

# HEALTH INSURANCE COVERAGE AND HEALTH CARE ACCESS AND AFFORDABILITY IN MASSACHUSETTS: 2015 UPDATE

## Webinar

APRIL 19, 2016



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# WEBINAR OVEVIEW

- Overview of MHRS
- Highlights from the 2015 MHRS
  - Health insurance coverage
  - Health care access
  - Health care affordability
- Looking ahead

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# MASSACHUSETTS HEALTH REFORM SURVEY

- Survey of nonelderly adults ages 19 to 64 in Massachusetts conducted in most years since 2006
  - Telephone (landline and cell phone) interviews
  - Questions on health insurance coverage, health care access and use, and health care affordability for individuals and their families
  - Sample size ~2000 in 2015 (down from ~3000 in prior years)
- Reporting on data for 2006-2015

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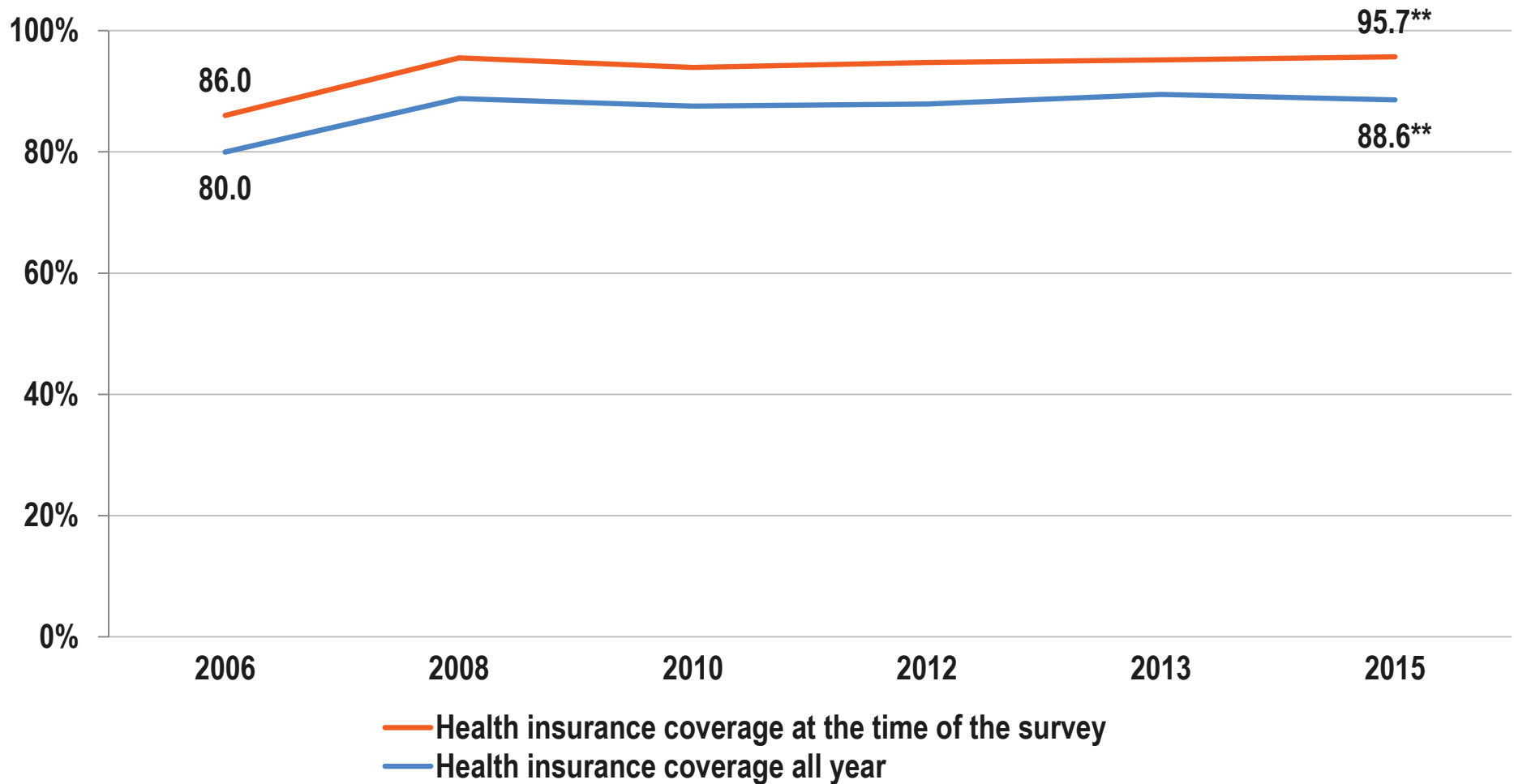
# HIGHLIGHTS FROM 2015 MHRS

- Health insurance coverage remained strong in 2015
- But gaps in access to health care and problems with health care affordability persist for insured adults
- Health insurance coverage doesn't guarantee access to health care or affordable health care

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# **HEALTH INSURANCE TRENDS FROM 2006-2015**

# NONELDERLY ADULTS REPORTED SUSTAINED GAINS IN HEALTH INSURANCE COVERAGE BETWEEN 2006–2015

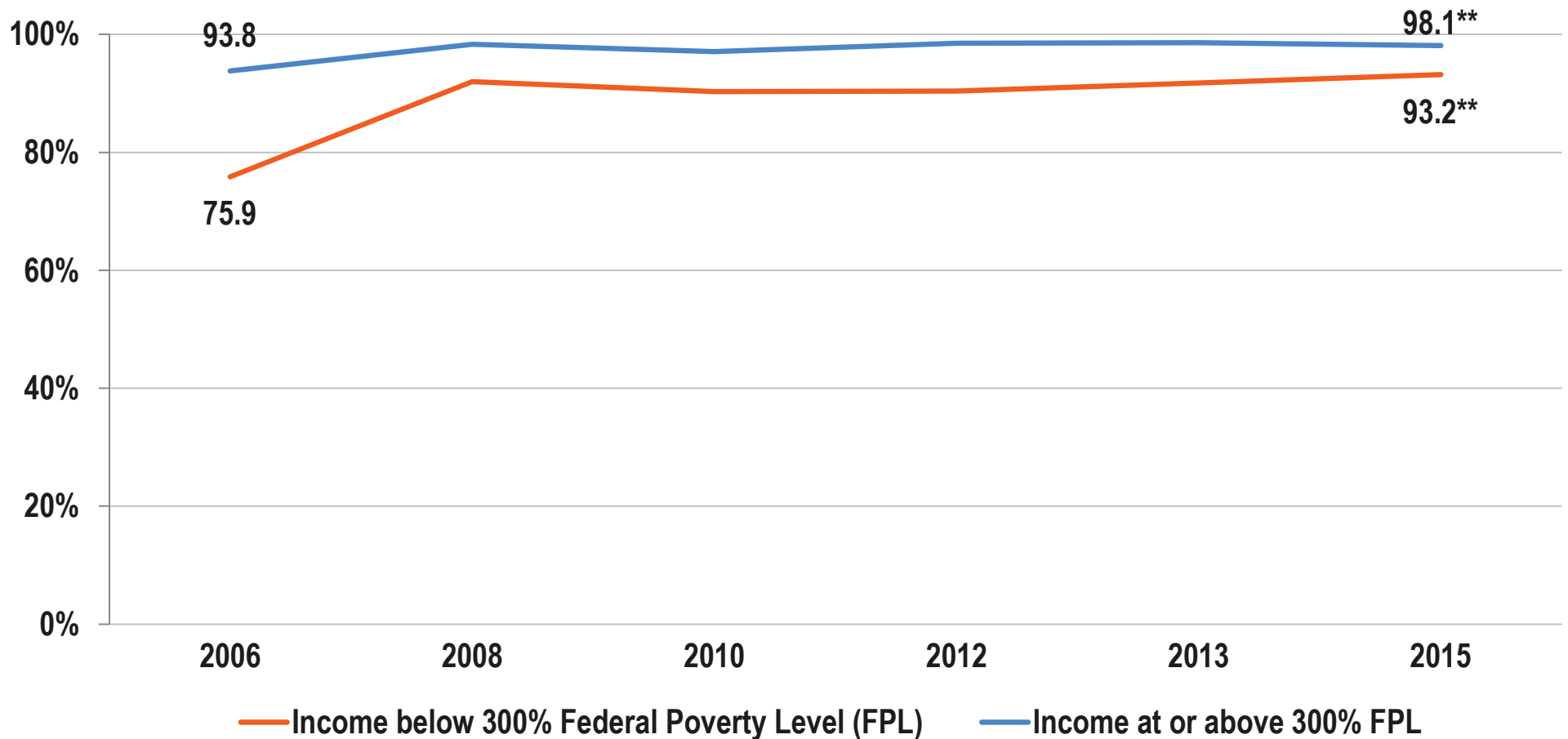


SOURCE: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates.

\*(\*\*) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

# GAINS WERE LARGER FOR GROUPS TARGETED BY COVERAGE EXPANSIONS: LOW-INCOME ADULTS

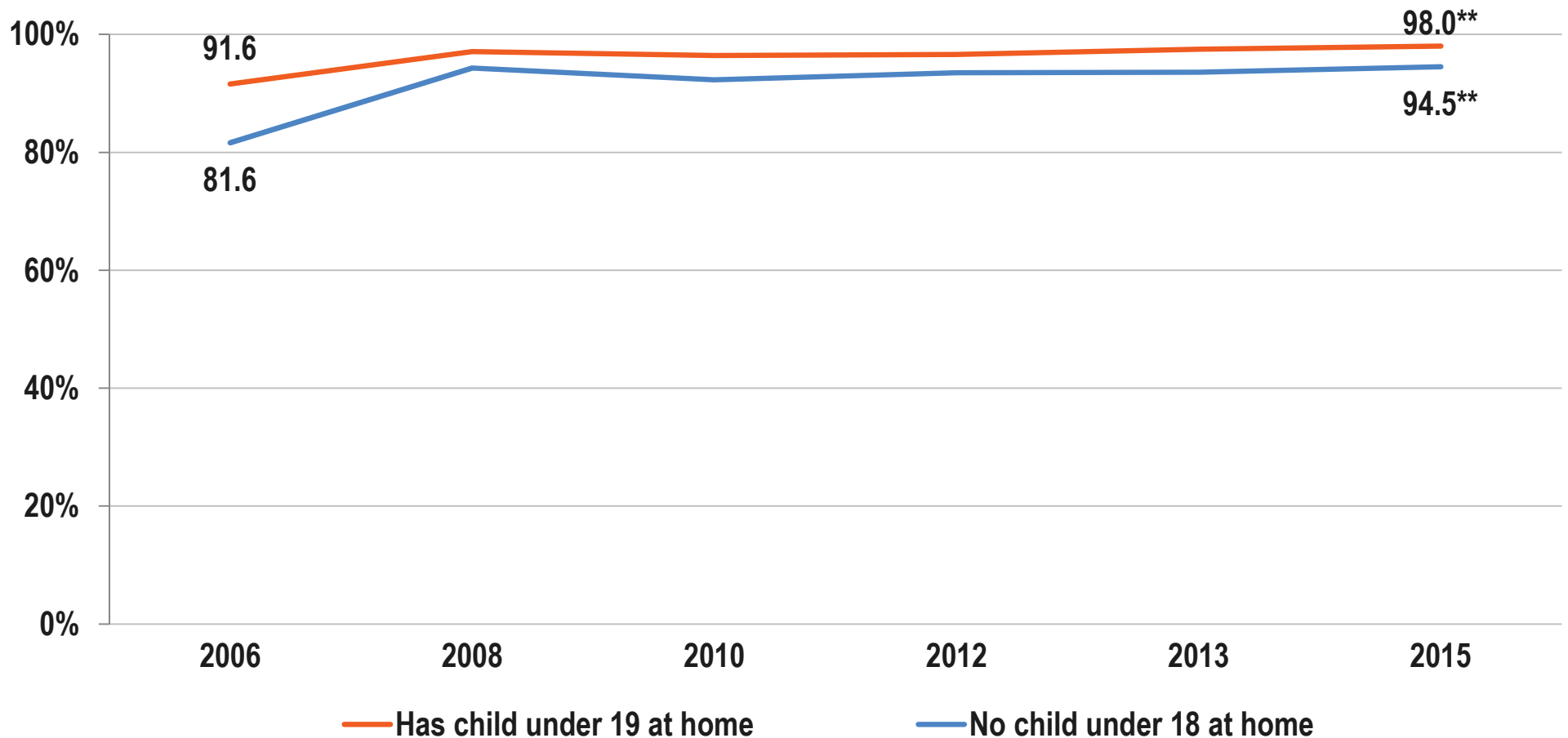


SOURCE: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates.

