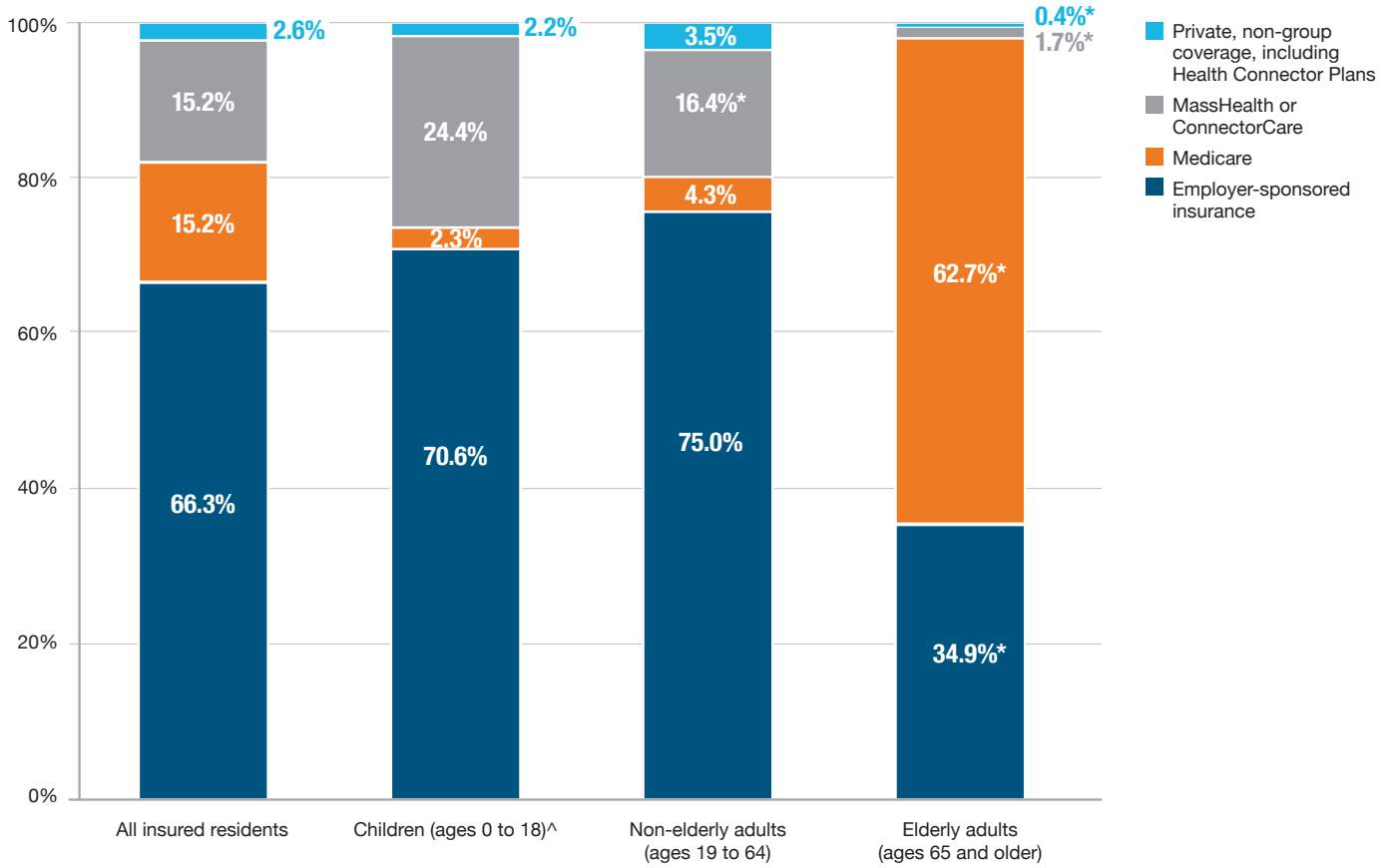
Notes: Categories listed above are not mutually exclusive. Residents were asked to select all applicable options. Sample for this analysis defined as those without insurance at time of survey. Given low uninsurance rate in Massachusetts, sample size for this analysis is small (63 individuals).

Data source: 2025 Massachusetts Health Insurance Survey

Types of Health Insurance Coverage Overall and by Age Group, 2025

ESI was the most common type of health insurance among those insured in Massachusetts at the time of the survey (66.3%). Another 3 in 10 insured residents were covered by Medicare (15.2%) and MassHealth/ ConnectorCare (15.2%). Private, non-group, and other coverage types were relatively rare (not shown).

ESI was the most common coverage type for insured children and adults ages 19 to 64, while insured adults ages 65 and older were most likely to be covered by Medicare (62.7%) followed by ESI (34.9%).



Notes: Among the 5,302 residents insured at time of survey. Residents assigned a single coverage type based on the following hierarchy: employer-sponsored insurance (ESI); Medicare; MassHealth or ConnectorCare; private non-group coverage including Health Connector Plans; and other coverage. ESI 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 also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with errors.[18] Estimates do not sum to 100% because "other coverage or coverage type unknown" not shown.

^Reference group. *Difference from estimate for "Children (0 to 18)" (reference group) statistically significant at 5% level.

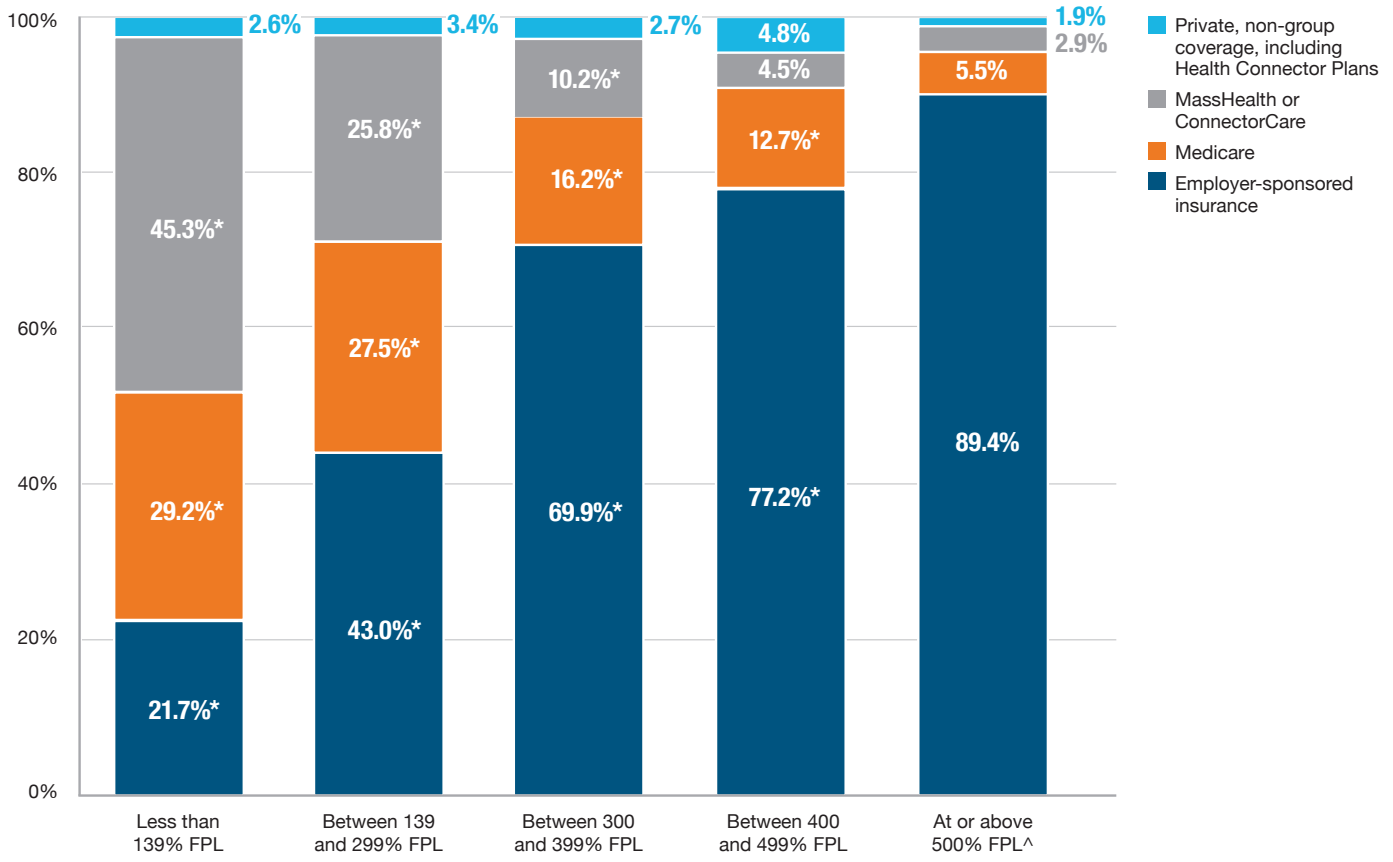
Data source: 2025 Massachusetts Health Insurance Survey

Types of Health Insurance Coverage by Family Income, 2025

In 2025, the types of health insurance coverage reported by those insured at the time of the survey varied substantially by family income.

Most residents with a family income at or above 500% FPL (89.4%) reported being insured by employer-sponsored insurance compared with only 21.7% of those with family income below 139% FPL.

Public health insurance coverage was most often reported by residents with a family income of less than 139% FPL: 45.3% reported being enrolled in MassHealth or ConnectorCare and 29.2% reported being enrolled in Medicare.



Notes: Among the 5,302 residents insured at time of survey. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. Residents assigned a single coverage type based on the following hierarchy: employer-sponsored insurance (ESI); Medicare; MassHealth or ConnectorCare; private non-group coverage including Health Connector Plans; and other coverage. ESI 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 also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than ESI are often reported with errors.[19] Estimates do not sum to 100% due to rounding and because "other coverage or coverage type unknown" not shown.

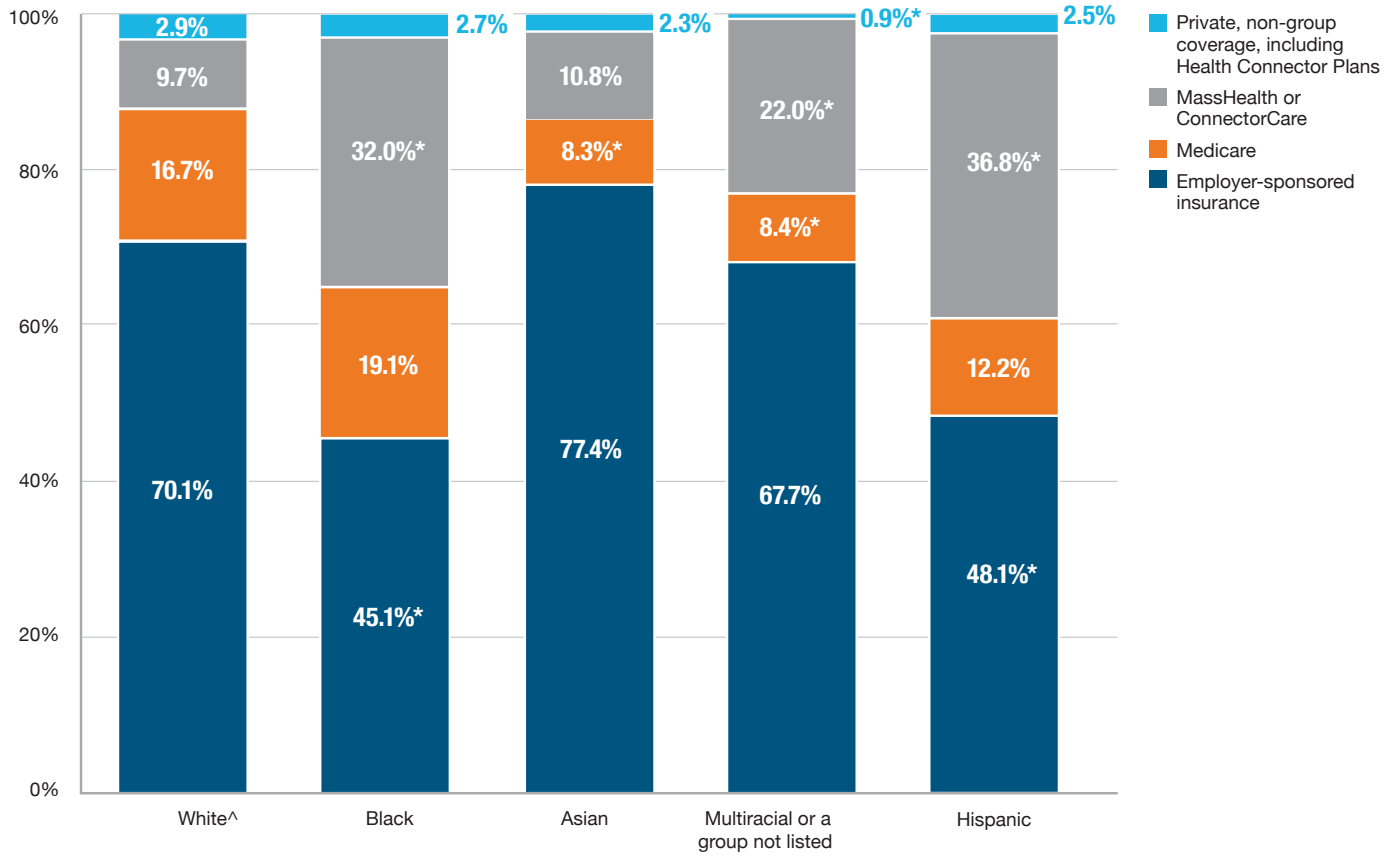
^Reference group. *Difference from estimate for "At or above 500% FPL" (reference group) statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

In 2025, among insured residents, ESI was the most common type of coverage for all racial and ethnic groups. Insured Black residents and insured Hispanic residents reported lower rates of ESI than insured White residents (45.1% and 48.1%, respectively, vs. 70.1%).

Insured Black residents and insured Hispanic residents were more likely than insured White residents to report having MassHealth or ConnectorCare in 2025 (32.0% and 36.8%, respectively, vs. 9.7%).

Types of Health Insurance Coverage by Race/Ethnicity, 2025



Notes: Among the 5,302 residents insured at time of survey. Residents assigned a single coverage type based on the following hierarchy: employer-sponsored insurance (ESI); Medicare; MassHealth or ConnectorCare; private non-group coverage including Health Connector Plans; and other coverage. ESI 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 also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than ESI coverage are often reported with errors.[20] Estimates do not sum to 100% due to rounding and because "other coverage or coverage type unknown" is not shown.

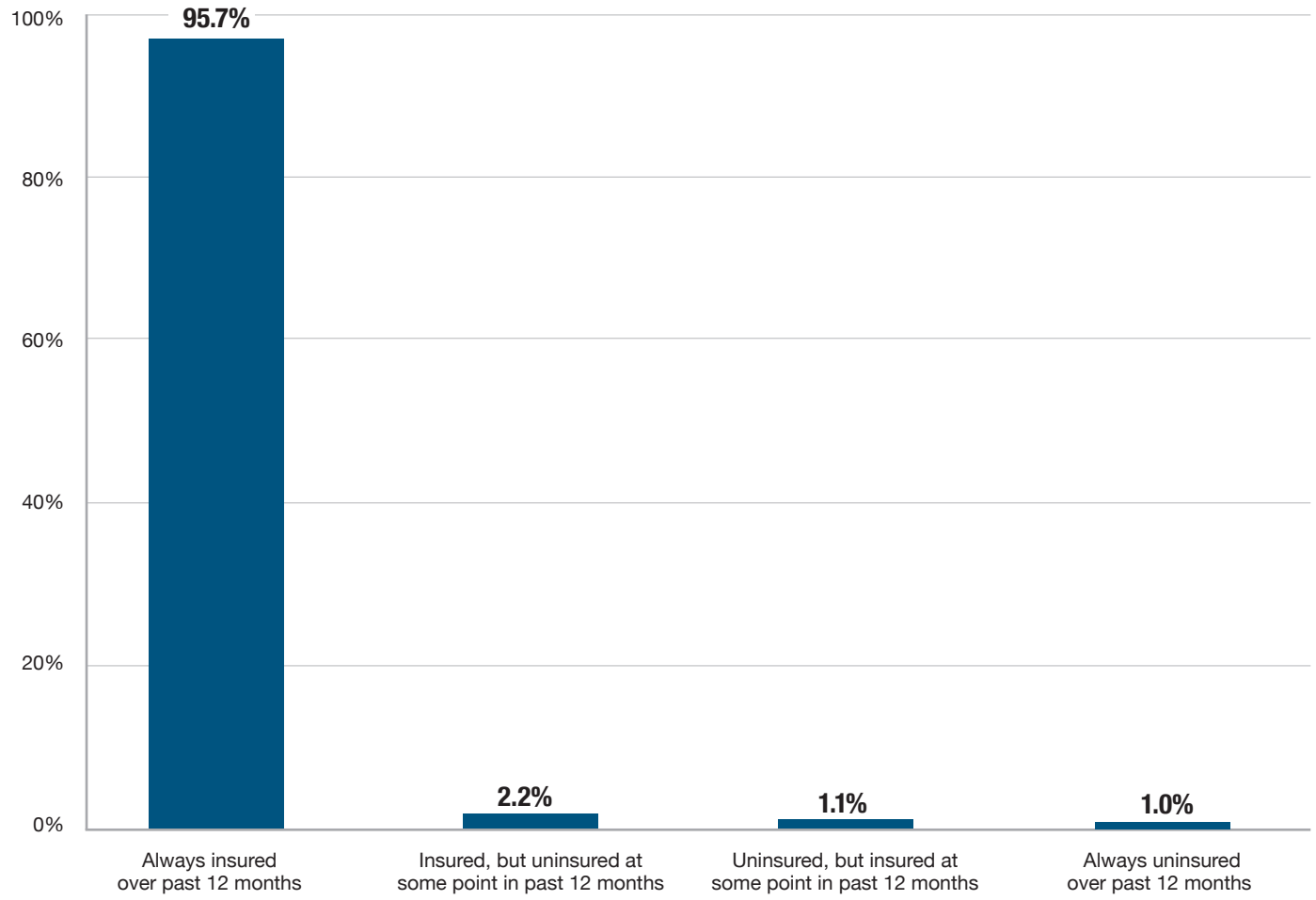
^Reference group. *Difference from estimate for "White" (reference group) statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Continuity of Health Insurance Coverage Over the Past 12 Months, 2025

In 2025, most residents (95.7%) were continuously insured for the past 12 months.

Residents with any gap in continuous health insurance included 2.2% who were insured at the time of survey but had previously been uninsured during the past 12 months, 1.1% who were uninsured at the time of survey but had been insured at some point in the past 12 months, and 1.0% who were always uninsured over the past 12 months.

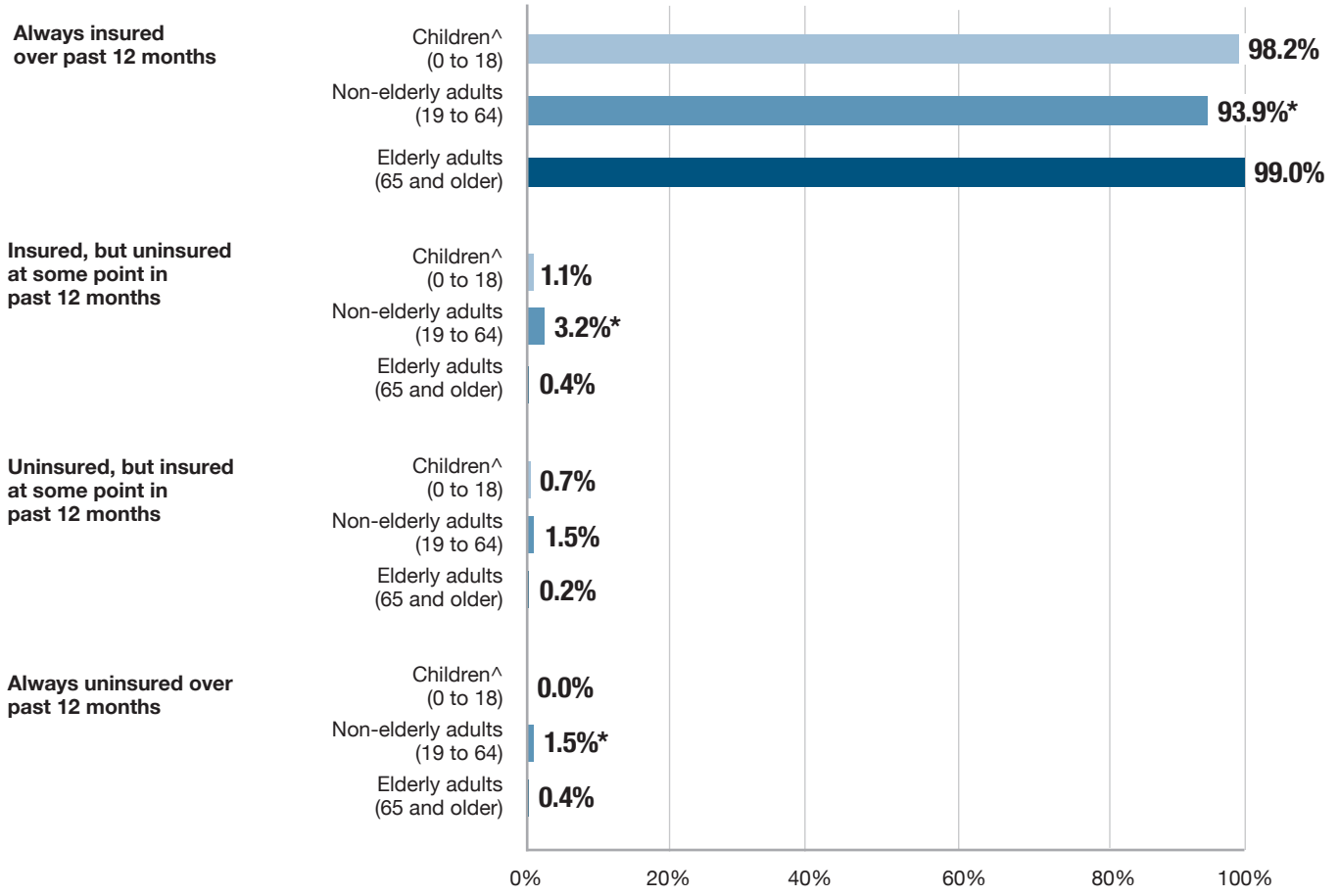


Note: Estimates may not sum to 100% due to rounding.
Data source: 2025 Massachusetts Health Insurance Survey

Continuity of Health Insurance Coverage Over the Past 12 Months by Age Group, 2025

In 2025, most residents in all age groups had continuous coverage. A very small percentage of Massachusetts residents reported a transition in their health insurance coverage status.

While more than 9 out of 10 adults ages 19 to 64 (93.9%) had continuous coverage, they reported lower rates of continuous coverage than residents of other ages. Adults ages 19 to 64 were more likely than children to have gained insurance coverage during the past 12 months or to have been uninsured for all of the past 12 months.

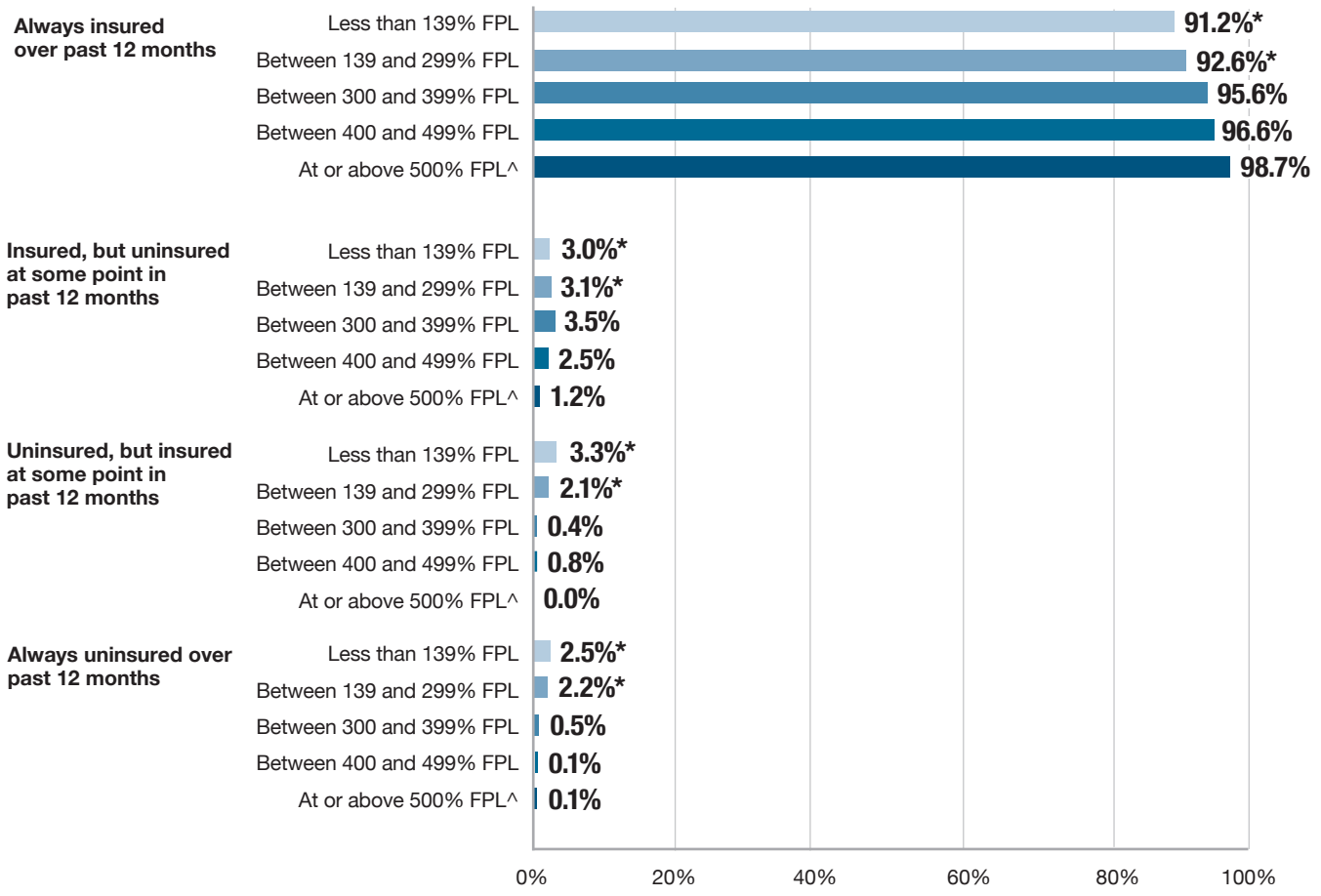


Note: Estimates may not sum to 100% due to rounding.
^Reference group. *Difference from estimate for "Children (0 to 18)" (reference group) statistically significant at 5% level.
Data source: 2025 Massachusetts Health Insurance Survey

Continuity of Health Insurance Coverage Over the Past 12 Months by Family Income, 2025

In 2025, the rates of continuous health insurance coverage in the past 12 months ranged from 91.2% for residents with a family income less than 139% FPL to 98.7% for residents with a family income at or above 500% FPL.

The percentage of residents reporting any transition in their health insurance coverage status over the past 12 months was low across all income levels. Nonetheless, transitions from being uninsured at some point in the past 12 months to being insured at the time of the survey were more common among those with family incomes less than 139% FPL (3.0%) and those 139 to 299% FPL (3.1%) than those at or above 500% FPL (1.2%). Similarly, transitions from being insured at some point in the past 12 months to being uninsured at the time of the survey were more common among those with family incomes less than 139% FPL (3.3%) and those 139 to 299% FPL (2.1%) than those at or above 500% FPL (0.0%).



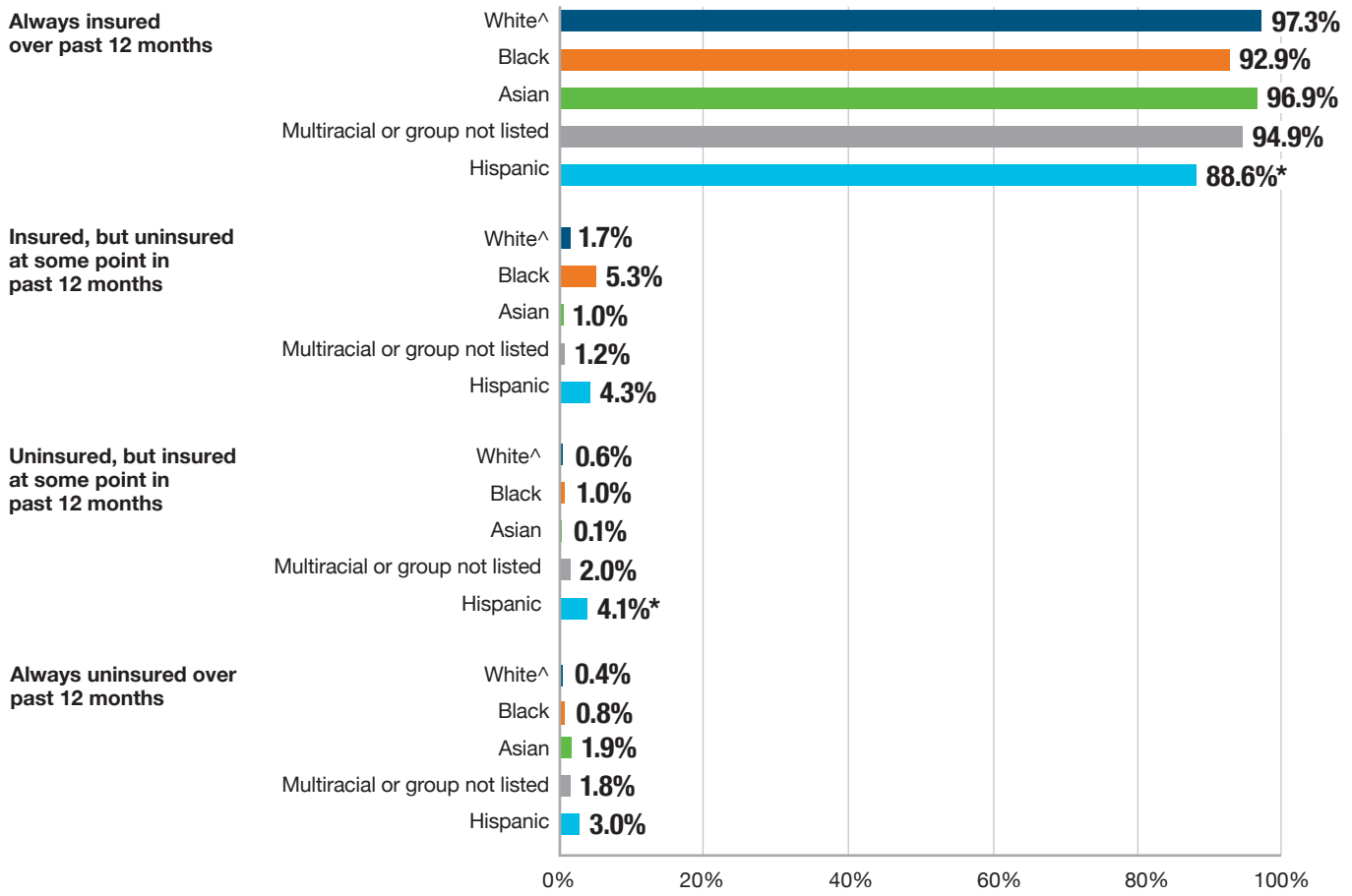
Notes: FPL = Federal Poverty Level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. Estimates may not sum to 100% due to rounding.

^Reference group. *Difference from estimate for "At or above 500% FPL" (reference group) statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Continuity of Health Insurance Coverage Over the Past 12 Months by Race/Ethnicity, 2025

In 2025, although all racial and ethnic groups in Massachusetts reported high rates of continuous insurance coverage, Hispanic residents were less likely than White residents to report being continuously insured over the past 12 months (88.6% vs. 97.3%, respectively). Hispanic residents were also more likely than White residents to report being currently uninsured but having had coverage in the past 12 months.



Note: Estimates may not sum to 100% due to rounding.
^Reference group. *Difference from estimate for "White" (reference group) statistically significant at 5% level.
Data source: 2025 Massachusetts Health Insurance Survey

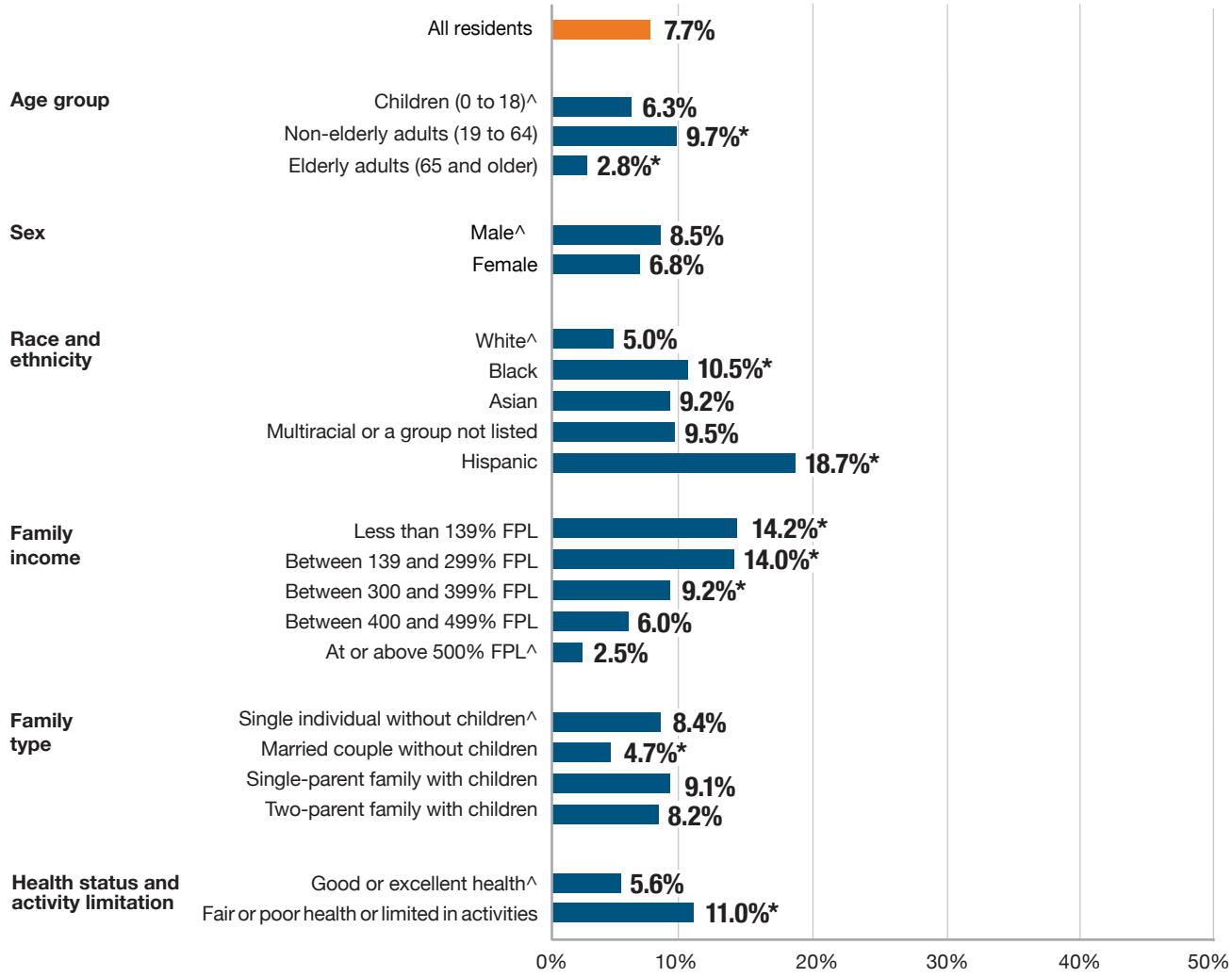
Any Uninsurance in Family Over the Past 12 Months, Overall and by Resident Characteristics, 2025

Having any member of a family without health insurance may impact access, utilization, and affordability for other family members. Overall, 7.7% of residents reported that a family member had a period of uninsurance in the past 12 months.

Hispanic residents reported higher rates than White residents of having any member of their family uninsured (18.7% vs 5.0%).

Residents with lower family incomes were more likely to have any member of their family uninsured (14.2% of those with income less than 139% FPL vs. 2.5% of those with income at or above 500% FPL).

Residents with someone in their family in fair or poor health or with an activity limitation had higher rates of having any member of the family uninsured (11.0%) vs. those with all family members in good or excellent health and no activity limitations (5.6%).



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Health Care Access and Use of Services for Residents

The 2025 MHIS monitors residents' experiences and barriers to accessing and using health care by collecting information on usual source of care, primary care provider access, health care visits, emergency department (ED) utilization, urgent care visits, and difficulties accessing care.

A usual source of care was defined as a place where residents usually go when they are sick or need advice about their health, excluding the ED. The 2025 MHIS includes new questions about any utilization of vision care and whether they had an urgent care visit. Health care visits over the past 12 months included those to a general doctor; to a nurse practitioner, midwife, or physician assistant; to a specialist; to a provider for mental health or substance use disorder care; to a dentist or dental hygienist; and to a vision care provider. Additionally, residents were asked whether any of their visits 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, while in past MHIS cycles telehealth visits were reported separately.

Residents were asked about ED visits in the past 12 months. Those who reported at least one ED visit were asked whether their most recent ED visit was for a non-emergency condition, which was defined as a condition that they felt could have been treated by a "regular doctor" if one had been available. Those who indicated that their most recent visit was for a non-emergency condition were asked to provide their reasons for that visit.

Residents were also asked about problems they encountered with accessing health care in the past 12 months, such as being told that a provider or clinic was not accepting new patients, being told a provider was not accepting patients with their health insurance type, being unable to schedule an appointment as soon as needed,

or having transportation-related issues. Inability to get an appointment "as soon as needed" reflects residents' perception that care was needed rather than a clinical assessment of needed care. In 2025, this series was expanded to include difficulties accessing care due to reaching maximum number of visits covered by insurance, an office or hospital closing permanently, and inability to get a prescription filled due to a pharmacy closing permanently. Additionally, the 2025 MHIS asked residents what type of care they were seeking, such as primary care or behavioral health care, when they had difficulties.

The 2025 MHIS also included a new series of questions to measure the administrative burden residents may have had, including difficulties obtaining coverage information from a health plan, obtaining information from a provider about health care, obtaining authorization from their health plan for needed care, resolving a medical bill or payment for care with their health plan, and resolving a medical bill or payment for care with their provider.

