

**Health Insurance
Coverage and Care
in Massachusetts,
2015-2019:**

A Baseline Assessment
of Gaps by Age, Race &
Ethnicity, and Income

December 2021



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Executive Summary

Massachusetts continues to have a high health insurance coverage rate and strong access to and use of health care. Nonetheless, health care gaps persist among residents of different races, ethnicities, socioeconomic levels, geographic regions, sexual orientations, gender identity, national origin, and disability status, among other characteristics, in the Commonwealth. Moreover, the state has historically had per capita health care spending that exceeds national averages, making affordability a challenge for many Massachusetts residents and families.

To advance the goal of health care equity in Massachusetts, this report provides a baseline assessment of gaps in health insurance coverage, access, utilization, and affordability based on three key characteristics: age, race/ethnicity, and family income groups through analysis of the Massachusetts Health

Insurance Survey (MHIS) across three biennial waves (2015-2019). This report is part of a new reporting series on health care equity in the Commonwealth.

Health Insurance Coverage

- The rate of residents reporting at least 12 continuous months of health insurance coverage at the time of the survey exceeded 90% for all age groups. This continuous coverage rate was highest for residents aged 65 or older (98.1%) and lowest for residents aged 19 to 64 (90.9%); among children aged 18 or younger, the rate was 96.3%.
- Overall and within each racial/ethnic group, residents with family income below 300% of the Federal Poverty Level (FPL) had lower rates of continuous coverage than residents at or above 300% of the FPL.

- Among residents with family income below 139% of the FPL, 78.8% of non-Hispanic Black residents and 75.0% of Hispanic residents reported having 12 or more months of continuous coverage, compared with 91.7% of non-Hispanic White residents.

Health Care Access

- Nearly one in three Massachusetts residents faced difficulties accessing care at a doctor's office or clinic: 12.1% of residents were told that the doctor's office or clinic was not accepting new patients, nearly one in eight (11.2%) were either uninsured or were told that the doctor's office or clinic did not accept their insurance type, and nearly one in five (18.0%) were unable to get an appointment at a doctor's office or clinic as soon as they thought one was needed.
- While residents of all races and ethnicities reported difficulties accessing care at a doctor's office or clinic, the challenge was most severe for Hispanic residents, with 35.2% reporting one or more of these difficulties compared to 26.2% of non-Hispanic White residents.
- The racial/ethnic differences in access to health care were most prominent among residents with family income from 139% to less than 300% of the FPL. In this group, 39.3% of Hispanic residents reported difficulties accessing care at a doctor's office or clinic,

compared with 29.6% of non-Hispanic White residents.

- Although difficulties accessing care were least common among non-Hispanic White residents, those with family income below 300% of the FPL more commonly reported difficulties accessing care than their counterparts at or above 300% of the FPL (29.6%-32.7% vs. 24.4%).

Health Care Utilization

- Rates of visiting a doctor or dental provider were lower among racial/ethnic minority residents than among non-Hispanic White residents.
- Residents with lower family income reported lower rates of visiting a doctor in the past 12 months, with a rate of 84.4% among residents with family income below 139% of the FPL vs. 90.7% among residents with family income at or above 400% of the FPL.
- Nearly one in seven residents reported a potential reliance on the emergency room (ER) for care, defined as visiting the ER at least three times in the past 12 months or reporting that their most recent visit to the ER was for a non-emergency.
- Compared to non-Hispanic White residents (11.2%), non-Hispanic Black residents were nearly twice as likely and Hispanic residents were nearly three times as likely

to have a potential reliance on the ER for care (20.0% and 29.1%, respectively).

- Residents with family income below 139% of the FPL were two and a half times as likely as those at or above 400% of the FPL to report a potential reliance on the ER for care. The differences in this measure by family income also existed within every racial/ethnic group.

Health Care Affordability

- Nearly one-quarter of residents reported having unmet health care needs due to cost.
- About one in three Hispanic residents (32.5%) and over one in four non-Hispanic Black residents (27.3%) reported unmet health care needs due to cost, higher than the rate for non-Hispanic White residents (22.8%).
- Among residents at or above 300% of the FPL, Hispanic residents were one and a half times as likely to report unmet health care needs due to cost than non-Hispanic White residents (28.2% vs. 18.7%).
- Over one-fifth of residents reported having medical debt or problems paying medical bills in their families.

- Residents with family income from 139% to less than 400% of the FPL were more likely to have medical debt or problems paying medical bills in their families than residents with family income at or above 400% of the FPL (26.4%-28.5% vs. 20.2%).
- Within every racial/ethnic group, the highest rates of family medical debt or problems paying family medical bills were for residents with family income from 139% to less than 300% of the FPL.

This report provides important baseline measures of health insurance coverage, access, utilization, and affordability among different population subgroups leading up to the COVID-19 pandemic. CHIA will continue to monitor developments in these domains for different subpopulations, as insights from this report series may help inform efforts to better target interventions for a more equitable health care system in the Commonwealth. ■

Introduction

Massachusetts continues to have a high rate of health insurance coverage and strong access to and use of health care, in part due to the implementation of key components of the Affordable Care Act, which builds on the 2006 health care reforms in the state. Nonetheless, health care gaps persist among residents of different races, ethnicities, socioeconomic levels, geographic regions, sexual orientations, gender identity, national origin, and disability status, among other characteristics, in the Commonwealth.^{1,2,3,4,5,6} Moreover, the state has historically had per capita health care spending that exceeds the national average, making affordability a challenge for many Massachusetts residents. Significant variability exists across subpopulations in health insurance coverage, access, utilization, and affordability in the Commonwealth.

As the Commonwealth strives for an equitable health care system, where everyone has the opportunity to “attain their full health potential, with no one disadvantaged from achieving this potential due to socioeconomic status or socially assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography),”^{7,8} it is imperative to have reliable and meaningful health care information available on subpopulations to inform policy makers, health care providers, payers, and other stakeholders.

To provide objective and reliable health care data on population subgroups, the Center for Health Information and Analysis (CHIA) releases this report as part of a new reporting series on health care equity in the Commonwealth. This report provides a baseline

assessment of gaps in health care by age, race/ethnicity, and family income groups in four domains: coverage, access, utilization, and affordability. Furthermore, the report analyzes the intersection of family income and race/ethnicity for key measures in each domain to examine the extent to which income-based differences were consistent within racial/ethnic groups and, conversely, the extent to which racial/ethnic differences were consistent within income groups.

The data source for this report is the [Massachusetts Health Insurance Survey \(MHIS\)](#), a statewide, population-based survey of non-institutionalized Massachusetts residents. As part of CHIA's Continuing Study on Insurance Coverage, Underinsurance and Uninsurance, the MHIS provides information on health insurance

coverage, as well as health care access, utilization, affordability, and emerging topics in the Commonwealth. All analyses in this report use the combined MHIS data across three biennial waves (2015-2019) to provide reliable estimates for population subgroups. For further details, please see [technical appendix](#).

This report provides important baseline measures of health insurance coverage, access, utilization, and affordability among different population subgroups leading up to the COVID-19 pandemic. CHIA will continue to monitor developments in these domains for different subpopulations as insights from this report series may help inform efforts to better target interventions for a more equitable health care system in the Commonwealth. ■

Health Insurance Coverage

Health insurance coverage plays a crucial role in enabling greater access to care and protecting families from high financial burden in times of serious illness or injury. Since Massachusetts' health care reform in 2006 and the passage of the Affordable Care Act in 2010, Massachusetts residents continue to have the highest rates of insurance coverage in the United States. However, focusing on this overall coverage statistic may obscure the differences that exist between persons of different races, ethnicities, and socioeconomic levels in the Commonwealth. Research has shown that people of color and people with low incomes still face significant challenges in health care coverage that contribute to disparities in health outcomes overall.^{9,10}

To investigate differences in health insurance coverage among different Massachusetts population subgroups, this section examines coverage rates at the time of the

survey using the following measures: 1) those residents who were always insured for the past 12 months (continuous insurance coverage), 2) those who were sometimes insured for the past 12 months, and 3) those who were never insured for the past 12 months. These measures reflect three groups on the spectrum of health insurance coverage from the most protected residents to the least protected residents.

Key Findings:

- Nearly all Massachusetts residents (93.3%) reported at least 12 continuous months of health insurance coverage. Just 1.2% of residents were never insured over the past 12 months, and 5.4% were sometimes insured over the past 12 months, with both periods of insurance and uninsurance.
- The 12-month continuous coverage rate exceeded 90% for all age groups. This rate was highest for

residents aged 65 or older (98.1%) and lowest for residents aged 19 to 64 (90.9%); among children aged 18 or younger, the rate was 96.3%.

- Rates of continuous insurance coverage over the past 12 months were lower for Hispanic* residents and non-Hispanic Black residents, compared to non-Hispanic White residents (82.0% and 89.0% vs. 95.6%, respectively).

- Overall and within each racial/ethnic group, residents with lower family income had lower rates of continuous coverage than residents in the highest income groups.
- Among residents with family income below 139% of the FPL, 78.8% of non-Hispanic Black residents and 75.0% of Hispanic residents reported having 12 or more months of continuous coverage, compared with 91.7% of non-Hispanic White residents. ■

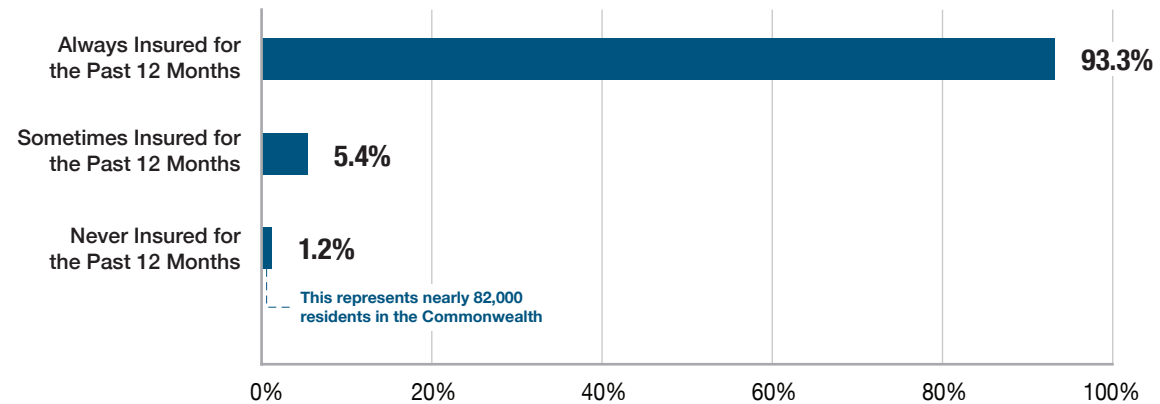
*For brevity, this report uses the term Hispanic to refer to residents of any race who self-identify as Hispanic or Latino.

In the Commonwealth, nearly all (93.3%) of Massachusetts residents were always insured for the past 12 months.

The remaining residents were either sometimes insured for the past 12 months (5.4%) or never insured for the past 12 months (1.2%).

Although the percentage of residents never insured for the past 12 months was small (1.2%), this represents nearly 82,000 residents in the Commonwealth.

Overall Statewide Health Insurance Coverage Rates



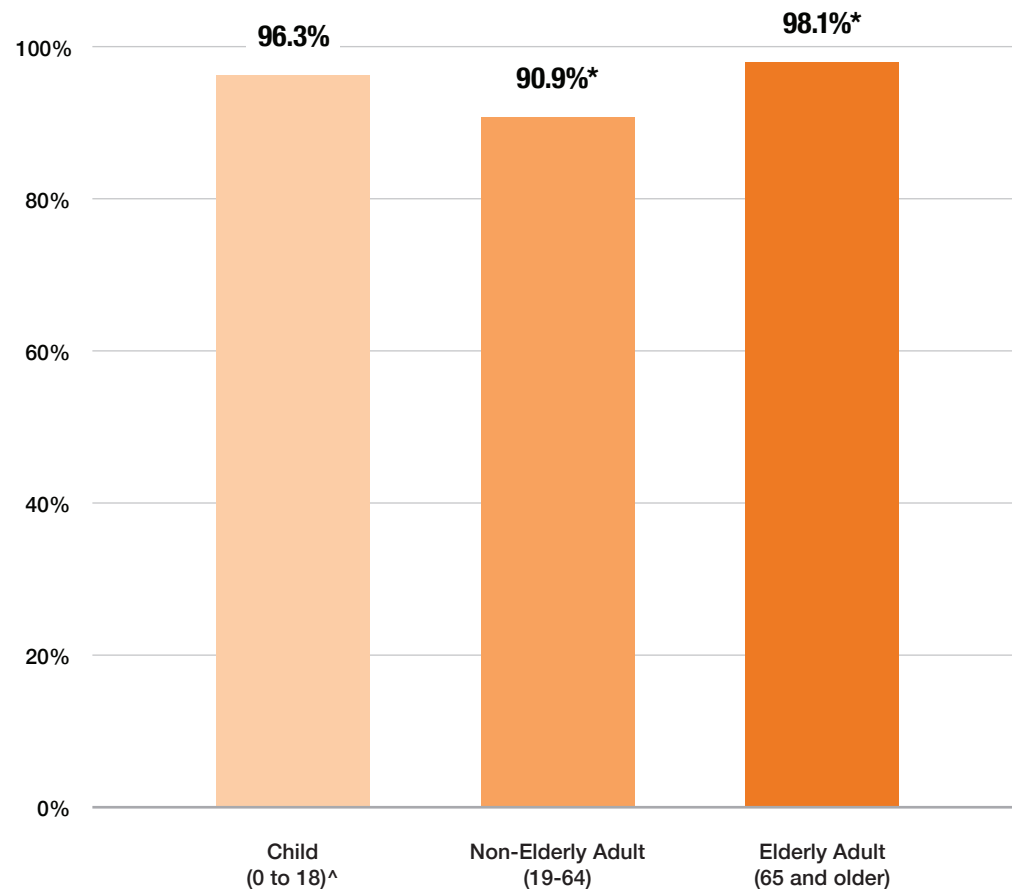
Note: Estimates may not add up to 100% due to rounding.

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

The share of Massachusetts residents reporting always insured for the past 12 months exceeded 90% for all age groups. However, elderly adults were more likely, and non-elderly adults less likely, to report being always insured for the past 12 months (98.1% and 90.9%, respectively) compared to children (96.3%). These patterns are consistent with prior research finding that non-elderly adults are the age group most likely to be uninsured.¹¹

Public programs such as the Children's Health Insurance Program (CHIP), a means-tested public insurance program for children under the provision of MassHealth, and Medicare for elderly adults may contribute to the higher coverage levels for these populations.

Always Insured for Past 12 Months by Age Group



Note: [^]Reference group

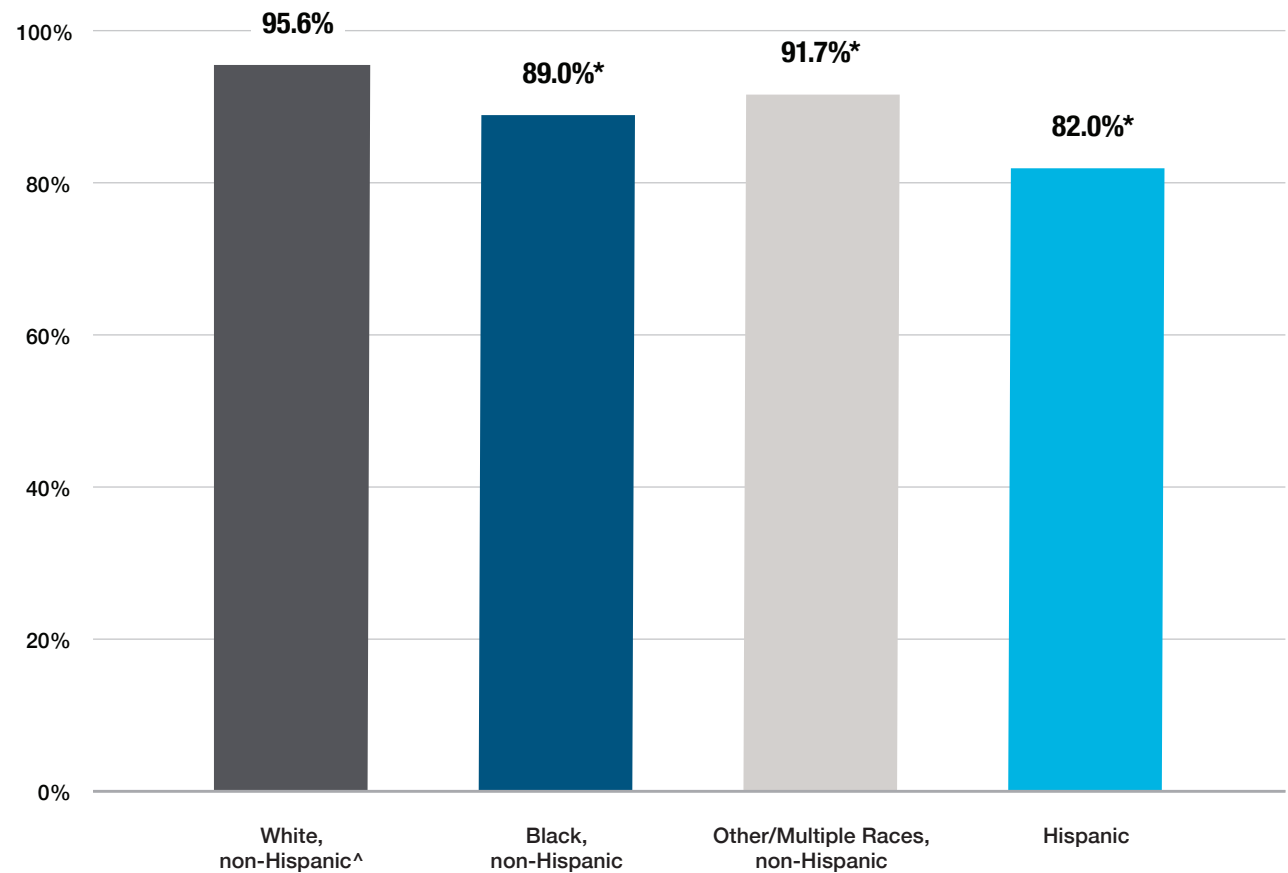
*Significantly different from estimate for reference group at the 5% level.

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Always Insured for Past 12 Months by Race/Ethnicity

Although a substantial majority of Massachusetts residents across racial/ethnic groups reported always being insured for the past 12 months, residents of color were less likely than non-Hispanic White residents to report always being insured.

For example, 82.0% of Hispanic residents and 89.0% of non-Hispanic Black residents reported being always insured, compared with 95.6% of non-Hispanic White residents.



Note: [^]Reference group

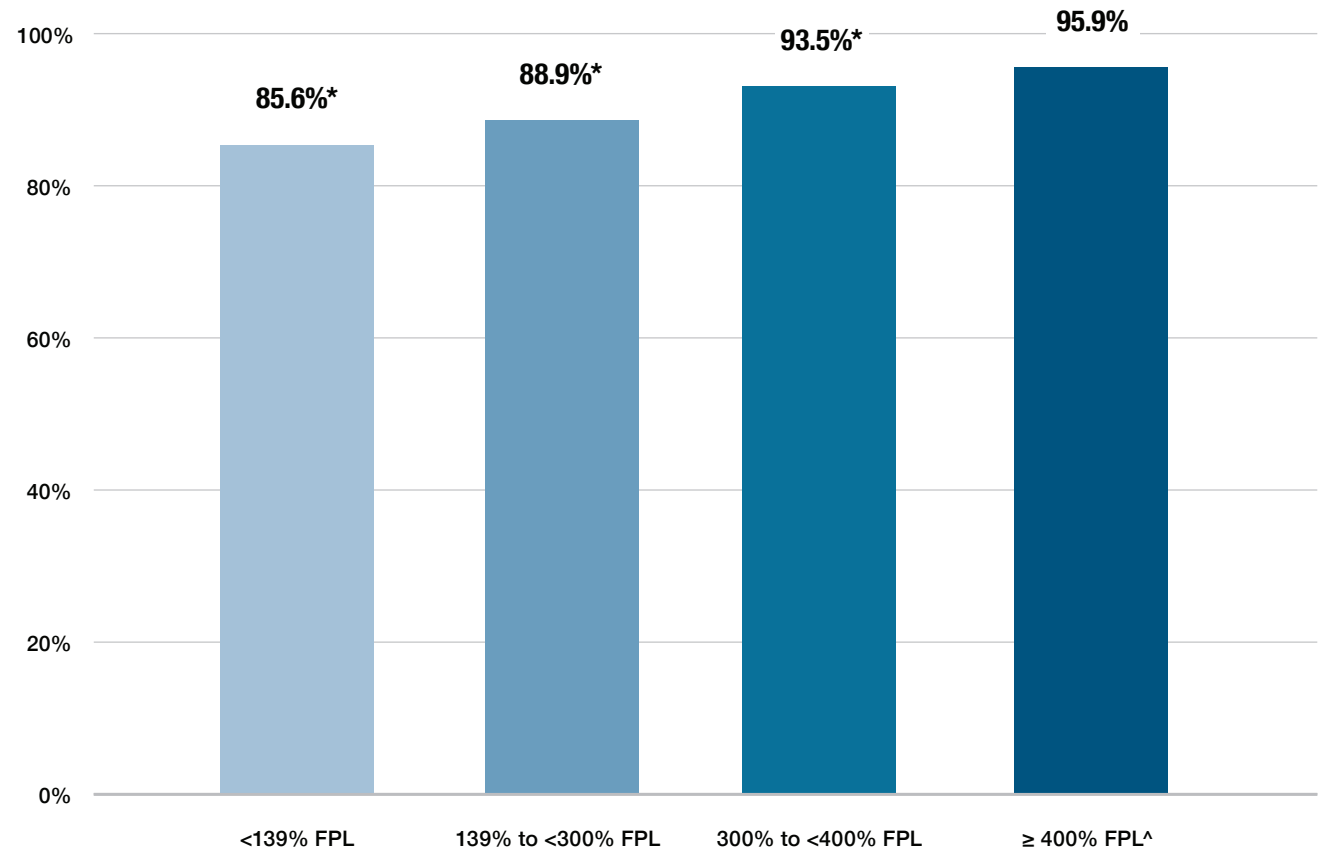
*Significantly different from estimate for reference group at the 5% level.

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

More than 85% of Massachusetts residents reported being always insured for the past 12 months, with rates ranging from 85.6% to 95.9% across the four family income groups.

However, residents in the three lower family income groups were less likely than residents in the highest income group to report being always insured for the past 12 months. Rates of always insured among residents in the three income groups below 400% of the FPL ranged from 85.6% to 93.5%, compared with 95.9% for residents with family income at or above 400% of the FPL.