\*\* Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

# GAINS WERE LARGER FOR GROUPS TARGETED BY COVERAGE EXPANSIONS: CHILDLESS ADULTS



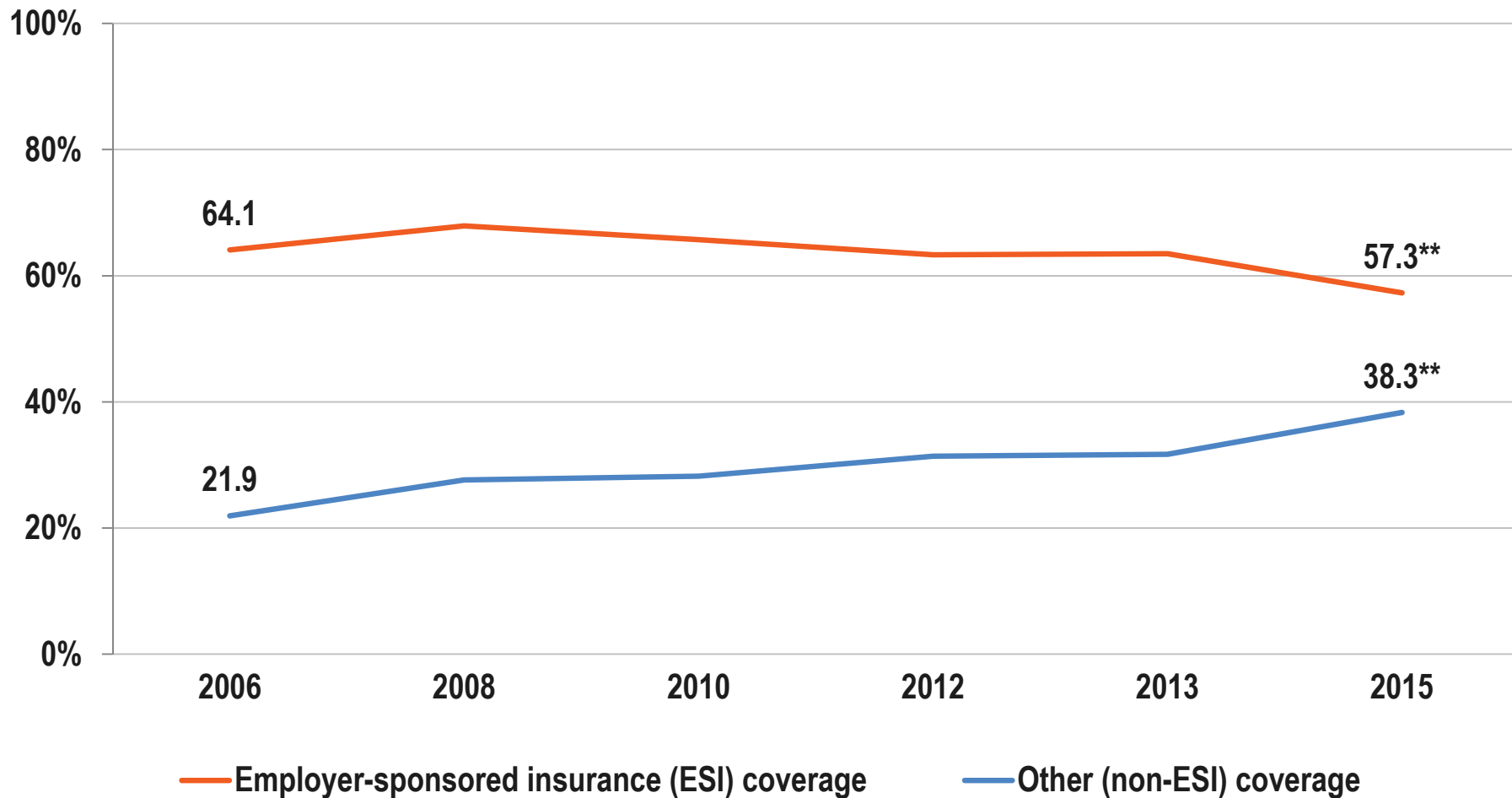
SOURCE: 2006–2015 Massachusetts Health Reform Survey. The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates.

\*(\*\*) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.



# EMPLOYER-SPONSORED INSURANCE APPEARS TO BE DECLINING AS OTHER COVERAGE INCREASES

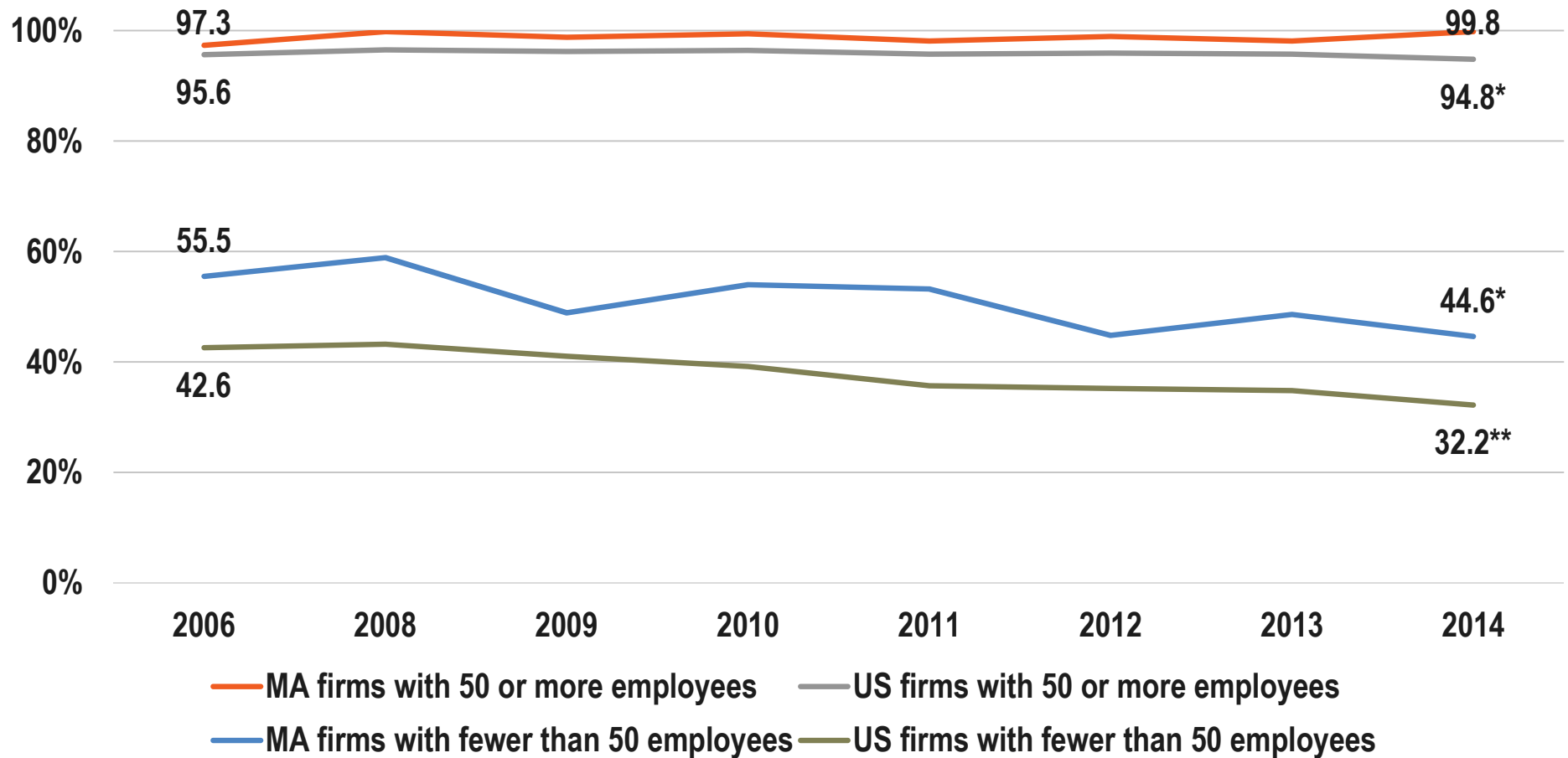


SOURCE: 2006–2015 Massachusetts Health Reform Survey). The survey was not fielded in 2011 or 2014. Data for 2007 and 2009 not shown.

NOTE: These are simple (unadjusted) estimates.

\*(\*\*) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

# DECLINE IN EMPLOYER-SPONSORED INSURANCE REFLECTS FEWER SMALL FIRMS OFFERING COVERAGE TO WORKERS

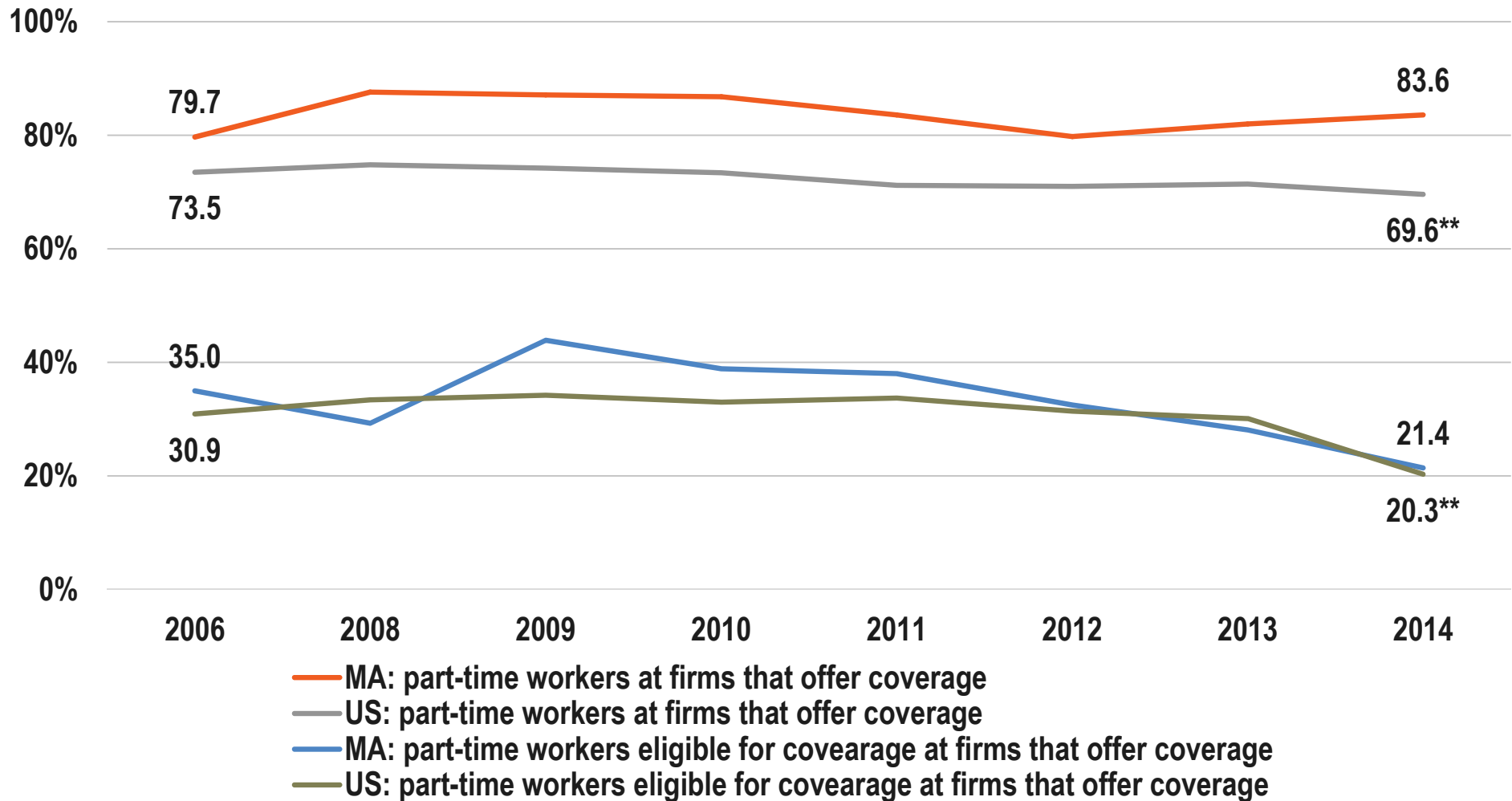


SOURCE: Agency for Healthcare Research and Quality. Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. Data for 2007 not available.

