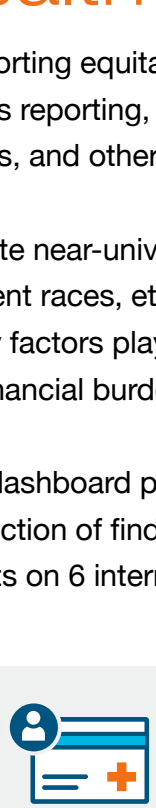
Health Care Equity in Massachusetts

Supporting equitable health care in Massachusetts is integral to the mission of the Center for Health Information and Analysis. Throughout CHIA's reporting, the agency measures disparities experienced by subpopulations to better inform policymakers, health care providers, payers, and other stakeholders.

Despite near-universal health insurance coverage statewide, gaps in access to and use of health care services persist among residents of different races, ethnicities, and geographic regions, among other characteristics. Community- and population-level social, economic, and policy factors play a critical role in shaping health outcomes and may have a greater influence than individual-level factors alone. In addition, the financial burden of health care can further exacerbate existing barriers to accessing care for vulnerable communities.

This dashboard provides insight into the social, economic, and structural factors faced by Massachusetts residents. The dashboard features a selection of findings highlighting health care system differences by race, ethnicity, and geographic region sourced from CHIA's library of reports on 6 interrelated issues.

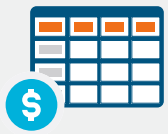


Coverage
Metrics focused on health insurance enrollment and coverage

Access
Metrics focused on availability of and access to health care services

Utilization
Metrics focused on use of health care services

Affordability
Metrics focused on cost of health care services for residents



Finance
Metrics focused on spending on health care services by payers and providers

Quality
Metrics focused on standards and/or value of health care services

Metrics included in this dashboard have been collected from various data sources across CHIA's reports published between 2023 and 2025. To learn more, find a link to the source associated with each metric on the **Sources** page.

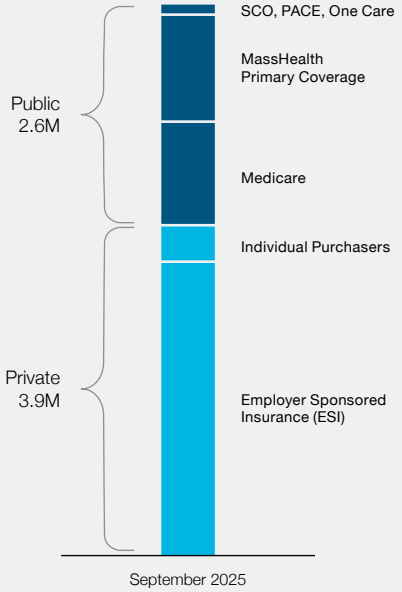
COVERAGE

Metrics focused on inequities in health insurance enrollment and coverage

Health insurance coverage refers to enrollment in a plan that helps individuals pay for medical expenses. Examining enrollment data from payers and coverage data from residents provides a more comprehensive picture of total coverage in the Commonwealth. Coverage is critical to promoting access to preventive and timely health care services and can help mitigate financial burdens due to high health care costs. While the rate of health care coverage is high in Massachusetts, patterns in maintaining continuous coverage vary by sociodemographic factors.

Massachusetts Resident Medical Insurance Enrollment Trends

In September 2025, 3.9 million residents had primary medical coverage through private health insurance, with 3.4 members enrolled through employer sponsored insurance (ESI). 1.3 million residents had MassHealth Primary Coverage, 1.2 million were enrolled in Medicare, and 128K members were enrolled in SCO, PACE or One Care (MassHealth and Medicare).

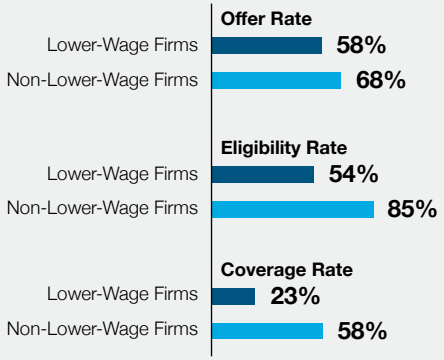


Source: September 2025 Enrollment Trends

Health Insurance Offer and Coverage Rates by Employers

Lower-wage firms† were less likely to offer their employees health insurance coverage, and employees at lower-wage firms that did offer coverage were less likely to be eligible for or covered by their employers' insurance compared with employees at other firms offering coverage.

