

Findings from the 2023 Massachusetts Health Insurance Survey

Health Care Affordability for
Residents and Their Families

June 2024



Health Care Affordability for Residents and Their Families

Although Massachusetts has near universal health insurance coverage, residents continue to report challenges in paying for needed health care. The MHIS examines health care affordability by asking residents about difficulties paying family medical bills in the past 12 months, medical debt held by the resident or family members in their household, the amount and share of family income spent on out-of-pocket health care costs in the past 12 months, and whether the resident or their family chose to forgo health care that the resident felt was needed in the past 12 months due to the cost of that care.

Of note, medical debt is different from difficulty paying family medical bills. Residents with difficulty paying family medical bills may have paid the bills in full when they were due by cutting back on savings or other expenses, while residents with medical debt are paying family medical bills off over time with that payment schedule either being difficult or manageable for their family.

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. This measure also includes out-of-pocket costs for care received over the past 12 months that have not yet been paid. The out-of-pocket spending calculation does not include premiums for health insurance. In addition, the survey asks residents with private insurance whether their insurance plan is a high deductible health plan (HDHP), which is defined by the Internal Revenue Service as having an annual deductible of at least \$1,500 for single coverage or \$3,000 for family coverage in 2023.

The 2023 MHIS includes a measure of high spending on out-of-pocket health care relative to family income, defined as spending 5% or more of family income on family out-of-pocket health care expenses in the past

To read the full report, please visit:

<https://www.chiamass.gov/assets/docs/r/survey/mhis-2023/2023-MHIS-Report.pdf>

12 months for families with incomes below 200% of the FPL, or spending 10% or more of family income for families with incomes at or above 200% of the FPL.

The 2023 MHIS also asked if 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 care or treatment; prescription drugs; dental care; vision care; and/or medical equipment.

Key Findings

- Despite near universal health insurance coverage in Massachusetts in 2023, nearly half of residents (41.3%) reported that they or their families had any health care affordability issues, and 16.5% of residents reported multiple affordability issues in their families.
- Nearly half of non-Hispanic Black residents (48.7%) and three in five Hispanic residents (58.2%) reported at

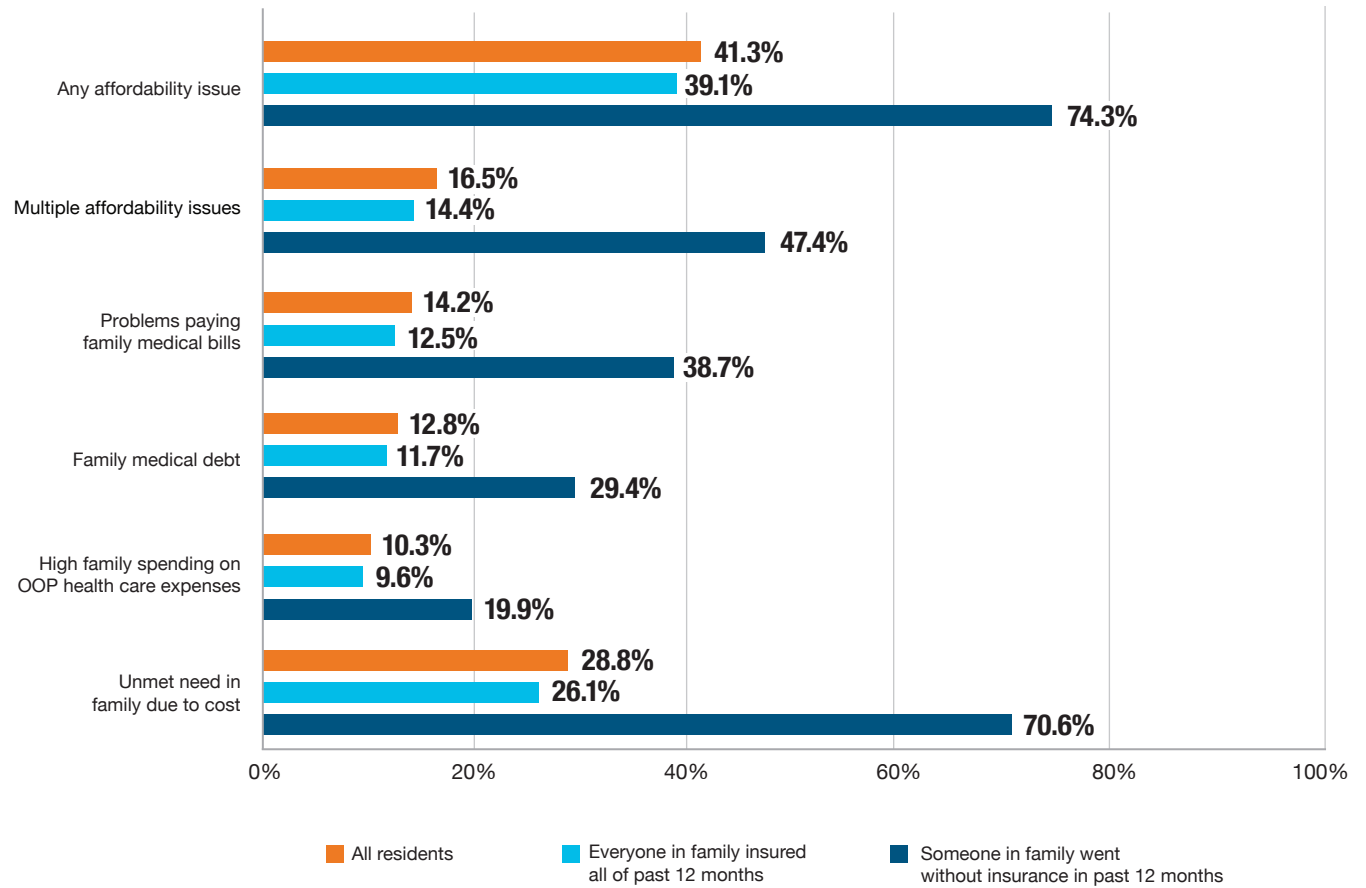
least one affordability issue for their families compared with 39.2% of non-Hispanic White residents.

- One in seven residents reported problems paying family medical bills (14.2%), and non-Hispanic Black and Hispanic residents are more likely than non-Hispanic White residents to report problems paying family medical bills (28.8%, 21.9% vs. 12.4%).
- Among the 12.8% of residents with family medical debt, most (86.4%) reported that this debt had been incurred for care obtained when the resident and all members of the resident's family who were living in their household had coverage.
- Nearly half (41.9%) of residents with private insurance reported being enrolled in a high deductible health plan.
- Just under one-third (28.8%) of residents reported that they or a family member had any unmet health care need due to cost, and 14.2% of residents reported any unmet need for dental care due to cost. ■

Affordability Issues for Massachusetts Residents and Their Families, 2023

Despite near universal health insurance coverage in Massachusetts, affordability issues were pervasive across Massachusetts families. In 2023, 41.3% of Massachusetts residents reported that their families faced affordability issues within the past 12 months.

Residents who reported that someone in their family was uninsured at any time in the past 12 months reported affordability issues (74.3%) at twice the rate of those residents whose family was continuously insured in the past 12 months (39.1%), although residents with continuous coverage for all family members still reported high rates of having had any affordability issues.