NOTE: These are simple (unadjusted) estimates.

\*(\*\*) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

# DECLINE IN EMPLOYER-SPONSORED INSURANCE APPEARS TO REFLECT FEWER PART-TIME WORKERS OFFERED COVERAGE

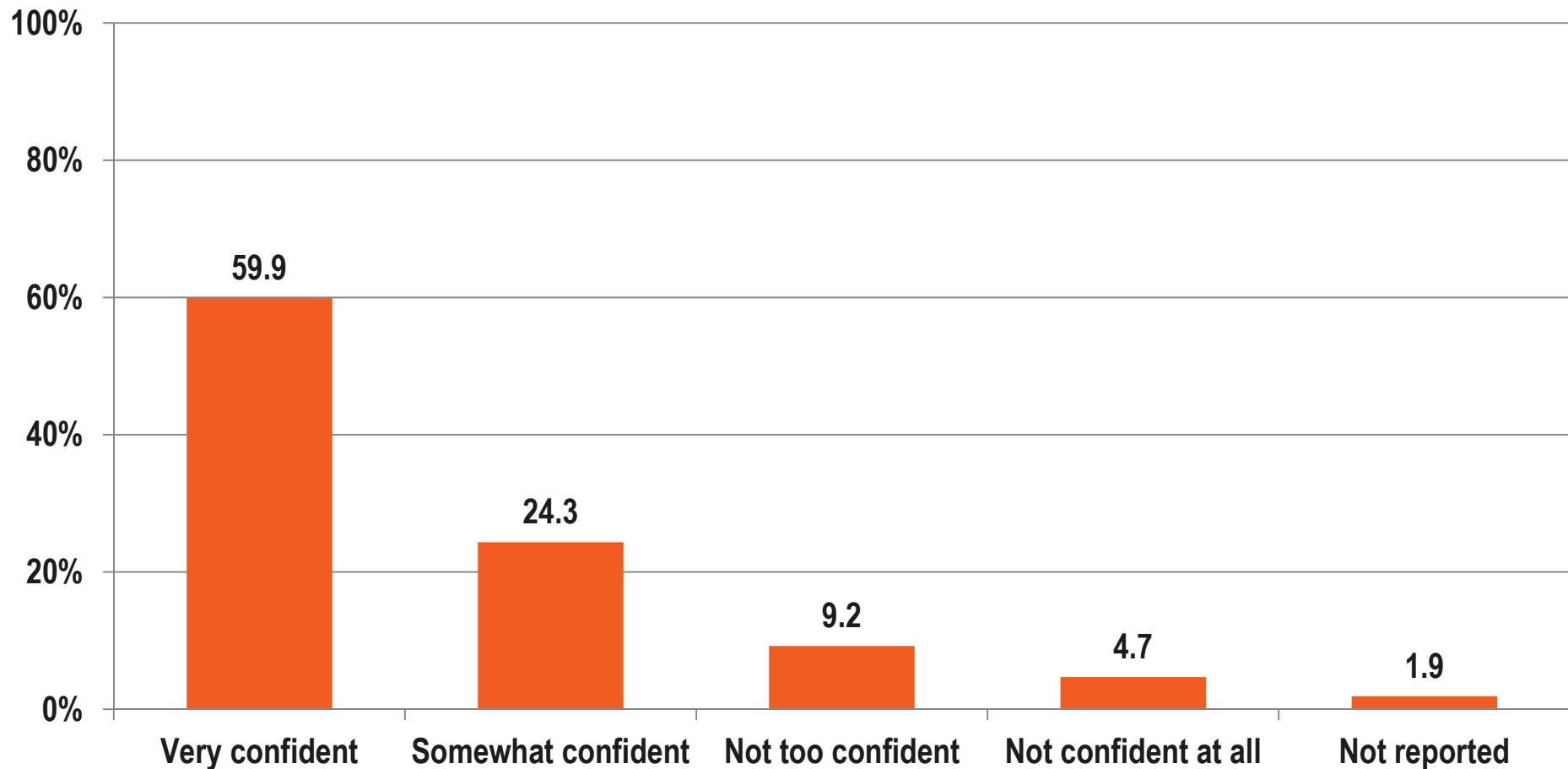


SOURCE: Agency for Healthcare Research and Quality. Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. Data for 2007 not available.

NOTE: These are simple (unadjusted) estimates.

\*(\*\*) Significantly different from the value in 2006 at the .05 (.01) level, two-tailed test.

# DESPITE THE HIGH LEVEL OF COVERAGE, MORE THAN 1 IN 10 ADULTS WERE *NOT* CONFIDENT IN THEIR ABILITY TO KEEP HEALTH INSURANCE COVERAGE IN THE FUTURE IN 2015



SOURCE: 2015 Massachusetts Health Reform Survey.

NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding.

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# ADULTS WITH LOWER INCOMES AND/OR HEALTH PROBLEMS WERE LESS CONFIDENT IN THEIR ABILITY TO KEEP THEIR HEALTH INSURANCE COVERAGE

- Low- and moderate-income adults were less confident than higher-income adults
- Adults in fair/poor health were less confident than adults in better health
- Adults with a health limitation or chronic condition were less confident than adults without health problems

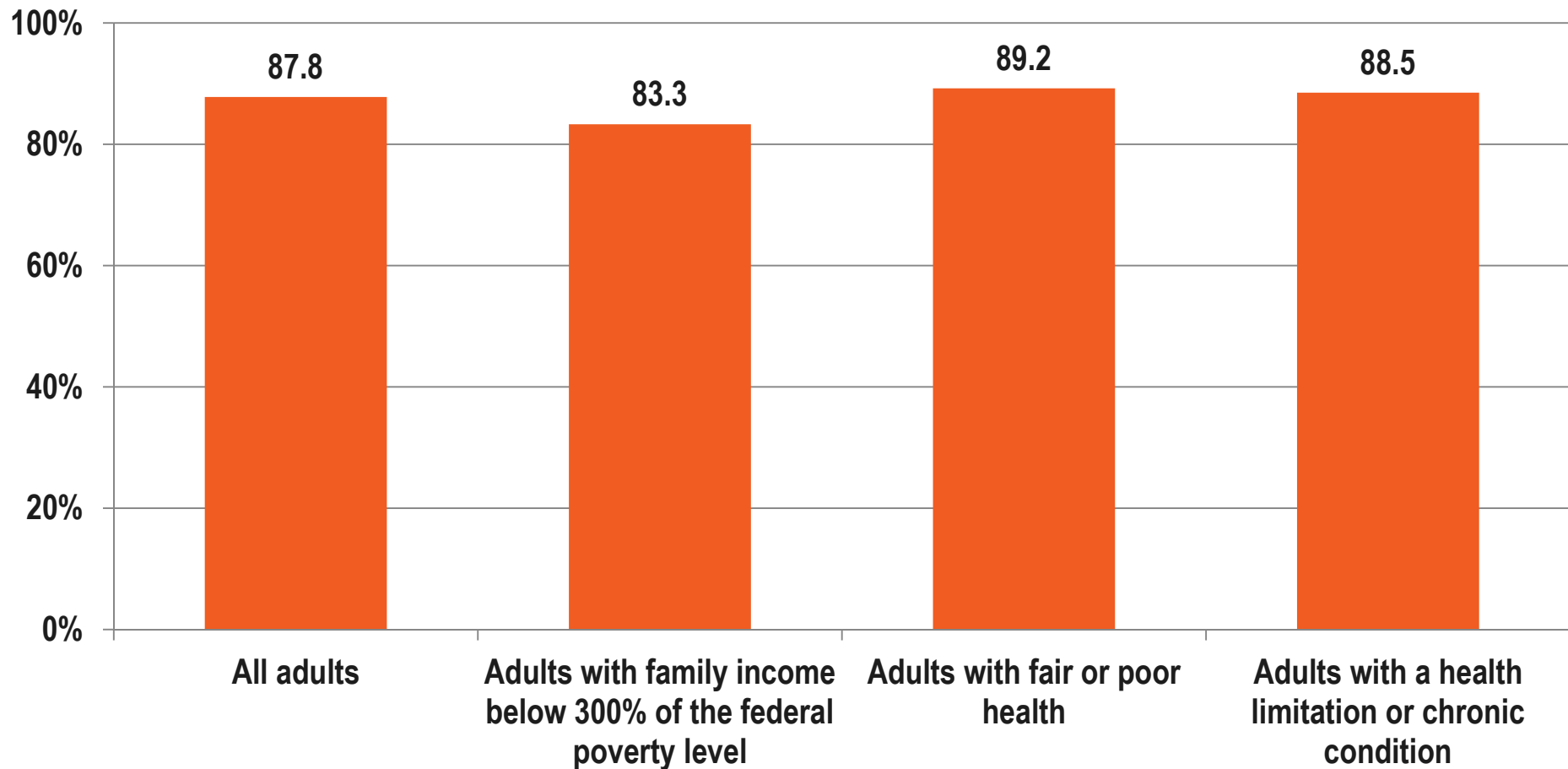
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# **QUESTIONS ON HEALTH INSURANCE COVERAGE?**

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# **ACCESS TO HEALTH CARE IN 2015 AMONG ADULTS WITH HEALTH INSURANCE COVERAGE ALL YEAR**