Key Findings

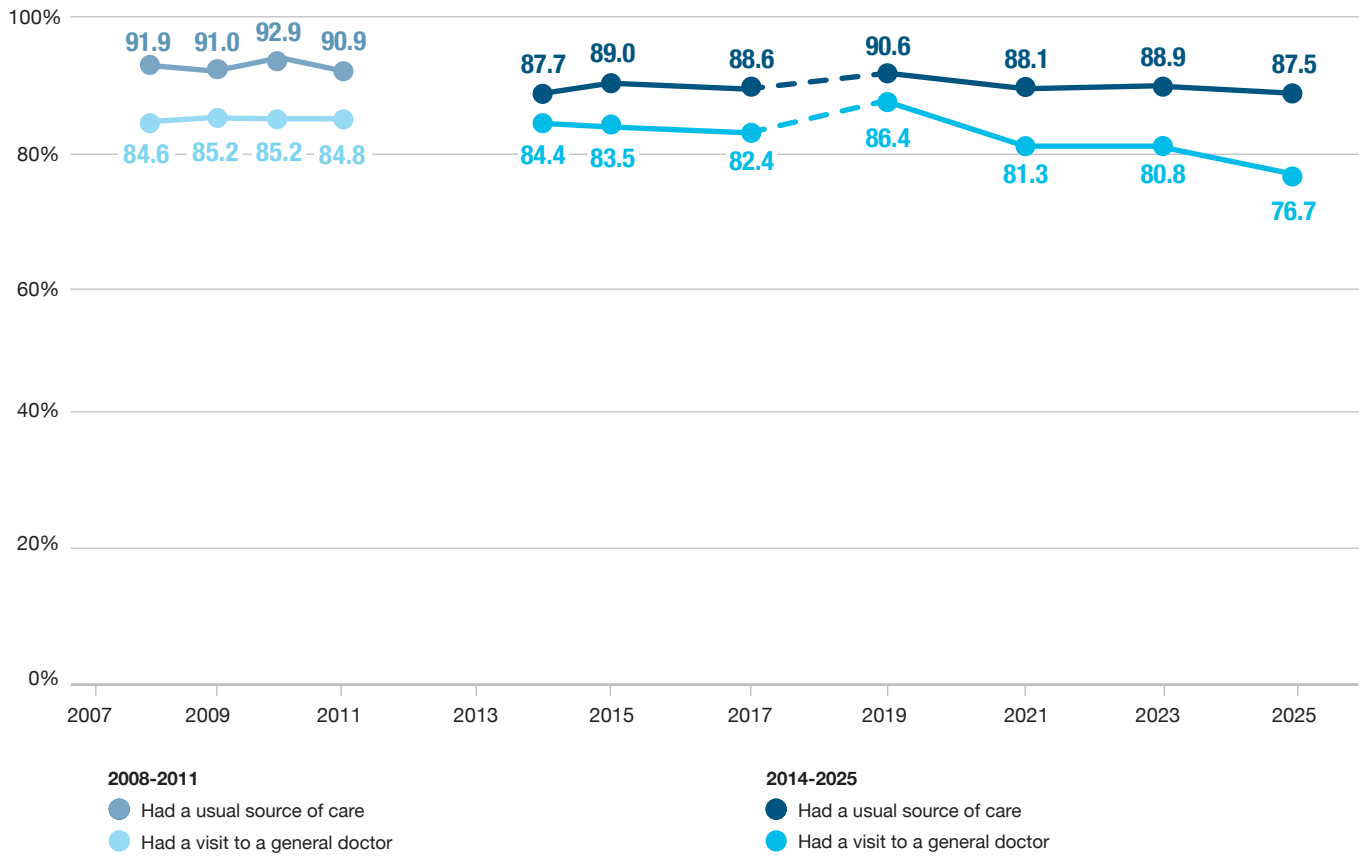
- In 2025, nearly all Massachusetts residents (95.4%) reported having at least one health care visit in the past 12 months: three-quarters (75.1%) reported a preventive care visit, four-fifths (79.5%) had a visit for dental care, and more than half (53.9%) had a visit for vision care. Most residents reported having a usual source of care (87.5%) and three quarters reported a preventive care visit in the past 12 months.
- More than 2 in 5 residents (43.1%) reported difficulties with accessing care, including a quarter of residents (27.6%) reporting difficulties getting an appointment with a doctor's office or clinic as soon as they felt it was needed. Nearly a third of all residents (30.1%) reported a problem when trying to access primary care, and nearly 1 in 10 (8.4%) residents reported a problem accessing behavioral health care. Almost 5% of residents reported having difficulty accessing care due to the permanent closure of a hospital or pharmacy.
- Nearly a quarter of residents (22.6%) reported an ED visit in the past 12 months. Of those residents, nearly a third (31.8%) sought care for a non-emergency condition at their most recent ED visit. The two most commonly reported reasons for going to the ED for a non-emergency condition were needing care after hours (61.9%) and being unable to get an appointment at a doctor's office or clinic as soon as it was needed (54.8%). Nearly a third of Massachusetts residents (31.5%) reported an urgent care visit in the past 12 months.

- Black residents and Hispanic residents were less likely than White residents to report preventive care visits (61.7% and 62.8%, respectively, vs. 79.5%). Black residents were more than twice as likely to have a non-emergent ED visit than White residents (63.6% vs. 25.9%, respectively).
- One in 5 Massachusetts residents (20.4%) reported an administrative burden, which included problems resolving bills with their health plan, problems obtaining information about plan coverage, and/or problems obtaining authorization for care they felt was needed. ■

Health Care Access and Use Over the Past 12 Months, 2008-2025

In 2025, a large proportion of Massachusetts residents (87.5%) reported having a usual source of care where they go when they are sick or need advice about their health other than the emergency department, a proportion consistent across MHIS reporting cycles.

Most residents (76.7%) reported at least one visit in the past 12 months to a general doctor who treats a variety of illnesses, such as a doctor or pediatrician in general practice, family medicine, or internal medicine.



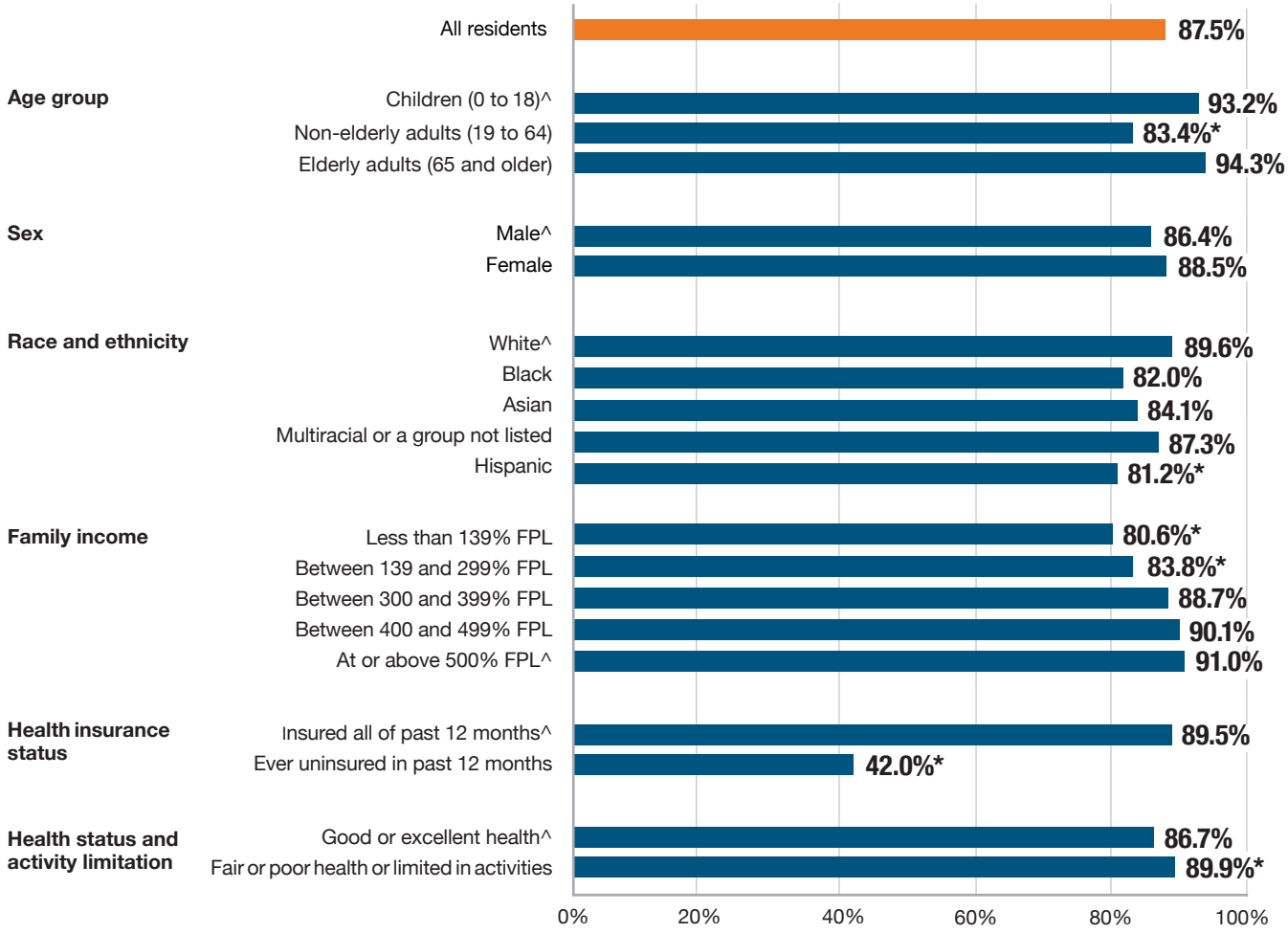
Notes: Visits to a general doctor include visits provided via telehealth. Due to changes in the Massachusetts Health Insurance Survey (MHIS) design in 2014, estimates for 2008-2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit dialing (RDD) telephone sample used from 2014-2017; the 2021-2025 designs 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 2019-2025 (denoted by the dotted line).[21] See the 2025 MHIS Methodology Report for more information on design changes.

Data source: 2008-2011, 2014, 2015, 2017, 2019, 2021, 2023, and 2025 Massachusetts Health Insurance Survey

While most Massachusetts residents (87.5%) had a usual source of care in 2025, there were substantially lower rates among those with a gap in insurance coverage in the past 12 months. Residents who were uninsured at any time in the past 12 months were only half as likely to report a usual source of care than those who were continuously insured (42.0% vs. 89.5%).

Hispanic residents and residents with family incomes below 139% FPL were also among those least likely to have a usual source of care (81.2% and 80.6%, respectively).

Has a Usual Source of Care by Resident Characteristics, 2025



Notes: "Usual source of care" excludes emergency department but may include telehealth providers. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

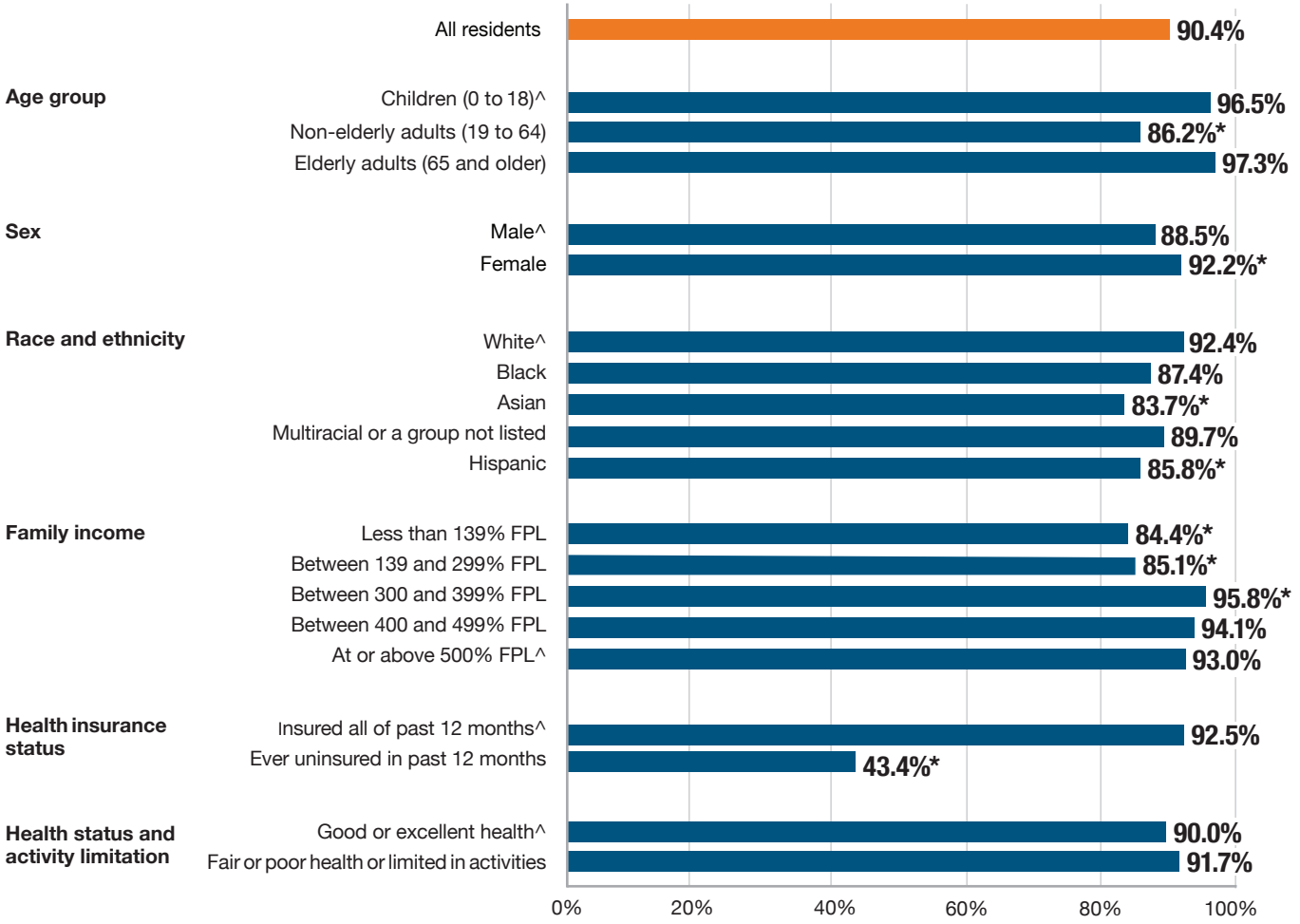
Data source: 2025 Massachusetts Health Insurance Survey

Most Massachusetts residents had a primary care provider in 2025 (90.4%). However, those who were uninsured at any time in the past 12 months were half as likely to report having a primary care provider than those who were continuously insured (43.4% vs. 92.5%).

Hispanic residents and Asian residents were less likely to have a primary care provider than White residents (85.8% and 83.7%, respectively, vs. 92.4%).

Residents with family incomes below 300% FPL were less likely to have a primary care provider than those with family incomes 500% FPL or higher (84.4% to 85.1% vs. 93.0%).

Had a Primary Care Provider at the Time of the Survey by Resident Characteristics, 2025



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

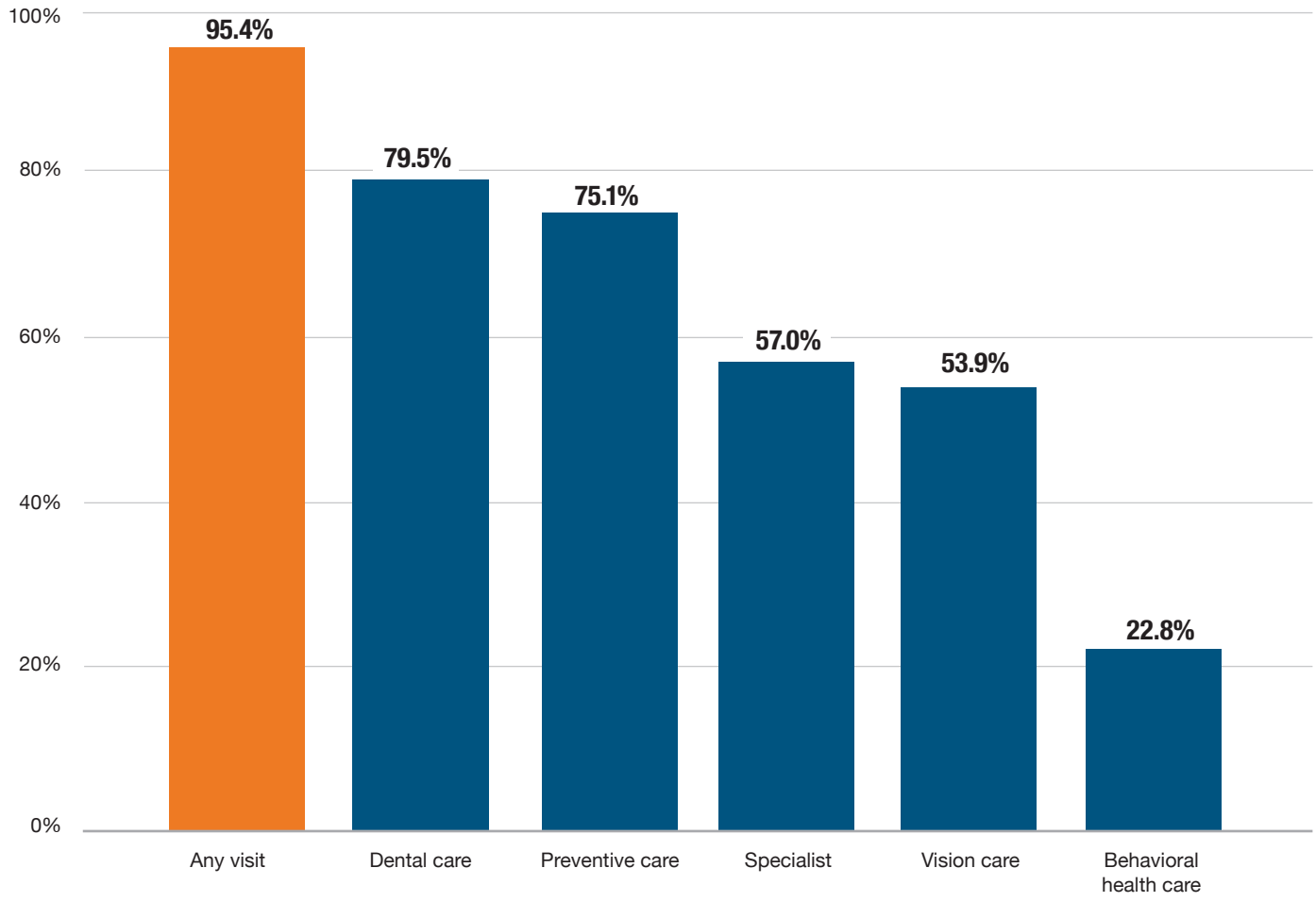
Data source: 2025 Massachusetts Health Insurance Survey

Health Care Use Over the Past 12 Months by Type of Visit, 2025

In 2025, most Massachusetts residents (95.4%) reported having at least 1 health care visit in the past 12 months. Three-quarters of residents (75.1%) reported a preventive care visit.

Four-fifths of residents (79.5%) had a dental care visit in the past 12 months, and more than half of residents reported a specialist visit (57.0%) or vision care visit (53.9%).

One in 5 residents (22.8%) reported having a visit for behavioral health care—either for mental health or alcohol and substance use disorder care—in the past 12 months.



Note: Residents were asked whether they had a visit with each type of provider listed and were asked to select all that applied. "Any visit" includes one or more of the visit types shown. Visits for vision care were not measured prior to 2025 and "Any visits" should not be compared with prior years.

Data source: 2025 Massachusetts Health Insurance Survey

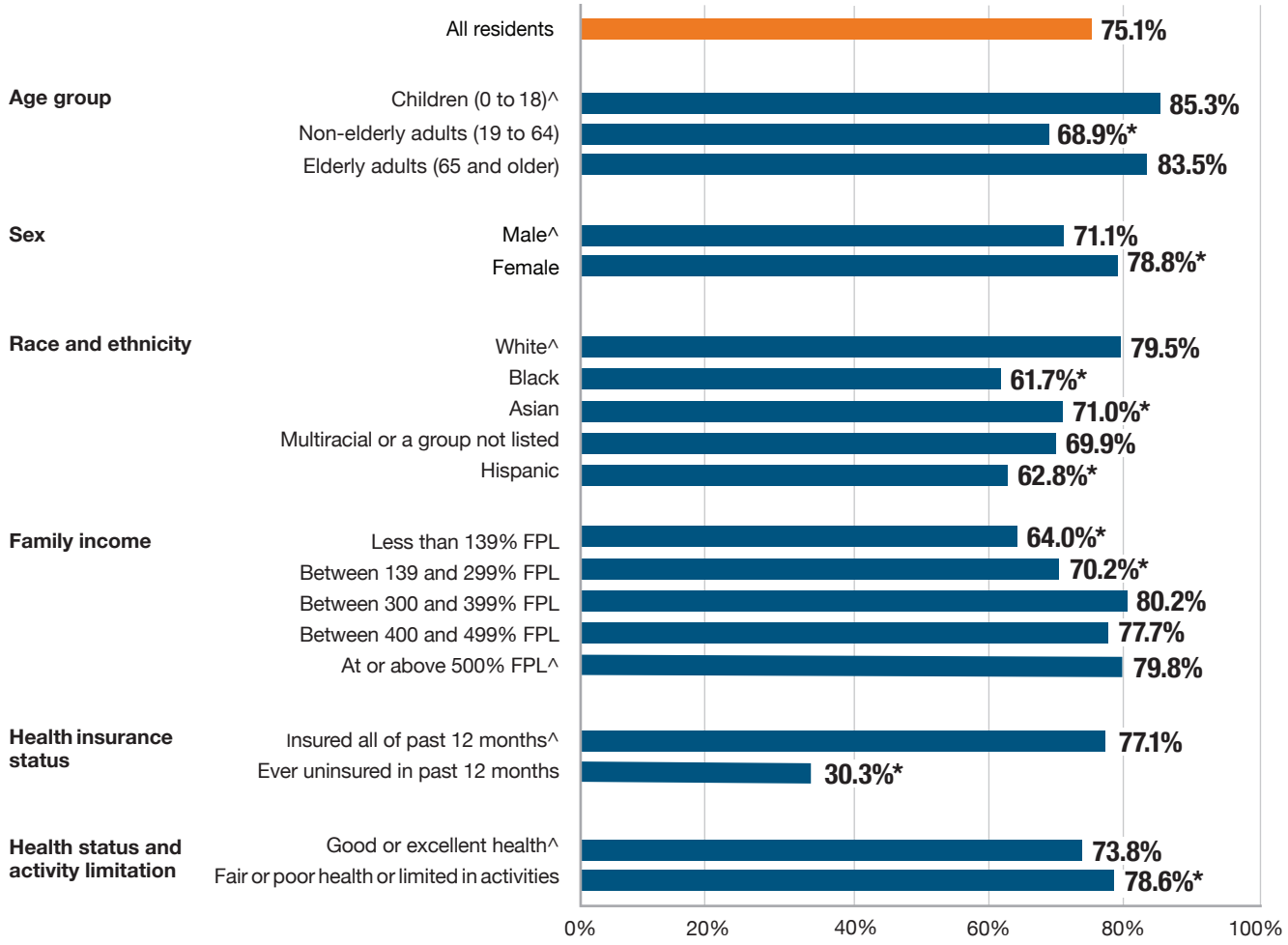
Visit for Preventive Care in the Past 12 Months by Resident Characteristics, 2025

Most Massachusetts residents (75.1%) reported a visit for preventive care in the past 12 months. Children ages 0 to 18 were more likely than adults ages 19 to 64 to have had a preventive care visit over this period (85.3% vs. 68.9%). Because not all residents would be expected to need preventive care over the course of a year, these estimates do not necessarily reflect unmet need for preventive care.

Black residents and Hispanic residents were less likely than White residents to report preventive care visits (61.7% and 62.8%, respectively, vs. 79.5%).

Residents with family incomes below 139% FPL were less likely to have a preventive care visit than those with family incomes 500% FPL or higher (64.0% vs. 79.8%).

Compared with residents who had continuous health insurance coverage, residents who were uninsured at any time in the past 12 months were less likely to report a preventive care visit (77.1% vs. 30.3%).



Notes: "Preventive care" is 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." FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Visit to a General Doctor in the Past 12 Months by Resident Characteristics, 2025

Although three-quarters of Massachusetts residents (76.7%) reported a visit to a general doctor in the previous 12 months, there were some groups who were less likely to report a visit.

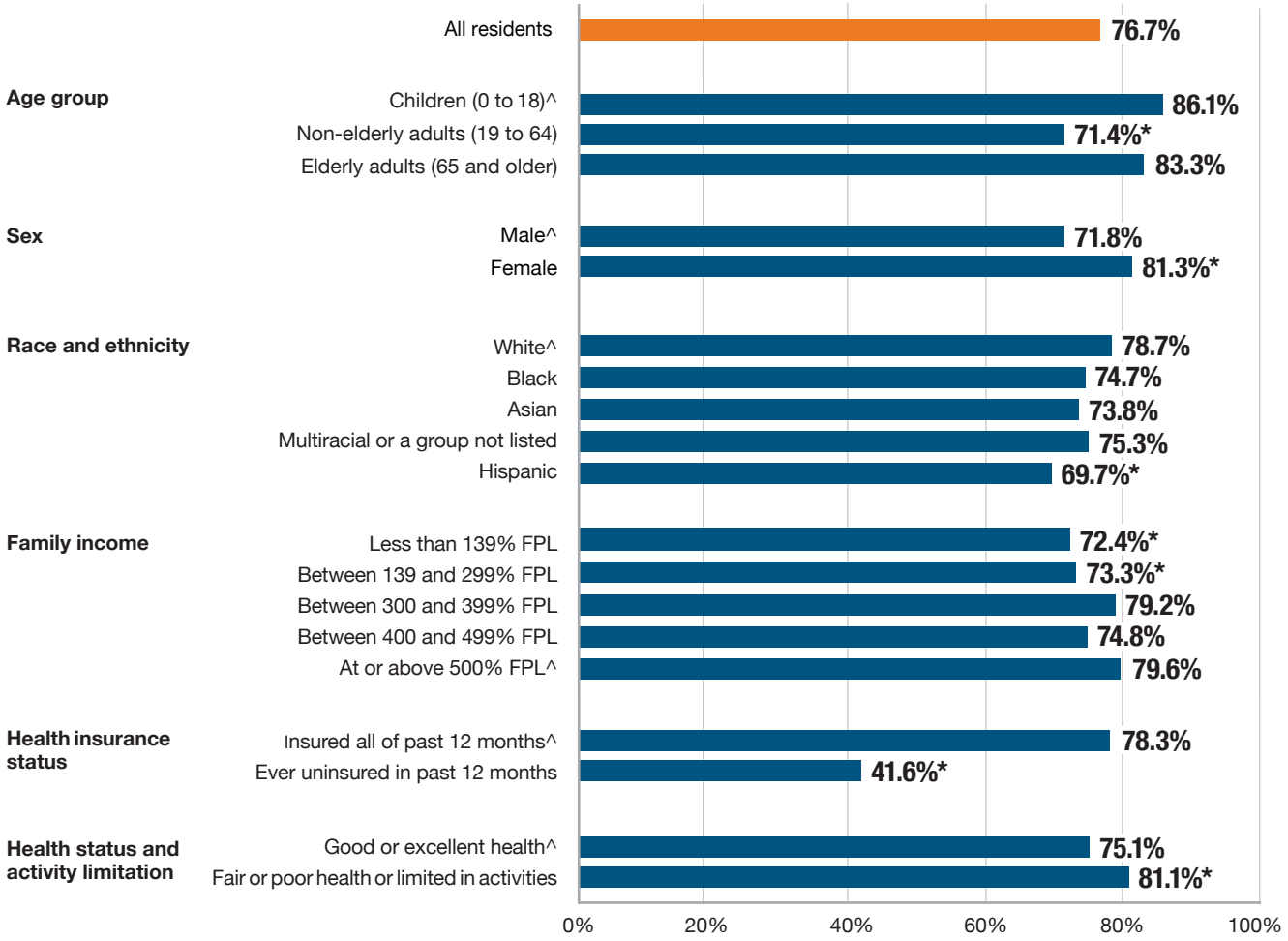
Adults ages 19 to 64 were less likely than children to have a visit to a general doctor (71.4% vs. 86.1%).

Male residents were less likely to report a visit to a general doctor than female residents (71.8% vs. 81.3%).

Hispanic residents were less likely to report a visit to a general doctor than White residents (69.7% vs. 78.7%).

Residents with family income below 139% FPL were less likely to report a visit than those with incomes at or above 500% FPL (72.4% vs. 79.6%).

Residents who were uninsured at any time in the past 12 months were substantially less likely to report a visit to a general doctor than residents who were continuously insured (41.6% vs. 78.3%).



Notes: Visits to a general 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. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations 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: 2025 Massachusetts Health Insurance Survey

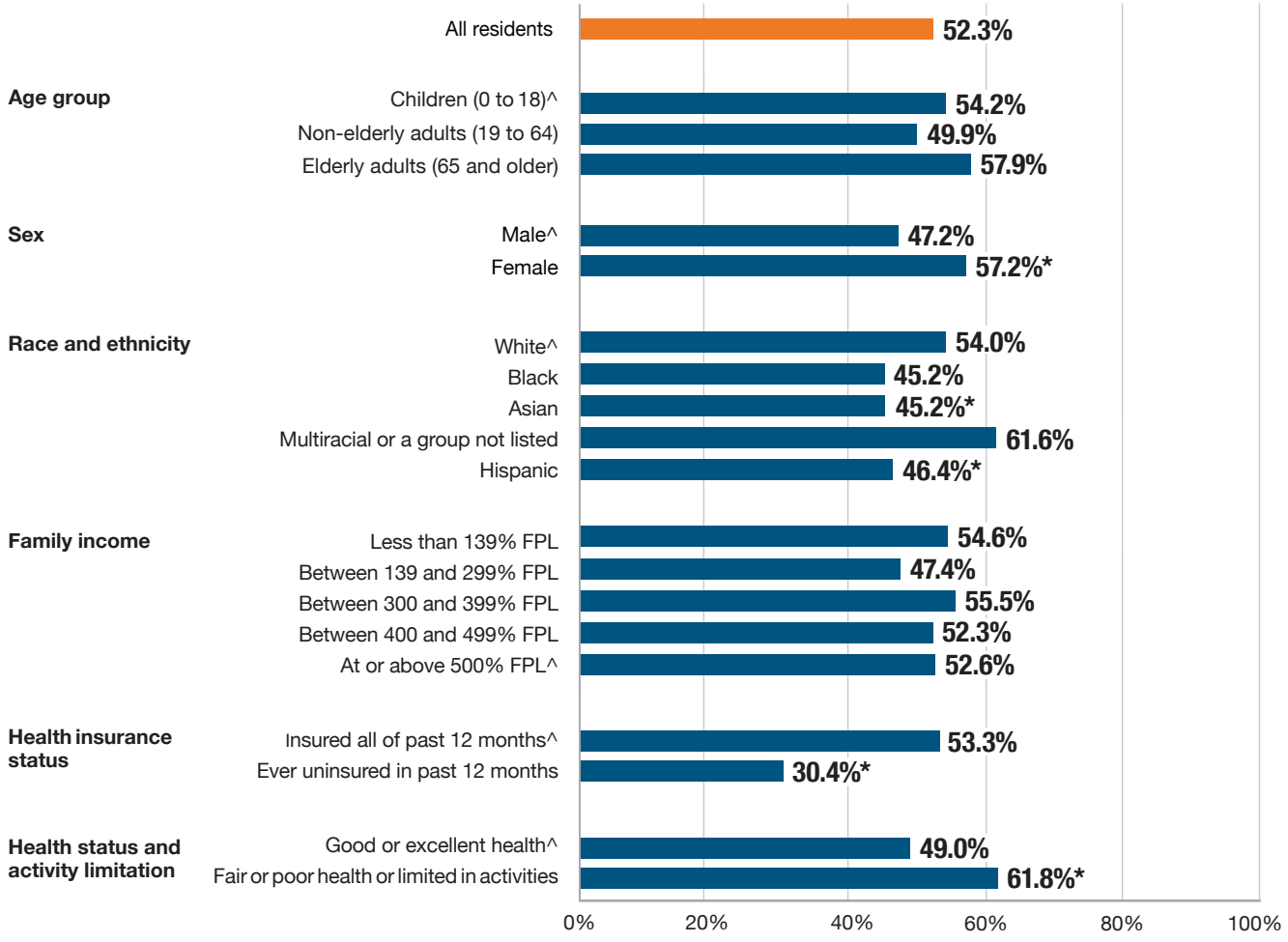
Visit to a Nurse Practitioner, Physician Assistant, or Midwife in the Past 12 Months by Resident Characteristics, 2025

In 2025, more than half (52.3%) of Massachusetts residents reported a visit to a nurse practitioner, physician assistant, or midwife in the past 12 months.

Female residents were more likely to have a visit with a nurse practitioner, physician assistant, or midwife than male residents (57.2% vs. 47.2%).

Asian residents and Hispanic residents were less likely than White residents to report having seen these providers (45.2% and 46.4%, respectively, vs. 54.0%).

Residents uninsured at any time in the past 12 months were less likely to have seen these providers than those insured continuously (30.4% vs. 53.3%).



Notes: Visits to a nurse practitioner, physician assistant, or midwife include those provided via telehealth as well as visits to receive a vaccine if the resident saw a nurse practitioner, physician assistant, or midwife. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem. "Visits to a nurse practitioner, physician assistant, or midwife" only includes midwife in this category for participants who indicated their sex assigned at birth is female/not male.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

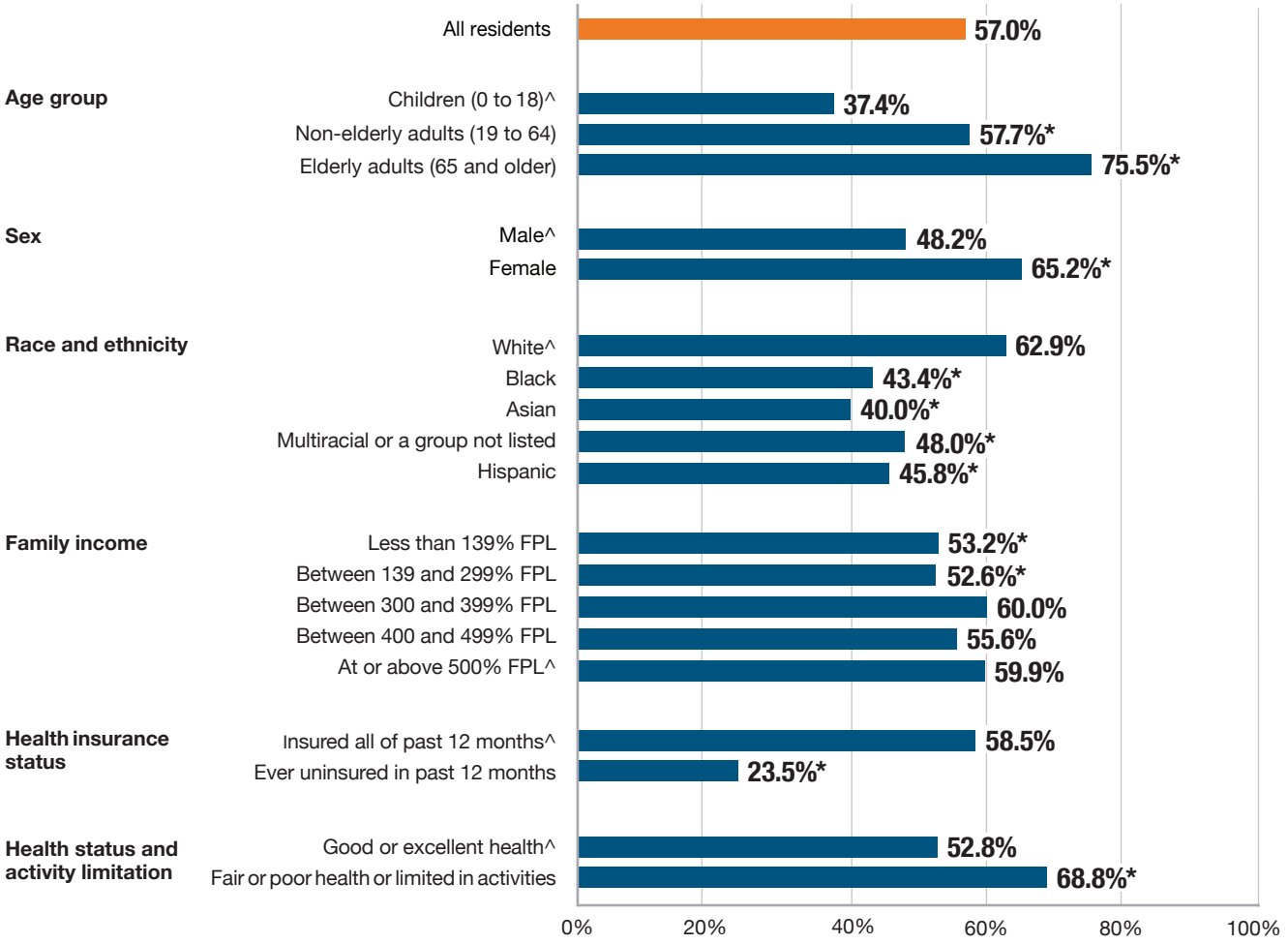
Visit to a Specialist in the Past 12 Months by Resident Characteristics, 2025

More than half of residents (57.0%) reported a visit with a specialist in the past 12 months. Specialist visits were more common among elderly adults (75.5%) compared with children (37.4%) and among residents with fair or poor health or activity limitations (68.8%) versus those in good or excellent health without limitations (52.8%).

White residents were more likely to report a visit to a specialist (62.9%) than any other racial group (40.0% to 48.0%).

Residents with family incomes below 300% FPL were less likely to report a visit with a specialist than those with a family income 500% FPL or higher (52.6% to 53.2% vs. 59.9%).

Those who were uninsured at any time in the past 12 months were substantially less likely to report a visit to a specialist than residents who were insured continuously (23.5% vs. 58.5%).