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

Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

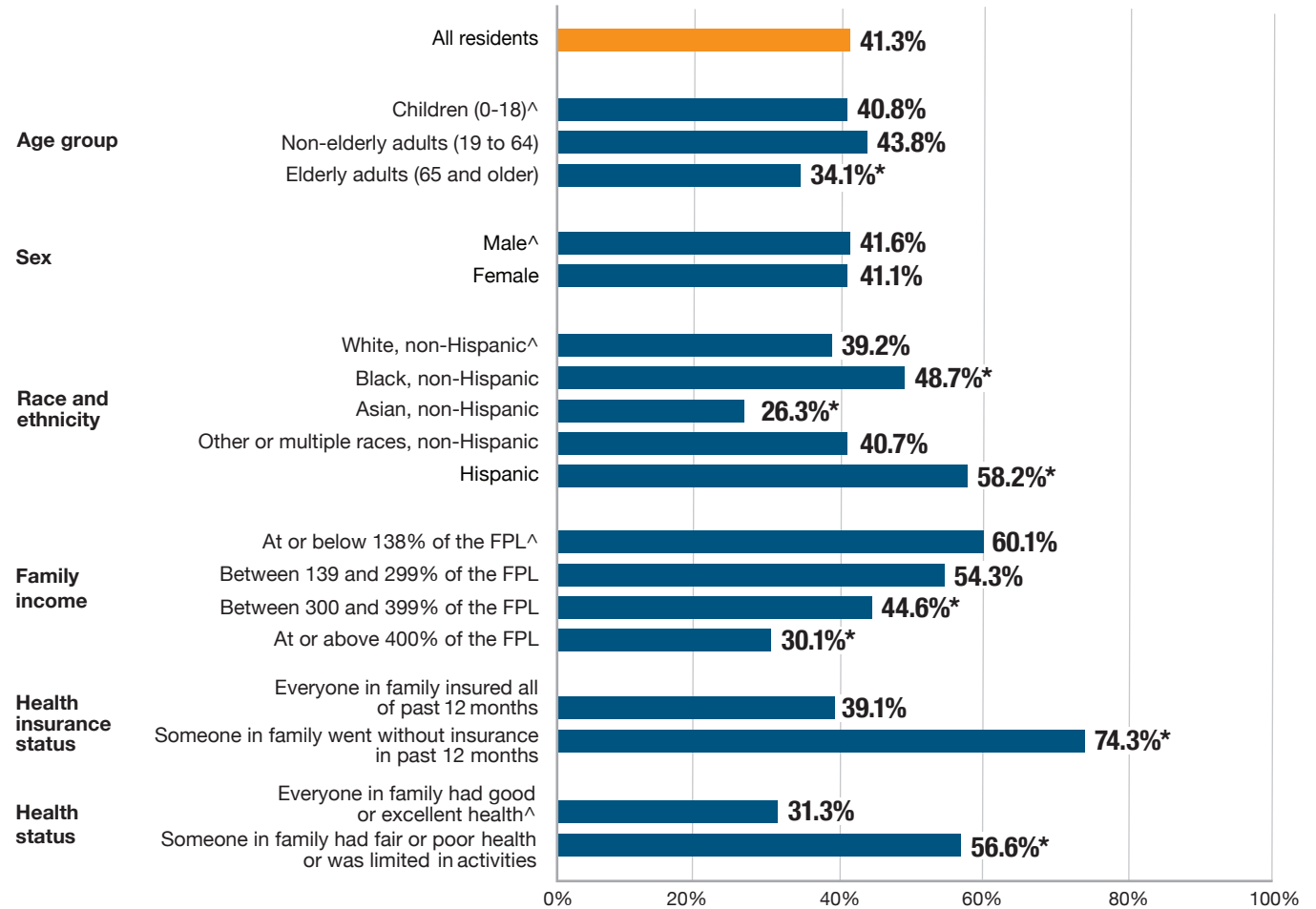
In 2023, two-fifths (41.3%) of residents reported an affordability issue in their family. Affordability issues were substantial across all demographic, socioeconomic, and health status groups in Massachusetts.

The burden of affordability issues was greater for non-Hispanic Black residents (48.7%) and Hispanic residents (58.2%) relative to non-Hispanic White residents (39.2%).

Residents at or below 138% of the FPL were twice as likely as those at or above 400% of the FPL to report that they and their family experienced an affordability issue (60.1% versus 30.1%).

Three-quarters of residents whose family members were uninsured at any time in the past 12 months (74.3%) and more than one-third of residents whose family members were always insured over that period (39.1%) reported affordability issues.

Any Affordability Issue for Massachusetts Residents and Their Families by Resident Characteristics, 2023



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

[^]Reference group

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

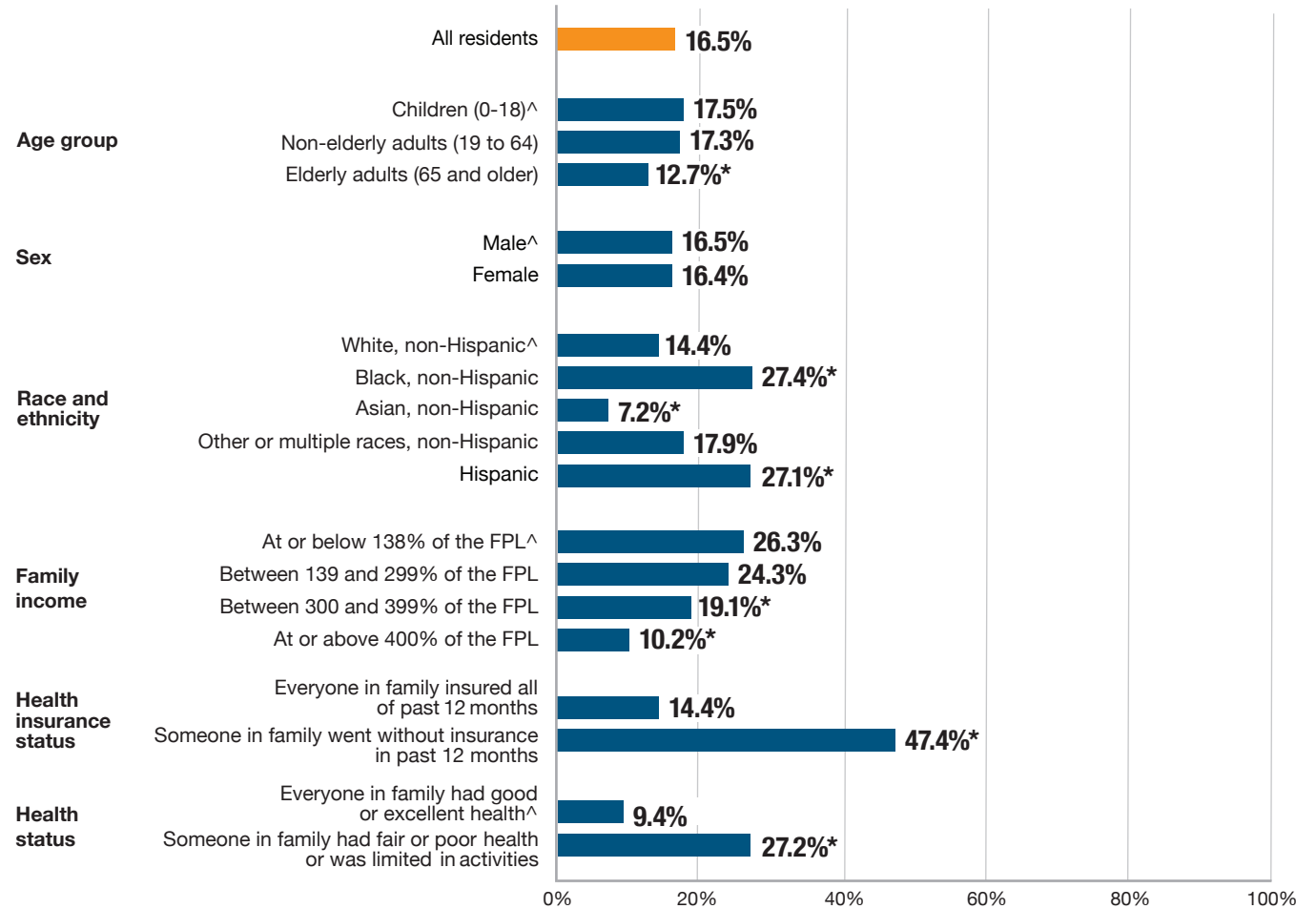
Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

In 2023, one in six (16.5%) residents reported that they and their families faced more than one affordability issue in the past 12 months.

Multiple affordability issues were most common among Hispanic residents (27.1%), non-Hispanic Black residents (27.4%), those with someone in their family who was uninsured at any time in the past 12 months (47.4%), and those with someone in the family who had fair or poor health or limited activities (27.2%). In contrast, multiple affordability issues were less common among non-Hispanic Asian residents (7.2%) and those with a family income at or above 400% of the FPL (10.2%).

Multiple Affordability Issues for Massachusetts Residents and Their Families by Resident Characteristics, 2023