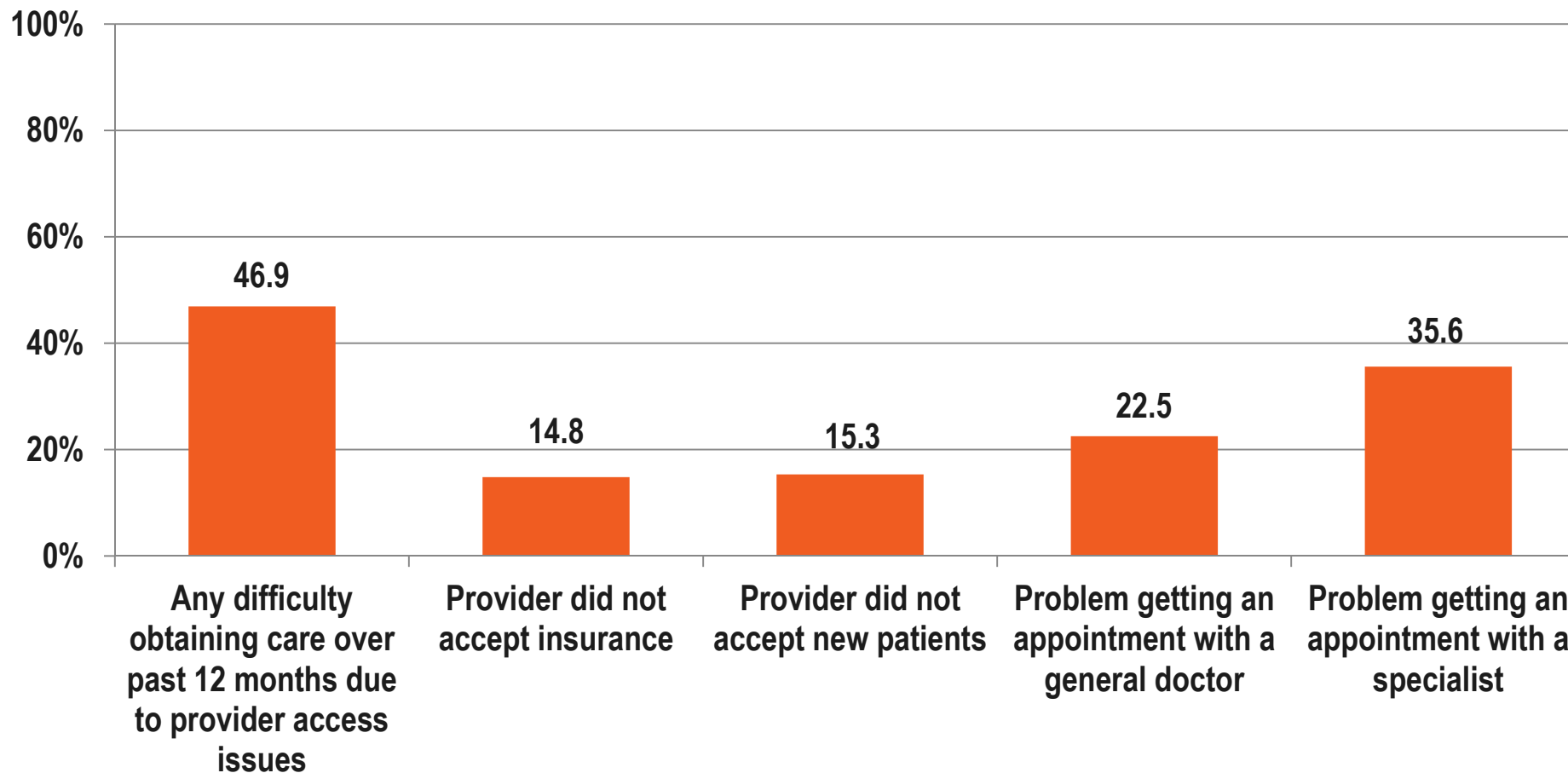
# MOST FULL-YEAR INSURED ADULTS HAD A USUAL SOURCE OF CARE (EXCLUDING THE EMERGENCY DEPARTMENT) IN 2015



SOURCE: 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates.

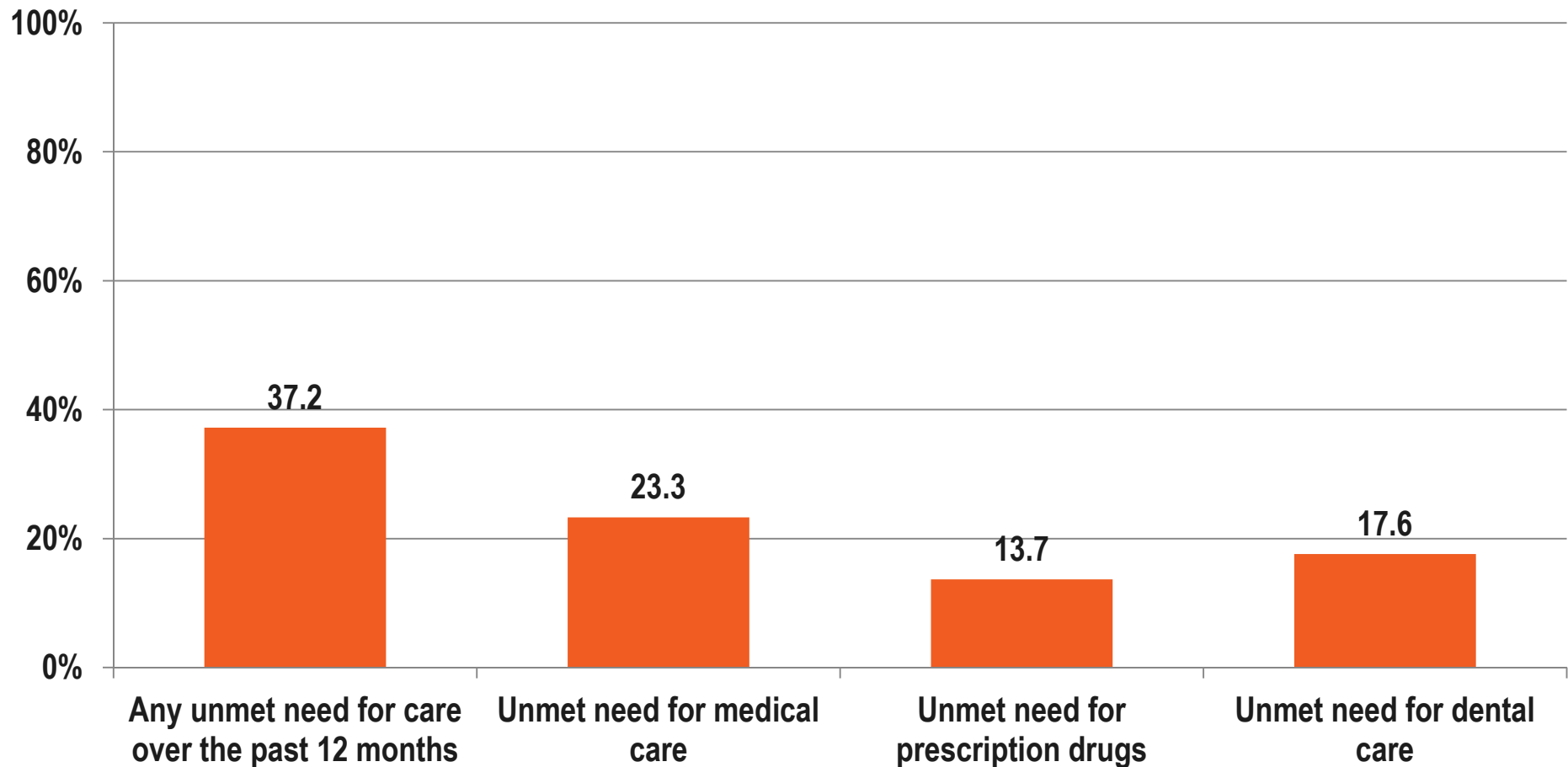


# DIFFICULTY OBTAINING CARE DUE TO PROVIDER ACCESS ISSUES WAS REPORTED BY ALMOST HALF OF FULL-YEAR INSURED ADULTS IN 2015



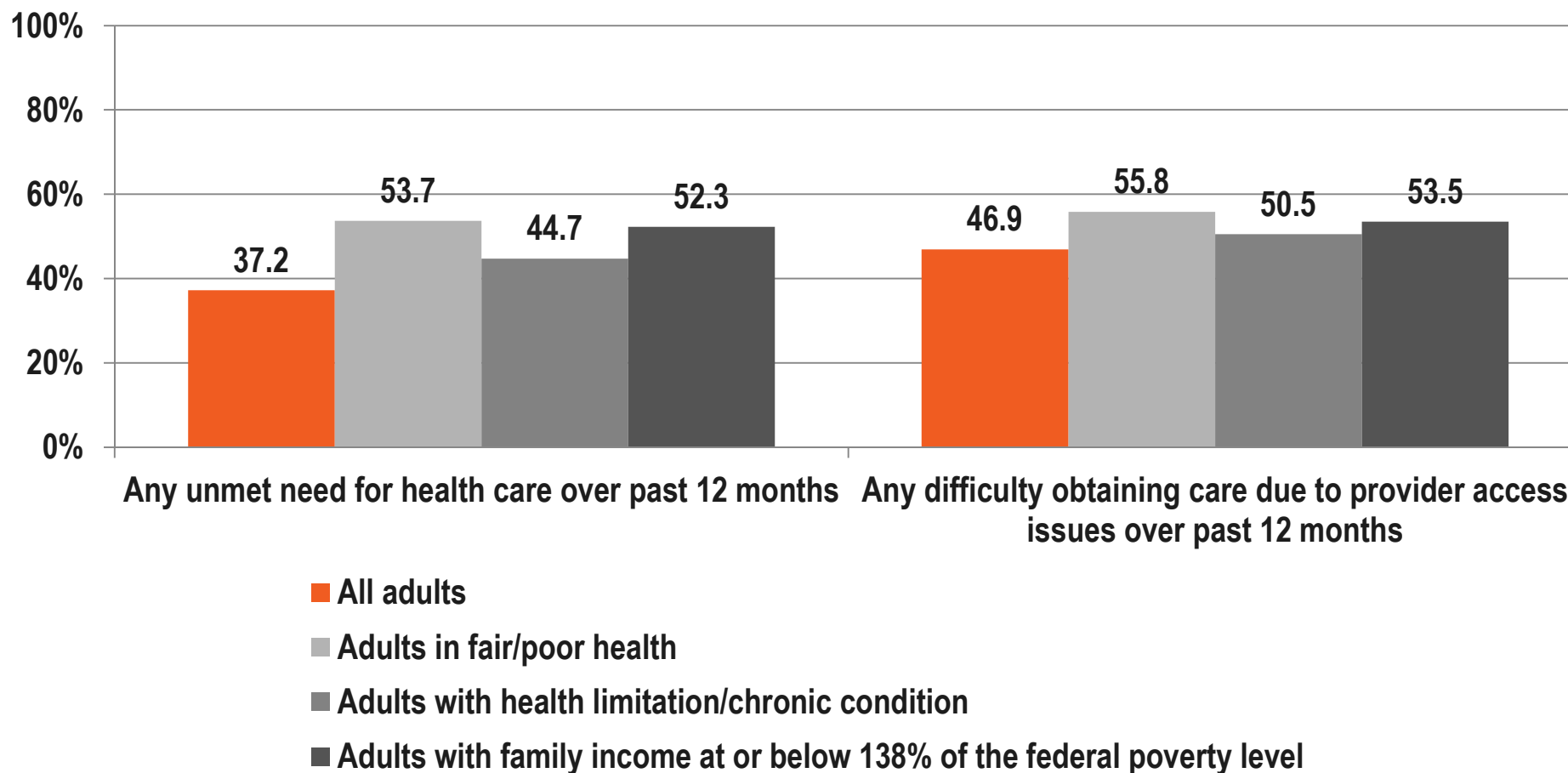
SOURCE: 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates.