Notes: Specialist visits include those provided via telehealth. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.
^Reference group. *Difference from estimate for reference group statistically significant at 5% level.
Data source: 2025 Massachusetts Health Insurance Survey

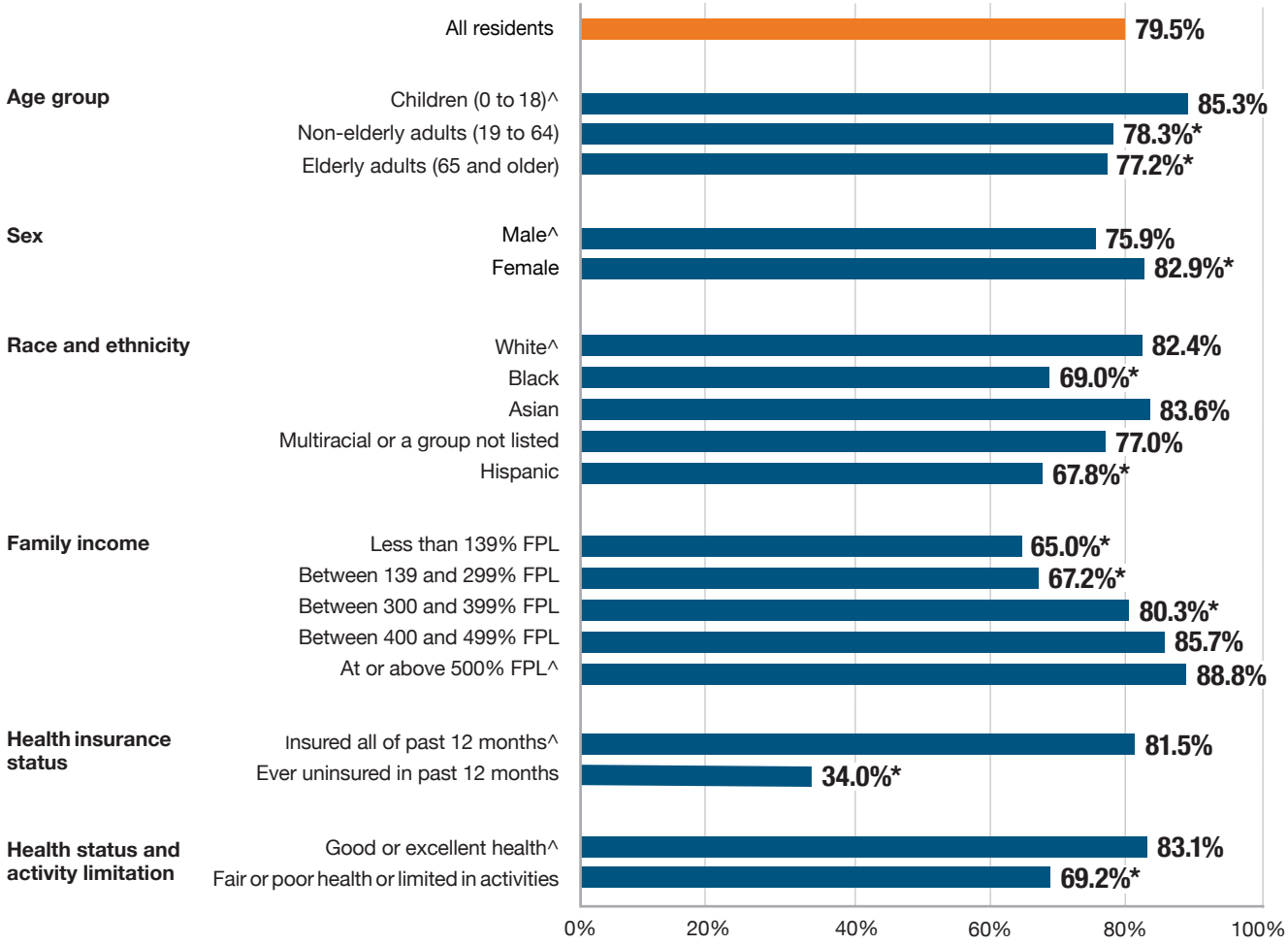
Visit for Dental Care in the Past 12 Months by Resident Characteristics, 2025

In 2025, 4 out of 5 Massachusetts residents (79.5%) reported a visit for dental care in the past 12 months.

White residents were more likely to report dental visits than Hispanic residents or Black residents (82.4% vs. 67.8% and 69.0%, respectively).

Dental care visits were more common among those with the highest family incomes (88.8% of those at or above 500% FPL) than those with the lowest family incomes (65.0% of those below 139% FPL).

Those uninsured at any time in the past 12 months were substantially less likely to have had a dental visit than those insured continuously (34.0% vs. 81.5%). While the MHIS does not include information on residents' standalone dental insurance, those with gaps in health insurance are likely to have gaps in dental insurance, as well.



Notes: Dental care visits include those provided via telehealth. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

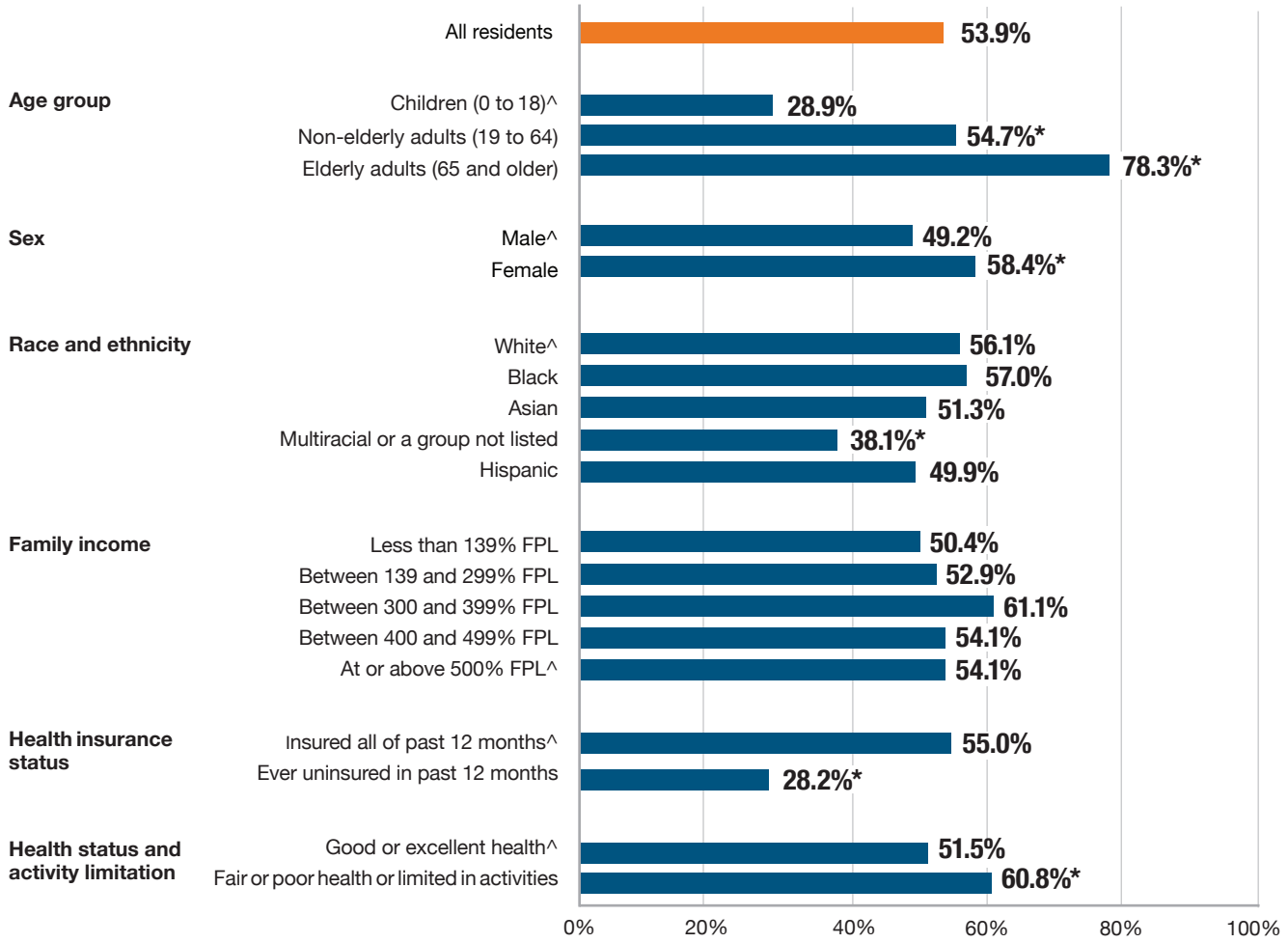
Data source: 2025 Massachusetts Health Insurance Survey

Visit for Vision Care in the Past 12 Months by Resident Characteristics, 2025

Just over half of all residents (53.9%) reported a visit to an eye doctor, optometrist, or ophthalmologist in the past year. The prevalence of receiving vision care increases with age, from 28.9% of children to 78.3% of elderly adults.

Male residents were less likely to have a visit for vision care than female residents (49.2% vs. 58.4%).

Those uninsured at any time in the past 12 months were half as likely to have had a visit for vision care than those insured continuously (28.2% vs. 55.0%).



Notes: Vision care visits include those provided via telehealth. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Prescription Drug Use Over the Past 12 Months by Resident Characteristics, 2025

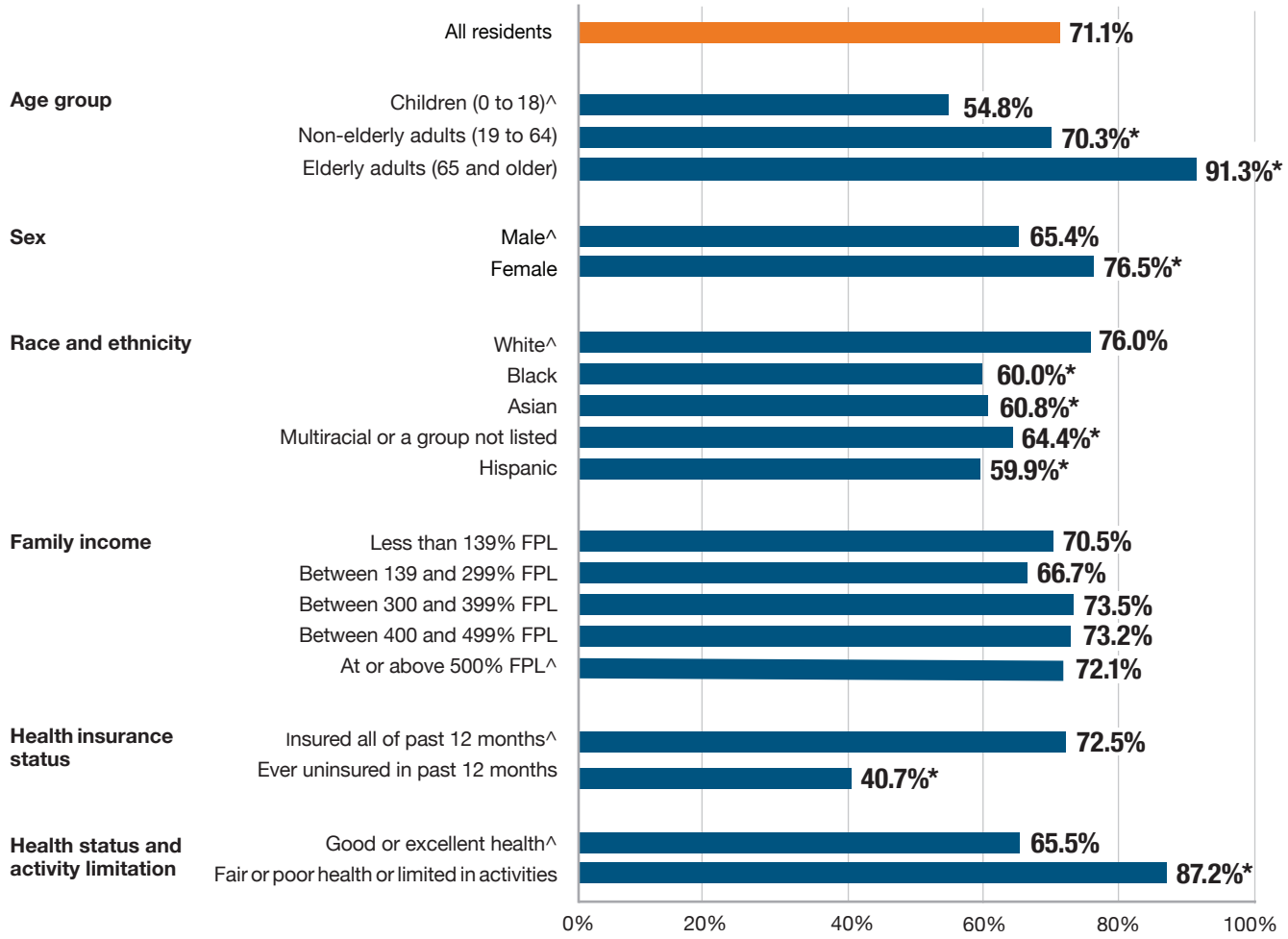
In 2025, 7 out of 10 Massachusetts residents (71.1%) reported that they took one or more prescription drugs in the past 12 months.

Adults, especially elderly adults, were substantially more likely than children to have prescription drugs (91.3% vs. 54.8%).

White residents reported the highest rate of taking one or more prescription drugs at 76.0%.

Residents who were uninsured at any time in the past 12 months were substantially less likely to have prescription drugs than those insured continuously (40.7% vs. 72.5%).

In addition, 87.2% of residents in fair or poor health or with activity limitations reported taking prescription drugs compared with 65.5% of those who reported being in good or excellent health without activity limitations.



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

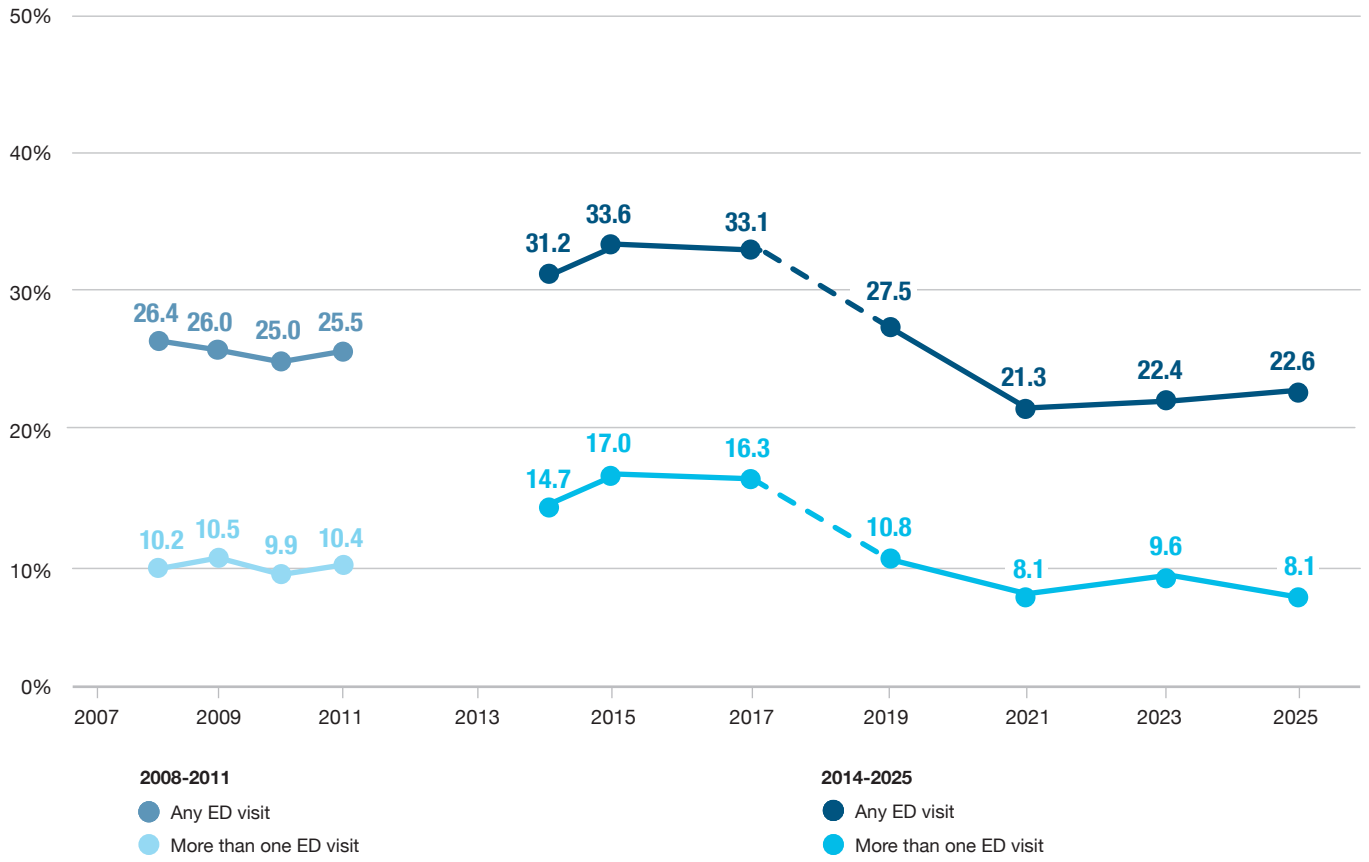
^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Just over one-fifth of residents (22.6%) reported a visit to the ED in the past 12 months, and 8.1% reported multiple ED visits in the same time period.

There were no statistically significant differences in the rates of ED visits between 2021, 2023, and 2025.

ED Visits in the Past 12 Months, 2008-2025



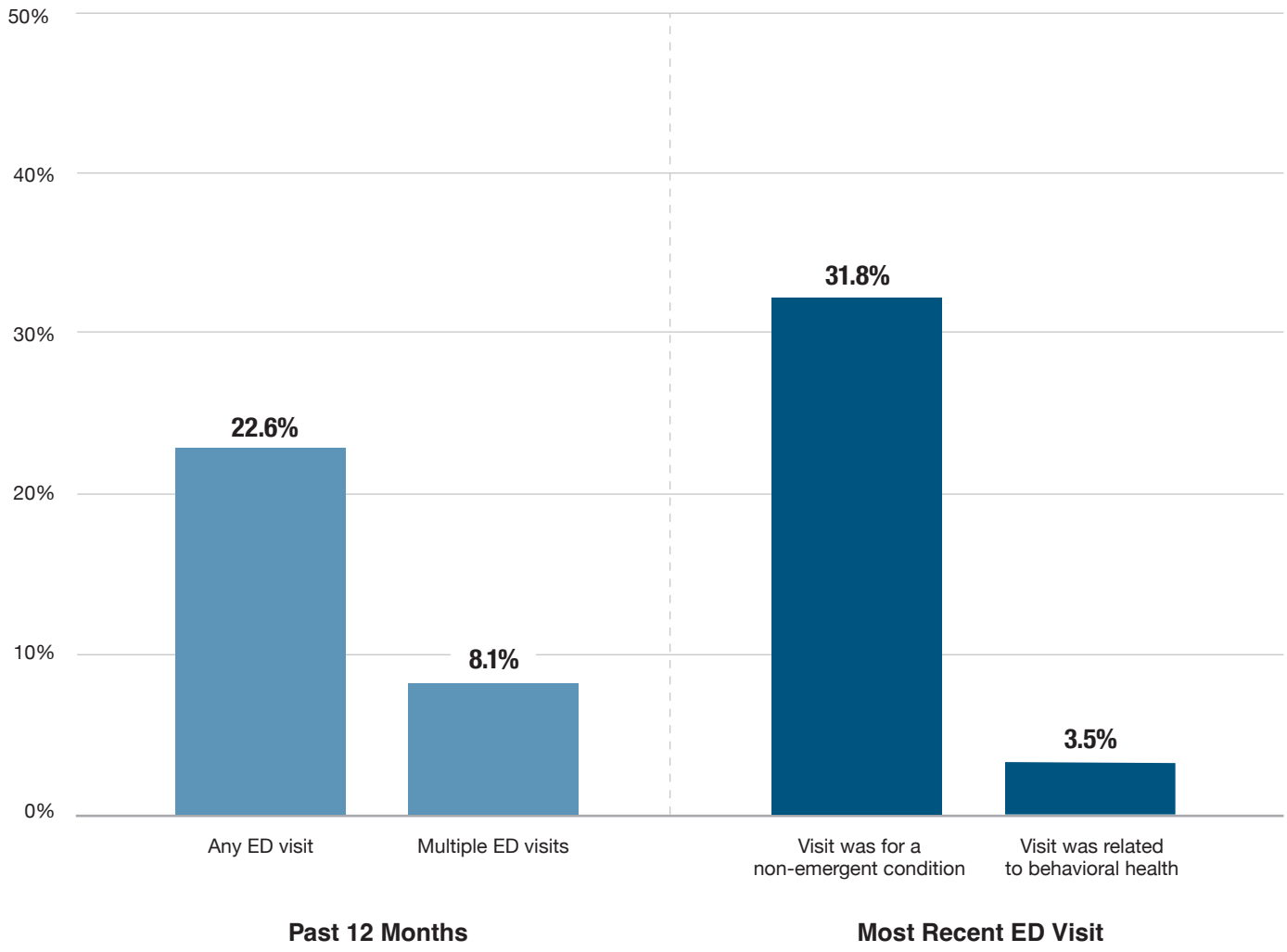
Notes: ED = emergency department. Due to changes in the Massachusetts Health Insurance Survey (MHIS) design in 2014, estimates for 2008-2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit dialing (RDD) telephone sample used from 2014-2017; the 2021-2025 designs 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 2019-2025 (denoted by the dotted line).[22] See the 2025 MHIS Methodology Report for more information on design changes.

Data source: 2008-2011, 2014, 2015, 2017, 2019, 2021, 2023, and 2025 Massachusetts Health Insurance Survey

Among the 22.6% of Massachusetts residents with an ED visit in the past 12 months, nearly a third of those (31.8%) reported that their most recent visit was for a non-emergency condition, defined as a condition that could have been treated at their usual source of care if an appointment had been available.

Of residents with an ED visit in the past 12 months, 3.5% reported that their most recent ED visit was for behavioral health care.

ED Visits Over the Past 12 Months by Type, 2025



Notes: ED = emergency department. Most recent ED visit types listed above are not mutually exclusive. Residents with an ED visit (n = 1,203) were asked to select all applicable options. Visits related to behavioral health include mental health (3.0%) and alcohol or substance use disorders (0.8%). Non-emergent conditions defined as conditions that residents thought could have been treated at their usual source of care if an appointment had been available.

Data source: 2025 Massachusetts Health Insurance Survey

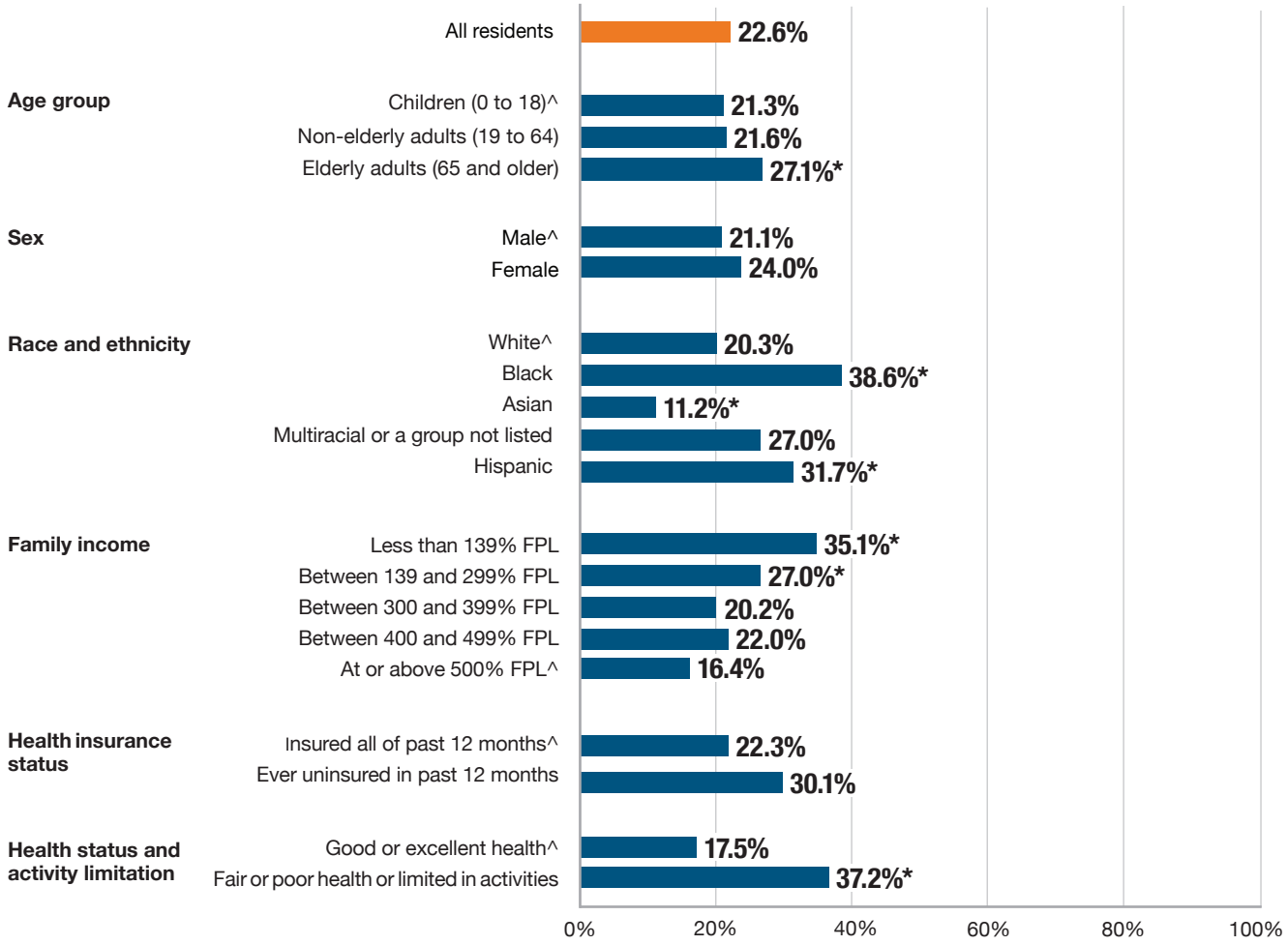
ED Visit in the Past 12 Months by Resident Characteristics, 2025

In 2025, nearly a quarter of Massachusetts residents (22.6%) reported at least one ED visit in the past 12 months.

Compared with White residents, Black and Hispanic residents were more likely to have at least one ED visit (20.3% vs. 38.6% and 31.7%, respectively). Differences among groups in ED use may reflect differences in ability to access preventive care, specialists, and prescription drugs, as reported earlier in this chapter.

Residents with family income below 139% FPL were substantially more likely than those with family incomes at or above 500% FPL to have at least one ED visit in the past 12 months (35.1% vs. 16.4%).

Residents reporting fair or poor health or an activity limitation were more than twice as likely as those in good or excellent health to have had at least one visit to the ED over this period (37.2% vs. 17.5%).



Notes: ED = emergency department. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

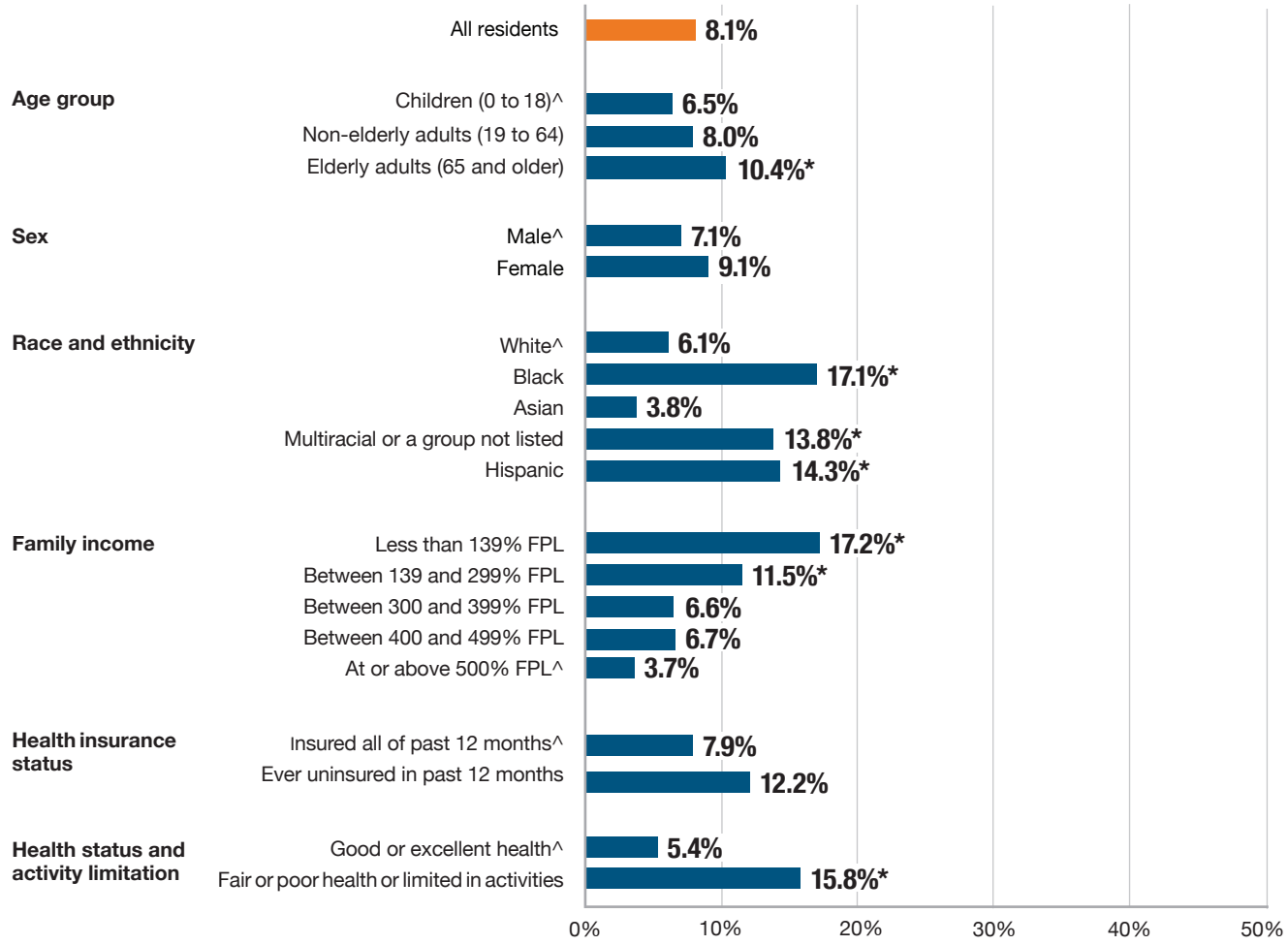
Data source: 2025 Massachusetts Health Insurance Survey

Multiple ED Visits in the Past 12 Months by Resident Characteristics, 2025

In 2025, 8.1% of Massachusetts residents reported multiple visits to the ED over the past 12 months. Black and Hispanic residents were more than twice as likely as White residents to report multiple ED visits (17.1% and 14.3%, respectively, vs. 6.1%).

Residents with a family income below 139% FPL and from 139% to 299% FPL were substantially more likely than residents with family incomes at or above 500% FPL to report multiple ED visits (17.2% and 11.5%, respectively, vs. 3.7%).

The percentage of multiple ED visits was nearly 3 times higher among residents who reported fair or poor health or having activity limitations than those who reported good or excellent health and no limitations (15.8% vs. 5.4%).



Notes: ED = emergency department. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

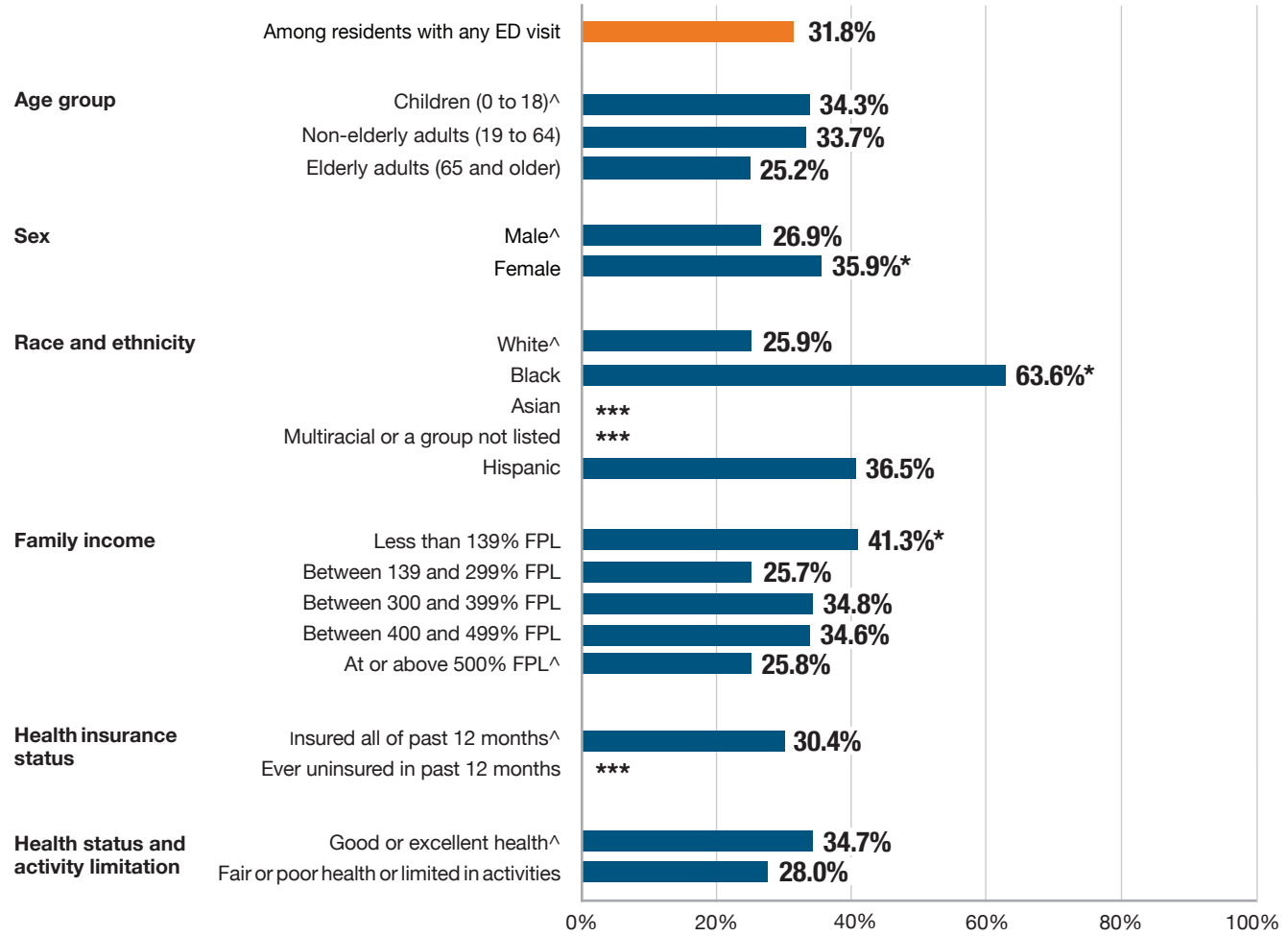
Most Recent ED Visit in Past 12 Months Was for a Non-Emergency by Resident Characteristics, 2025

In 2025, 31.8% of residents with an ED visit in the previous 12 months reported that their most recent ED visit was for a non-emergency condition.

Female residents were more likely than male residents to report that their most recent ED visit was for a non-emergent condition (35.9% vs. 26.9%).

Among residents reporting at least one ED visit, Black residents were substantially more likely to report that their last ED visit was for a non-emergency condition than White residents (63.6% vs. 25.9%).

Those with family incomes below 139% FPL were more likely to report that their last ED visit was for a non-emergency condition than residents with family incomes at or above 500% FPL (41.3% vs. 25.8%).



Notes: Among 1,203 residents in sample who reported an ED visit. ED = emergency department. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

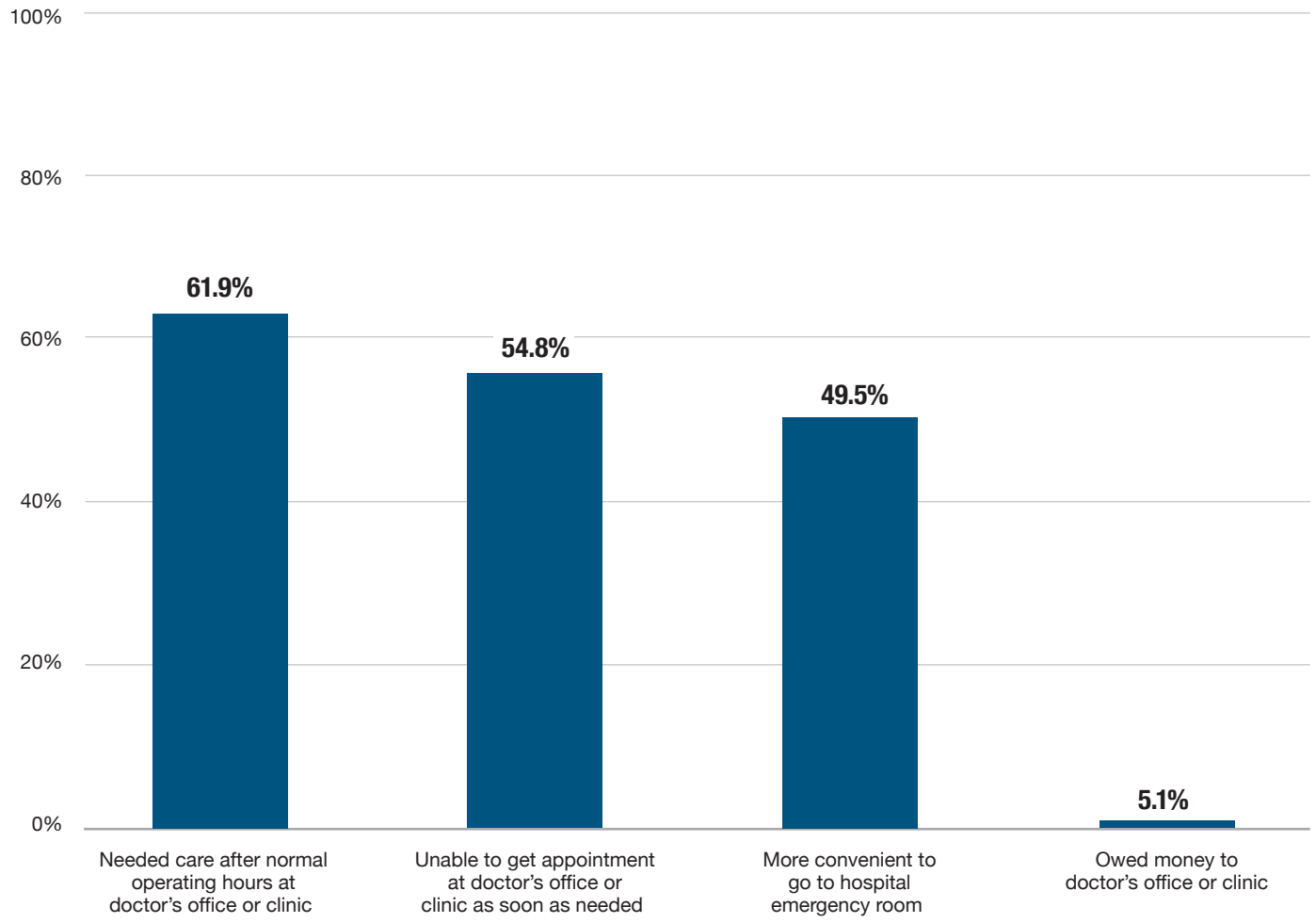
^Reference group. *Difference from estimate for reference group statistically significant at 5% level. *** Estimates for "Asian," "Multiracial or a group not listed," and "Ever uninsured in past 12 months" are suppressed due to small sample sizes.