Always Insured for Past 12 Months by Family Income



Note: FPL= Federal Poverty Level

[^]Reference group

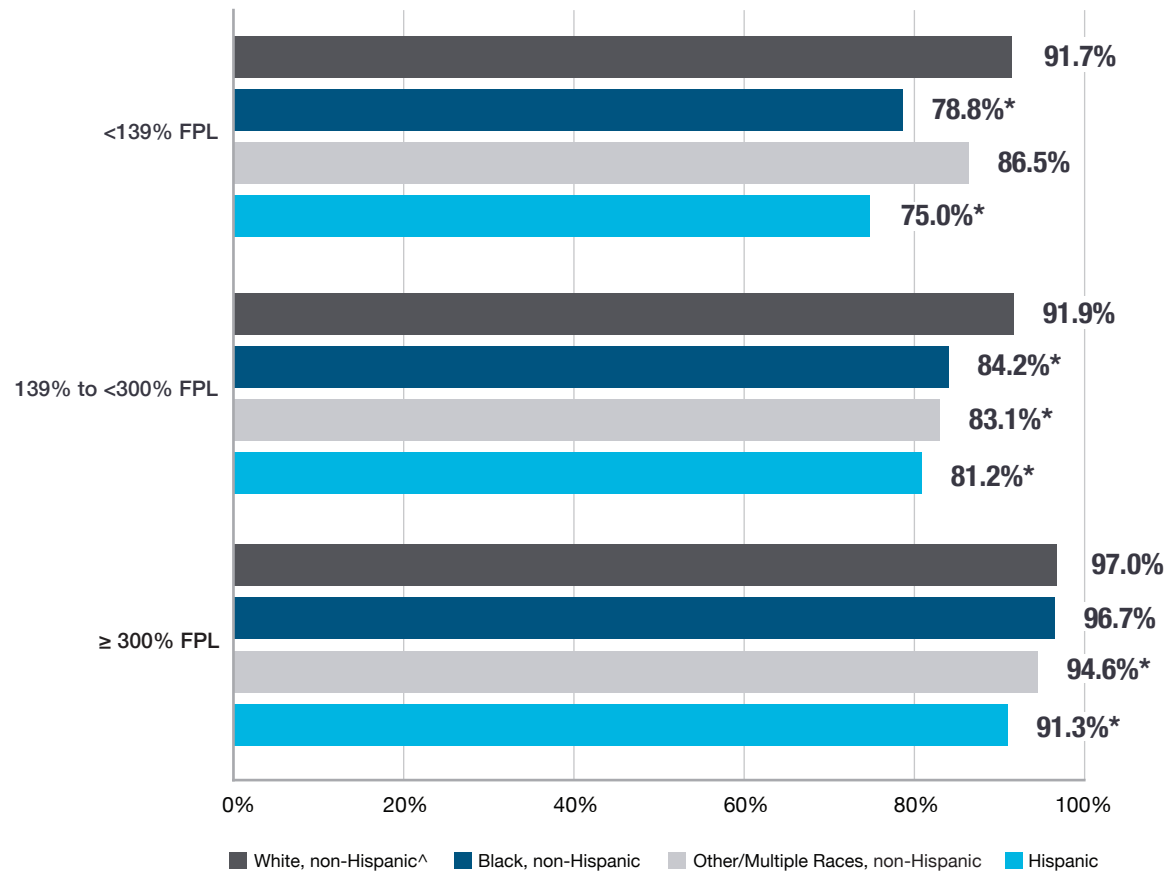
*Significantly different from estimate for reference group at the 5% level.

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Always Insured for Past 12 Months, for Family Income by Race/Ethnicity

Massachusetts residents of color, across income groups, were less likely than non-Hispanic Whites to report being always insured.

The most pronounced racial/ethnic differences occur among residents in the lowest income group. For example, 78.8% of non-Hispanic Black residents and 75.0% of Hispanic residents reported being always insured, compared with 91.7% of non-Hispanic White residents with family income below 139% of the FPL.



Note: FPL= Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

[^]Reference group

*Significantly different from estimate for reference group at the 5% level.

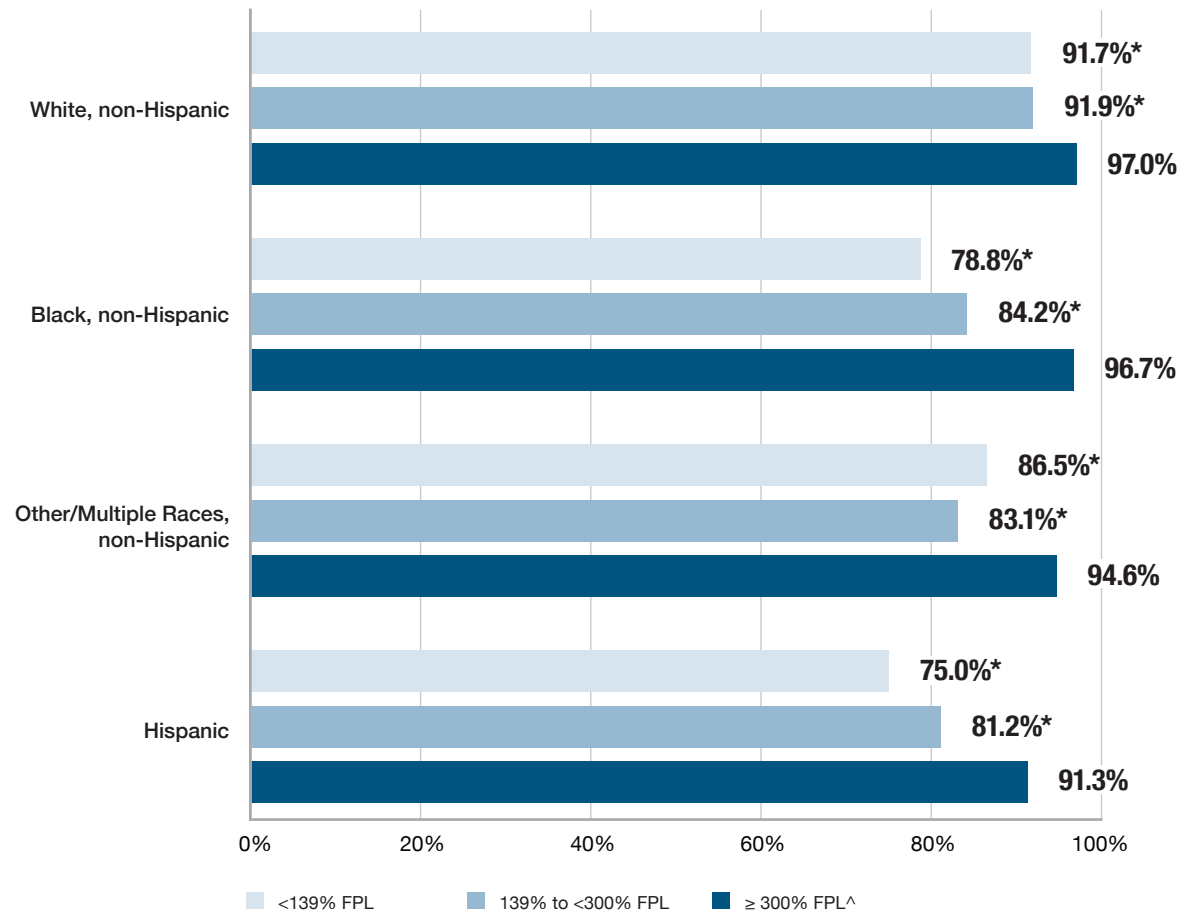
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Health Insurance Coverage

Within each race/ethnicity group, residents with family income below 300% of the FPL had lower rates of continuous coverage than residents at or above 300% of the FPL.

Specifically, among Hispanic residents, 75.0% of those with a family income below 139% of the FPL reported being always insured for the past 12 months, vs. 91.3% of Hispanics with a family income at or above 300% of the FPL.

Always Insured for Past 12 Months, for Race/Ethnicity by Family Income



Note: FPL = Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

[^]Reference group

*Significantly different from estimate for reference group at the 5% level.

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Health Care Access

Access to health care is essential to reducing morbidity and mortality rates, as well as increasing the quality of life.¹² In the US, persons with lower income tend to encounter more difficulties accessing health care compared to those with relatively higher income, despite the Affordable Care Act expanding insurance coverage.¹³ Additionally, research has found that although non-Hispanic Black and Hispanic populations experienced some gains in access to care with the expansion of coverage, they continue to have lower utilization of non-emergency health care services than the non-Hispanic White population nationally.¹⁴ Similar differences in health care access have been found among income and racial/ethnic groups in Massachusetts.¹⁵ That rates of

difficulties accessing health care are higher than the rates of uninsurance suggests that a number of other factors beyond coverage status contribute to these difficulties.

To further investigate differences in health care access among different Massachusetts population subgroups, this section examines difficulties accessing health care at a doctor's office or clinic in the past 12 months with three measures: 1) being told that a doctor's office or clinic was not accepting new patients, 2) not having insurance at any time over the past 12 months or being told that the doctor's office or clinic did not accept their insurance type, or 3) being unable to get an appointment at a doctor's office or clinic as soon the resident thought one was needed.*

*This inability to get an appointment "as soon as needed" is an indication of residents' perception that care was needed, rather than a clinical assessment of the timing with which care was needed.

Key Findings:

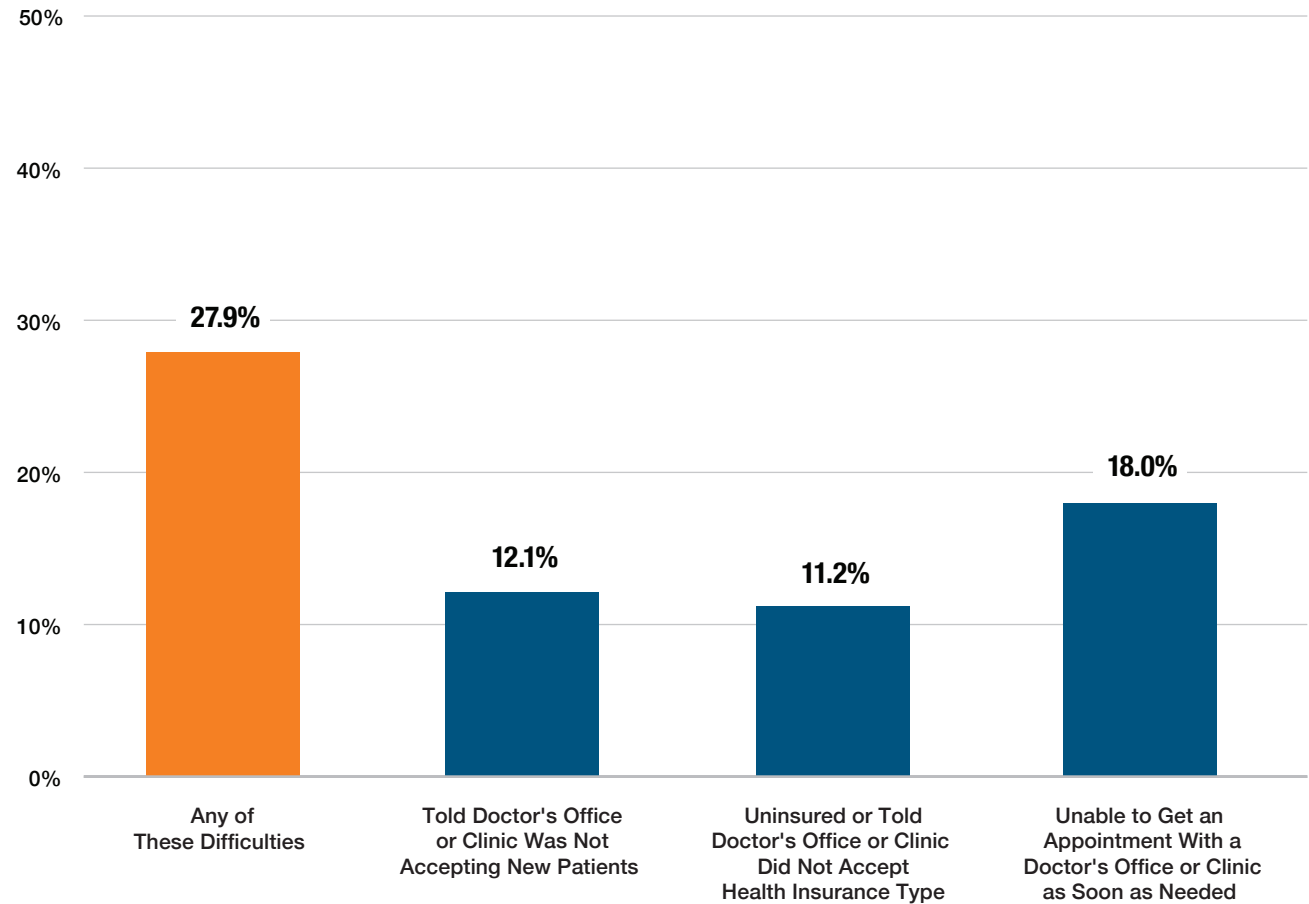
- Nearly one in three Massachusetts residents faced difficulties accessing care at a doctor's office or clinic: 12.1% of residents were told that the doctor's office or clinic was not accepting new patients, nearly one in eight (11.2%) were either uninsured or were told that the doctor's office or clinic did not accept their insurance type, and nearly one in five (18.0%) were unable to get an appointment as soon as they thought one was needed.
- Compared to children aged 18 or younger, non-elderly adults were more likely to experience difficulties accessing care at the doctor's office or clinic over the past 12 months, whereas elderly adults were less likely to experience these difficulties (23.3%, 32.4%, and 18.1%, respectively).
- While residents of all races and ethnicities reported difficulties accessing care at a doctor's office or clinic, the challenge was most severe for Hispanic residents, with 35.2% reporting one or more of these difficulties compared to 26.2% of non-Hispanic White residents.
- The racial/ethnic differences in access to health care were most prominent among residents with moderate family income, from 139% to less than 300% of the FPL. In this group, 39.3% of Hispanic residents reported difficulties accessing care at a doctor's office or clinic, compared with 29.6% of non-Hispanic White residents.
- Although difficulties accessing care were least common among non-Hispanic White residents, those with family income below 300% of the FPL more commonly reported difficulties accessing care than their counterparts at or above 300% of the FPL (29.6%-32.7% vs. 24.4%). ■

Difficulties Accessing Health Care at a Doctor's Office or Clinic over the Past 12 Months by Type of Difficulty

Overall, nearly one-third of all Massachusetts residents reported experiencing at least one type of difficulty accessing health care at a doctor's office or clinic in the past 12 months.

Nearly one in three Massachusetts residents faced difficulties accessing care at a doctor's office or clinic: 12.1% of residents were told that the doctor's office or clinic was not accepting new patients, nearly one in eight (11.2%) were either uninsured or were told that the doctor's office or clinic did not accept their insurance type, and nearly one in five (18.0%) were unable to get an appointment as soon as they thought one was needed.

Among other factors, difficulties in accessing health care at a doctor's office or clinic may influence residents' likelihood to delay or forgo needed health care and potentially exacerbate certain health conditions.



Note: Any of These Difficulties: Told Doctor's Office or Clinic Was Not Accepting New Patients; Uninsured at any time over the past 12 months or Told Doctor's office or Clinic Did Not Accept Health Insurance Type; Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed.

Told Doctor's Office or Clinic Was Not Accepting New Patients: residents were told by a doctor's office or clinic that new patients were not being accepted over the past 12 months.

Uninsured or Told Doctor's office or Clinic Did Not Accept Health Insurance Type: residents were uninsured at any time over the past 12 months or were told by a doctor's office or clinic that their insurance was not being accepted over the past 12 months.

Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed: residents were unable to get an appointment at a doctor's office or clinic as soon as they thought one was needed over the past 12 months.

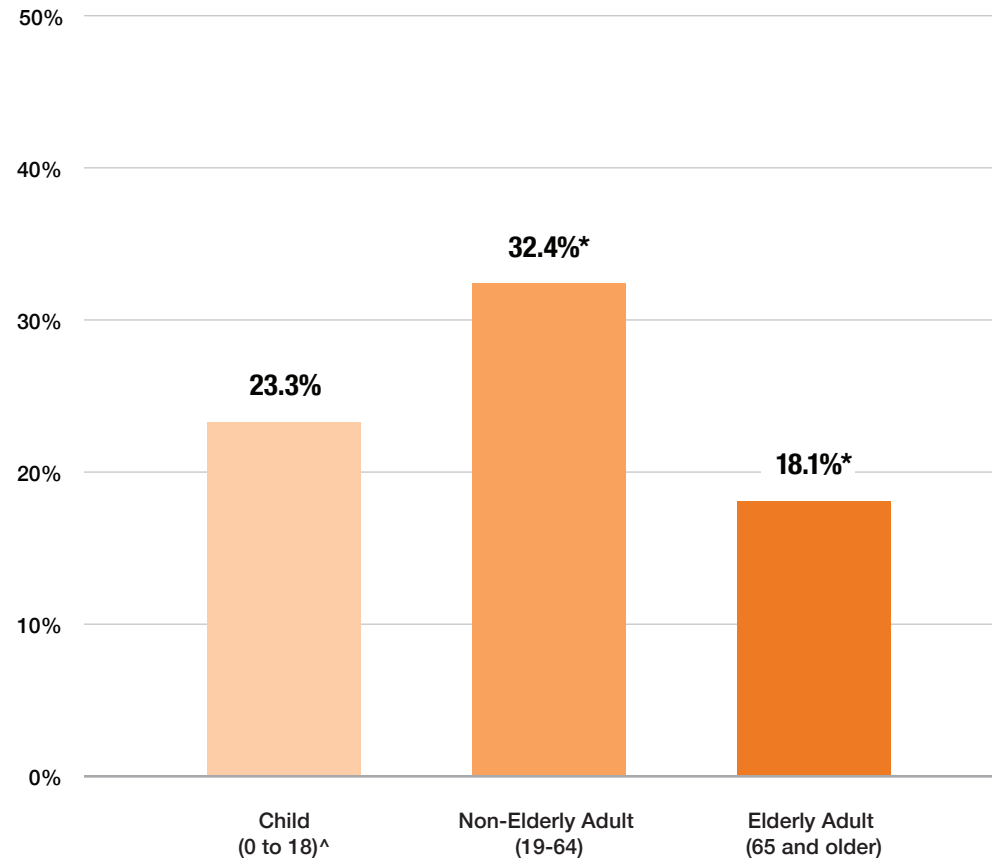
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

The share of Massachusetts residents reporting difficulties accessing health care at a doctor's office or clinic over the past 12 months ranged from 18.1% to 32.4% across all three age groups.

Compared to children aged 18 or younger, non-elderly adults were much more likely to experience difficulties accessing health care at a doctor's office or clinic over the past 12 months. Elderly adults were less likely to experience such difficulties.

Differences in health care access across age groups likely reflect many factors, including differences in health care needs, connections to the health care system, and types of insurance coverage.

Any Difficulties in Accessing Health Care at a Doctor's Office or Clinic over the Past 12 Months by Age Group



Note: Any of These Difficulties: Told Doctor's Office or Clinic Was Not Accepting New Patients; Uninsured at any time over the past 12 months or Told Doctor's office or Clinic Did Not Accept Health Insurance Type; Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed.

*Significantly different from estimate for reference group at the 5% level.

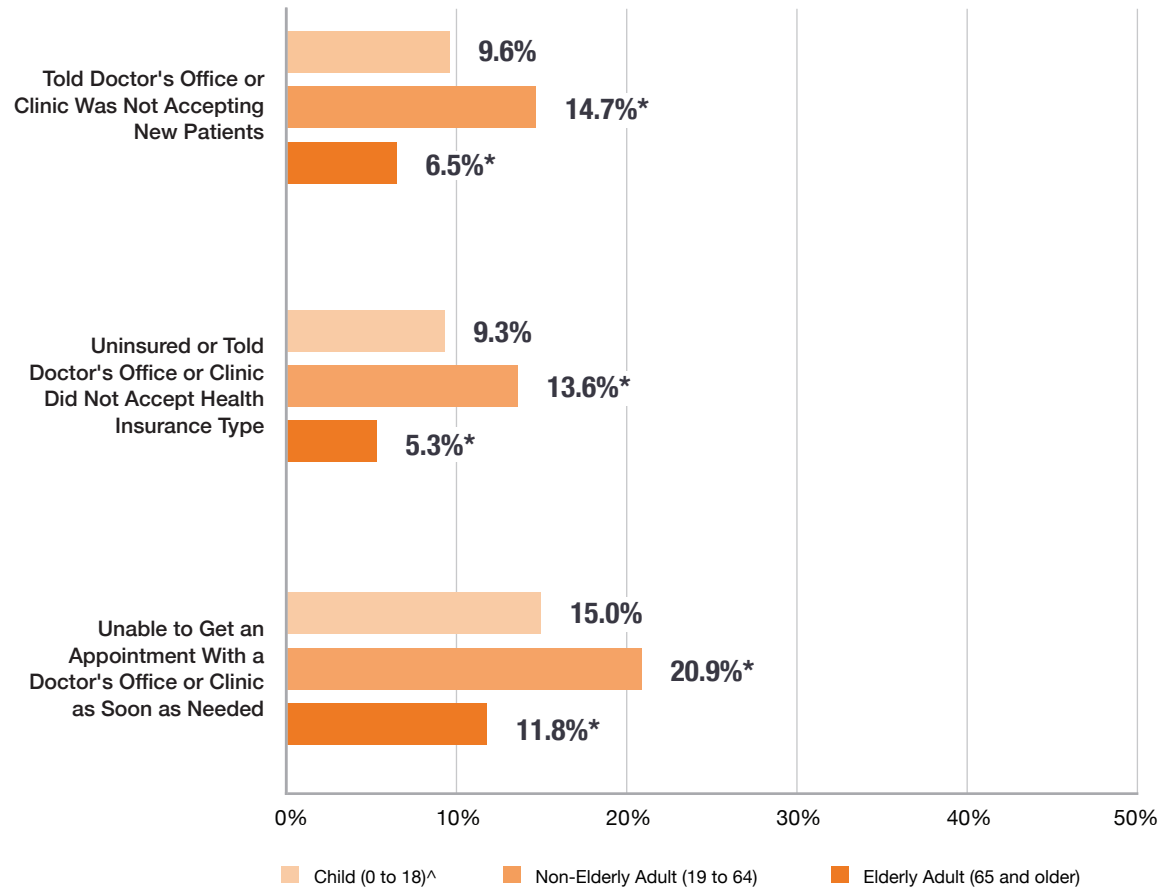
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Difficulties Accessing Health Care at a Doctor's Office or Clinic over the Past 12 Months by Type of Difficulty and Age Group

Compared to children aged 18 or younger, non-elderly adults experienced higher rates of difficulties accessing health care at a doctor's office or clinic for all three types of difficulty over the past 12 months. On the other hand, elderly adults were consistently less likely to report difficulties accessing care in each type of difficulty relative to children.

Regardless of age group, being unable to get an appointment with a doctor's office or clinic as soon as needed was the most commonly reported type of access difficulty. Over one in five (20.9%) non-elderly adults, over one in seven (15.0%) children, and over one in ten (11.8%) elderly adults experienced this difficulty in accessing health care at a doctor's office or clinic.