# UNMET NEED FOR HEALTH CARE WAS REPORTED BY MORE THAN ONE-THIRD OF FULL-YEAR INSURED ADULTS IN 2015



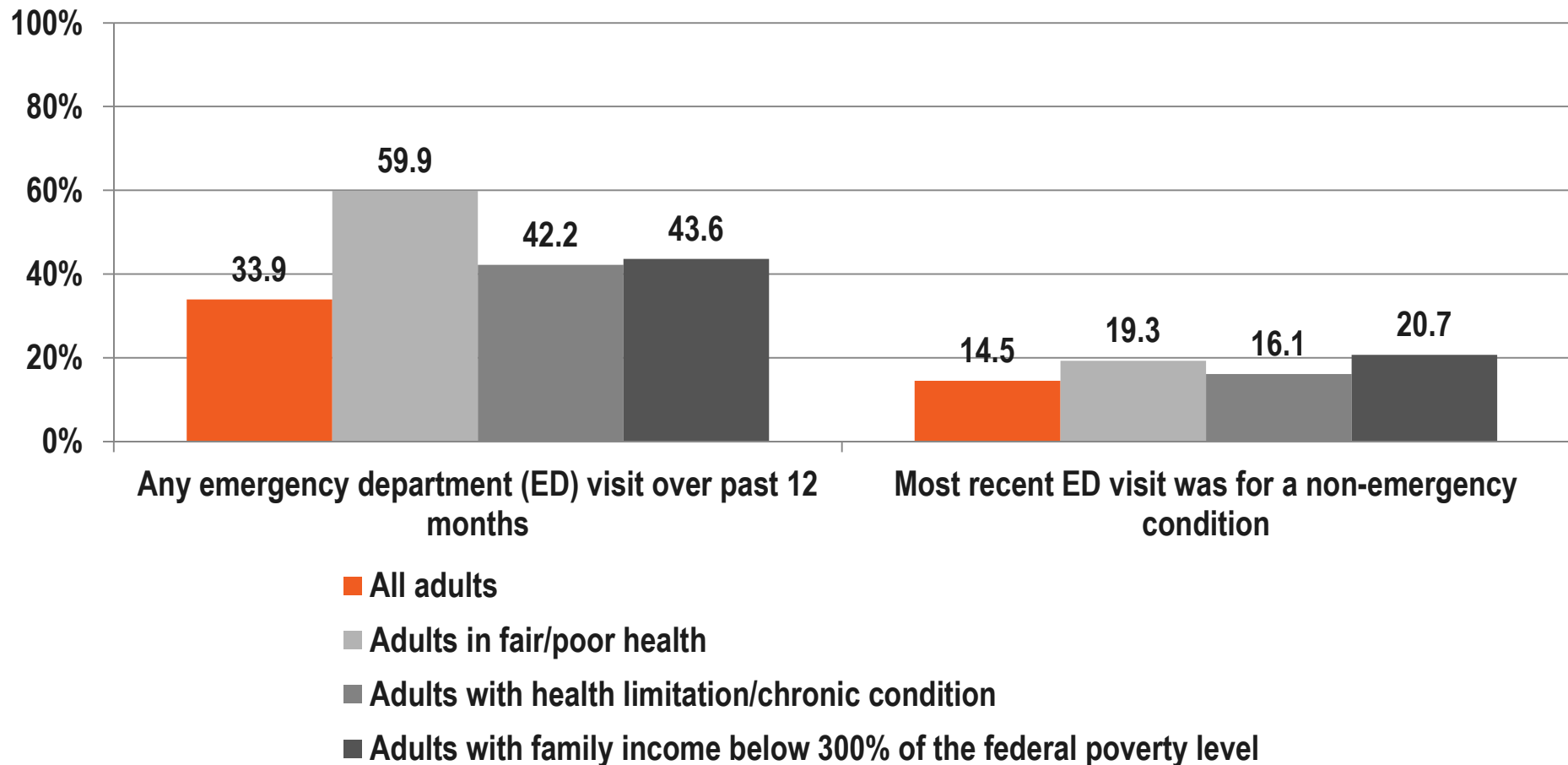
SOURCE: 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates.

# ACCESS PROBLEMS WERE MORE COMMON AMONG FULL-YEAR INSURED ADULTS WITH HEALTH PROBLEMS AND LOW INCOMES



SOURCE: 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates.

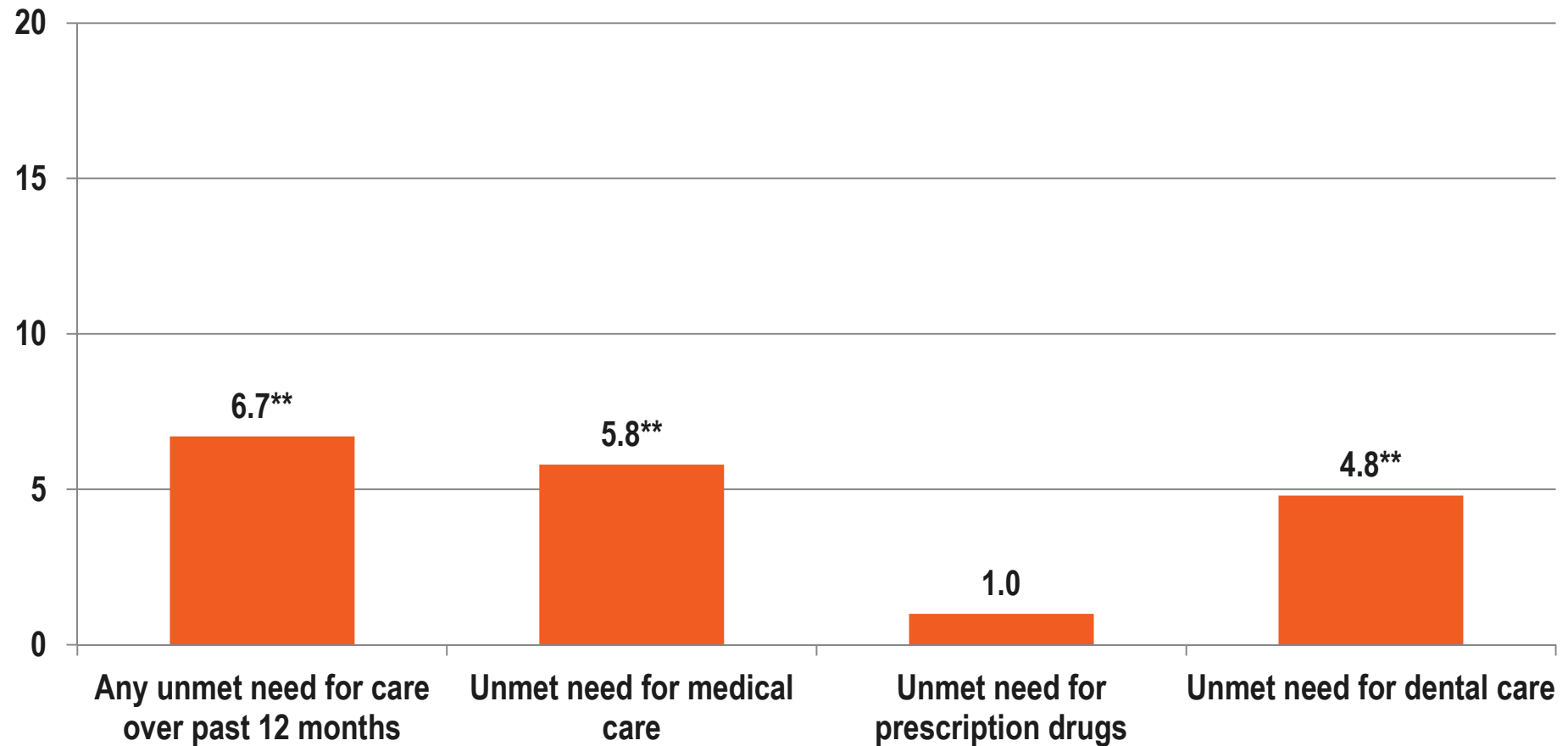
# EMERGENCY DEPARTMENT VISITS WERE MORE COMMON AMONG FULL-YEAR INSURED ADULTS WITH HEALTH PROBLEMS AND LOW INCOMES



SOURCE: 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates.

# PROBLEMS WITH UNMET NEED FOR HEALTH CARE INCREASED FOR FULL-YEAR INSURED ADULTS BETWEEN 2012 AND 2015

Percentage  
Point Change



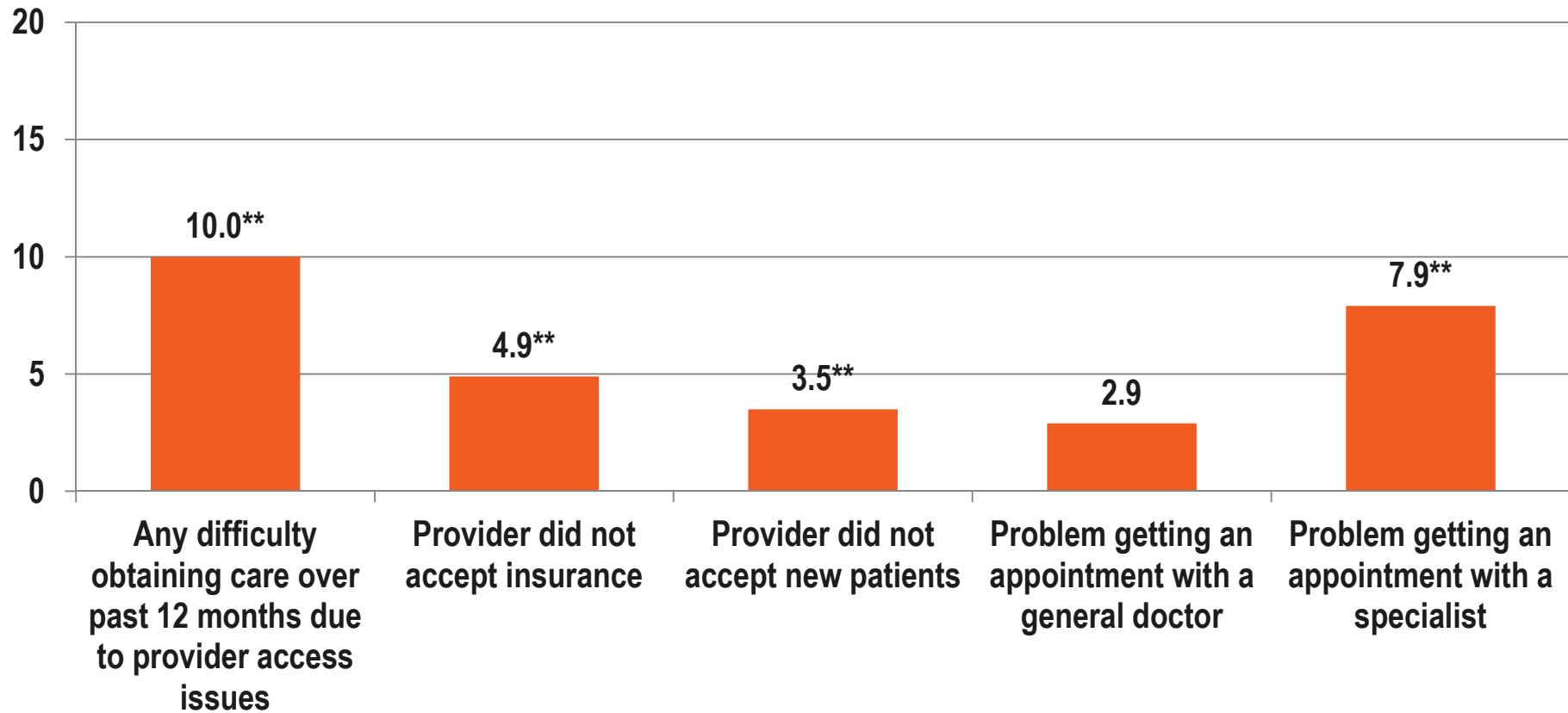
SOURCE: 2012 & 2015 Massachusetts Health Reform Survey.

NOTE: These are simple (unadjusted) estimates.

\*/\*\* Significantly different from zero at the 0.5 (.01) level, two-tailed test.

# DIFFICULTY OBTAINING CARE DUE TO PROVIDER ACCESS ISSUES INCREASED FOR FULL-YEAR INSURED ADULTS BETWEEN 2012 AND 2015

Percentage  
Point Change



SOURCE: 2012 & 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates.

