

Findings from the 2023 Massachusetts Health Insurance Survey

June 2024



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Executive Summary

The MHIS is a statewide, population-based survey used to track and monitor health care coverage, access, and affordability trends in the Commonwealth. In addition, the MHIS provides critical socio-demographic data that enables CHIA to analyze these trends across different populations, with a focus on health equity.

New questions on primary care, telehealth, and behavioral health were included in 2023 to capture data on the changing post-pandemic health care landscape. Data points and trends in this report should be viewed within the context of the extraordinary circumstances of the COVID-19 pandemic and their reverberations throughout the health care system and society.

Health Insurance Coverage and Uninsurance Among Residents and Their Families

The vast majority of Massachusetts residents—98.3%—reported having health insurance at the time of the 2023 MHIS. The Commonwealth continues to lead the

nation with the highest insurance rate.¹ Most uninsured residents in Massachusetts were adults aged 19 to 64 (89.3%), which reflects the availability of MassHealth for many children and Medicare for most adults aged 65 and older. Uninsured residents were disproportionately Hispanic (32.2%), and two-thirds (67.2%) had a family income below 300% of the Federal Poverty Level (FPL), underscoring ongoing economic, racial, and ethnic inequities in coverage.

Employer-sponsored insurance remained the main source of health insurance in Massachusetts, accounting for two-thirds (67.2%) of all insured residents in 2023. Nearly all residents (96.4%) reported having continuous health insurance coverage for the past 12 months, with a large majority of residents reporting continuous health insurance for all co-residential family members (93.8%). Hispanic residents were less likely to report being continuously insured over the past 12 months than non-Hispanic White

residents (88.9% vs. 97.3%, respectively).

Health Care Access and Utilization

A large majority of Massachusetts residents reported having a usual source of care in 2023 (88.9%) and most reported having a primary care provider (90.9%). Likewise, a large majority of residents reported at least one visit to a health care provider in the past 12 months (95.6%). Despite most residents having a usual source of care, two-fifths (41.2%) reported having any type of difficulty accessing care, with one in four (25.6%) residents reporting difficulties getting an appointment at a doctor's office or clinic as soon as they needed. Among the 22.4% of residents who reported at least one emergency department (ED) visit in the past 12 months, over one third (36.2%) sought care for a non-emergency condition in their most recent ED visit. These results suggest persistent barriers to obtaining timely, needed health care services.

While most residents (81.3%) reported a preventive care visit in the past 12 months, Hispanic and non-Hispanic Black residents reported lower rates of preventive care visits than non-Hispanic White residents (68.4% and 71.1%, respectively, vs. 84.7%). Among residents reporting at least one ED visit in the past 12 months, Hispanic residents and non-Hispanic Black residents were almost twice as likely to go to the ED for a non-emergent condition for their most recent visit than non-Hispanic

White residents (51.3%, 47.9%, respectively, vs. 26.5%). This pattern is consistent with studies at the national level suggesting that Hispanic and non-Hispanic Black individuals experience more structural barriers to timely and affordable care than non-Hispanic White individuals, resulting in ED utilization for services that could be managed in settings with lower costs.^{2,3,4}

Growth in telehealth expanded residents' options for accessing care. More than one in three (34.3%) residents reported at least one telehealth visit in the past 12 months. Among those with a telehealth visit, the most frequently reported type of care was for behavioral health (39.8%). Among residents without a telehealth visit in the past 12 months, 61.7% reported they preferred in-person visits, 27.8% reported telehealth was not right for their health needs, and 20.6% reported that their providers did not offer telehealth.

Health Care Affordability for Residents and Their Families

Despite nearly universal health insurance coverage in Massachusetts, health care costs were a concern for many residents' families in 2023. Two in five (41.3%) Massachusetts residents reported that their family faced health care affordability issues over the past 12 months. Affordability issues included problems paying family medical bills (14.2%), holding family medical debt (12.8%), spending a high share of family income on out-of-pocket

health care expenses (10.3%), or having forgone health care for a family member in the past 12 months due to cost (28.8%).

The burden of affordability issues on families was greater for Hispanic residents (58.2%) and non-Hispanic Black residents (48.7%) than non-Hispanic White residents (39.2%). Three in five (60.1%) residents with a family income at or below 138% of the FPL reported that their family had difficulties paying for health care in the past 12 months.

Behavioral Health

In recent years, Massachusetts implemented several policies expanding access to behavioral health care, including the Mental Health ABC Act: Addressing Barriers to Care and the Roadmap to Behavioral Health Reform. Currently, all insured health plans are required to cover mental health benefits and most government and self-funded plans also cover mental health benefits. The 2023 MHIS includes additional questions about residents' behavioral health care experiences, which includes experiences related to mental health and substance use disorders. In 2023, one in five (21.6%) Massachusetts residents five years of age and older reported having a visit with a behavioral health provider in the past 12 months: 21.4% of residents reported a visit to a mental

health professional and 1.1% reported a visit for alcohol or substance use care and treatment. One in 10 (9.9%) residents five years of age and older reported having an unmet behavioral health need in the past 12 months for any reason, with 9.2% reporting unmet need for mental health care or counseling and 2.2% reporting unmet need for alcohol or substance use care and treatment. Unmet need for behavioral health due to cost was substantially higher for Hispanic residents than non-Hispanic White residents (8.5% vs. 4.7%).

Most residents (74.6%) reported knowing that their health insurance covered mental health visits, although one in five (20.8%) reported that they did not know if their insurance covered mental health visits, and 4.6% reported that their health insurance did not cover mental health visits. Among the 24.4% of residents who reported having an appointment with a mental health professional, almost one in six (15.0%) reported paying for their appointment entirely out-of-pocket. Residents paying entirely out-of-pocket most often did so because their provider did not accept any health insurance (36.6%) or their preferred provider did not accept their insurance plan (26.8%), underscoring affordability challenges faced by Massachusetts residents in accessing mental health care. ■

Key Findings for 2023

- Nearly all Massachusetts residents—98.3%—reported having insurance at the time of the 2023 MHIS. Uninsured residents in Massachusetts disproportionately belonged to the following groups: adults aged 19 to 64, males, Hispanic residents, and residents with a family income below 300% of the FPL.
- Although 90.9% of residents reported having a primary care provider, 41.2% of residents reported difficulties accessing health care. This is an increase from 2021 to 2023 in residents reporting they could not get an appointment as soon as they felt was needed, were told the provider was not accepting new patients, or were told that the provider did not accept patients with their insurance.
- A third (34.3%) of residents reported a telehealth visit in the past 12 months. Among residents who did not have a telehealth visit in the past 12 months, the most commonly reported reasons were a preference for in-person visits (61.7%), telehealth not being right for their health needs (27.8%), and telehealth not being offered by their provider (20.6%).
- Despite near universal health insurance coverage in Massachusetts in 2023, nearly half of residents (41.3%) reported that they or their families had any health care affordability issues, a burden that is greater for non-Hispanic Black residents (48.7%) and Hispanic residents (58.2%).
- Among the 21.4% of residents who had a visit to a mental health professional, 15.0% reported paying for their most recent mental health care entirely out-of-pocket. The most frequently reported reasons for doing so were that the provider did not accept any health insurance (36.6%) or their preferred provider did not accept their insurance plan (26.8%). ■

Health Insurance Coverage and Uninsurance Among Residents and Their Families

One of the primary goals of the Massachusetts Health Insurance Survey (MHIS) is to track health insurance coverage for Massachusetts residents. The MHIS collects information on insurance status for multiple reference periods, including at the time of the survey and over the past six months, 12 months, two years, and five years. As with the 2021 MHIS, the 2023 MHIS asked respondents about the health insurance coverage status of all members of the resident's family who were living in their household.

The MHIS has specific questions about periods of uninsurance and types of health insurance coverage. For type of health insurance coverage, residents who reported more than one type of health insurance were assigned to a single coverage type according to the following hierarchy: employer-sponsored insurance (ESI), Medicare, MassHealth, ConnectorCare, private non-group coverage

such as individual purchase of Health Connector plans, and other or unspecified coverage. While employer-sponsored coverage tends to be reported accurately in surveys, the other types of coverage are often reported with more error.⁵

Key Findings

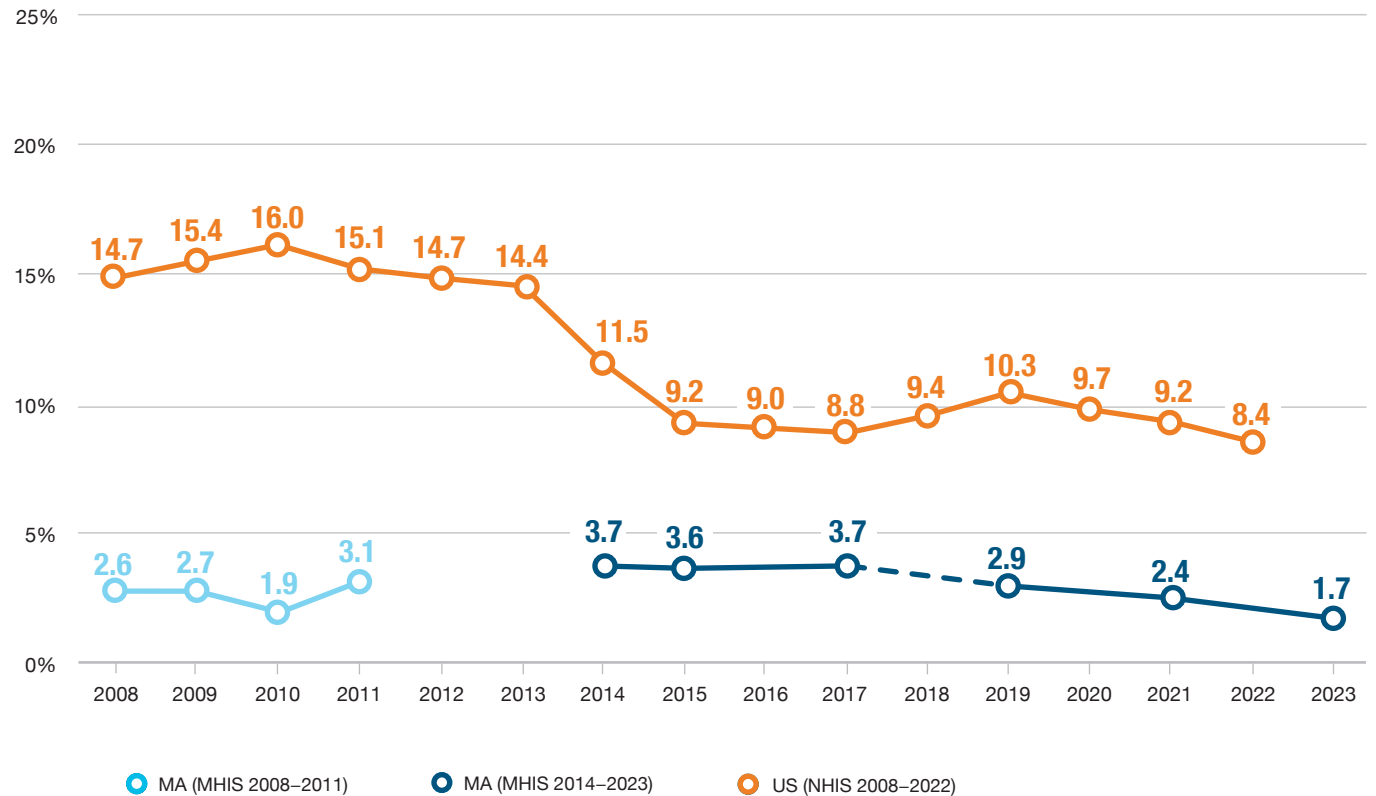
- Massachusetts's uninsurance rate remained substantially lower than that of the nation: 1.7% of Massachusetts residents reporting being uninsured at the time of the 2023 MHIS.
- Most of the uninsured residents in Massachusetts were adults aged 19 to 64 (89.3%), four-fifths (79.2%) of the uninsured were male, the uninsured were disproportionately Hispanic (32.2%), and two-thirds (67.2%) of the uninsured had a family income below 300% of the FPL

- Most (96.4%) residents had continuous health insurance coverage for the past 12 months, and over nine in 10 residents lived in households where all family members had continuous insurance (93.8%) in 2023. Hispanic residents were less likely than non-Hispanic White residents to report being continuously insured over the past 12 months (88.9% vs. 97.3%, respectively). ■

Uninsurance at the Time of the Survey for Massachusetts and the Nation, 2008-2023

Uninsurance in Massachusetts remained low in 2023, with only 1.7% of residents uninsured at the time of the survey. The Massachusetts uninsurance rate continues to be well below the national rate based on estimates from the National Health Interview Survey (NHIS). Estimates of the uninsurance rate in both the Commonwealth and the nation have been declining since 2019.

Several factors have likely contributed to the national and local context of health insurance, including rising health care costs, state-specific health reform initiatives, and the COVID-19 pandemic, which included the continuous coverage provision for the period of the COVID-19 public health emergency.



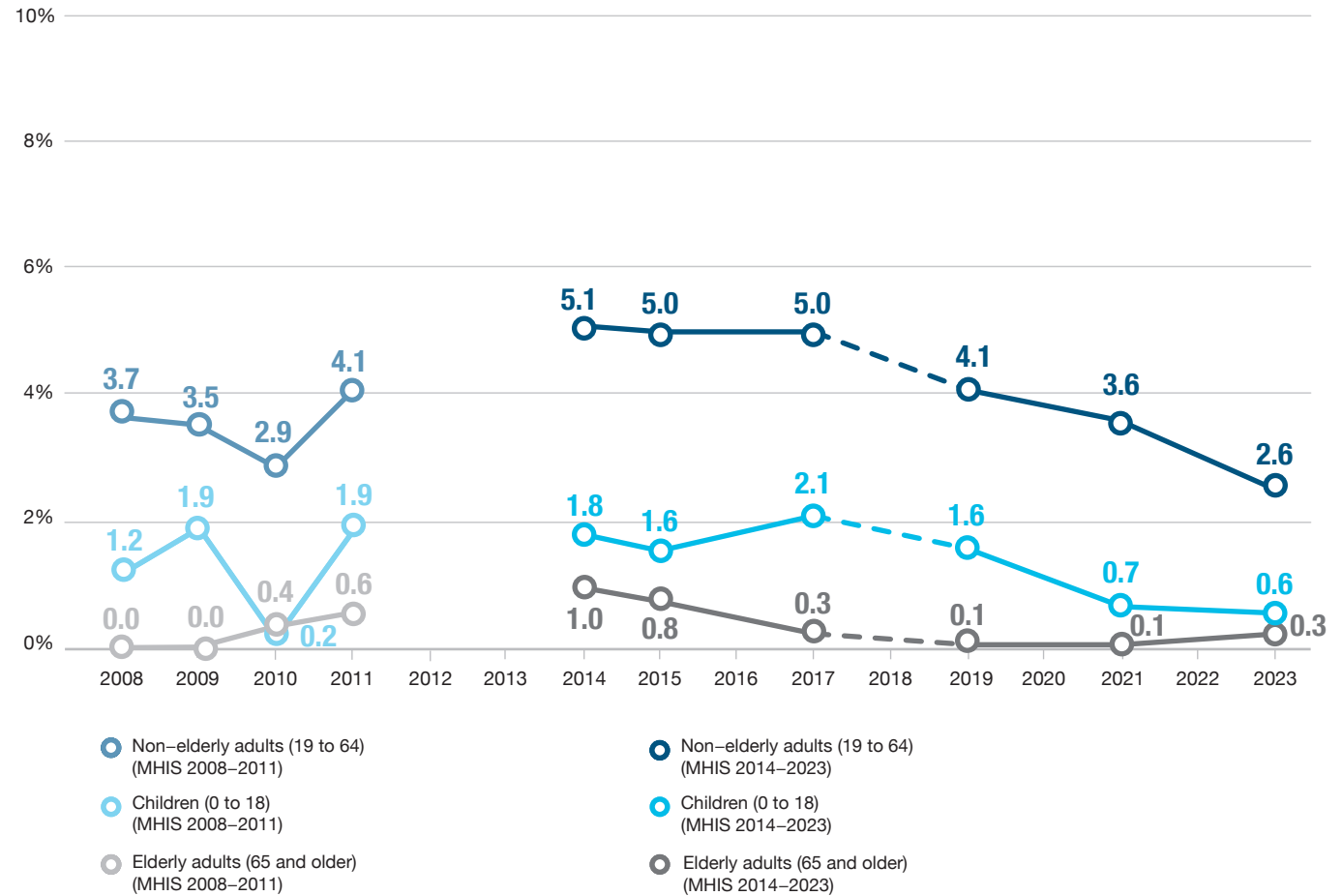
Note: Due to changes in the MHIS survey design in 2014, the estimates for 2008-2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014-2017, and the 2021-2023 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2023 (denoted by the dotted line).⁶ Please see the [Methodology Report](#) for more information on design changes.

Data Source: 2008-2011, 2014, 2015, 2017, 2019, 2021, 2023 Massachusetts Health Insurance Survey for Massachusetts estimates. 2008-2022 National Health Interview Survey (NHIS) for national estimates.

Uninsurance at the Time of the Survey by Age Group, 2008-2023

Non-elderly adults in Massachusetts had the highest uninsurance rate in 2023 (2.6%), which was still well below the national rate for non-elderly adults based on the 2022 NHIS (12.2%, data not shown).

There were no statistically significant differences in the changes in uninsurance rate by age group between 2021 and 2023 in Massachusetts.



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

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

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

Characteristics of the Uninsured, 2023

The majority of the uninsured in Massachusetts were adults aged 19 to 64 (89.3%) in 2023. Four-fifths of the uninsured were male. Two-thirds of the uninsured had a family income below 300% of the FPL. The uninsured were also disproportionately Hispanic. The low family income of many uninsured residents suggests that they may be eligible for state-subsidized health insurance plans offered by MassHealth or the Health Connector.

Characteristic	Among the uninsured residents, percent with the characteristic	Among all residents, percent with the characteristic
Aged 19-64	89.3%	60.2%
Male	79.2%	48.7%
Hispanic	32.2%	12.7%
Family income below 300% of the FPL	67.2%	35.6%

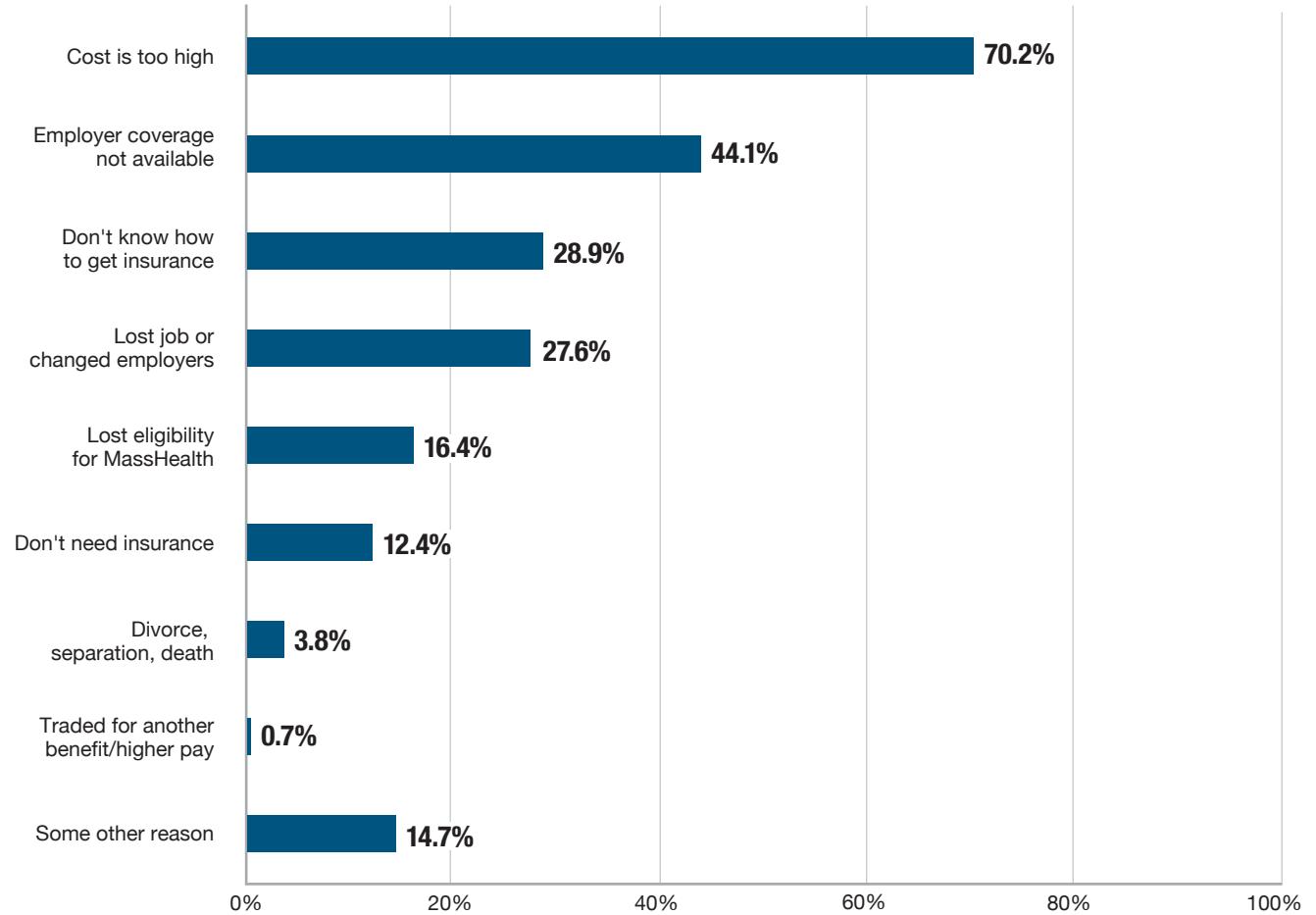
Note: FPL = Federal Poverty Level. The sample of uninsured residents was defined as those without insurance at the time of the survey. Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small, at 50 individuals.