Note: Told Doctor's Office or Clinic Was Not Accepting New Patients: residents were told by a doctor's office or clinic that new patients were not being accepted over the past 12 months.

Uninsured or Told Doctor's office or Clinic Did Not Accept Health Insurance Type: residents were uninsured at any time over the past 12 months or were told by a doctor's office or clinic that their insurance was not being accepted over the past 12 months.

Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed : residents were unable to get an appointment at a doctor's office or clinic as soon as they thought one was needed over the past 12 months.

*Significantly different from estimate for reference group at the 5% level.

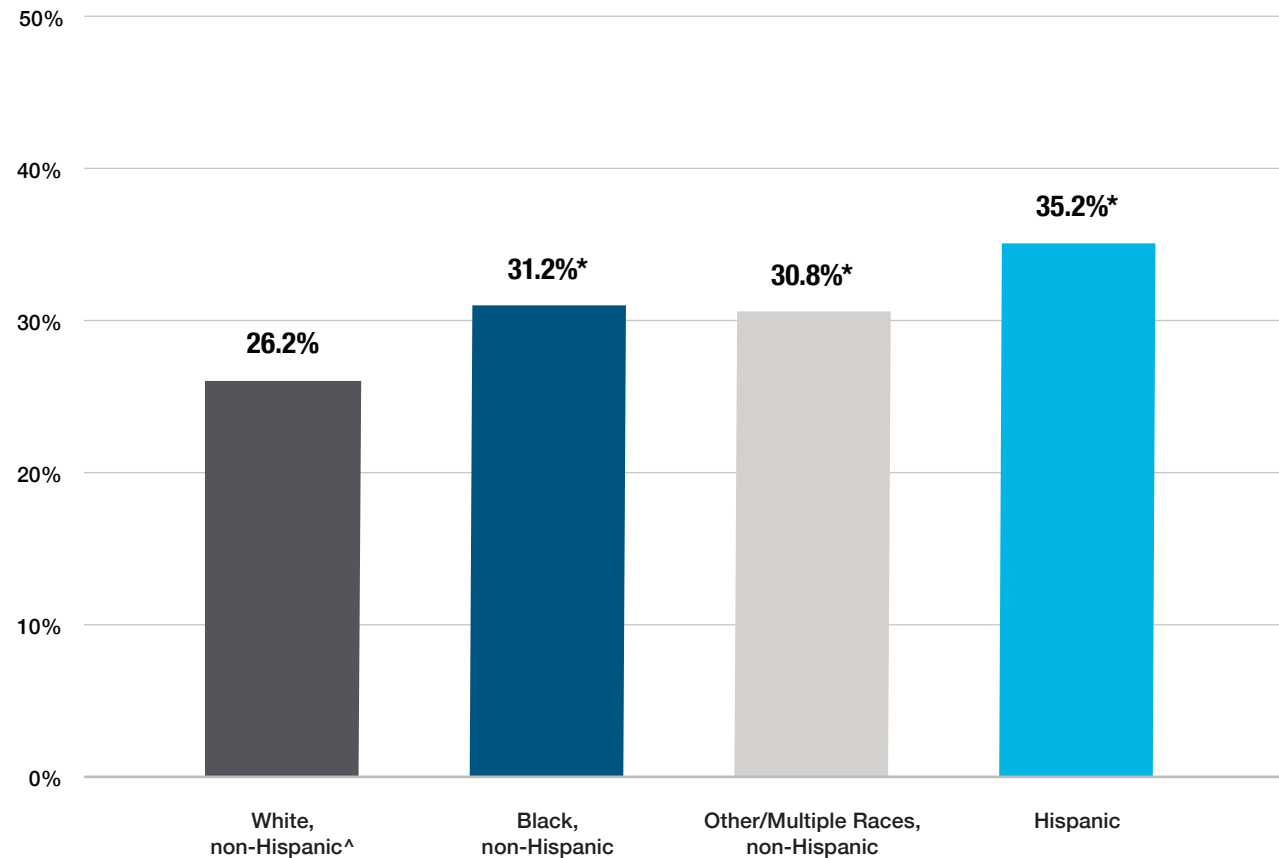
^Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Any Difficulties in Accessing Health Care at a Doctor's Office or Clinic over the Past 12 Months by Race/Ethnicity

The share of Massachusetts residents experiencing any difficulties in accessing health care at a doctor's office or clinic for the past 12 months ranged from 26.2% to 35.2% across racial/ethnic groups. Notably, all residents of color experienced substantially higher rates of difficulty accessing care than non-Hispanic White residents.

Specifically, 31.2% of non-Hispanic Black, 30.8% of non-Hispanic other/multiple race residents, and 35.2% of Hispanic residents experienced difficulties accessing health care at a doctor's office or clinic relative to 26.2% of non-Hispanic White residents.



Note: Any of These Difficulties: Told Doctor's Office or Clinic Was Not Accepting New Patients; Uninsured at any time over the past 12 months or Told Doctor's office or Clinic Did Not Accept Health Insurance Type; Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed.

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

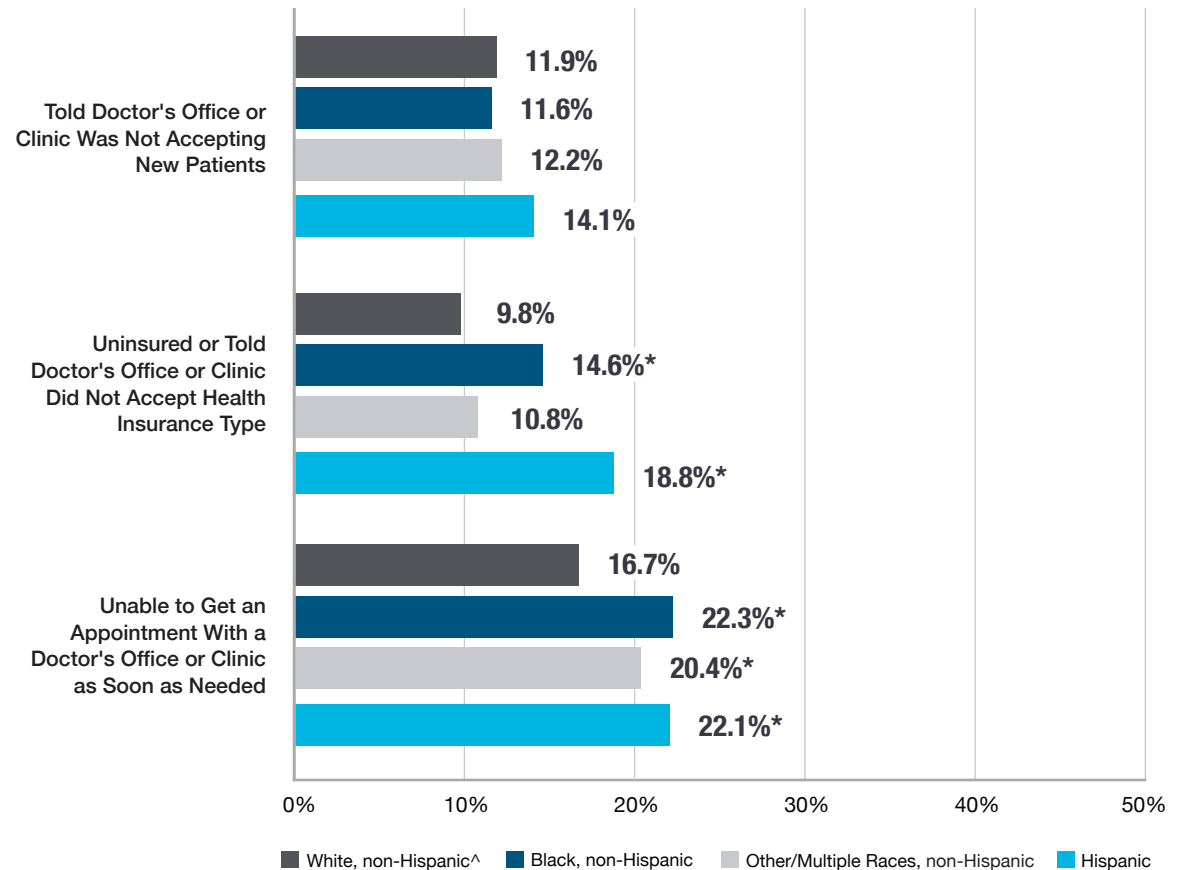
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Difficulties Accessing Health Care at a Doctor's Office or Clinic over the Past 12 Months by Type of Difficulty and Race/Ethnicity

Across all racial/ethnic groups, being unable to get a timely medical appointment was the most commonly reported access difficulty at a doctor's office or clinic. At the same time, residents of color were much more likely than non-Hispanic White residents to report this access difficulty (20.4-22.3% vs. 16.7%).

Similarly, difficulties accessing care at a doctor's office or clinic because the resident was uninsured or told that the doctor's office or clinic did not accept their insurance type were experienced by Hispanic residents at nearly twice the rate of non-Hispanic White residents (18.8% vs. 9.8%). Non-Hispanic Black residents experienced this difficulty at 1.5 times the rate of their non-Hispanic White counterparts (14.6% vs. 9.8%).

There were no significant racial/ethnic differences in the rates of being told that a doctor's office or clinic was not accepting new patients.



Note: Told Doctor's Office or Clinic Was Not Accepting New Patients: residents were told by a doctor's office or clinic that new patients were not being accepted over the past 12 months.

Uninsured or Told Doctor's office or Clinic Did Not Accept Health Insurance Type: residents were uninsured at any time over the past 12 months or were told by a doctor's office or clinic that their insurance was not being accepted over the past 12 months.

Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed: residents were unable to get an appointment at a doctor's office or clinic as soon as they thought one was needed over the past 12 months.

*Significantly different from estimate for reference group at the 5% level.

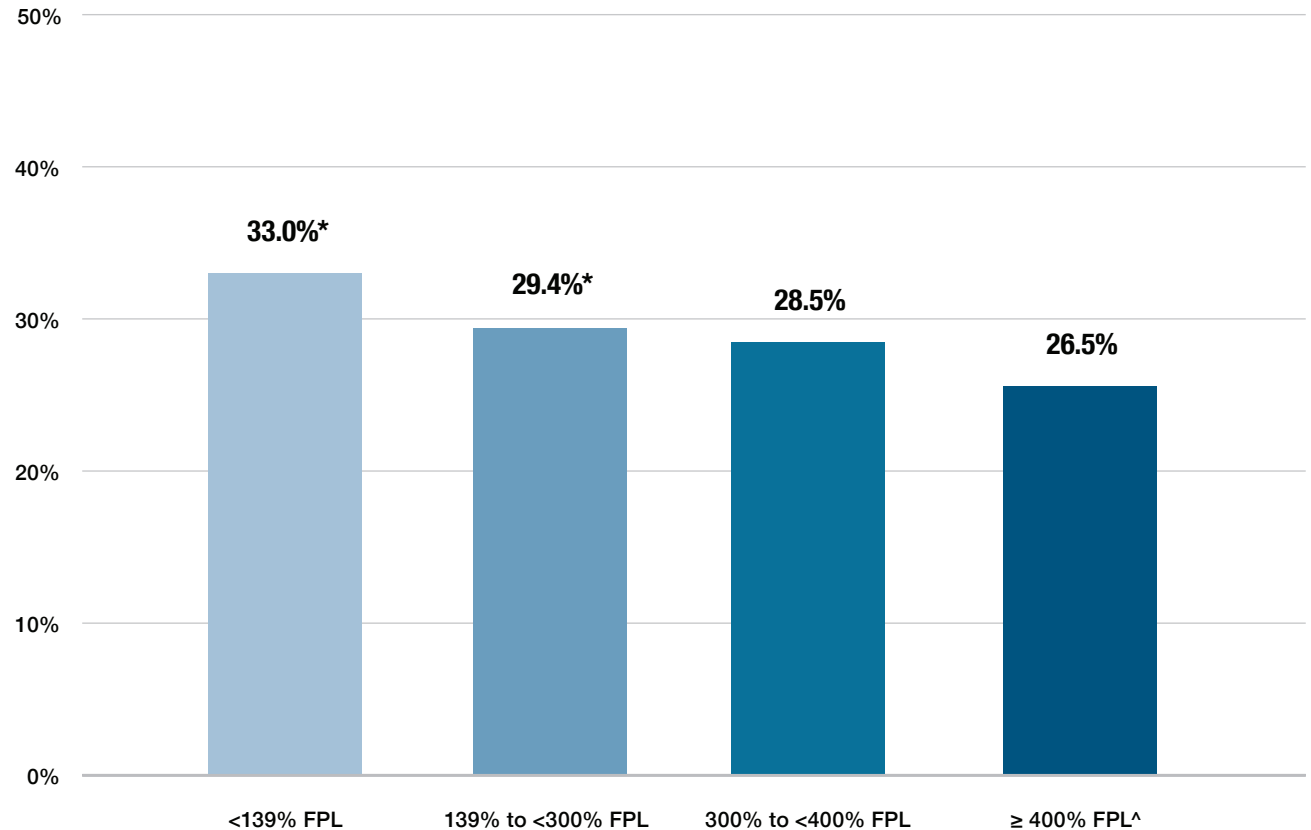
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Any Difficulties in Accessing Health Care at a Doctor's Office or Clinic over the Past 12 Months by Family Income

Over a quarter of Massachusetts residents in each income group reported any of these difficulties in accessing health care at a doctor's office or clinic over the past 12 months.

Compared to residents with family income at or above 400% of the FPL, residents with family income below 139% of the FPL and residents with family income from 139% to less than 300% of the FPL, were more likely to experience difficulties in accessing health care at a doctor's office or clinic (26.5%, 33.0%, and 29.4%, respectively).



Note: Any of These Difficulties: Told Doctor's Office or Clinic Was Not Accepting New Patients; Uninsured at any time over the past 12 months or Told Doctor's office or Clinic Did Not Accept Health Insurance Type; Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed

FPL = Federal Poverty Level

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

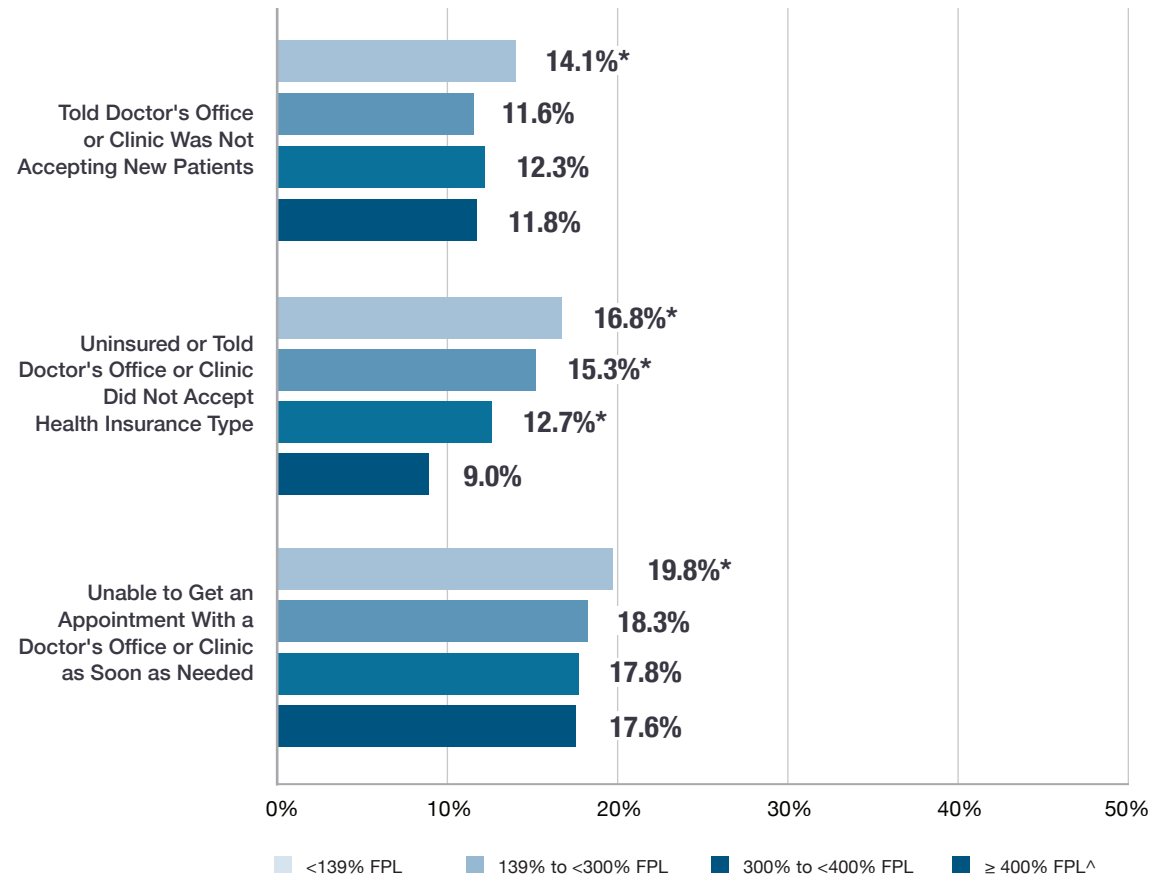
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Any Difficulties in Accessing Health Care at a Doctor's Office or Clinic over the Past 12 Months by Type of Difficulty and Family Income

Residents at the lowest level of family income (below 139% of the FPL) experienced greater difficulty accessing care at the doctor's office or clinic than those in the highest income group (at or above 400% of the FPL). This is true for each type of access difficulty.

For example, residents with family income below 139% of the FPL were almost twice as likely as those with family income at or above 400% of the FPL to report difficulties accessing care at a doctor's office or clinic because they were uninsured or told that the doctor's office or clinic did not accept their insurance type (16.8% vs. 9.0%).

While health care safety net programs may improve access to care for some, difficulties accessing health care at a doctor's office or clinic remain an issue for the most economically disadvantaged residents.



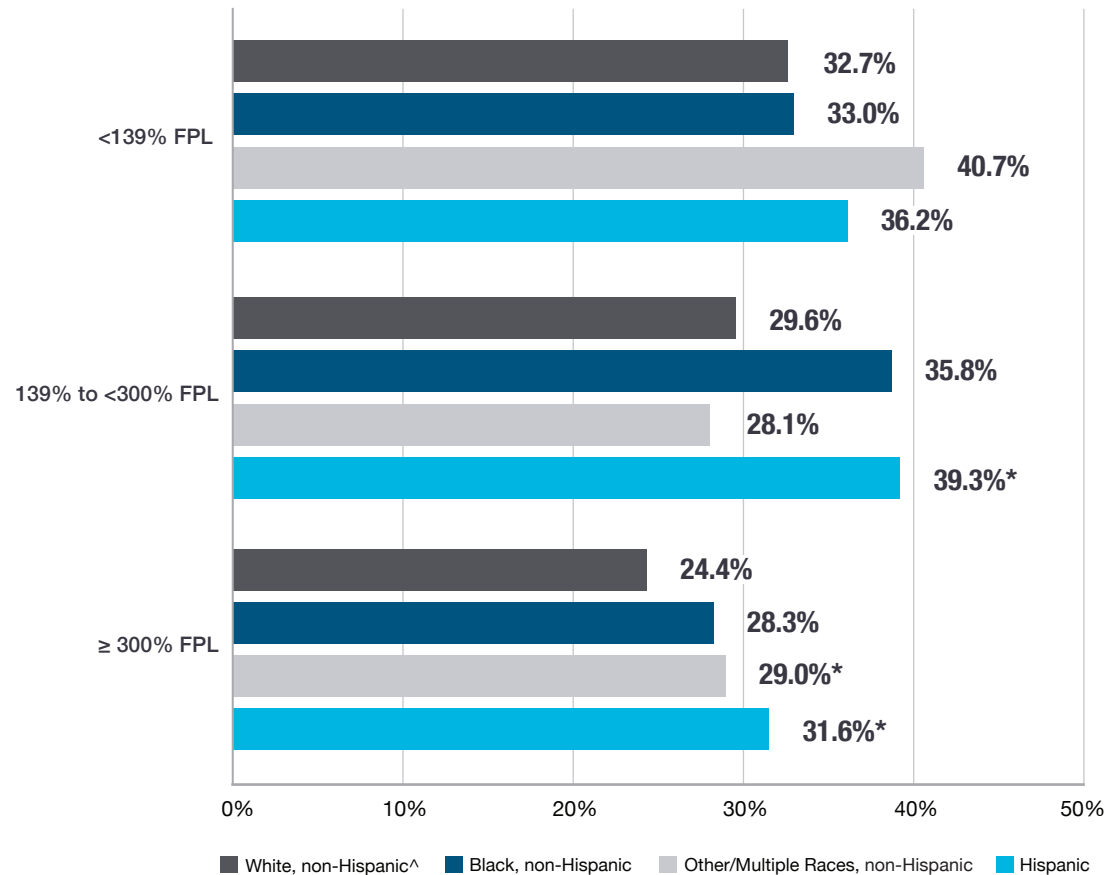
Note: Told Doctor's Office or Clinic Was Not Accepting New Patients : residents were told by a doctor's office or clinic that new patients were not being accepted over the past 12 months.
 Uninsured or Told Doctor's office or Clinic Did Not Accept Health Insurance Type: residents were uninsured at any time over the past 12 months or were told by a doctor's office or clinic that their insurance was not being accepted over the past 12 months.
 Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed: residents were unable to get an appointment at a doctor's office or clinic as soon as they thought one was needed over the past 12 months.
 *Significantly different from estimate for reference group at the 5% level.
 ^Reference group
 Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Any Difficulties in Accessing Care at a Doctor's Office or Clinic over the Past 12 Months, for Family Income by Race/Ethnicity

Racial/ethnic differences in the rates of experiencing difficulties accessing health care at a doctor's office or clinic varied by income level. Among residents with family income at or above 300% of the FPL, Hispanic and non-Hispanic other/multiple race residents both experienced these access difficulties at higher rates than did non-Hispanic White residents (31.6%, 29.0%, 24.4%, respectively).

Similarly, among residents with family income from 139% and less than 300% of the FPL, Hispanic residents experienced higher rates of difficulties in accessing health care at a doctor's office or clinic than non-Hispanic White residents (39.3% vs. 29.6%).

Although there were no significant racial/ethnic differences in difficulties accessing health care at a doctor's office or clinic among residents at the lowest income level (below 139% of the FPL), rates were high for all racial/ethnic groups at this income level.



Note: Told Doctor's Office or Clinic Was Not Accepting New Patients; Uninsured at any time over the past 12 months or Told Doctor's office or Clinic Did Not Accept Health Insurance Type; Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed.

FPL = Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

*Significantly different from estimate for reference group at the 5% level.