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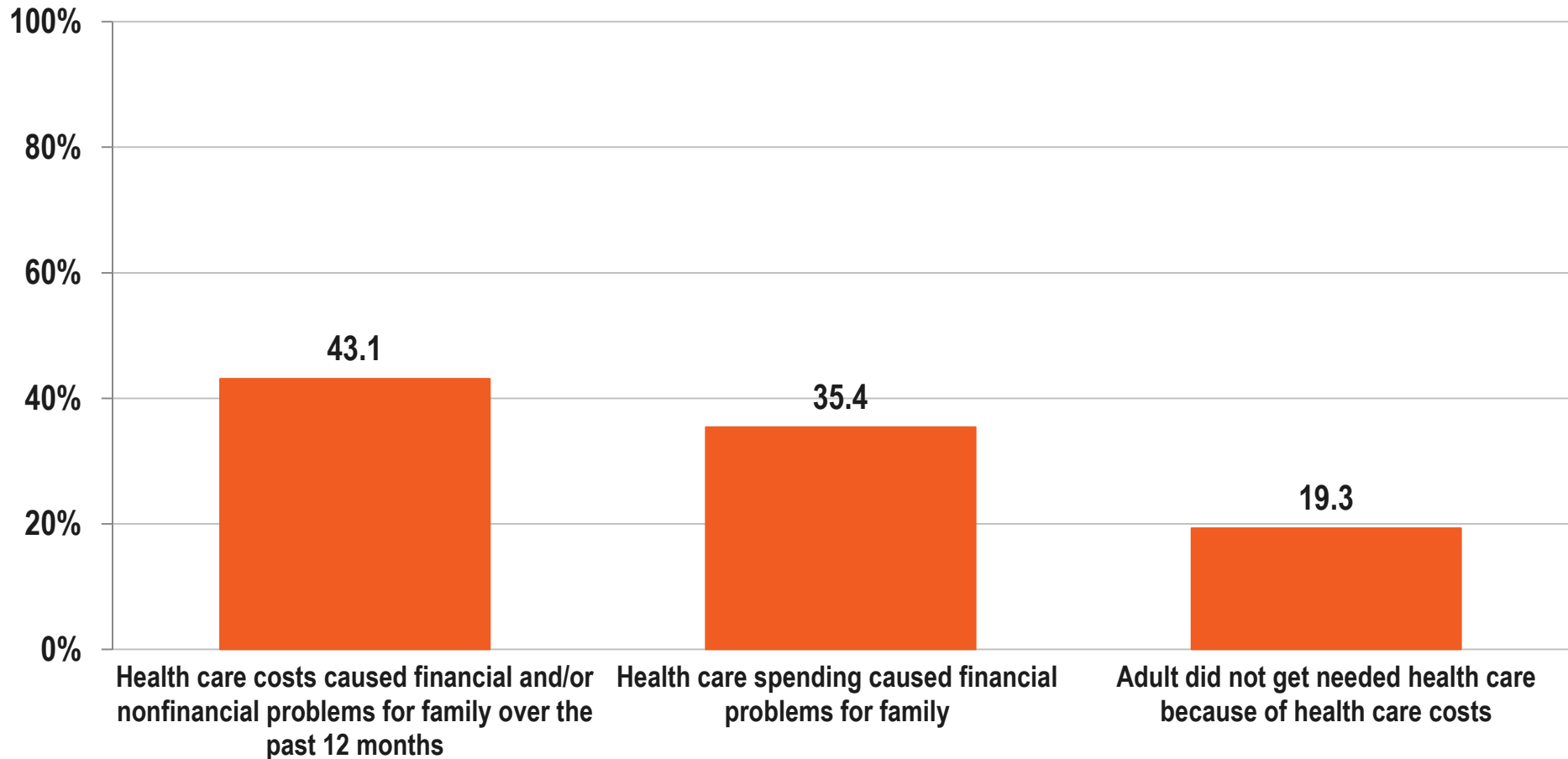
# **QUESTIONS ON HEALTH CARE ACCESS?**

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# **HEALTH CARE AFFORDABILITY IN 2015 AMONG ADULTS WITH HEALTH INSURANCE COVERAGE ALL YEAR**

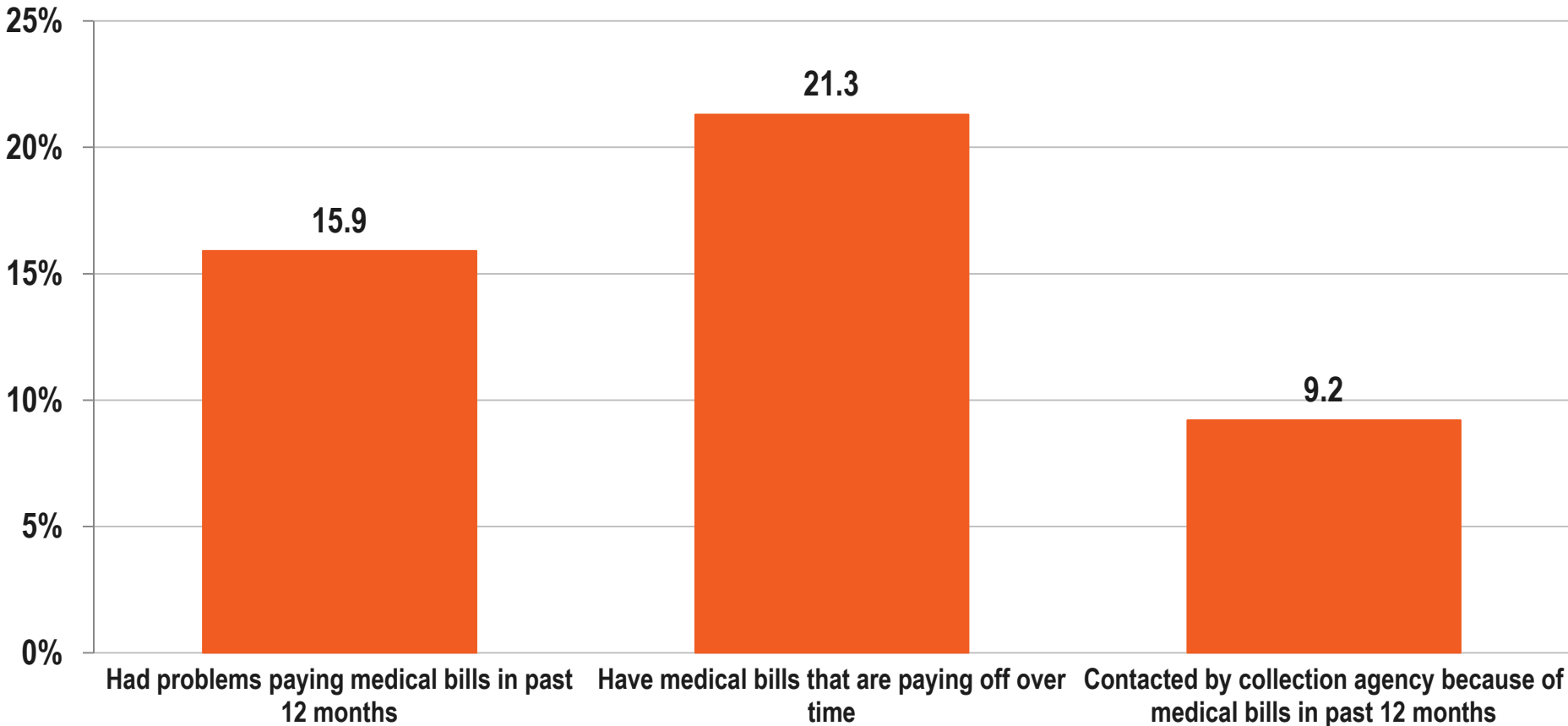


# HEALTH CARE COSTS CAUSED PROBLEMS FOR ALMOST HALF OF THE FAMILIES OF FULL-YEAR INSURED ADULTS IN 2015 DESPITE THE STATE'S 2012 COST CONTAINMENT LEGISLATION



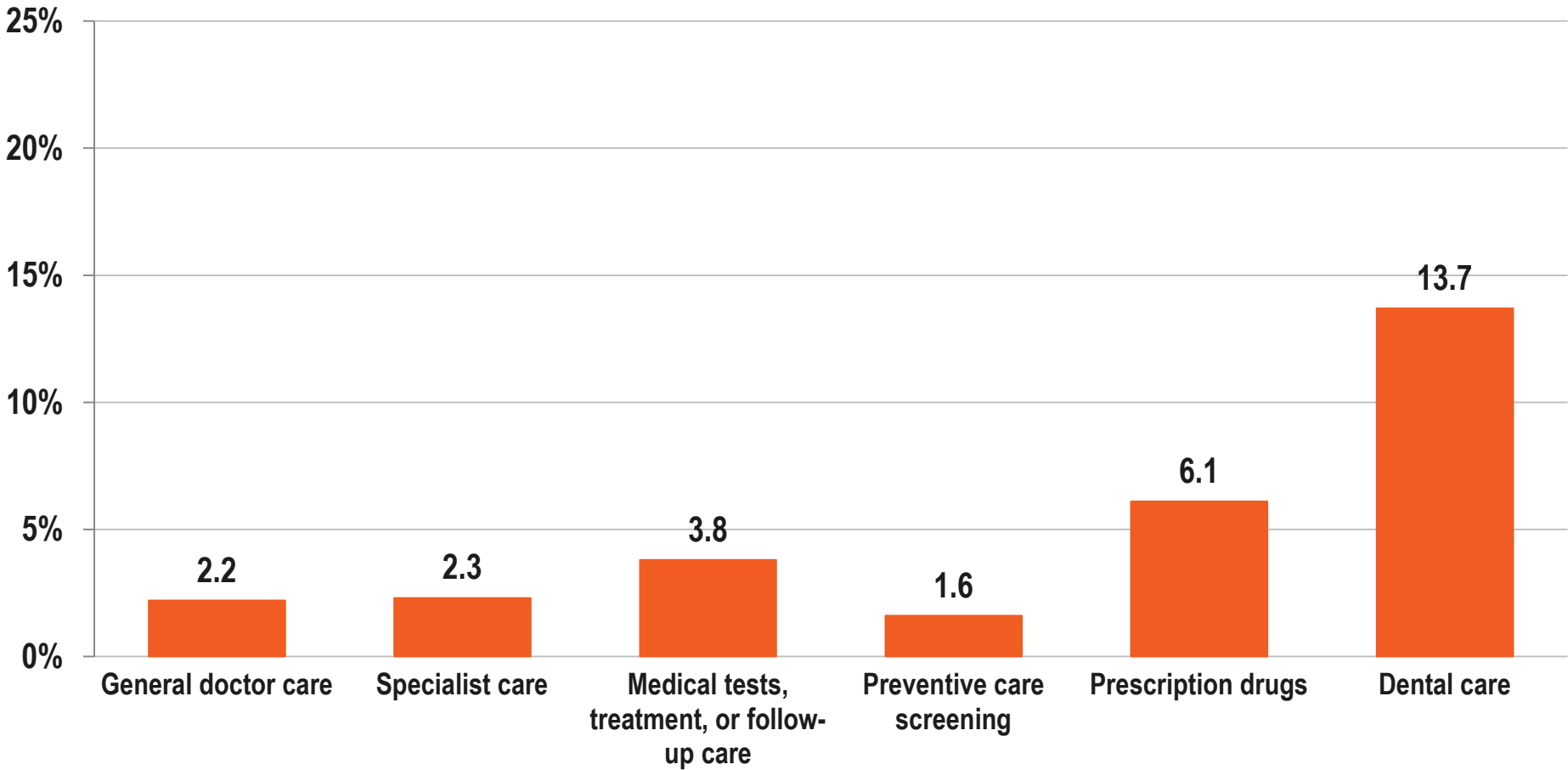
SOURCE: 2015 Massachusetts Health Reform Survey  
NOTE: These are simple (unadjusted) estimates.