Data source: 2025 Massachusetts Health Insurance Survey

Reasons for Most Recent Non-Emergency ED Visit in the Past 12 Months, 2025

In 2025, the most common reasons reported by Massachusetts residents for visiting the ED for a non-emergency condition were related to the timing of care at a doctor's office or clinic.

Most 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 (61.9%), followed by being unable to get an appointment at a doctor's office or clinic as soon as it was needed (54.8%).



Note: Among 363 residents in sample who reported an ED visit for a non-emergency condition. ED = emergency department. The categories listed above are not mutually exclusive. Residents were asked to select all applicable options.

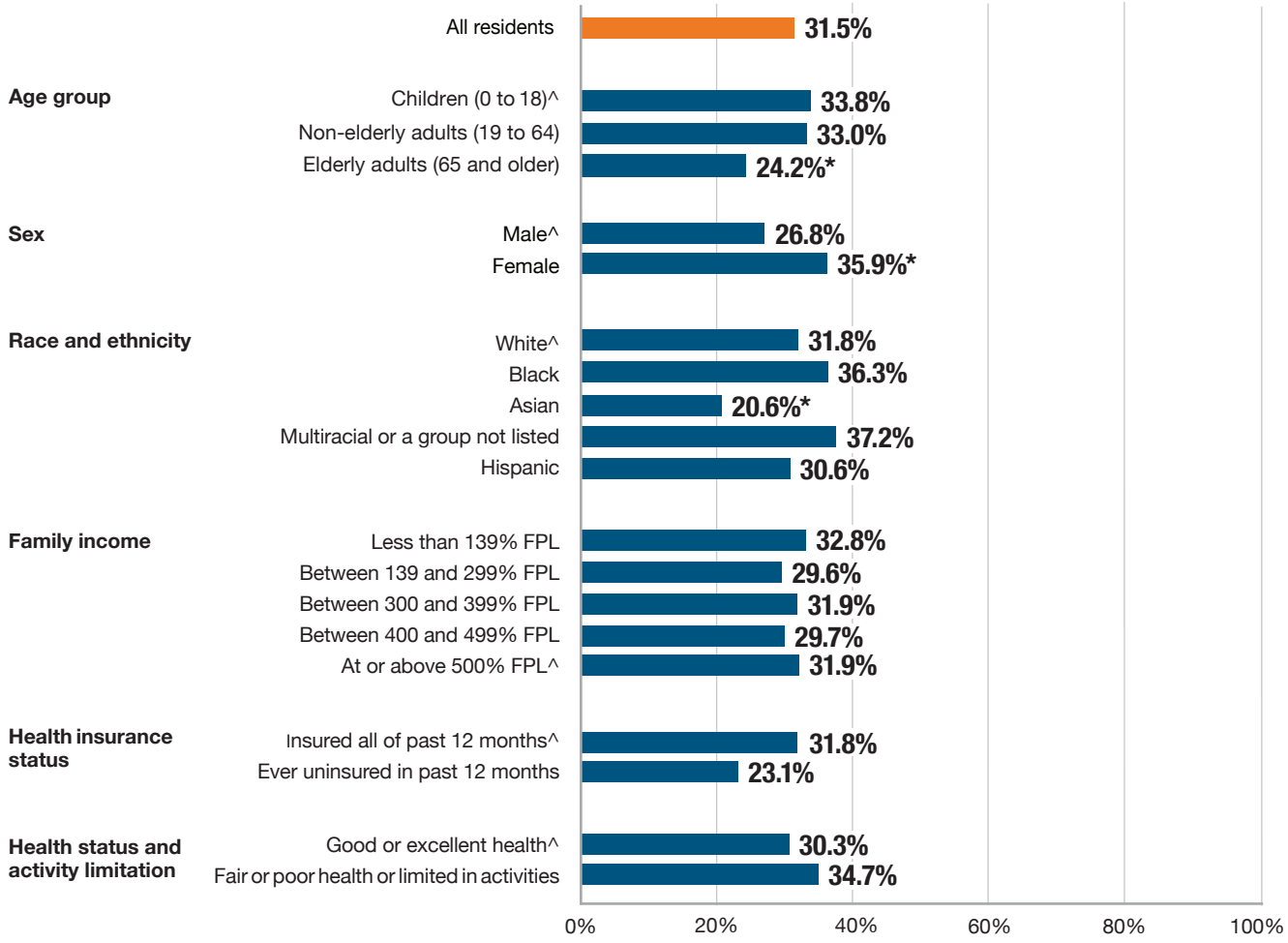
Data source: 2025 Massachusetts Health Insurance Survey

Urgent Care Visit in the Past 12 Months by Resident Characteristics, 2025

In 2025, nearly 1 in 3 residents in Massachusetts (31.5%) reported an urgent care visit in the past 12 months.

Elderly adults were less likely to have had an urgent care visit than children (24.2% vs. 33.8%).

Female residents were more likely than male residents to have had an urgent care visit (35.9% vs. 26.8%).



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

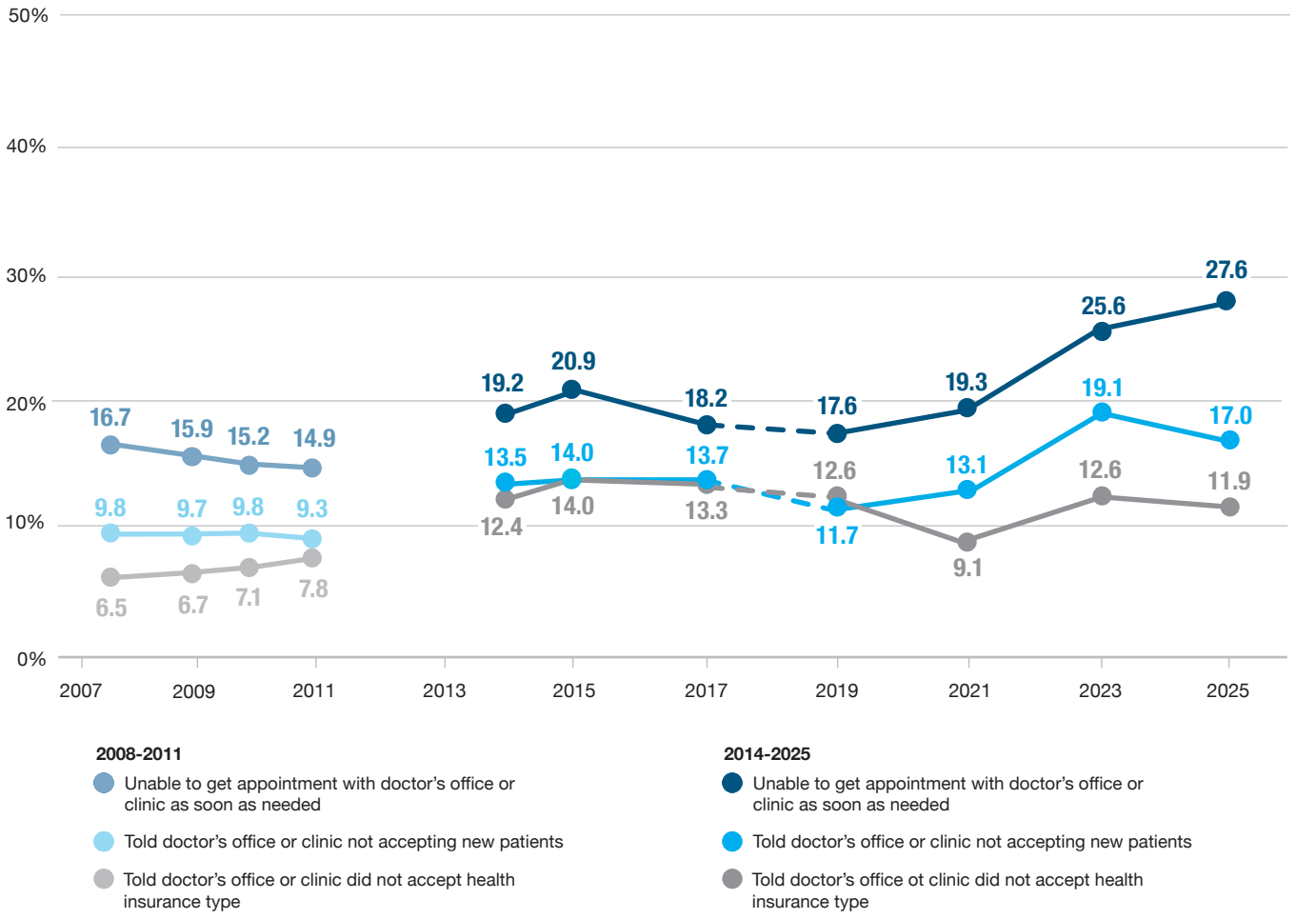
Data source: 2025 Massachusetts Health Insurance Survey

Difficulties With Accessing Care Over the Past 12 Months, 2008-2025

Despite the high percentage of Massachusetts residents reporting a usual source of care (87.5%), some residents still faced difficulties obtaining health care services in the past 12 months.

One in 4 residents (27.6%) reported being unable to get an appointment with a doctor's office or clinic as soon as they felt it was needed, and 17.0% reported that the doctor's office or clinic was not accepting new patients. One in 8 residents (11.9%) reported being told that their doctor's office or clinic did not accept patients with their insurance.

While the percentage of residents reporting difficulties accessing care is not significantly different in 2025 versus 2023, it remains higher than in 2021 on each of these three dimensions of accessing health care.



Notes: Due to changes in the Massachusetts Health Insurance Survey (MHIS) design in 2014, 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 dialing (RDD) telephone sample used from 2014-2017; the 2021-2025 designs 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 2019-2025 (denoted by the dotted line).[23] Residents were asked to select all reasons that apply. See the 2025 MHIS Methodology Report for more information on design changes.

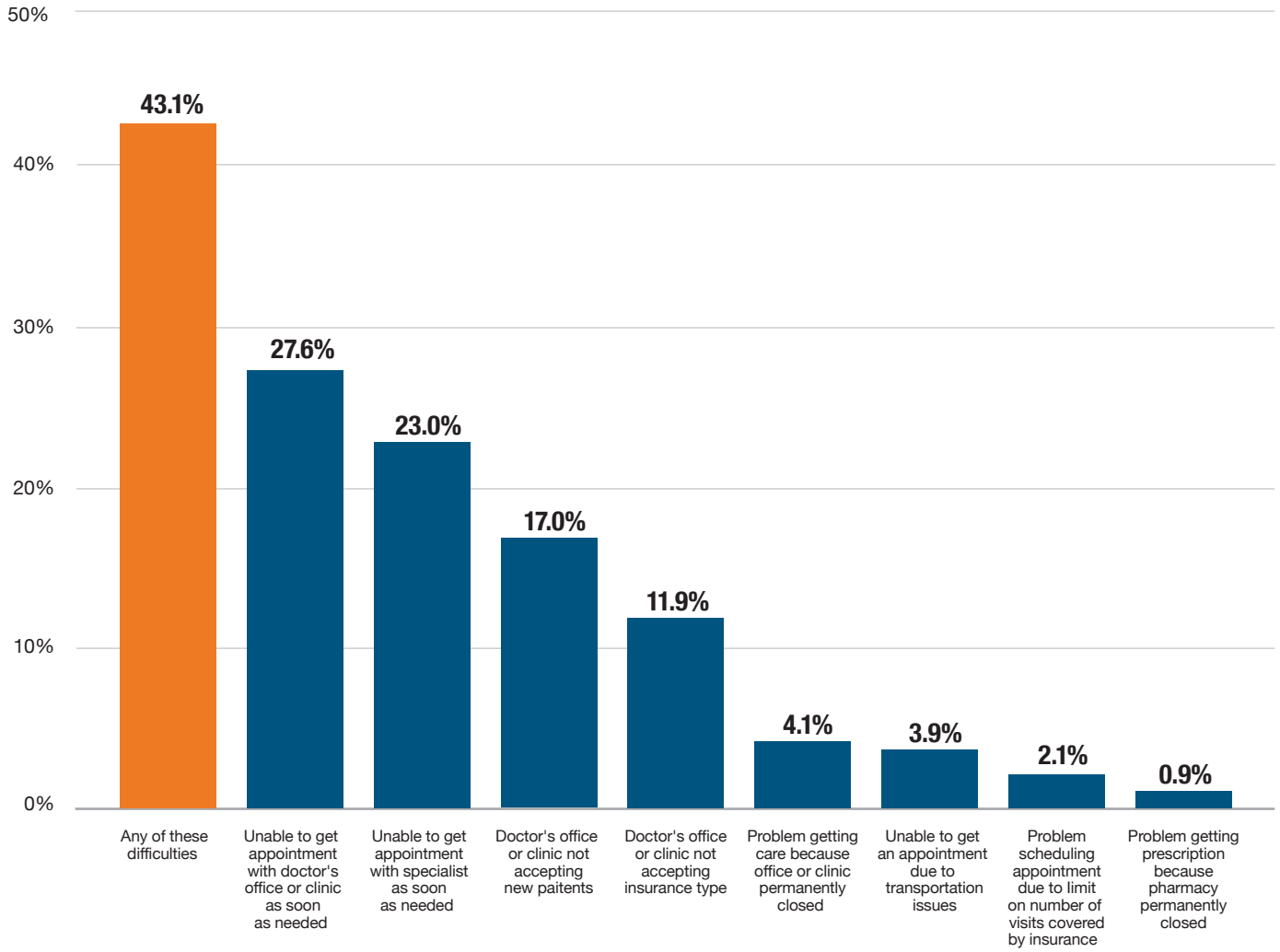
Data source: 2008-2011, 2014, 2015, 2017, 2019, 2021, 2023, and 2025 Massachusetts Health Insurance Survey

Difficulties With Accessing Care Over the Past 12 Months by Type of Difficulty, 2025

Two-fifths of Massachusetts residents (43.1%) reported at least one type of difficulty accessing care in 2025.

The difficulties most commonly reported included being unable to get an appointment with a doctor's office or specialist as soon as it was needed (27.6% and 23.0%, respectively). Residents also reported being told the doctor's office or clinic was not accepting new patients (17.0%) and the doctor's office or clinic was not accepting the resident's insurance type (11.9%).

Recent closures have impacted Massachusetts residents: 4.1% had a problem getting care because an office or clinic had closed permanently, and 0.9% had a problem getting a prescription because a pharmacy had permanently closed.



Notes: Difficulties listed above not mutually exclusive; residents were asked to select all applicable options. "Any of these difficulties" includes one or more of the difficulty types shown.

Data source: 2025 Massachusetts Health Insurance Survey

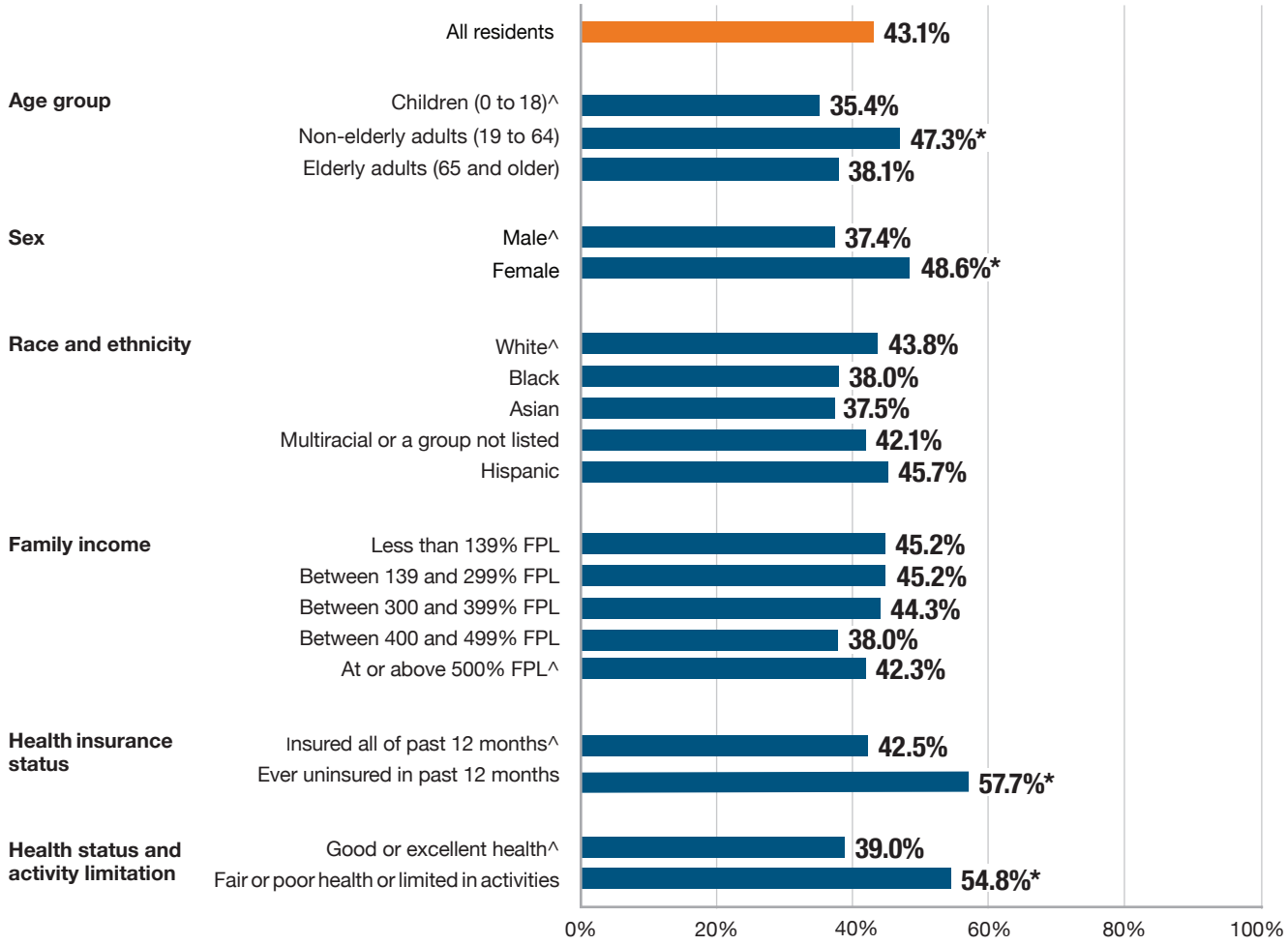
Children were less likely to have any difficulties accessing care compared with adults ages 19 to 64 (35.4% vs. 47.3%).

Individuals who experienced any gap in insurance were more likely to have had difficulties with accessing care than those with continuous coverage (57.7% vs. 42.5%).

Those in fair or poor health or with activity limitations were more likely to report difficulties compared with residents in good or excellent health without activity limitations (54.8% vs. 39.0%).

Differences between groups may reflect residents' different expectations about their ability to access care as well as how much care they seek, the availability of appointments, and their experience navigating the health care system.

Difficulties With Accessing Care Over the Past 12 Months by Resident Characteristics, 2025



Notes: "Difficulties accessing care" includes the following: unable to get appointment with doctor's office or clinic as soon as needed; unable to get appointment with specialist as soon as needed; doctor's office or clinic not accepting new patients; doctor's office or clinic not accepting patient's insurance type; and unable to get appointment due to transportation issues. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

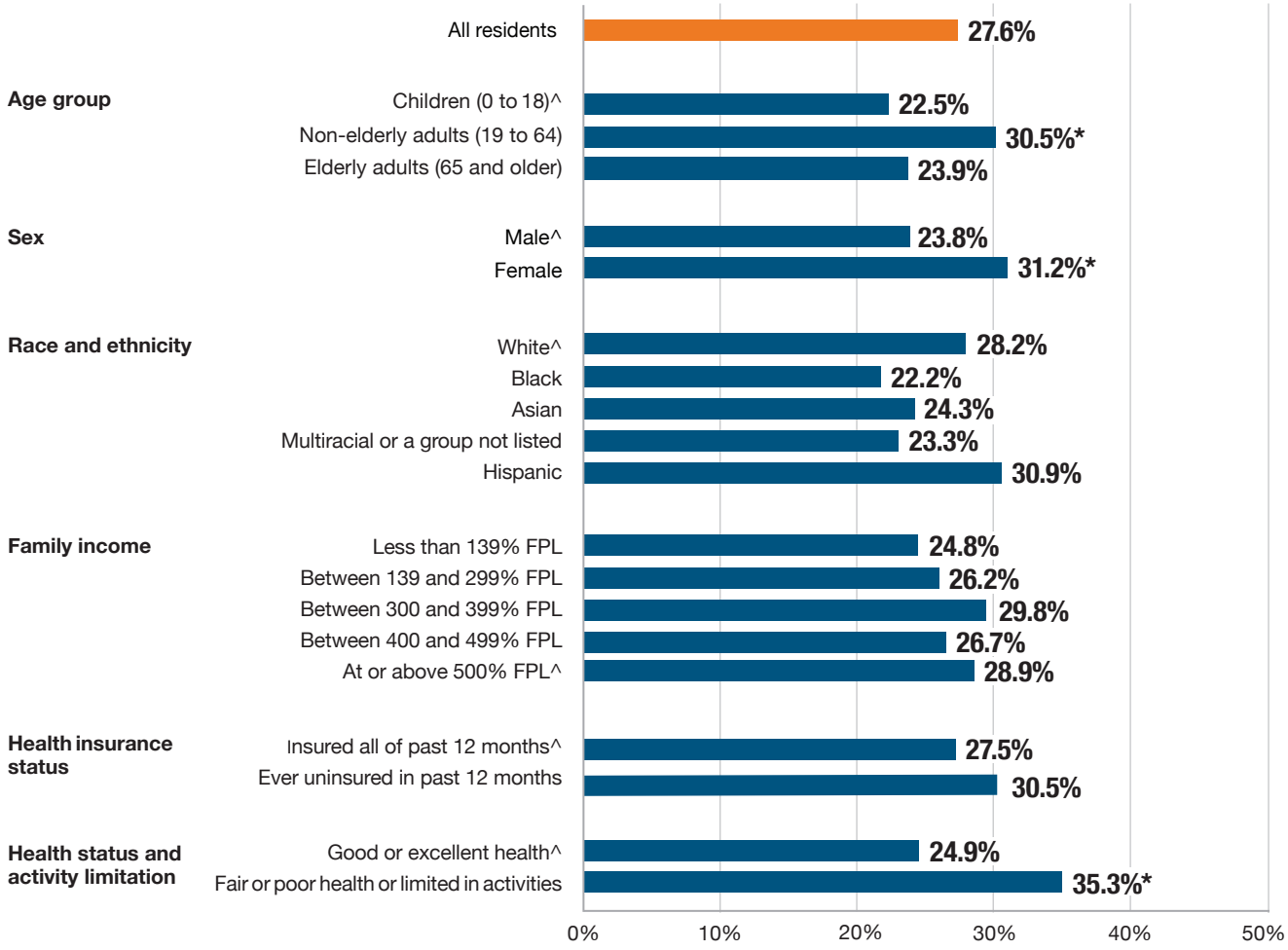
Data source: 2025 Massachusetts Health Insurance Survey

Difficulties With Accessing Care: Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed by Resident Characteristics, 2025

In 2025, 27.6% of residents reported being unable to get an appointment with a doctor's office or clinic as soon as they thought one was needed in the past 12 months.

Adults ages 19 to 64 were more likely to report difficulties than children (30.5% vs. 22.5%); female residents were more likely to report difficulties than male residents (31.2% vs. 23.8%).

Residents in fair or poor health or with an activity limitation were more likely to report being unable to get an appointment with a doctor's office or clinic as soon as it was needed than those in good or excellent health with no activity limitations (35.3% vs. 24.9%).



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

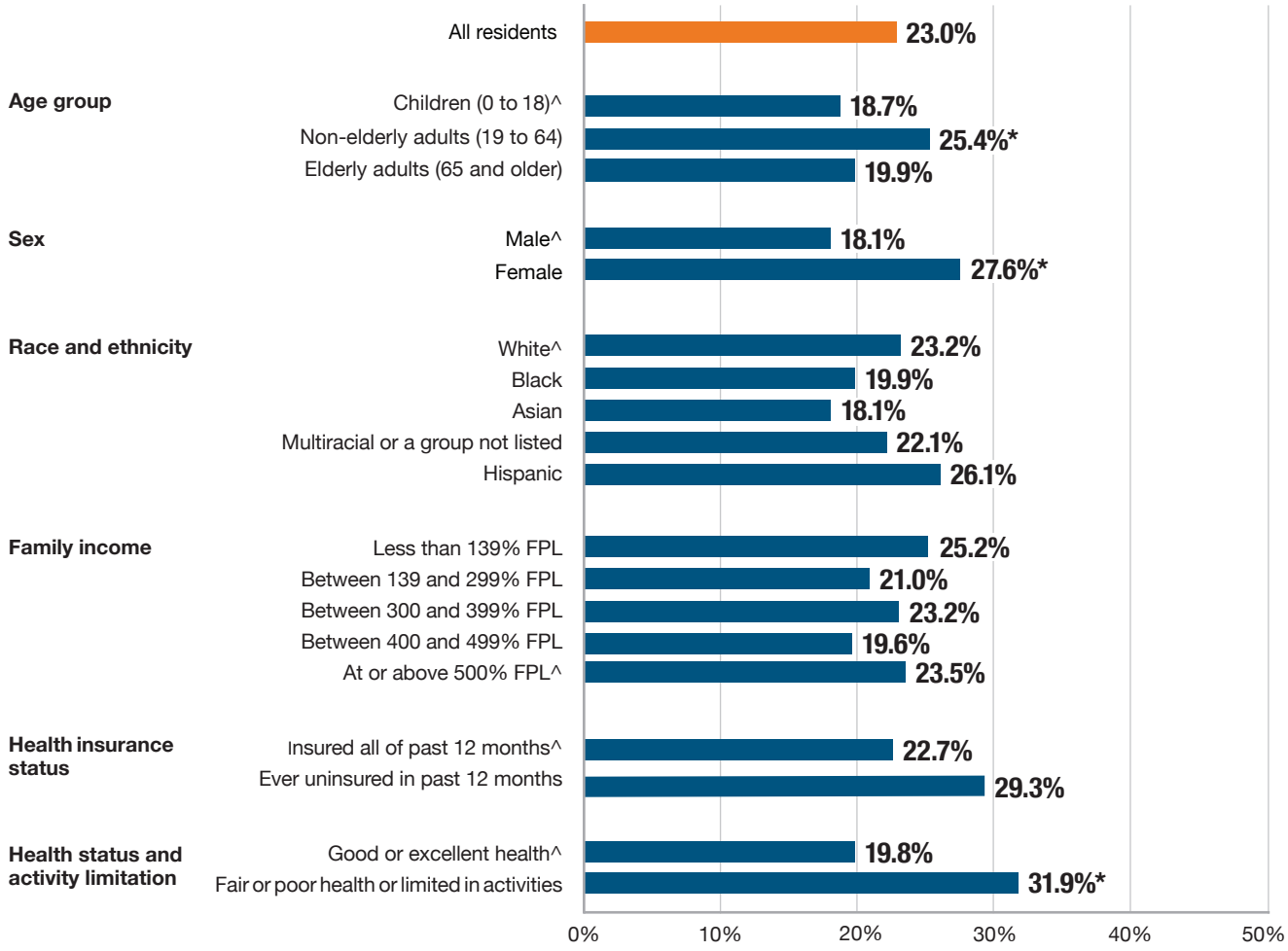
Data source: 2025 Massachusetts Health Insurance Survey

Difficulties With Accessing Care: Unable to Get an Appointment With a Specialist as Soon as Needed by Resident Characteristics, 2025

One in 4 Massachusetts residents (23.0%) reported being unable to get an appointment with a specialist as soon as they thought one was needed.

Female residents were more likely to report this difficulty than males (27.6% vs. 18.1%).

Those in fair or poor health or had activity limitations were more likely to report this difficulty compared with those in good or excellent health with no activity limitations (31.9% vs. 19.8%).



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

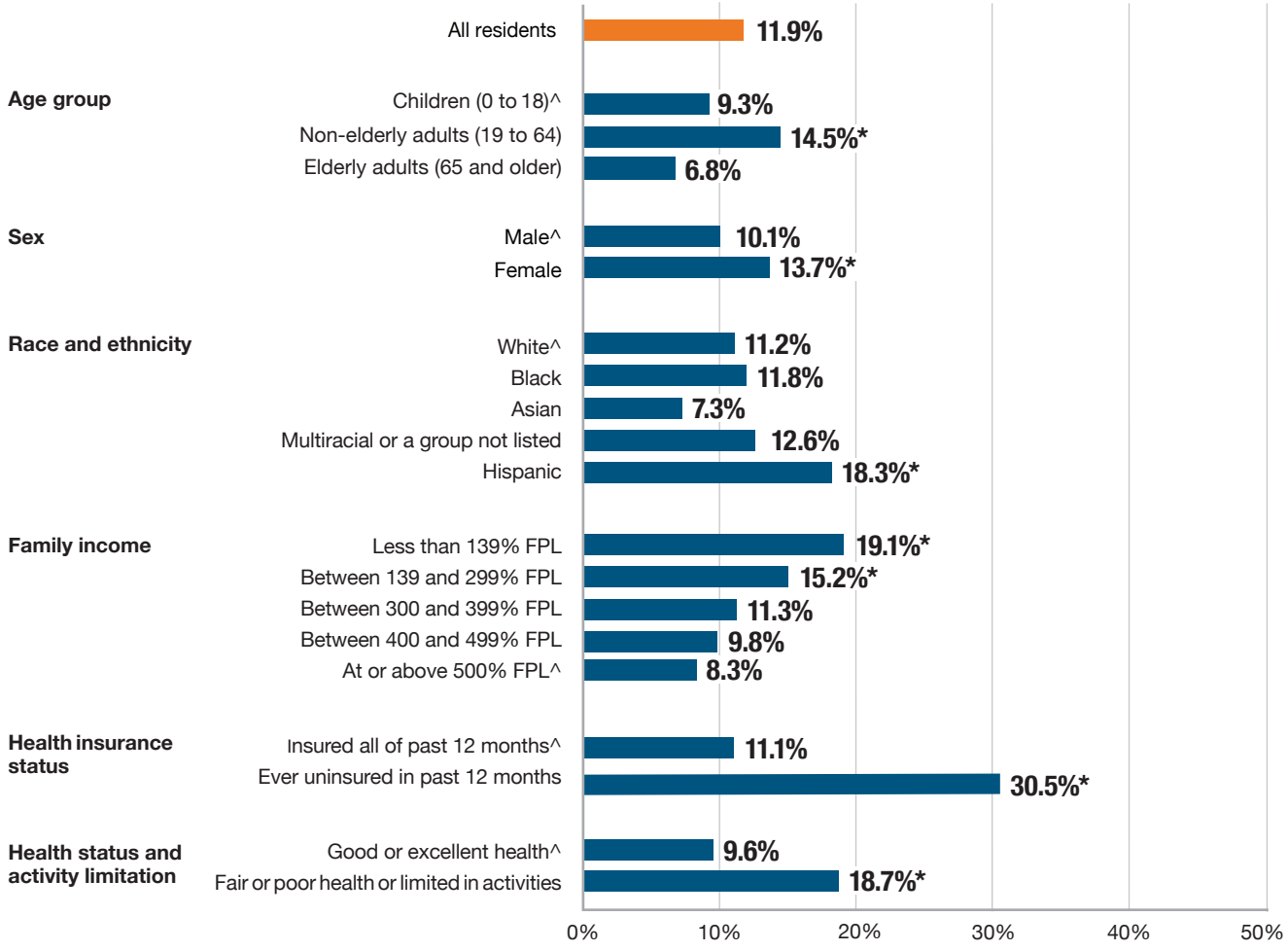
Difficulties With Accessing Care: Doctor's Office or Clinic Not Accepting Insurance Type by Resident Characteristics, 2025

In 2025, 11.9% of residents reported that they were told a doctor's office or clinic did not accept their insurance type.

Residents with family incomes less than 139% FPL were more than twice as likely to be told a doctor's office or clinic did not accept their insurance type than residents with family incomes at or above 500% FPL (19.1% vs. 8.3%).

Those who reported gaps in their health insurance coverage in the previous 12 months were almost 3 times as likely to report that a doctor's office or clinic did not accept their insurance type as residents who were insured continuously (30.5% vs. 11.1%).

Residents in fair or poor health or with activity limitations were almost twice as likely to be told a doctor's office or clinic did not accept their insurance type as residents in good or excellent health with no activity limitations (18.7% vs. 9.6%).



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem. Residents who were uninsured at time of survey were asked whether they were told that the office or clinic did not take patients without insurance.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

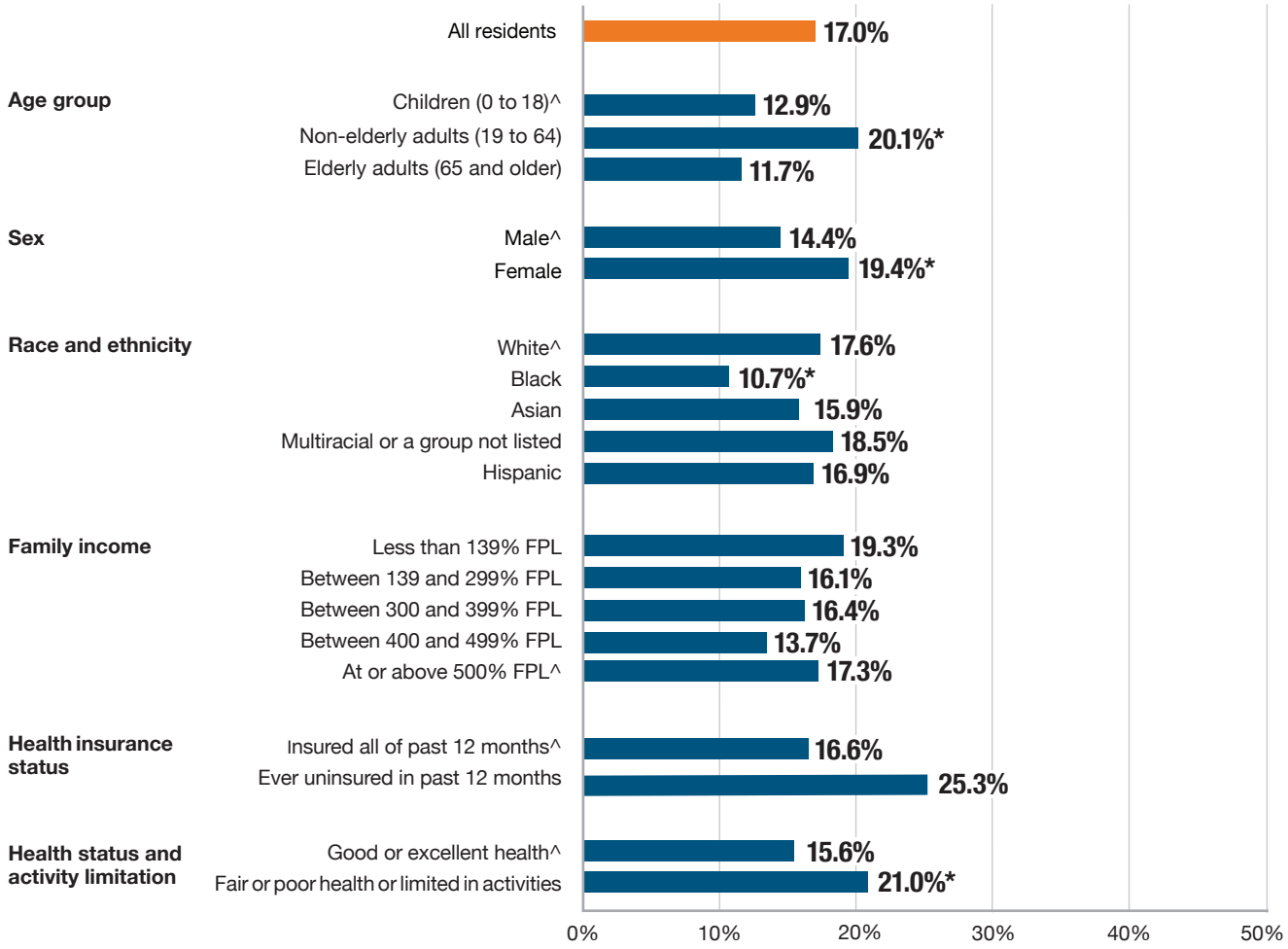
Difficulties With Accessing Care: Doctor's Office or Clinic Not Accepting New Patients by Resident Characteristics, 2025

In 2025, 17.0% of residents were told in the past 12 months that a doctor's office or clinic was not accepting new patients.

Adults ages 19 to 64 were more likely than children to have been told that a doctor's office or clinic was not accepting new patients (20.1% vs. 12.9%).

White residents were more likely to be told that a doctor's office or clinic was not accepting new patients than Black residents (17.6% vs. 10.7%).

A greater percentage of Massachusetts residents who reported being in fair or poor health or had activity limitations reported being told in the past 12 months that a doctor's office or clinic was not accepting new patients than residents in excellent or good health with no limitations (21.0% vs. 15.6%).



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group.*Difference from estimate for reference group statistically significant at 5% level.