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

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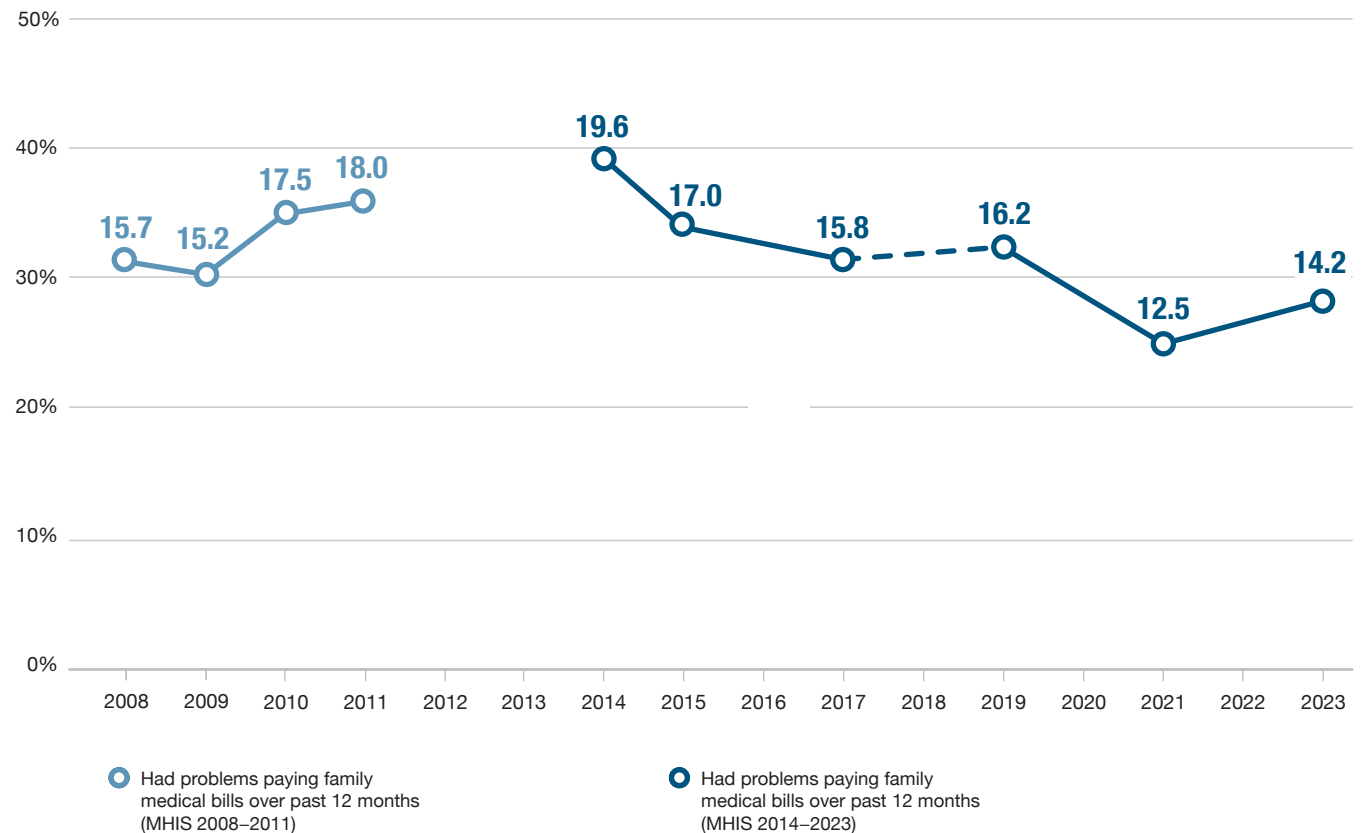
Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

The share of Massachusetts residents reporting difficulties paying family medical bills has generally declined since 2014, with one in seven (14.2%) residents reporting difficulties paying medical bills in 2023. 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 rate and the 2023 rate.

Problems Paying Family Medical Bills Over the Past 12 Months, 2008-2023



Note: Due to changes in the MHIS survey design in 2014, the estimates for 2008-2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014-2017, and the 2021-2023 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2023 (denoted by the dotted line).⁵

Please see the [Methodology Report](#) for more information on design changes.

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

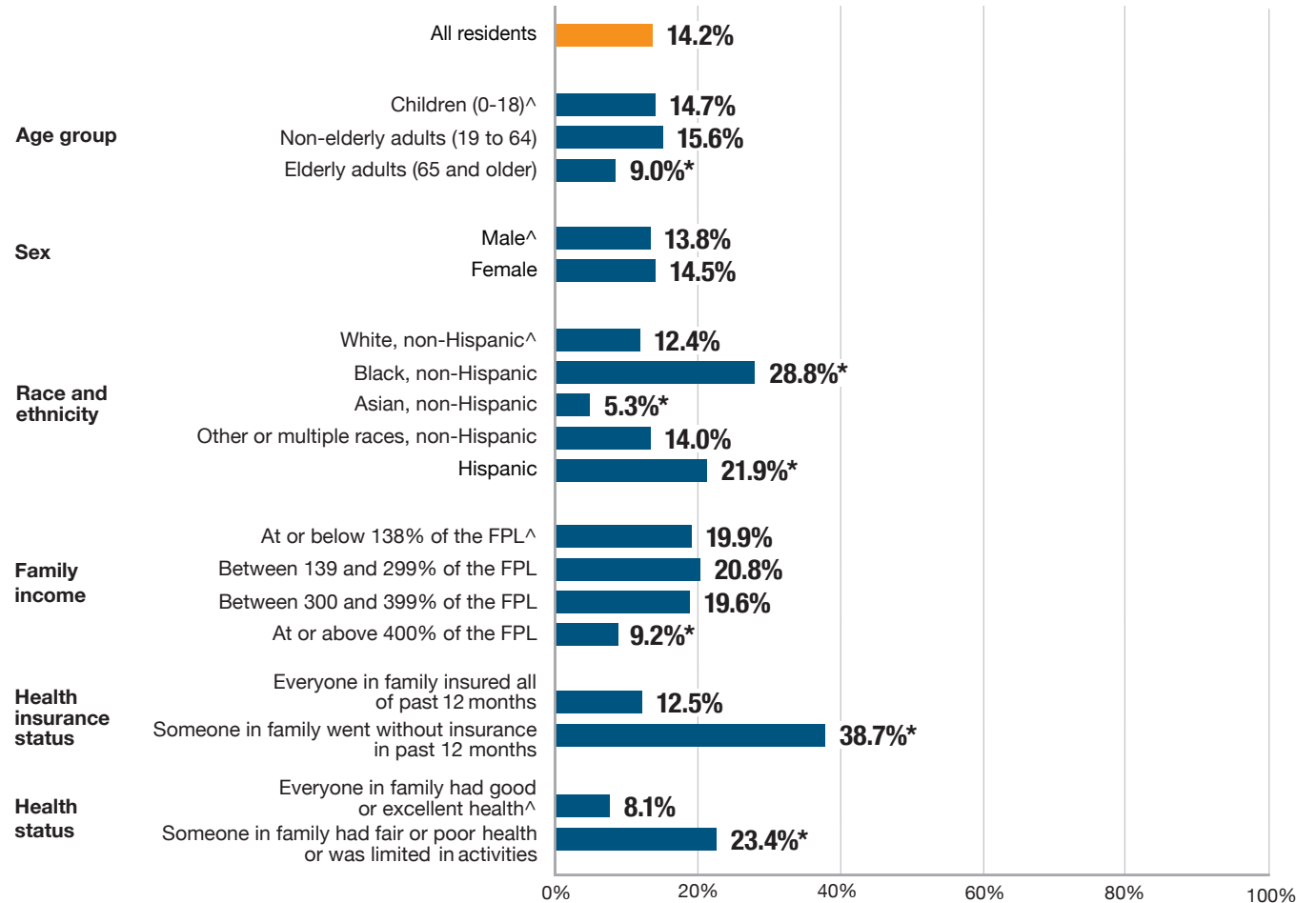
Health Care Affordability for Residents and Their Families

A larger percent of Massachusetts residents who are non-Hispanic Black or Hispanic reported difficulties paying family medical bills in the last year than non-Hispanic White residents (28.8%, 21.9% vs. 12.4%). Fewer non-Hispanic Asian residents reported difficulties paying family medical bills (5.3%).

Compared to residents with all family members continuously insured, residents with someone in their family who was uninsured at any time in the past 12 months were three times more likely to have difficulties paying family medical bills (12.5% vs. 38.7%).

Residents who had a family member in fair or poor health or with an activity limitation were nearly three times as likely as those whose families were in good or excellent health without limitations to report difficulties paying family medical bills (23.4% vs. 8.1%).

Problems Paying Family Medical Bills Over the Past 12 Months by Resident Characteristics, 2023