Data Source: 2023 Massachusetts Health Insurance Survey

Reasons for Being Uninsured, 2023

In 2023, the main reasons reported by Massachusetts residents for being uninsured were related to the cost and availability of coverage. Seven in 10 (70.2%) uninsured residents reported the cost of coverage was too high and two-fifths reported employer-sponsored coverage (ESI) was not available (44.1%).

Just over a quarter reported that they did not know how to get insurance (28.9%) or that they or a family member lost their job or changed employers (27.6%) as their reasons for being uninsured. One in six uninsured residents reported being uninsured because they were no longer eligible for MassHealth (16.4%).



Notes: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. The sample for this analysis was defined as those without insurance at the time of the survey. Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small, at 50 individuals.

Data Source: 2023 Massachusetts Health Insurance Survey

Types of Health Insurance Coverage Overall and by Age Group, 2023

Employer-sponsored insurance (ESI) was the most common type of health insurance among those insured at the time of the survey (67.2%) in Massachusetts in 2023. Another three in 10 insured residents were covered by Medicare, MassHealth, or ConnectorCare. Private, non-group, and other coverage types were relatively rare (other coverage types not shown).

ESI was the most common coverage type for insured children and non-elderly adults, while insured elderly adults were most likely to be covered by Medicare followed by ESI.

Characteristic	All insured residents	Children (0-18) [^]	Non-elderly adults (19-64)	Elderly adults (65 and older)
Employer-sponsored insurance	67.2%	73.9%	73.1%	41.4%*
Medicare	14.2%	1.7%	5.5%*	55.4%*
MassHealth or ConnectorCare	15.6%	22.7%	17.5%*	1.7%*
Private, non-group coverage, including Health Connector Plans	2.1%	1.5%	2.6%	1.4%

Note: Residents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; MassHealth or ConnectorCare; private non-group coverage including Health Connector Plans; and other coverage. Employer-sponsored insurance includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Medicare coverage estimates include Railroad Retirement board coverage and those dually eligible for Medicare and MassHealth. Estimates by type of coverage should be interpreted with caution, as ESI among elderly adults may reflect supplemental coverage plans for elderly adults who are also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with error.⁶ Estimates do not sum to 100% due to rounding and because "Other coverage or coverage type unknown" is not shown.

[^]Reference group for age group comparisons

*Difference from estimate for "Child (0-18)" is statistically significant at the 5% level.

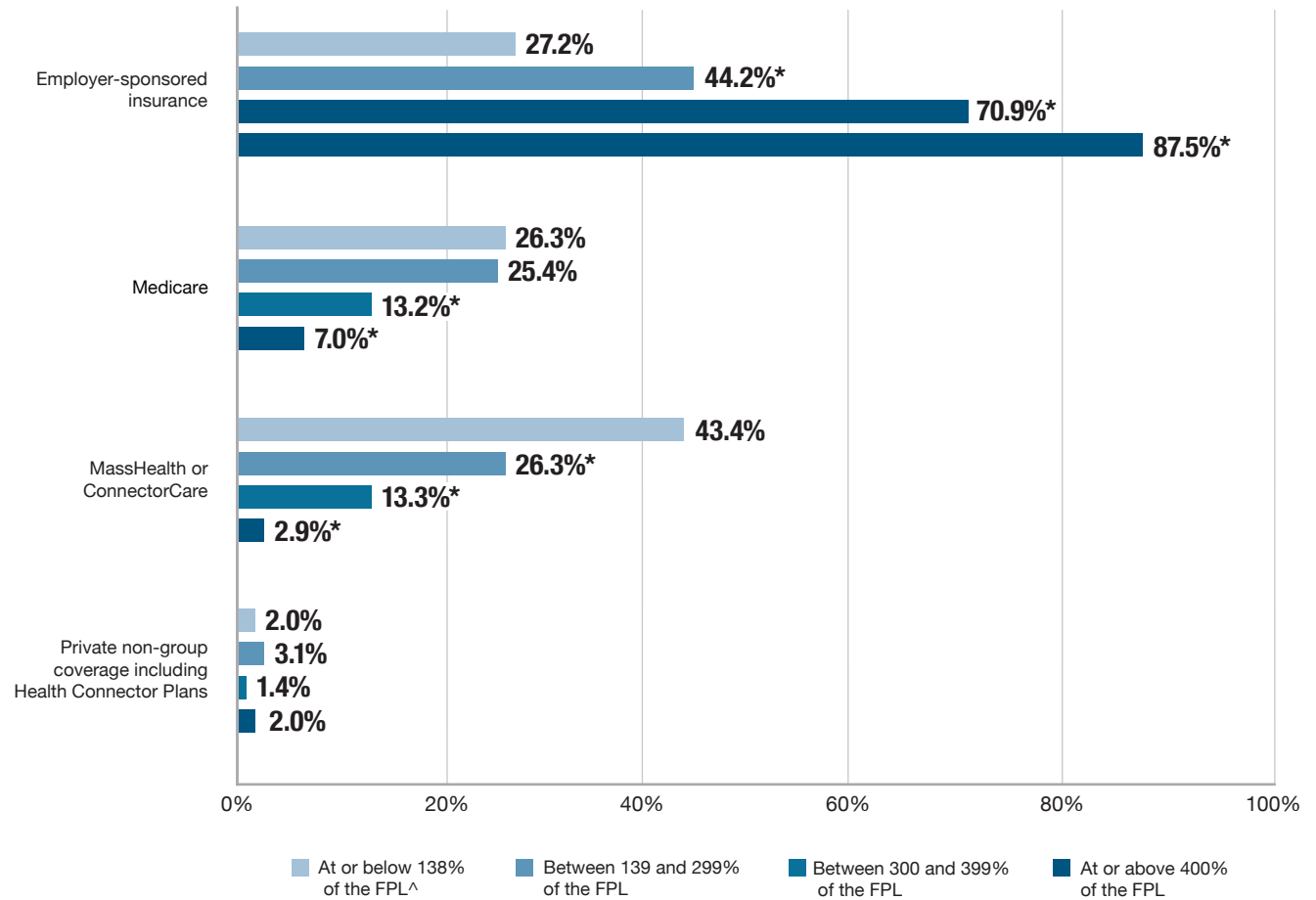
Data Source: 2023 Massachusetts Health Insurance Survey

Types of Health Insurance Coverage by Family Income, 2023

In 2023, the types of health insurance reported by those insured at the time of the survey varied substantially by family income.

A large majority of residents with a family income at or above 400% of the FPL (87.5%) reported being insured by employer-sponsored insurance compared with only 27.2% of those at or below 138% of the FPL.

Public health insurance coverage was most often reported by residents with a family income at or below 138% of the FPL: 43.4% reported being enrolled in MassHealth or ConnectorCare and 26.3% reported being enrolled in Medicare.



Note: FPL = Federal Poverty Level. Residents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; MassHealth or ConnectorCare; private non-group coverage including Health Connector Plans; and other coverage. Employer-sponsored insurance includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Medicare coverage estimates include Railroad Retirement board coverage and those dually eligible for Medicare and MassHealth. Estimates by type of coverage should be interpreted with caution, as ESI among elderly adults may reflect supplemental coverage plans for elderly adults who are also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with some error.⁶ Estimates do not sum to 100% due to rounding and because "Other coverage or coverage type unknown" is not shown.

[^]Reference group

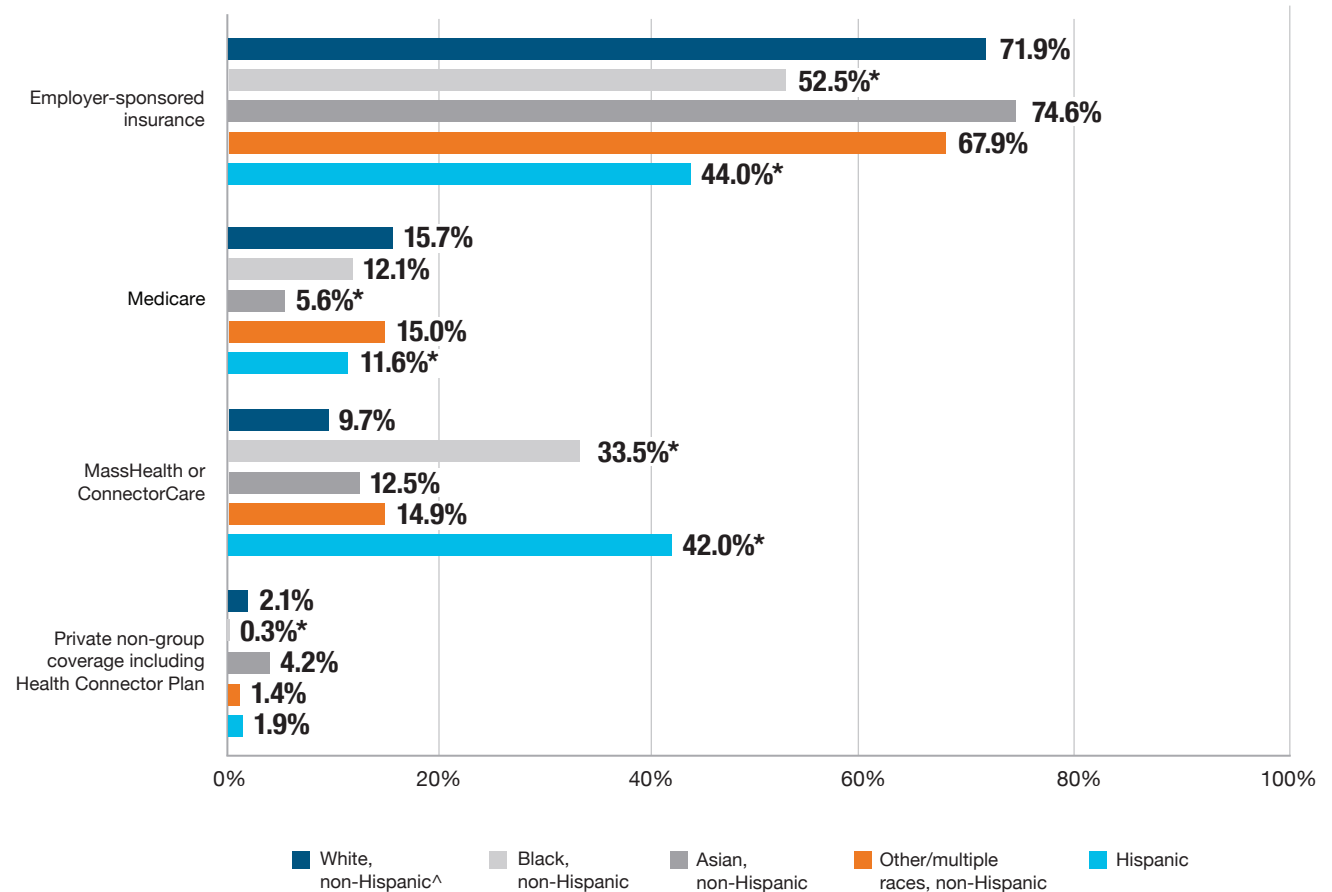
*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

In 2023, among insured residents, two-thirds reported their health insurance coverage at the time of the survey was employer-sponsored insurance (ESI). Insured non-Hispanic Black residents (52.5%) and Hispanic residents (44.0%) reported lower rates of ESI than insured non-Hispanic Whites (71.9%).

Insured non-Hispanic Black residents and Hispanic residents were more likely than insured non-Hispanic White residents to report having MassHealth or ConnectorCare yet less likely than insured non-Hispanic White residents to report having Medicare in 2023.

Types of Health Insurance Coverage by Race/Ethnicity, 2023



Note: Residents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; MassHealth or ConnectorCare; private non-group coverage including Health Connector Plans; and other coverage. Employer-sponsored insurance includes all those with coverage from a workplace or union, regardless of enrollment in other coverage types. Medicare coverage estimates include Railroad Retirement board coverage and those dually eligible for Medicare and MassHealth. Estimates by type of coverage should be interpreted with caution, as ESI among elderly adults may reflect supplemental coverage plans for elderly adults who are also enrolled in Medicare. Additionally, previous research has indicated that types of health insurance coverage other than employer-sponsored coverage are often reported with some error.⁶ Estimates do not sum to 100% due to rounding and because "Other coverage or coverage type unknown" is not shown.

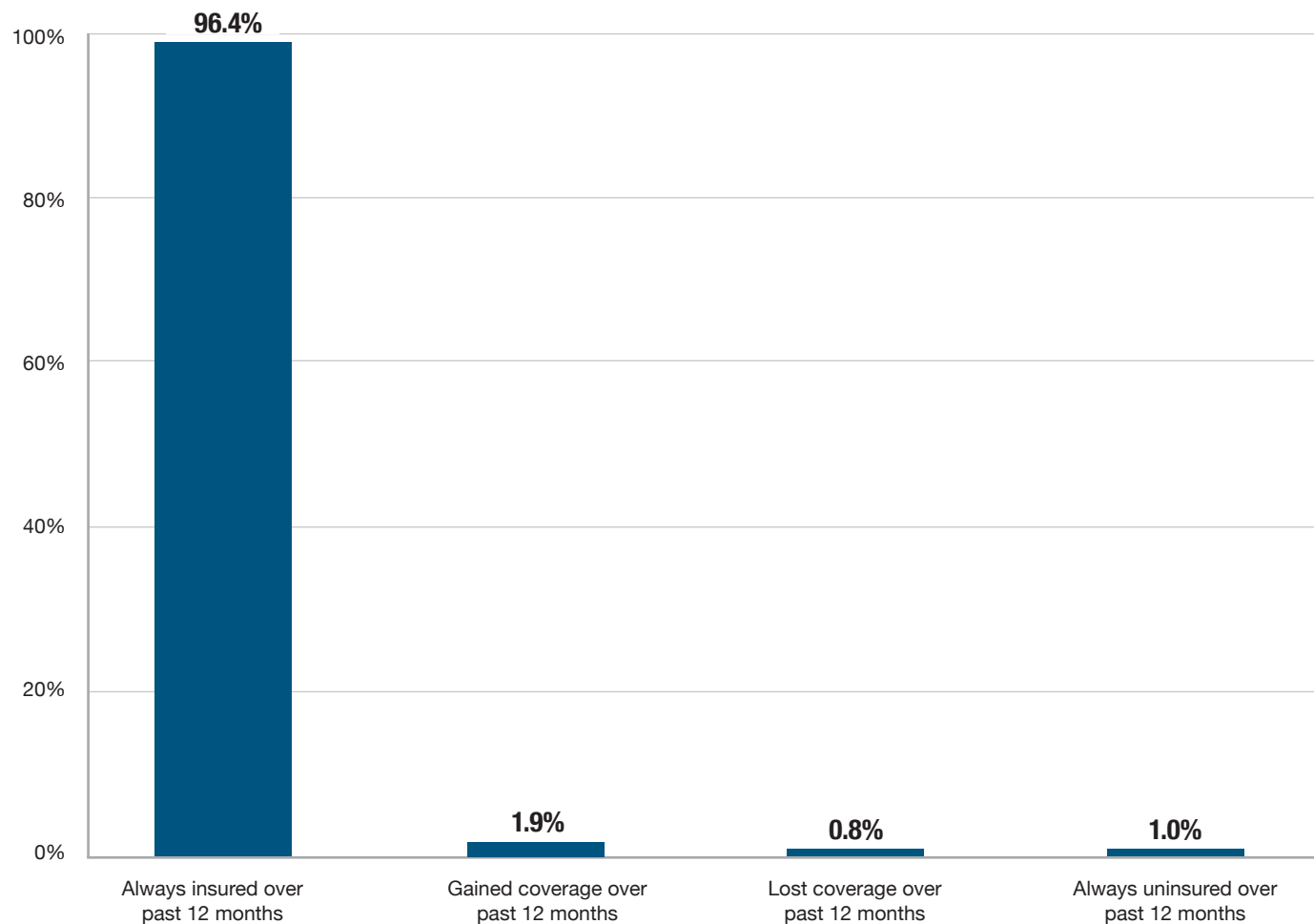
[^]Reference group

*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

Continuity of Health Insurance Coverage Over the Past 12 Months, 2023

In 2023, consistent with the low uninsurance rate in Massachusetts, most residents (96.4%) were continuously insured for the past 12 months, and few residents (1.0%) were continuously uninsured for the past 12 months. Few residents reported that they had gained coverage in the past 12 months (1.9%) or that they had lost coverage in the past 12 months (0.8%).

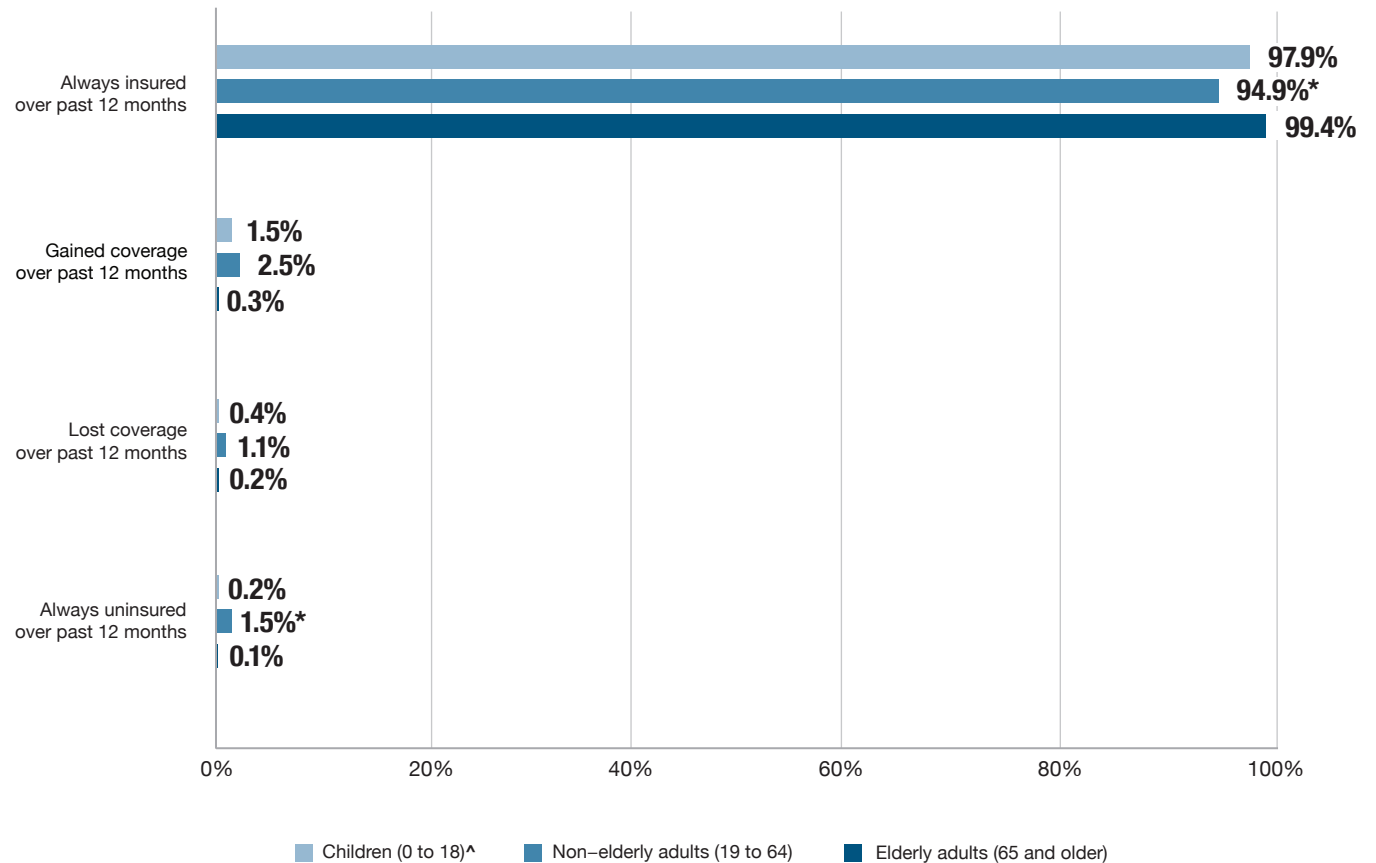


Note: Estimates may not sum to 100% due to rounding.
Data Source: 2023 Massachusetts Health Insurance Survey

Continuity of Health Insurance Coverage Over the Past 12 Months by Age Group, 2023

In 2023, the proportion of Massachusetts residents reporting a transition in their health insurance coverage was low across age groups.

Non-elderly adults were more likely than children to have a transition in health insurance status during the past 12 months, although the vast majority (94.9%) reported remaining continuously insured.



Note: Estimates may not sum to 100% due to rounding.