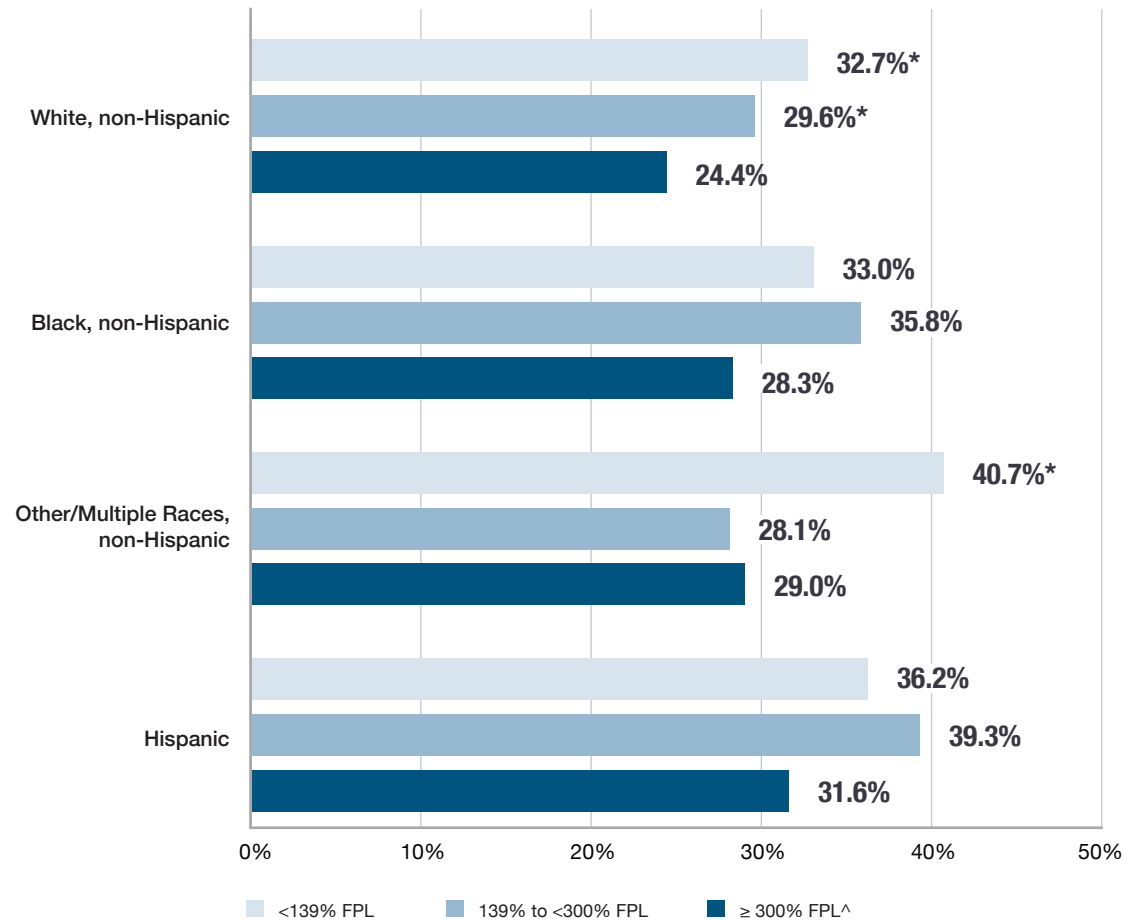
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Any Difficulties in Accessing Care at a Doctor's Office or Clinic over the Past 12 months, for Race/Ethnicity by Family Income

Although difficulties in accessing health care at a doctor's office or clinic were least common among non-Hispanic White residents, those with family income below 300% of the FPL more commonly reported difficulties accessing care than their counterparts at or above 300% of the FPL (29.6%-32.7% vs. 24.4%).

The rates of difficulties accessing health care at a doctor's office or clinic among non-Hispanic Black and Hispanic residents also differed by income; however, these differences were not statistically significant.



Note: Any of These Difficulties: Told Doctor's Office or Clinic Was Not Accepting New Patients; Uninsured at any time over the past 12 months or Told Doctor's office or Clinic Did Not Accept Health Insurance Type; Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

FPL=Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Health Care Utilization

A wide variety of factors may influence health care usage, including but not limited to health insurance coverage, access to providers, affordability of services, as well as health care needs. Both health care reform in Massachusetts and the federal Affordable Care Act significantly reduced the proportion of uninsured individuals. Prior studies have found that health care reform in Massachusetts led to increased overall utilization of primary care and preventive services, including dental care, as well as a reduction in delaying or forgoing needed care, a decrease in preventable hospitalizations and potential reliance on the emergency room (ER).^{16,17} Despite advances in health care coverage and utilization, disparities remain in the amount and type of health care utilization across different populations in the United States and in the Commonwealth.¹⁸

To further investigate differences in health care utilization among different Massachusetts population subgroups, this section examines health care utilization patterns among residents with the following measures: 1) whether residents had a visit with a general doctor and/or specialist in the past 12 months, 2) whether residents had a visit with a dental provider in the past 12 months, and 3) whether residents had a potential reliance on the ER for care, defined as visiting the ER at least three times in the past 12 months or reporting that their most recent visit to the ER was for a non-emergency. Although the frequency of health care visits will vary by age and health status and most dental services are typically not covered by health plans, the rates of doctor or dental provider visits over a 12-month period still provide important insights into gaps in utilization across population subgroups.¹⁹

Key Findings:

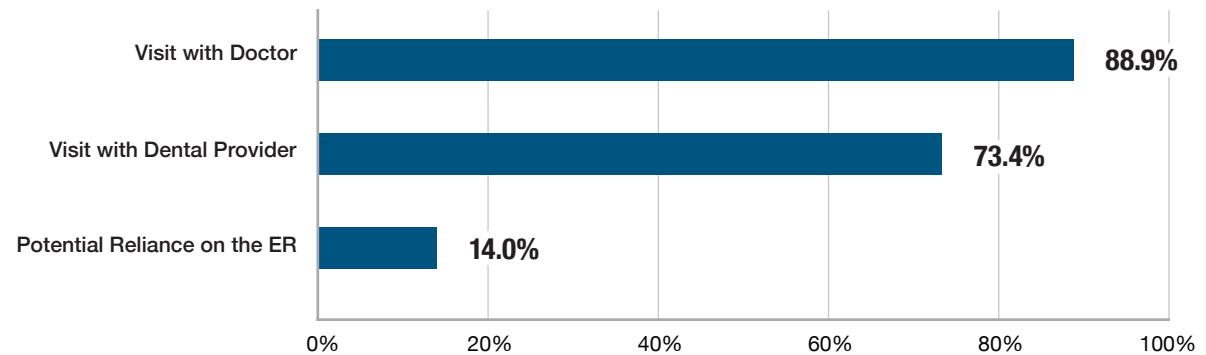
- Rates of visiting a doctor or dental provider were lower among racial/ethnic minority residents than among non-Hispanic White residents.
- Residents with lower family income reported lower rates of visiting a doctor in the past 12 months, with a rate of 84.4% among residents with family income below 139% of the FPL vs. 90.7% among residents with family income at or above 400% of the FPL.
- Nearly one in seven residents reported a potential reliance on the ER for care.
- Compared to non-Hispanic White residents (11.2%), non-Hispanic Black residents were nearly twice as likely (20.0%) and Hispanic residents were nearly three times as likely (29.1%) to have a potential reliance on the ER for care.
- Residents with family income below 139% of the FPL were two and a half times as likely as those at or above 400% of the FPL to report a potential reliance on the ER for care. The differences in this measure by family income also existed within every racial/ethnic group. ■

Among Massachusetts residents overall, the vast majority (88.9%) reported having a visit with a doctor in the past 12 months.

Nearly three-quarters (73.4%) reported a visit with a dental provider in the past 12 months, which means over one in four residents did not have a visit for dental care in the past 12 months. This may reflect difficulties in covering the costs of that care, particularly because dental care is often not covered by medical insurance, and many residents do not have dental insurance.

Approximately one in seven residents (14.0%) indicated a potential reliance on the ER for care in the past 12 months. Potential reliance on the ER for care was assessed by using the ER for a non-emergency condition at their most recent visit and/or visiting the ER three or more times in the past 12 months.

Health Care Utilization Measures over the Past 12 Months



Note: ER= Emergency Room

Visit with Doctor: Residents had a visit with a general doctor or specialist in the past 12 months.

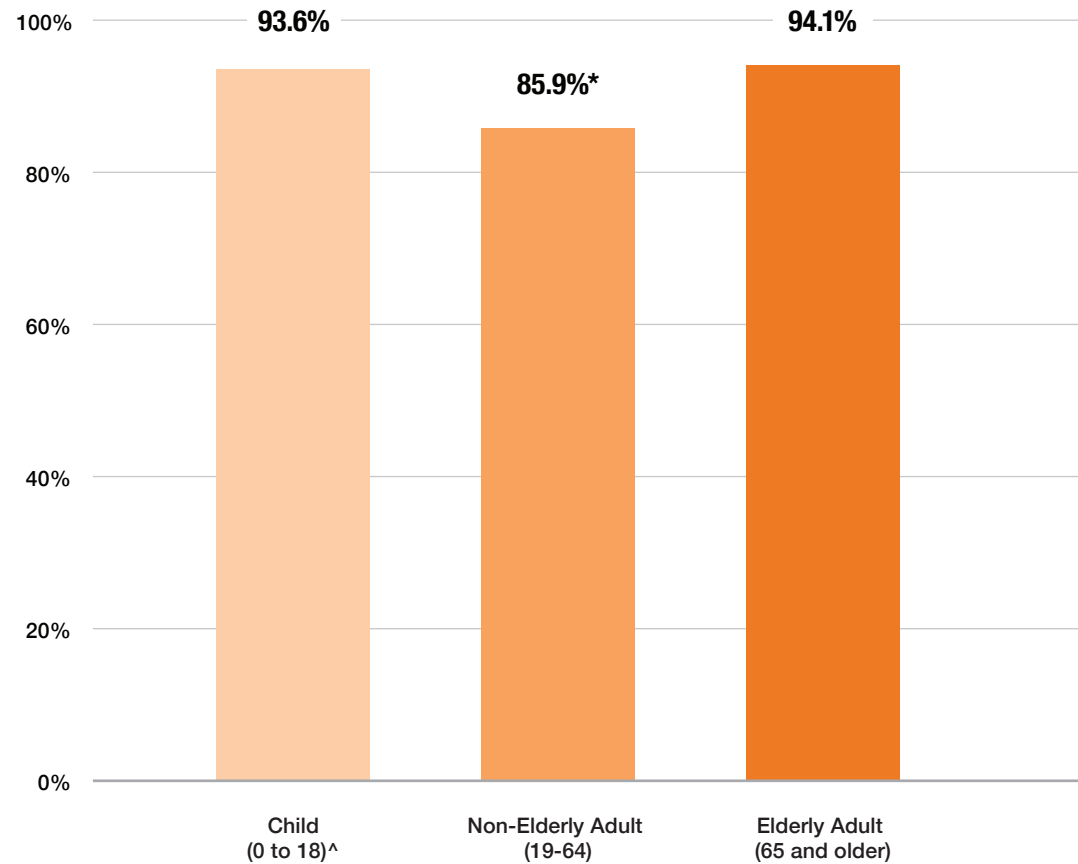
Visit with Dental Provider: Residents had a dental care visit in the past 12 months.

Potential Reliance on the ER: Residents used the emergency room (ER) for non-emergency condition(s) at most recent visit or had three or more visits to the ER in the past 12 months.

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

The rates of residents in the Commonwealth reporting a visit with a doctor in the past 12 months exceed 85% for all age groups. However, non-elderly adults were less likely to have visited a doctor (85.9%).

Visit with a Doctor over the Past 12 Months by Age Group



Note: Visit with Doctor: Residents had a visit with a general doctor or specialist in the past 12 months.

*Significantly different from estimate for reference group at the 5% level.

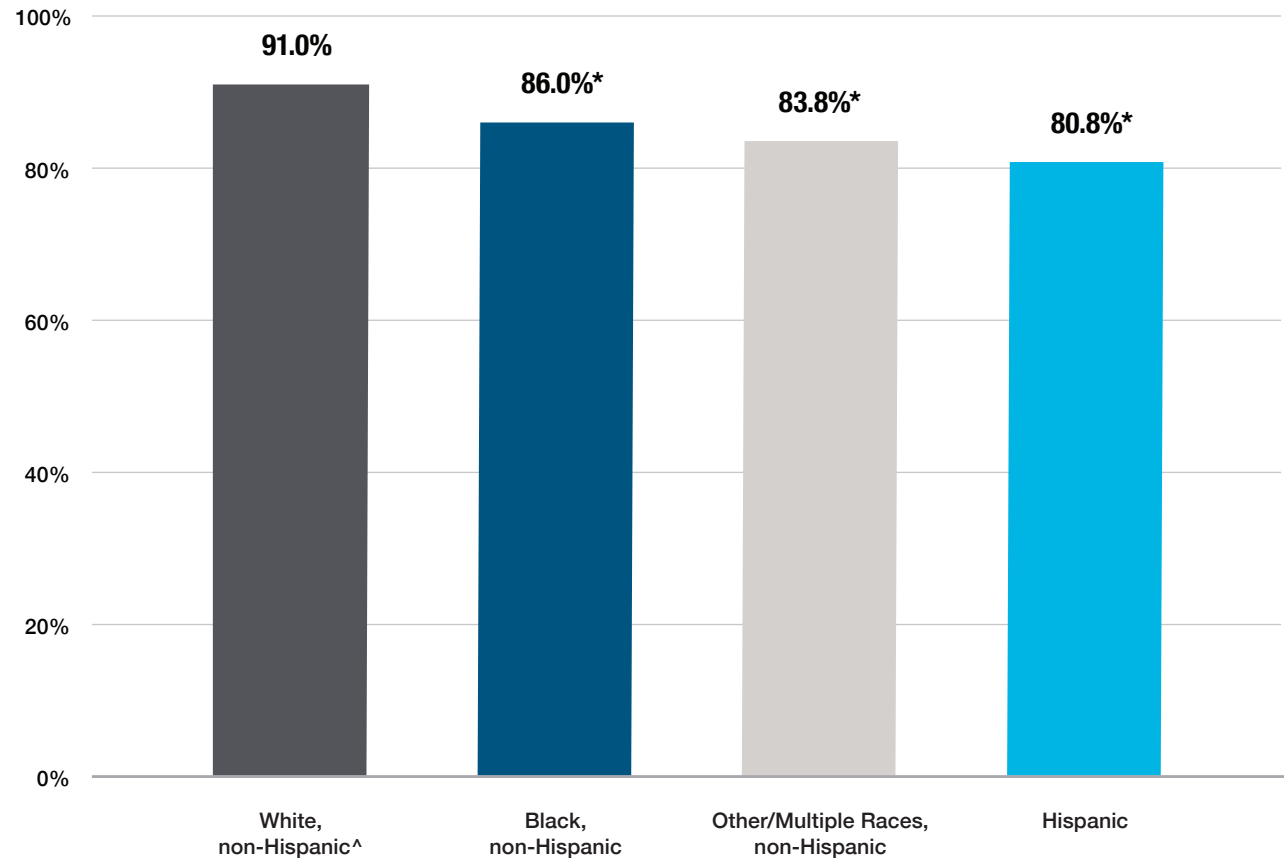
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Although more than 80% of Massachusetts residents across all four racial/ethnic groups reported visiting a doctor in the past 12 months, racial/ethnic minority residents were less likely than non-Hispanic White residents to report a visit with a doctor. For example, relative to 91.0% of non-Hispanic White residents, 80.8% of Hispanic residents reported a visit with a doctor.

These patterns are consistent with previous research indicating that non-Hispanic Black, Hispanic, and other minority populations have a lower utilization rate relative to non-Hispanic White populations.^{20,21}

Visit with a Doctor over the Past 12 Months by Race/Ethnicity



Note: Visit with Doctor: Residents had a visit with a general doctor or specialist in the past 12 months.

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

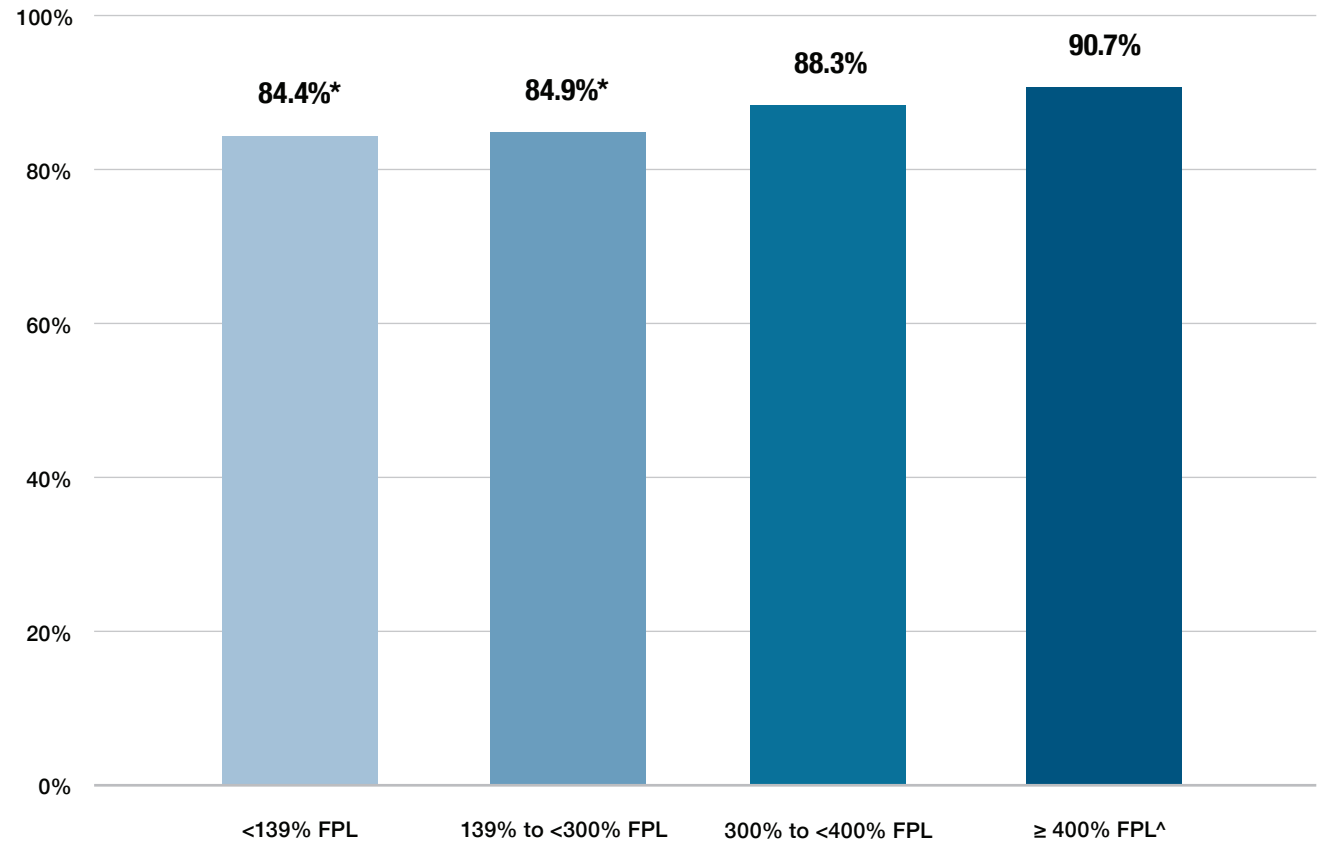
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Although most Massachusetts residents across the four family income categories reported visiting a doctor in the past 12 months, residents in the two lowest income groups were less likely to report a visit with a doctor than were those at or above 400% of the FPL.

Specifically, 84.4% of residents with a family income below 139% of the FPL, and 84.9% of residents with a family income from 139% to less than 300% of the FPL, reported a visit with a doctor, compared to 90.7% of those with family income at or above 400% of the FPL.

This pattern is consistent with prior research indicating that adults with lower incomes are more likely to have lower utilization of medical care than those with higher incomes.²²

Visit with a Doctor over the Past 12 Months by Family Income



Note: Visit with Doctor: Residents had a visit with a general doctor or specialist in the past 12 months.

FPL= Federal Poverty Level

*Significantly different from estimate for reference group at the 5% level.

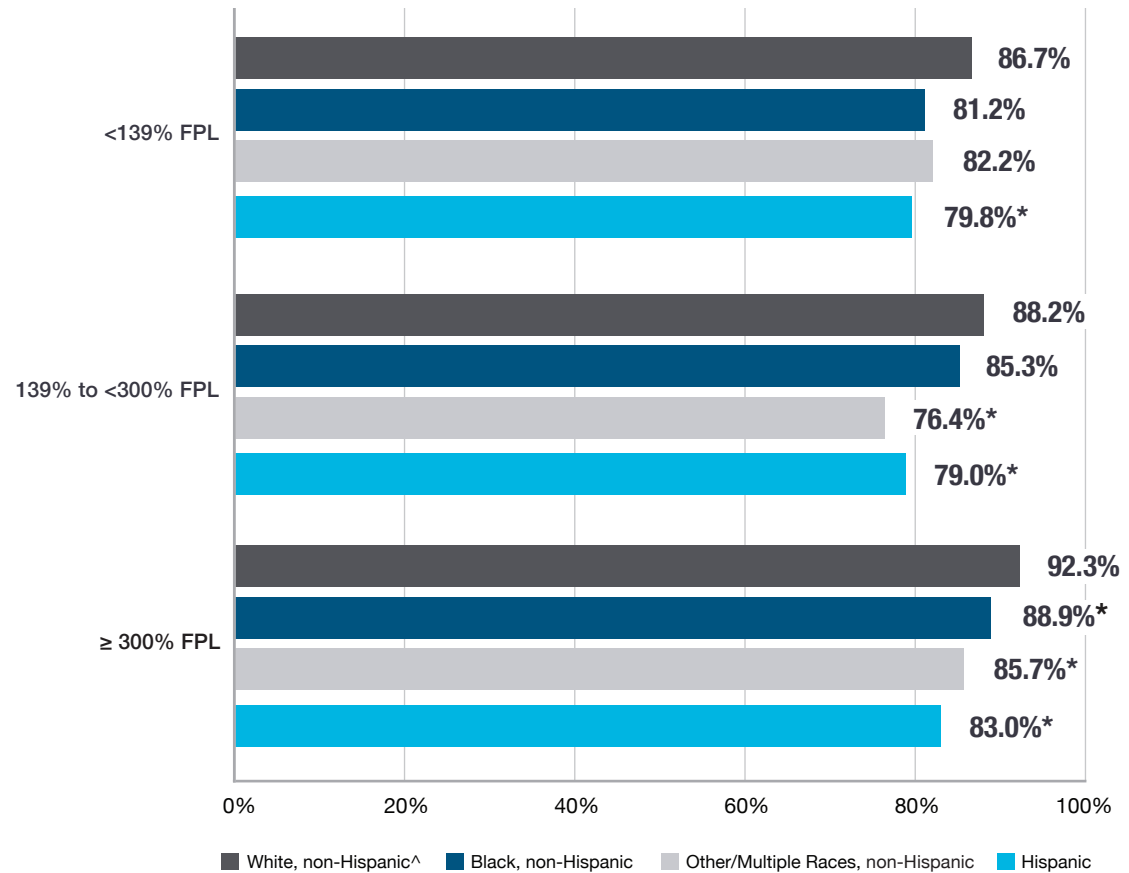
^Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Visit with a Doctor over the Past 12 Months, for Family Income by Race/Ethnicity

Within each family income group, residents of color were less likely than non-Hispanic White residents to report a visit with a doctor in the past 12 months.