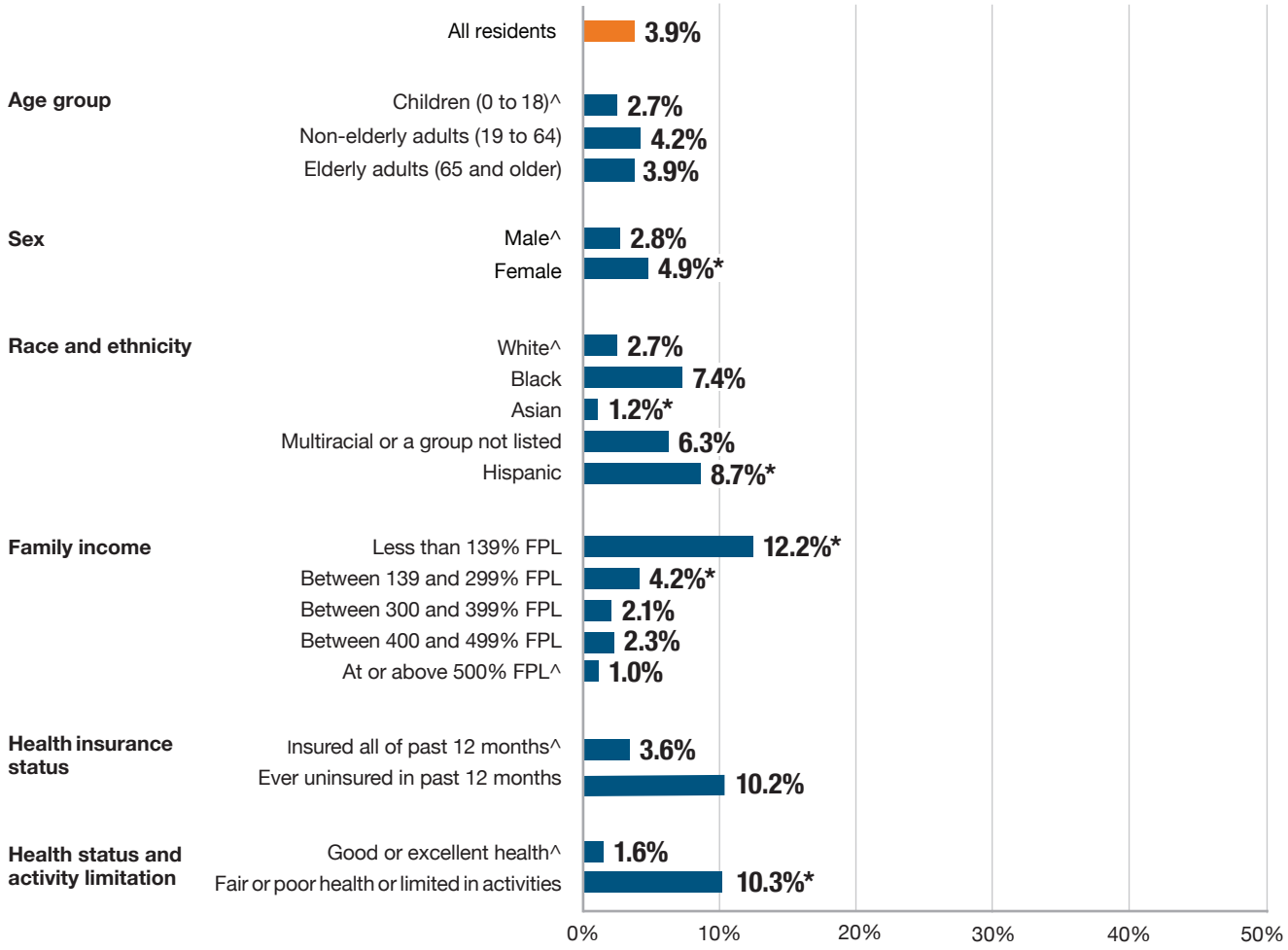
Data source: 2025 Massachusetts Health Insurance Survey

Difficulties With Accessing Care: Unable to Get an Appointment Due to Transportation Issues by Resident Characteristics, 2025

Overall, 3.9% of Massachusetts residents reported being unable to get an appointment due to transportation issues in the past 12 months.

Compared with White residents, Hispanic residents were more likely to report transportation-related difficulties with accessing care (2.7% vs. 8.7%). White residents were more likely to be unable to get an appointment due to transportation issues than Asian residents (2.7% vs. 1.2%).

More than 1 in 9 residents with a family income below 139% FPL and more than 1 in 10 residents who reported being in fair or poor health or having activity limitations had transportation-related difficulties with accessing care (12.2% and 10.3%, respectively).



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

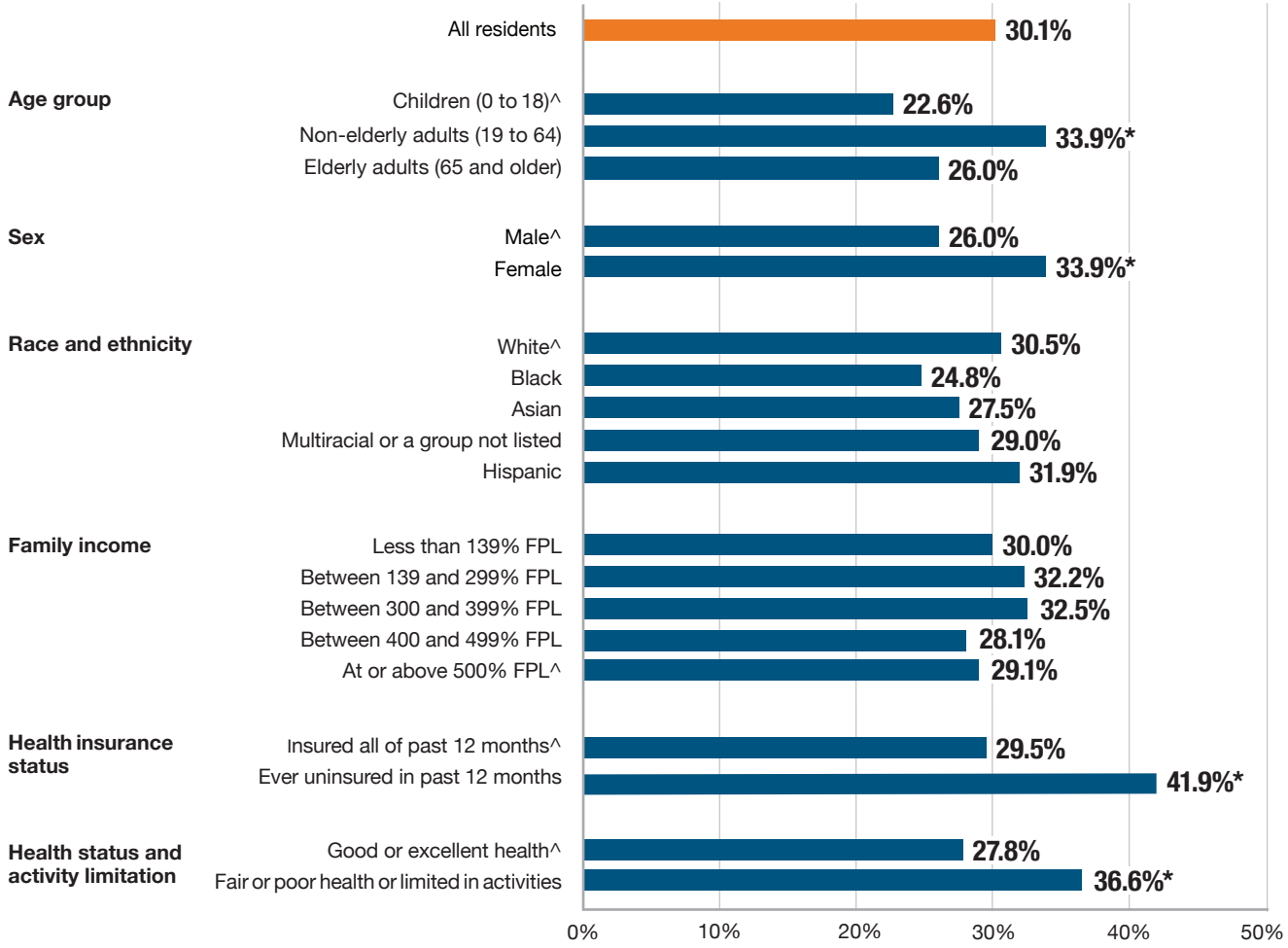
^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Difficulties With Accessing Primary Care by Resident Characteristics, 2025

In 2025, nearly a third of residents (30.1%) reported difficulties with accessing primary care. Adults ages 19 to 64 were more likely than children to report any difficulties with accessing primary care (33.9% vs. 22.6%).

Residents who were uninsured at any time in the past 12 months were more likely to report any difficulties with accessing primary care than those who were continuously insured (41.9% vs. 29.5%).



Notes: Difficulties with accessing primary care include the following: unable to get appointment with doctor's office or clinic as soon as needed; unable to get appointment with specialist as soon as needed; doctor's office or clinic not accepting new patients; doctor's office or clinic not accepting insurance type; and unable to get appointment due to transportation issues. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem.

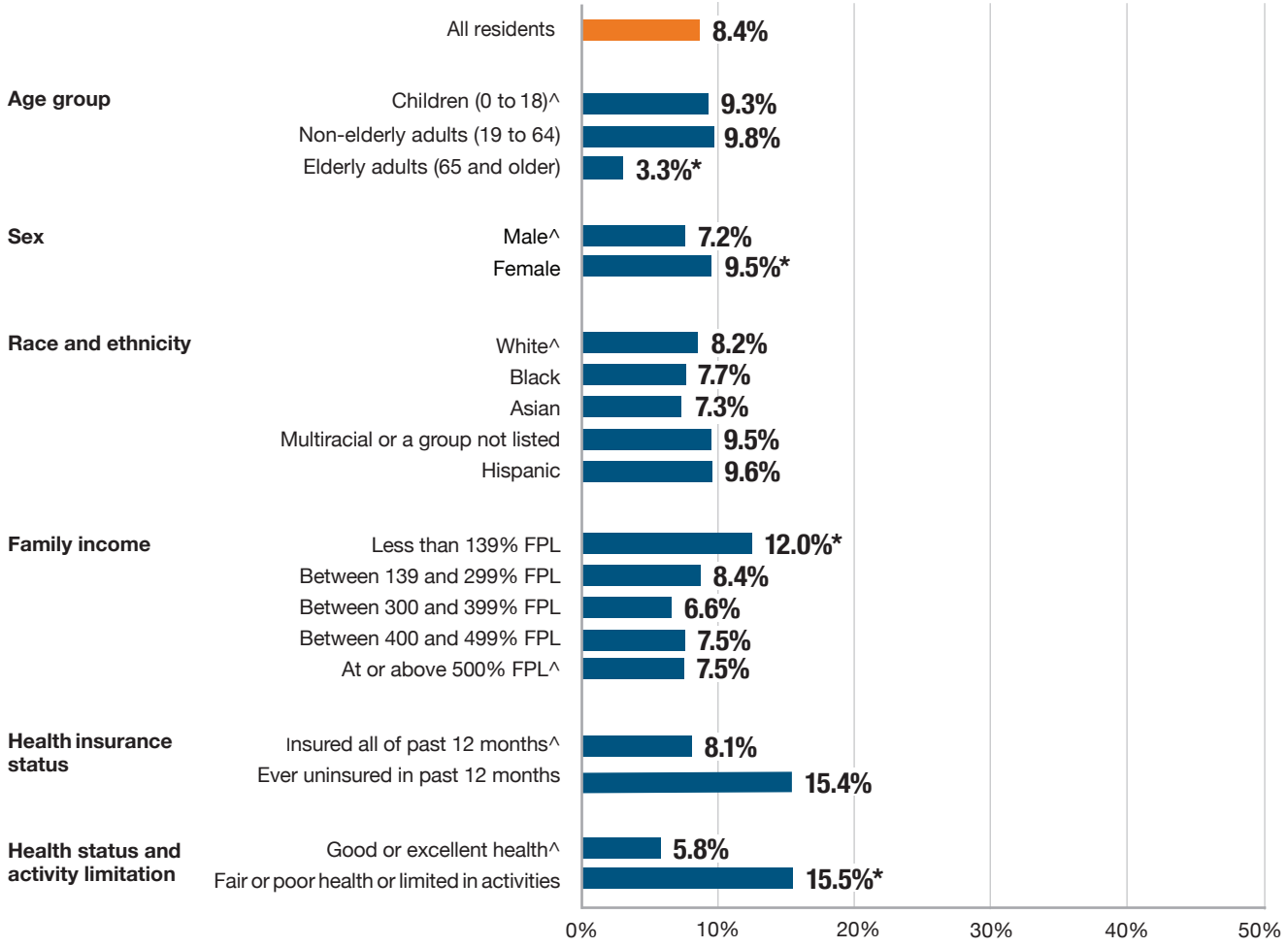
^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Difficulties With Accessing Behavioral Health Care by Resident Characteristics, 2025

Nearly 1 in 10 residents reported difficulties accessing behavioral health care (8.4%). Residents in fair or poor health or who were limited in activities were more than twice as likely to report difficulties with accessing behavioral health care as those in good or excellent health (15.5% vs. 5.8%). Elderly adults were the least likely to report difficulties with accessing behavioral health care, with 3.3% reporting any difficulty.

Residents with a family income less than 139% FPL were substantially more likely than residents with family incomes 500% FPL or higher to report difficulties with accessing behavioral health care (12.0% vs. 7.5%).



Notes: Difficulties accessing behavioral health care limited to 5,225 residents age 5 and older and includes the following: unable to get appointment with doctor's office or clinic as soon as needed; unable to get appointment with specialist as soon as needed; doctor's office or clinic not accepting new patients; doctor's office or clinic not accepting insurance type; and unable to get appointment due to transportation issues. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

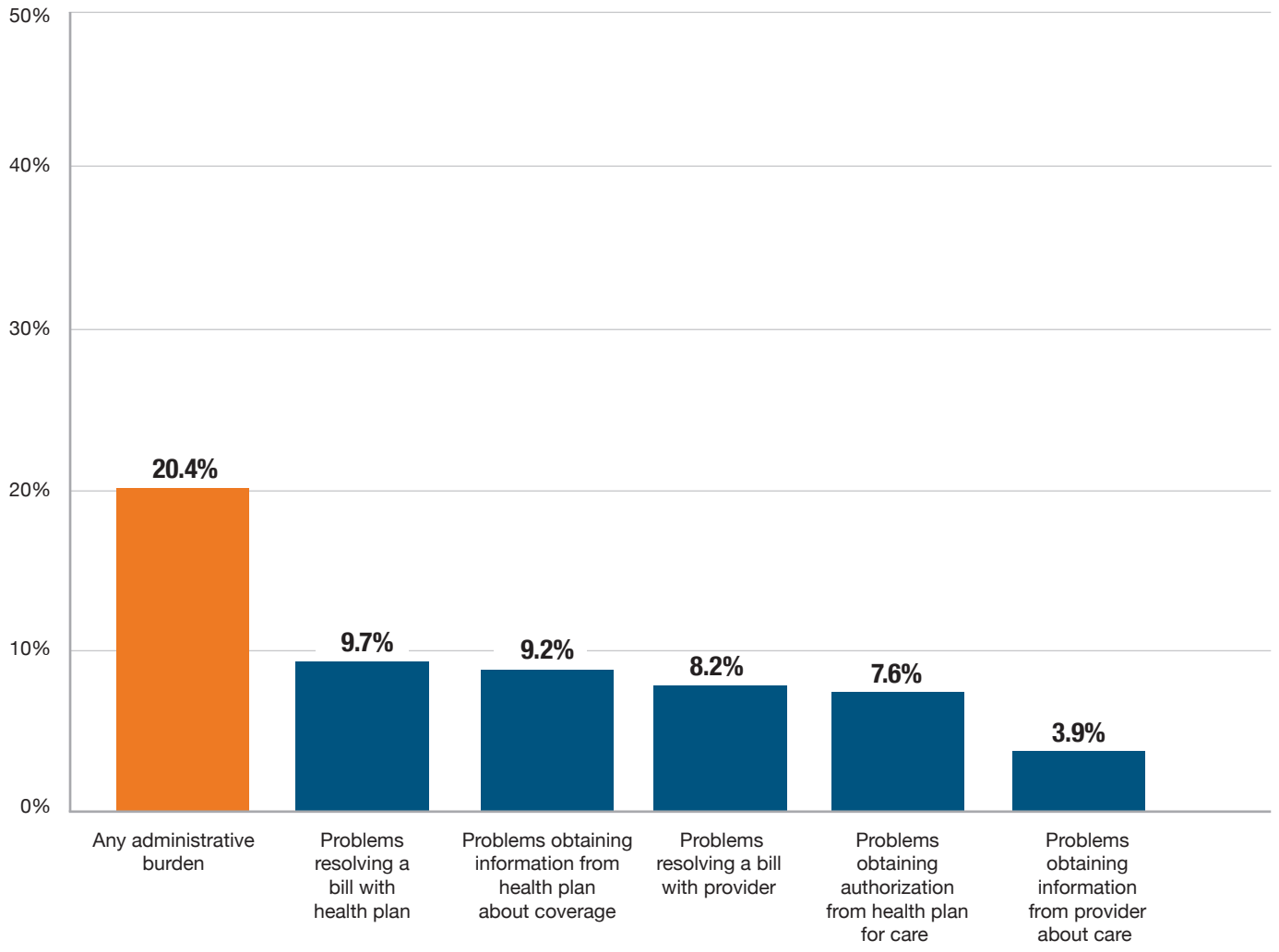
One in 5 Massachusetts residents (20.4%) reported encountering an administrative burden related to their health care or health plan coverage in 2025.

Problems resolving bills were common: 9.7% of residents reported problems resolving a bill with their health plan and 8.2% reported problems resolving a bill with a provider.

Administrative burden also included problems obtaining information from a health plan about coverage (9.2%) and obtaining authorization from their health plan for care they felt was needed (7.6%).

Obtaining information from a provider about care, such as test results, was a problem for 3.9% of residents.

Administrative Burden Over the Past 12 Months by Type, 2025



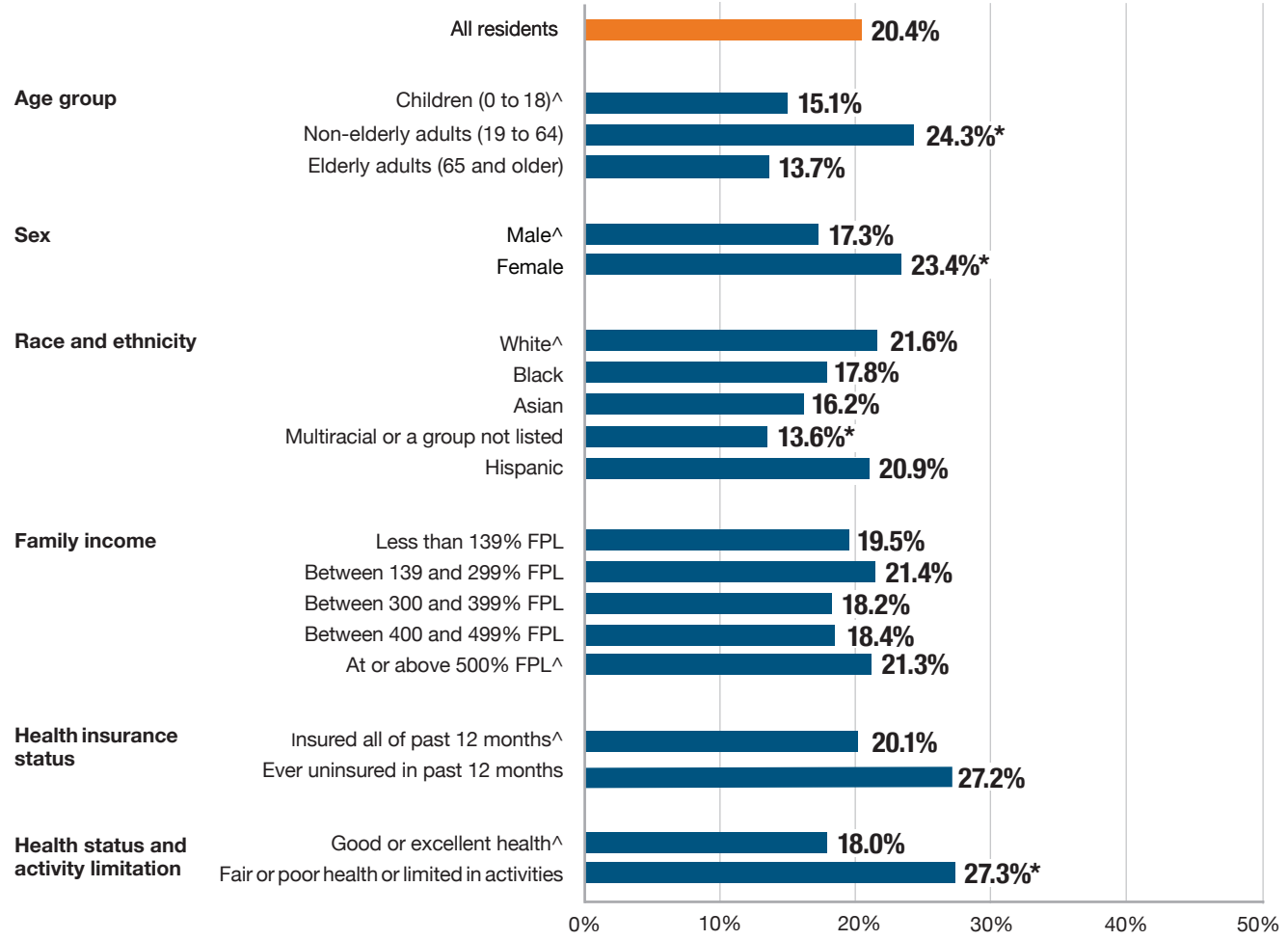
Notes: Administrative burden types listed above are not mutually exclusive; residents were asked to select all applicable options. "Any administrative burden" includes one or more of the burden types shown.
Data source: 2025 Massachusetts Health Insurance Survey

Any Administrative Burden Over the Past 12 Months by Resident Characteristics, 2025

The challenge of administrative burdens related to health care or health plan coverage persisted across all resident characteristics.

Residents were more likely to report facing administrative burdens for the care of adults ages 19 to 64 than for the care of children (24.3% vs. 15.1%) and for the care of female residents than male residents (23.4% vs. 17.3%).

Residents in fair or poor health or with activity limitations reported the highest level of administrative burden at 27.3% compared with 18.0% for those in good or excellent health with no activity limitations.



Notes: "Any administrative burden" includes problems resolving a bill with health plan, resolving a bill with provider, obtaining information from health plan about coverage, obtaining authorization from health plan for care they felt was needed, and obtaining information from provider about their care. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

Although Massachusetts has near universal health insurance coverage, many residents continue to report challenges paying for needed care. The MHIS examines health care affordability by asking residents about any problems paying family medical bills in the past 12 months, medical debt held by their family, the amount and percentage of family income being spent on out-of-pocket health care costs, and whether the resident or any member of their family went without health care that they felt was needed in the past 12 months due to the cost of that care.

Of note, medical debt is distinct from difficulty paying family medical bills. Residents with difficulties paying family medical bills may have paid the bills in full when they were due by cutting back on other expenses or savings, while residents with medical debt are paying off family medical bills over time. The 2025 MHIS included a new question about the types of care and services that led to family medical debt as well as a question last asked in 2021 on the consequences of medical debt.

Out-of-pocket health care costs include spending by residents and their families on services not covered by insurance (medical, dental, and vision) as well as deductibles, copays, and coinsurance required for benefits covered by their health insurance. Out-of-pocket spending excludes monthly premiums for health insurance. The MHIS included a measure of high spending on out-of-pocket health care in the past 12 months, defined as 5 percent or more of family income spent on out-of-pocket health care expenses for families below 200 percent FPL, or 10 percent or more of family income for families at or above 200 percent FPL.

For residents with commercial insurance, the survey asked the size of their annual deductibles to determine whether their insurance plan is a high-deductible health

plan (HDHP). HDHPs are defined by the Internal Revenue Service as having an annual deductible of at least $1,650 for single coverage or $3,300 for family coverage in 2025. The 2025 MHIS included new questions about enrollment in a tax-advantaged saving and spending account such as a Health Savings Account (HSA), Flexible Spending Account (FSA), or Health Reimbursement Arrangement (HRA).

The MHIS also asked whether residents or their families had any unmet health care needs due to cost, which included forgoing care by a doctor, nurse practitioner, physician assistant, midwife, or specialist; mental health care or counseling; substance use disorder care; prescription drugs; dental care; vision care; and/or use of medical equipment.

Key Findings

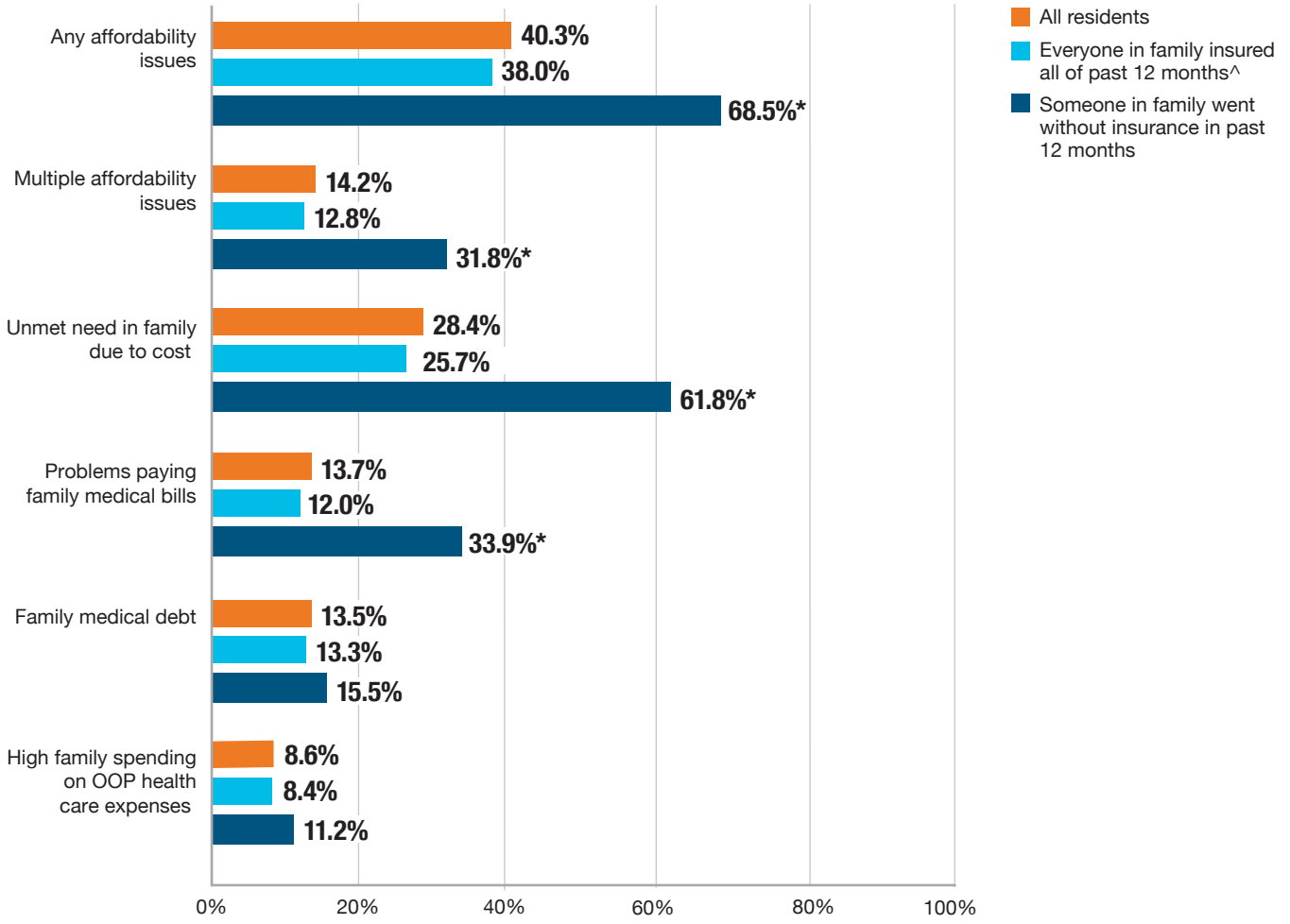
- Two in 5 residents (40.3%) reported that they had issues affording health care for their families, a burden that is higher for Black residents (54.1%) and Hispanic residents (47.3%) and those with family incomes below 400% FPL (38.8% to 56.6%). Issues included spending a high proportion of income on out-of-pocket health care expenses (8.6% of residents), having problems paying or being unable to pay family medical bills (13.7%), and carrying family medical debt (13.5%).
- Among the 13.5% of residents with family medical debt, most (89.6%) reported that this debt had been incurred for care received when the resident and all household family members had insurance coverage. The most common services that led to debt were tests or surgical procedures, ongoing care for a chronic condition or long-term health problem, dental care, and emergency care. More than half of those with debt (53.3%) cut back on savings or took money out of savings, 40.6% were contacted by a collection agency about this debt, and 35.9% borrowed money or took on credit card debt.
- More than 4 in 5 residents with commercial coverage had plan deductibles. Nearly half of residents with commercial insurance (46.4%) were enrolled in an HDHP, which may result in higher out-of-pocket expenses when receiving care as the deductible must be paid before the plan covers certain services.
- Nearly half of commercially insured residents were enrolled in a tax-advantaged medical or health saving and spending account, with HSAs being the most common (28.6%), followed by FSAs and HRAs (23.2% and 5.2%, respectively).
- More than one quarter of residents (28.4%) reported that they or a family member had an unmet health care need due to the cost of care, and 14.2% of residents reported an unmet need for dental care due to cost. ■

Affordability Issues for Massachusetts Residents and Their Families, 2025

Despite near universal health insurance coverage in Massachusetts, affordability issues were widespread across families in the Commonwealth. In 2025, 40.3% of residents reported that their families faced at least one affordability issue within the past 12 months. Having an unmet health care need due to the cost of care was the most commonly reported affordability issue (28.4%).

Residents who reported that someone in their family was uninsured in the past 12 months reported affordability issues at a higher rate than residents whose family was continuously insured (68.5% vs. 38.0%).

Of note, in addition to the 13.5% of residents who reported family medical debt, that is, paying family medical bills over time, 3.1% of residents reported that they have family medical bills they are unable to pay at all (not shown).



Notes: OOP = out-of-pocket. Affordability issues listed above are not mutually exclusive; residents were asked to select all applicable options. "Any affordability issue" includes one or more of the affordability issues shown. "Multiple affordability issues" is defined as reporting two or more individual affordability issues in past 12 months.
*Difference from estimate for reference group statistically significant at 5% level
Data source: 2025 Massachusetts Health Insurance Survey

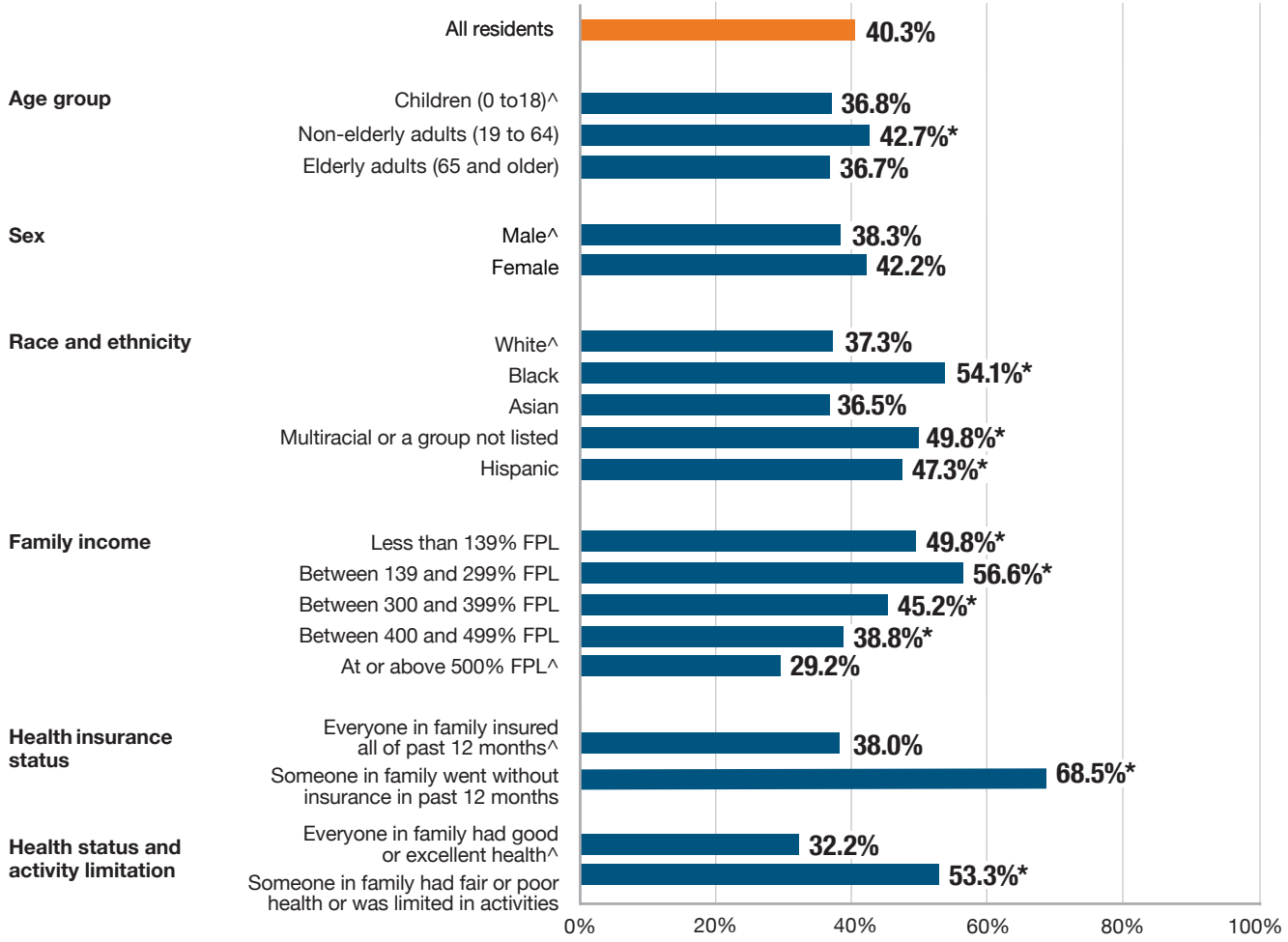
Any Affordability Issue for Massachusetts Residents and Their Families by Resident Characteristics, 2025

In 2025, two-fifths (40.3%) of residents reported difficulty affording health care; a substantial share of residents reported affordability issues across all socioeconomic and health status groups in Massachusetts.

The burden of health care affordability was greater for Black residents (54.1%), Hispanic residents (47.3%), and residents who are Multiracial or from a group not listed on the survey (49.8%) than White residents (37.3%).

Residents with a family income below 500% FPL reported higher rates of affordability issues than those at or above 500% FPL. More than half of residents with family incomes between 139% and 299% FPL (56.6%) reported affordability issues.

Two-thirds of residents whose family members were uninsured at any time in the past 12 months (68.5%) and more than one-third of residents whose family members were always insured over that period (38.0%) reported that their family faced at least one affordability issue.



Notes: "Any affordability issue" is defined as reporting any of the following in the past 12 months: problems paying or unable to pay family medical bills; family medical debt at time of survey; spending a high share of family income on out-of-pocket health care expenses; and unmet family health care needs due to cost of care. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

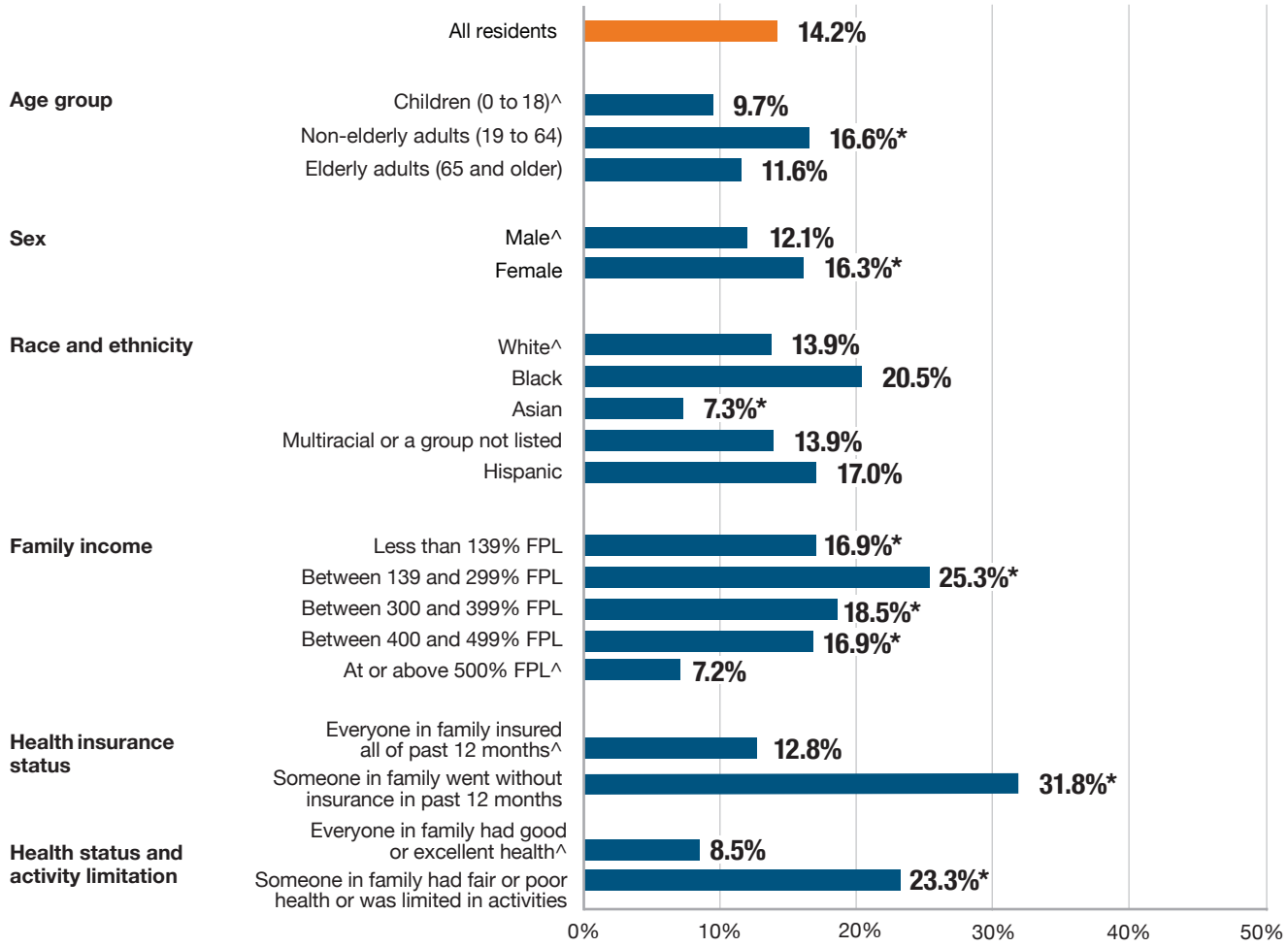
Data source: 2025 Massachusetts Health Insurance Survey

Multiple Affordability Issues for Massachusetts Residents and Their Families by Resident Characteristics, 2025

One in 7 residents (14.2%) reported in 2025 that their family faced more than one issue with affording health care over the past 12 months.