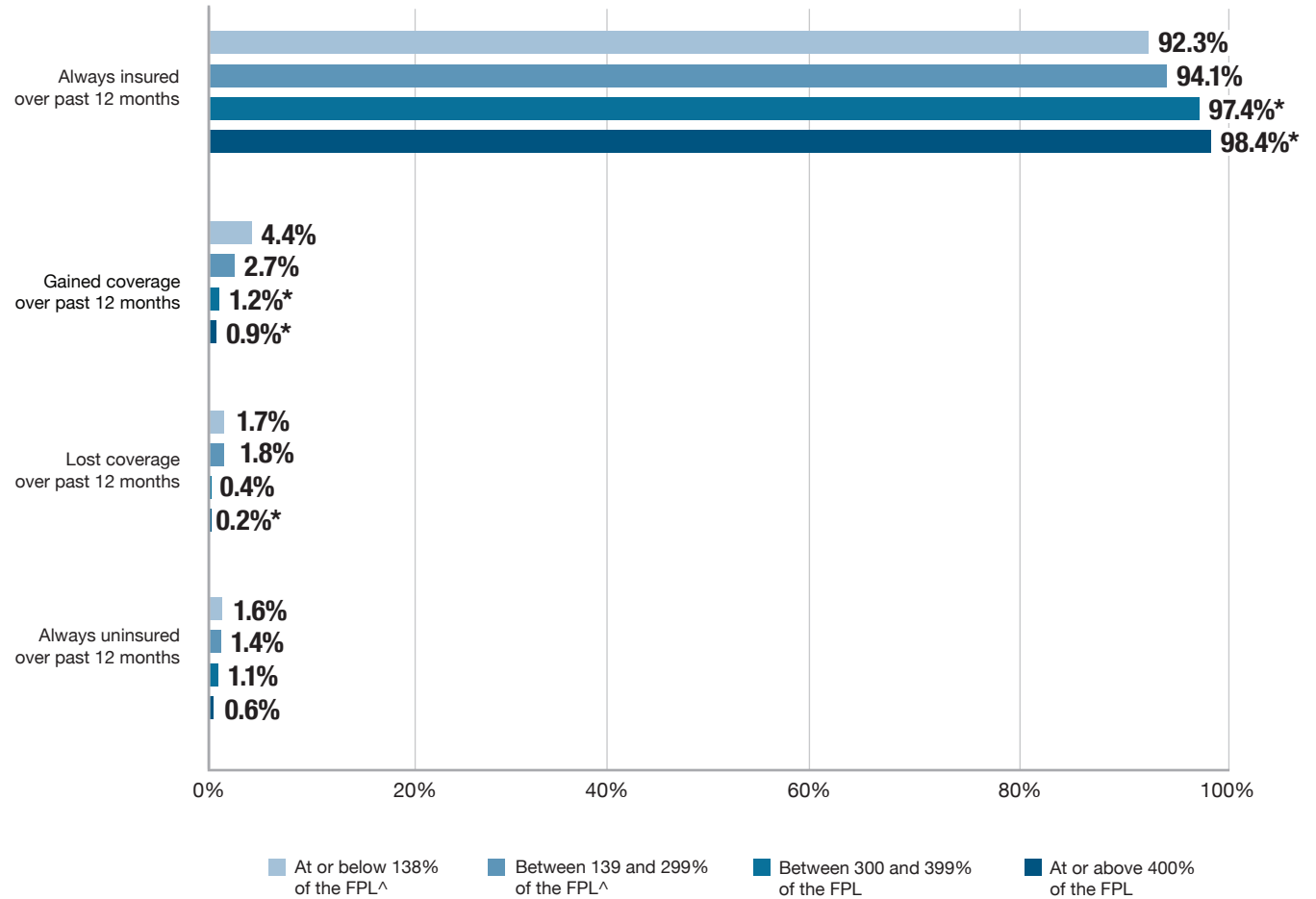
^Reference group

*Difference from estimate for "Child (0 to 18)" is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

Continuity of Health Insurance Coverage Over the Past 12 Months by Family Income, 2023

In 2023, the percentage of residents reporting any transition in their health insurance coverage over the past 12 months was low across different income levels. The rates of continuous health insurance coverage in the past 12 months ranged from 92.3% of residents with a family income at or below 138% of the FPL to 98.4% of residents with family a income at or above 400% of the FPL.



Notes: FPL = Federal Poverty Level. Estimates may not sum to 100% due to rounding.

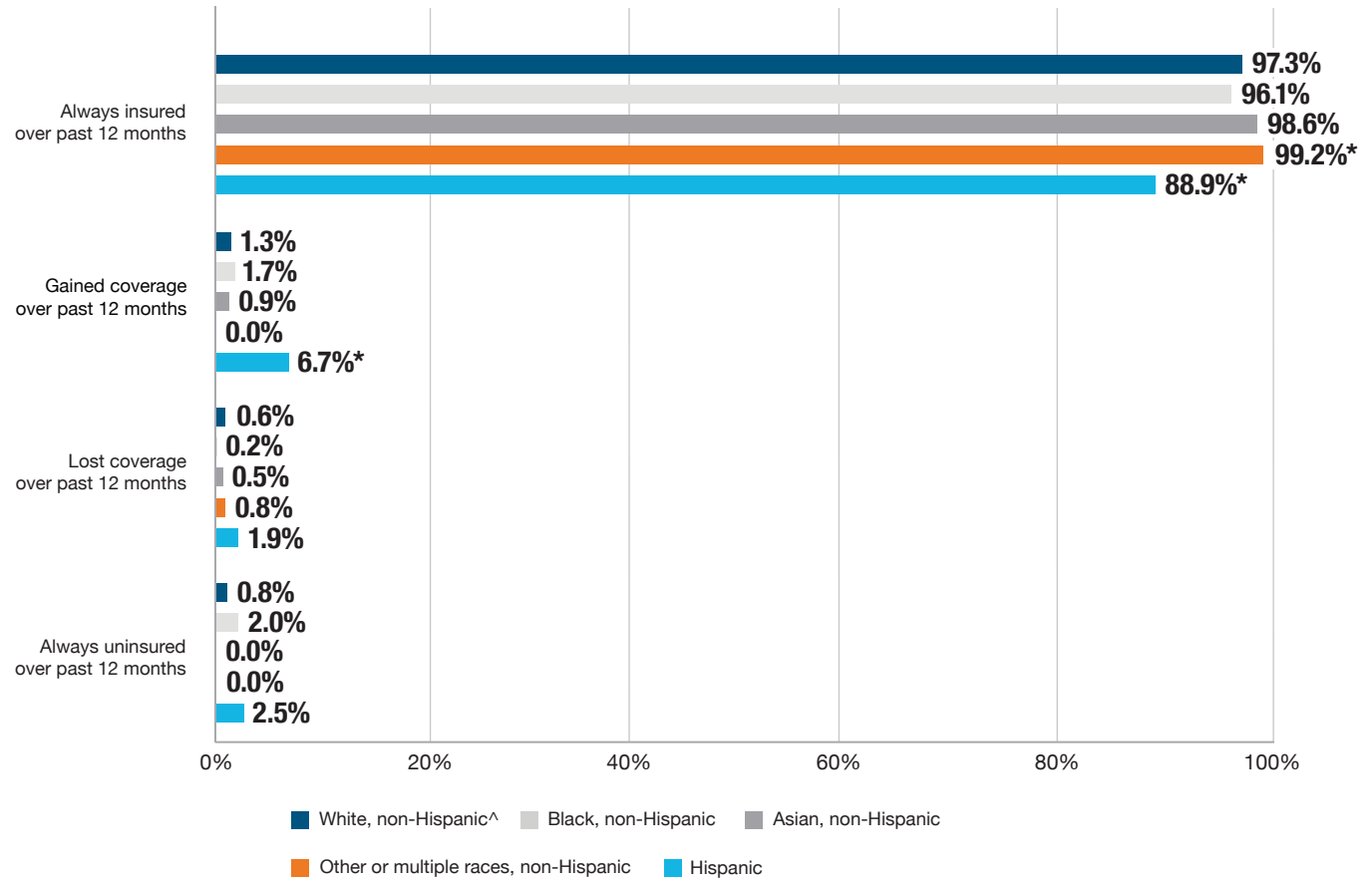
[^]Reference group

*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

Continuity of Health Insurance Coverage Over the Past 12 Months by Race/Ethnicity, 2023

In 2023, although all racial and ethnic groups in Massachusetts reported high rates of continuous insurance coverage, Hispanic residents were less likely than non-Hispanic White residents to report being continuously insured over the past 12 months (88.9% vs. 97.3%). Hispanic residents were also more likely than non-Hispanic White residents to report gaining coverage in the past 12 months.



Note: Estimates may not sum to 100% due to rounding.

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

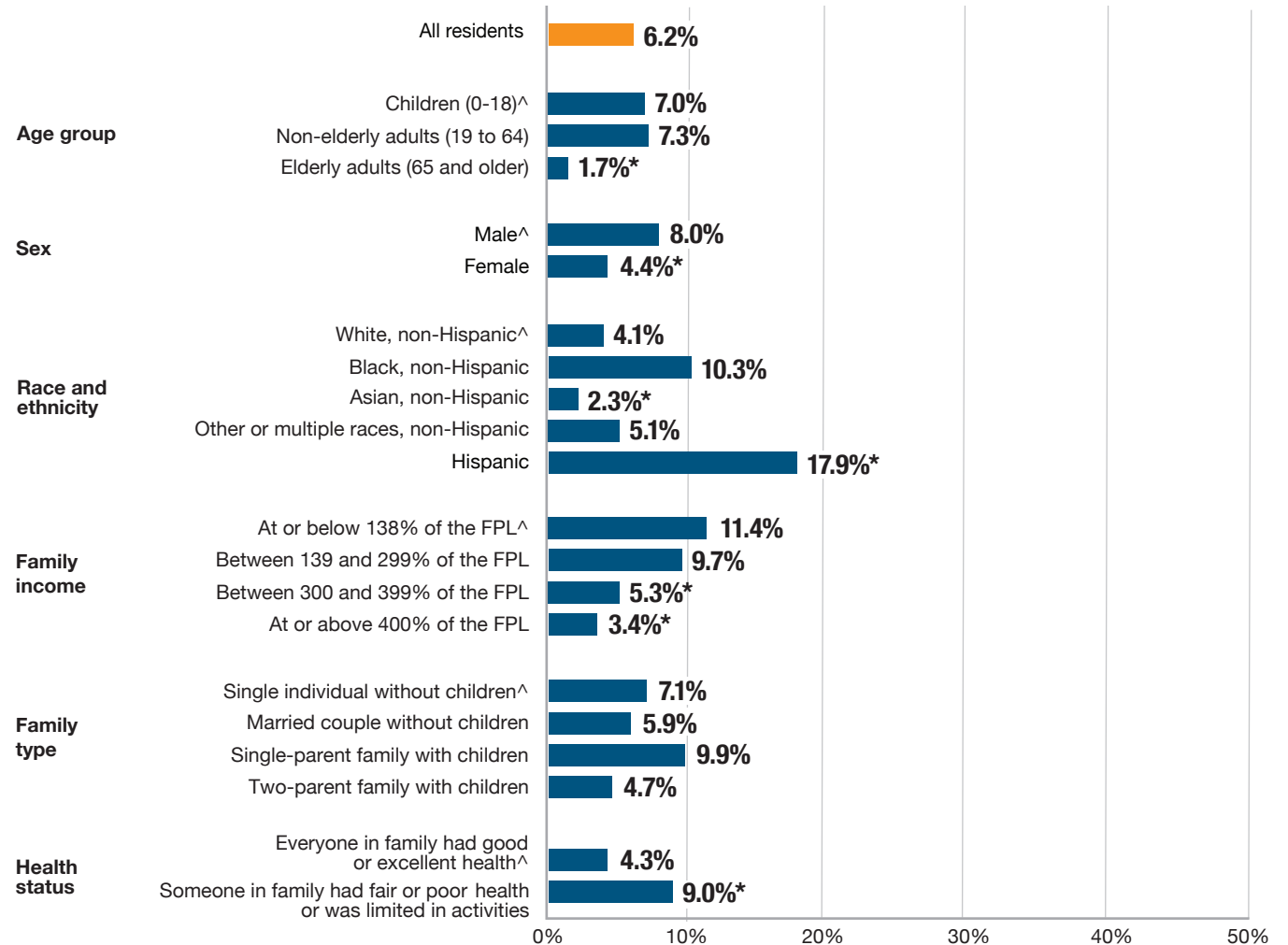
Any Uninsurance in Family Over the Past 12 Months, Overall and by Resident Characteristics, 2023

Any lack of health insurance coverage for one member of a family may impact access, utilization, and affordability for the others. Overall, 6.2% of residents reported that they or a member of their family had a period of uninsurance in the past 12 months.

Any reported uninsurance in the family was higher among Hispanic residents (17.9%) than non-Hispanic White residents (4.1%).

Residents who reported higher family incomes reported lower rates of uninsurance in the family (3.4% of those at or above 400% FPL vs. 11.4% of those at or below 138% of the FPL).

Residents who reported someone in their family had fair or poor health or an activity limitation had higher rates of any family uninsurance (9.0%) than those who reported all family members in good or excellent health and no activity limitations (4.3%).



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

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Access and Utilization for Residents

As part of its efforts to monitor residents' experiences and barriers to accessing and using care, the 2023 MHIS collected information on usual source of care, primary care provider access, health care visits, emergency department (ED) utilization, and difficulties accessing care.

A usual source of care was defined as a place the resident goes when they are sick or need advice about their health, excluding the emergency department (ED). New to the 2023 MHIS is a question about whether residents had a primary care provider. Health care visits over the past 12 months included those to a general doctor; nurse practitioner, midwife, or physician assistant; specialist; mental health or substance use disorder treatment provider; and dentist or dental hygienist. Additionally, residents were asked whether any of their visits in the past 12 months were for preventive care and whether they took any prescription drugs in the past 12 months. All visits to

health care providers reported in this section include those conducted via telehealth. Telehealth is defined as any health care provided by video, phone, email, text, or chat.

Consistent with the changing landscape of how health care services are delivered, the 2023 MHIS includes several new questions about telehealth use, including any telehealth visits in the past 12 months and type of care received through telehealth in the past 12 months. To better understand residents' telehealth experiences, questions were added about reasons residents received in-person care instead of telehealth and the type of care received among residents who reported only in-person visits.

All residents were asked about ED utilization in the past 12 months. Residents who reported at least one ED visit were asked if their most recent ED visit was for a non-

emergency condition, which was defined as a condition that they felt could have been treated by a “regular doctor” if one had been available. Those who indicated that their most recent visit was for a non-emergency condition were asked their reasons for that visit.

Residents were also asked about any difficulties in accessing health care in the past 12 months, such as being told that the provider or clinic was not accepting new patients, being told the provider was not accepting patients with their health insurance type, being unable to schedule an appointment as soon as needed or having transportation-related issues. Inability to get an appointment “as soon as needed” reflects residents’ perception that care was needed, rather than a clinical assessment of needed care

Key Findings

- Most (95.6%) of Massachusetts residents reported a visit to at least one health care provider in the past 12 months.
- While over three quarters of residents reported dental visits, non-Hispanic White residents were more likely

to report dental visits (79.8%) than Hispanic residents (66.6%) or non-Hispanic residents who are multiracial or self-identified as a racial group not listed (67.2%).

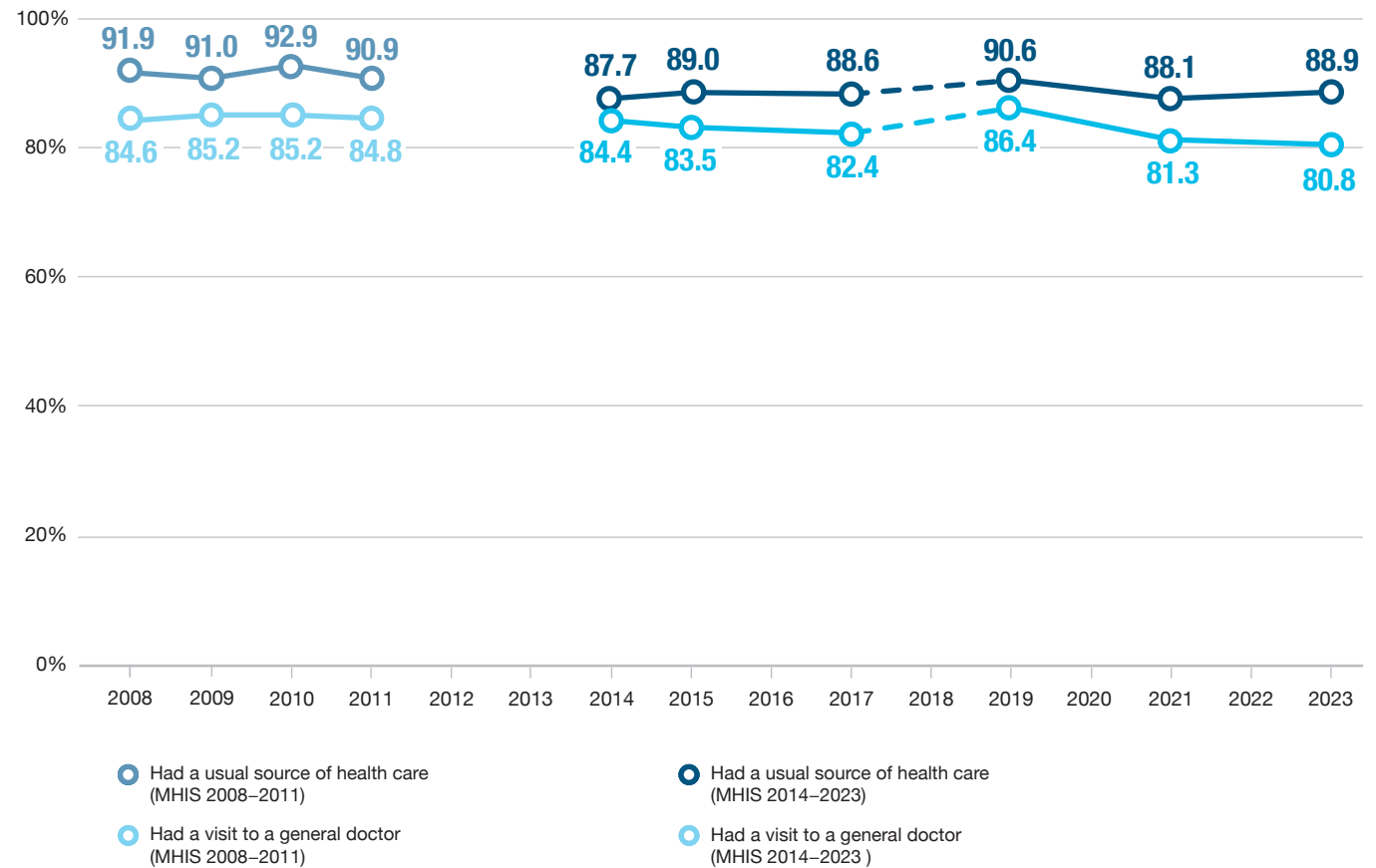
- Eight in 10 (81.3%) residents reported a preventive care visit in the past 12 months. Hispanic and non-Hispanic Black residents were less likely than non-Hispanic White residents to report preventive care visits (68.4% and 71.1%, respectively, vs. 84.7%).
- Among the 22.4% of residents visiting the ED in the past 12 months, over a third (36.2%) sought care for a non-emergency condition in their most recent ED visit, and Hispanic residents and non-Hispanic Black residents were almost twice as likely to have a non-emergent ED visit than non-Hispanic White residents (51.3%, 47.9%, respectively, vs. 26.5%).
- Two in five residents (41.2%) reported difficulties accessing care, with nearly one in five (25.6%) residents reporting difficulties getting an appointment with a doctor’s office or clinic as soon as needed. ■

Health Care Access and Utilization for Residents

In 2023, the majority (88.9%) of Massachusetts residents reported having a usual source of care other than the ED.

Most (80.8%) residents reported having at least one visit to a general doctor who treats a variety of illnesses, such as a doctor or pediatrician in general practice, family medicine or internal medicine in the past 12 months in 2023.