Source: 2024 MES, p. 13



Continuous Health Insurance Coverage Over the Past 12 Months

Hispanic residents were less likely than White residents to report being continuously insured over the past 12 months.

Source: 2025 MHIS, p. 22

†Firms with at least 35% of their full-time employees earning less than $17/hour ($34,820/year).

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

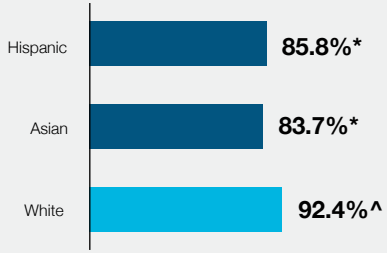
ACCESS

Metrics focused on inequities in availability of and access to health care services

Health care access refers to the availability of medical care for residents to identify and attain. Factors such as decreased access to health care providers within a given geographic area, forgoing necessary care due to insurance issues, and difficulty establishing care may affect residents in certain regions more than others, particularly in relation to primary care. Access challenges can be impacted by upstream issues related to health insurance coverage, or downstream issues related to the proximity and availability of clinicians and services.

Primary Care Access

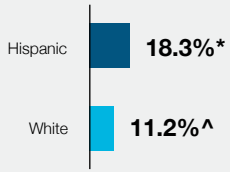
Hispanic residents and Asian residents were less likely to have a primary care provider than White residents.



Source: 2025 MHIS, p. 29

Difficulties Accessing Care Due to Insurance Type

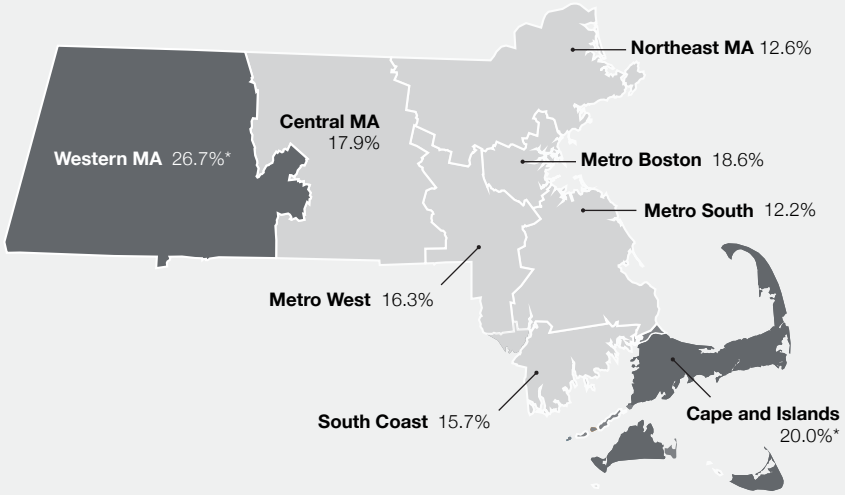
Hispanic residents were more likely than White residents to be told a doctor's office or clinic did not accept their insurance type.



Source: 2025 MHIS, p. 50

Difficulties Accessing Care Due to Provider Availability

Two-fifths of Massachusetts residents (43.1%) reported at least one type of difficulty accessing care in 2025. Residents in Western Massachusetts (26.7%) and the Cape and Islands (20.0%) reported the highest rates of difficulties enrolling as a new patient.



Source: 2025 MHIS, Detailed Tables, C2-6

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

^Reference group.

UTILIZATION

Metrics focused on inequities in the use of health care services

Utilization is the extent to which individuals engage with the health care system and use medical services. Systemic differences in coverage and access may impact utilization patterns, such as those due to race and ethnicity, region of residence, and other sociodemographic factors.