Multiple affordability issues were most common among those with a family income between 139% and 299% FPL (25.3%), with someone in the family who was uninsured at any time in the past 12 months (31.8%), or with a household family member in fair or poor health or who had activity limitations (23.3%).

Multiple affordability issues in the family were less common among Asian residents (7.3%) and those with a family income at or above 500% FPL (7.2%).



Notes: "Multiple affordability issues" defined as reporting two or more of the following in past 12 months: problems paying or unable to pay family medical bills; family medical debt at time of survey; spending high share of family income on out-of-pocket health care expenses; and unmet family health care needs due to cost of care. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who reported that they or a family member have activity limitations because of a physical, mental, or emotional problem.

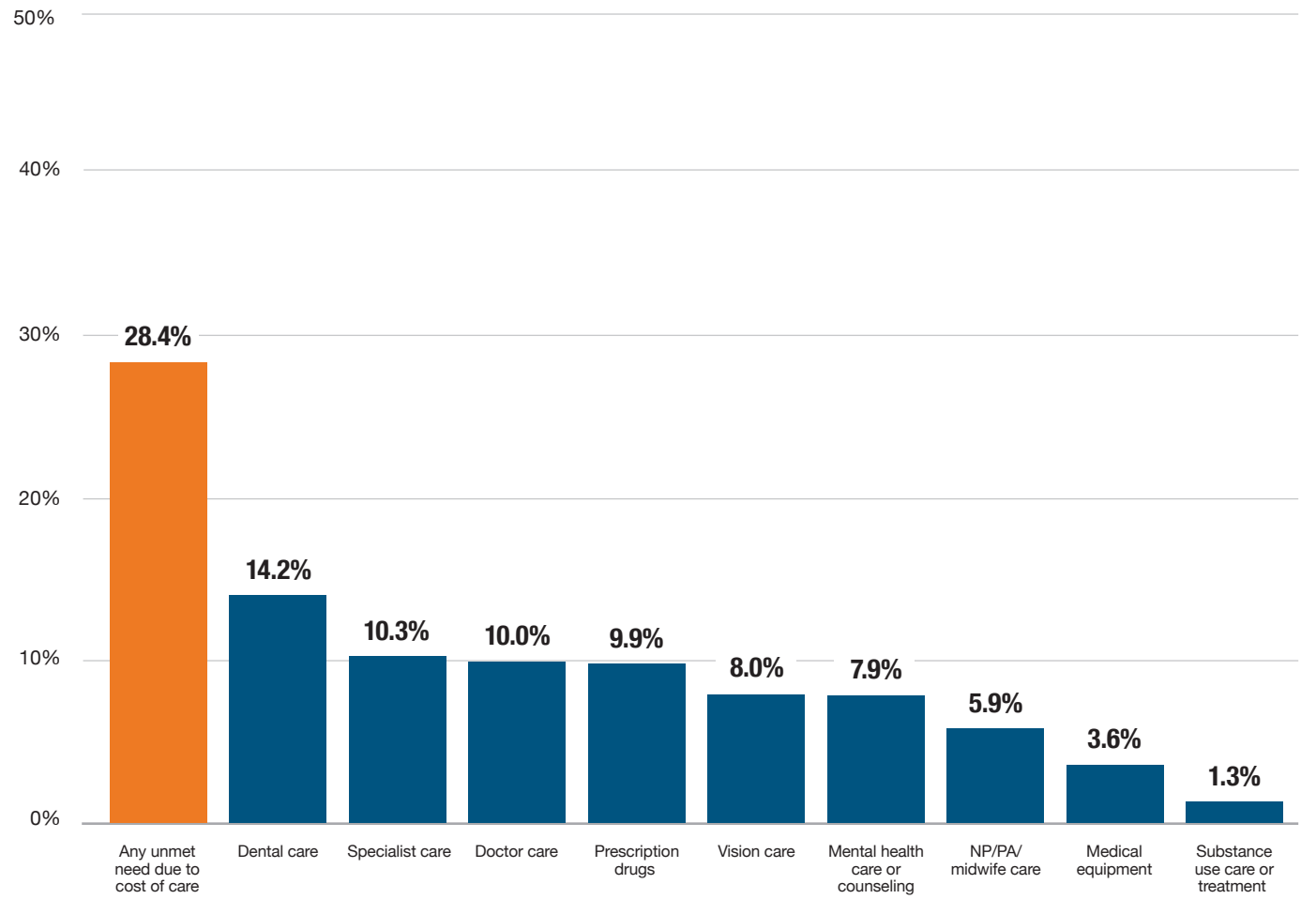
^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Unmet Health Care Need in the Family Due to Cost of the Care Over the Past 12 Months, 2025

In 2025, more than one-quarter of Massachusetts residents (28.4%) 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 need for health care within the family due to cost were dental care (14.2%), specialist care (10.3%), doctor care (10.0%), and prescriptions (9.9%).



Note: 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 of care" includes one or more of the unmet needs shown. Questions about unmet need for mental health were asked of 5,225 residents age 5 and older; questions about unmet need for alcohol and substance use disorder care were asked of 5,031 residents age 12 and older.

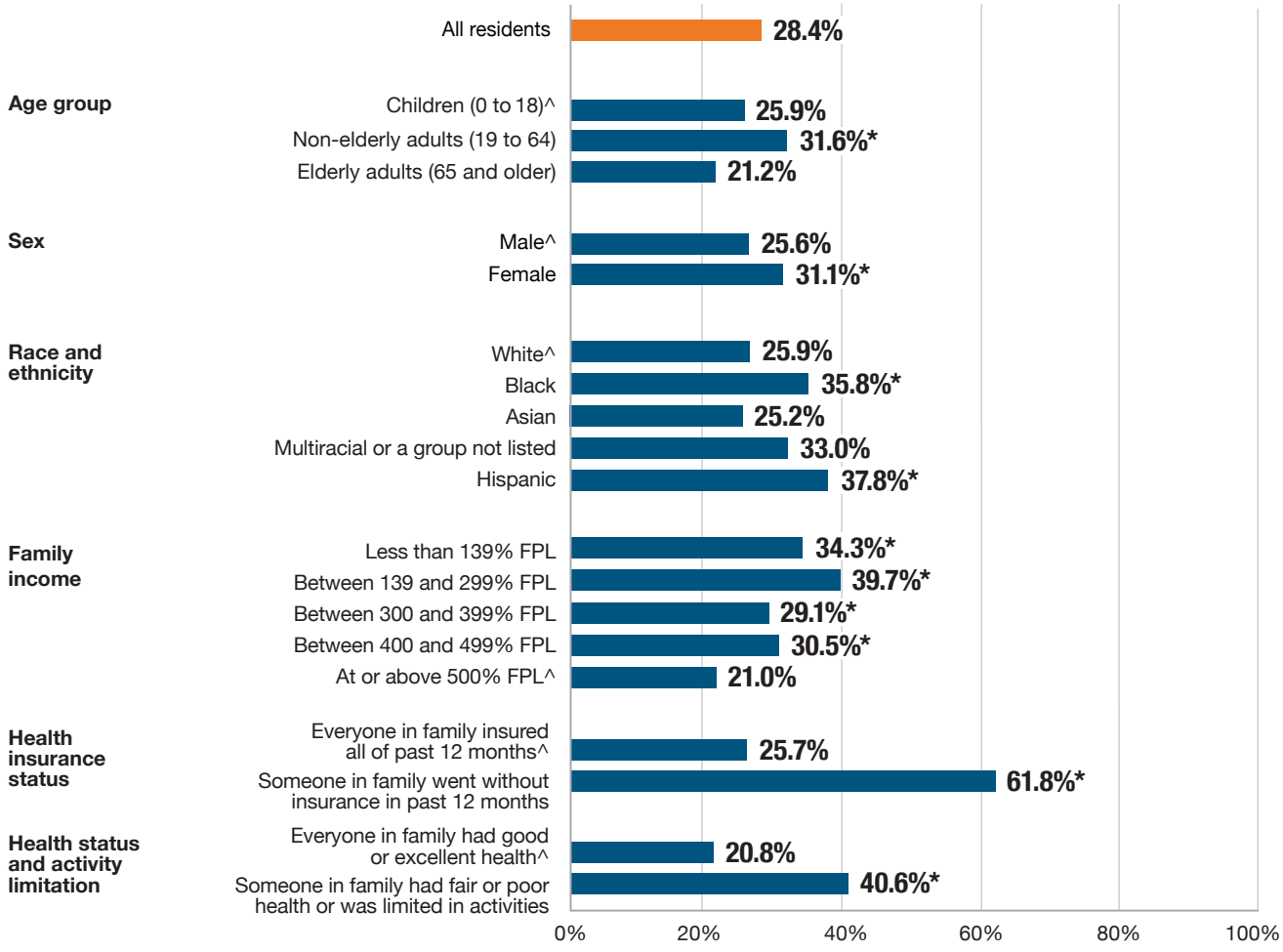
Data source: 2025 Massachusetts Health Insurance Survey

Unmet Health Care Need in the Family Due to Cost of the Care Over the Past 12 Months by Resident Characteristics, 2025

Unmet need for health care because of the cost of the care is persistent across all sociodemographic groups in Massachusetts. Although residents with a family income at or above 500% FPL were the least likely to report an unmet need for health care in their family, 21.0% still faced this difficulty.

Residents living in families in which someone was uninsured at any time in the past 12 months reported the highest rates of unmet need for health care in their family due to cost. These residents were more than twice as likely to report an unmet need due to cost in 2025 than residents in families where all members were continuously insured (61.8% vs. 25.7%).

Hispanic residents and Black residents were more likely to report unmet need due to cost than White residents (37.8% and 35.8%, respectively, vs. 25.9%).



Notes: "Any unmet need for health care in family due to cost" includes the following: doctor care; nurse practitioner, physician assistant, or midwife care; specialist care; mental health care or counseling; substance use disorder care; prescription drugs; dental care; vision care; and medical equipment. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem.

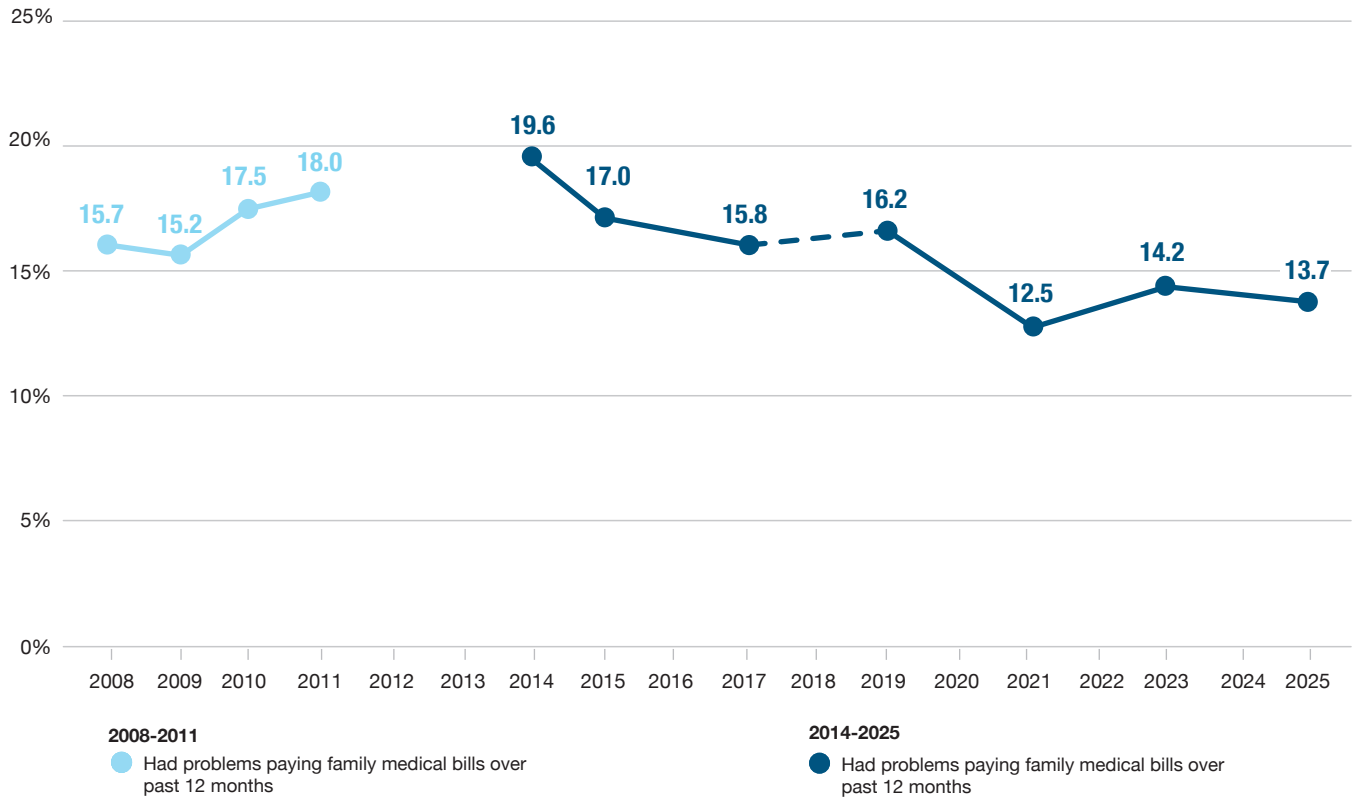
^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Problems Paying Family Medical Bills Over the Past 12 Months, 2008-2025

The share of Massachusetts residents reporting that they had problems paying or were unable to pay family medical bills has generally declined since 2014. Approximately 1 in 7 residents (13.7%) reported problems paying or being unable to pay medical bills in 2025, compared with 19.6% in 2014.

Declines in 2014-2017 are likely due in part to the implementation of the Affordable Care Act. While the decline from 2019-2021 was likely due to COVID-19 coverage protections and lower utilization, there was no statistically significant difference between the 2021, 2023, and 2025 rates.



Notes: Due to changes in the Massachusetts Health Insurance Survey (MHIS) design in 2014, 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 dialing (RDD) telephone sample used from 2014-2017; the 2021-2025 designs 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 2019-2025 (denoted by the dotted line).[24] See the 2025 MHIS Methodology Report for more information on design changes.

Data source: 2008-2011, 2014, 2015, 2017, 2019, 2021, 2023, and 2025 Massachusetts Health Insurance Survey

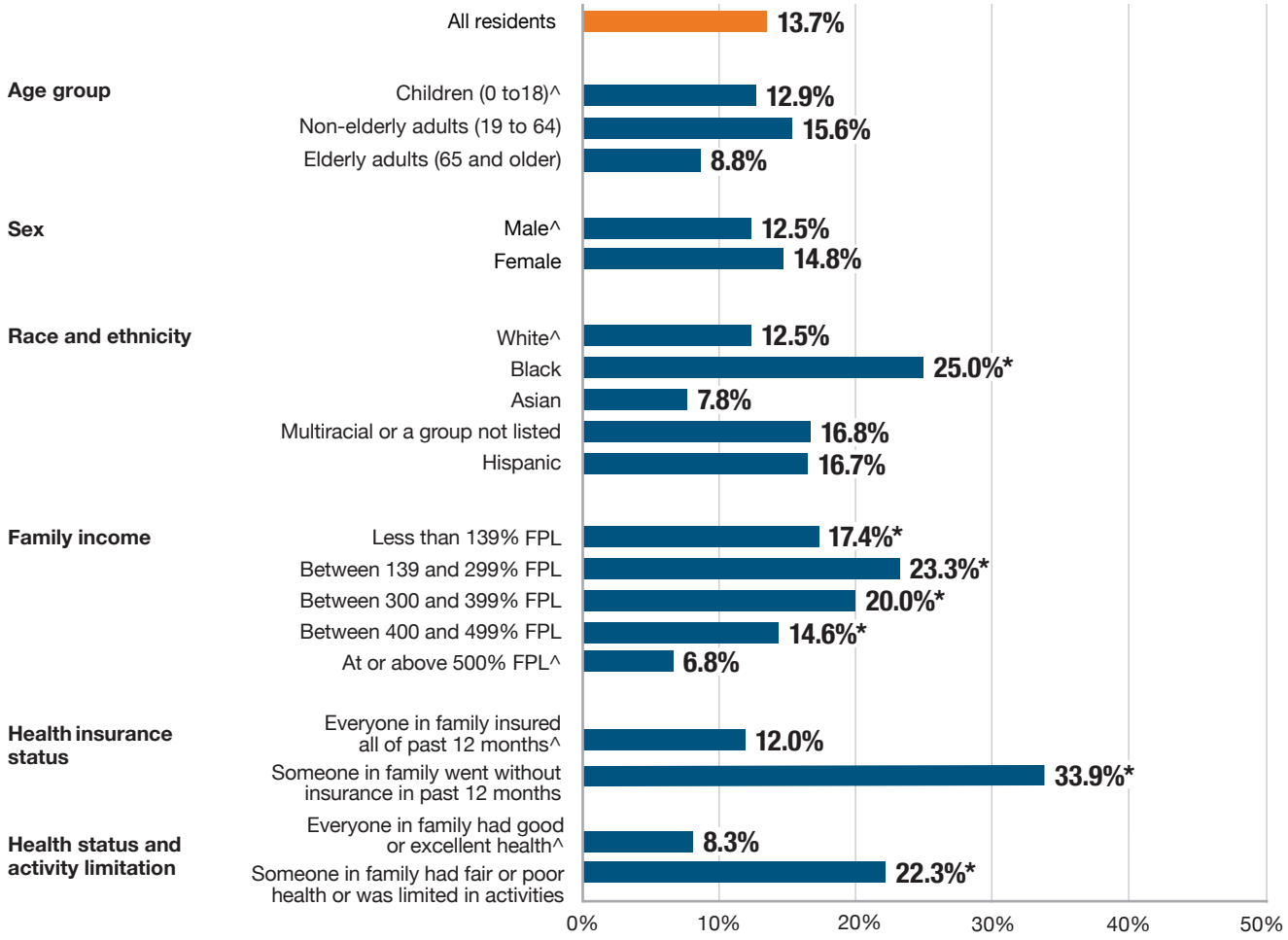
Problems Paying Family Medical Bills Over the Past 12 Months by Resident Characteristics, 2025

Roughly 1 in 5 residents with a family income below 400% FPL reported problems paying family medical bills in the past 12 months. Those with a family income at or above 500% FPL were the least likely to report difficulties paying or being unable to pay a family medical bill; nonetheless, 6.8% still faced this difficulty.

Black residents were twice as likely to report problems paying family medical bills in the past 12 months as White residents (25.0% vs. 12.5%).

Compared with residents for whom all family members were continuously insured, residents with someone in their family who was uninsured at any time in the past 12 months were nearly 3 times more likely to have problems paying family medical bills (12.0% vs. 33.9%).

Residents who had a family member in fair or poor health or with an activity limitation were nearly 3 times as likely as those whose families were in good or excellent health without limitations to report problems paying family medical bills (22.3% vs. 8.3%).



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem.

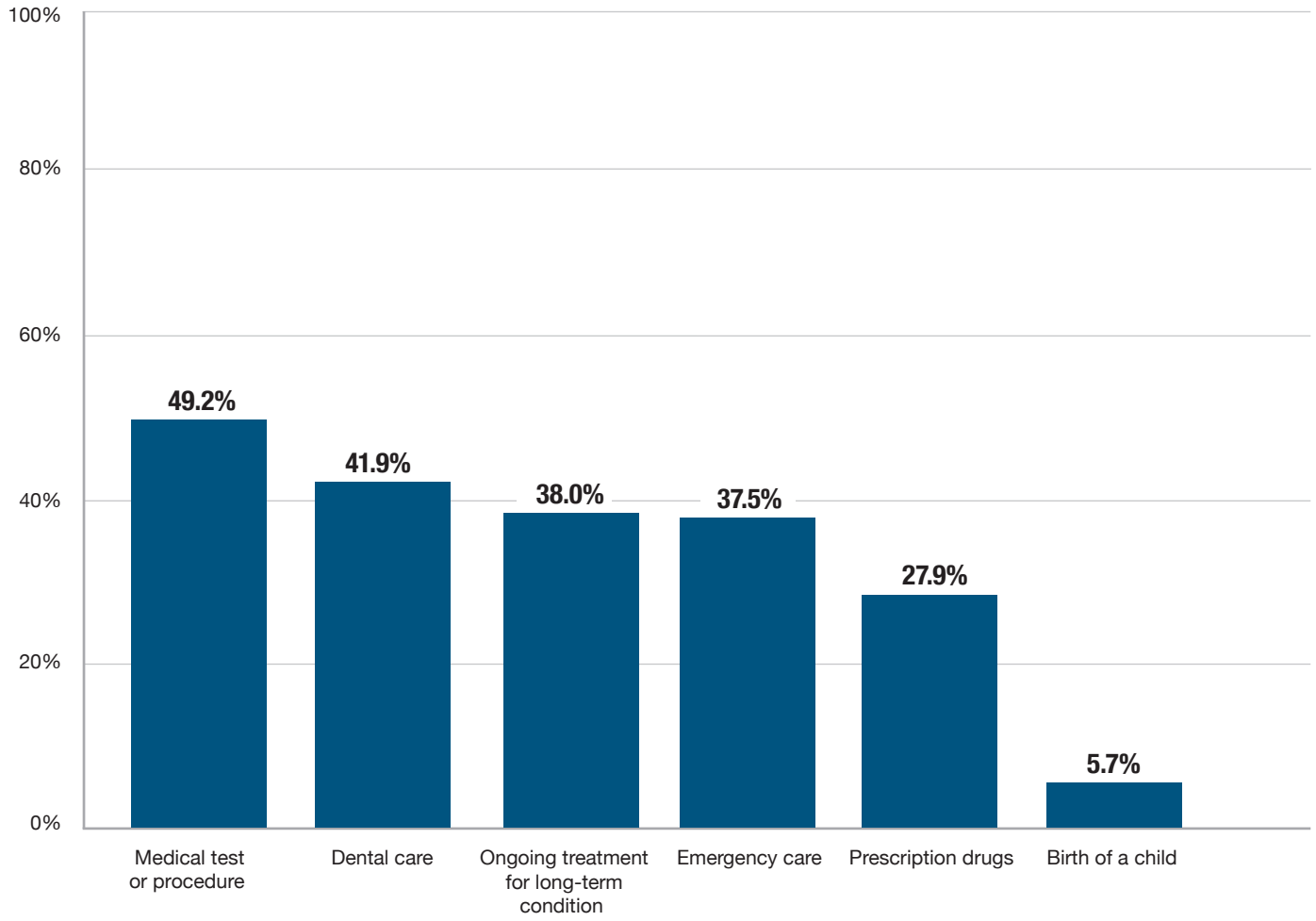
^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Types of Care and Services That Led to Problems Paying Family Medical Bills Over the Past 12 Months, 2025

In 2025, 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 difficulties included medical bills for a medical test or surgical procedure (49.2%), dental care (41.9%), ongoing care for a chronic condition or long-term health problem (38.0%), and emergency care (37.5%).

Just over a quarter of residents reported that the cost of prescription drugs led to problems paying medical bills (27.9%).



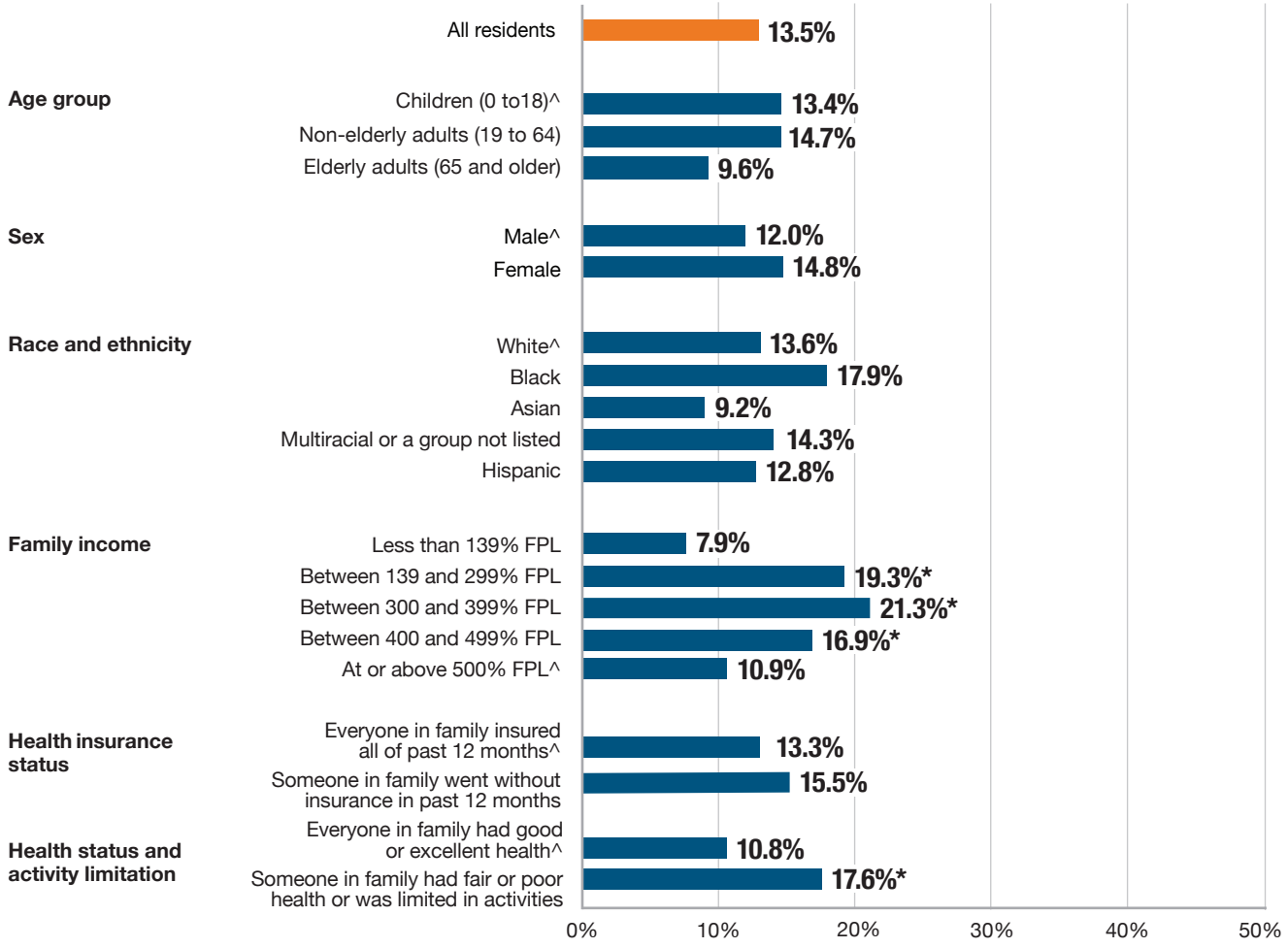
Notes: Among the 624 residents who reported having difficulties paying or being unable to pay family medical bills. Categories listed above not mutually exclusive; residents were asked to select all applicable options.
Data source: 2025 Massachusetts Health Insurance Survey

Family Medical Debt by Resident Characteristics, 2025

In 2025, 1 in 8 Massachusetts residents (13.5%) reported that their family held medical debt, defined as family medical bills that are being paid over time.

Residents in the highest and lowest income groups reported the lowest rates of medical debt (7.9% for those below 139% FPL and 10.9% of those at or above 500% FPL). The share of residents reporting medical debt was highest among those with family incomes 139% to 299% FPL (19.3%), 300% to 399% FPL (21.3%) and 400% to 499% FPL (16.9%). This relationship between income and medical bills being paid over time may reflect that MassHealth has eliminated all copays and cost-sharing for members below 139% FPL, protecting low-income families on MassHealth from high out-of-pocket expenses. ConnectorCare has eliminated copays for primary and behavioral health care as well as for specific drugs treating hypertension, diabetes, asthma, and coronary artery disease for members.

Residents who had someone in the family with fair or poor health or activity limitations were more likely to report family medical debt (17.6%).



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem.

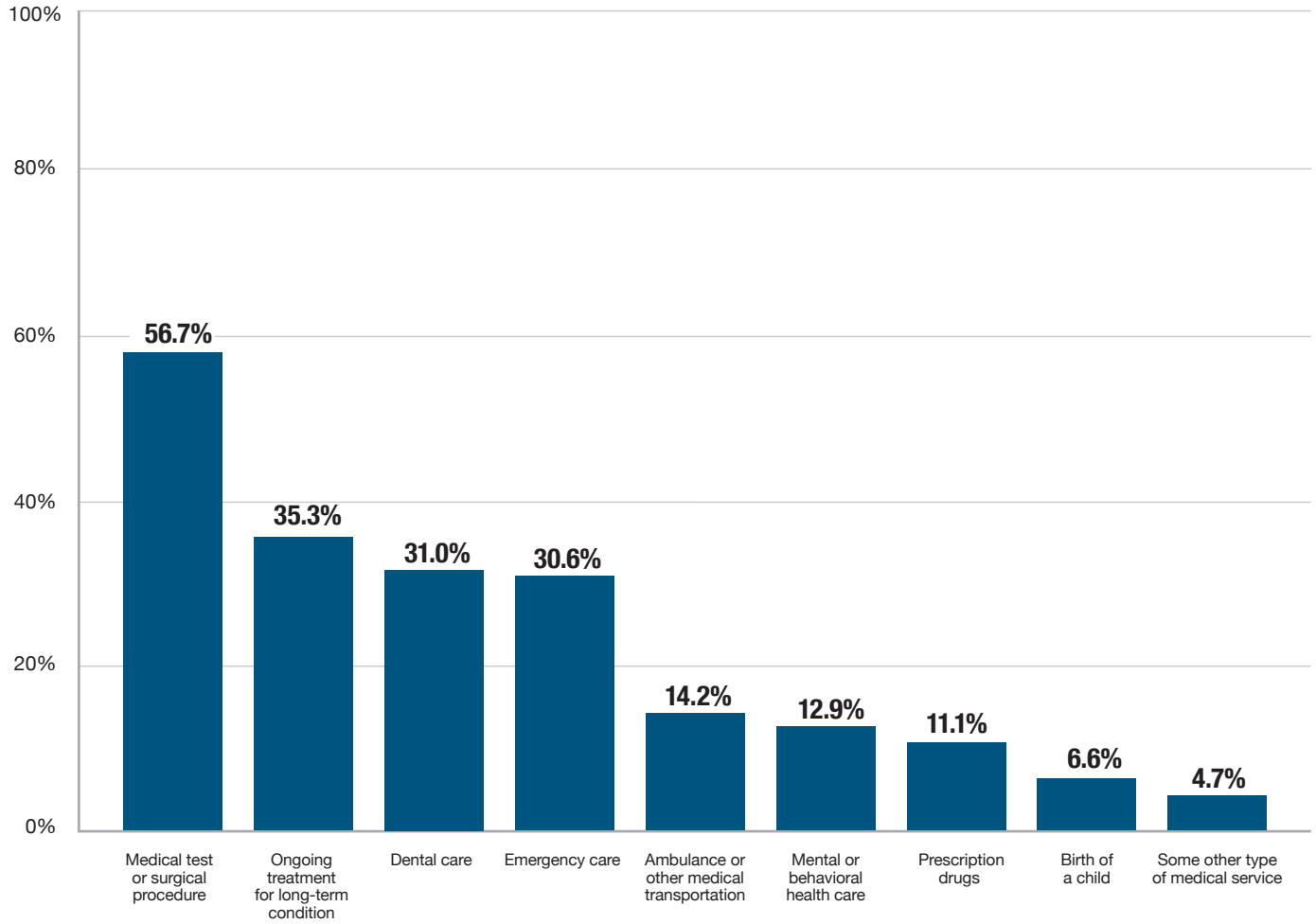
^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Types of Care and Services That Led to Family Medical Debt, 2025

Among Massachusetts residents who reported having family medical bills that are being paid off over time in 2025, the most commonly reported service that led to these difficulties was medical bills for a medical test or surgical procedure (56.7%).

A third of residents reported that the services leading to bills being paid off over time were for treatment for a long-term health problem or chronic condition (35.3%), dental care (31.0%), or emergency care (30.6%).



Notes: Among the 617 residents who reported family medical bills being paid off over time. Categories listed above not mutually exclusive; residents were asked to select all applicable options.
Data source: 2025 Massachusetts Health Insurance Survey

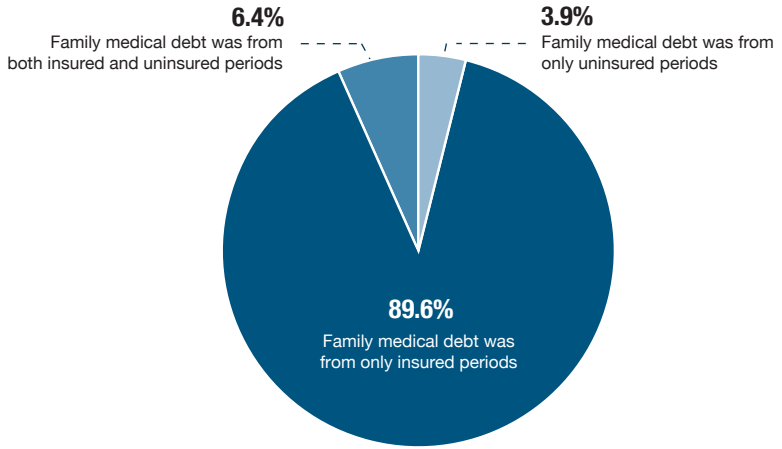
Insurance Status at the Time Medical Debt Was Incurred and Costs Contributing to Debt, 2025

In 2025, 9 out of 10 residents (89.6%) who reported family medical debt indicated that all their medical debt was incurred for care obtained when they and all family members had insurance coverage.

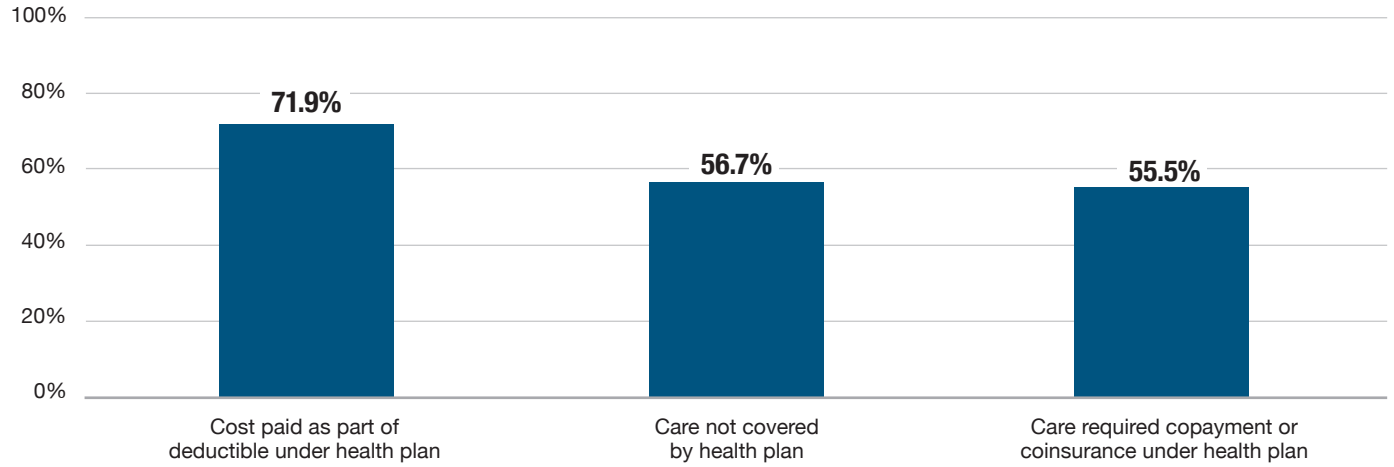
Most Massachusetts residents who reported family medical debt and whose families had health insurance coverage when all family medical bills were incurred reported that the debt was for payments required under their health insurance. Around three-quarters (71.9%) reported that they held medical debt from health plan deductible payments, and about half (55.5%) reported that they held medical debt from copayments or coinsurance.

More than half of residents with medical debt (56.7%) reported that they held medical debt from care not covered by their health plan.

Insurance Status at Time of Medical Debt



Costs Contributing to Debt Among Those with Debt From Insured Periods



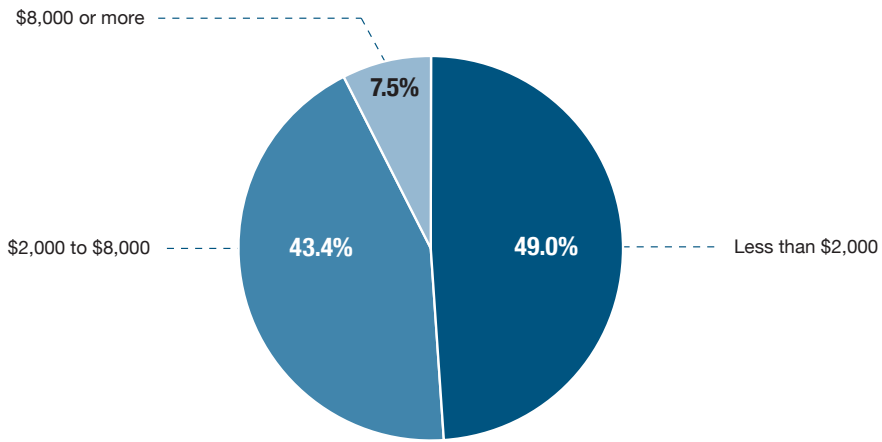
Note: Insurance status is among the 617 residents who reported family medical bills being paid off over time and costs contributing is among the 548 residents with debt from only insured periods.
Data source: 2025 Massachusetts Health Insurance Survey

Among Residents With Family Medical Debt, Amount and Age of Family Medical Bills, 2025

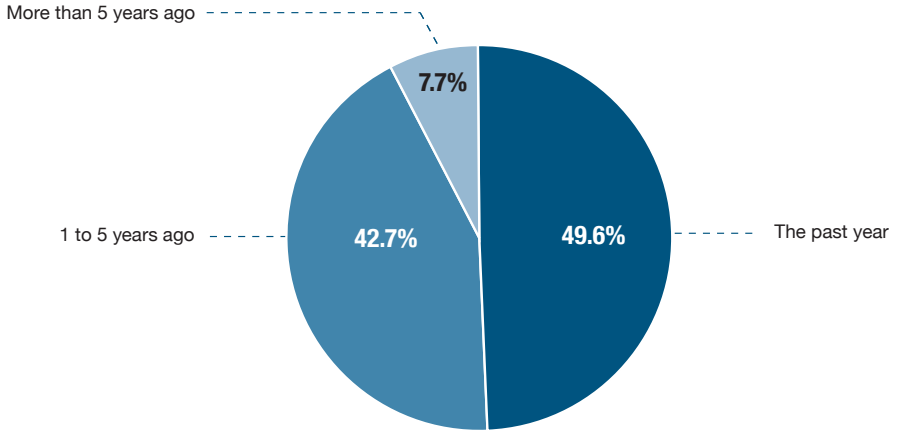
In 2025, the majority of Massachusetts residents with medical debt (92.5%) owed less than $8,000 in medical bills, and about half (49.0%) owed less than $2,000.