This was particularly notable among residents in the highest income group. Among residents with family income at or above 300% of the FPL, 88.9% of non-Hispanic Black residents, 85.7% of non-Hispanic other/multiple race residents, and 83.0% of Hispanic residents reported a visit with a doctor, compared with 92.3% of non-Hispanic White residents.



Note: Visit with Doctor: Residents had a visit with a general doctor or specialist in the past 12 months.

FPL= Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

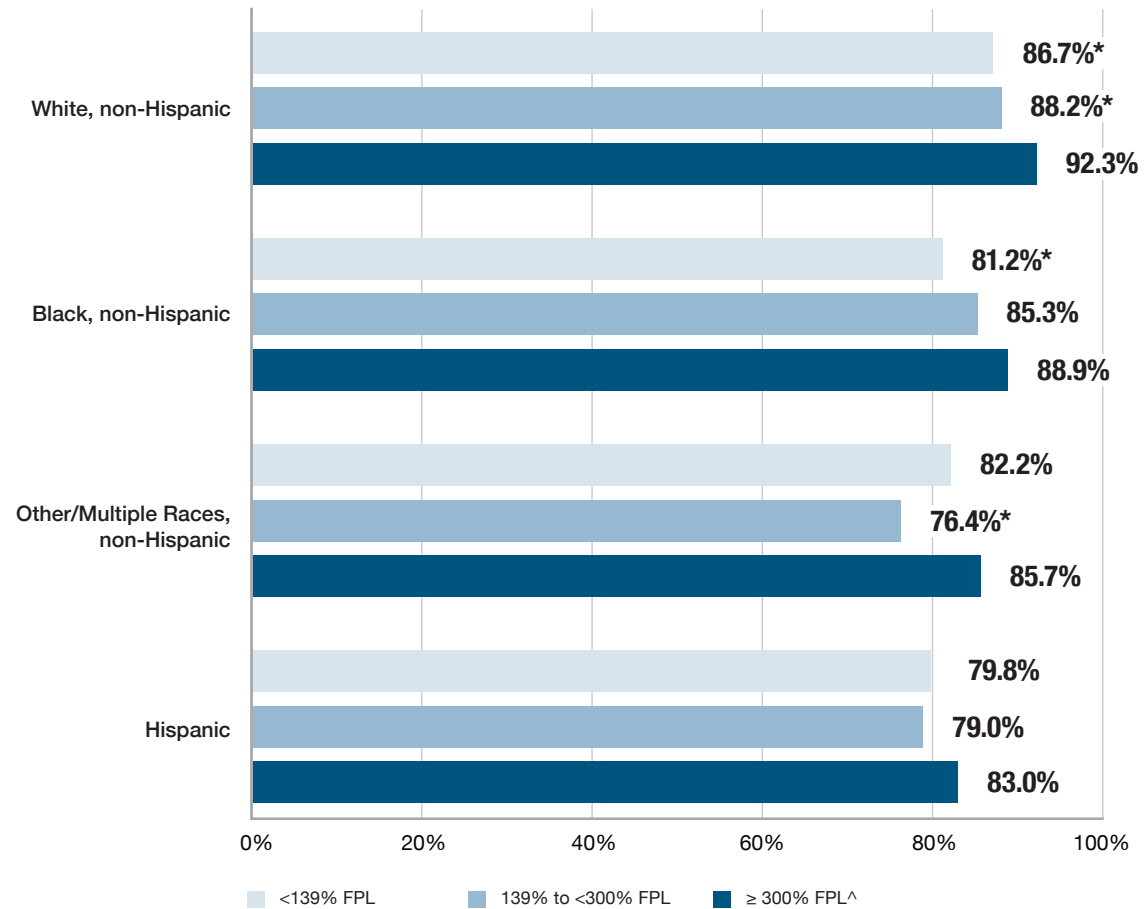
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Visit with a Doctor over the Past 12 Months, for Race/Ethnicity by Family Income

Among non-Hispanic White residents, 86.7% of those with family income below 139% of the FPL, and 88.2% of residents from 139% to less than 300% of the FPL, reported a visit with a doctor, vs. 92.3% of those at or above 300% of the FPL.

Non-Hispanic Black residents and non-Hispanic other/multiple race residents followed similar patterns, where residents in lower income groups differed from the highest income group (at or above 300% of the FPL).

However, among Hispanic residents, rates of doctor visits did not differ significantly by family income group.



Note: Visit with Doctor: Residents had a visit with a general doctor or specialist in the past 12 months.

FPL = Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

*Significantly different from estimate for reference group at the 5% level.

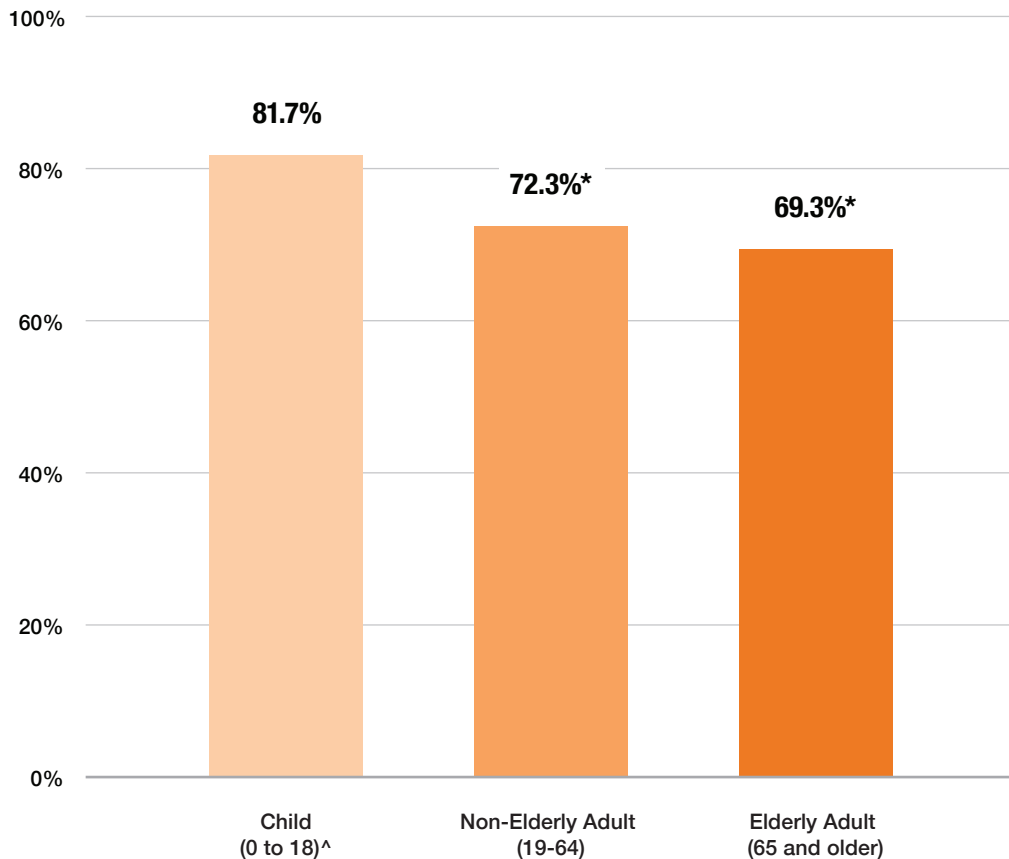
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Although the majority of Massachusetts residents reported a visit with a dental provider in the past 12 months across all age groups, rates differed across the three age groups.

Both non-elderly adults and elderly adults were less likely than children to have visited a dental provider (72.3% and 69.3%, respectively, compared with 81.7%).

Visit with a Dental Provider over the Past 12 Months by Age Group



Note: Visit with Dental Provider: Residents had a dental care visit in the past 12 months.

*Significantly different from estimate for reference group at the 5% level.

^Reference group

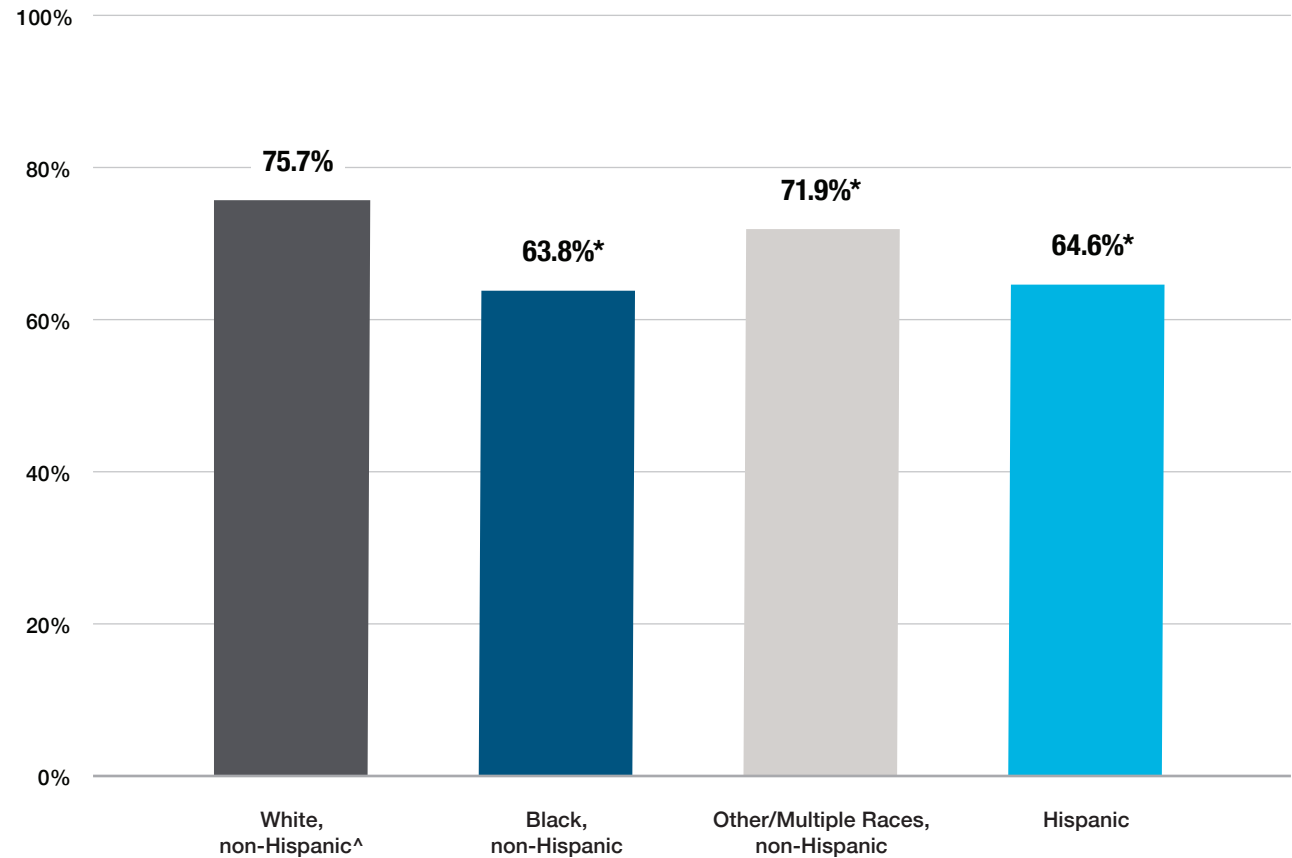
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Visit with a Dental Provider over the Past 12 Months by Race/Ethnicity

Although the majority of Massachusetts residents across all four racial/ethnic groups reported visiting with a dental provider in the past 12 months, residents of color were less likely to report a visit with a dental provider than were non-Hispanic White residents.

Compared with more than three quarters of non-Hispanic White residents, less than two-thirds of non-Hispanic Black and Hispanic residents reported a visit with a dental provider.

These patterns are consistent with previous research indicating that non-Hispanic Black, Hispanic, and other racial/ethnic minority populations have a lower utilization of dental care than non-Hispanic White counterparts.^{23,24}



Note: Visit with Dental Provider: Residents had a dental care visit in the past 12 months.

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

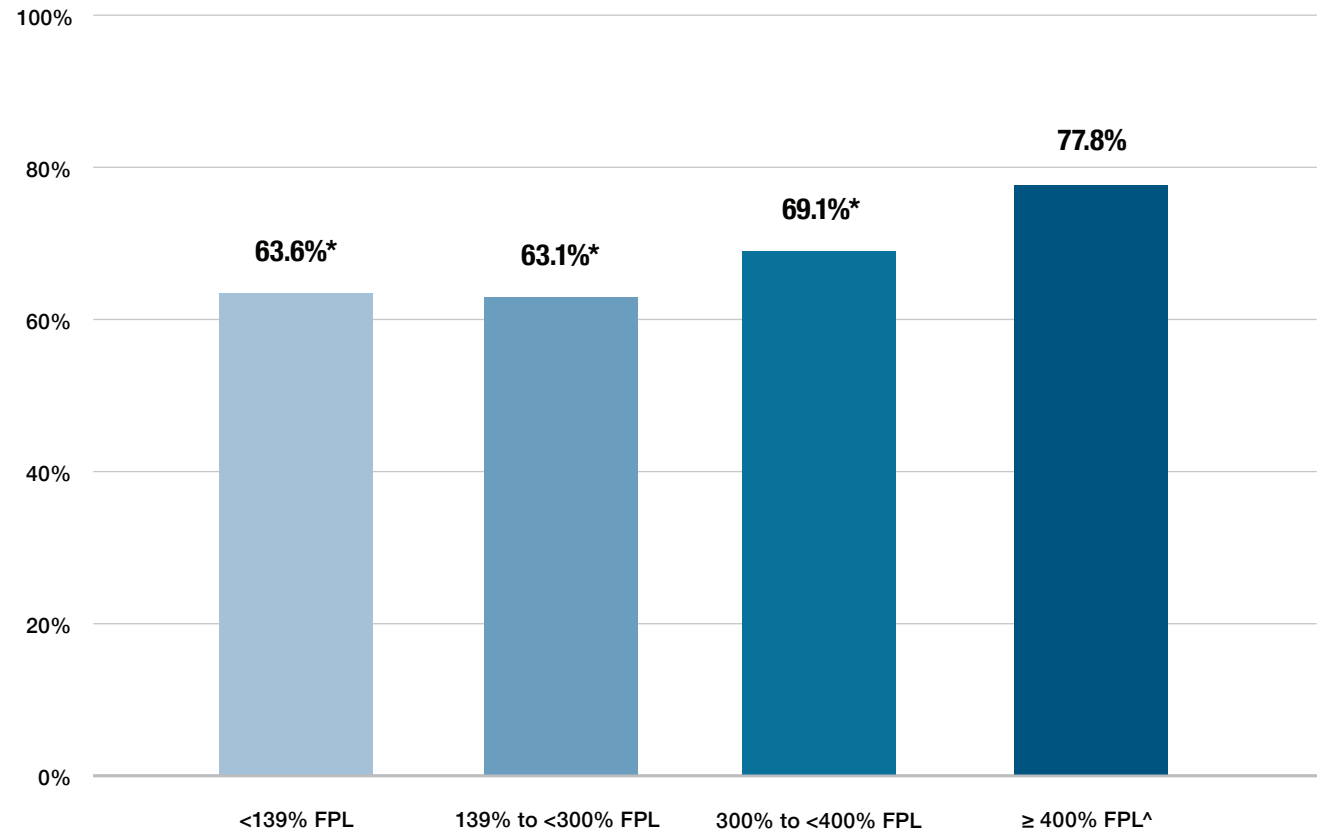
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Visit with a Dental Provider over the Past 12 Months by Family Income

Although the majority of Massachusetts residents reported visiting a dental provider in the past 12 months, residents in lower family income groups (below 400% of the FPL) were less likely to report a visit with a dental provider than were those at or above 400% of the FPL.

Specifically, 63.6% of residents with family income below 139% of the FPL, 63.1% of residents from 139% to less than 300% of the FPL, and 69.1% of residents from 300% to less than 400% of the FPL, reported a visit with a dental provider, compared with 77.8% of those at the highest family income level.

These patterns are consistent with prior research indicating that people with lower income have lower utilization of dental care compared to those with higher income.²⁵



Note: Visit with Dental Provider: Residents had a dental care visit in the past 12 months.

FPL= Federal Poverty Level

*Significantly different from estimate for reference group at the 5% level.

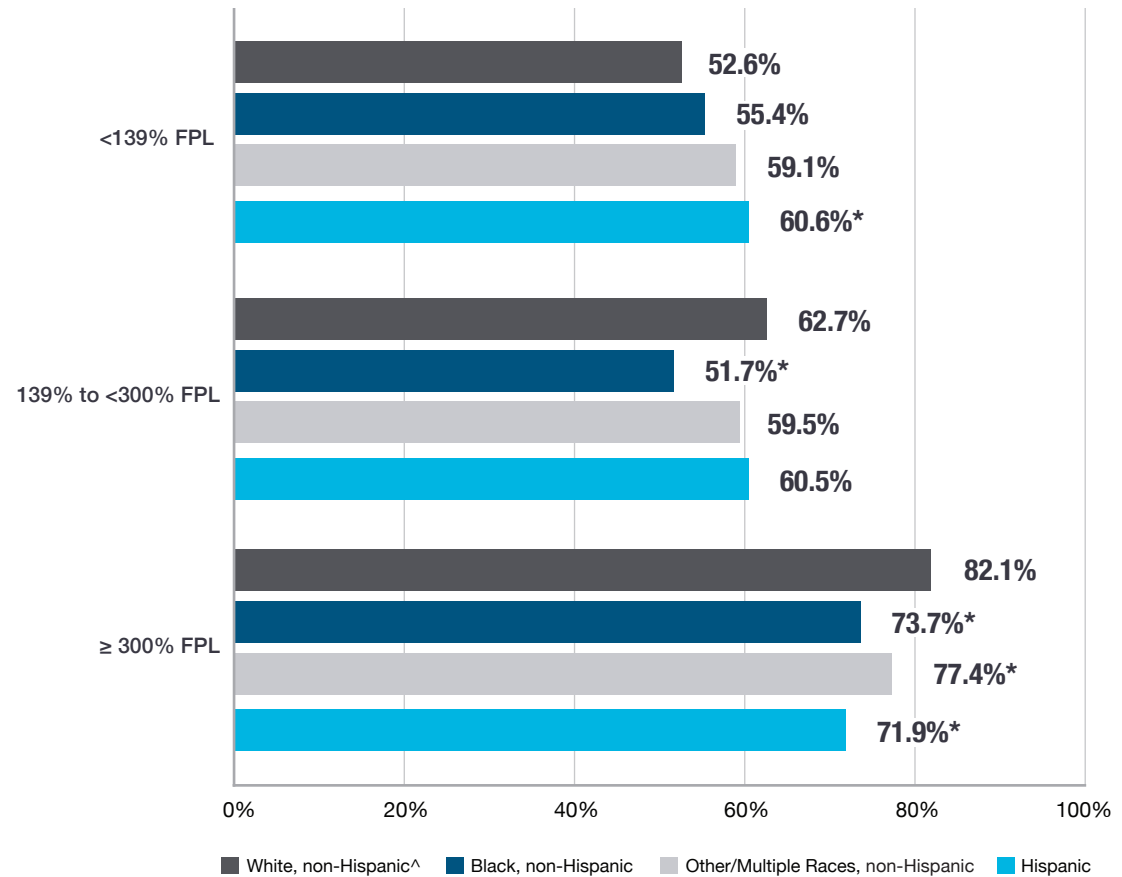
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Visit with a Dental Provider over the Past 12 Months, for Family Income by Race/Ethnicity

Among residents with family income below 139% of the FPL, Hispanic residents visited a dental provider at a higher rate than their non-Hispanic White counterparts (60.6% vs. 52.6%).

In contrast, among residents at or above 300% of the FPL, Hispanic residents had lower rates of dental visits than non-Hispanic White residents (71.9% vs. 82.1%).



Note: Visit with Dental Provider: Residents had a dental care visit in the past 12 months.

FPL= Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

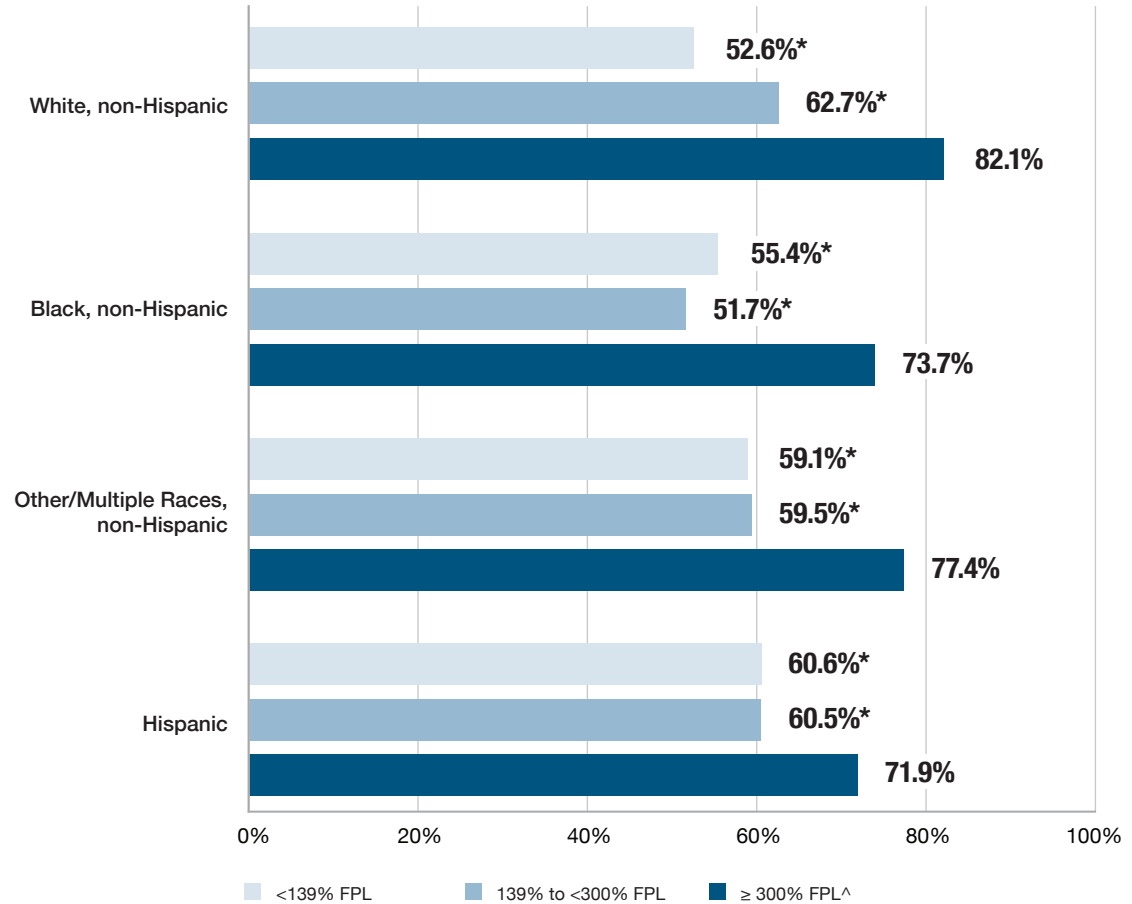
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Visit with a Dental Provider over the Past 12 Months, for Race/Ethnicity by Family Income

Lower income residents of all racial/ethnic groups were less likely than the highest income residents to report a visit with a dental provider in the past 12 months.