Health Care Access and Utilization Over the Past 12 Months, 2008-2023



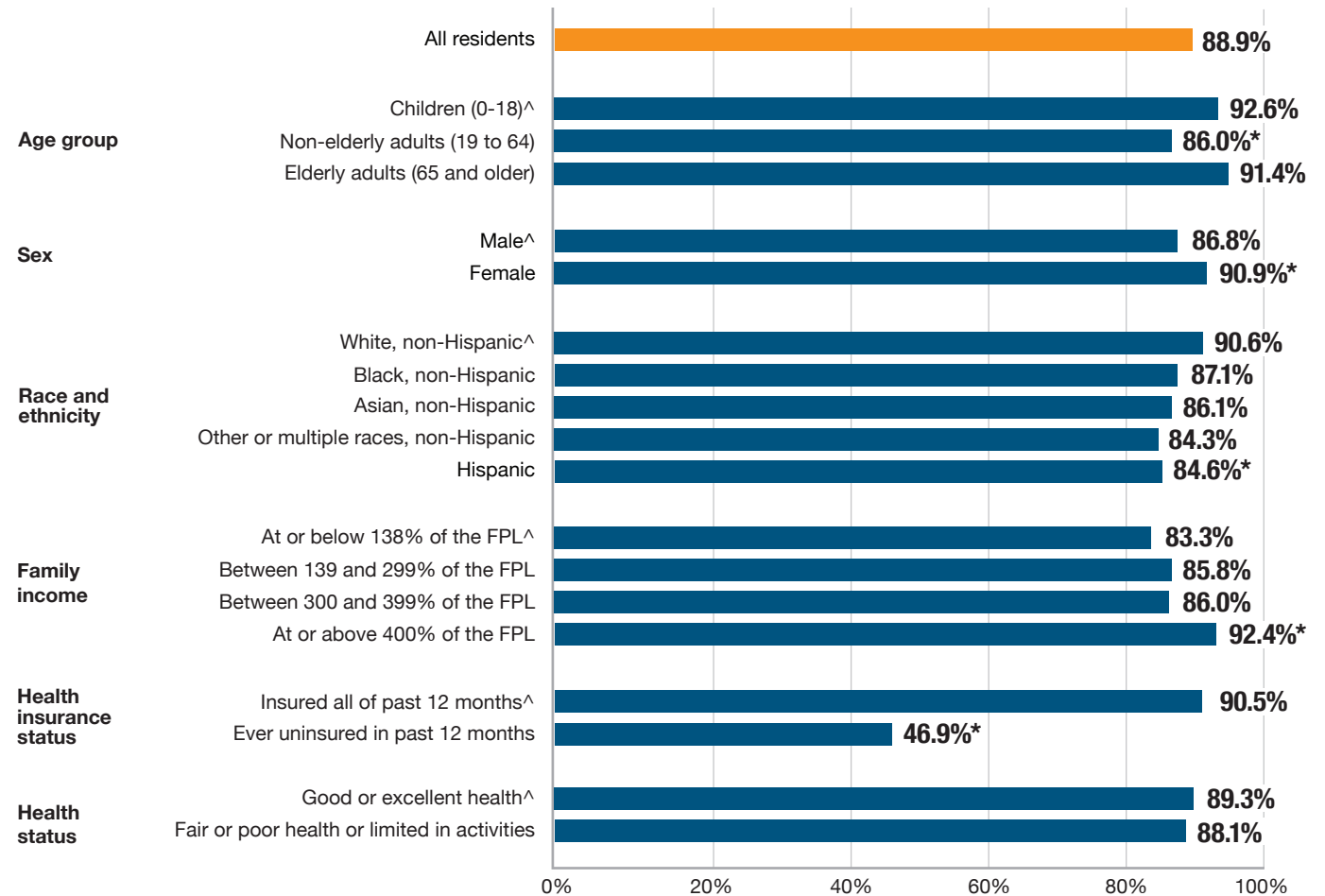
Notes: Visits to a general doctor includes visits provided via telehealth. Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial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

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

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

Usual Source of Care Over the Past 12 Months by Resident Characteristics, 2023

While most (88.9%) Massachusetts residents had a usual source of care in 2023, there were lower rates for several population subgroups, particularly among those with a gap in insurance coverage in the past 12 months. Only 46.9% of those who were uninsured at any time in the past 12 months had a usual source of care, compared to 90.5% of those continuously insured for the past 12 months.



Note: Usual source of care excludes the emergency department but may include telehealth providers. FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

[^]Reference group

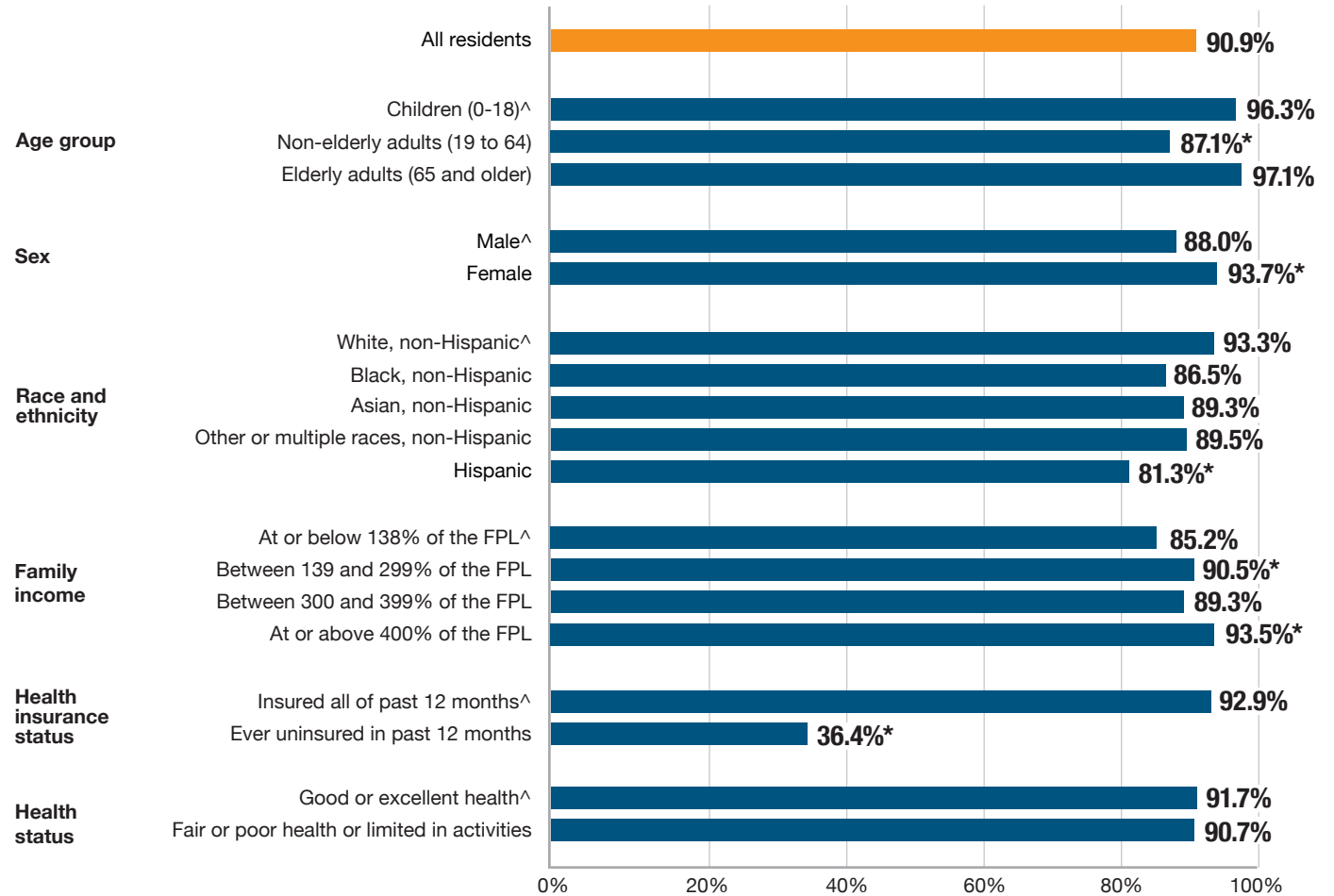
*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

Had a Primary Care Provider at the Time of the Survey by Resident Characteristics, 2023

Most Massachusetts residents had a primary care provider in 2023 (90.9%). However, only 36.4% of those who were uninsured at any time in the past 12 months had a primary care provider. In contrast, 92.9% of those who were continuously insured for the past 12 months had a primary care provider.

Compared with non-Hispanic White residents, Hispanic residents were less likely to have a primary care provider (93.3% vs. 81.3%).



Note: Primary care was defined as having a regular primary care provider at the time of the survey. FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

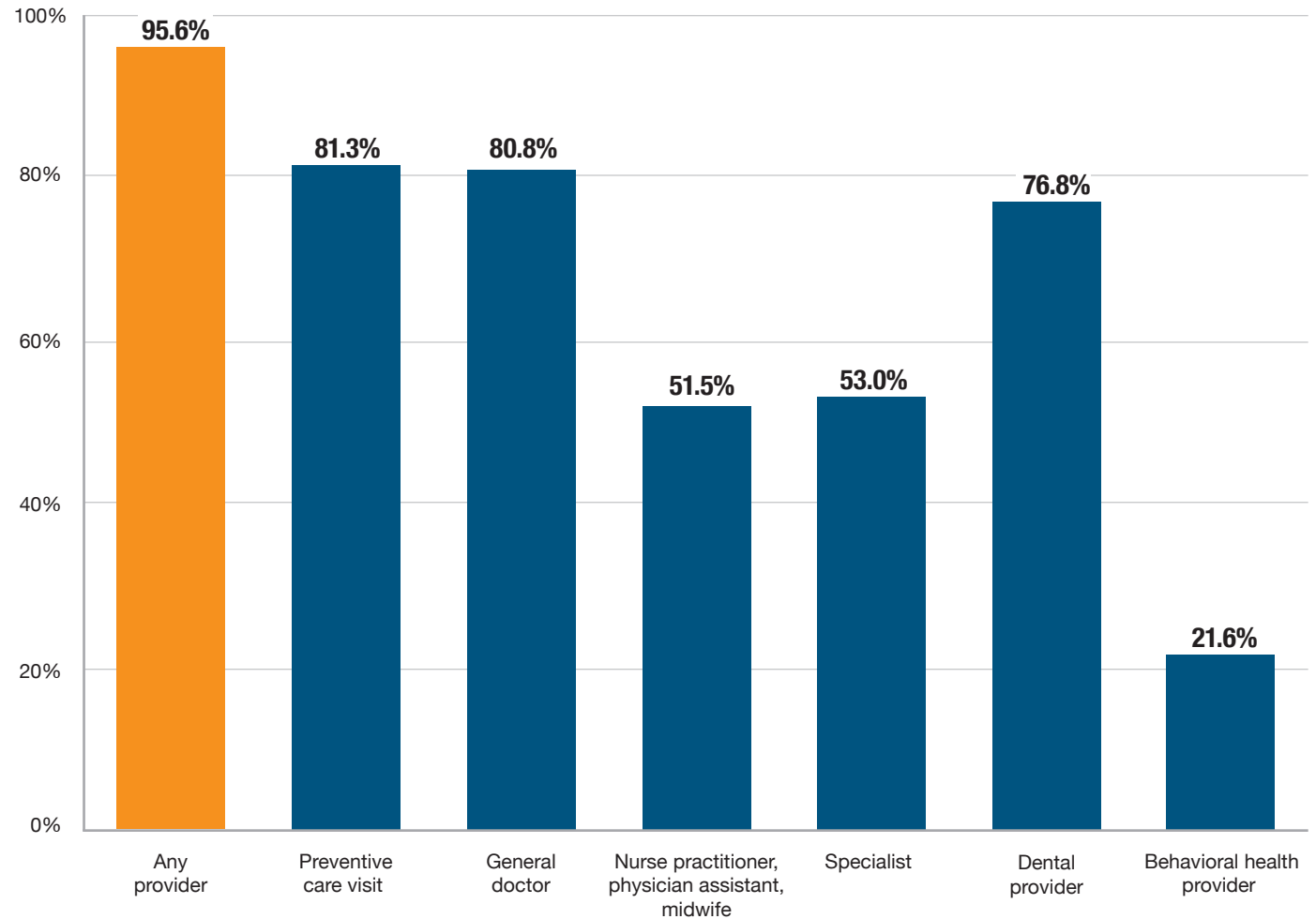
Health Care Access and Utilization for Residents

In 2023, most (95.6%) Massachusetts residents reported having at least one visit with a health care provider in the past 12 months. Four-fifths of residents reported a preventive care visit (81.3%).

The most reported visit was to a general doctor such as a doctor or pediatrician in general practice, family medicine or internal medicine (80.8%). Half of residents (53.0%) reported a visit to a specialist and half (51.5%) reported a visit to a nurse practitioner, physician assistant, or midwife.

One in five residents (21.6%) reported having seen a behavioral health care provider in the past 12 months. Three-quarters of residents (76.8%) had a visit with a dental care provider in the past 12 months.

Health Care Use Over the Past 12 Months by Type of Provider, 2023



Note: Any visit to a provider includes the following visit types: general doctor; nurse practitioner; physician's assistant; midwife; specialist; dental provider; and behavioral health provider. Behavioral health provider includes mental health professionals and providers of alcohol or substance use care or treatment. Preventive care visit is defined as a visit to a general doctor, nurse practitioner, physician assistant, or midwife for a "check-up, physical examination, or for other preventive care." Visits to a general doctor include visits to receive a vaccine if the resident saw a general doctor. All visit types reported on this page include those provided via telehealth.

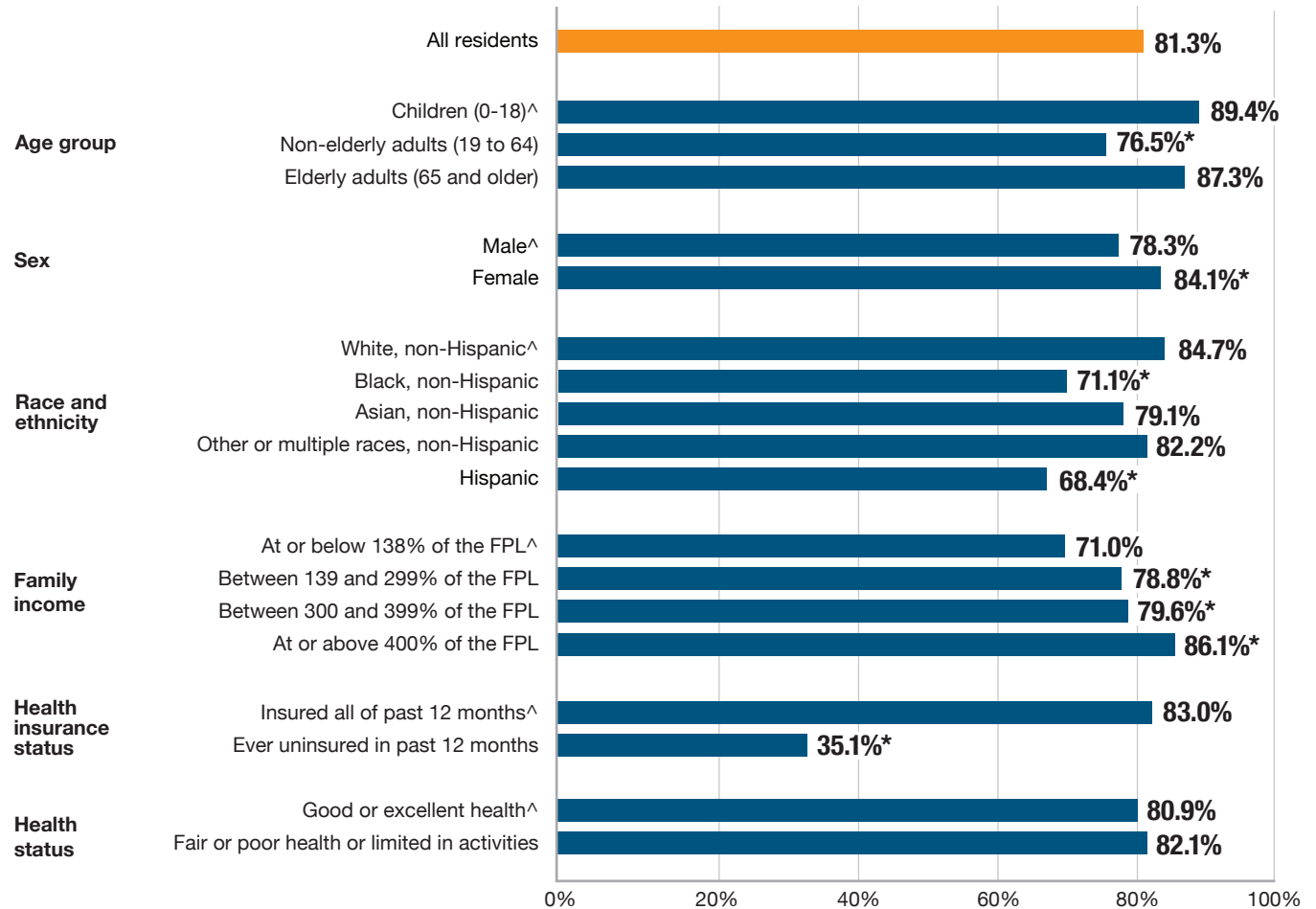
Data Source: 2023 Massachusetts Health Insurance Survey

Visit for Preventive Care in the Past 12 Months by Resident Characteristics, 2023

Most Massachusetts residents reported a visit for preventive care in the past 12 months (81.3%). Children aged 18 and under (89.4%) were more likely than adults aged 19 to 64 to report a preventive care visit over this period (76.5%).

Hispanic and non-Hispanic Black residents were less likely than non-Hispanic White residents to report preventive care visits (68.4% and 71.1%, respectively, vs. 84.7%). Relative to residents with continuous health insurance coverage, residents who were uninsured at any time in the past 12 months were less likely to report a preventive care visit (35.1% vs. 83.0%).

Not all residents would be expected to need a preventive care visit over the course of a year; these estimates do not necessarily reflect unmet need for preventive care.



Note: FPL = Federal Poverty Level. Preventive care is defined as a visit to a general doctor, nurse practitioner, physician assistant, or midwife for a "check-up, physical examination, or for other preventive care." Visits for preventive care include those provided via telehealth. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

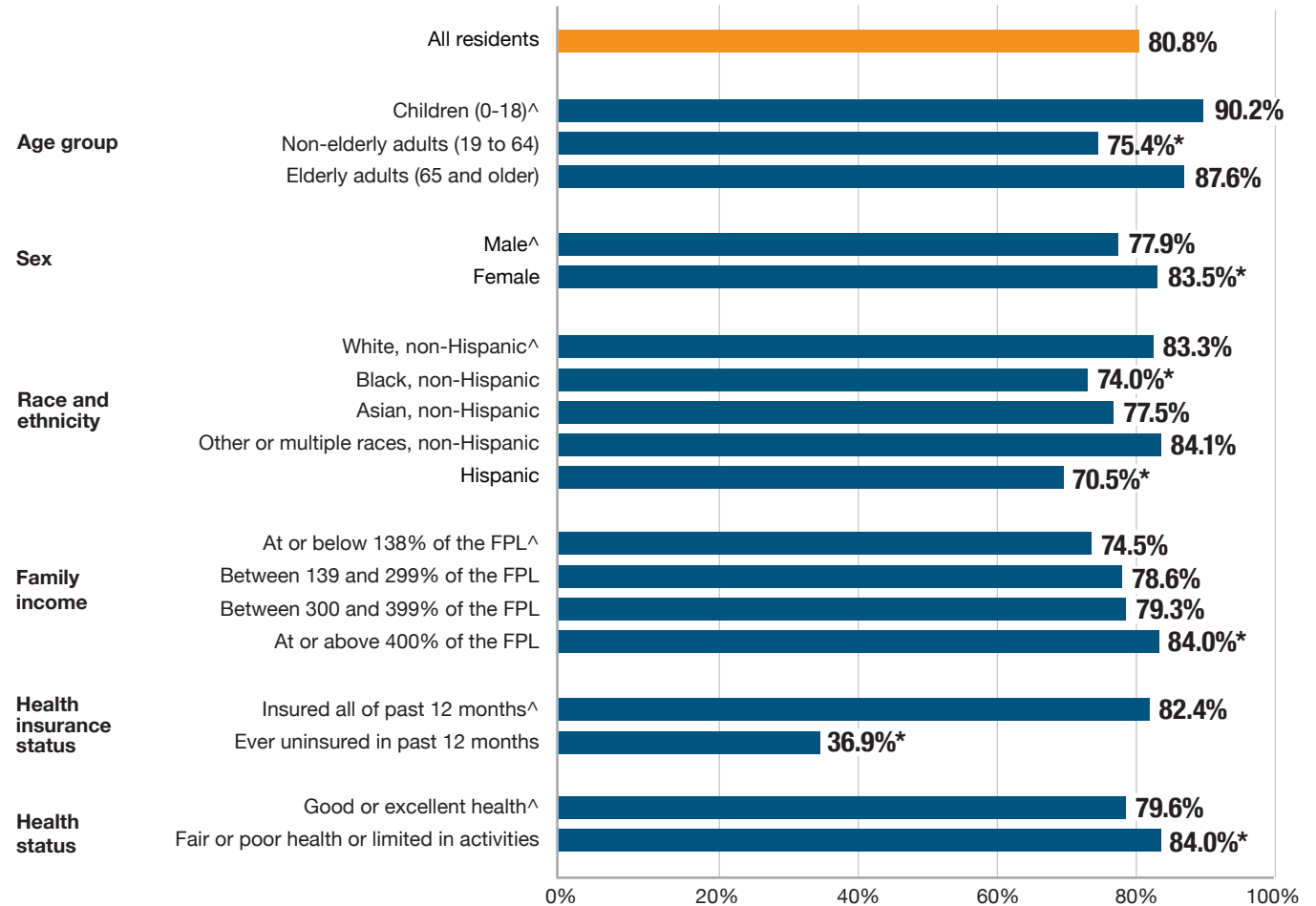
Health Care Access and Utilization for Residents

Although most Massachusetts residents (80.8%) reported a visit to a general doctor over the past 12 months in 2023, there were some groups who were less likely to report a visit.

Compared to non-Hispanic White residents, Hispanic and non-Hispanic Black residents were less likely to report a visit a general doctor in the past 12 months (83.3% vs. 70.5%).