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

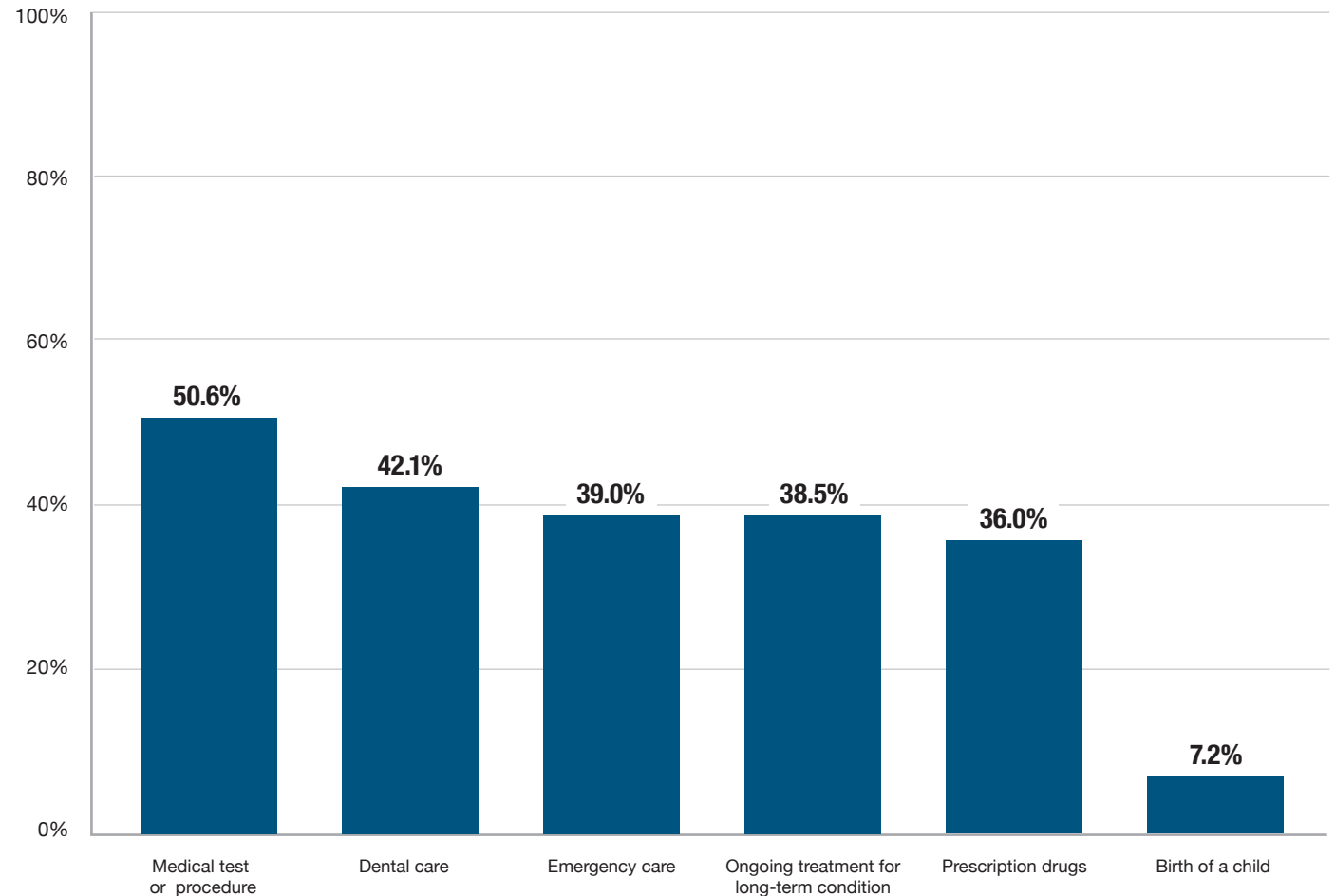
[^]Reference group

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Data Source: 2023 Massachusetts Health Insurance Survey

In 2023, among Massachusetts residents who reported having difficulties 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 (50.6%), for dental care (42.1%), emergency care (39.0%), for on-going care for a chronic condition or long-term health problem (38.5%), or prescription drugs (36.0%).

Types of Care and Services That Led to Problems Paying Family Medical Bills Over the Past 12 Months, 2023



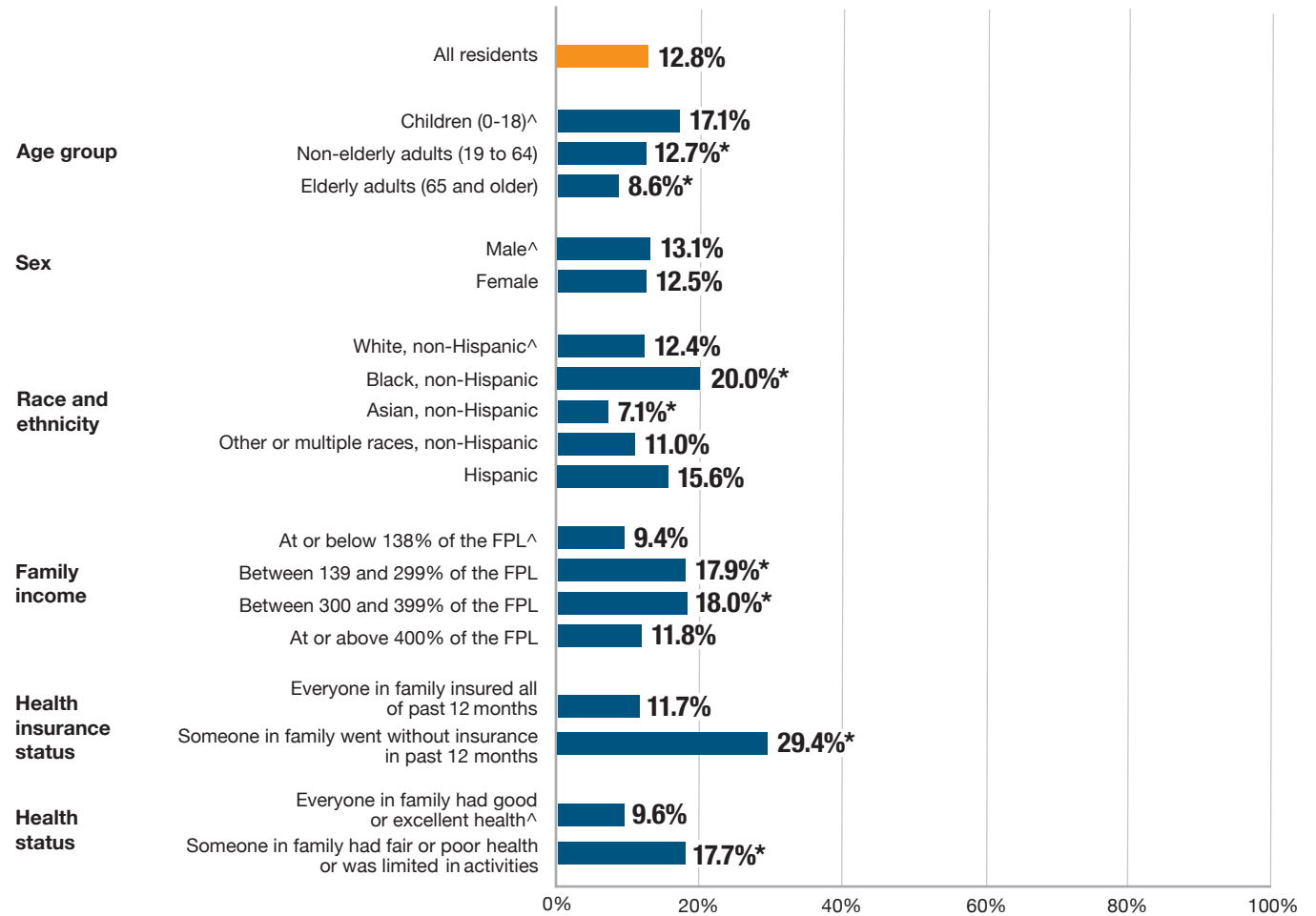
Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options.

Data Source: 2023 Massachusetts Health Insurance Survey

In 2023, one in eight (12.8%) Massachusetts residents reported that their family held medical debt, or family medical bills that are being paid over time. Non-Hispanic Black residents (20.0%) as well as residents with someone in their family who went without insurance in the past 12 months (29.4%) were most likely to report family medical debt. Non-Hispanic Asian residents were less likely to report family medical debt (7.1%).

Residents with a family income between 139% and 299% of the FPL (17.9%) and between 300% to 399% of the FPL (18.0%) were more likely than those at or below 138% of the FPL (9.4%) to report family medical debt. This relationship between income and medical bills being paid over time may reflect that MassHealth has eliminated all co-pays and cost-sharing for members at or below 138% of the FPL, protecting low-income families on MassHealth from high out-of-pocket expenses.

Family Medical Debt by Resident Characteristics, 2023



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

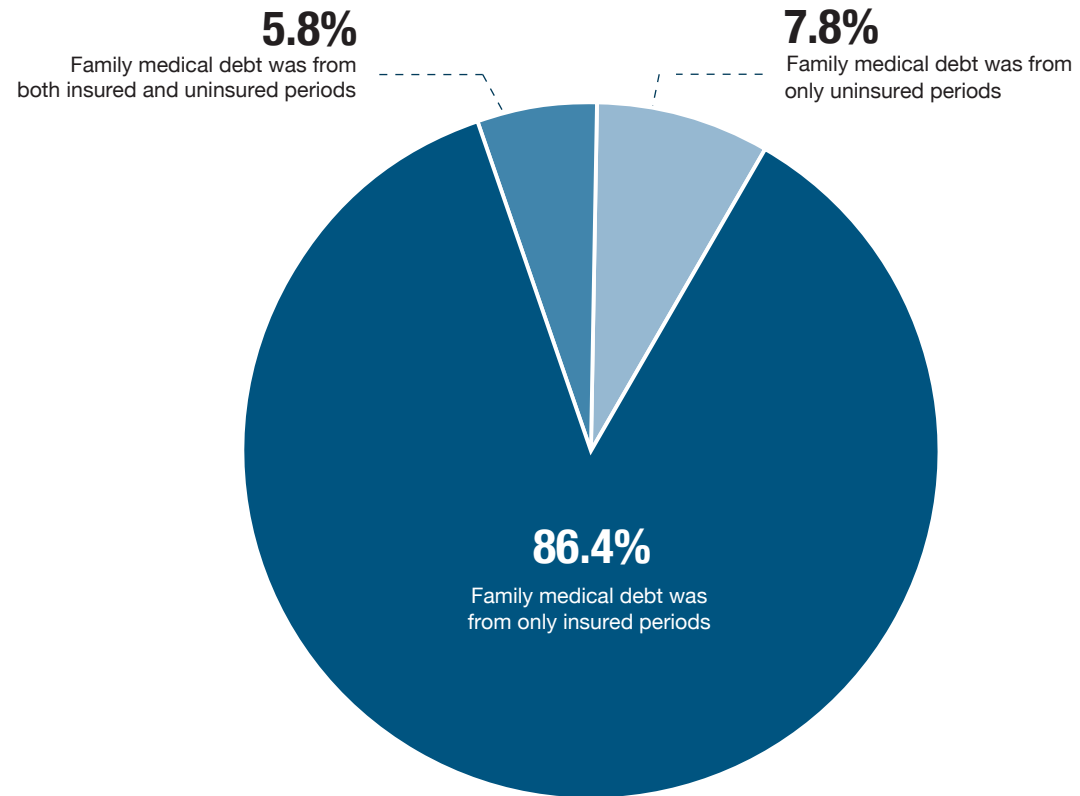
[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

In 2023, among residents reporting family medical debt, most residents (86.4%) reported that all their debt was incurred for care obtained when the resident and all of their family members had insurance coverage.