Half of those reporting family medical debt (49.6%) incurred those bills within the past year; 7.7% incurred the bills more than 5 years ago.

Amount of Family Medical Bills Being Paid Off Over Time



Time Since Medical Debt Was Incurred

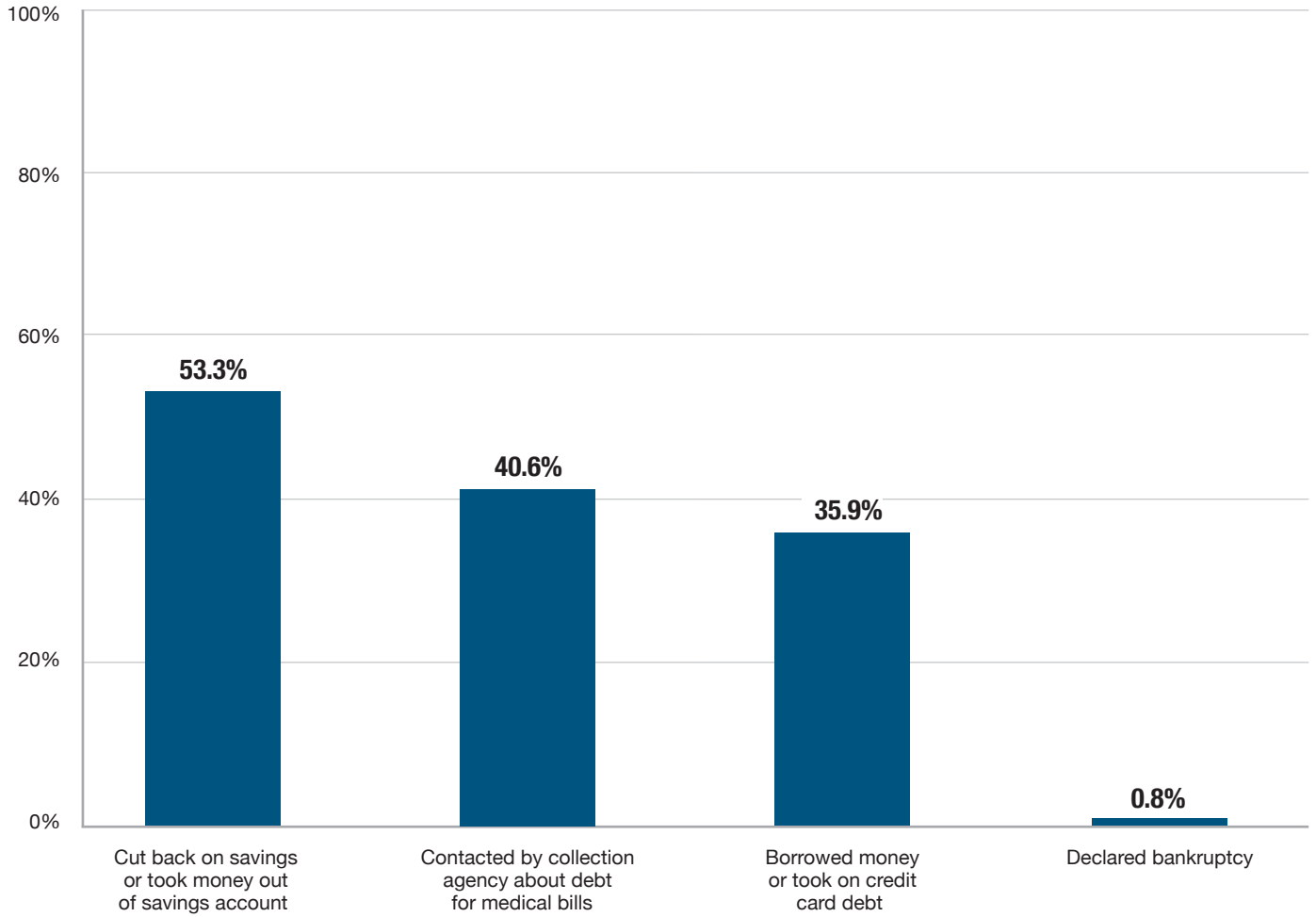


Note: Among the 617 residents who reported family medical bills being paid off over time and indicated the age and amount of debt.
Data source: 2025 Massachusetts Health Insurance Survey

Consequences of Medical Debt or Problems Paying Family Medical Bills Over the Past 12 Months, 2025

Among Massachusetts residents who reported either medical debt or having problems paying family medical bills, more than half reported cutting back on savings or taking money out of a savings account to pay for medical bills (53.3%) while one-third reported borrowing money or taking on credit card debt to pay for medical bills (35.9%).

Two-fifths of Massachusetts residents with problems paying family medical bills or medical debt (40.6%) reported being contacted by a collection agency about their family medical debt.



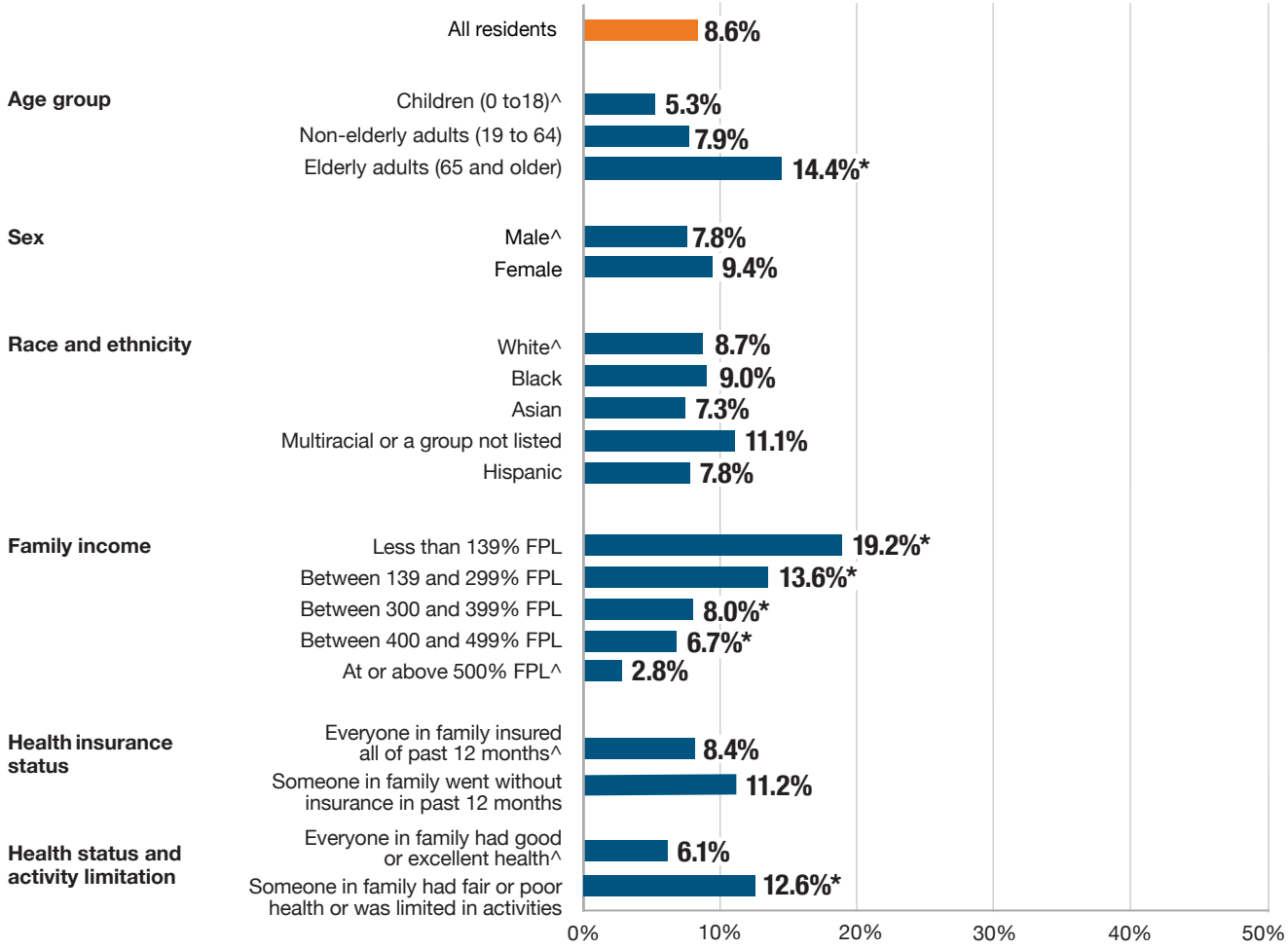
Notes: Among the 915 residents who reported having family medical bills that are being paid off over time. Categories listed above are not mutually exclusive; residents were asked to select all applicable options.
Data source: 2025 Massachusetts Health Insurance Survey

High Share of Family Income on Out-of-Pocket Spending Over the Past 12 Months by Resident Characteristics, 2025

In 2025, 8.6% of insured Massachusetts residents spent a high share of their family income on out-of-pocket medical expenses, defined as 5% or more of income for families below 200% FPL or 10% or more for families at or above 200% FPL.

Residents with a family income less than 139% FPL were more likely to have a high share of their family income spent on out-of-pocket expenses (19.2%) than those with a family income at or above 500% FPL (2.8%).

Additionally, elderly adults and residents in families with someone in fair or poor health or limited in activities reported higher rates on this measure (14.4% and 12.6%, respectively). Both groups are more likely to have higher health care utilization than residents with other characteristics.



Notes: FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. 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 resident pays for directly. Out-of-pocket spending does not include premiums for health insurance. "High share of family income spent on out-of-pocket costs" defined as 5% or more of income for families below 200% FPL, or 10% or more for families at or above 200% FPL. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem.

^Reference group.*Difference from estimate for reference group statistically significant at 5% level.

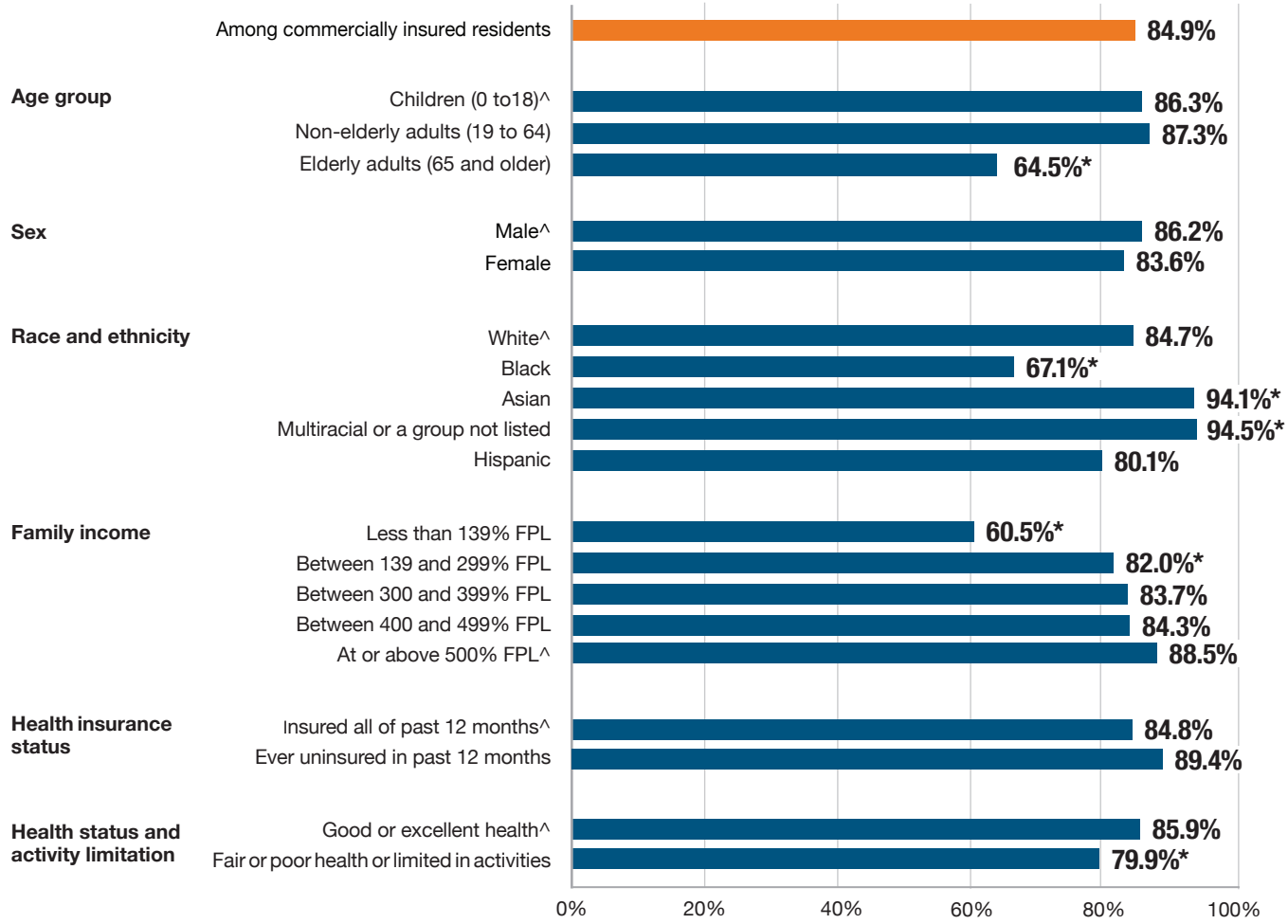
Data source: 2025 Massachusetts Health Insurance Survey

Commercially Insured Residents With Insurance Deductible by Resident Characteristics, 2025

Among Massachusetts residents who had commercial health insurance at the time of the survey, 84.9% reported that their insurance plan had a deductible in 2025. "Commercially insured" includes residents who reported insurance through employer-sponsored insurance, Health Connector Plans, and non-group health insurance plans bought directly from an insurance company.

Compared with White residents, Black residents were less likely to report having deductibles (84.7% vs. 67.1%). Asian residents and residents who are multiracial or a group not listed were more likely to report having a deductible (94.1% and 94.5%, respectively).

Deductibles were less common among residents ages 65 and older who were commercially insured (64.5%) as well as residents with a family income at or below 139% FPL (60.5%).



Notes: Among the 3,567 residents who are commercially insured. Estimates on this page limited to residents with commercial health insurance coverage, which includes employer-sponsored insurance (ESI), Health Connector Plans, and non-group health insurance plans bought directly from an insurance company.[25] Additionally, previous research has indicated that types of health insurance coverage other than ESI coverage are often reported with some error.[26] FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations 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.

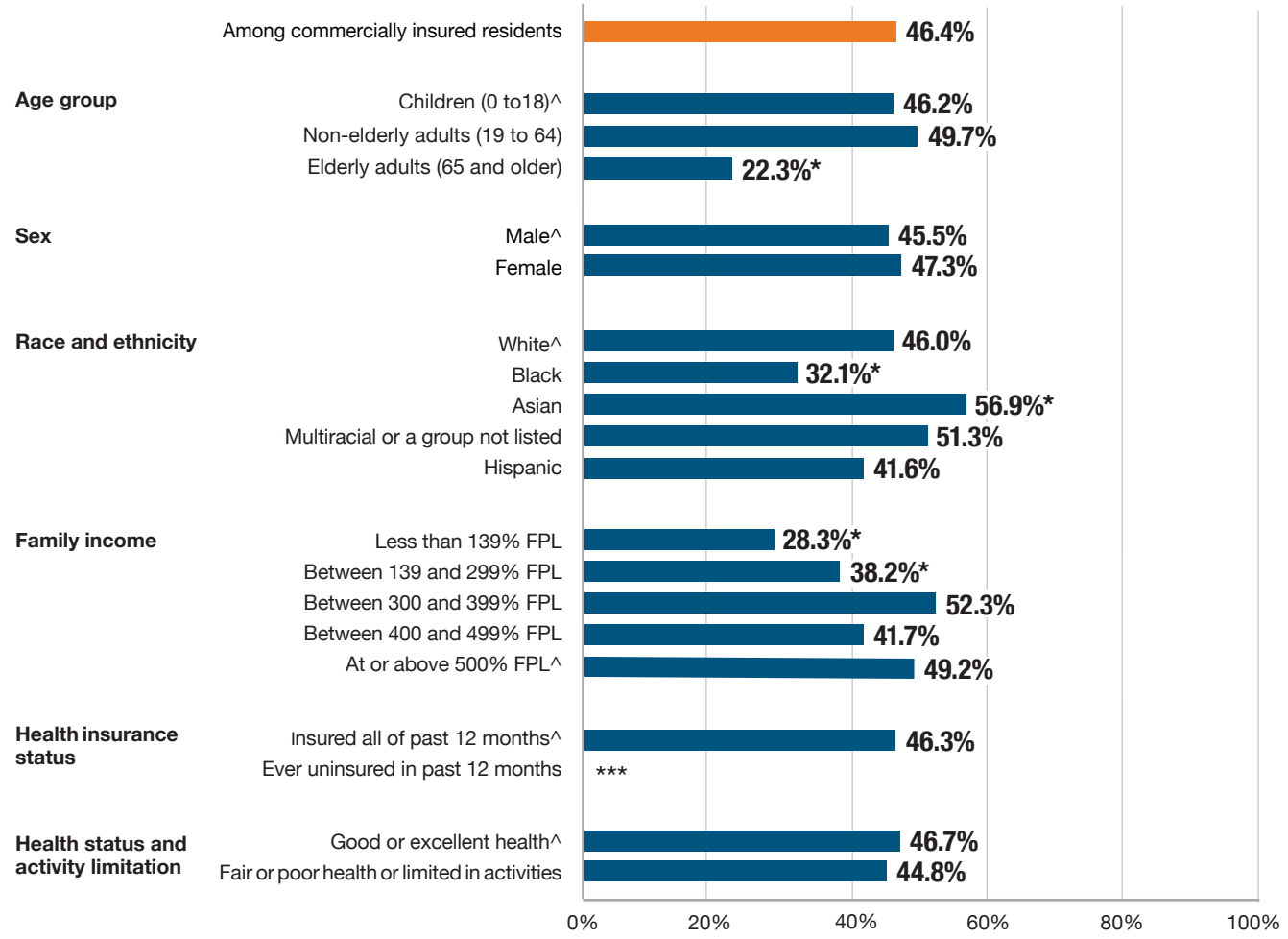
Data source: 2025 Massachusetts Health Insurance Survey

Commercially Insured Residents With High-Deductible Health Plans by Resident Characteristics, 2025

Among Massachusetts residents who had commercial health insurance, nearly half (46.4%) said that they were enrolled in an HDHP in 2025. HDHPs are defined by the Internal Revenue Service as having an annual deductible of at least $1,650 for single coverage or $3,300 for family coverage in 2025. HDHPs typically charge lower premiums than similar non-HDHP plans but may result in higher out-of-pocket expenses for members because they must meet the deductible before most types of care are covered.

Compared with White residents (46.0%), Black residents were less likely to have an HDHP (32.1%) and Asian residents were more likely to enroll in an HDHP (56.9%).

Enrollment in an HDHP was less common for residents with a family income less than 139% FPL (28.3%) than those with a family income at or above 500% FPL (49.2%).



Notes: Among the 3,567 residents who are commercially insured and indicated amount of their deductibles. Estimates on this page limited to residents with commercial health insurance coverage, which includes employer-sponsored insurance (ESI), Health Connector Plans, and non-group health insurance plans bought directly from an insurance company.[27] Additionally, previous research has indicated that types of health insurance coverage other than ESI coverage are often reported with some error.[28] FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem. To ensure reliability, estimates derived from subgroups with fewer than 50 survey respondents are not reported.

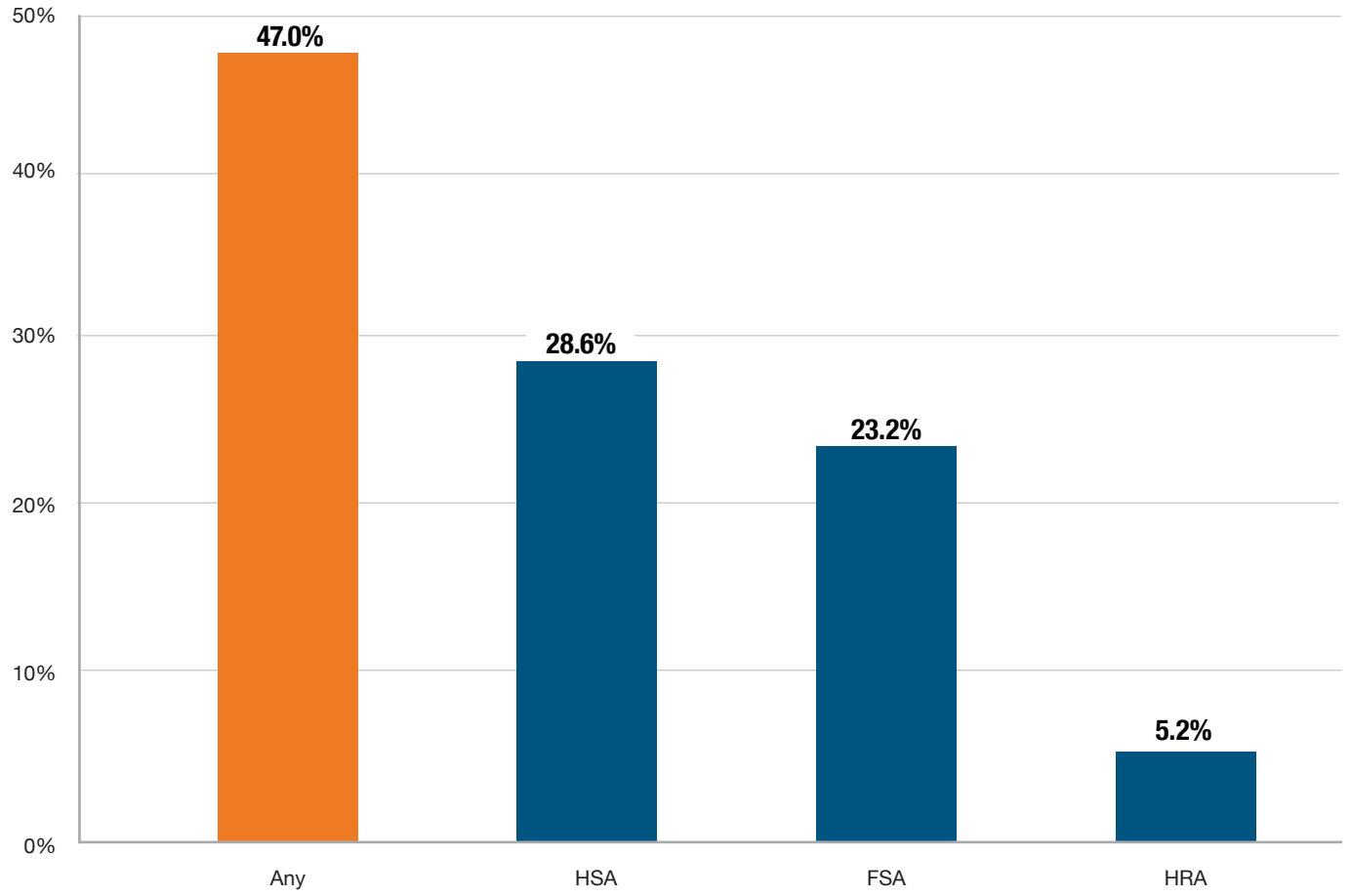
^Reference group. *Difference from estimate for reference group is statistically significant at the 5% level. *** Estimates for "Ever uninsured in past 12 months" are suppressed due to small sample sizes.

Data source: 2025 Massachusetts Health Insurance Survey

Commercially Insured Residents With Tax-Advantaged Saving and Spending Accounts, 2025

Just under half of Massachusetts residents with commercial health insurance (47.0%) reported being enrolled in a tax-advantaged medical or health saving and spending account.

Health Savings Accounts (HSA) were the most common (28.6%), followed by Flexible Spending Accounts (FSA) and Health Reimbursement Arrangements (HRA) (23.2% and 5.2%, respectively).



Note: Among the 3,567 residents who are commercially insured. Estimates on this page limited to residents with commercial health insurance coverage, which includes employer-sponsored insurance (ESI), 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: ESI; Medicare; MassHealth or ConnectorCare; Health Connector Plans; qualifying student health insurance plan; other private non-group coverage; and other coverage. ESI includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Commercial insurance, also known as private commercial insurance, refers to insurance from a private health insurance company and includes both ESI and private non-group coverage. Estimates should be interpreted with caution because residents may have both commercial and non-commercial health insurance coverage; in particular, ESI coverage among elderly adults may reflect supplemental coverage plans for elderly adults also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than ESI coverage are often reported with some error.[29]

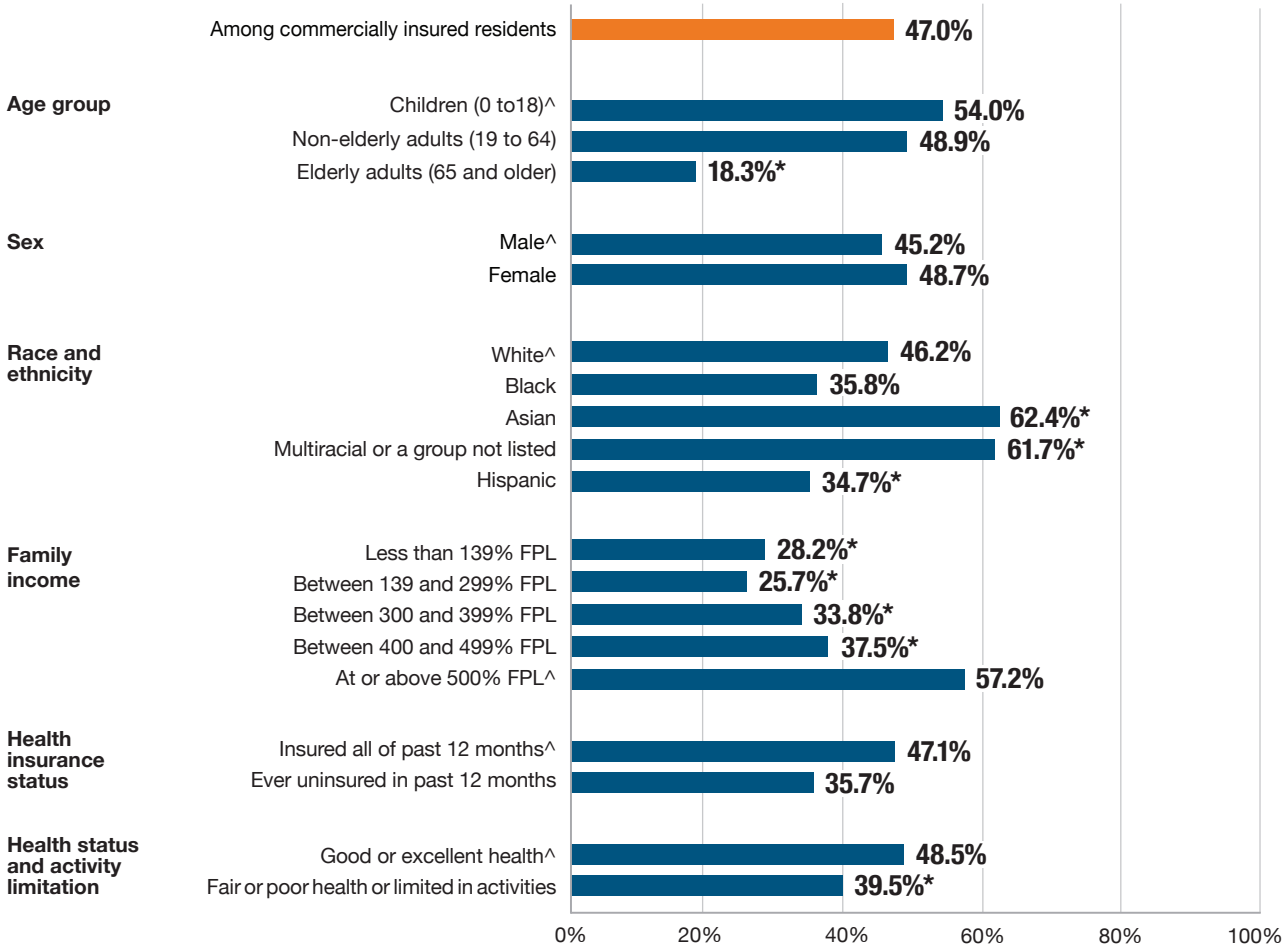
Data source: 2025 Massachusetts Health Insurance Survey

Commercially Insured Residents With Tax-Advantaged Saving and Spending Accounts by Resident Characteristics, 2025

Children were nearly 3 times more likely than adults ages 65 and older to be enrolled in a tax-advantaged health saving and spending account (54.0% vs. 18.3%).

Hispanic residents were less likely than White residents to be enrolled in a tax-advantaged health saving and spending account (34.7% vs. 46.2%), while Asian residents and residents who are Multiracial or a group not listed were more likely to be enrolled (62.4% and 61.7%, respectively).

Residents with family incomes 500% FPL or higher were the most likely to report enrollment in these accounts (57.2%) while those with family incomes 139% to 299% FPL were the least likely to hold a tax-advantaged health saving and spending account (25.7%).



Notes: Among the 3,567 residents who are commercially insured. Estimates on this page limited to residents with commercial health insurance coverage, which includes employer-sponsored insurance (ESI), Health Connector Plans, and non-group health insurance plans bought directly from an insurance company.[30] Additionally, previous research has indicated that types of health insurance coverage other than ESI coverage are often reported with some error.[31] Income reported from 2024; for a family of 4 in 2024, 139% FL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they or a family member have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Behavioral Health

In recent years, Massachusetts has implemented policies to expand access to behavioral health care, including the Mental Health ABC Act: Addressing Barriers to Care and the Roadmap to Behavioral Health Reform. Behavioral health includes care for mental health and substance use disorders. Currently, all fully insured health plans based in Massachusetts are required to cover behavioral health services in parity with physical health services, and most government and self-funded plans also cover behavioral health services, although this is not required of self-funded plans.

The MHIS offers a unique opportunity to examine elements of the Massachusetts behavioral health care system not available in administrative data such as the Massachusetts All-Payer Claims Database or the Massachusetts Acute Hospital Case Mix Databases.

For example, the MHIS asks residents about any visits for behavioral health care, unmet need for behavioral health for any reason, and unmet need for behavioral health due to cost. A series of questions examines out-of-pocket spending on behavioral health care: Residents were asked whether they paid for their most recent behavioral health care appointment entirely out of pocket; those who answered "yes" were asked why. The 2025 MHIS also asks about the location and modality of residents' most recent behavioral health care visit.

The MHIS includes separate questions about mental health care and substance use disorder care. Considering the very small number of residents reporting a need or use of care for substance use disorders, this report combines mental health care and alcohol or substance use disorder care in much of the analysis.

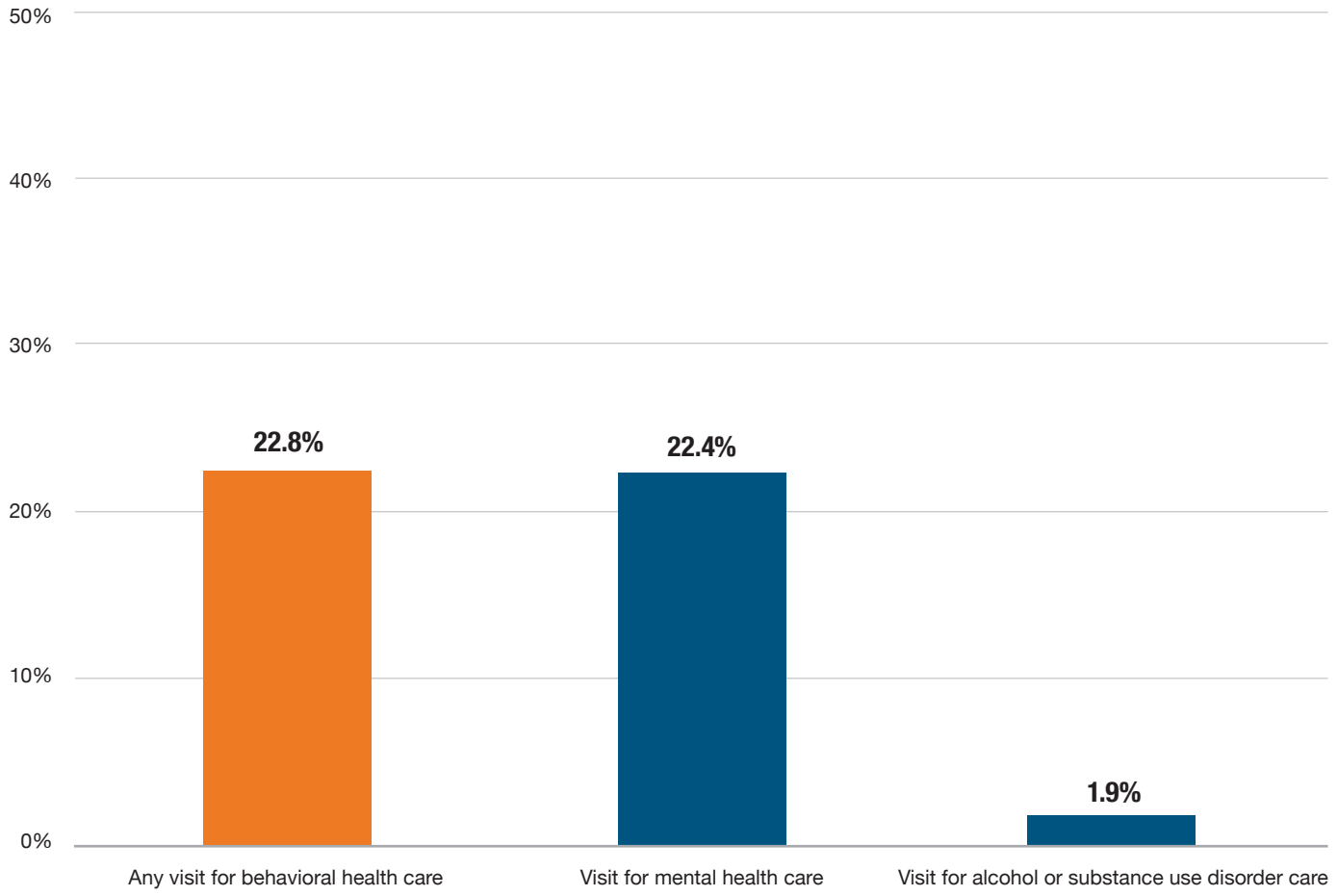
Key Findings

- More than 1 in 5 Massachusetts residents (22.8%) reported having a visit for behavioral health care, which includes care for mental health and substance use disorders,[32] in the past 12 months. Elderly adults (10.6%) and Asian residents (12.6%) were the least likely to report a behavioral health care visit.
- Among residents with a behavioral health care visit, more than 2 in 5 residents (42.6%) reported that their most recent visit took place via telehealth; residents also received behavioral health care in the office of a therapist, psychiatrist, or social worker (37.9%) or in a general medical clinic or doctor's office (10.1%).
- In 2025, 1 in 10 Massachusetts residents (10.4%) reported an unmet need for behavioral health care for any reason, and 5.4% of residents reported an unmet behavioral health care need due to cost. Unmet need for behavioral health care was highest among residents with any gap in insurance in the past 12 months (24.8%).
- Most insured residents (63.2%) reported that their health insurance covered mental health visits and 8.6% reported that their health insurance did not cover mental health visits. However, a quarter of residents (28.2%) *did not know* whether their insurance covered mental health visits; nearly half of residents (49.3%) did not know whether substance use disorder treatment was covered.
- Of all residents who had a behavioral health care visit, 17.2% reported paying entirely out of pocket for their most recent appointment. The most frequently reported reasons for paying out of pocket were that their provider did not accept any health insurance (33.0%) or their preferred provider did not accept their insurance plan (27.1%). ■

Visit for Behavioral Health Care in the Past 12 Months, Overall and by Type of Visit, 2025

In 2025, over 1 in 5 Massachusetts residents (22.8%) reported having a visit for behavioral health care in the past 12 months: 22.4% of residents 5 years and older had a visit for mental health care, and 1.9% of residents 12 years and older had a visit for alcohol or substance use disorder care.

Barriers to reporting, including social stigma, criminalization of substance use, underdiagnosis or misdiagnosis of substance use disorders (SUD), and shortages of behavioral health care providers may lead to undercounting the true rates of mental health and SUD service utilization in Massachusetts.