Residents who were uninsured at any time in the past 12 months were substantially less likely to report a visit to a general doctor than residents continuously insured for the past 12 months (36.9% vs. 82.4%).

Visit to a General Doctor in the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Visits to a general doctor include those provided via telehealth, as well as visits to receive a vaccine if the resident saw a general doctor. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

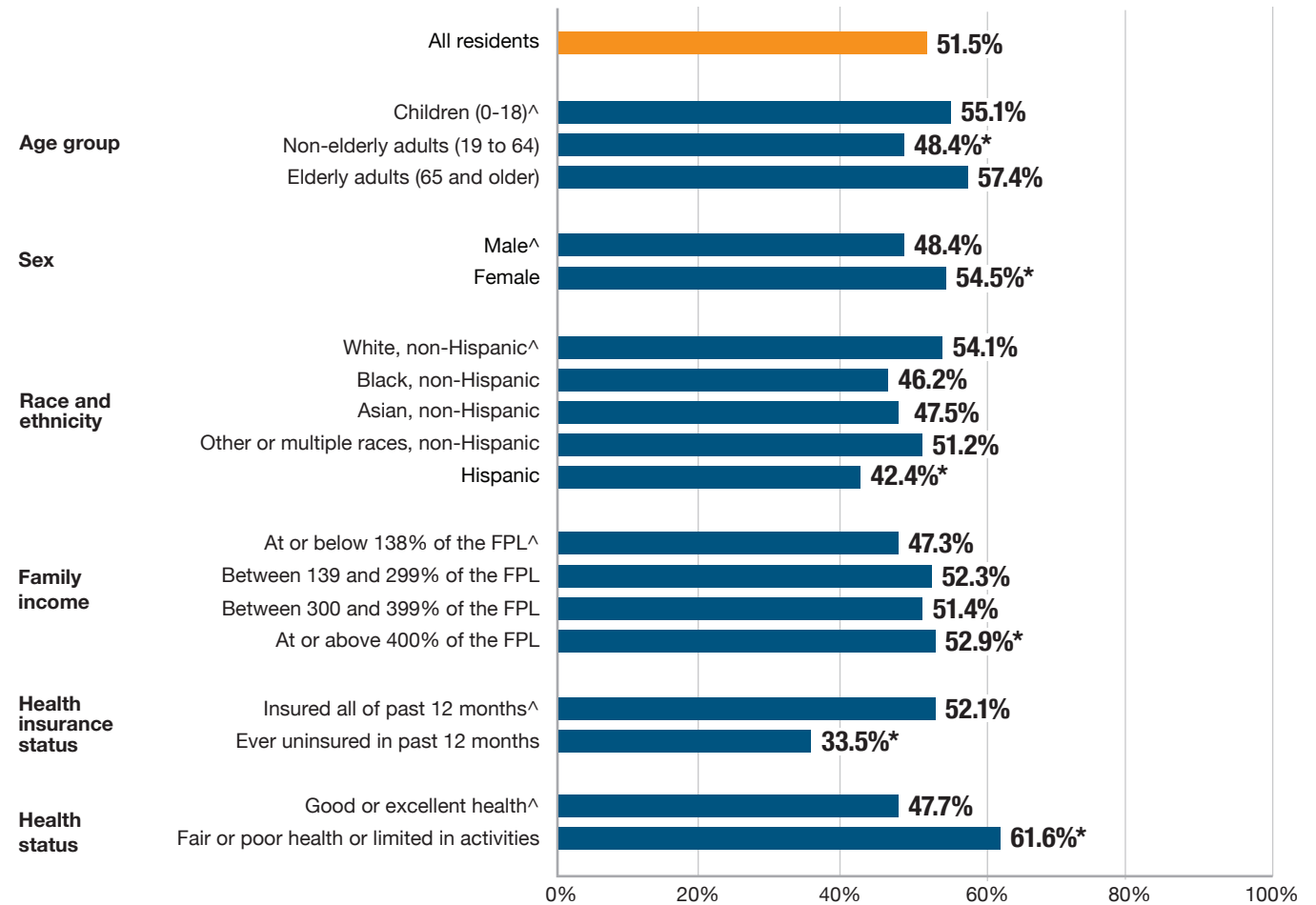
Health Care Access and Utilization for Residents

In 2023, more than half (51.5%) of Massachusetts residents reported a visit to a nurse practitioner, physician assistant, or midwife in the past 12 months.

Adults aged 19 to 64 (48.4%) were less likely to have visits with these providers than children (55.1%).

Hispanic residents (42.4%) and residents uninsured at any time in the past 12 months (33.5%) were each less likely than non-Hispanic White residents (54.1%), and those insured continuously in the past 12 months (52.1%), respectively, to have a health care visit with these provider types.

Visit to a Nurse Practitioner, Physician Assistant, or Midwife in the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Visits to a nurse practitioner, physician assistant or midwife include those provided via telehealth, as well as visits to receive a vaccine if the resident saw a nurse practitioner, physician assistant or midwife. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

[^]Reference group

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

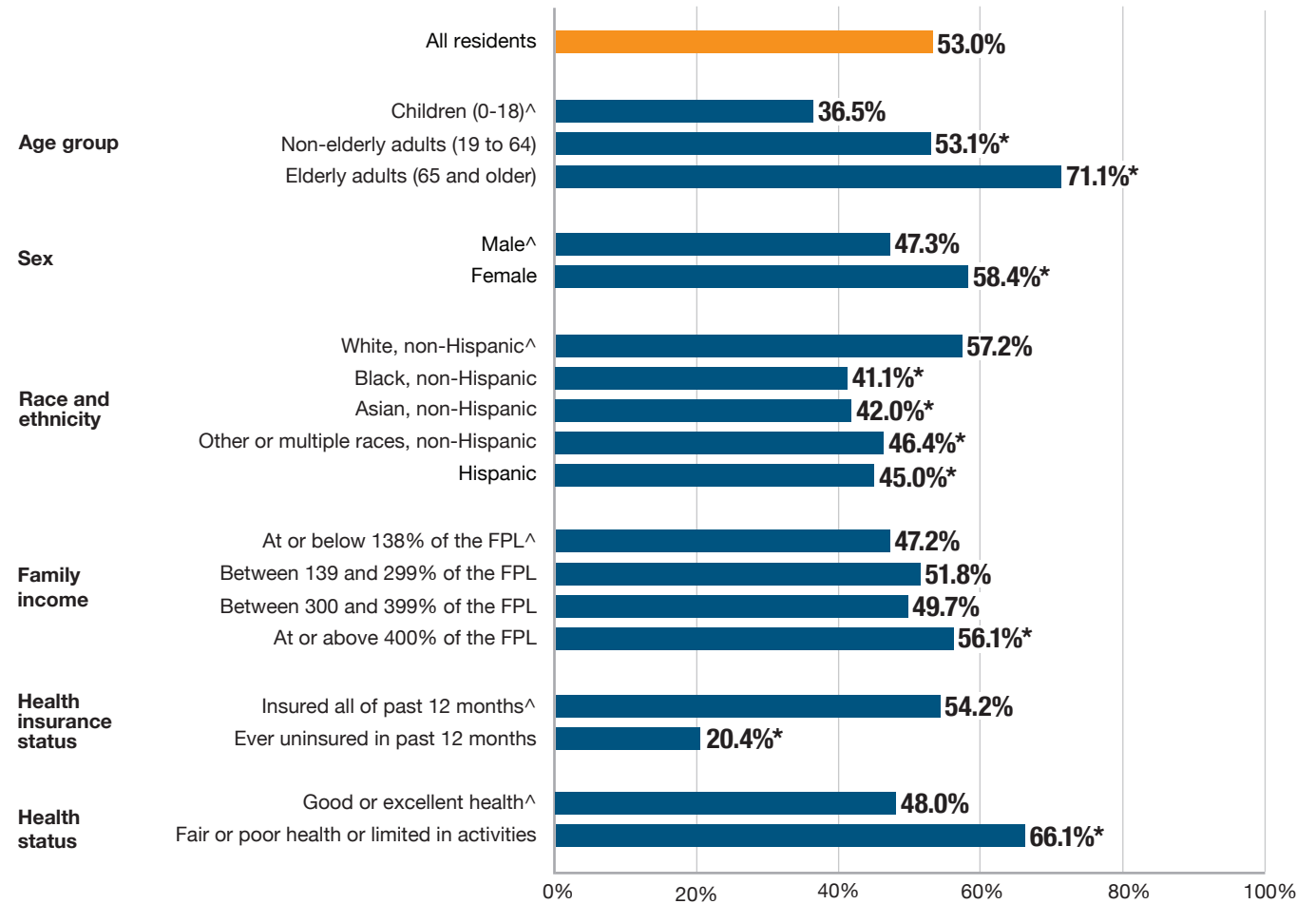
Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Access and Utilization for Residents

More than half (53.0%) of Massachusetts residents reported a specialist visit in the past 12 months. Specialist visits were more common among elderly adults (71.1%) relative to children (36.5%) and for residents with fair or poor health or activity limitations (66.1%) relative to those in good or excellent health without limitations (48.0%).

Those who were uninsured at any time in the past 12 months were substantially less likely to report a visit to a specialist (20.4%) than residents who were insured continuously in the past 12 months (54.2%).

Visit to a Specialist in the Past 12 Months by Resident Characteristics, 2023



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

[^]Reference group

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

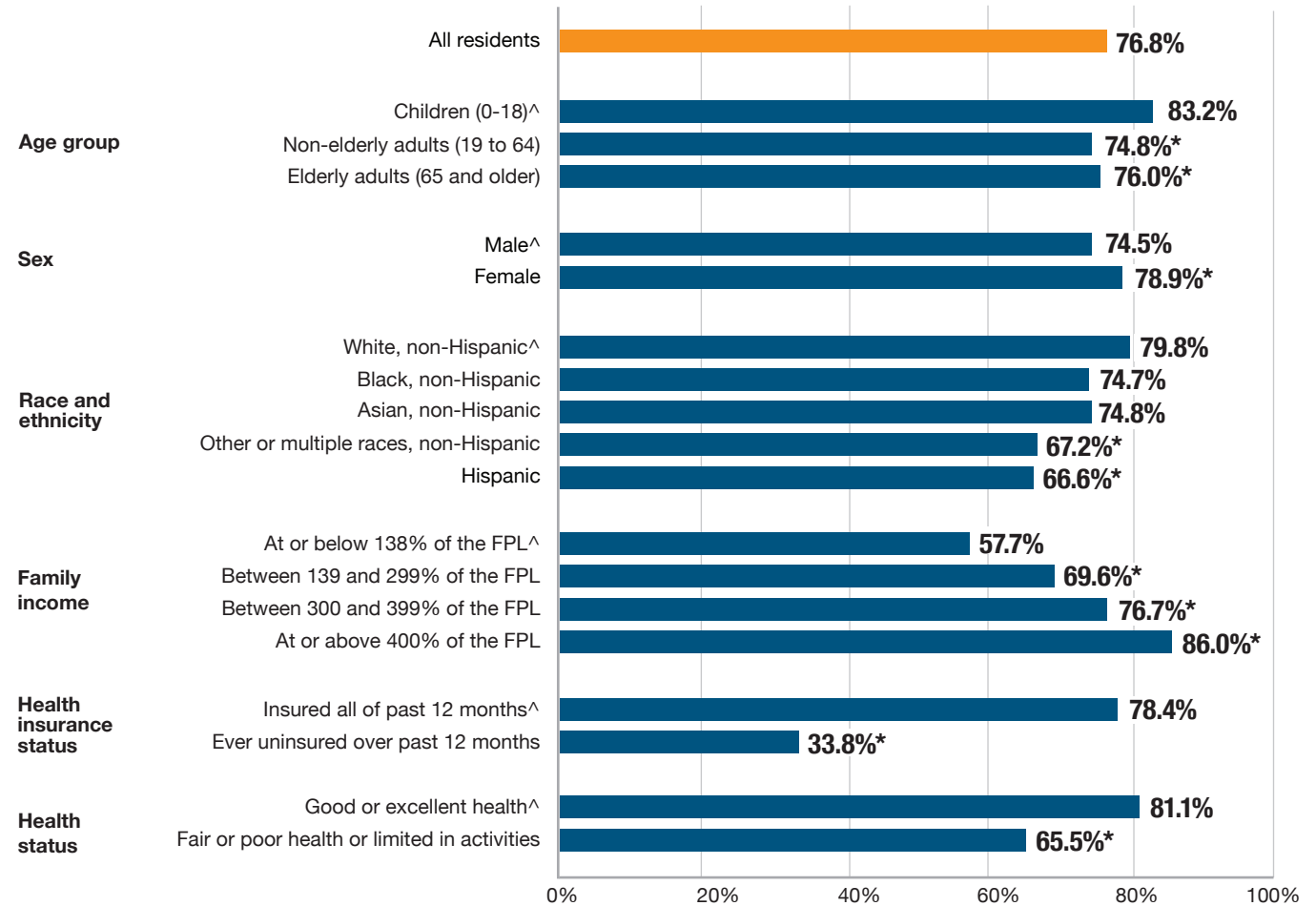
Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Access and Utilization for Residents

In 2023, almost one in four Massachusetts residents did not have a visit for dental care in the past 12 months. While we do not have information on dental insurance, residents with gaps in health insurance are less likely to have continuous dental insurance.

Non-Hispanic White residents were more likely to report dental visits (79.8%) than Hispanic residents (66.6%) or non-Hispanic residents who are multiracial or self-identified a racial group not listed (67.2%). Dental care visits were higher among those with higher family incomes: only 57.7% of residents at or below 138% of the FPL had a visit compared with 86.0% of residents at or above 400% of the FPL. Those uninsured at any time in the past 12 months were substantially less likely to have had a dental visit than those insured continuously in the past 12 months (33.8% vs. 78.4%).

Visit for Dental Care in the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Dental care visits include those provided via telehealth. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Access and Utilization for Residents

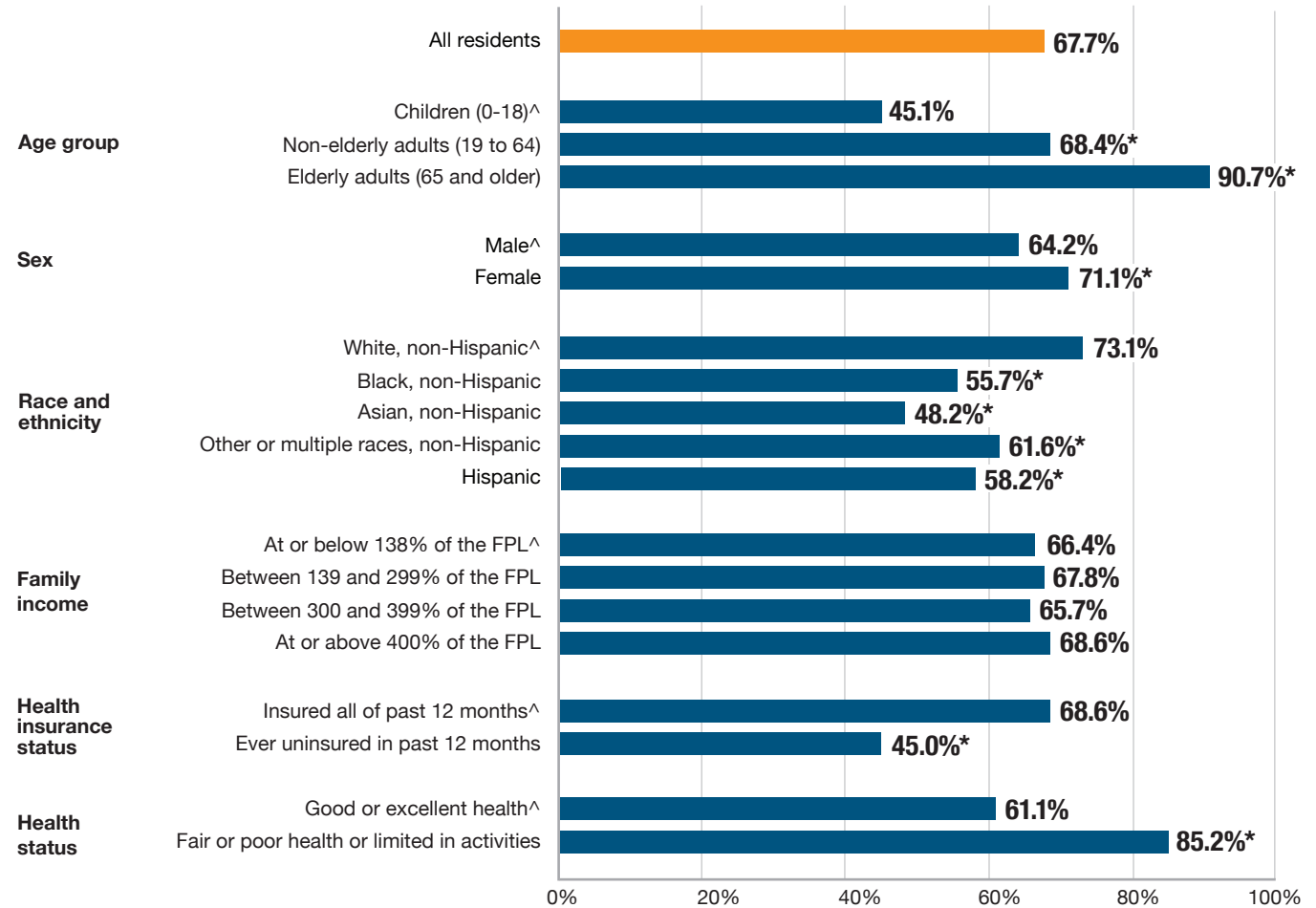
In 2023, approximately two-thirds (67.7%) of Massachusetts residents reported taking one or more prescription drugs in the past 12 months.

Adults, especially elderly adults, were more likely than children to report prescription drug use (90.7% vs. 45.1%).

Non-Hispanic Asian residents were less likely to report prescription drug use in the past 12 months (48.2%) compared with non-Hispanic White residents (73.1%).

In addition, 85.2% of residents in fair or poor health or with activity limitations reported taking prescription drugs in the past 12 months compared to 61.1% of those who reported being in good or excellent health without activity limitations.

Prescription Drug Use Over the Past 12 Months by Resident Characteristics, 2023



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

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

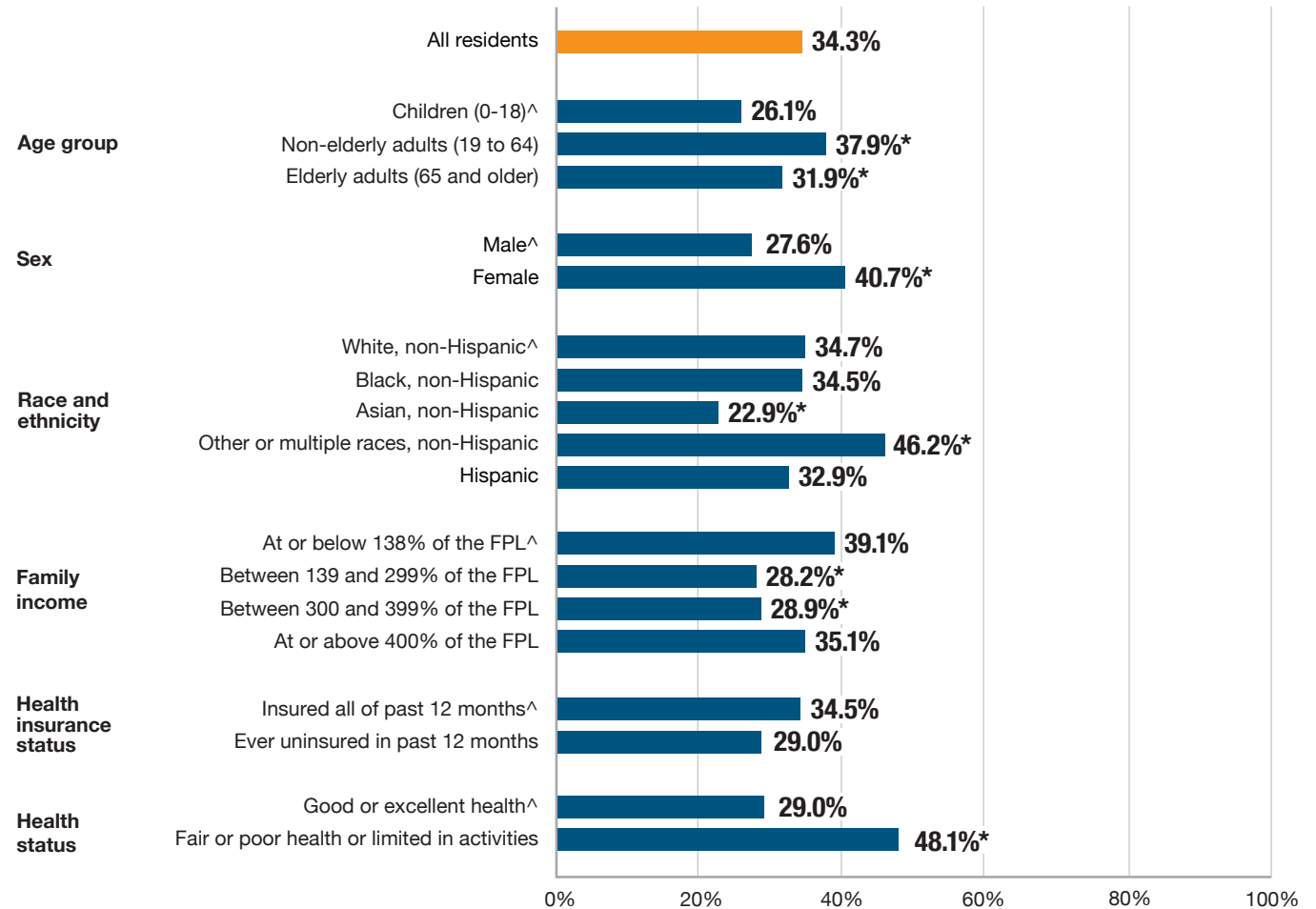
Health Care Access and Utilization for Residents

More than one in three (34.3%) residents indicated they had a telehealth visit in the past 12 months.