Among Residents With Family Medical Debt, Family Insurance Status at the Time All Family Medical Bills Were Incurred, 2023



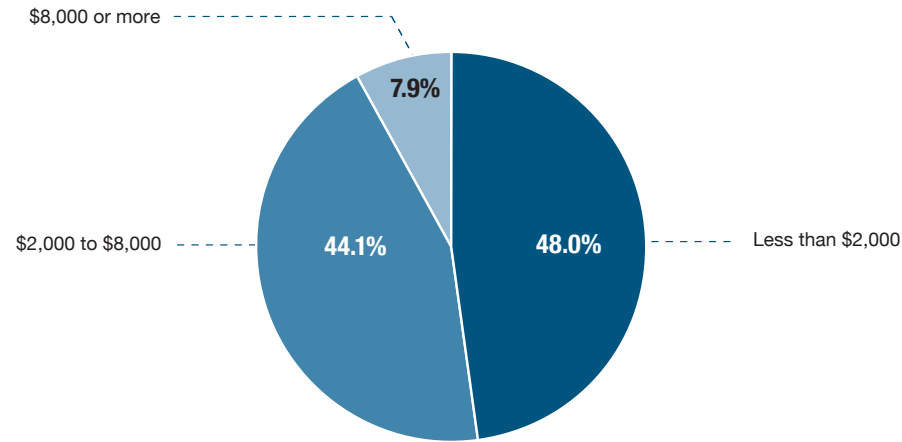
Data Source: 2023 Massachusetts Health Insurance Survey

Among Residents With Family Medical Debt, Amount and Age of Family Medical Bills, 2023

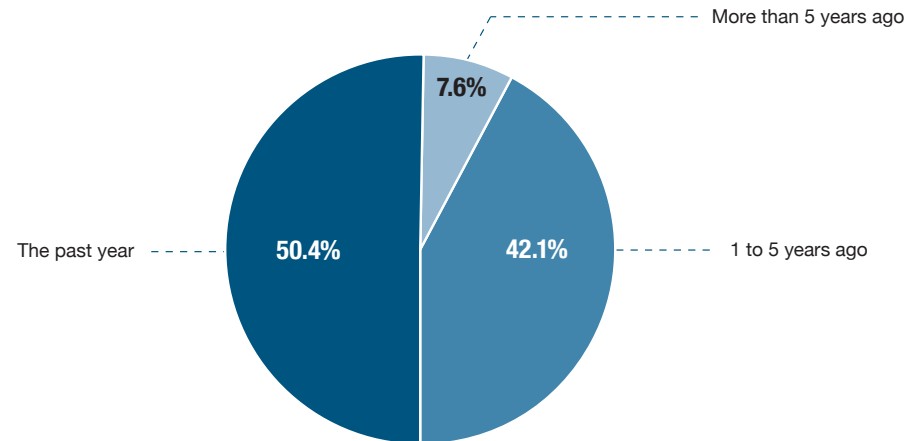
In 2023, among Massachusetts residents reporting family medical debt, the majority (92.1%) owed less than \$8,000 in medical bills, and about half (48.0%) owed less than \$2,000.

In addition, half (50.4%) of those reporting family medical debt incurred those bills within the last year; 7.6% incurred the bills more than five years ago.

Amount of Family Medical Bills Being Paid Off Over Time



Time Since Medical Debt Was Incurred

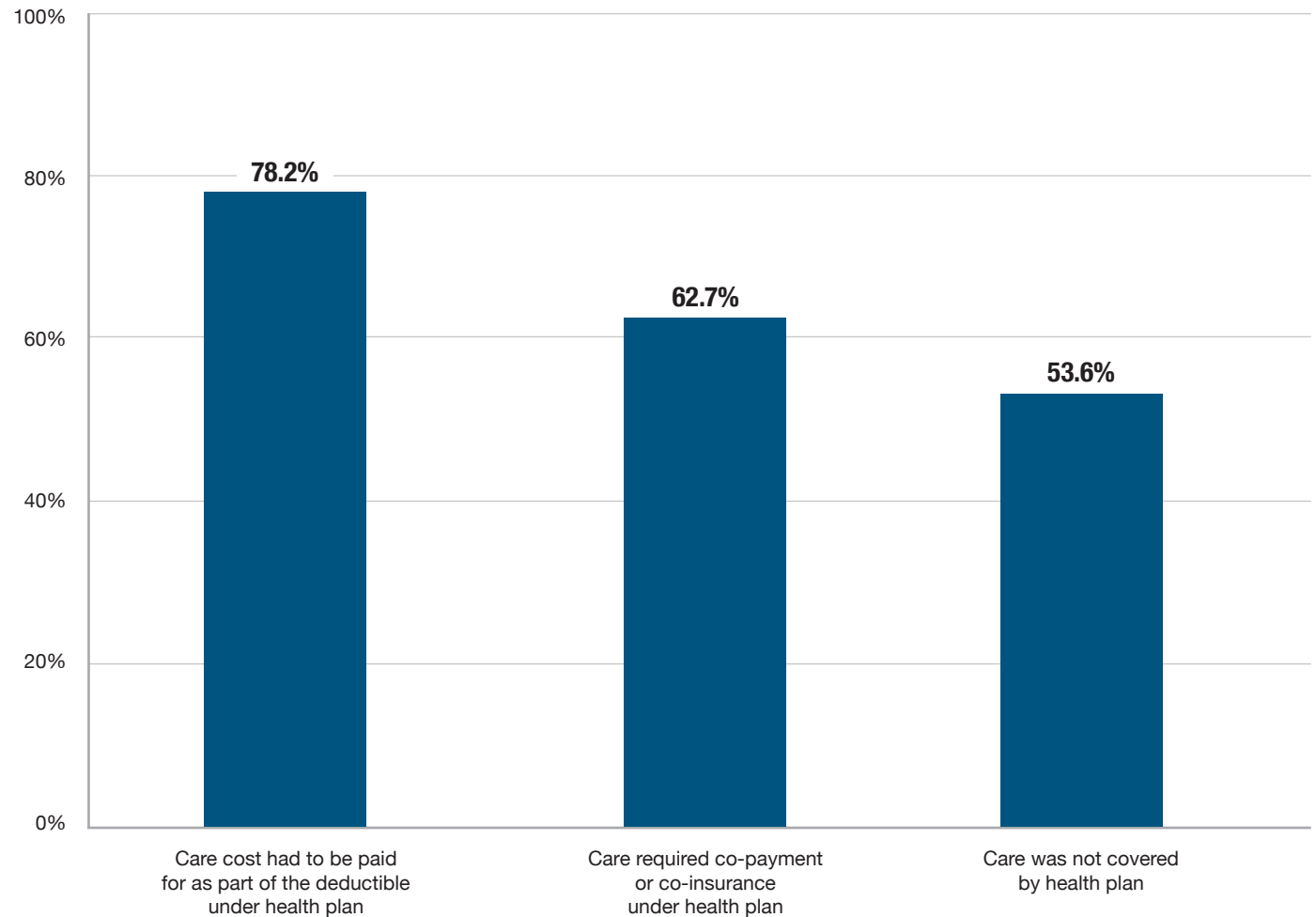


Data Source: 2023 Massachusetts Health Insurance Survey

In 2023, most Massachusetts residents whose families had health insurance coverage when all family medical bills were incurred reported that the debt was for care that had to be paid as a deductible or co-payment under their health insurance. Over three-quarters (78.2%) reported that they held medical debt from care that had to be paid as part of their health plan deductible, and about three-fifths (62.7%) reported that they held medical debt from copayments or coinsurance.

Just over half of residents reported that they held medical debt from care not covered by their health plan (53.6%).