# TYPES OF FINANCIAL PROBLEMS DUE TO HEALTH CARE SPENDING FOR FAMILIES OF FULL-YEAR INSURED ADULTS IN 2015



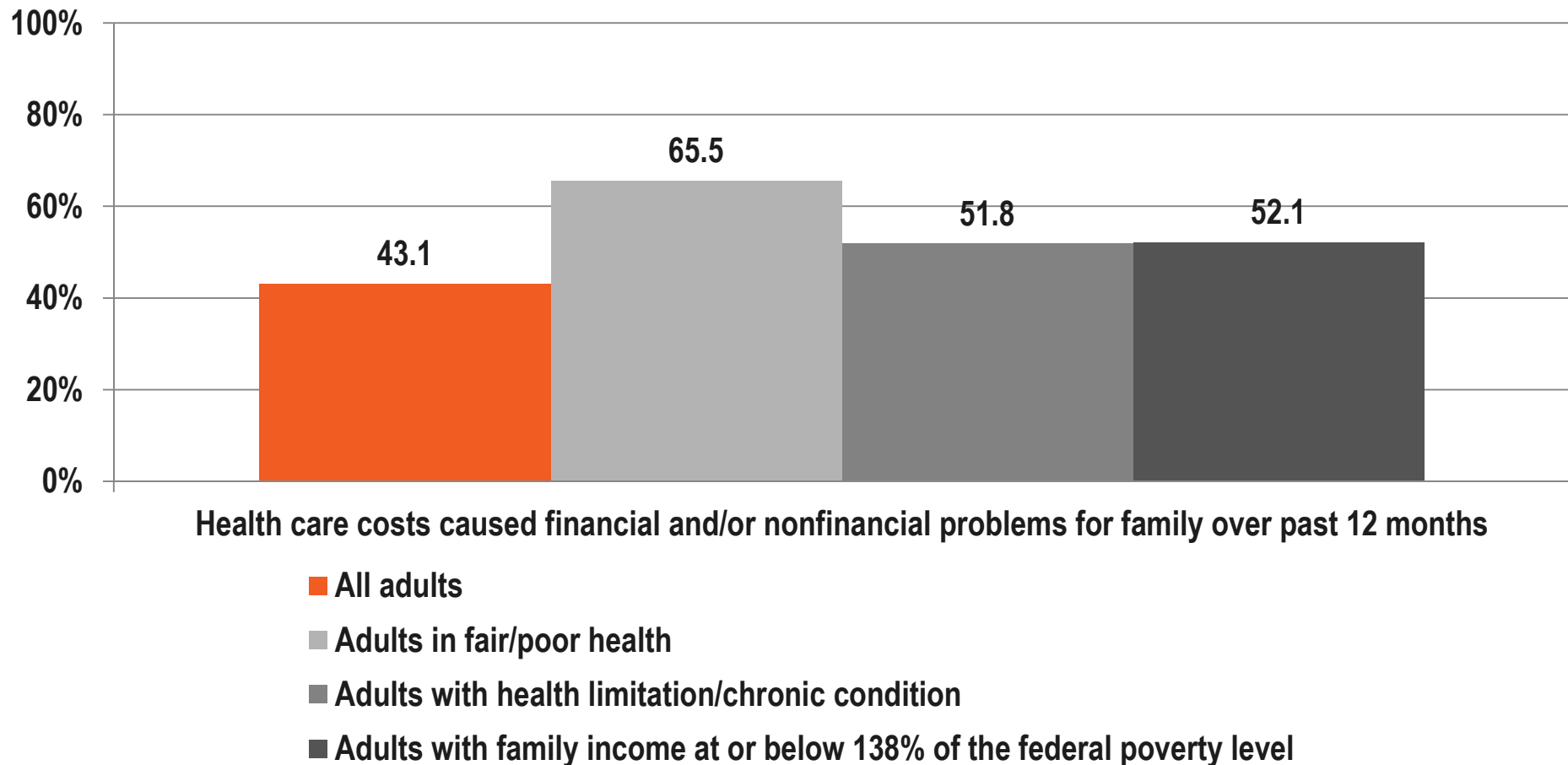
SOURCE: 2015 Massachusetts Health Reform Survey  
NOTE: These are simple (unadjusted) estimates.

# TYPES OF UNMET NEED DUE TO COSTS OVER PAST 12 MONTHS FOR FULL-YEAR INSURED ADULTS IN 2015



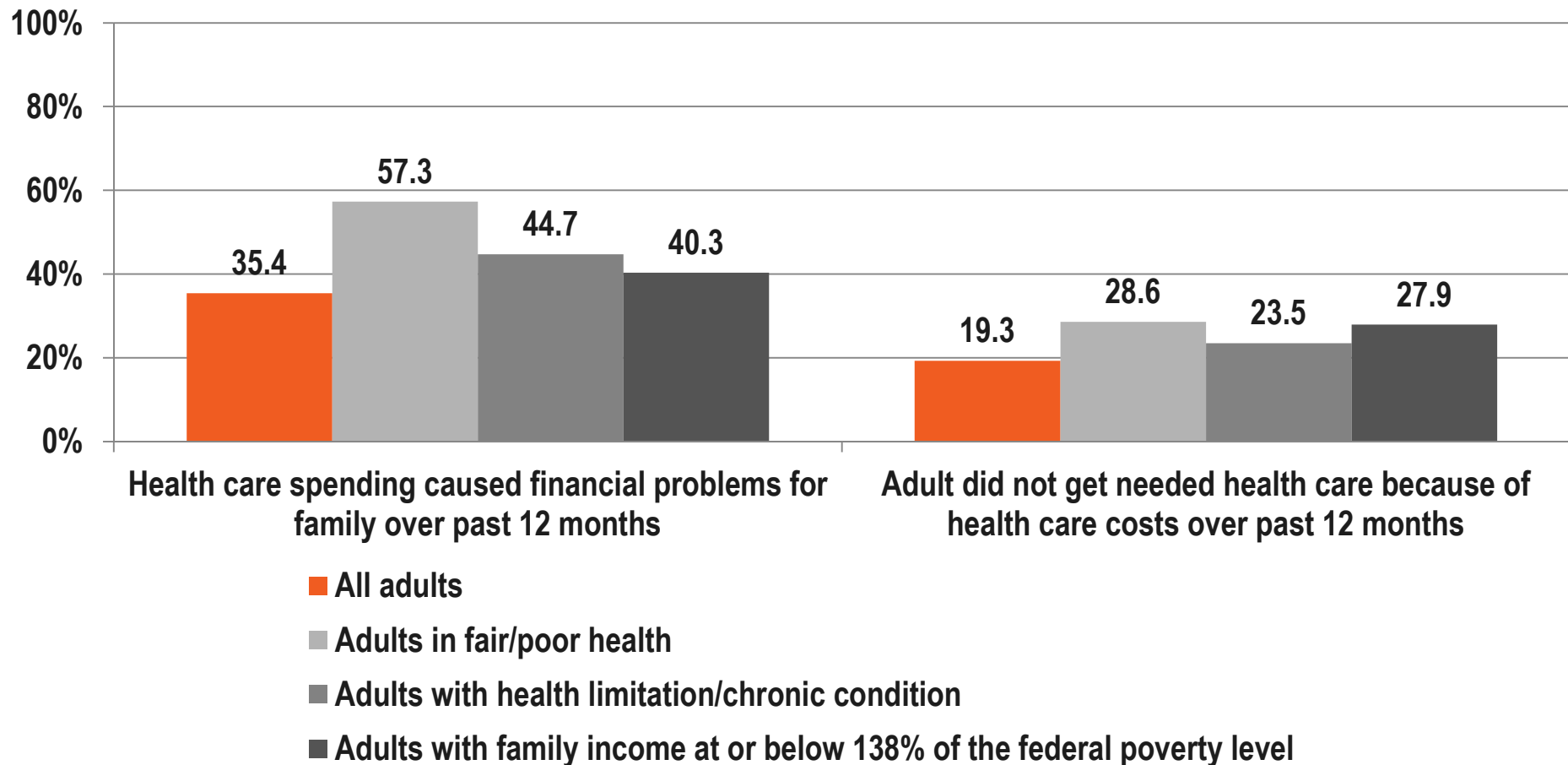
SOURCE: 2015 Massachusetts Health Reform Survey  
NOTE: These are simple (unadjusted) estimates.

# AFFORDABILITY PROBLEMS WERE MORE COMMON AMONG FULL-YEAR INSURED ADULTS WITH HEALTH PROBLEMS AND LOW INCOMES



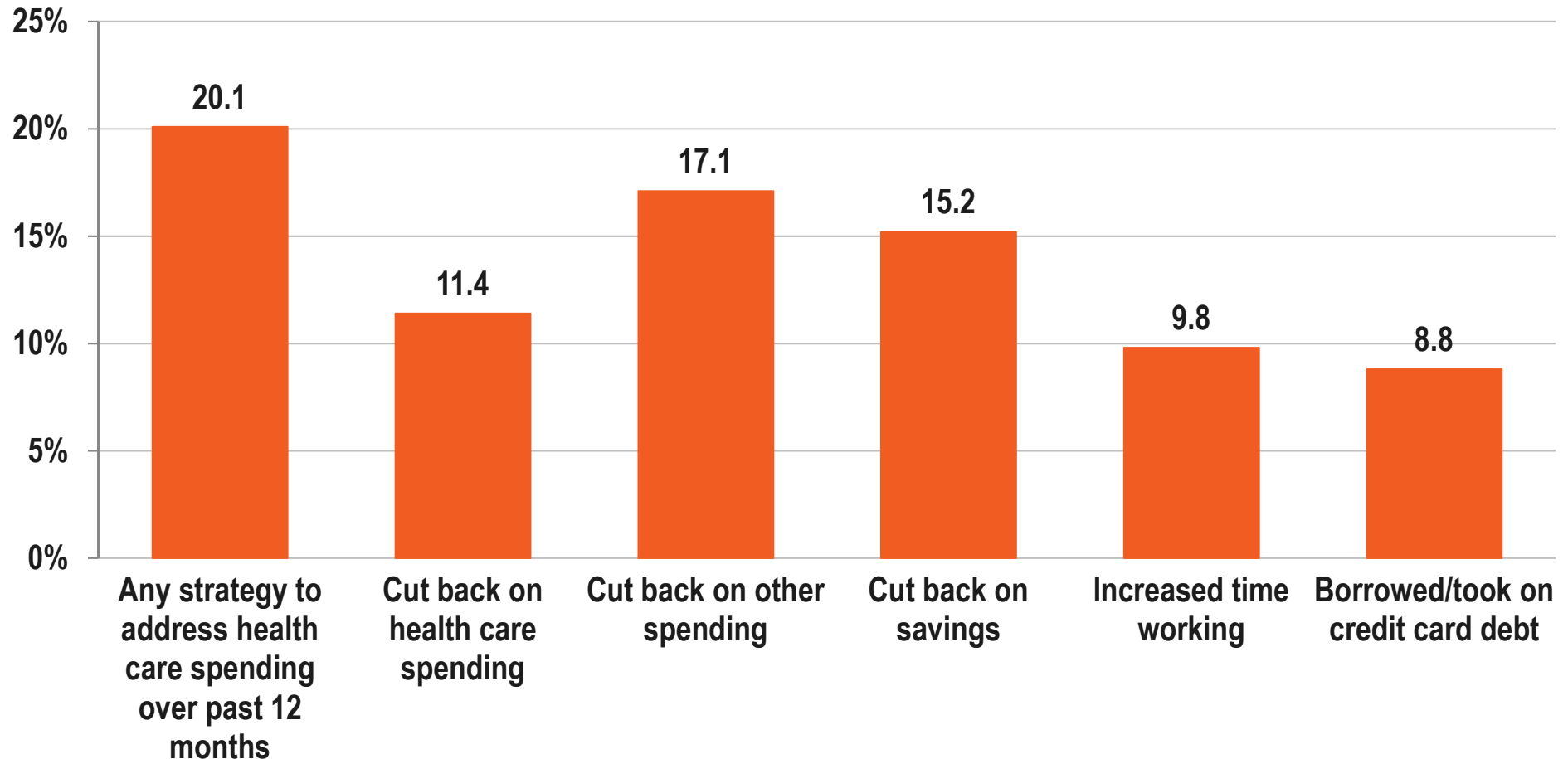
SOURCE: 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates.

# BOTH FINANCIAL AND NON-FINANCIAL PROBLEMS WERE MORE COMMON AMONG FULL-YEAR INSURED ADULTS WITH HEALTH PROBLEMS AND LOW INCOMES



SOURCE: 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates.