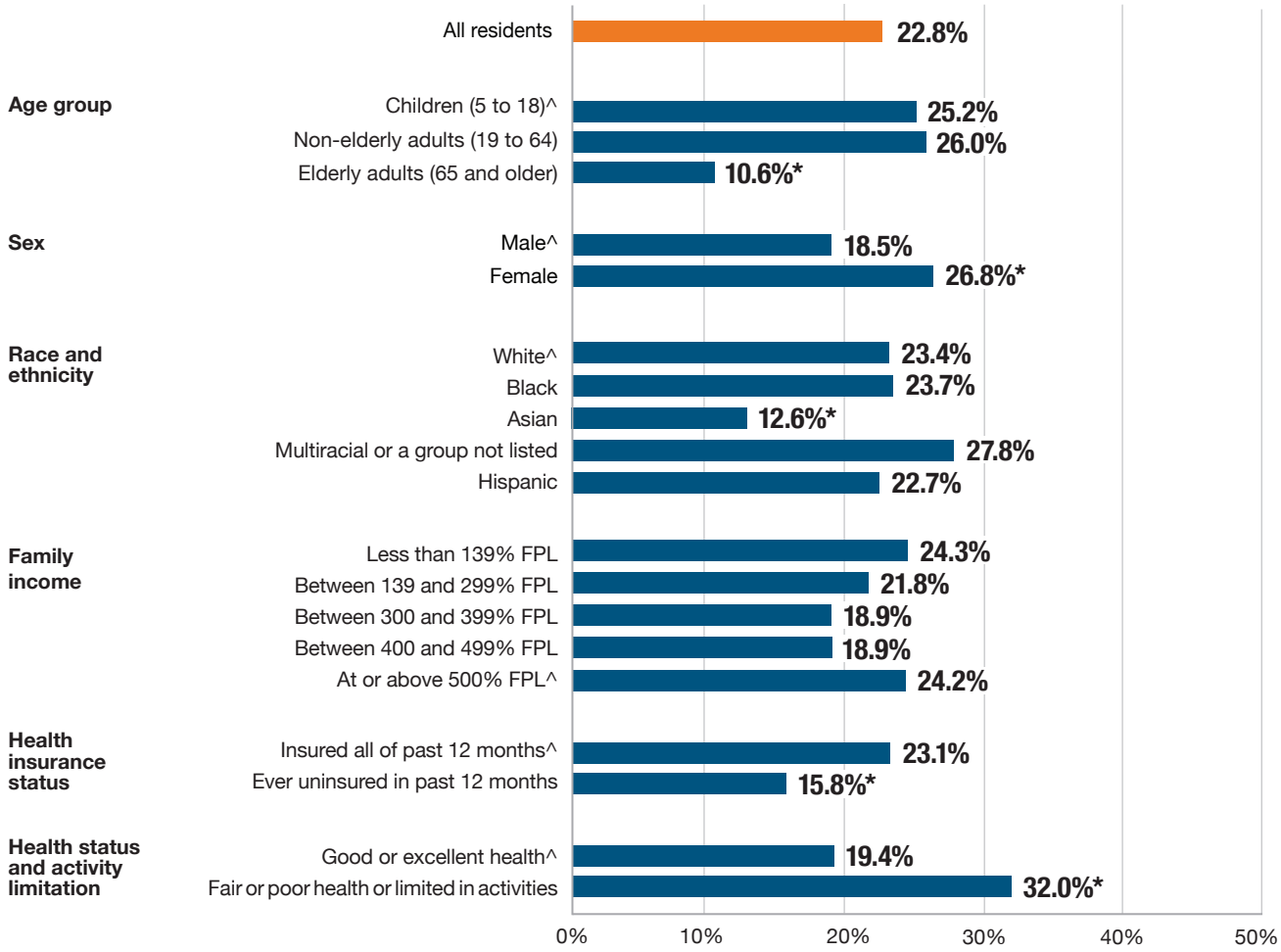
Notes: Visits for behavioral health care include mental health care and alcohol or substance use disorder care, including visits provided via telehealth. Questions about mental health were asked of 5,225 residents age 5 and older; questions about alcohol and substance use disorder care were asked of 5,031 residents age 12 and older.

Data source: 2025 Massachusetts Health Insurance Survey

Visit for Behavioral Health Care in the Past 12 Months by Resident Characteristics, 2025

Rates of reported behavioral health care visits varied among different demographic groups. Elderly adults were substantially less likely to report a visit for behavioral health care in the past 12 months than children ages 5 to 18 (10.6% vs. 25.2%). Asian residents were nearly half as likely as White residents to report a behavioral health care visit (12.6% vs. 23.4%). Male residents were less likely to have had a behavioral health visit than female residents (18.5% vs. 26.8%).

Residents in fair or poor health or with activity limitations were substantially more likely to report a behavioral health care visit (32.0%) than those in good or excellent health with no limitations (19.4%).



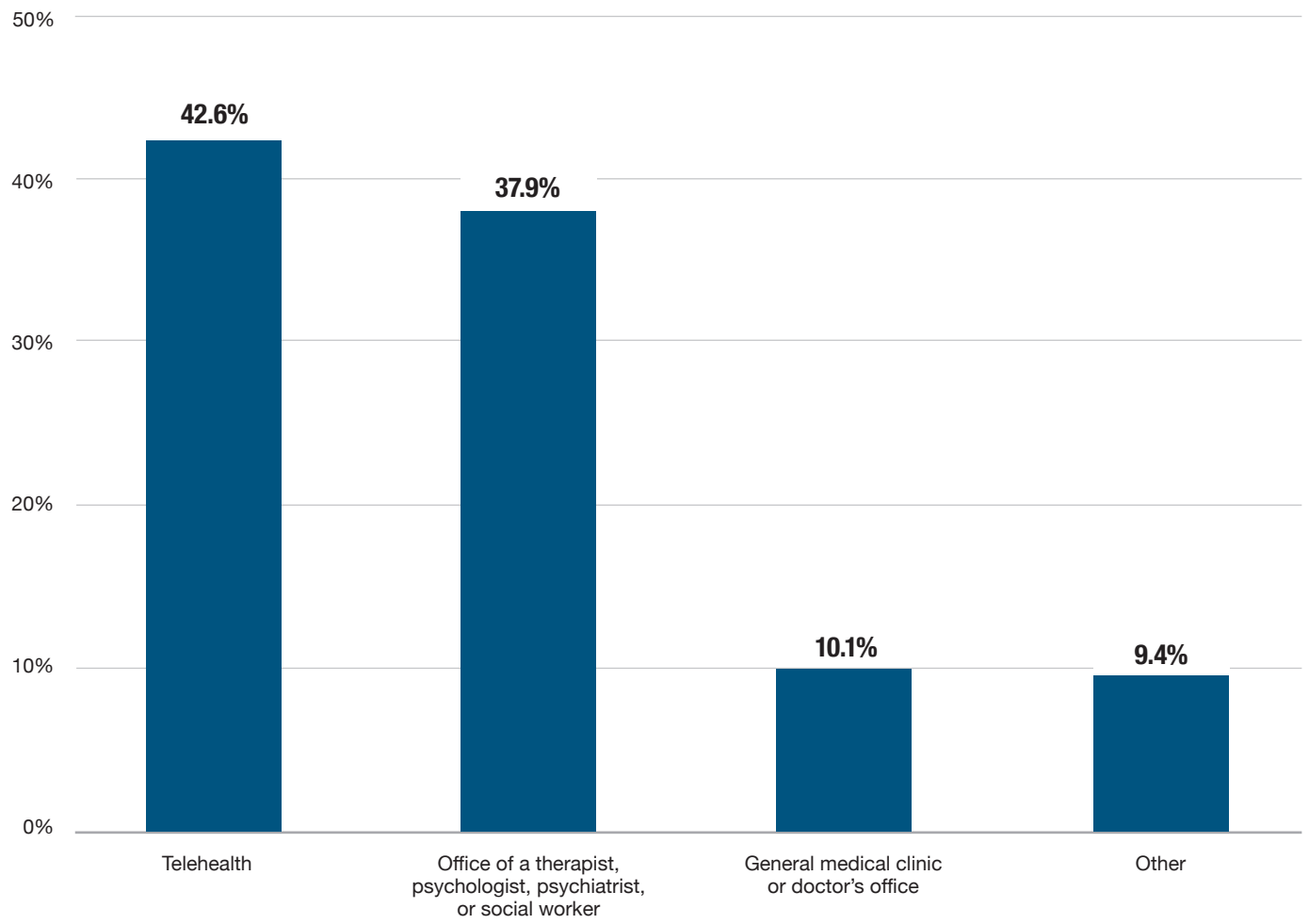
Notes: Visits for behavioral health care include mental health care and alcohol or substance use disorder care, including visits provided via telehealth. Questions about mental health were asked of residents age 5 and older; questions about alcohol and substance use disorder care were asked of residents age 12 and older. Estimates on this page limited to 5,225 residents age 5 and older. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

Data source: 2025 Massachusetts Health Insurance Survey

Virtual behavioral health care is common for Massachusetts residents; more than 2 in 5 residents (42.6%) reported that their most recent behavioral health care visit took place via telehealth. Residents also continue to receive behavioral health care in the office of a therapist, psychiatrist, or social worker (37.9%) and in a general medical clinic or doctor's office (10.1%).

Most Recent Place of Service for Behavioral Health Care in the Past 12 Months, 2025



Notes: Visits for behavioral health care include mental health care and alcohol or substance use disorder care. Questions about mental health were asked of residents age 5 and older; questions about alcohol and substance use disorder care were asked of residents age 12 and older. Estimates on this page are limited to 1251 residents age 5 and older who reported a behavioral health visit. "Other" includes school health or counseling center; day treatment or intensive outpatient treatment facility; residential treatment center; Veterans Affairs Medical Center (VAMC) or other VA healthcare facility; multi-setting mental health facility; detoxification program; and opioid treatment program.

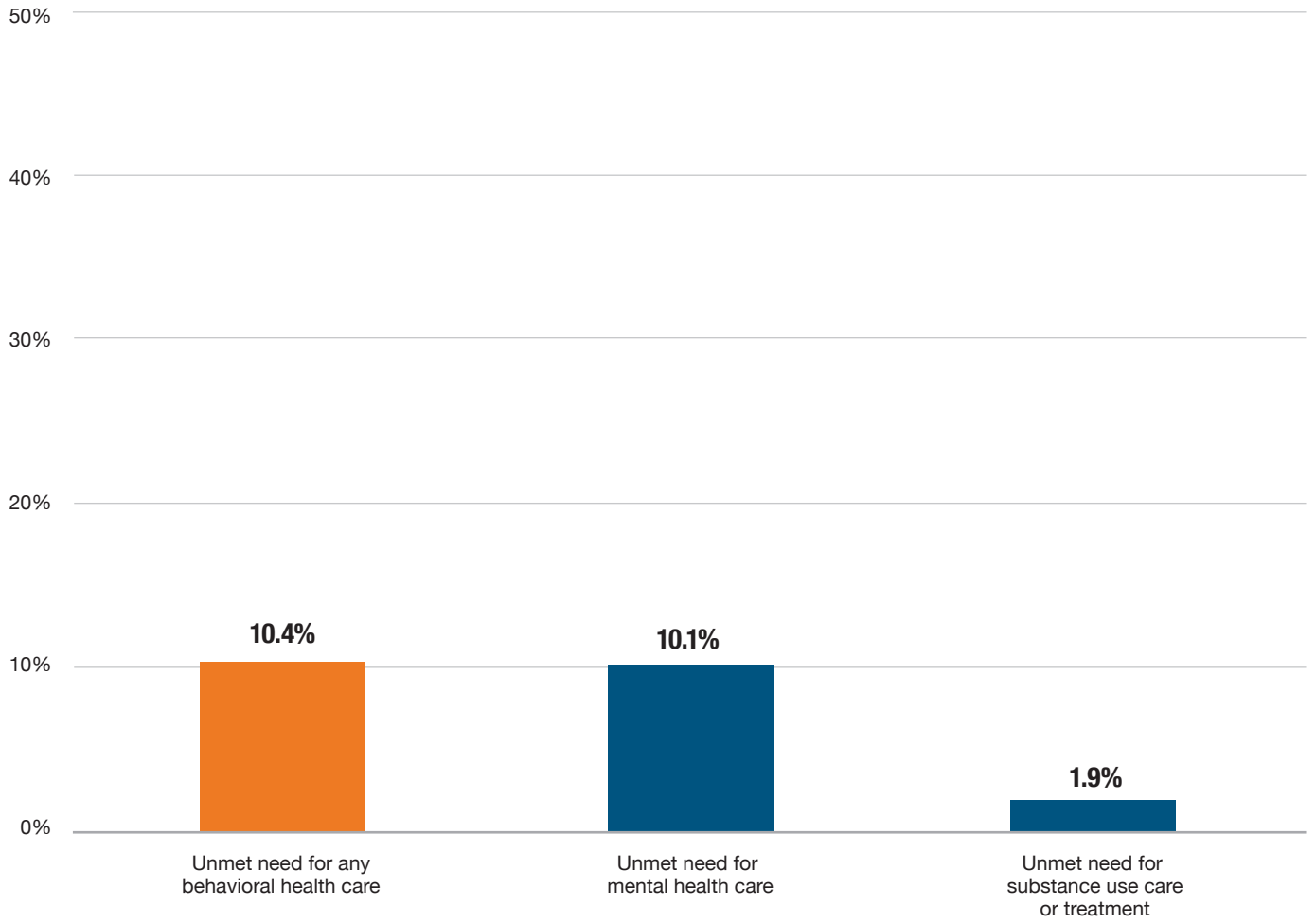
Data source: 2025 Massachusetts Health Insurance Survey

Unmet Need for Behavioral Health Care for Any Reason Over the Past 12 Months Overall and by Type of Visit, 2025

In 2025, 10.4% of Massachusetts residents age 5 and older reported having an unmet need for behavioral health care in the past 12 months.

Substantially more residents reported that they had an unmet need for mental health care (10.1%) than an unmet need for SUD care or treatment (1.9%).

Barriers to reporting, including social stigma, criminalization of substance use, underdiagnosis or misdiagnosis of SUDs, and shortages of behavioral health care providers may lead to undercounting the true rates of mental health and SUD unmet need in Massachusetts.



Notes: Unmet need for behavioral health care includes mental health care and alcohol or substance use disorder care. Questions about mental health care were asked of 5,225 residents age 5 and older; questions about alcohol and substance use disorder care were asked of 5,031 residents age 12 and older.

Data source: 2025 Massachusetts Health Insurance Survey

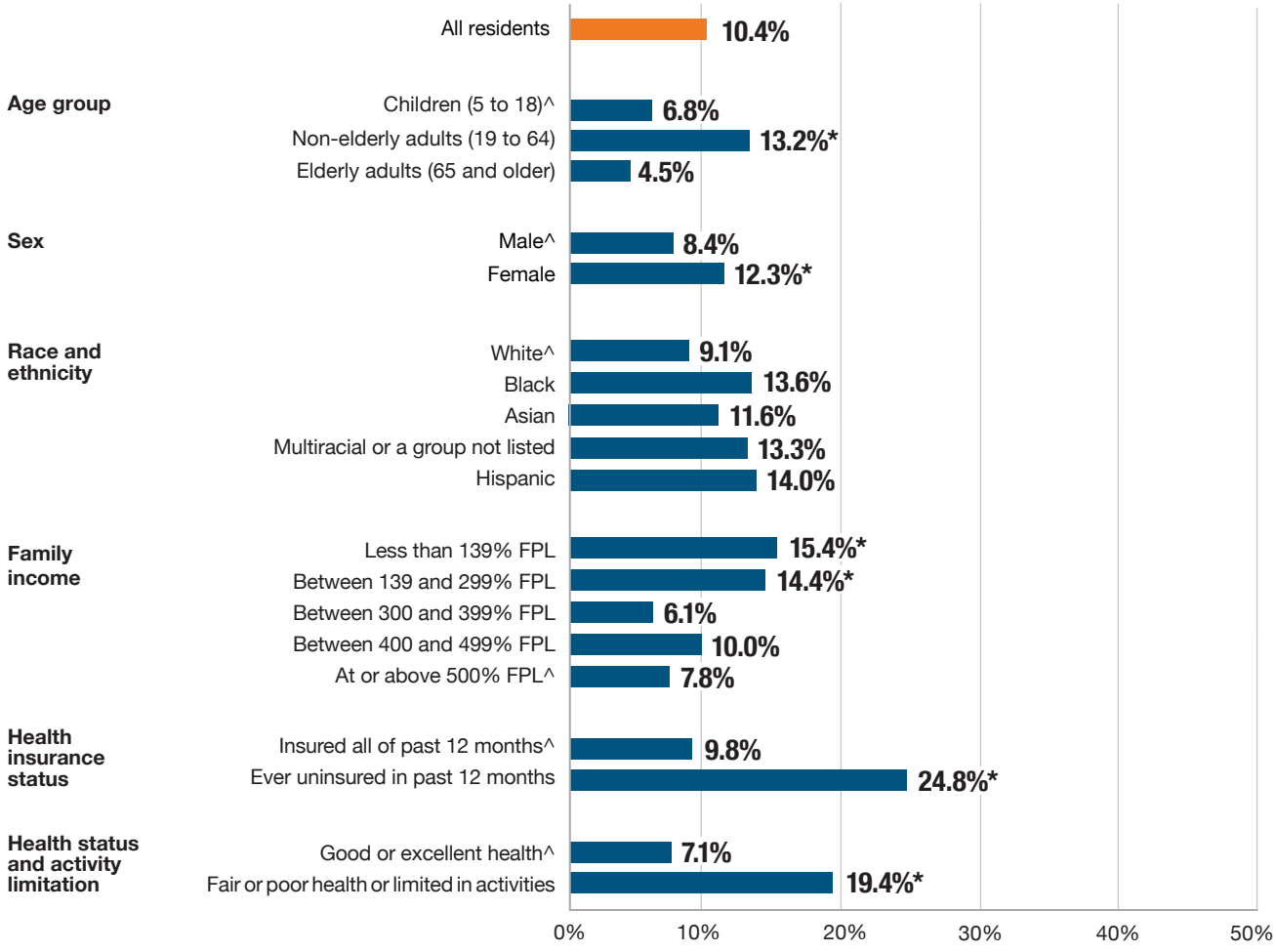
Unmet Need for Behavioral Health Care for Any Reason Over the Past 12 Months by Resident Characteristics, 2025

Residents who reported gaps in their health insurance coverage in the past 12 months were two and a half times more likely to report that they had forgone needed behavioral health care than residents insured continuously (24.8% vs. 9.8%).

While residents who were in fair or poor health or had activity limitations were more likely to report visits for behavioral health care than residents in good or excellent health (see p. 80), they were also more likely to report that they had forgone needed behavioral health care (19.4% vs. 7.1%).

Residents with lower family incomes were nearly twice as likely to report an unmet need for behavioral health care as those with higher family incomes (14.4% to 15.4% for below 300% FPL vs. 7.8% of those 500% FPL or higher).

Female residents were more likely to have forgone necessary behavioral health care than male residents (12.3% vs. 8.4%).



Notes: Unmet need for behavioral health care includes mental health care and alcohol or substance use disorder care. Questions about mental health were asked of residents age 5 and older; questions about alcohol and substance use disorder care were asked of residents age 12 and older. Estimates on this page are limited to 5,225 residents age 5 and older. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

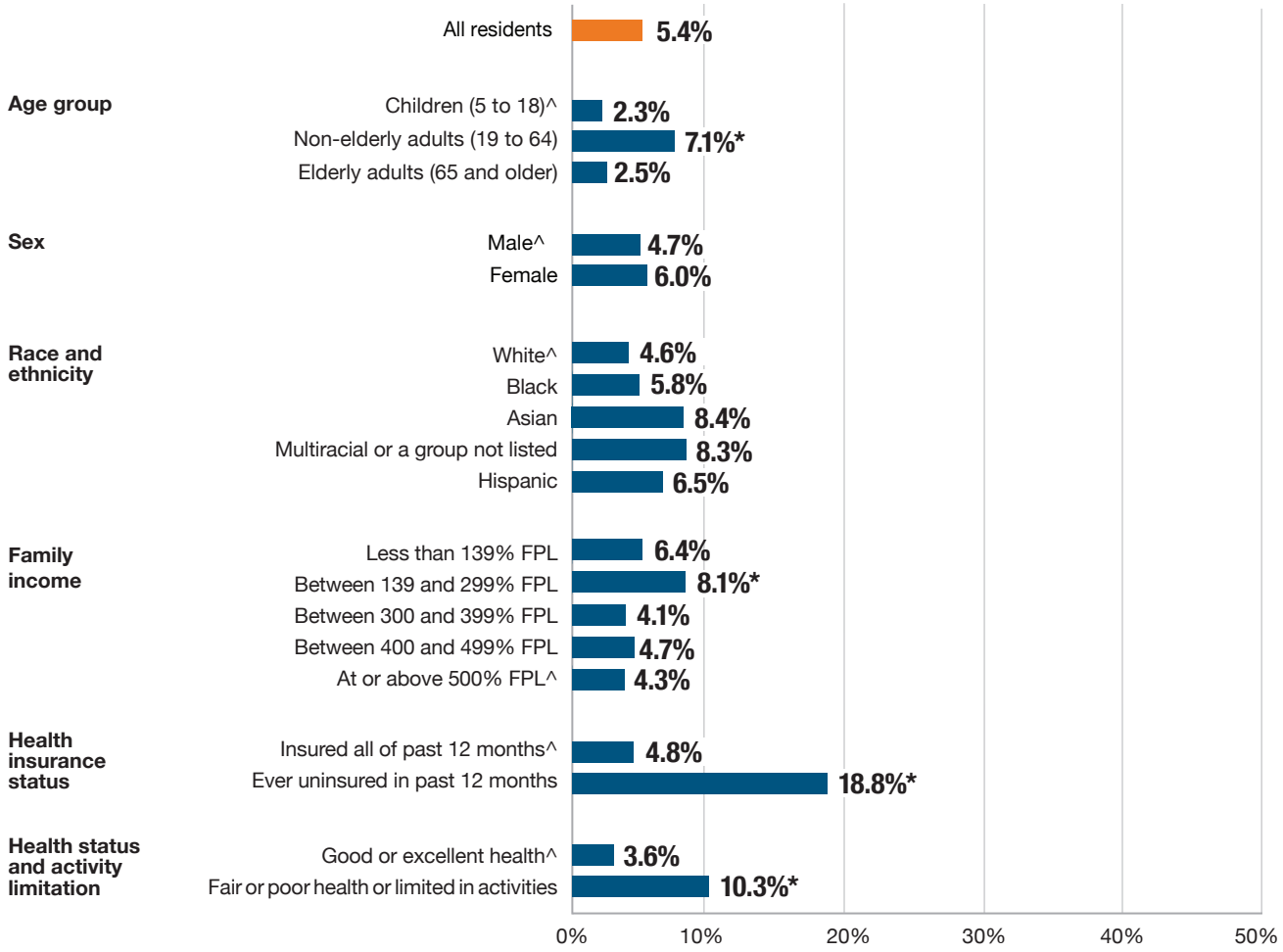
Data source: 2025 Massachusetts Health Insurance Survey

Unmet Need for Behavioral Health Care Due to Cost Over the Past 12 Months by Resident Characteristics, 2025

In 2025, 5.4% of Massachusetts residents age 5 and older reported having forgone behavioral health care in the past 12 months due to cost.

Those who were uninsured at any time in the past 12 months were more than 3 times as likely as those who were continuously insured to report having an unmet need for behavioral health care due to cost (18.8% vs. 4.8%).

Residents in fair or poor health or with activity limitations were more likely to report unmet need for behavioral health care due to cost than those in good or excellent health with no limitations (10.3% vs. 3.6%).



Notes: Unmet need for behavioral health care includes mental health care and alcohol or care for substance use disorders. Questions about mental health were asked of residents age 5 and older; questions about alcohol and substance use disorder care were asked of residents age 12 and older. Estimates on this page are limited to 5,225 residents age 5 and older. FPL = federal poverty level. Income reported from 2024; for a family of 4 in 2024, 139% FPL was $43,000; 300% FPL was $94,000; 400% FPL was $125,000; and 500% FPL was $156,000, rounded to nearest thousand. "Limited in activities" includes residents who report that they have activity limitations because of a physical, mental, or emotional problem.

^Reference group. *Difference from estimate for reference group statistically significant at 5% level.

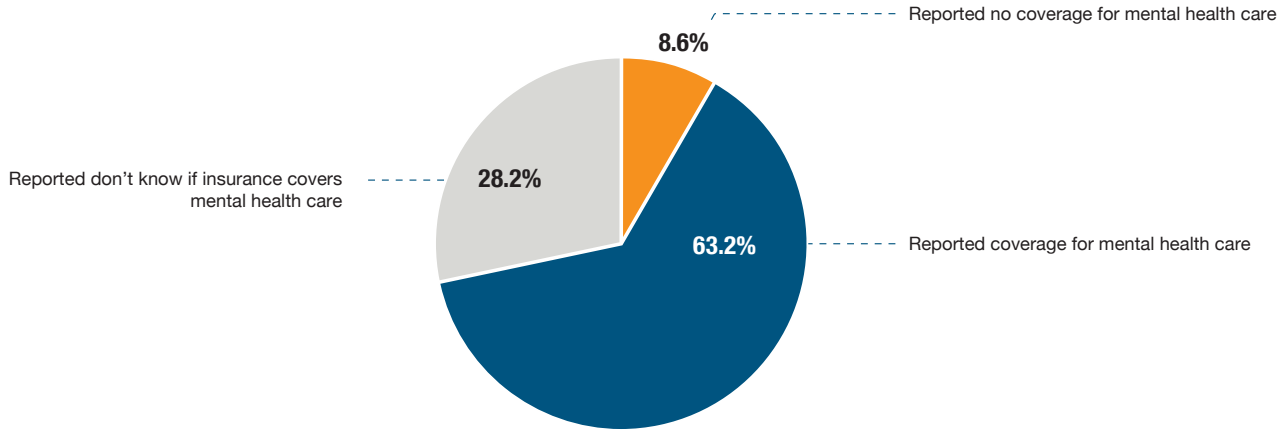
Data source: 2025 Massachusetts Health Insurance Survey

Knowledge of Health Insurance Coverage for Mental Health and Substance Use Disorders Among Insured Residents, 2025

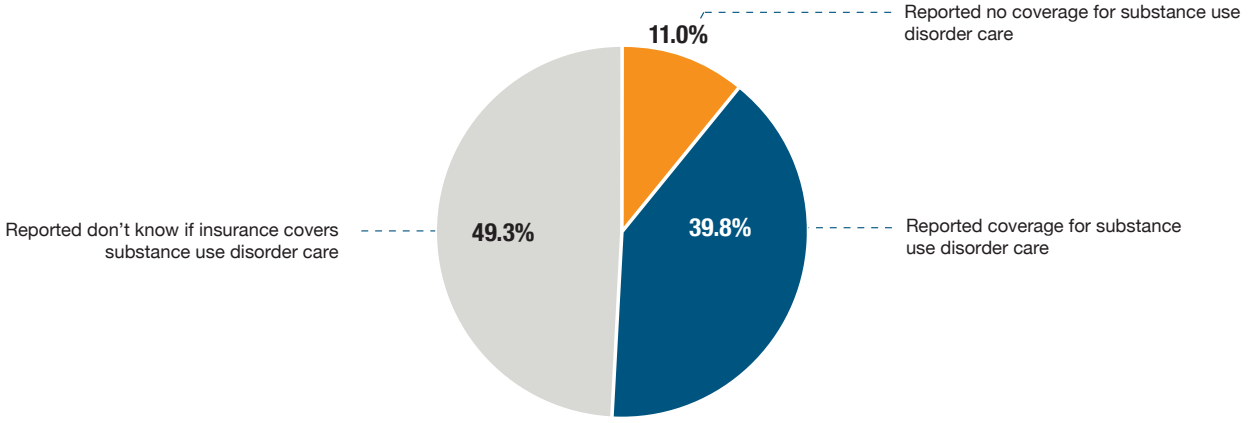
In 2025, nearly two-thirds of all Massachusetts residents (63.2%) reported knowing that their health insurance covered mental health care, including visits to individual or group therapy, specialty outpatient services, medication management, and inpatient treatment. More than a quarter (28.2%) reported that they did not know whether their insurance covered mental health care, and 8.6% reported that their health insurance did not cover mental health visits.

Less than half of residents (39.8%) reported knowing that their insurance covered care for substance use disorders, including therapy, rehabilitation, acute residential treatment, and detoxification programs. Nearly half (49.3%) reported that they did not know whether their insurance covered substance use disorder care, and 11.0% reported that their insurance did not cover these services.

Knowledge of Coverage for Mental Health Care



Knowledge of Coverage for Substance Use Disorder Care



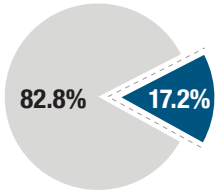
Note: Among the 5,302 residents with insurance at time of survey.
Data source: 2025 Massachusetts Health Insurance Survey

Behavioral Health Care Paid Entirely Out of Pocket, Overall and Reasons, 2025

More than 1 in 6 insured residents who had a behavioral health care visit in the past 12 months paid for their most recent visit entirely out of pocket.

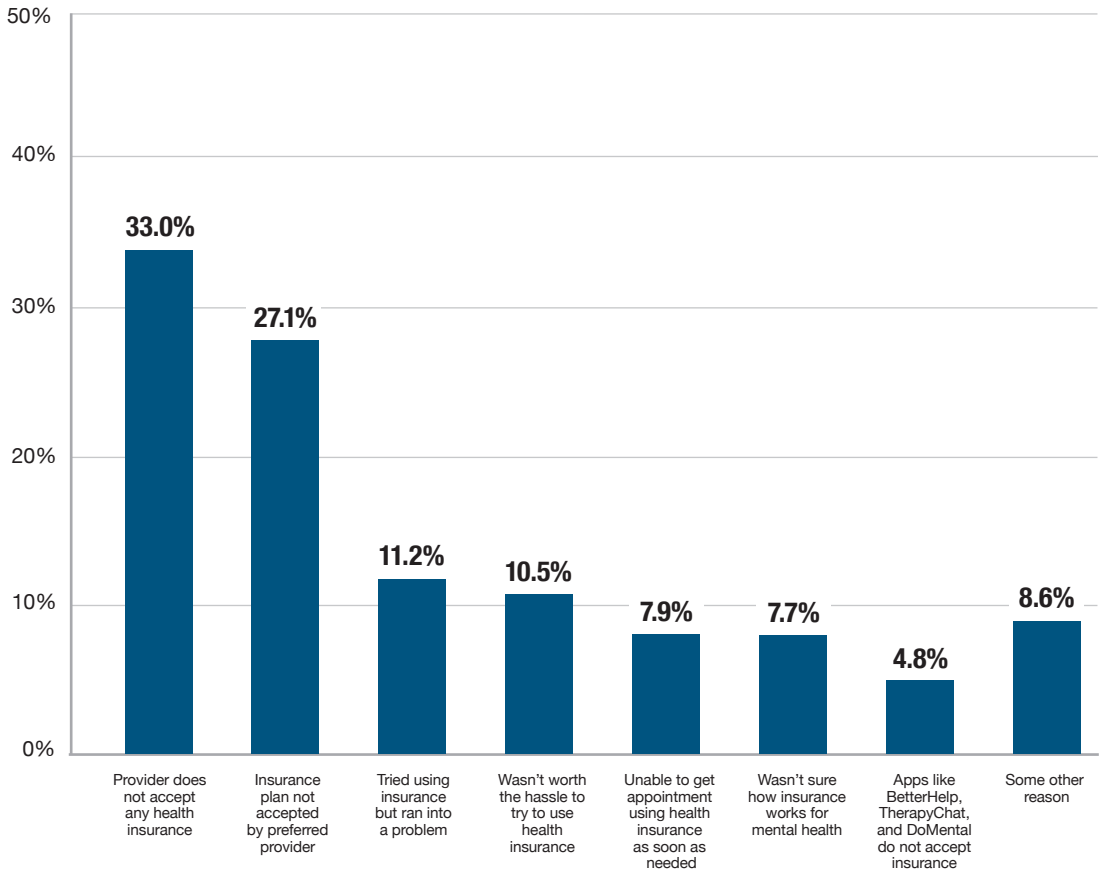
The most common reasons for doing so were related to insurance coverage. One-third (33.0%) reported that the provider did not accept any health insurance, and one-quarter (27.1%) indicated that their insurance plan was not accepted by their preferred provider.

Paid Entirely Out of Pocket for Most Recent Behavioral Health Care



- Paid for behavioral health care entirely out of pocket
- Did not pay for behavioral health care entirely out of pocket

Reasons for Paying Entirely Out of Pocket for Behavioral Health Care



Notes: Categories listed above are not mutually exclusive; residents were asked to select all applicable options. Questions about mental health were asked of residents age 5 and older; questions about alcohol and substance use disorder care were asked of residents age 12 and older. Estimate for paying entirely out of pocket is among the 1,242 residents with a behavioral health visit; reasons for paying entirely out of pocket limited to 225 residents who paid entirely out of pocket.

Data source: 2025 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.

Survey design changes include a shift in sampling frame for the survey in 2008 and 2014 and an expansion of the sampling frame for the survey in 2019. As a result of the sampling frame shift in 2014, data for the 2008-2011 period is 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 dialing (RDD) telephone sample used from 2014-2017. The 2021 through 2025 surveys expanded the use of the address-based sample and limited the RDD 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 to 2025 estimates may still be used to evaluate trends for the period 2014-2025.[33] See the 2025 MHIS Methodology Report for more information.

Content changes to the MHIS in 2025 included new questions on behavioral health care, tax-advantaged health saving and spending accounts (such as HSAs and HRAs), and administrative burden related to accessing health care as well as refinements to existing questions about medical debt and difficulties accessing care. The 2025 MHIS report also added enhanced granularity to reporting based on family income that distinguishes residents with family incomes between 400 percent and 499 percent of the federal poverty level (FPL) from those at or above 500 percent FPL.

The 2025 MHIS was fielded between January and April 2025 and was available in English and Spanish. Its average completion time was 25.0 minutes with 43.7 minutes for the telephone-based surveys and 21.8 minutes for the web-based surveys. Surveys were completed with 5,365 Massachusetts households, collecting data on 5,365 residents and their families, including 518 children ages 0 to 18, 3,032 non-elderly adults ages 19 to 64, and 1,815 elderly adults age 65 and older. The overall response rate for the 2025 MHIS was 3.9 percent, combining the response rate of 1.2 percent for the prepaid cell phone sample of 603 completed interviews and 10.6 percent for the address-based sample of 4,762 interviews.

Additional information about the MHIS is available in the 2025 MHIS Methodology Report.

The 2025 MHIS was funded in part by a grant from the Blue Cross Blue Shield of Massachusetts Foundation. ■

Notes

1. Family income includes the 2024 wages and salaries of the resident's immediate family, including a spouse or children younger than 26 who are living with them. For a family of 4 in 2024, 139 percent of the federal poverty level (FPL) was $43,000; 300 percent of the FPL was $94,000; 400 percent of the FPL was $125,000; and 500 percent of the FPL was $156,000, rounded to the nearest thousand.
2. U.S. Census Bureau, *Health Insurance Coverage by State: 2023 and 2024* (Washington, D.C., September 2025), https://www2.census.gov/library/publications/2025/demo/acsbr-024.pdf.
3. Family is defined as all related family members living with the resident.
4. The measurement and coding of the racial categories reported in the MHIS has not changed; however, the 2025 MHIS report includes updated labels. In previous MHIS cycles, labels were "White, non-Hispanic," "Black, non-Hispanic" "Asian, non-Hispanic," "Other or Multiple Race, non-Hispanic," and "Hispanic." For the 2025 MHIS, the labels are "White," "Black," "Asian," "Multiracial or a group not listed," and "Hispanic." The 2025 racial labels are comparable to prior years.
5. Estimates by type of coverage should be interpreted with caution as ESI among elderly adults may reflect supplemental coverage plans for elderly adults also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are prone to reporting errors.

   Joanne Pascale, Angela R. Fertig, Kathleen Thiede Call, "Assessing the Accuracy of Survey Reports of Health Insurance Coverage Using Enrollment Data," *Health Services Research* 54 no. 5 (2019): 1099-1109, https://doi.org/10.1111/1475-6773.13191.
6. Cesar Caraballo, Chima D. Ndumele, Brita Roy, et al., "Trends in Racial and Ethnic Disparities in Barriers to Timely Medical Care Among Adults in the US, 1999 to 2018," *JAMA Health Forum* 3 no. 10 (2022): https://jamanetwork.com/journals/jama-health-forum/article-abstract/2797732.
7. Layla Parast, Megan Matthews, Steven Martino, et al., "Racial/Ethnic Differences in Emergency Department Utilization and Experience," *Journal of General Internal Medicine*, 37 no.1 (2021): 49-56, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8021298/.
8. George Rust, Jiali Ye, Peter Baltrus, et al., "Practical Barriers to Timely Primary Care Access: Impact on Adult Use of Emergency Department Services," *Archives of Internal Medicine* 168 no. 15 (2008): 1705-1710. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/770345.
9. Commercial insurance, also known as private commercial insurance, refers to insurance from a private health insurance company and includes both employer-sponsored insurance and private non-group coverage.
10. Exceedingly few residents (0.4 percent, n=21) reported a substance use visit without also reporting a mental health visit. Care for substance use disorders in the past 12 months was reported by only 2 residents ages 12 to 18. For the remaining analysis, we report on behavioral health care that includes mental health care and/or substance use disorder care for residents age 5 and older in the denominator.
11. Nicole M. Benson, Catherine Myong, Joseph P. Newhouse, et al., "Psychiatrist Participation in Private Health Insurance Markets: Paucity in the Land of Plenty," *Psychiatric Services* 71 no. 12 (2020): 1232-1238, https://pubmed.ncbi.nlm.nih.gov/32811283/.
12. Joanne Pascale, Angela R. Fertig, Kathleen Thiede Call, "Assessing the Accuracy of Survey Reports of Health Insurance Coverage Using Enrollment Data," *Health Services Research* 54 no. 5 (2019): 1099- 1109. https://doi.org/10.1111/1475-6773.13191.
13. National Center for Health Statistics, Health Insurance Coverage: *Early Release Estimates of From the National Health Interview Survey, 2024* (Maryland, June 2025), https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202506.pdf.
14. See note 5.
15. Family income includes the 2024 wages and salaries of the resident plus those of their immediate family, including a spouse or children younger than 26 who are living with them.
16. 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, see the 2019 MHIS Methodology Report.

Notes (continued)

17. Ibid.
18. Ibid.
19. See note 5.
20. Ibid.
21. See note 16.
22. Ibid.
23. Ibid.
24. Ibid.
25. Residents were assigned a single health insurance coverage type based on the following hierarchy: ESI; Medicare; MassHealth or ConnectorCare; Health Connector Plans; qualifying student health insurance plan; other private non-group coverage; and other coverage. ESI includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Commercial insurance, also known as private commercial insurance, refers to insurance from a private health insurance company and includes both ESI and private non-group coverage. Estimates should be interpreted with caution because residents may have both commercial and non-commercial health insurance coverage; in particular, ESI coverage among elderly adults may reflect supplemental coverage plans for elderly adults also enrolled in Medicare.
26. See note 12.
27. See note 25.
28. See note 12.
29. Ibid.
30. See note 25.
31. See note 12.
32. See note 10.
33. See note 12.

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