Reasons That the Most Recent Family Medical Bill Is Being Paid Off Over Time Among Residents With Family Medical Debt Incurred While All Family Members Were Insured, 2023



Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options.
Data Source: 2023 Massachusetts Health Insurance Survey

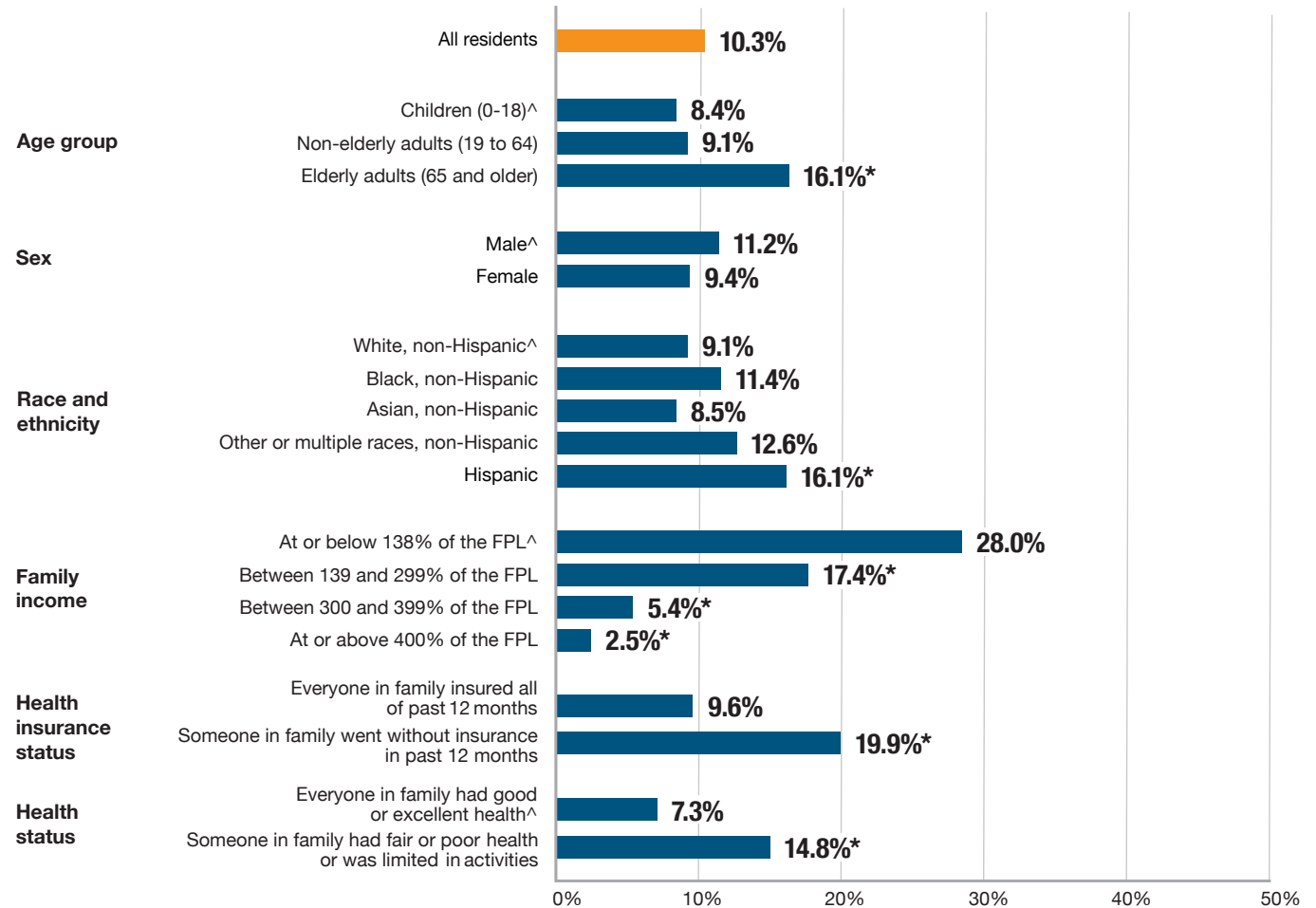
Health Care Affordability for Residents and Their Families

In 2023, 10.3% of insured Massachusetts residents spent a high share of their family income on out-of-pocket medical expenses, defined as spending 5% or more of income for families below 200% of the FPL or 10% or more for families at or above 200% of the FPL.

Residents with a family income at or below 138% of the FPL were much more likely (28.0%) to have a high share of their family income spent on out-of-pocket expenses than those in all other income categories.

Additionally, elderly adults (16.1%), Hispanic residents (16.1%), those with a family member who had a gap in insurance in the past 12 months (19.9%), and residents in families with someone in fair or poor health or limited in activities (14.8%) reported higher rates on this measure.

High Share of Family Income on Out-of-Pocket Spending Over the Past 12 Months by Resident Characteristics, 2023



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

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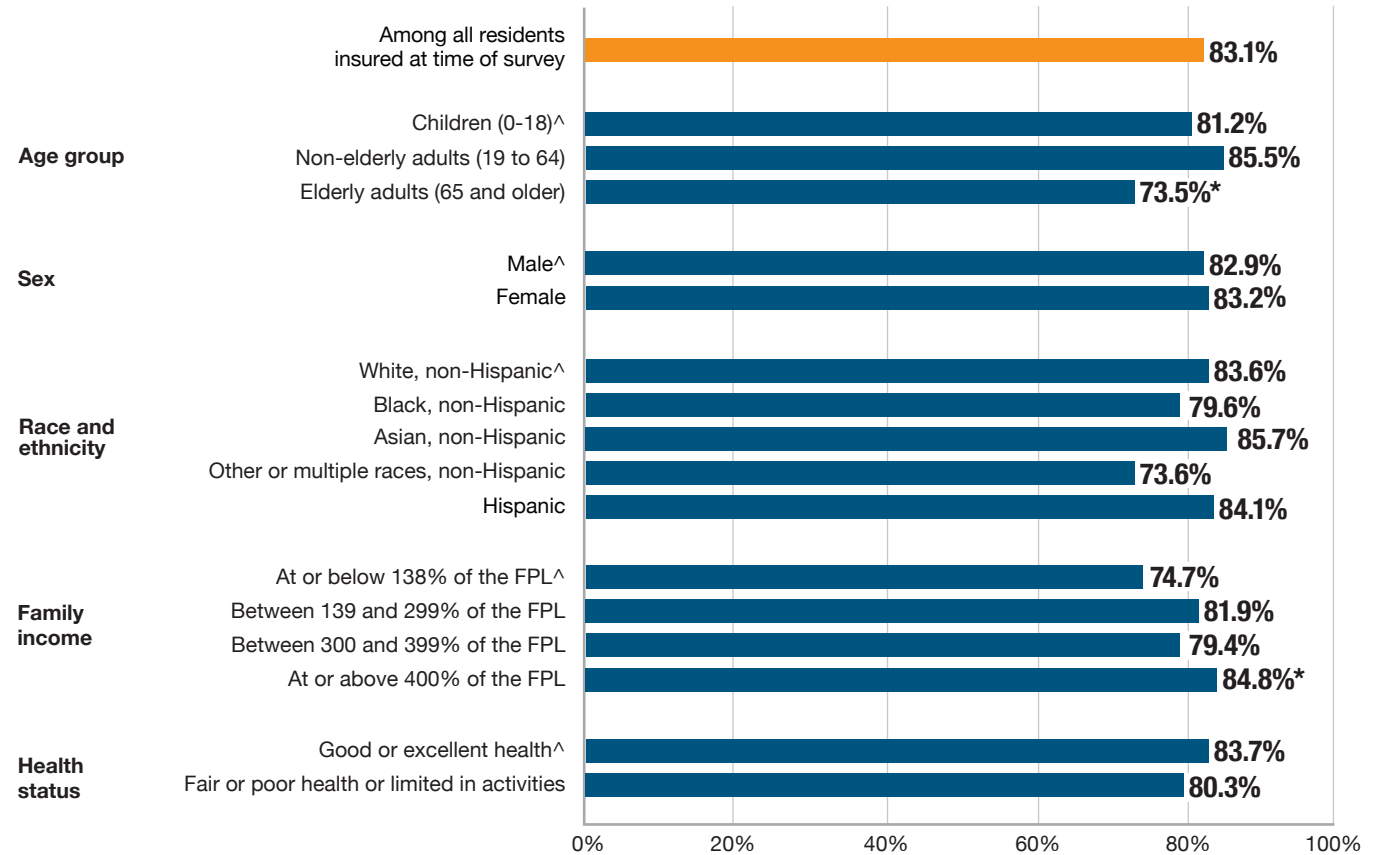
Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

Among Massachusetts residents insured at the time of the survey, 83.1% reported that their insurance plan had a deductible in 2023. Deductibles were less common among residents aged 65 and older. Deductibles were more common among residents with a family income at or above 400% of the FPL (84.8%).