Acute Care Length of Stay

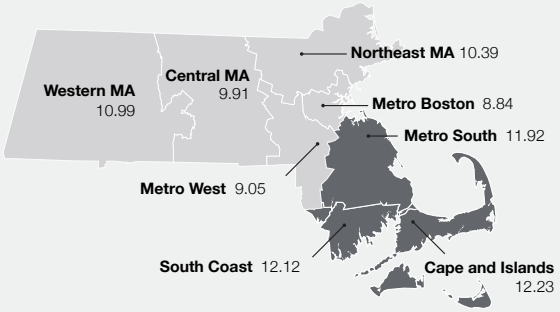
For non-Hispanic Black patients, the average length of stay in the inpatient setting was about 1 day longer than for other racial and ethnic groups in 2024.

AVERAGE LENGTH OF STAY (DAYS), BLACK, NON-HISPANIC	AVERAGE LENGTH OF STAY (DAYS), STATEWIDE
6.5	5.5

Source: FFY 2024 Inpatient Dashboard

Inpatient Discharge Rates Per Capita

In 2024, the Cape and Islands, South Coast, and Metro South regions had among the highest inpatient visit rates per capita compared with other regions of the Commonwealth.

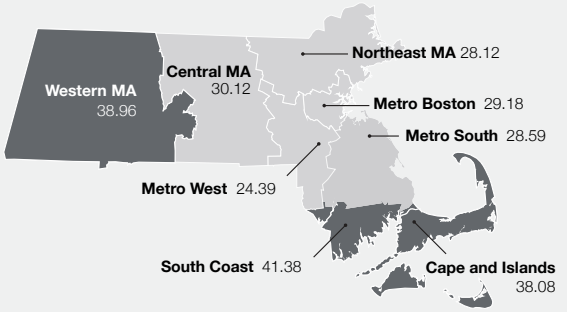


Source: FFY 2024 Inpatient Dashboard

Notes: Rates per 100 people.

Emergency Deparment Visit Rates Per Capita

In 2024, the South Coast, Western MA, and Cape and Islands regions had among the highest emergency department visit rates per capita in the Commonwealth.



Source: FFY 2024 ED Dashboard

Notes: Rates per 100 people.

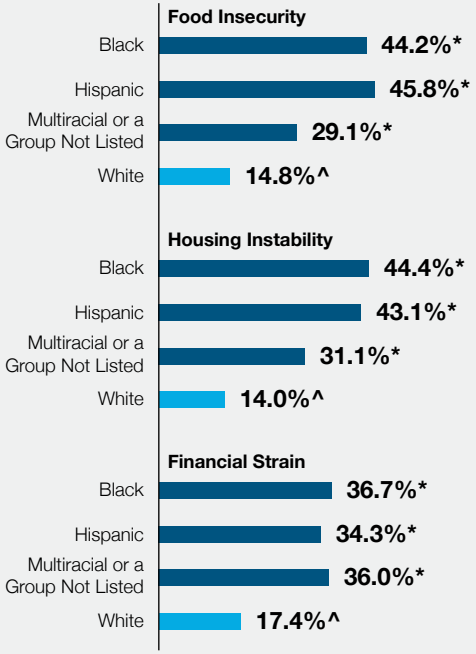
AFFORDABILITY *(page 1 of 2)*

Metrics focused on inequities in the cost of health care services to residents

The Commonwealth has higher-than-average health care costs—including high cost-sharing, premiums, and medical debt—creating financial difficulties for both employers and residents, even those who are continuously insured. Higher levels of unemployment, underinsurance, strict income eligibility criteria for or reduced availability of public programs, and proximity to higher-priced providers may exacerbate health care affordability issues for some groups of residents and their families.

Health-Related Social Needs

Black residents, Hispanic residents, and residents who identified as multiracial or a category not listed were more likely than White residents to experience food insecurity, housing instability, and financial strain.

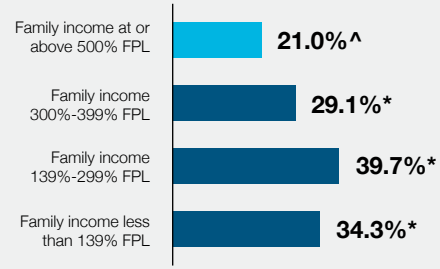


Source: 2025 Unmet HRSN Research Brief, p. 7

Unmet Health Care Needs Due to Cost

Residents with family income below 400% of the federal poverty level (FPL)—about $125,000 for a family of 4—were more likely to report an unmet need for health care due to cost than residents with income at or above 500% FPL (about $156,000 for a family of 4).