Female residents were more likely than male residents to report a telehealth visit in the past 12 months (40.7% vs. 27.6%).

Almost half (46.2%) of non-Hispanic residents who indicated multiracial or self-identified a racial group not listed reported a telehealth visit during the same period, which was higher than non-Hispanic White residents (34.7%). Residents who reported being in fair or poor health or had an activity limitation were more likely to report a telehealth visit in the past 12 months compared with those in good or excellent health with no activity limitations (48.1% vs. 29.0%).

Any Telehealth Visit in the Past 12 Months by Resident Characteristics, 2023



Note: Telehealth visits were defined as health care visits provided by "video, phone, email, text, or chat." FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

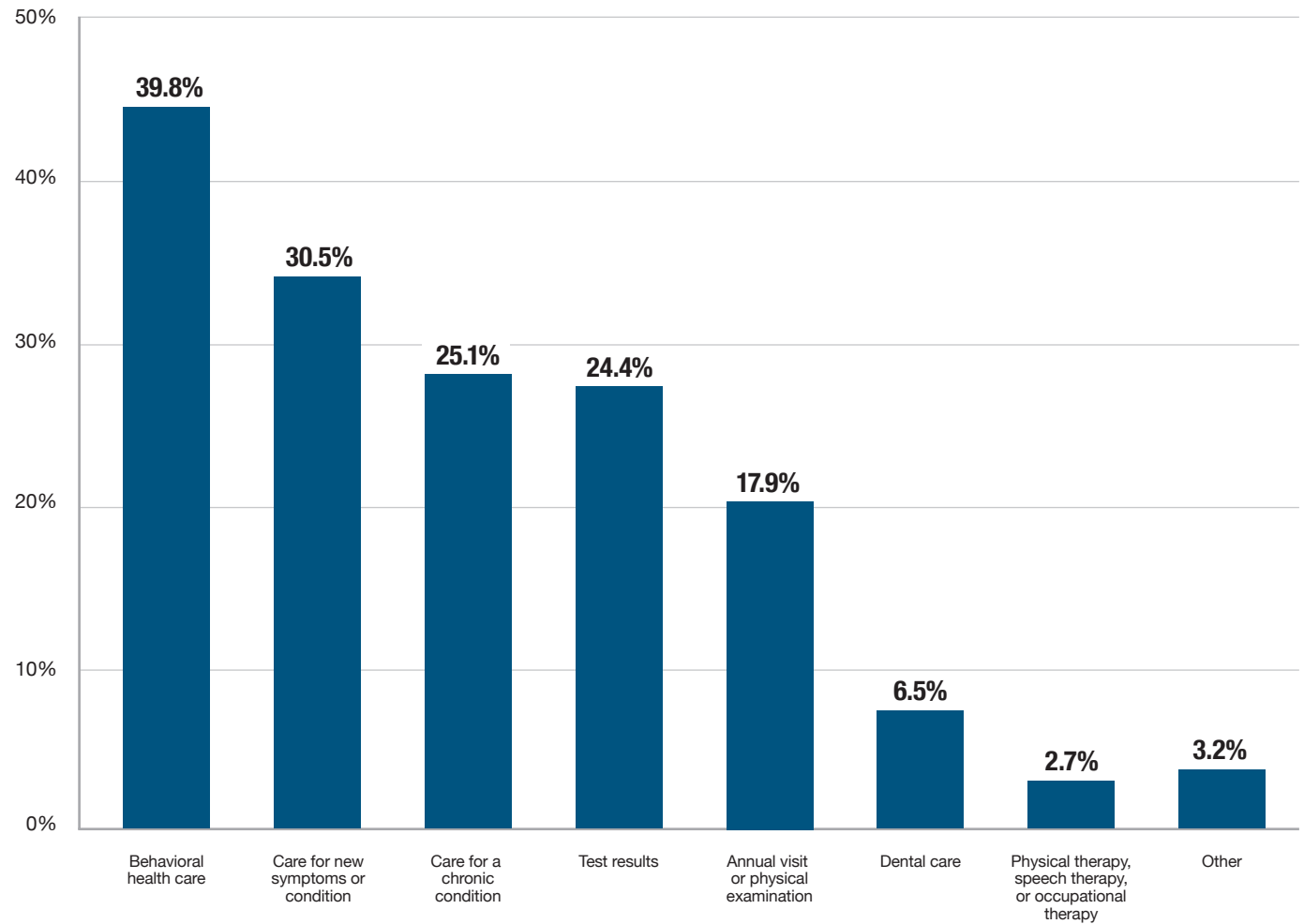
^Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

Type of Care Received Through Telehealth in Past 12 Months, 2023

Among Massachusetts residents who reported a telehealth visit in the past 12 months, the most common types of care were for behavioral health (39.8%), new symptoms or conditions (30.5%), or a chronic condition (25.1%). Telehealth was less common for visits that typically require physical contact, including annual visits (17.9%), dental care (6.5%), or physical therapy, speech therapy, or occupational therapy (2.7%).



Note: Telehealth visits were defined as health care visits provided "by video, phone, email, text, or chat."

Other include telehealth visits for pregnancy care or something else in the last 12 months. Behavioral health visits include visits for mental health or alcohol or substance use disorders. Residents were asked to select all applicable options.

Data Source: 2023 Massachusetts Health Insurance Survey

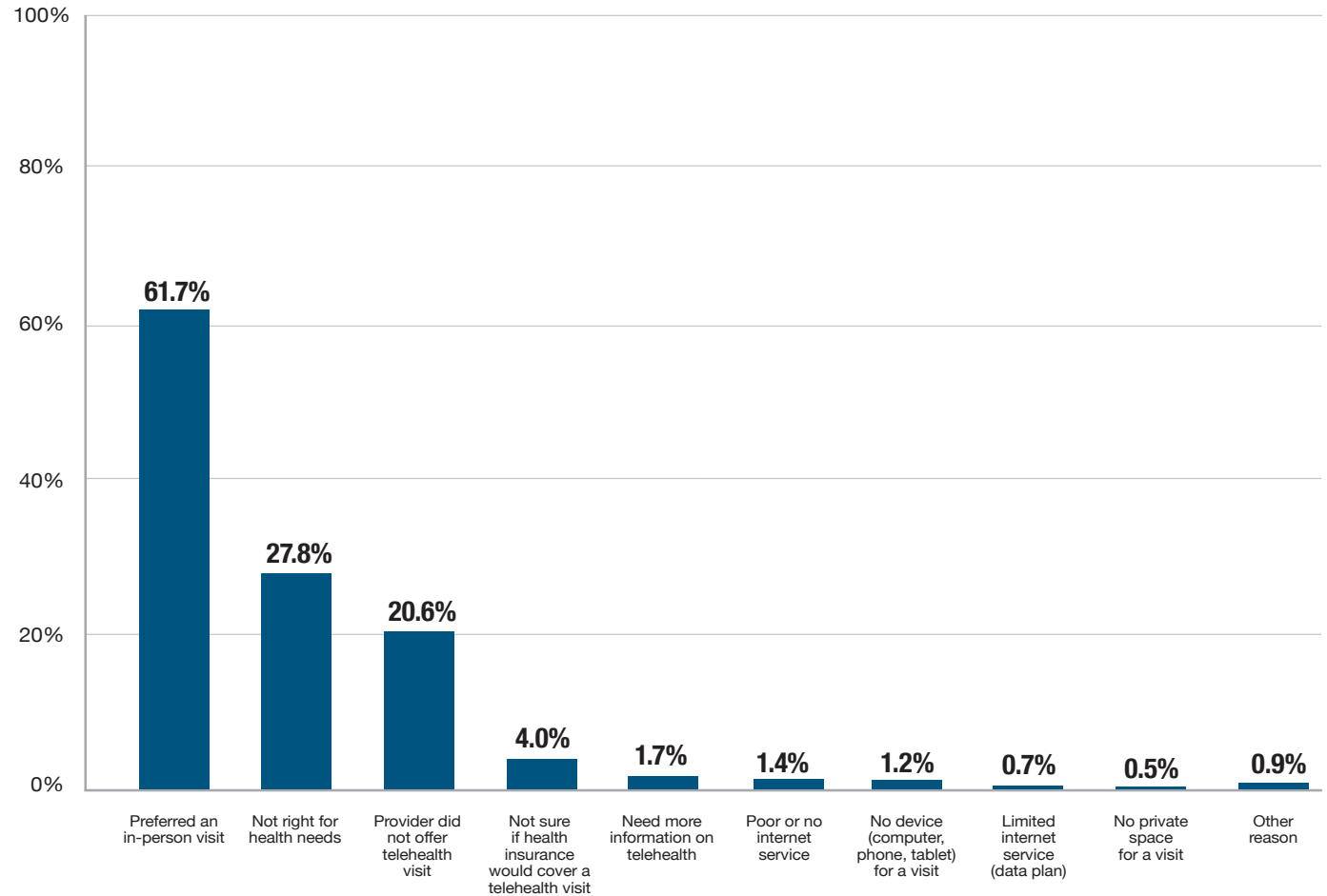
Health Care Access and Utilization for Residents

In 2023, 65.7% of residents reported no telehealth visits in the past 12 months. Among these residents, the most common reason reported for in-person care for their most recent appointment was that they preferred an in-person visit (61.7%).

One in four residents (27.8%) with no telehealth in the past 12 months reported telehealth was not right for their health needs at their most recent appointment and 20.6% reported that telehealth was not offered by that provider.

Residents were substantially less likely to report going for in-person care because they were not sure if insurance would cover telehealth (4.0%), they needed more information on telehealth (1.7%), or issues related to internet service (1.4%), devices (1.2%), internet service/data plans (0.7%), or lacking a private space for the visit (0.5%).

Among Those With No Telehealth in the Past 12 Months, Reasons for In-Person Care Instead of Telehealth, 2023

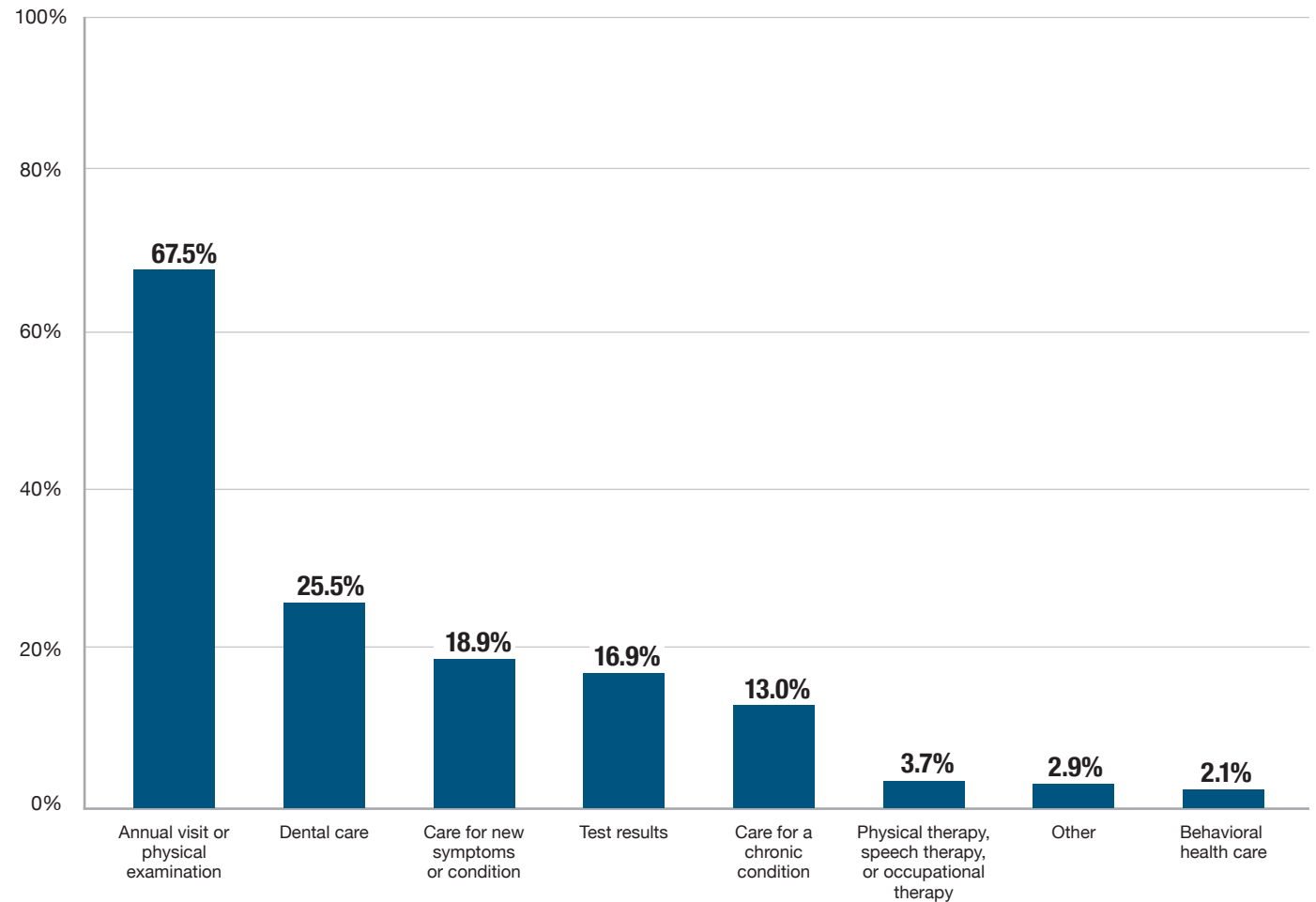


Note: Telehealth visits were defined as health care visits provided "by video, phone, email, text, or chat." Residents were asked to select all applicable options.

Data Source: 2023 Massachusetts Health Insurance Survey

Among Massachusetts residents who reported no telehealth visits in the past 12 months, the most common types of care for their most recent in-person visit were annual visits or physical examinations (67.5%), followed by dental care (25.5%).

Most Recent Type of Care Received In-Person Among Those With No Telehealth Visits in the Past 12 Months, 2023



Note: Behavioral health visits include visits for mental health or alcohol or substance use disorders.
Data Source: 2023 Massachusetts Health Insurance Survey

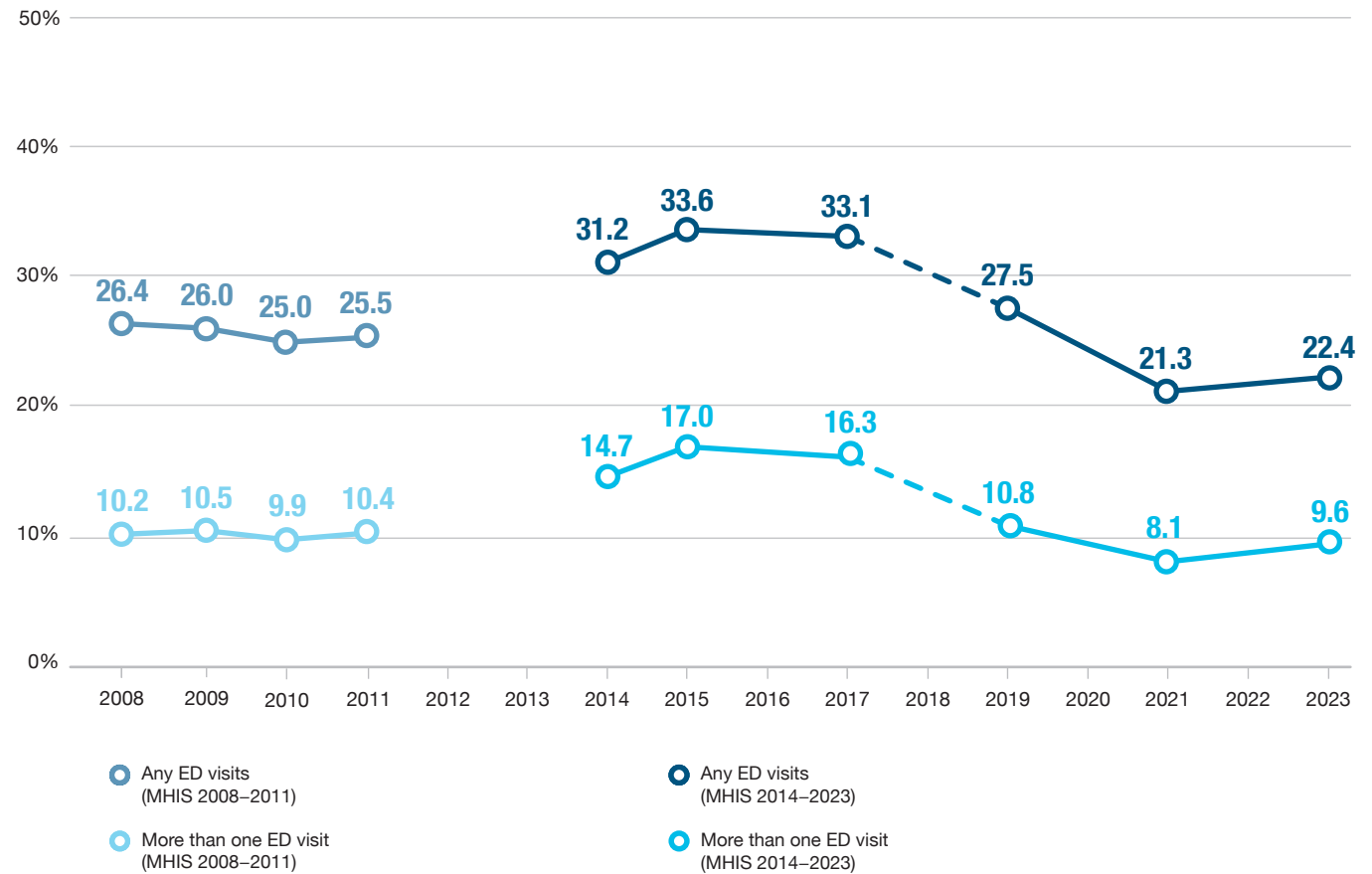
Health Care Access and Utilization for Residents

Just over one fifth of residents reported a visit to the ED in 2023 (22.4%).

Nearly one in 10 residents reported multiple ED visits in the past 12 months (9.6%).

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

ED Visits Over the Past 12 Months, 2008-2023



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

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

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

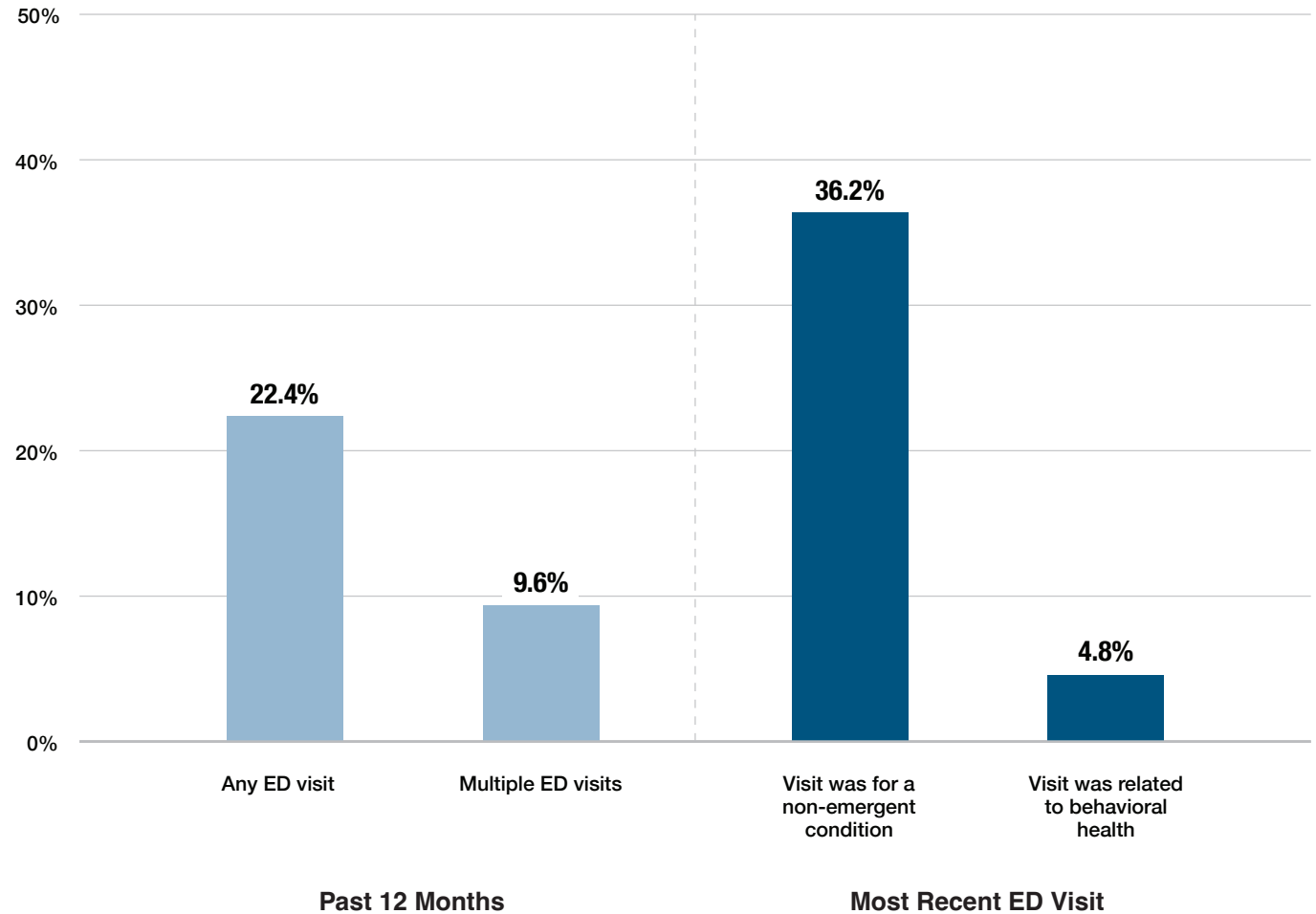
Health Care Access and Utilization for Residents

In 2023, 22.4% of Massachusetts residents reported an ED visit and 9.6% reported multiple ED visits.