Among non-Hispanic White residents, rates were only 52.6% among those with family income below 139% of the FPL and 82.1% among those with family income at or above 300% of the FPL.

Gaps in rates of dental visits between the lowest and highest income groups differed among racial/ethnic minority groups by more than 18 percentage points for non-Hispanic Black and non-Hispanic other/multiple race residents and by more than 11 percentage points for Hispanic residents.



Note: Visit with Dental Provider: Residents had a dental care visit in the past 12 months.

FPL= Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

*Significantly different from estimate for reference group at the 5% level.

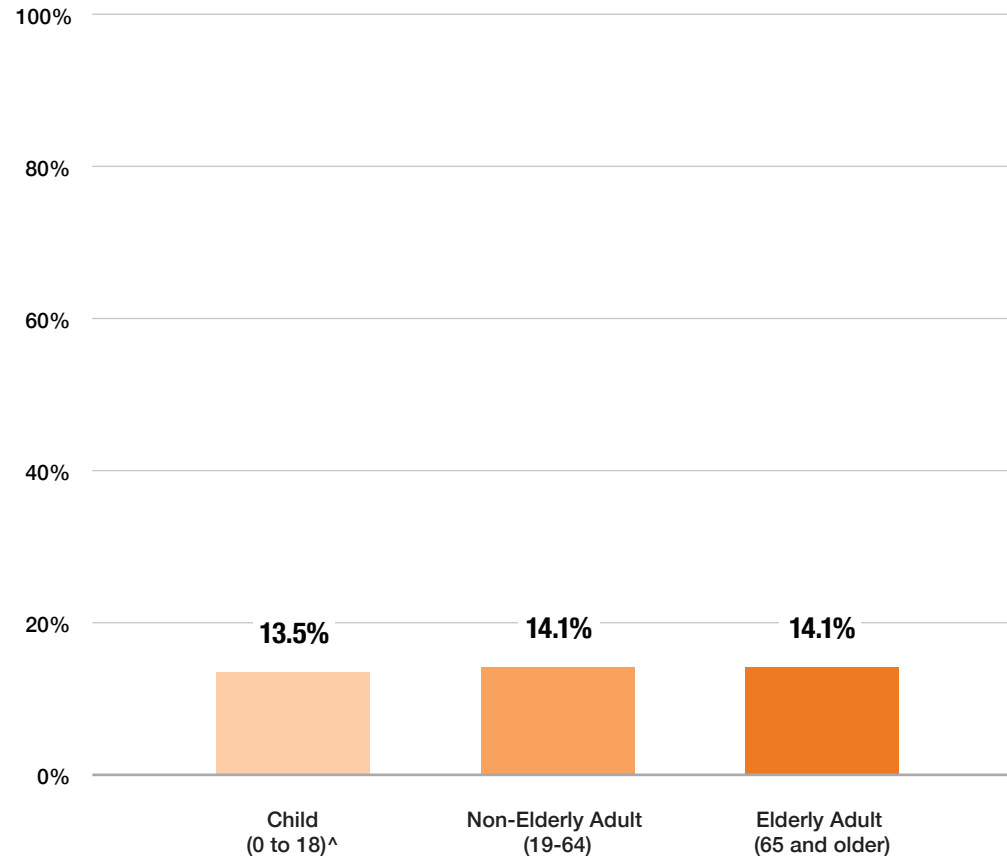
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Potential Reliance on the ER over the Past 12 Months by Age Group

Overall, approximately one in seven residents reported a potential reliance on the ER for care in the past 12 months across all age groups.

Rates ranged from 13.5% for children to 14.1% for both elderly and non-elderly adult residents. However, these differences were not statistically significant.



Note: ER= Emergency Room

Potential Reliance on the ER: Residents used the emergency room (ER) for non-emergency condition(s) at most recent visit or had three or more visits to the ER in the past 12 months.

*Significantly different from estimate for reference group at the 5% level.

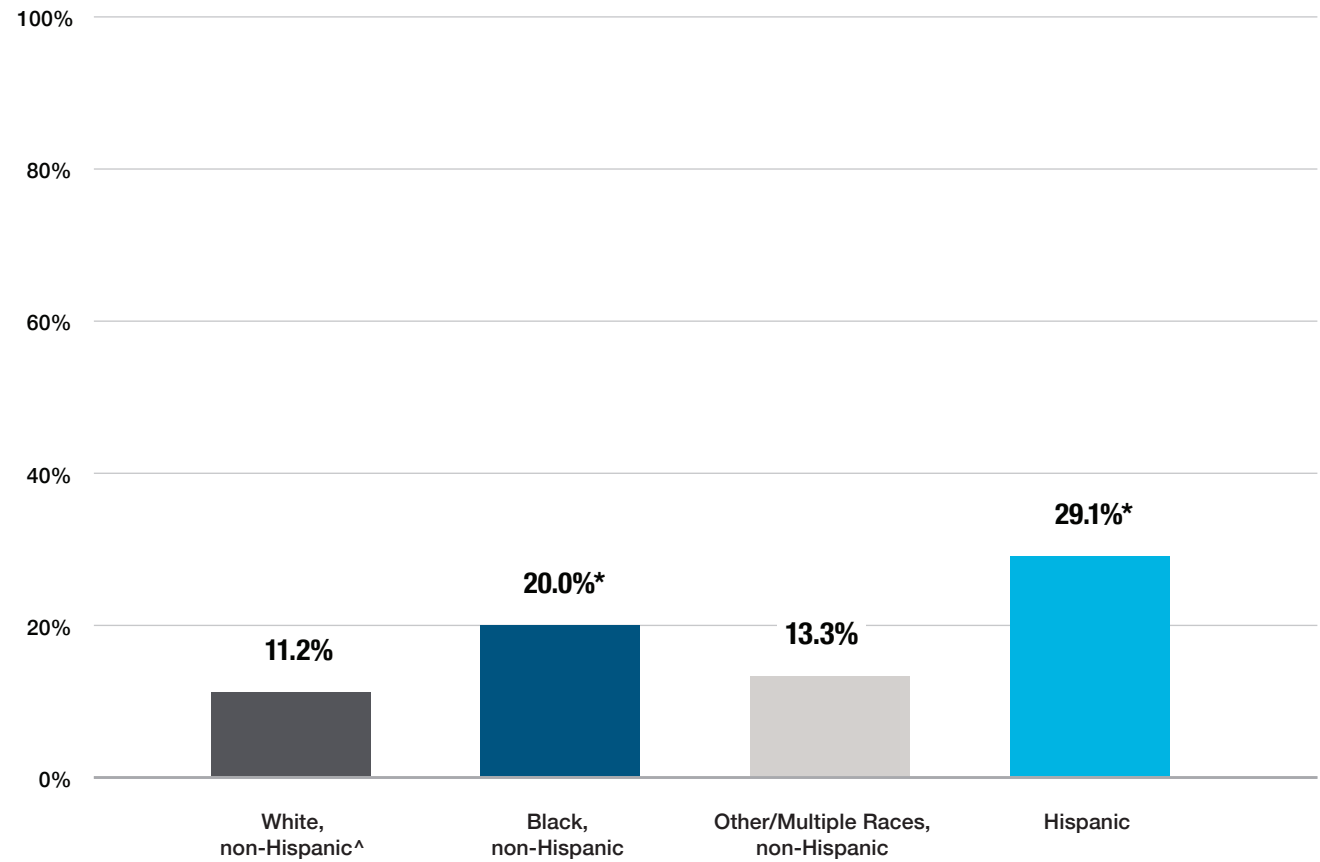
^Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Potential Reliance on the ER over the Past 12 Months by Race/Ethnicity

Compared to non-Hispanic White residents (11.2%), non-Hispanic Black residents were nearly twice as likely, and Hispanic residents nearly three times as likely, to have a potential reliance on the ER for care (20.0% and 29.1%, respectively).

These patterns are consistent with previous research indicating that non-Hispanic Black and Hispanic populations have comparatively greater reliance on the ER than non-Hispanic White residents.^{26,27}



Note: ER= Emergency Room

Potential Reliance on the ER: Residents used the emergency room (ER) for non-emergency condition(s) at most recent visit or had three or more visits to the ER in the past 12 months.

*Significantly different from estimate for reference group at the 5% level.

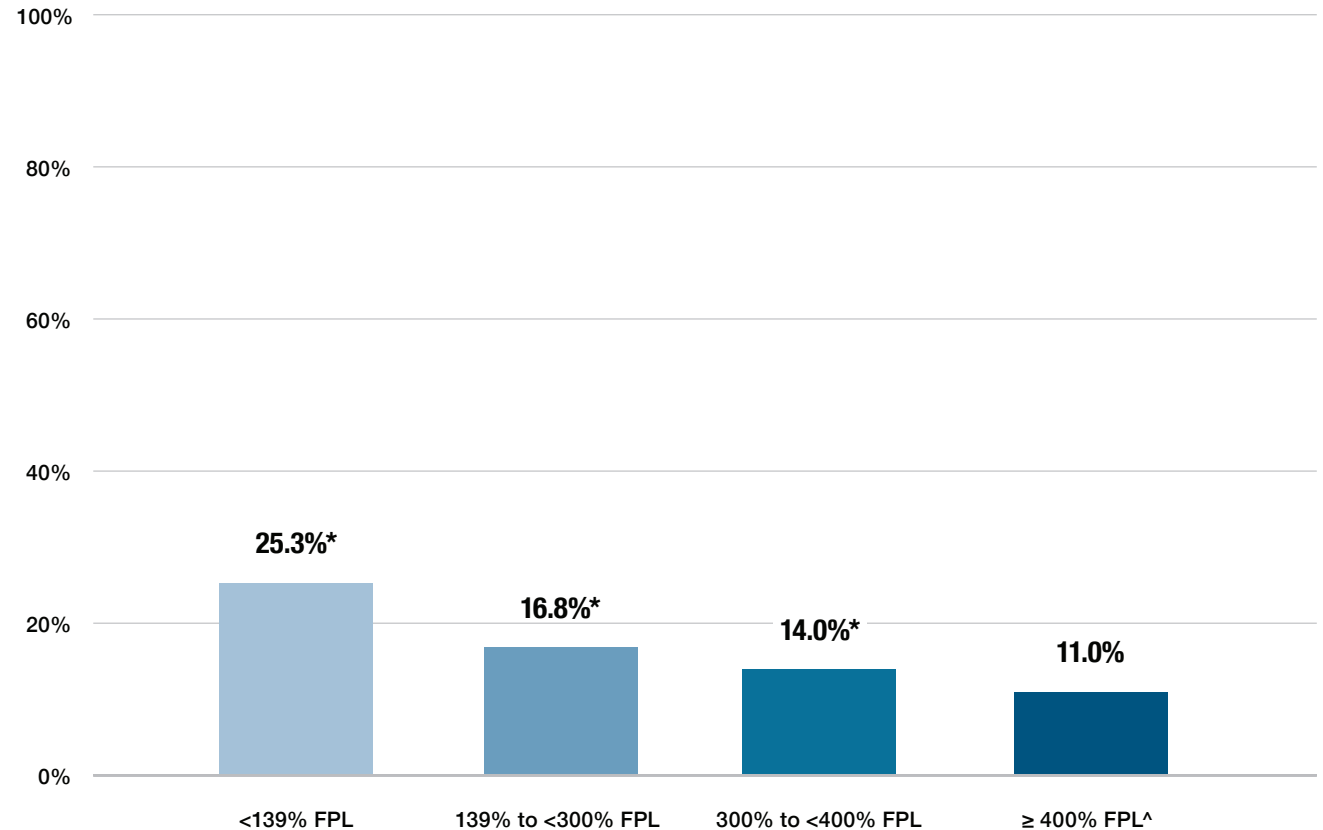
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Potential Reliance on the ER over the Past 12 Months by Family Income

Overall, rates of potential reliance on the ER for care over the past 12 month ranged from 11.0% to 25.3% of Massachusetts residents across all levels of family income. However, residents with a family income below 139% of the FPL were two and half times as likely to report a potential reliance on the ER than were those at or above 400% of the FPL.

Specifically, 25.3% of residents with a family income below 139% of the FPL, 16.8% of residents from 139% to less than 300% of the FPL, and 14.0% of residents from 300% to less than 400% of the FPL reported a potential reliance on the ER, compared with 11.0% of those at the highest family income level.



Note: ER= Emergency Room

Potential Reliance on the ER: Residents used the emergency room (ER) for non-emergency condition(s) at most recent visit or had three or more visits to the ER in the past 12 months.

FPL= Federal Poverty Level

*Significantly different from estimate for reference group at the 5% level.

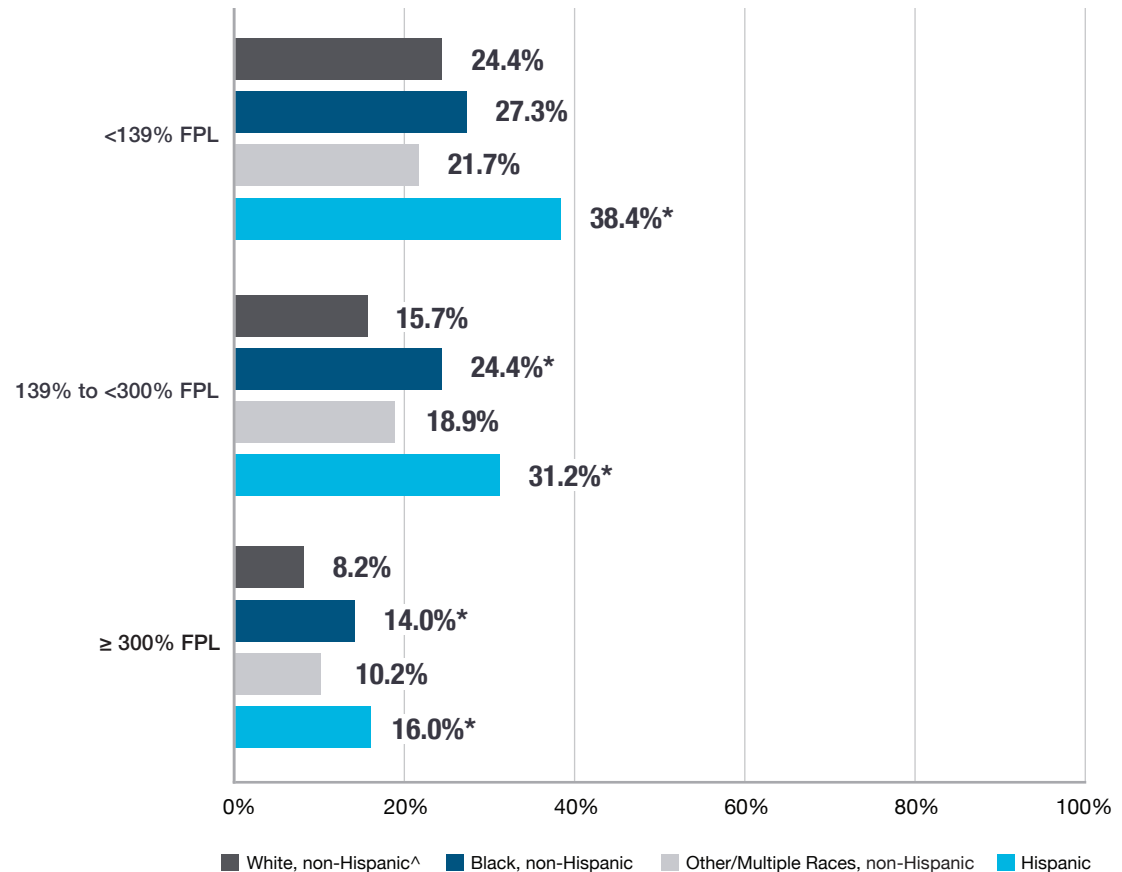
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Potential Reliance on the ER over the Past 12 Months, for Family Income by Race/Ethnicity

As trends also indicated for the population of Massachusetts residents overall, there were significant racial/ethnic differences in rates of potential reliance on the ER for care within each income group.

Within each income group, Hispanic residents were more likely than non-Hispanic White residents to have a potential reliance on the ER over the past 12 months. For example, among residents below 139% of the FPL, Hispanic residents were one and a half times more likely than non-Hispanic White residents to have a potential reliance on the ER (38.4% vs. 24.4%).



Note: ER= Emergency Room

Potential Reliance on the ER: Residents used the emergency room (ER) for non-emergency condition(s) at most recent visit or had three or more visits to the ER in the past 12 months.

FPL= Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

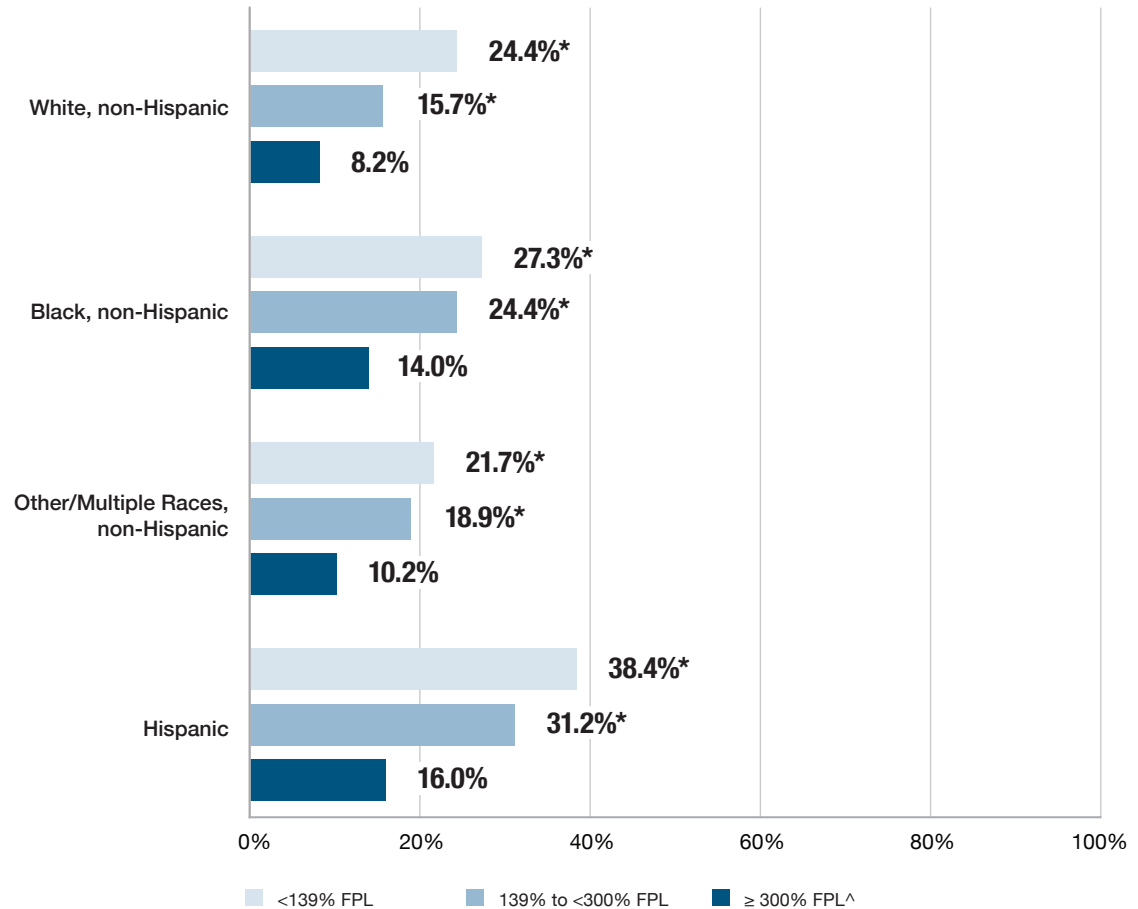
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Potential Reliance on the ER over the Past 12 Months, for Race/Ethnicity by Family Income

As was true for the overall Massachusetts population, within each racial/ethnic group, residents with a family income below 300% of the FPL reported greater rates of potential reliance on the ER for care in the past 12 months than those at or above 300% of the FPL.

For example, among Hispanic residents, 38.4% of residents with a family income below 139% of the FPL, and 31.2% of residents from 139% to less than 300% of the FPL, reported a potential reliance on the ER, compared with 16.0% of residents at or above 300% of the FPL.

Non-Hispanic White, non-Hispanic Black and non-Hispanic other/multiple race residents followed similar patterns, in which higher rates of potential reliance on the ER were identified among lower income residents.



Note: ER= Emergency Room

Potential Reliance on the ER: Residents used the emergency room (ER) for non-emergency condition(s) at most recent visit or had three or more visits to the ER in the past 12 months.

FPL= Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Health Care Affordability

Massachusetts has the lowest rate of uninsured residents in the country, but residents in the Commonwealth are not immune to problems related to the high cost of care.²⁸ Despite substantial expansions in health care coverage resulting from Massachusetts health reform and the Affordable Care Act, challenges to affordable health care remain, including cost-sharing and premiums, which pose challenges to many, including the continuously insured.^{29,30} Furthermore, these issues with health care affordability for residents and their families may be exacerbated for certain subpopulations, including those of lower socioeconomic status and racial/ethnic minority residents.

To further investigate differences in experiencing health care affordability issues among different Massachusetts population subgroups, this section examines the following measures: 1) whether residents or any members of their immediate families had medical debt (medical bills being

paid over time) or problems paying individual or family medical bills over the past 12 months, and 2) whether residents have had any unmet health care needs due to cost (including general doctor care, specialist care, mental health services, dental care, or prescription drugs) over the past 12 months. In this report, “resident” refers to the individual, and “family” refers to the individual plus any spouse/partner, parents/guardians, and siblings, children, or stepchildren under age 26 who are living in the household.