Source: 2025 MHIS, p. 63



Recent Policy Efforts

Recent initiatives to improve health care affordability in the Commonwealth include limiting copays for some members,[1] capping costs for specific drugs treating certain chronic conditions,[2] limiting the growth of deductibles and copays,[3] and reforming medical debt reporting and collection.[4] However, affordability issues outside the health care system, such as spending on food or housing, can influence health and well-being as well as the resources residents have available to pay for care.

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

AFFORDABILITY *(page 2 of 2)*

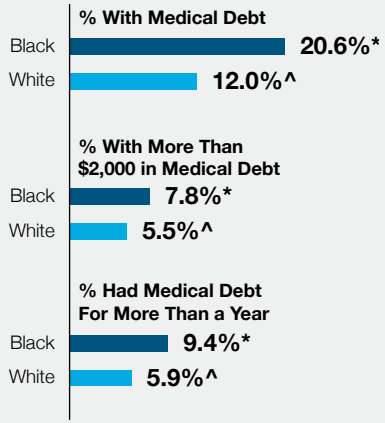
Metrics focused on inequities in the cost of health care services to residents

The Commonwealth has higher-than-average health care costs—including high cost-sharing, premiums, and medical debt—creating financial difficulties for both employers and residents, even those who are continuously insured. Higher levels of unemployment, underinsurance, strict income eligibility criteria for or reduced availability of public programs, and proximity to higher-priced providers may exacerbate health care affordability issues for some groups of residents and their families.

Resident Medical Debt

Compared with White residents, Black residents had higher rates of medical debt, were more likely to have higher amounts of medical debt, and were more likely to have held medical debt for longer than a year.

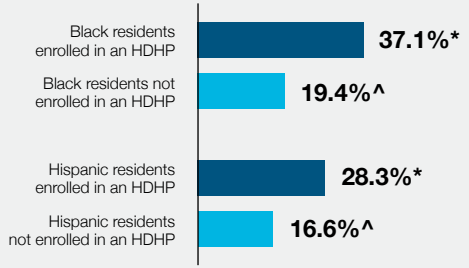
Source: 2025 Medical Debt Research Brief, p. 5-6



Resident Medical Debt and High-Deductible Health Plans

Among Black residents and Hispanic residents, those enrolled in a high-deductible health plan (HDHP) were more likely to have medical debt than those not enrolled in an HDHP.

Source: 2025 Medical Debt Research Brief, p. 10-11



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

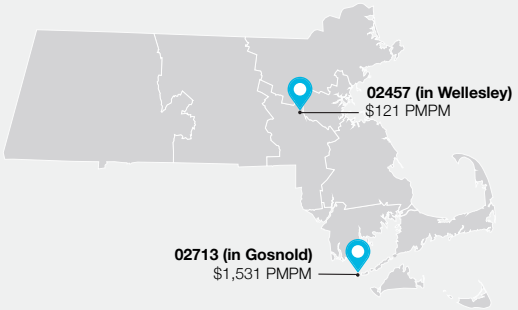
FINANCE

Metrics focused on inequities in spending on health care services by payers and providers

Health care expenditures reflect the price of health care paid by insurers, employers, and patients, and the use of services. Some hospitals tend to serve patients with lower family incomes, government-sponsored insurance, or less favorable private commercial payment rates. This gap in resources can make it harder for providers to operate and for patients to access preventative, high-quality care in some regions. These factors can also contribute to downstream affordability issues, amounting to higher total medical expenditures and higher out-of-pocket costs for residents.

Total Medical Expenses by ZIP Code Tabulation Area (ZCTA)

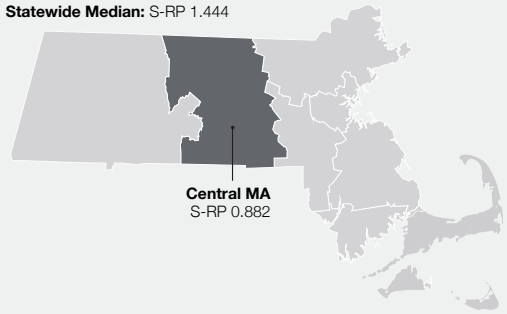
In 2023, total medical expenses for Massachusetts residents with commercial, MassHealth, or Medicare insurance coverage varied by town, ranging from $121 (ZCTA 02457 in Wellesley) to $1,531 (ZCTA 02713 in Gosnold) per member per month.