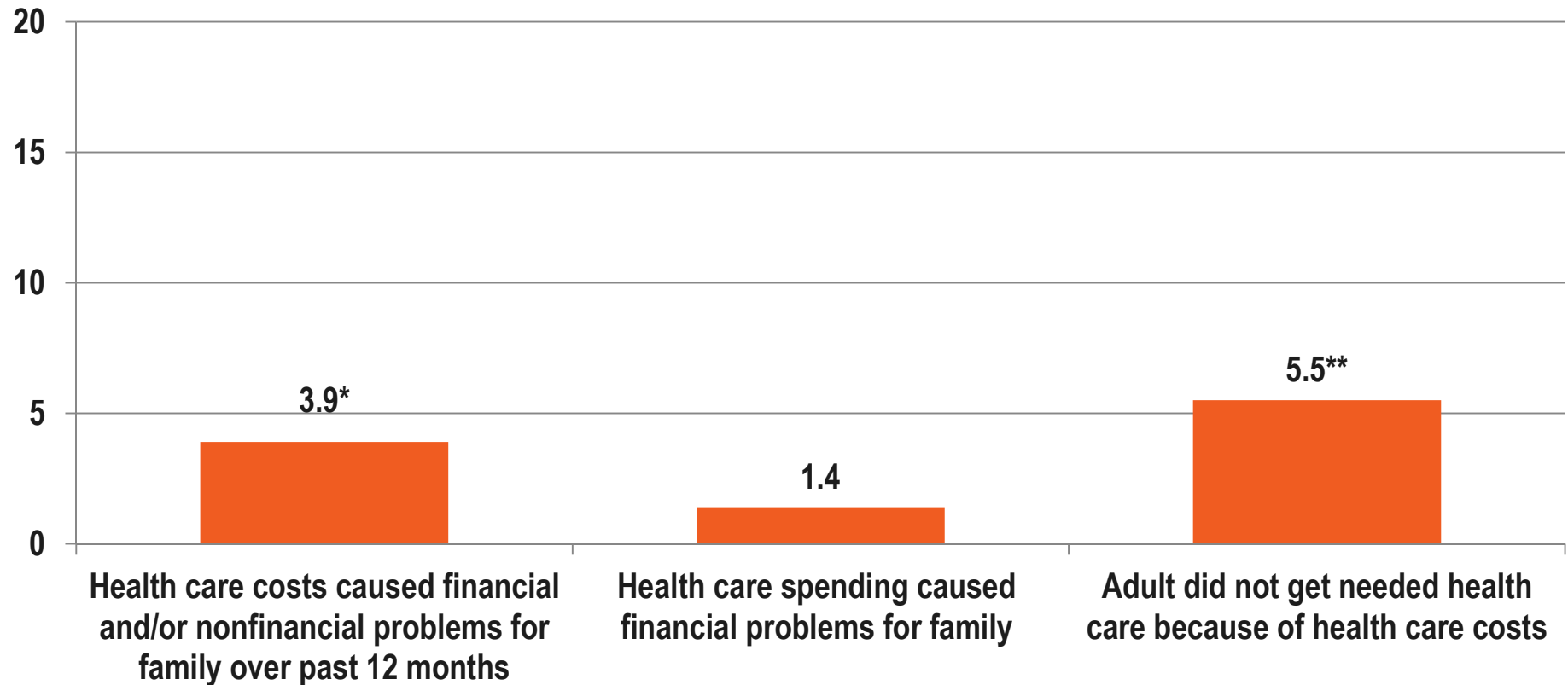
# FAMILIES OF FULL-YEAR INSURED ADULTS USED A VARIETY OF APPROACHES TO ADDRESS HEALTH CARE SPENDING OVER THE PAST YEAR IN 2015



SOURCE: 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates.

# AFFORDABILITY PROBLEMS INCREASED FOR FULL-YEAR INSURED ADULTS BETWEEN 2012 AND 2015

Percentage  
Point Change

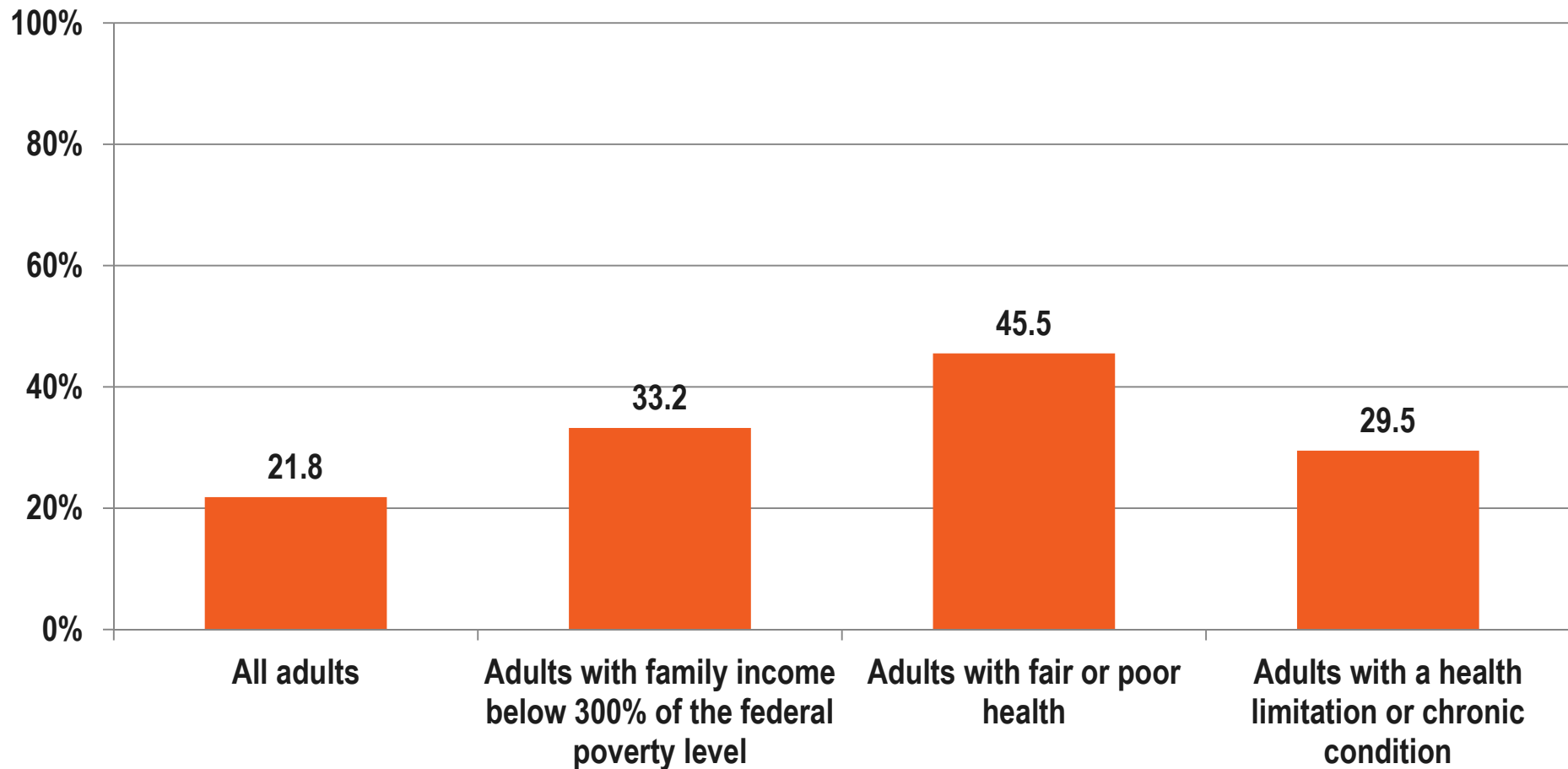


SOURCE: 2012 & 2015 Massachusetts Health Reform Survey.

NOTE: These are simple (unadjusted) estimates.

\*/\*\* Significantly different from zero at the 0.5 (.01) level, two-tailed test.

# HEALTH CARE COSTS WEREN'T THE ONLY FINANCIAL CHALLENGE IN 2015 AS MORE THAN 1 IN 4 INSURED ADULTS REPORTED PROBLEMS PAYING MORTGAGE, RENT OR UTILITIES

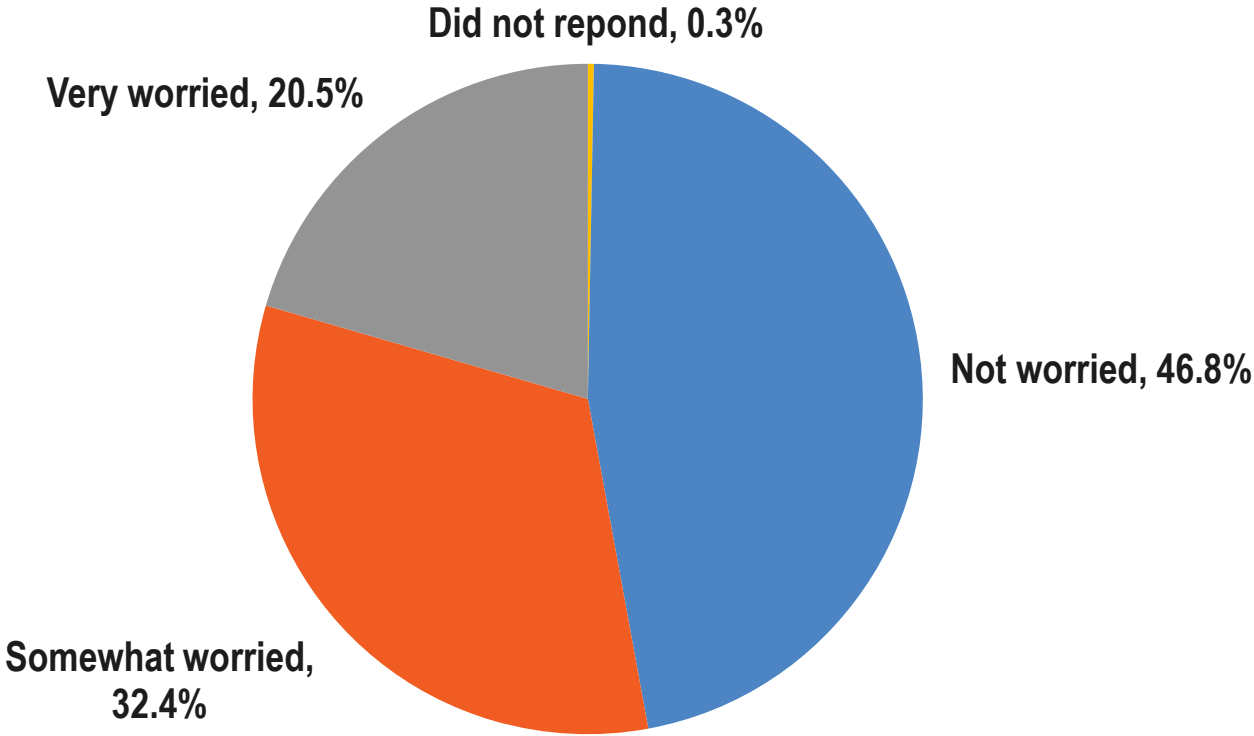


SOURCE: 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates.



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# MORE THAN HALF OF FULL-YEAR INSURED ADULTS WERE WORRIED ABOUT THEIR ABILITY TO PAY MEDICAL BILLS IN THE FUTURE



SOURCE: 2015 Massachusetts Health Reform Survey.  
NOTE: These are simple (unadjusted) estimates. Estimates may not sum to 100 due to rounding.

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# ADULTS WITH LOWER INCOMES AND/OR HEALTH PROBLEMS WERE MOST WORRIED ABOUT PAYING MEDICAL BILLS IN THE FUTURE

- Low- and moderate-income adults worried more than higher-income adults
- Adults in fair/poor health worried more than adults in better health
- Adults with a health limitation or chronic condition worried more than adults without health problems

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# QUESTIONS ON HEALTH CARE AFFORDABILITY?

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# SUMMARY

- Findings from the 2015 MHRIS highlight Massachusetts' ongoing success at maintaining near universal coverage, as well as persistent barriers to obtaining health care and affording health care for adults with health insurance coverage.
  - Health insurance coverage doesn't guarantee access to care or affordable care
  - Affordability of care for insured adults hasn't improved since the 2012 passage of Chapter 224 (An Act Providing Access to Affordable, Quality, Accountable Health Care)
  - Among insured adults, gaps in access and affordability are particularly strong for low-income adults and adults with health problems

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# WHAT'S NEEDED

- New strategies to reduce the burden of health care costs on insured families, particularly for those with lower incomes and those with health problems
- New strategies to address provider access issues for insured adults, including finding providers and getting appointments with providers, particularly for those with lower incomes and those with health problems

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**QUESTIONS?  
COMMENTS?**