Among Massachusetts residents with an ED visit in the past 12 months, one-third (36.2%) reported that their most recent visit was for a non-emergency condition, defined as a condition that could have been treated by a general doctor if one had been available.

Among residents with an ED visit in the past 12 months, 4.8% of residents reported that their most recent visit was related to behavioral health.

ED Visits Over the Past 12 Months by Type, 2023



Note: ED = Emergency department. The categories of reasons for the most recent ED visit listed above are not mutually exclusive. Residents were asked to select all applicable options. Visits related to behavioral health include visits related to mental health (4.5%) and visits related to alcohol or substance use disorders (0.7%). Non-emergent conditions are defined as conditions that residents thought could have been treated by a regular doctor if one had been available.

Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Access and Utilization for Residents

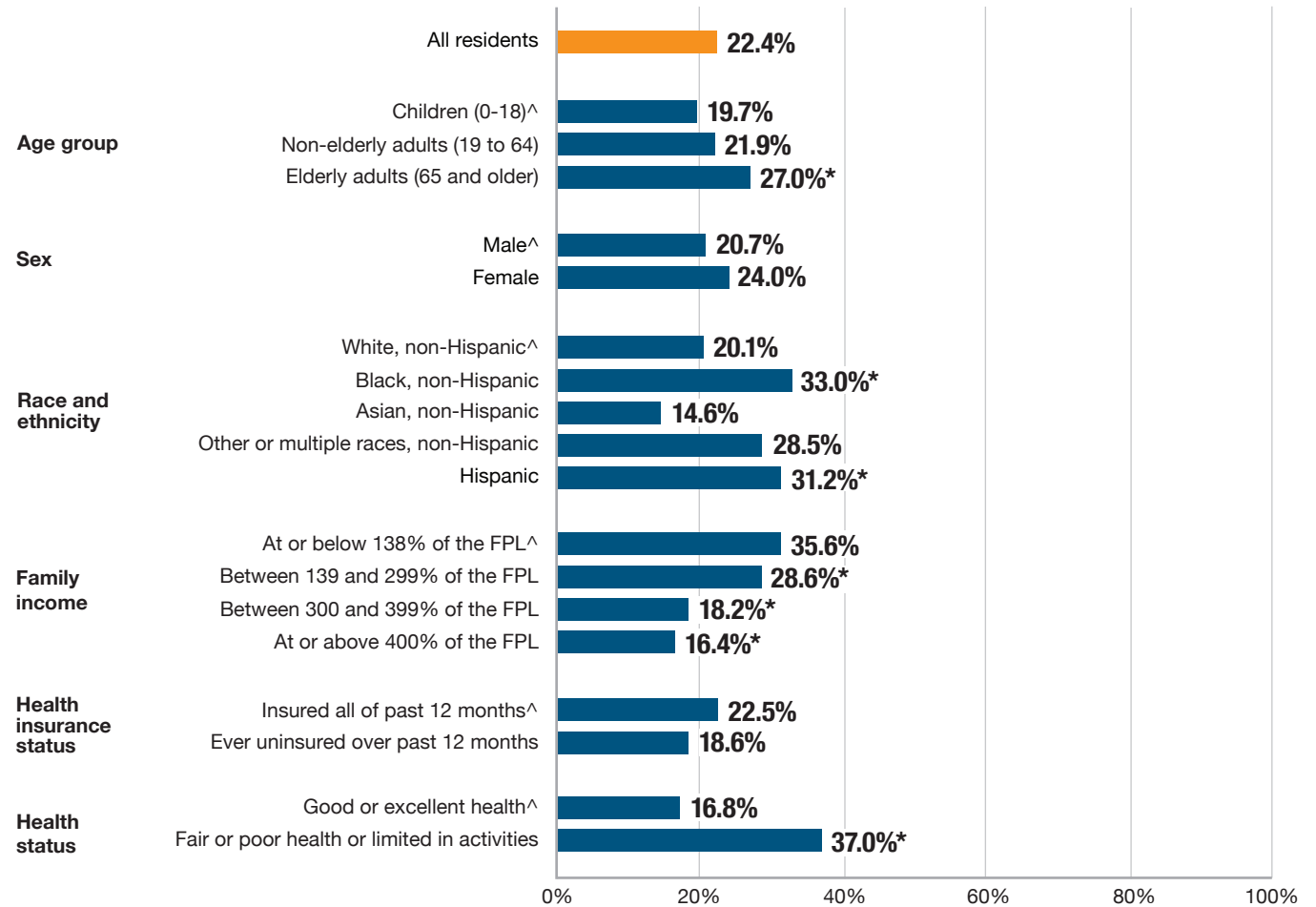
In 2023, one in five Massachusetts residents reported at least one ED visit in the past 12 months.

Compared to non-Hispanic White residents, non-Hispanic Black and Hispanic residents were more likely to have at least one ED visit in the past 12 months (20.1% vs. 33.0% and 31.2%, respectively).

Residents with a family income at or below 138% of the FPL were substantially more likely than those at or above 400% of the FPL to have at least one ED visit in the past 12 months (35.6% vs. 16.4%).

Residents reporting fair or poor health or an activity limitation were more than twice as likely as those in good or excellent health to have had at least one visit to the ED over this period (37.0% vs. 16.8%).

ED Visit in the Past 12 Months by Resident Characteristics, 2023



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

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

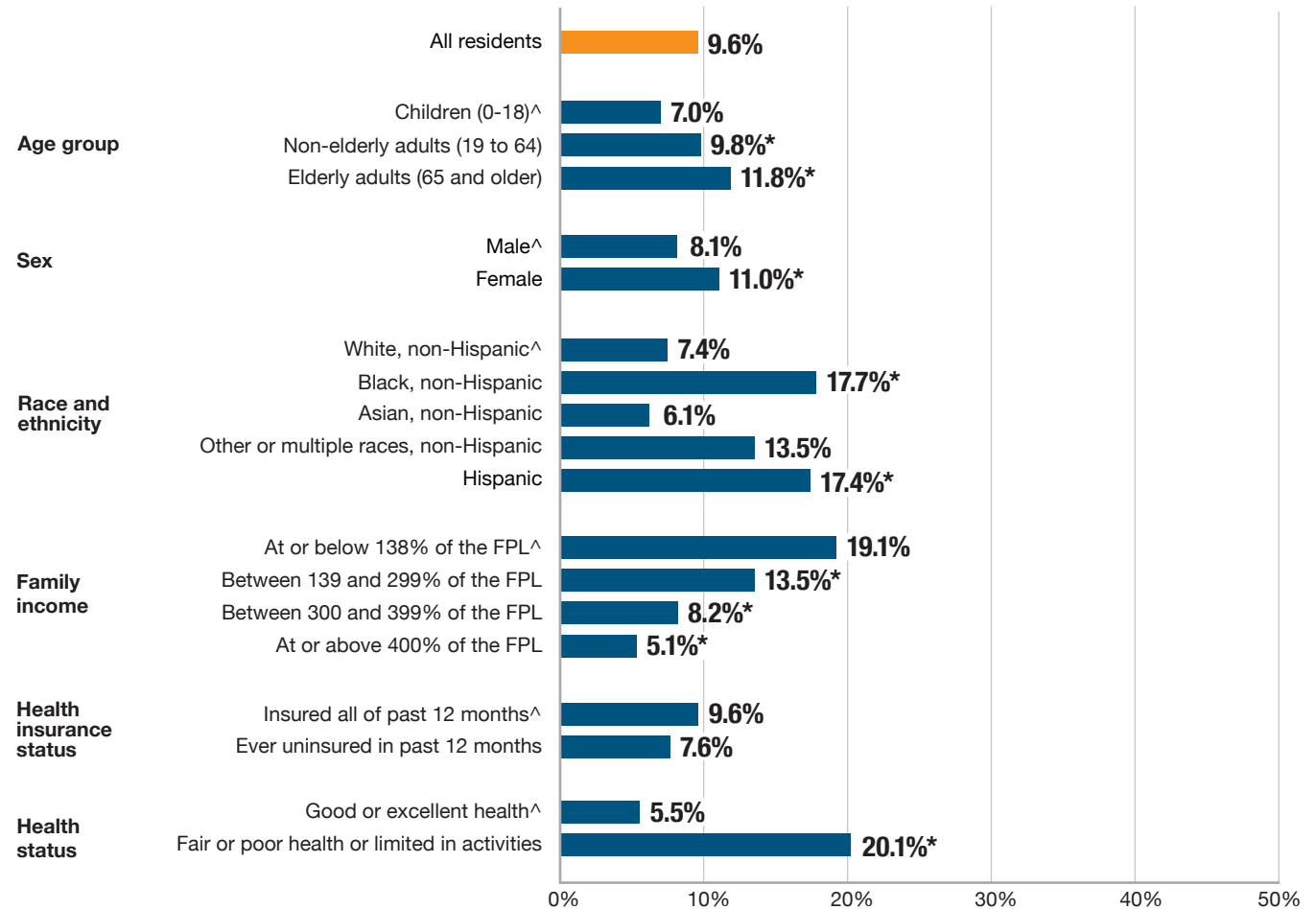
Health Care Access and Utilization for Residents

In 2023, 9.6% of Massachusetts residents reported multiple visits to the ED in the past 12 months. Non-Hispanic Black and Hispanic residents were more than twice as likely as non-Hispanic White residents to report multiple ED visits.

Residents with a family income at or below 138% of the FPL were almost four times as likely as residents at or above 400% of the FPL to report multiple ED visits (19.1% vs. 5.1%).

Similarly, the percent of multiple ED visits was almost four times higher among residents who reported fair or poor health or with activity limitations (20.1%) than those who reported good or excellent health and no limitations (5.5%).

Multiple ED Visits in the Past 12 Months by Resident Characteristics, 2023



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

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

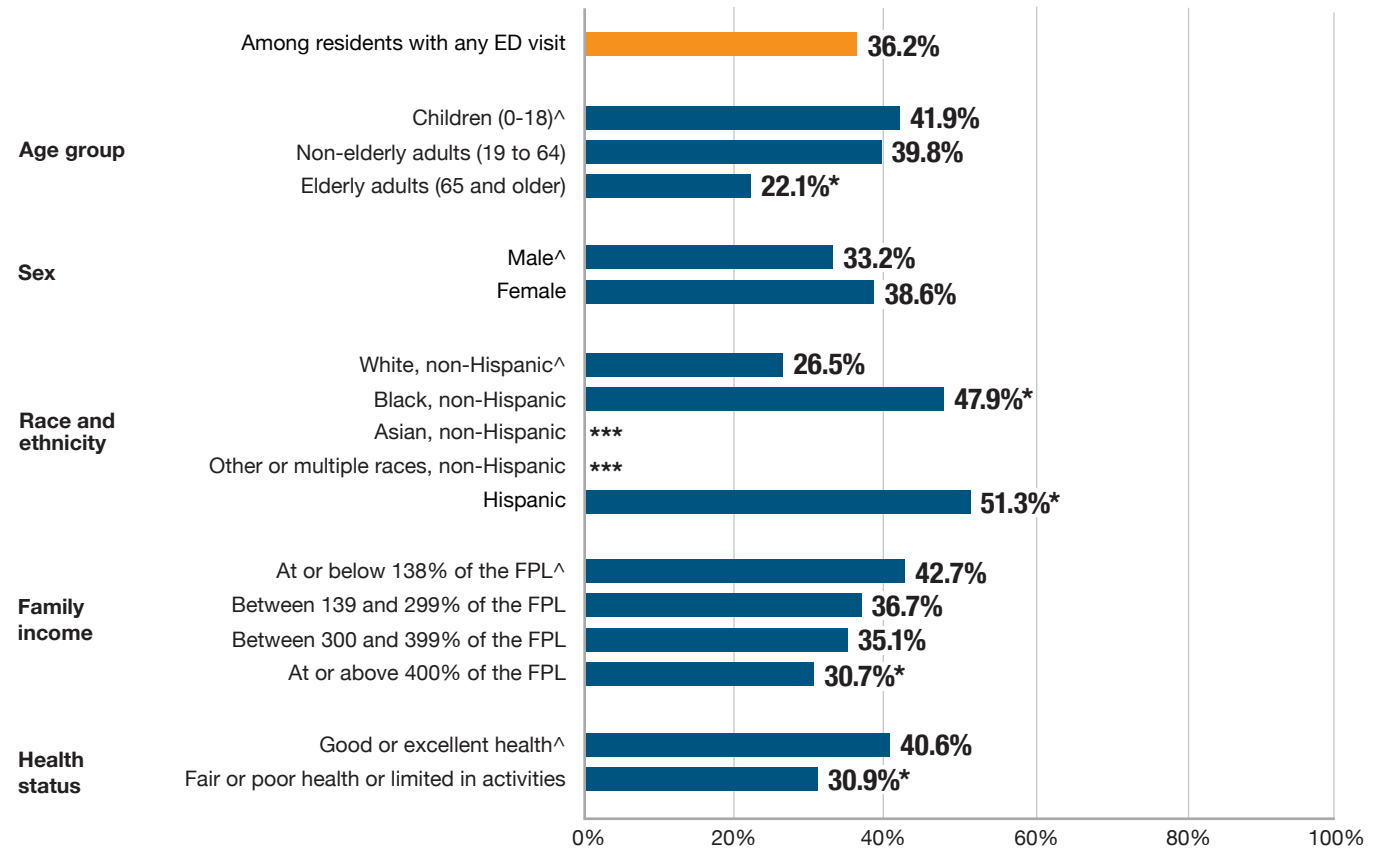
Among Residents With an ED Visit in Past 12 Months, Most Recent ED Visit Was for a Non-Emergency Condition by Resident Characteristics, 2023

In 2023, 36.2% of residents with an ED visit in the previous 12 months reported that their most recent ED visit was for a non-emergency condition.

Elderly adults reported much lower rates of their last ED visit having been for non-emergency condition (22.1%) than children (41.9%).

Among residents reporting at least one ED visit, Hispanic residents (51.3%) and non-Hispanic Black residents (47.9%) were substantially more likely to report that their last ED visit was for a non-emergency condition than non-Hispanic White residents (26.5%).

Those who reported a lower family income were more likely to report that their last ED visit was for a non-emergency condition than residents who reported a higher family income (42.7% vs. 30.7%).



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

[^]Reference group

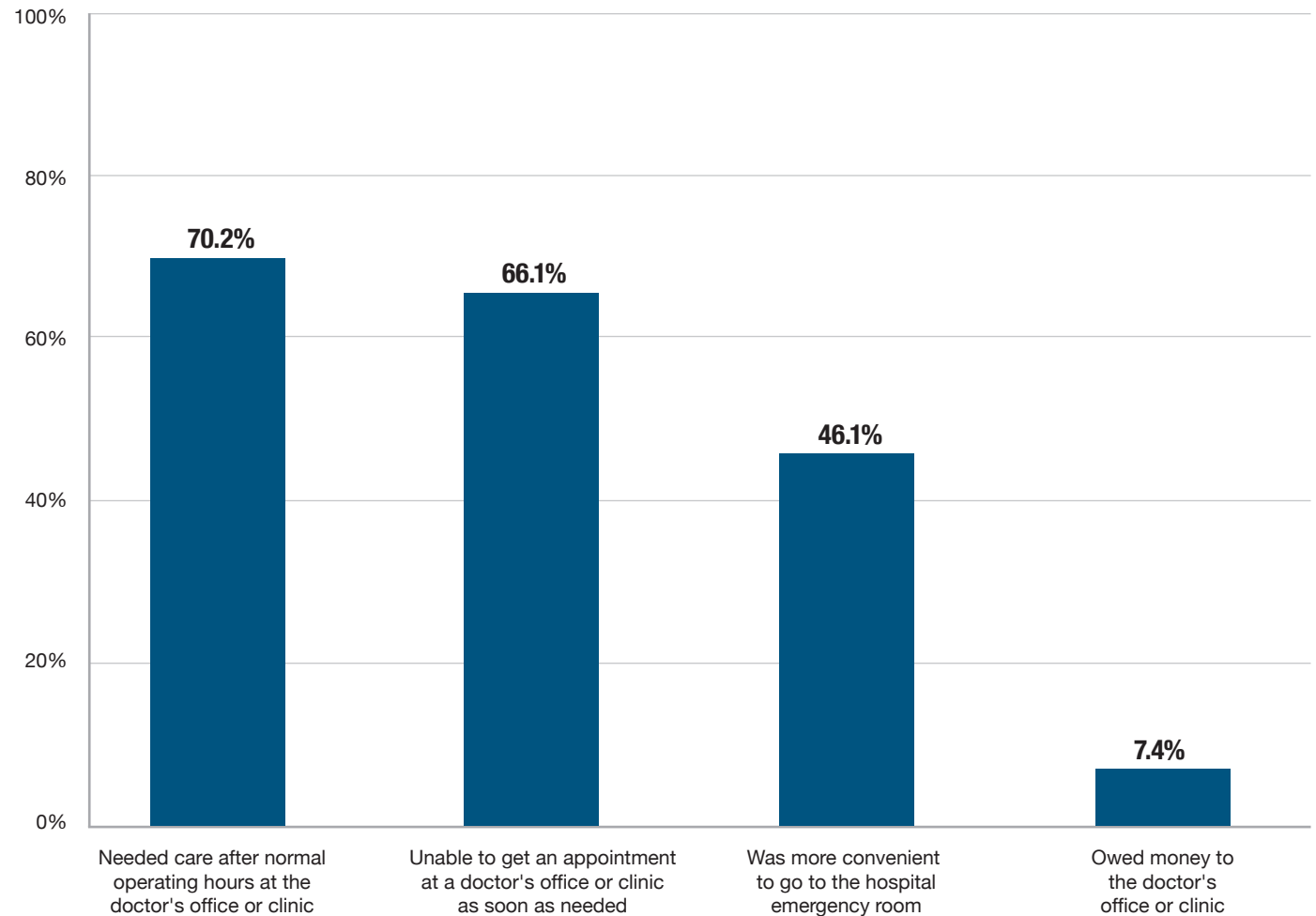
*Difference from estimate for reference group is statistically significant at the 5% level.

*** Estimates for non-Hispanic Asian and non-Hispanic other or multiple races (multiracial or self-identified a racial group not listed) are suppressed due to small sample sizes.

Data Source: 2023 Massachusetts Health Insurance Survey

Among Residents With an ED Visit for a Non-Emergency Condition in the Past 12 Months, Reasons for Most Recent Non-Emergency ED Visit, 2023

In 2023, the most common reasons reported by Massachusetts residents for visiting the ED for a non-emergency condition were related to the timing of when care was available at a doctor's office or clinic. Most residents reported that their most recent non-emergency ED visit was due to needing care after normal operating hours at the doctor's office or clinic (70.2%), followed by being unable to get an appointment at a doctor's office or clinic as soon as needed (66.1%).