Source: 2023 Community TME Dashboard

Regional Variation in Acute Hospital Statewide Relative Price

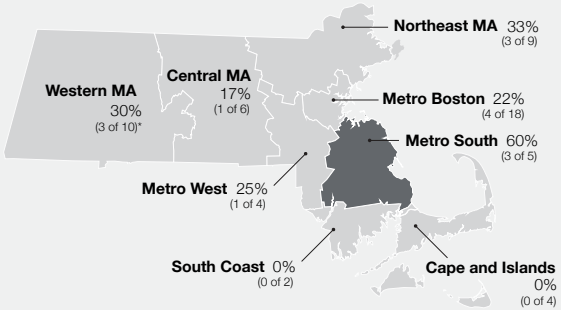
Prices paid to acute care hospitals varied across Massachusetts regions. In 2023, hospitals in Central MA had the lowest median commercial relative price while the Cape and Islands had the highest.



Source: CY 2023 RP Dashboard

High Medicaid Acute Hospitals by Region

The Metro South region had the largest percentage of High Medicaid acute hospitals statewide, with 3 of 5 (60%) in the region that qualified. “High Medicaid” applies to hospitals in the top quartile of MassHealth payer mix.

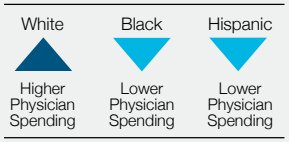


*Indicates number of High Medicaid hospitals out of total hospitals in the region

Source: HFY 2024 Hospital Profiles

Medical Spending and Community Racial/Ethnic Composition

In 2023, communities with higher proportions of residents identifying as Black or Hispanic tended to have lower medical spending on physician services, including both primary and specialist care, but also lower member-cost-sharing.



Source: 2023 Community TME Dashboard, p. 11

QUALITY *(page 1 of 2)*

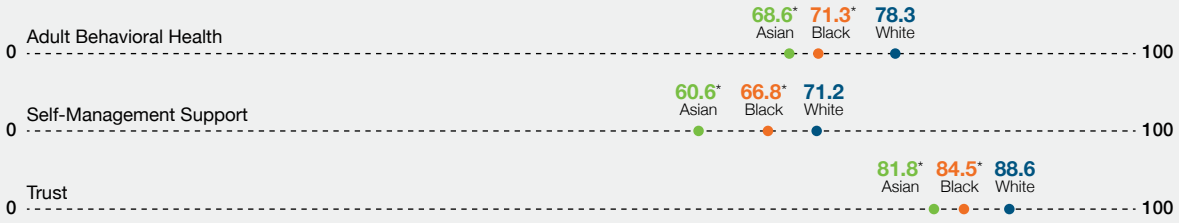
Metrics focused on inequities in the standards or value of health care services

Health care quality reflects provider performance on nationally endorsed measures of patient care, including metrics that evaluate health status outcomes and patient experiences as well as adherence to best practices and evidence-based medicine.

Adult Patient Experience Ratings

Asian patients rated their experiences with primary care providers in 2024 significantly lower than White patients in all 9 survey areas. Scores for Black patients were significantly lower than White patients for 7 of the 9 areas.

Source: 2026 Annual Report, p. 118



Statewide Scores for Colorectal Cancer Screening

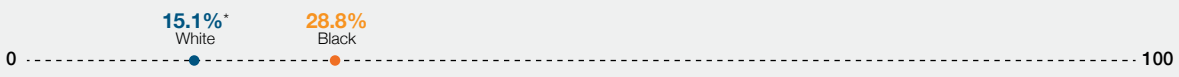
Statewide scores on the colorectal screening measure, which assesses the percentage of primary care providers' patients who have received recommended screening, varied notably in 2024. Scores for Hispanic, Black, and Asian patients were significantly lower compared with non-Hispanic and White patients.