Key Findings:

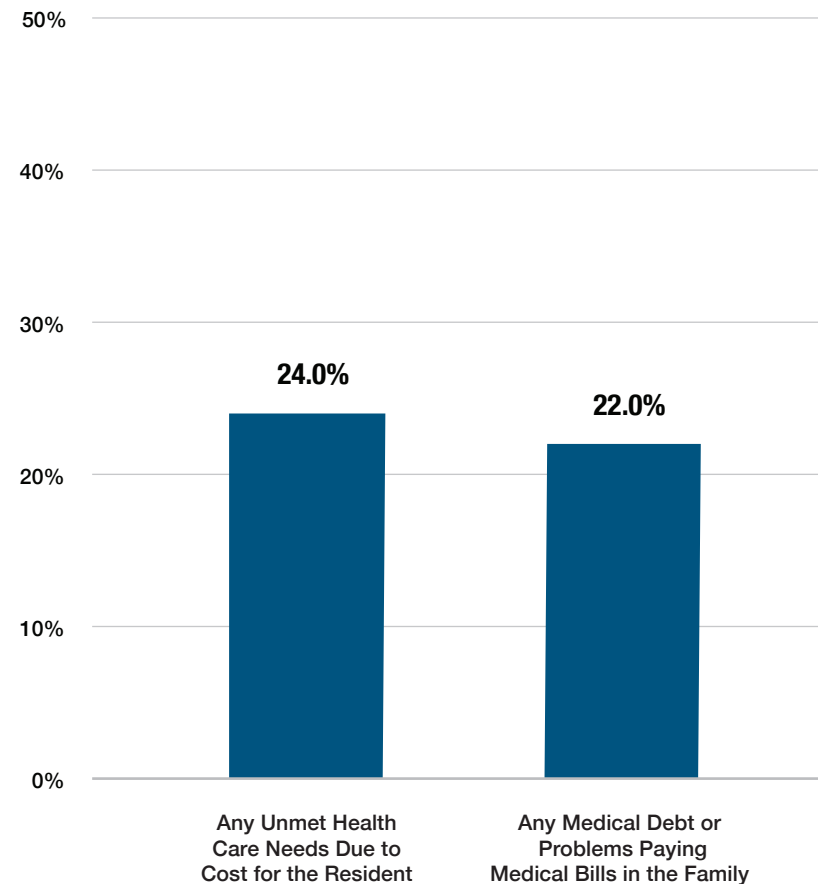
- Nearly one quarter of residents (24.0%) reported having unmet health care needs due to cost.
- Nearly one in three Hispanic residents (32.5%) and over one in four non-Hispanic Black residents (27.3%) reported unmet health care needs due to cost, higher than the rate for non-Hispanic White residents (22.8%).

- Residents with family income below 400% of the FPL were more likely than those at or above 400% of the FPL to report unmet health care needs due to cost (28.4-30.3% vs. 21.4%).
 - Among residents at or above 300% of the FPL, Hispanic residents were one and half times more likely to report unmet health care needs due to cost than non-Hispanic White residents (28.2% vs. 18.7%).
 - Over one-fifth (22.0%) reported having medical debt or problems paying medical bills in their families.
- Residents with family income from 139% to less than 400% of the FPL were more likely to have medical debt or problems paying medical bills in their families than residents with family income at or above 400% of the FPL (26.4%-28.5% vs. 20.2%).
 - Within every racial/ethnic group, the highest rate of medical debt or problems paying bills in their families was among residents with family income from 139% to less than 300% of the FPL. ■

Nearly one-quarter of residents (24.0%) reported experiencing unmet health care needs due to cost, and over one-fifth of residents (22.0%) reported medical debt and/or problems paying medical bills in their family.

Sources of family medical bills included general doctor care, specialist care, mental health services, dental care, and prescription medications.

Issues with Health Care Affordability over the Past 12 Months



Note: Any Unmet Health Care Needs Due to Cost for the Resident: Any unmet need for health care due to cost for the resident in the past 12 months including prescription drugs, doctor care, specialist care, mental health services and/or dental care.

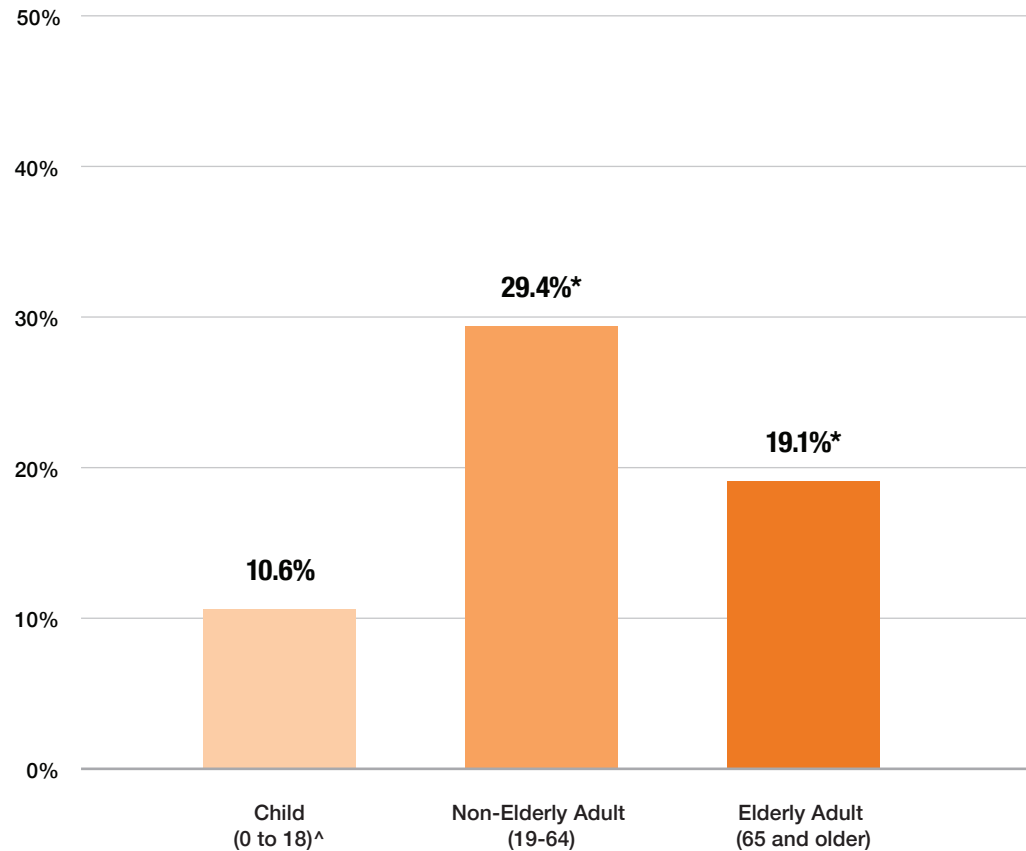
Any Medical Debt or Problems Paying Medical Bills in the Family: Residents with any medical debt (any medical bills being paid overtime) or problem paying medical bills in the family in the past 12 months.

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Any Unmet Health Care Needs Due to Cost for the Resident over the Past 12 Months by Age Group

The rates by age group of residents who experienced unmet health care needs due to cost ranged from 10.6% to 29.4%.

Both non-elderly and elderly adults were more likely than children to have unmet health care needs due to cost (29.4%, 19.1%, and 10.6%, respectively).



Note: Any Unmet Health Care Needs Due to Cost for the Resident: Any unmet need for health care due to cost for the resident in the past 12 months including prescription drugs, doctor care, specialist care, mental health services and/or dental care.

*Significantly different from estimate for reference group at the 5% level.

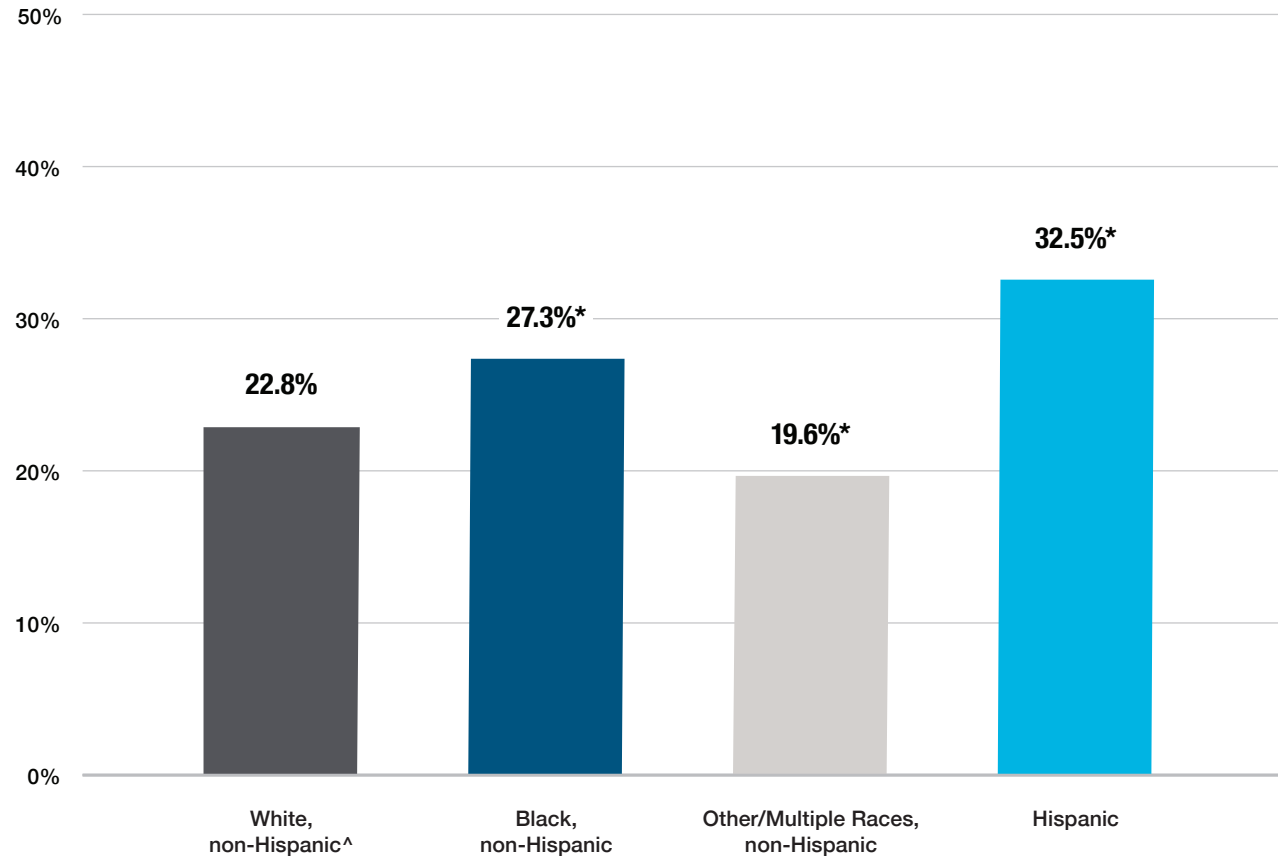
^Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Any Unmet Health Care Needs Due to Cost for the Resident over the Past 12 Months by Race/Ethnicity

Across racial/ethnic groups, the rate of unmet health care needs due to cost ranged from 19.6% to 32.5%. Non-Hispanic Black residents and Hispanic residents were more likely, while non-Hispanic other/multiple race residents were less likely, than non-Hispanic White residents to experience unmet health care needs due to cost.

Nearly one in three Hispanic residents (32.5%) and over one in four non-Hispanic Black residents (27.3%) reported unmet health care needs due to cost, higher than the rate for non-Hispanic White residents (22.8%).



Note: Any Unmet Health Care Needs Due to Cost for the Resident: Any unmet need for health care due to cost for the resident in the past 12 months including prescription drugs, doctor care, specialist care, mental health services and/or dental care.

*Significantly different from estimate for reference group at the 5% level.

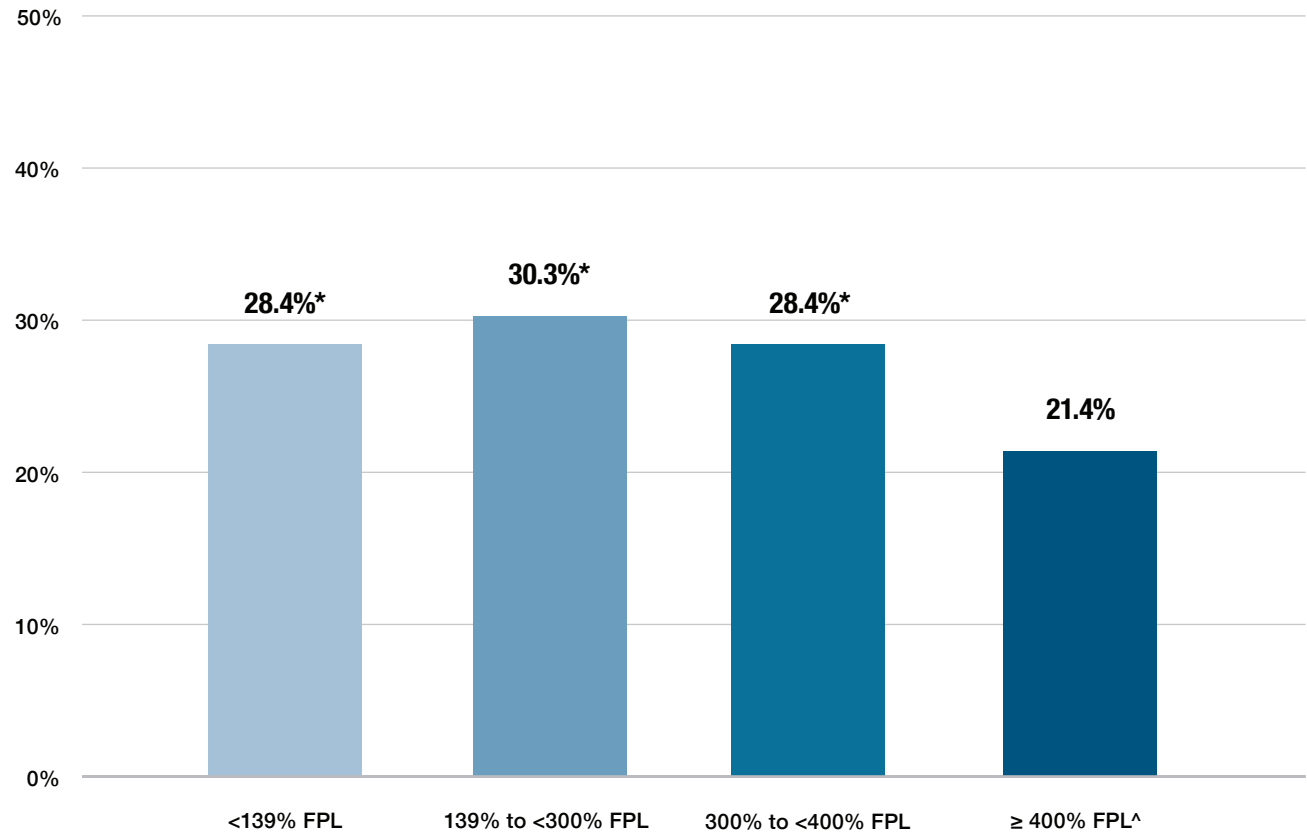
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Any Unmet Health Care Needs Due to Cost for the Resident over the Past 12 Months by Family Income

The rate of unmet health care needs due to cost for the resident over the past 12 months ranged from 21.4% to 30.3% across four family income categories.

Residents with family income below 400% of the FPL were more likely than those at or above 400% of the FPL to report unmet health care needs due to cost (28.4-30.3% vs. 21.4%).



Note: Any Unmet Health Care Needs Due to Cost for the Resident: Any unmet need for health care due to cost for the resident in the past 12 months including prescription drugs, doctor care, specialist care, mental health services and/or dental care.

FPL = Federal Poverty Level

*Significantly different from estimate for reference group at the 5% level.

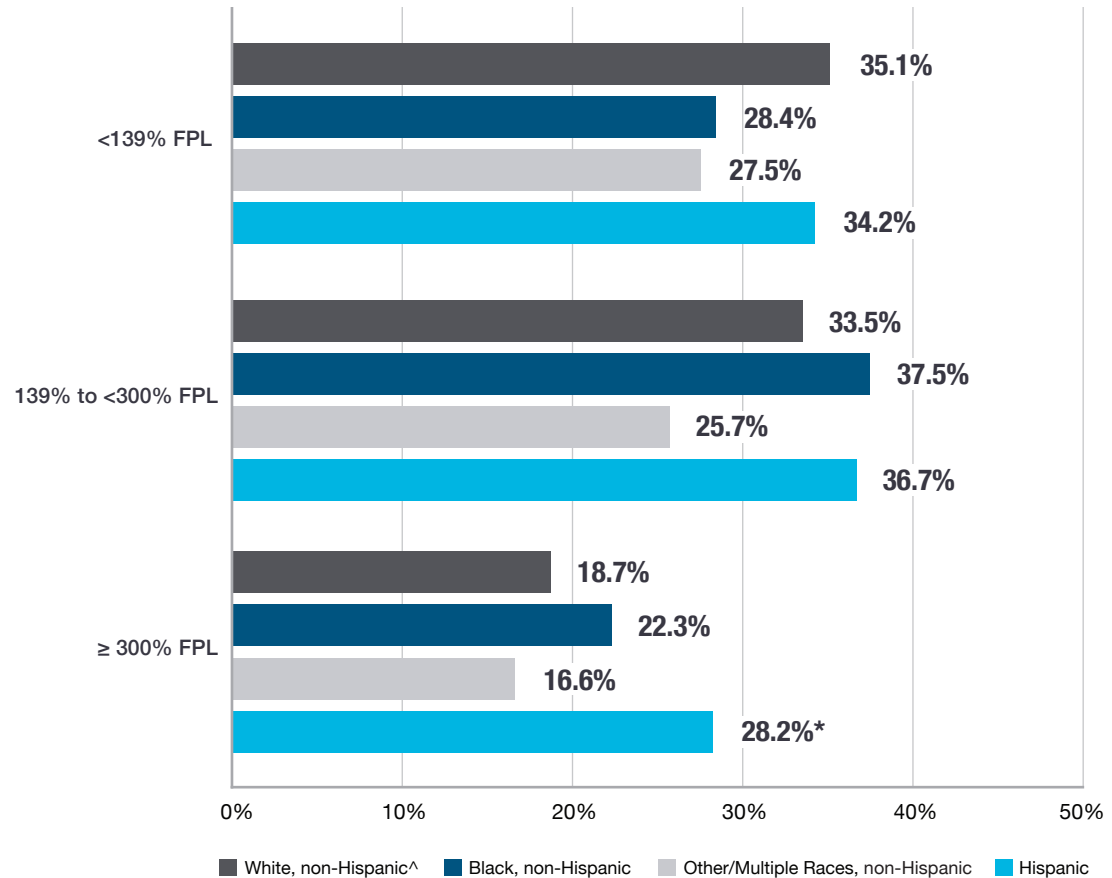
^Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Any Unmet Health Care Needs Due to Cost for the Resident over the Past 12 Months, for Family Income by Race/Ethnicity

Among residents with family income at or above 300% of the FPL, Hispanic residents were one and half times more likely to report unmet health care needs due to cost than non-Hispanic White residents (28.2% vs.18.7%).

Among residents with family income below 300% of the FPL, racial/ethnic minority residents did not report significantly different rates of unmet health care needs due to cost relative to non-Hispanic White residents at the same income level.



Note: Any Unmet Health Care Needs Due to Cost for the Resident: Any unmet need for health care due to cost for the resident in the past 12 months including prescription drugs, doctor care, specialist care, mental health services and/or dental care.

FPL = Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

*Significantly different from estimate for reference group at the 5% level.

^Reference group

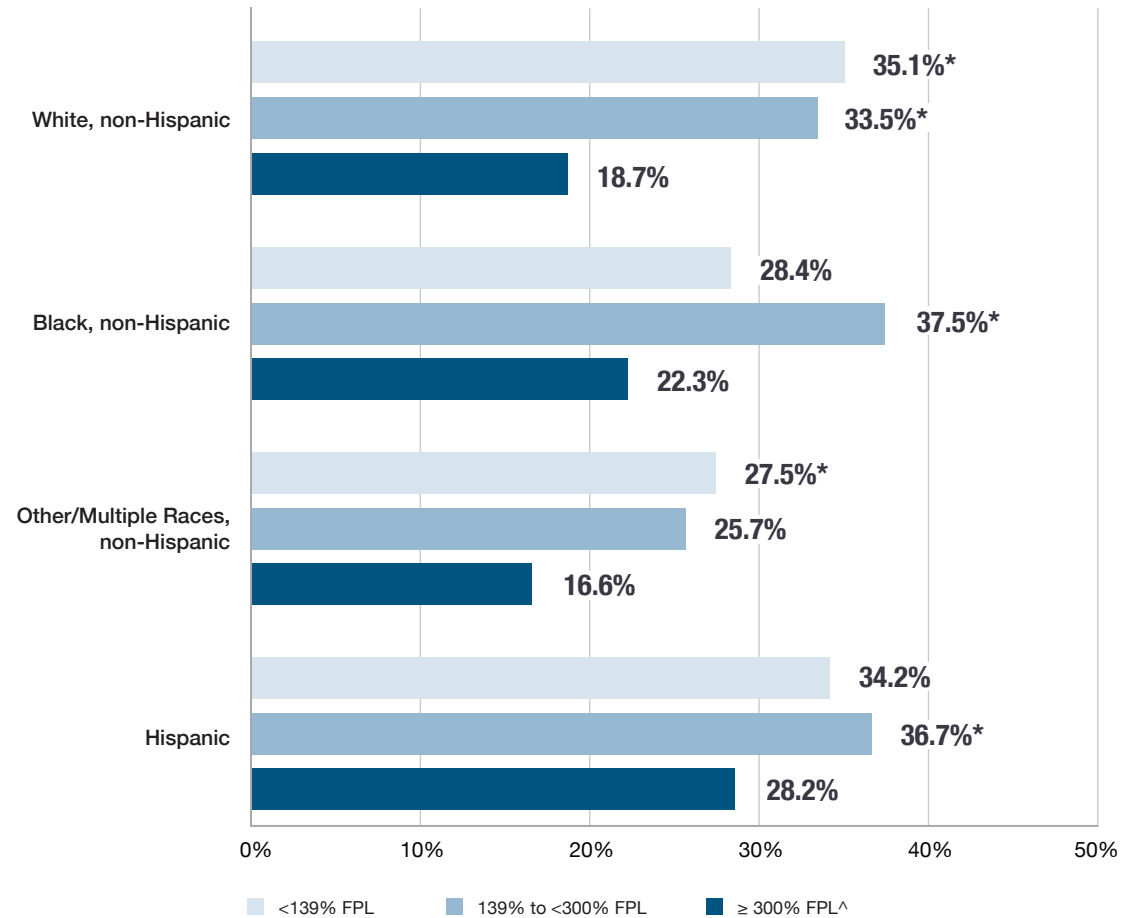
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Any Unmet Health Care Needs Due to Cost for the Resident over the Past 12 Months, for Race/Ethnicity by Family Income

Within each of the racial/ethnic groups, residents with lower family income were more likely to report unmet health care needs due to cost than residents at the highest family income level.

For example, among non-Hispanic White residents, 35.1% of residents with a family income below 139% of the FPL, and 33.5% of residents with family income from 139% to less than 300% of the FPL, reported higher rates of unmet health care needs due to cost compared with those residents with family income at or above 300% of the FPL (18.7%).

For non-Hispanic Black and Hispanic residents, those at the middle income level (from 139% to less than 300% of the FPL) were more likely to report unmet health care needs due to cost than those with higher family income (at or above 300% of the FPL).