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

Among Insured Residents, Deductibles by Resident Characteristics, 2023



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

[^]Reference group

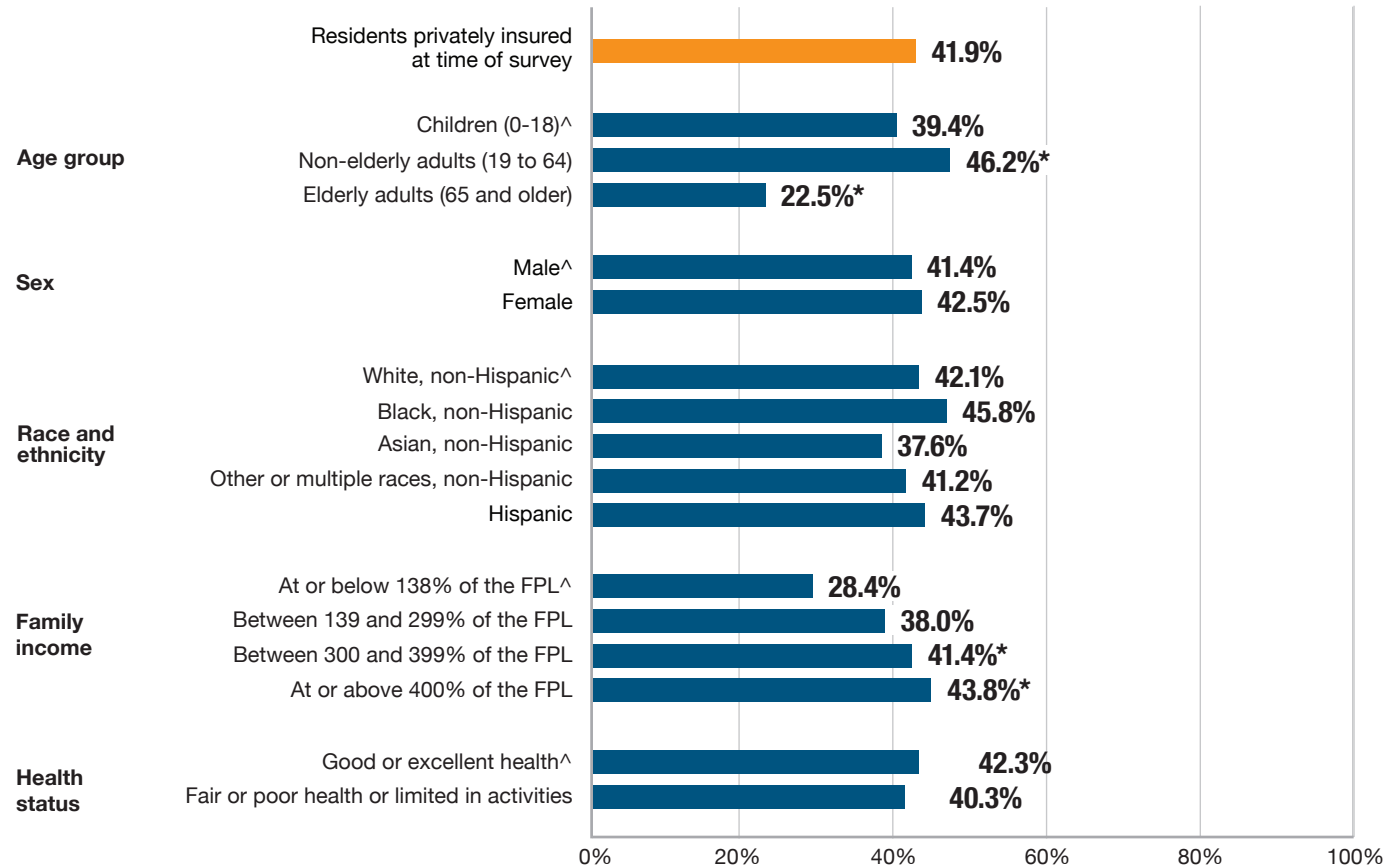
*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

Among Massachusetts residents who had private health insurance, two-fifths (41.9%) said that they were enrolled in a high deductible health plan (HDHP) in 2023. HDHPs are defined by the Internal Revenue Service as having an annual deductible of at least \$1,500 for single coverage or \$3,000 for family coverage in 2023. 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.

Enrollment in an HDHP was less common for residents with a family income at or below 138% of the FPL compared to residents with a family income at or above 300% of the FPL.

Among Privately Insured Residents, High Deductible Health Plan by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. For 2023, the IRS defines a high deductible health care plan as a health insurance plan with an annual deductible of \$1,500 or more for individual coverage or \$3,000 or more for family coverage. Estimates on this page are limited to residents with private health insurance coverage, which includes employer-sponsored insurance, Health Connector Plans, and non-group health insurance plans bought directly from an insurance company. Residents were assigned a single health insurance coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; MassHealth or ConnectorCare; Health Connector Plans; a qualifying student health insurance plan; other private non-group coverage; and other coverage. Employer-sponsored insurance includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Estimates should be interpreted with caution because residents may have both private and non-private health insurance coverage; in particular, employer-sponsored coverage among elderly adults may reflect supplemental coverage plans for elderly adults who are also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with some error.⁵ Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." To ensure reliability, estimates derived from subgroups with fewer than 50 survey respondents are not reported.

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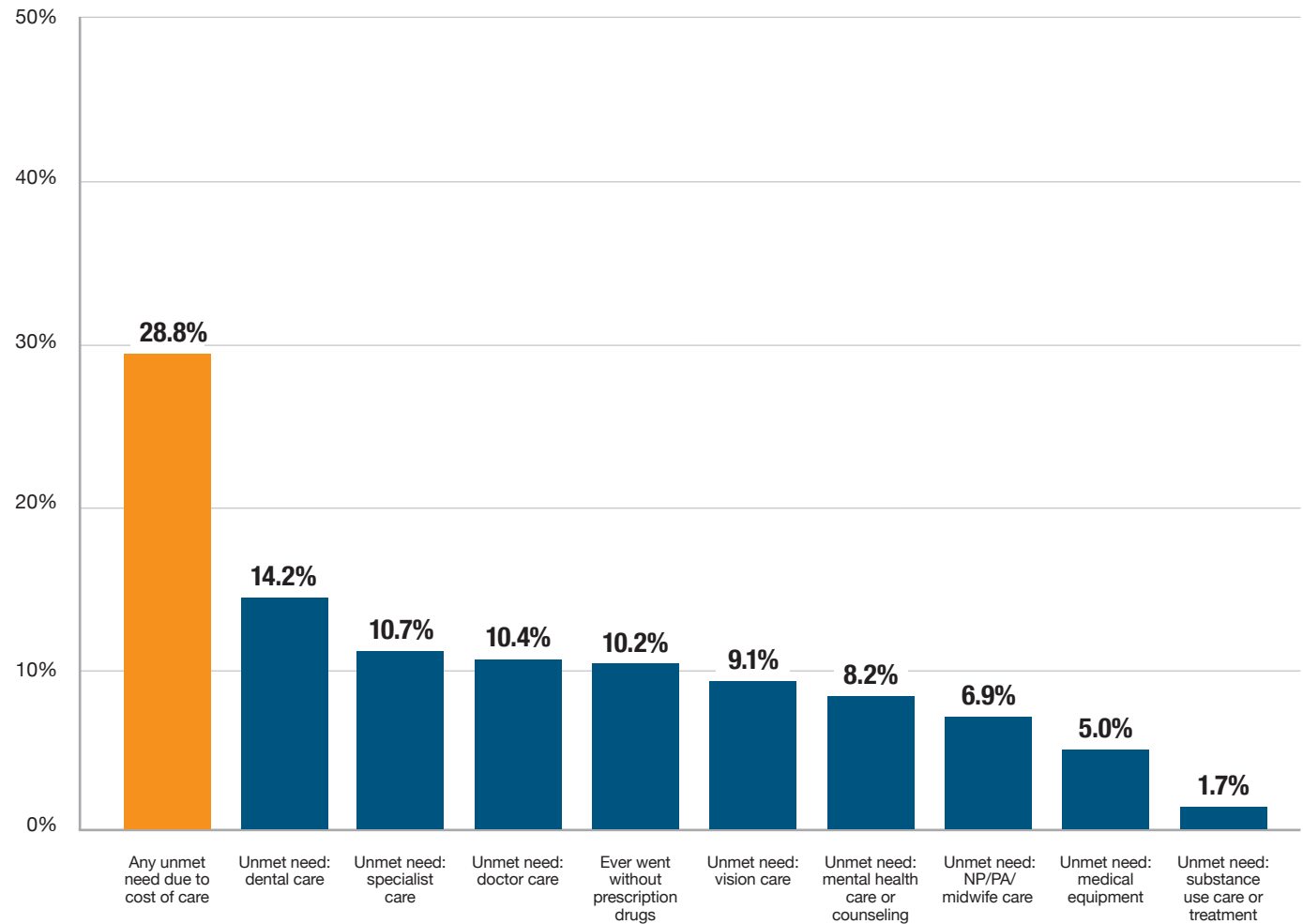
Data Source: 2023 Massachusetts Health Insurance Survey

Unmet Health Care Need in the Family Due to Cost of the Care Over the Past 12 Months, 2023

In 2023, just under one-third (28.8%) of Massachusetts residents reported that they or a family member went without health care services that they felt were needed in the past 12 months due to the cost of that care.