Source: 2026 Annual Report, p. 116-117

Statewide Scores for Diabetes: Gylcemic Status Assessment

The Glycemic Status Assessment score for Black patients with diabetes was nearly double that for White patients, indicating worse control of hemoglobin A1C levels among Black patients.

Source: 2026 Annual Report, p. 116



*Statistically significant difference from reference group.

QUALITY *(page 2 of 2)*

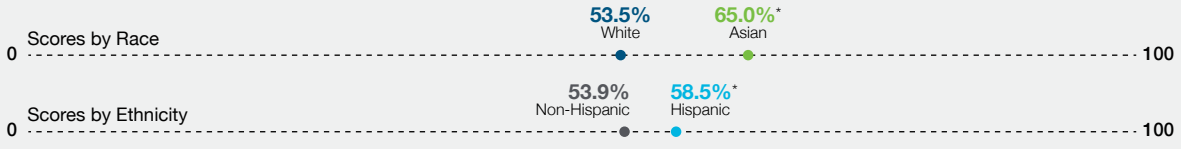
Metrics focused on inequities in the standards or value of health care services

Health care quality reflects provider performance on nationally endorsed measures of patient care, including metrics that evaluate health status outcomes and patient experiences as well as adherence to best practices and evidence-based medicine.

Statewide Scores for Adolescent Immunizations

Scores for adherence to recommended immunizations for adolescents were significantly higher among Asian patients and Hispanic patients compared with White patients and non-Hispanic patients, respectively.

Source: 2026 Annual Report, p. 116

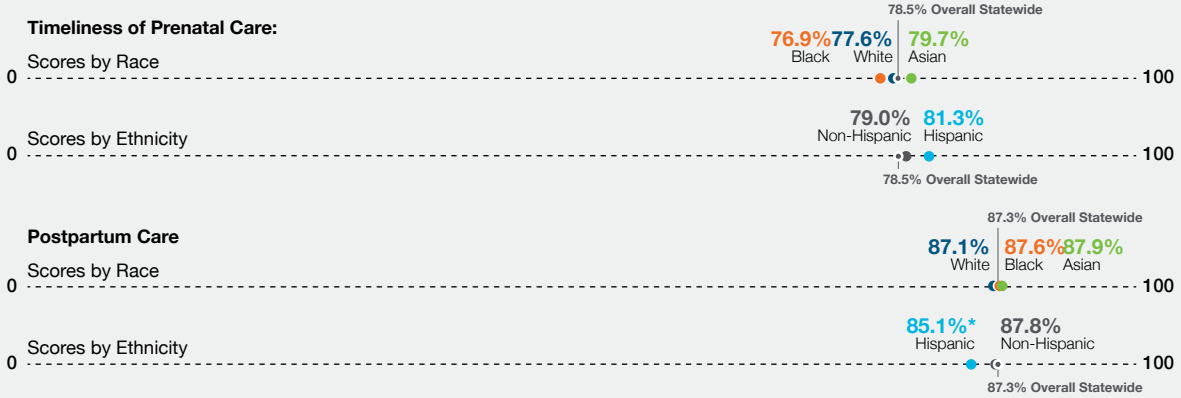


Statewide Scores for Prenatal and Postpartum Care

In 2024, pregnant individuals received a prenatal visit in their first trimester for 78.5% of deliveries statewide; there were no statistically significant differences when stratified by race and ethnicity.

Pregnant individuals received a postpartum visit between 7 and 84 days after delivery for 87.3% of deliveries statewide, with the rate among Hispanic patients significantly worse than among non-Hispanic patients.

Source: 2026 Annual Report, p. 116



*Statistically significant difference from reference group.

SOURCES

Annual Report on the Performance of the Massachusetts Health Care System
(2026 Annual Report)

CHIA examines the performance of the Massachusetts health care system and reports on trends in costs, coverage, and quality indicators to inform policymaking. The Annual Report includes a calculation of Total Health Care Expenditures (THCE), a measure of total statewide health care spending in the Commonwealth.

The Annual Report also presents results on health care spending and cost trends, access and affordability, hospital utilization and financial performance, key quality metrics, and behavioral health trends.