Note: Any Unmet Health Care Needs Due to Cost for the Resident: Any unmet need for health care due to cost for the resident in the past 12 months including prescription drugs, doctor care, specialist care, mental health services and/or dental care.

FPL = Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

*Significantly different from estimate for reference group at the 5% level.

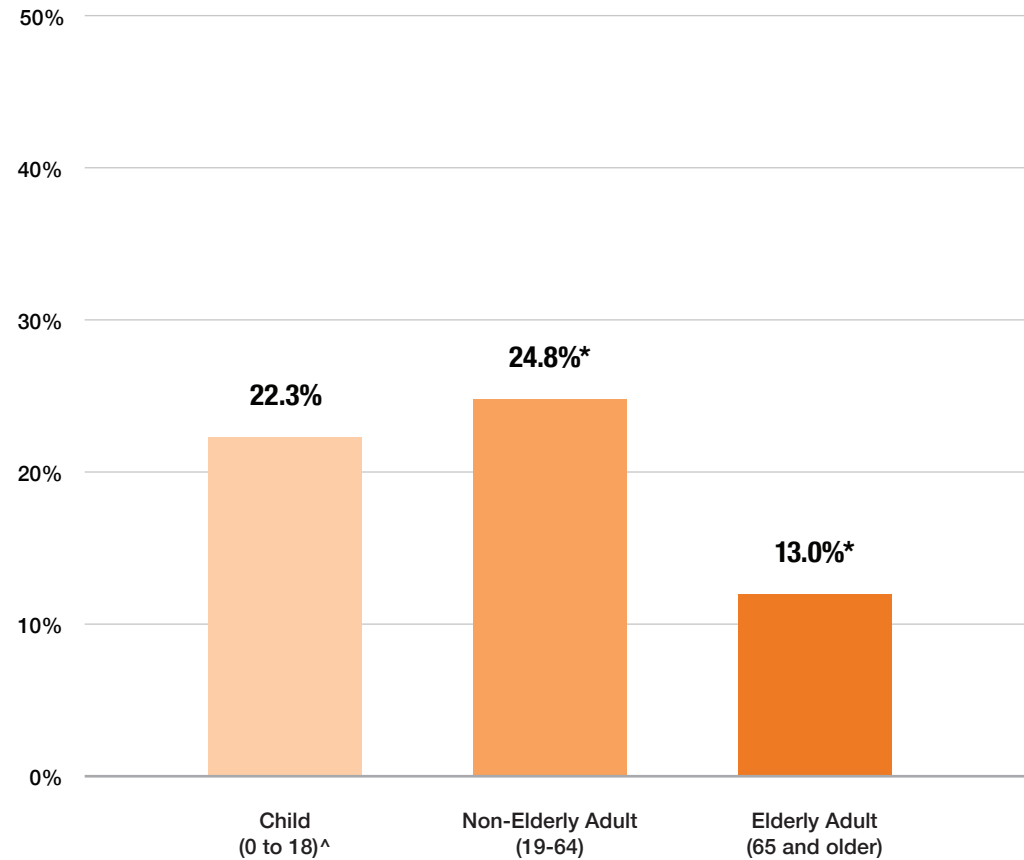
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Medical Debt or Problems Paying Medical Bills in the Family over the Past 12 Months by Age Group

There was substantial variability in the rates of experiencing medical debt or problems paying medical bills in the family among residents by age group.

Just over one in ten elderly adults (13.0%) and nearly one in four non-elderly adults (24.8%) reported having medical debt or problems paying medical bills in the family in the past 12 months, compared with 22.3% of children.



Note: Any Medical Debt or Problems Paying Medical Bills in the Family: Residents with any medical debt (any medical bills being paid overtime) or problem paying medical bills in the family in the past 12 months.

FPL = Federal Poverty Level

*Significantly different from estimate for reference group at the 5% level.

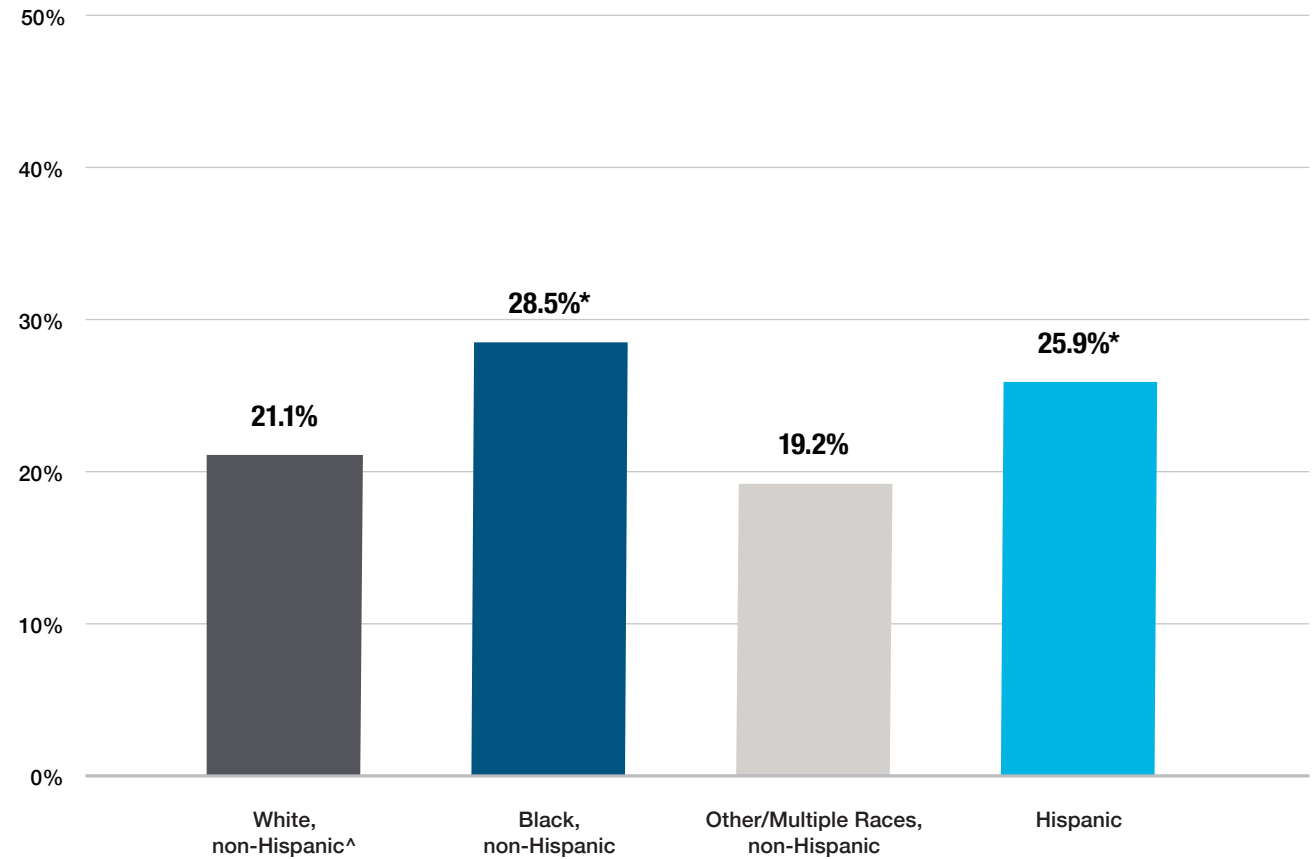
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Medical Debt or Problems Paying Medical Bills in the Family over the Past 12 Months by Race/Ethnicity

The rate of residents reporting medical debt or problems paying medical bills in the family over the past 12 months ranged from 19.2% to 28.5% across the four racial/ethnic groups.

However, non-Hispanic Black and Hispanic residents were more likely to have medical debt or problems paying medical bills in their family than non-Hispanic White residents (28.5%, 25.9%, and 21.1%, respectively).



Note: Any Medical Debt or Problems Paying Medical Bills in the Family: Residents with any medical debt (any medical bills being paid overtime) or problem paying medical bills in the family in the past 12 months.

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

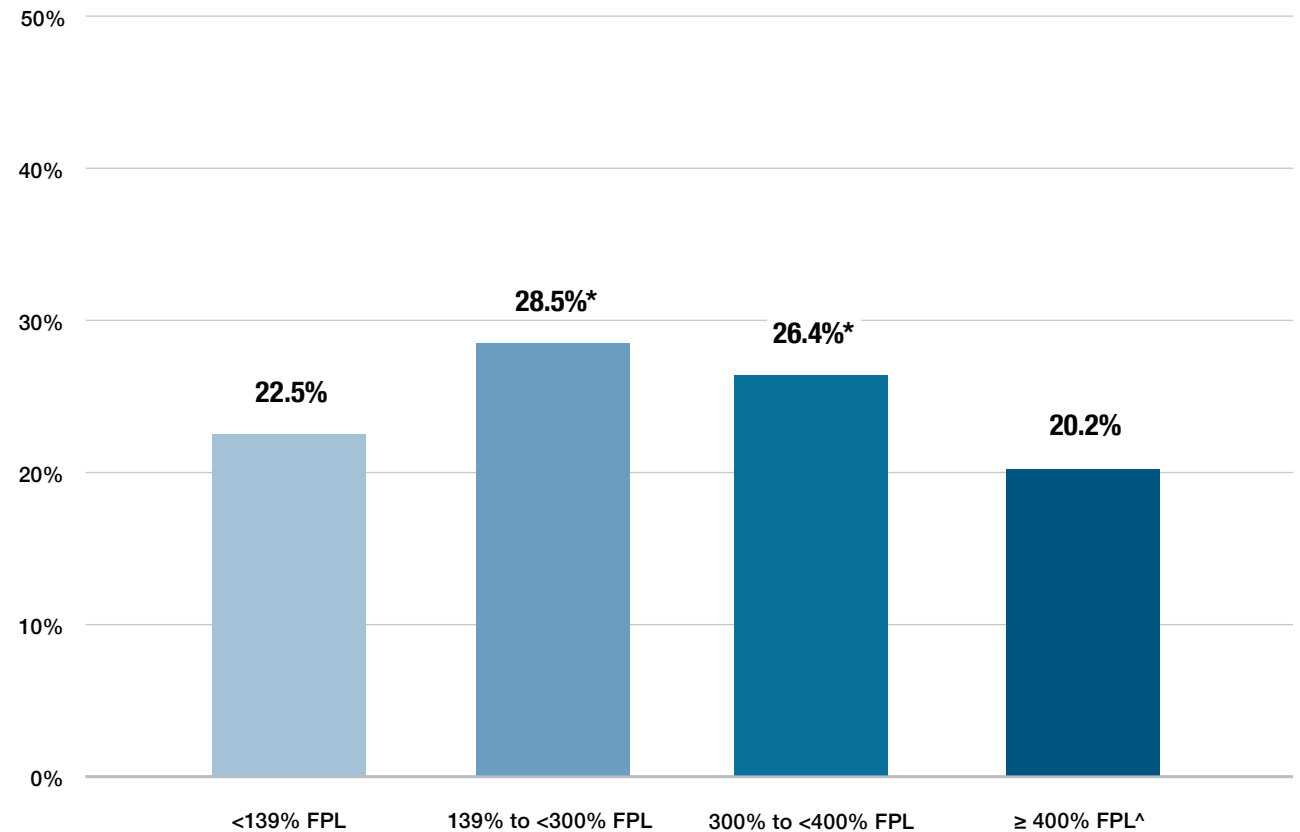
Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Medical Debt or Problems Paying Medical Bills in the Family over the Past 12 Months by Family Income

Although more than one-fifth of Massachusetts residents across all four family income categories reported medical debt or problems paying medical bills in their family over the past 12 months, these rates differed by income level.

Residents with family income between 139% and 400% of the FPL were more likely to have medical debt or problems paying medical bills in their families than residents with family income at or above 400% of the FPL (26.4%-28.5% vs. 20.2%).

Given the limited financial resources of lower income residents, even relatively small medical costs may contribute to affordability issues, whether because of problems paying family medical bills or individuals forgoing needed care. However, families in the lowest income group may be more likely to be covered by MassHealth, which has little to no cost-sharing for their members, and families at higher income levels are more likely to have the resources with which to pay bills on time or pay down debt rapidly.



Note: Any Medical Debt or Problems Paying Medical Bills in the Family: Residents with any medical debt (any medical bills being paid overtime) or problem paying medical bills in the family in the past 12 months.

FPL = Federal Poverty Level

*Significantly different from estimate for reference group at the 5% level.

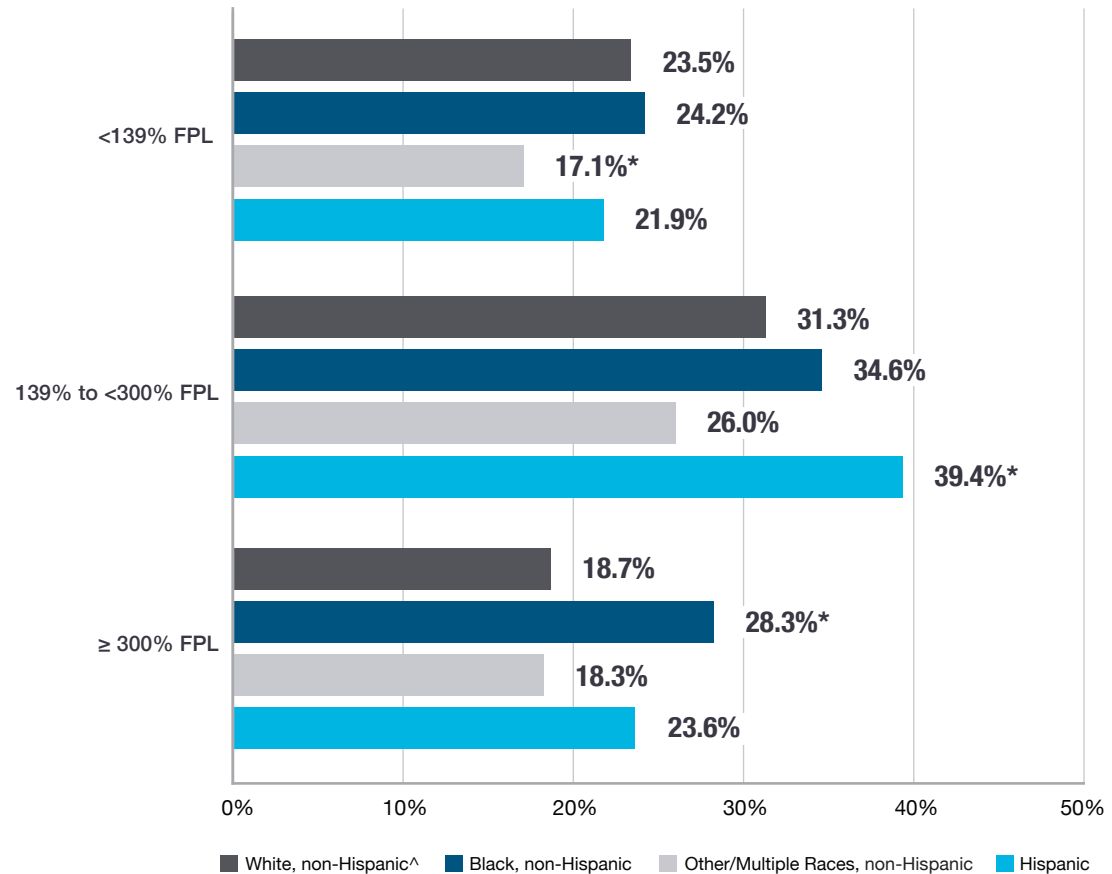
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Medical Debt or Problems Paying Medical Bills in the Family over the Past 12 Months, for Family Income by Race/Ethnicity

Rates of medical debt or problems paying medical bills in the family over the past 12 months differed by race/ethnicity within each income group.

For example, among residents with family income at or above 300% of the FPL, 28.3% of non-Hispanic Black residents were more likely to report medical debt or problems paying family medical bills compared to 18.7% of non-Hispanic White residents. Similarly, Hispanic residents with family income from 139% to less than 300% of the FPL were more likely to report medical debt and problems paying family medical bills than non-Hispanic White residents at the same income level (31.3%).



Note: Any Medical Debt or Problems Paying Medical Bills in the Family: Residents with any medical debt (any medical bills being paid overtime) or problem paying medical bills in the family in the past 12 months.

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

FPL = Federal Poverty Level

*Significantly different from estimate for reference group at the 5% level.

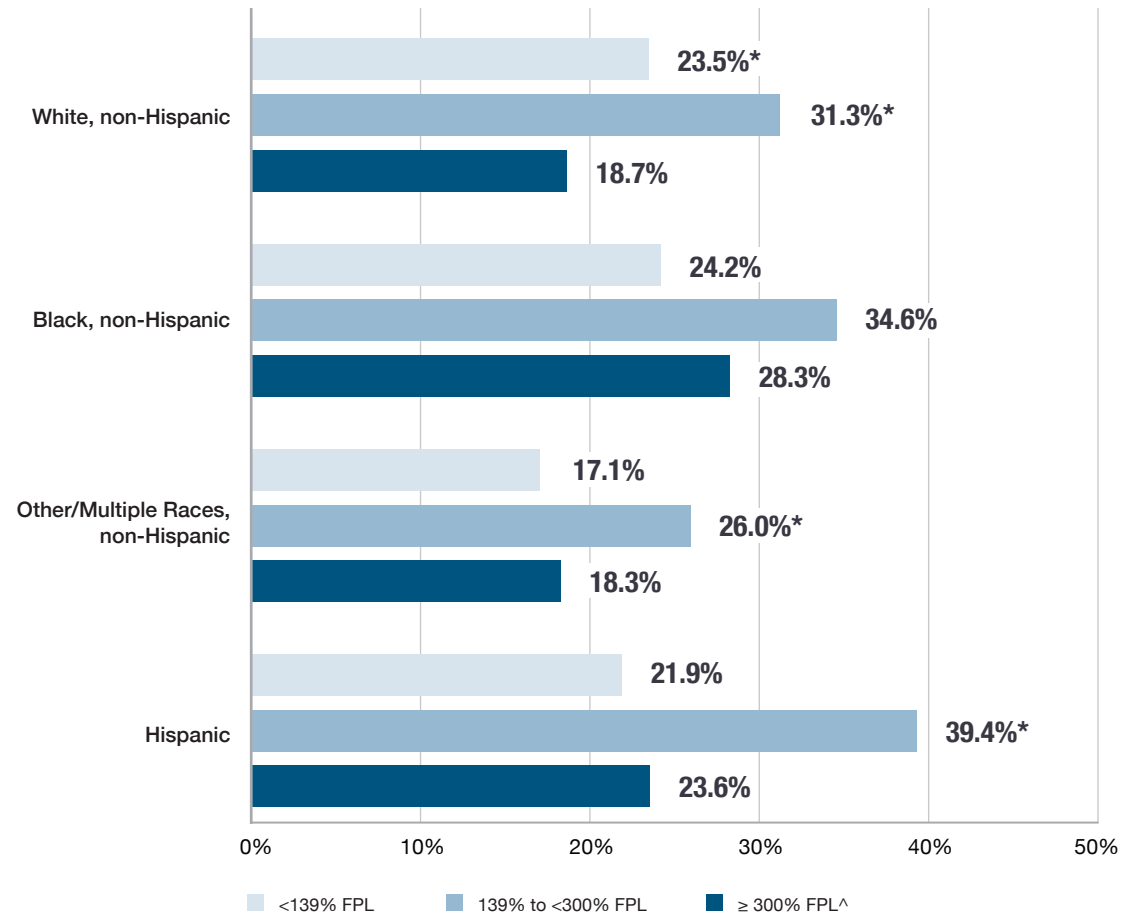
[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Medical Debt or Problems Paying Medical Bills in the Family over the Past 12 Months, for Family Income by Race/Ethnicity

Within every racial/ethnic group, the highest rate of medical debt or problems paying bills in the family was among those residents with family income from 139% to less than 300% of the FPL.

Among Hispanic residents, 39.4% of those with family income from 139% to less than 300% of the FPL reported medical debt or problems paying medical bills, compared with 23.6% of residents at or above 300% of the FPL. Non-Hispanic White and non-Hispanic other/multiple race residents followed similar patterns: those with family income from 139% to less than 300% of the FPL reported medical debt or problems paying medical bills in their family at higher rates relative to those with family income at or above 300% of the FPL.



Note: Any Medical Debt or Problems Paying Medical Bills in the Family: Residents with any medical debt (any medical bills being paid overtime) or problem paying medical bills in the family in the past 12 months.

FPL = Federal Poverty Level

Because the sample was small for "300% to less than 400% of the FPL," this income category was combined with "At or above 400% of the FPL" to increase the robustness of estimates.

*Significantly different from estimate for reference group at the 5% level.

[^]Reference group

Data source: Massachusetts Health Insurance Survey: 2015, 2017, 2019

Notes

- 1 *Findings from the 2019 Massachusetts Health Insurance Survey 2020*, Center for Health Information and Analysis Boston, MA.
- 2 Keisler-Starkey, K. and L.N. Bunch, *Health Insurance Coverage in the United States: 2019. 2020*, U.S. Department of Commerce, U.S. Census Bureau: Washington, D.C.
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- 5 Artiga, S., K. Orgera, and O. Pham, *Disparities in health and health care: Five key questions and answers*. Kaiser Family Foundation, 2020.
- 6 Zhu, J., et al., *Massachusetts Health Reform and Disparities in Coverage, Access and Health Status*. *Journal of General Internal Medicine*, 2010. 25(12): p. 1356-1362.
- 7 *Health Equity Framework 2020*, Massachusetts Health Policy Commission
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- 10 Dickman, S.L., D.U. Himmelstein, and S. Woolhandler, *Inequality and the health-care system in the USA*. *Lancet*, 2017. 389(10077): p. 1431-1441.
- 11 Berchick, E. *Who Are the Uninsured?* 2017; Available from: https://www.census.gov/newsroom/blogs/random-samplings/2017/09/who_are_the_uninsured.html.
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- 15 Dickman, S.L., D.U. Himmelstein, and S. Woolhandler, *Inequality and the health-care system in the USA*. *Lancet*, 2017. 389(10077): p. 1431-1441.
- 16 National Academies of Sciences Engineering and Medicine, et al., *Health-care utilization as a proxy in disability determination*. 2018, Washington, D.C.: National Academies Press.
- 17 Miller, S., *The effect of the Massachusetts reform on health care utilization*. *Inquiry*, 2012. 49(4): p. 317-26.
- 18 Artiga, S., K. Orgera, and O. Pham, *Disparities in health and health care: Five key questions and answers*. Kaiser Family Foundation, 2020.
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- 20 National Academies of Sciences Engineering and Medicine, et al., *Health-care utilization as a proxy in disability determination*. 2018, Washington, D.C.: National Academies Press.
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- 23 National Academies of Sciences Engineering and Medicine, et al., *Health-care utilization as a proxy in disability determination*. 2018, Washington, D.C.: National Academies Press.
- 24 Artiga, S., K. Orgera, and O. Pham, *Disparities in health and health care: Five key questions and answers*. Kaiser Family Foundation, 2020.
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Notes (continued)

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