The most common types of unmet need for health care within the family due to cost were dental care (14.2%) and specialist care (10.7%).

Dental care is not commonly covered by medical insurance, and care from a specialist may not be covered by health plans or may have significant copays or coinsurance.



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

Data Source: 2023 Massachusetts Health Insurance Survey

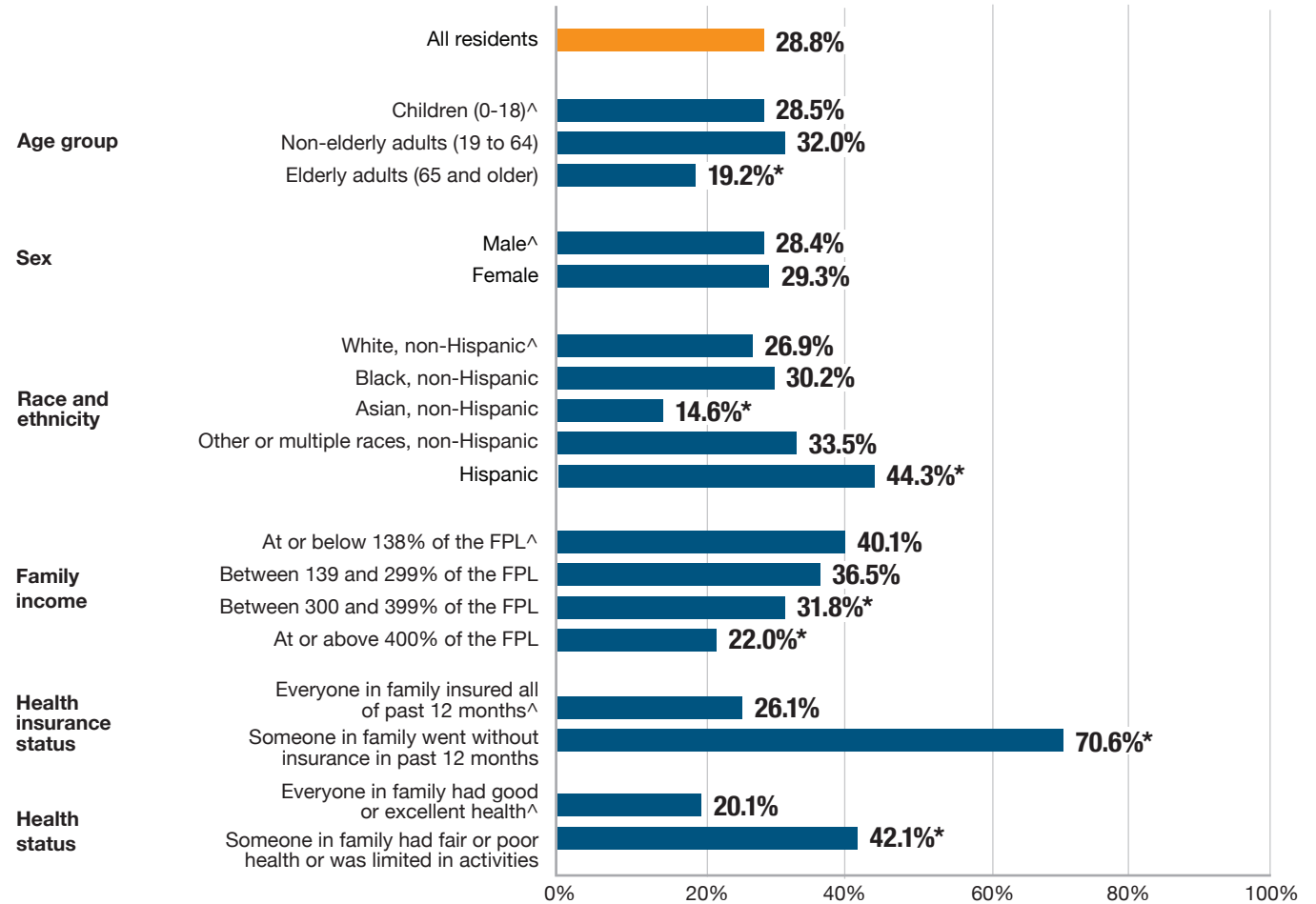
Health Care Affordability for Residents and Their Families

Residents living in families in which someone was uninsured at any time in the past 12 months were more than twice as likely to report that there was an unmet need for health care within the family due to cost in 2023 than residents in families where all members were continuously insured (70.6% vs. 26.1%).

Hispanic residents were more likely to report unmet need due to cost than non-Hispanic White residents (44.3% vs. 26.9%).

Unmet needs for health care within the family due to cost were more common for residents with a family income below 138% of the FPL (40.1%) than those at or above 400% of the FPL (22.0%).

Unmet Health Care Need in the Family Due to Cost of the Care Over the Past 12 Months by Resident Characteristics, 2023



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

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Data Source: 2023 Massachusetts Health Insurance Survey

About the MHIS

The Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage, health care access and use, and health care affordability for the non-institutionalized population in Massachusetts. The MHIS has been fielded periodically since 1998 and biennially since 2015. The content and design of the survey have been modified over time to address the changing health care environment in Massachusetts and changes in state-of-the-art household survey strategies. Content changes to the MHIS in 2023 included adding more in-depth questions on telehealth use and paying out-of-pocket for behavioral health care. The 2023 MHIS was fielded between April and August of 2023.

Survey design changes include a shift in sampling frame for the survey in 2008 and 2014, an expansion of the sampling frame for the survey in 2019-2023. As a result of the shift in the sample frame in 2014, the data for

the 2008–2011 period are not directly comparable to later years. The 2019 survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017. The 2021-2023 surveys expanded the use of the address-based sample and limited the random-digit-dial telephone sample to prepaid cell phone numbers only. Because of the similarity of the estimates from the RDD sample and ABS sample in 2019, the 2019-2023 estimates may still be used to evaluate trends for the period 2014–2021.⁵ Please see the [MHIS Methodology Report](#) for more information.

The 2023 MHIS was conducted in English and Spanish, and its average completion time was 33 minutes for telephone-based surveys and 18.1 minutes for the web-based survey. Surveys were completed with 5,266 Massachusetts households, collecting data on 5,266

residents and their families, including 663 children aged 0 to 18, 3,139 non-elderly adults aged 19 to 64, and 1,451 elderly adults aged 65 and older. The overall response rate for the 2023 MHIS was 5.8%, combining the response rate of 1.4% for the prepaid cell phone sample of 629 completed interviews and 13.6% for the address-based sample of 4,637 interviews.

Additional information about the MHIS is available in the [MHIS Methodology Report](#). ■

Notes

1. Keisler-Starkey, K., Bunch, L. N., & Lindstrom, R. A. (2023). Health Insurance Coverage in the United States: 2022. *US Census Bureau, Current Population Reports*, P60-281. U.S. Government Publishing Office. <https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-281.pdf>.
2. Caraballo, C., Ndumele, C. D., Roy, B., Lu, Y., Riley, C., Herrin, J., & Krumholz, H. M. (2022, October). Trends in racial and ethnic disparities in barriers to timely medical care among adults in the US, 1999 to 2018. In *JAMA Health Forum* (Vol. 3, No. 10, pp. e223856-e223856). American Medical Association. <https://jamanetwork.com/journals/jama-health-forum/article-abstract/2797732>.
3. Parast, L., Mathews, M., Martino, S., Lehrman, W. G., Stark, D., & Elliott, M. N. (2022). Racial/ethnic differences in emergency department utilization and experience. *Journal of General Internal Medicine*, 1-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8021298/>.
4. Rust, G., Ye, J., Baltrus, P., Daniels, E., Adesunloye, B., & Fryer, G. E. (2008). Practical barriers to timely primary care access: impact on adult use of emergency department services. *Archives of Internal Medicine*, 168(15), 1705-1710. <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/770345>.
5. By maintaining the RDD telephone sample between 2017 and 2019, we were able to assess the impacts of the 2019 modification and determined that the 2019 design did not have a significant impact on the estimates of trends over time based on the 2014-2017 data. The ABS and RDD estimates were similar, but caution should be used when interpreting trends. For more information about the 2019 design, please see the 2019 [MHIS Methodology Report](#).
6. Pascale, J, Fertig, AR, Call, KT. Assessing the accuracy of survey reports of health insurance coverage using enrollment data. *Health Serv Res*. 2019; 54: 1099-1109. <https://doi.org/10.1111/1475-6773.13191>.



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