Massachusetts Health Insurance Survey
(2025 MHIS)

The MHIS is a statewide, population-based survey used to track and monitor health care coverage, use, access, and affordability trends in the Commonwealth. The latest survey was fielded in CY 2025.

Burdened by the Bill: Understanding Medical Debt in Massachusetts
(2025 Medical Debt Research Brief)

This research brief explores family medical debt in Massachusetts. This brief pools data from the 2021 and 2023 Massachusetts Health Insurance Survey (MHIS) cycles to increase the statistical power.

Black and Hispanic Residents in Massachusetts Report Higher Rates of Unmet Health-Related Social Needs in Their Families
(2025 Unmet HRSN Research Brief)

This research brief uses data from the 2023 Massachusetts Health Insurance Survey (MHIS) to examine disparities in the rates of unmet health-related social needs (HRSNs) by race/ethnicity in Massachusetts.

Massachusetts Employer Survey
(2024 MES)

The Massachusetts Employer Survey (MES) is an ongoing health insurance survey of employers, which tracks and monitors employer health insurance offerings, employee take-up rates, cost-sharing, plan characteristics, and employer decision-making. The latest survey was fielded in 2024.

Quarterly Case Mix Emergency Department Database Reporting
(FFY 2024 ED Dashboard)

Trends in emergency department utilization in the Commonwealth sourced from the Case Mix emergency department database (EDD); reports contain both final annualized data and interim data and are updated quarterly.

Quarterly Case Mix Hospital Inpatient Discharge Database Reporting
(FFY 2024 Inpatient Dashboard)

Trends in health care utilization in the Commonwealth sourced from the Case Mix hospital inpatient discharge database (HIDD); reports contain both final annualized data and interim data and are updated quarterly.

Provider Price Variation in the Massachusetts Health Care Market
(CY 2023 RP Dashboard)

CHIA reports annually on relative price (RP) to examine provider price variation in Massachusetts. RP facilitates comparison of average provider prices while accounting for differences in patient acuity, the types of services providers deliver to patients, and the different insurance product types that payers offer to their members.

SOURCES

Total Medical Expense (TME) Trends Across Massachusetts Communities
(2023 Community TME Dashboard)

This report looks at demographics by community in Massachusetts and examines the relationship between community characteristics and variations in medical spending by insurance population as well as across TME service categories.

Massachusetts Acute and Non-Acute Hospital Profiles
(HFY 2024 Hospital Profiles)

Massachusetts Acute Hospital Profiles and Non-Acute Hospital Profiles provide information about Massachusetts hospital characteristics, services, payer mix, utilization trends, top discharges, and financial performance over a 5-year period.

Massachusetts Health Insurance Enrollment
(September 2025 Enrollment Trends)

Twice per year, CHIA updates its detailed Enrollment Trends analysis for the most recent two-year period to provide insight into the types of health insurance in which Massachusetts residents are enrolled.

NOTES

1. Massachusetts Health Connector, "ConnectorCare members can get medications for some health conditions with no co-pay," accessed August 28, 2025, https://www.mahealthconnector.org/learn/plan-information/connectorcare-plans/connectorcare-medication-guide.

2. Commonwealth of Massachusetts, "Healey-Driscoll Administration Limits Deductibles and Co-Pays to Control Health Costs for Patients," accessed April 28, 2025, https://www.mass.gov/news/healey-driscoll-administration-limits-deductibles-and-co-pays-to-control-health-costs-for-patients.

3. See Note 2.

4. Six recent bills from the General Court of the Commonwealth of Massachusetts focus on reforming medical debt reporting and collection: Bill H.4073: An Act Relative to Fair Medical Debt Reporting and Collection, S. 842: An Act to Address Medical Debt Through Hospital Financial Assistance Reform, Bill H. 476: An Act Relative to Medical Debt Exclusion from Creditor Reports, Bill S. 214: An Act Alleviating the Burden of Medical Debt for Patients and Families, Bill H. 419: An Act Alleviating the Burden of Medical Debt for Patients and Families, and Bill S.857: An Act to Ensure Uniform and Transparent Reporting of Medical Debt Data.

Publication Number 26-190-CHIA-01