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

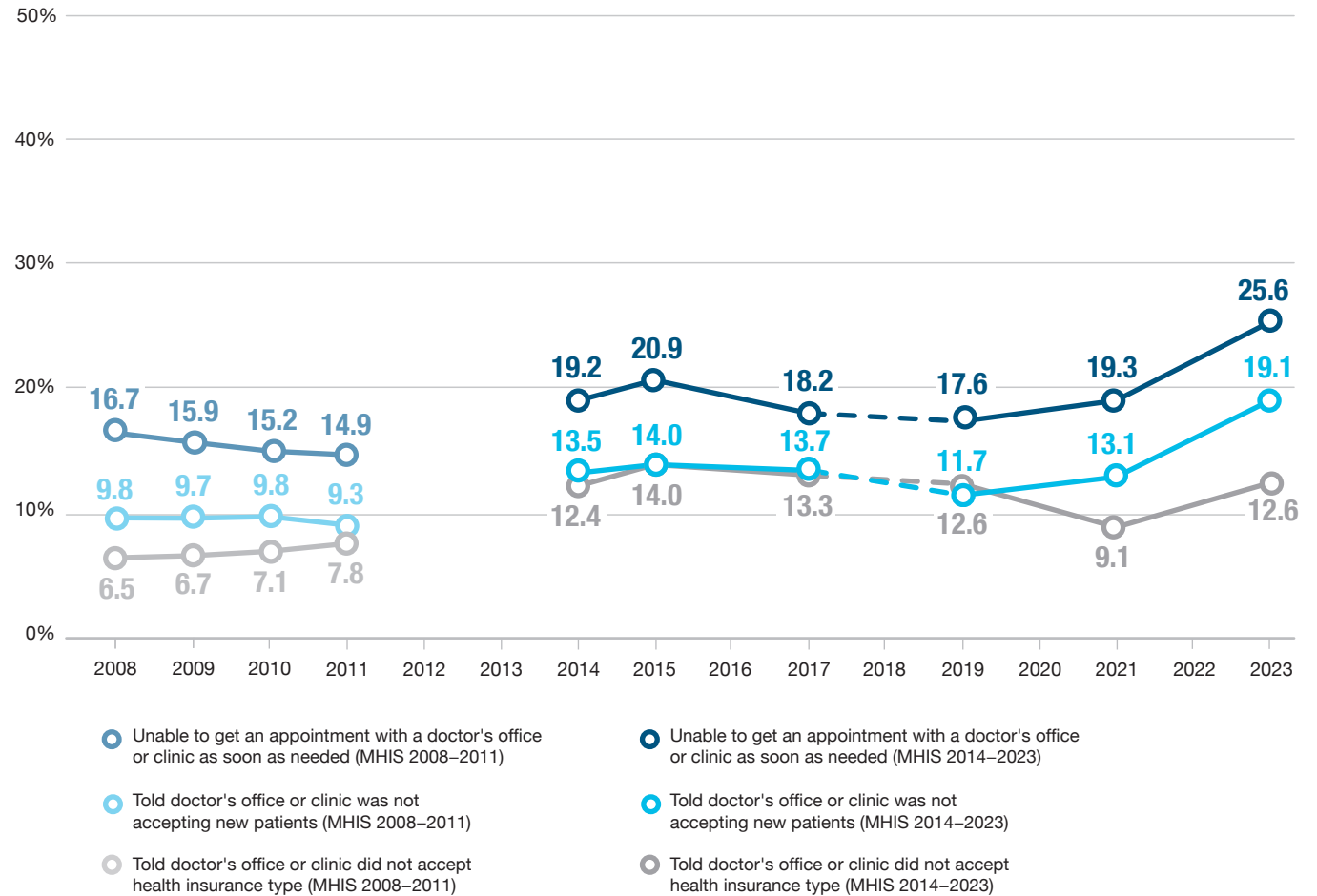
Health Care Access and Utilization for Residents

Despite the high percentage of Massachusetts residents reporting a usual source of care, some residents still faced difficulties obtaining health care in the past 12 months in 2023.

One in four residents (25.6%) reported being unable to get an appointment with a doctor's office or clinic as soon as they felt was needed, and 19.1% reported being told the doctor's office or clinic was not accepting new patients. One in eight residents (12.6%) reported being told that their doctor's office or clinic did not accept patients with their insurance.

The percentage of residents reporting difficulties accessing care has increased from 2021 to 2023 on each of these three dimensions of obtaining health care.

Difficulties Accessing Care Over the Past 12 Months, 2008-2023



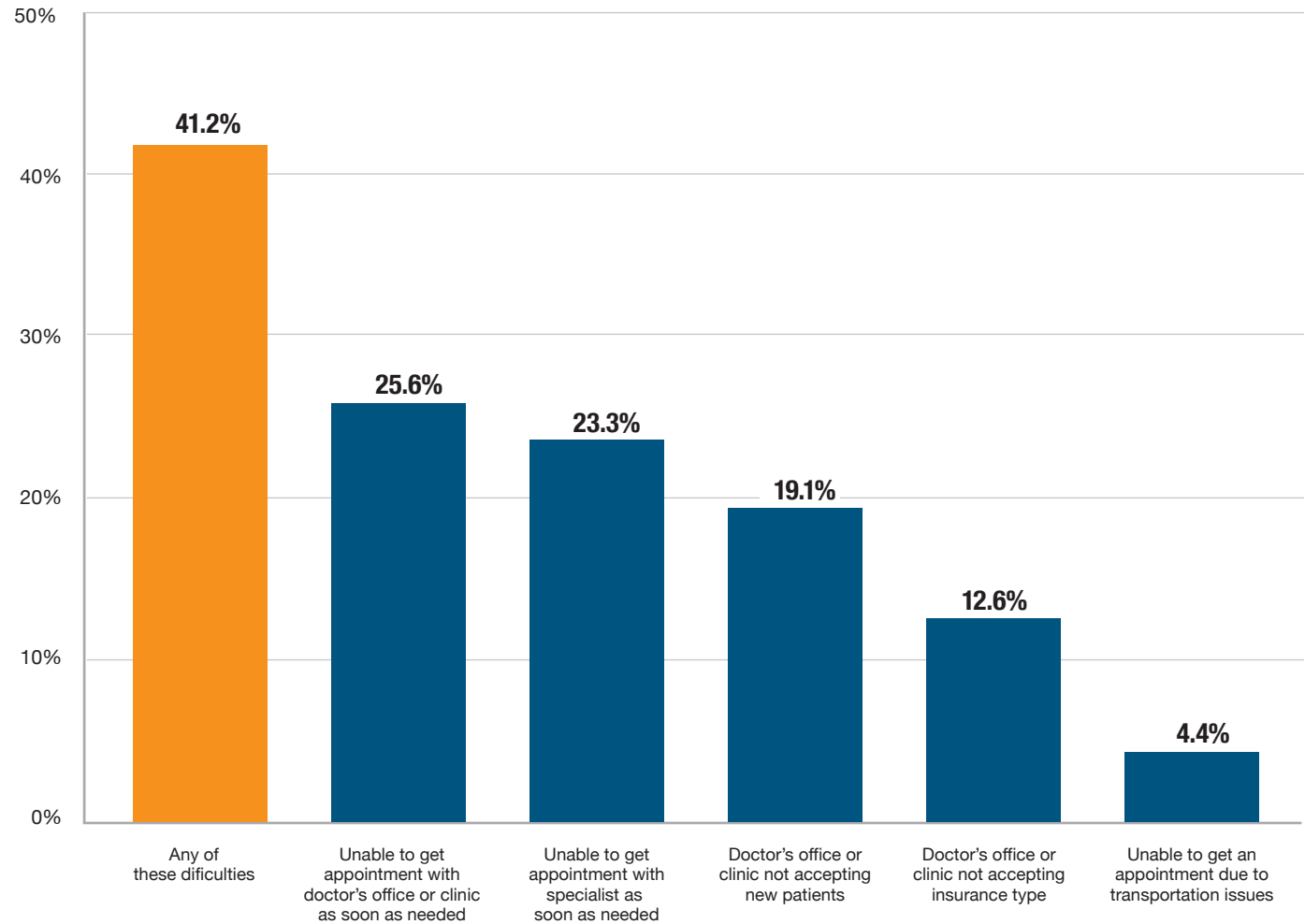
Notes: Visits to a general doctor include visits provided via telehealth. Due to changes in the MHIS survey design in 2014, the estimates for 2008-2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial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

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

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

Two-fifths (41.2%) of Massachusetts residents reported at least one type of difficulty accessing care at the doctor's office or clinic in 2023. The most commonly reported difficulties included being unable to get an appointment with a doctor's office or specialist as soon as needed (25.6% and 23.3%), or the doctor's office or clinic was not accepting new patients (19.1%), or the resident's insurance type (12.6%).

Difficulties Accessing Care Over the Past 12 Months by Type of Difficulty, 2023



Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. Any of these difficulties includes the following: unable to get an appointment with doctor's office or clinic as soon as needed; unable to get an appointment with a specialist as soon as needed; doctor's office or clinic not accepting new patients; doctor's office or clinic not accepting patients with their insurance type; and unable to get an appointment due to transportation issues.

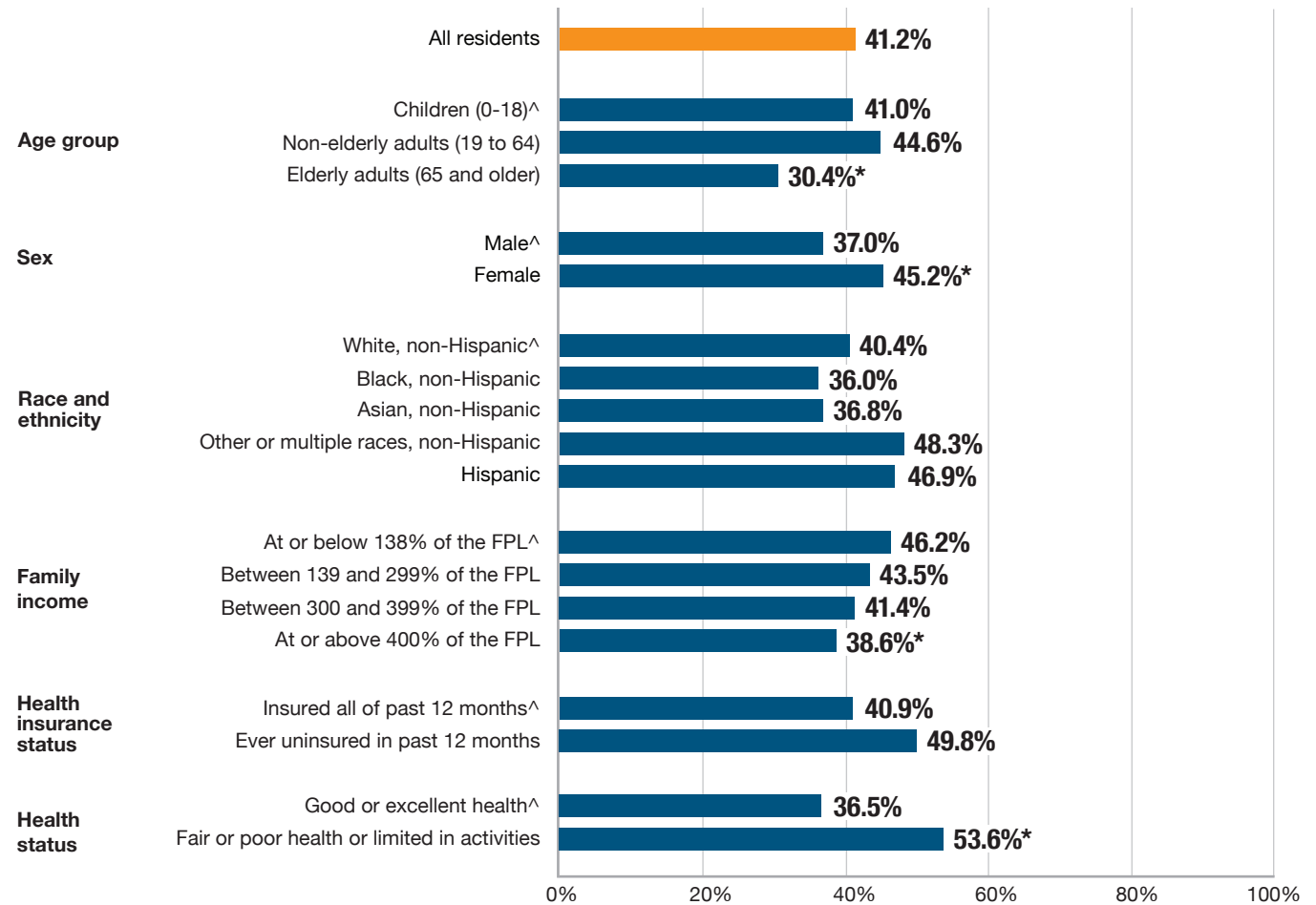
Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Access and Utilization for Residents

Children and non-elderly adults were more likely to report any difficulties accessing care relative to elderly adults (41.0%, 44.6%, respectively, vs. 30.4%). Residents who reported a family income at or below 138% of the FPL were more likely to report difficulties accessing care than those with a family income at or above 400% of the FPL (46.2% vs. 38.6%). Those in fair or poor health or with activity limitations were more likely to report difficulties relative to residents in good or excellent health without activity limitations (53.6% vs. 36.5%).

Variation among subgroups may reflect residents' different expectations about their ability to access care as well as exposures to barriers in accessing care such as structural racism, availability of scheduling and seeking care, and understanding of the health care system.

Difficulties Accessing Care Over the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Any of these difficulties includes the following: unable to get an appointment with doctor's office or clinic as soon as needed; unable to get an appointment with a specialist as soon as needed; doctor's office or clinic not accepting new patients; doctor's office or clinic not accepting patients with their insurance type; and unable to get an appointment due to transportation issues. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

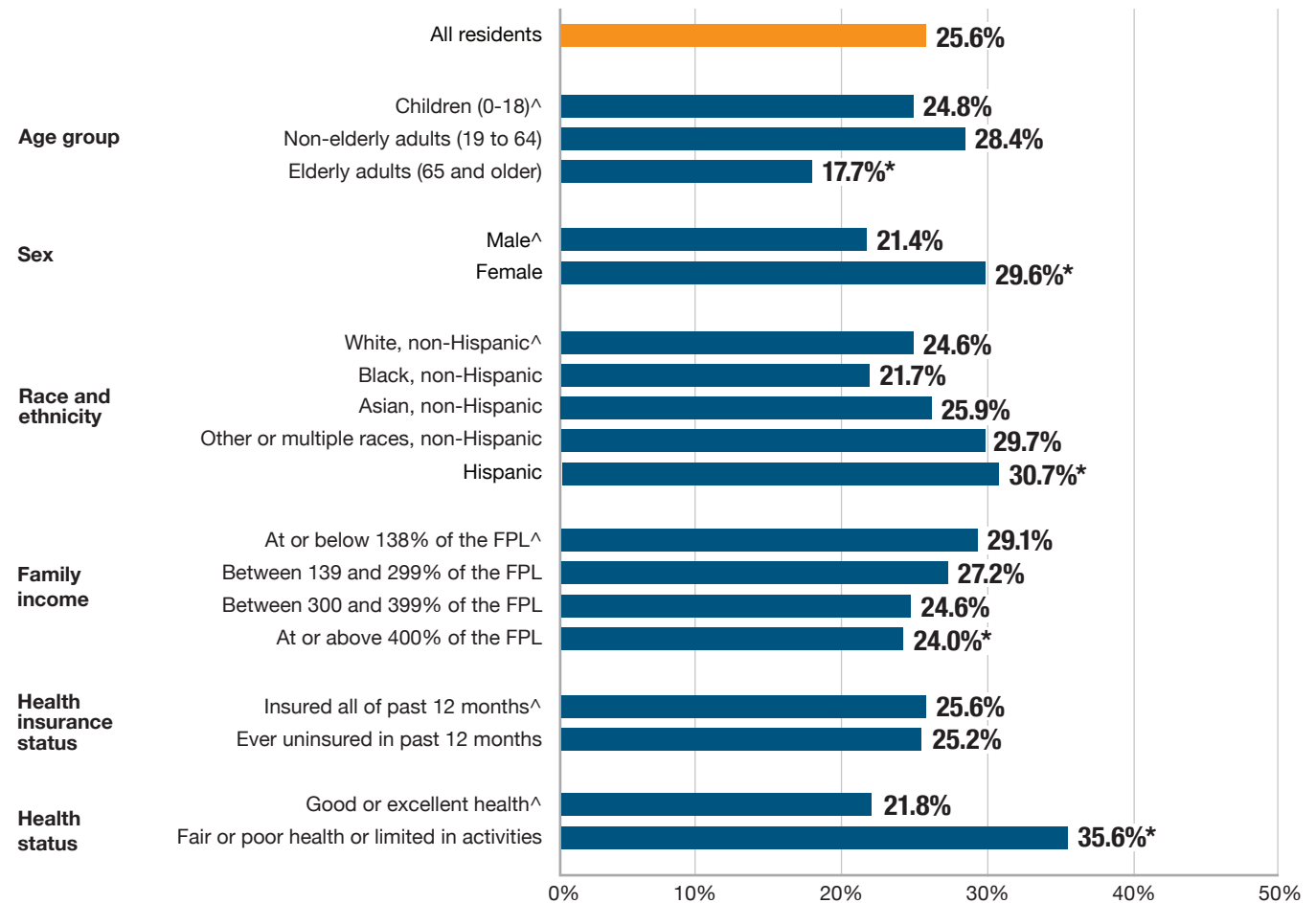
Health Care Access and Utilization for Residents

In 2023, 25.6% of residents reported being unable to get an appointment with a doctor's office or clinic as soon as they thought one was needed in the past 12 months.

Female residents were more likely to report difficulties than males (29.6% vs. 21.4%); Hispanic residents were more likely to report difficulties than their non-Hispanic White counterparts (30.7% vs. 24.6%).

Residents in fair or poor health or with an activity limitation reported greater difficulties accessing care in the past 12 months than those in good or excellent health with no activity limitations (35.6% vs. 21.8%).

Difficulties Accessing Care: Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed by Resident Characteristics, 2023



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

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

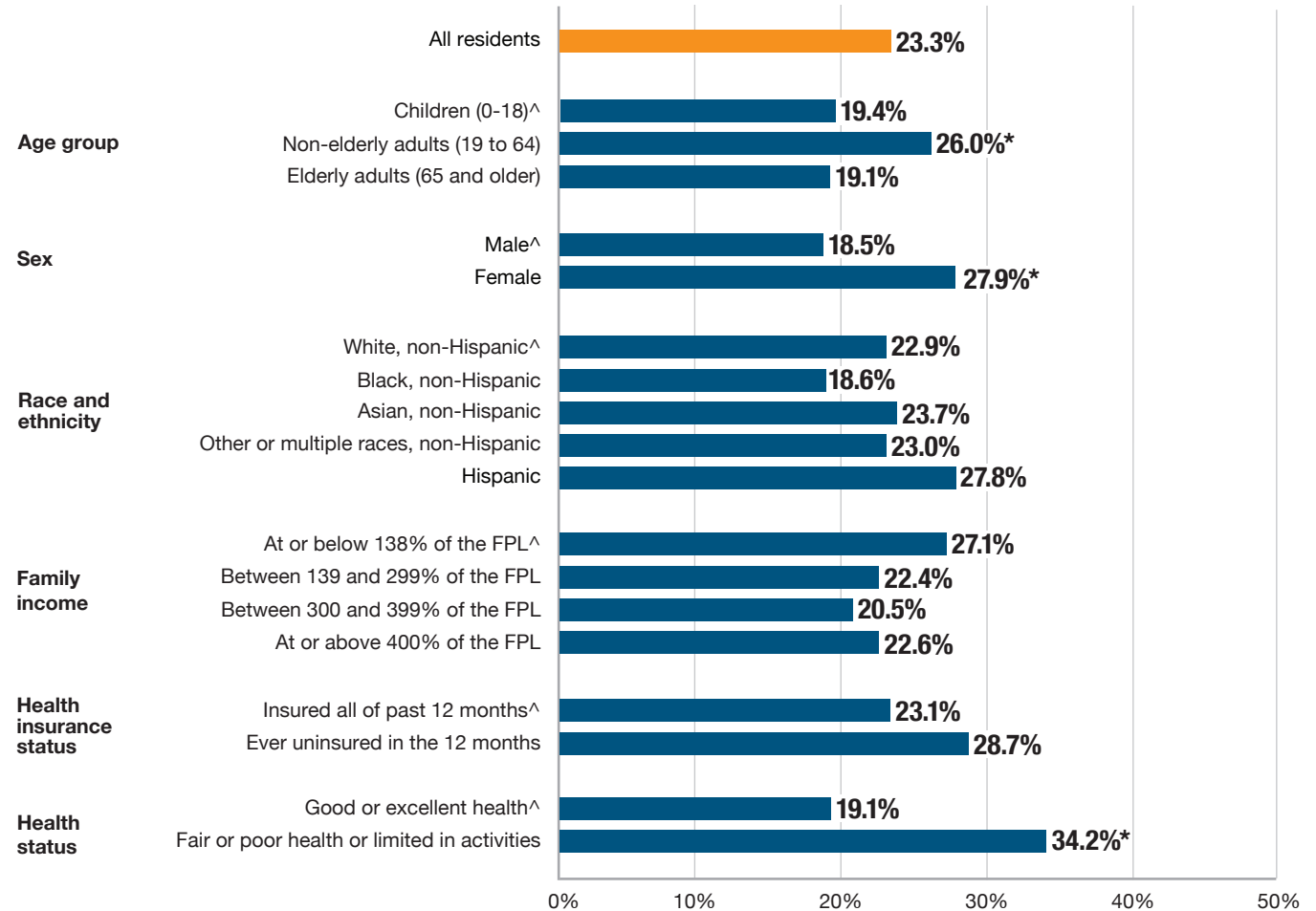
Health Care Access and Utilization for Residents

One in four Massachusetts residents reported being unable to get an appointment with a specialist as soon as they thought one was needed (23.3%).

Female residents (27.9%) were more likely to report this difficulty than males (18.5%).

Those in fair or poor health or had activity limitations were more likely to report this difficulty (34.2%) compared with those in good or excellent health with no activity limitations (19.1%).

Difficulties Accessing Care: Unable to Get an Appointment With a Specialist as Soon as Needed by Resident Characteristics, 2023



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

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

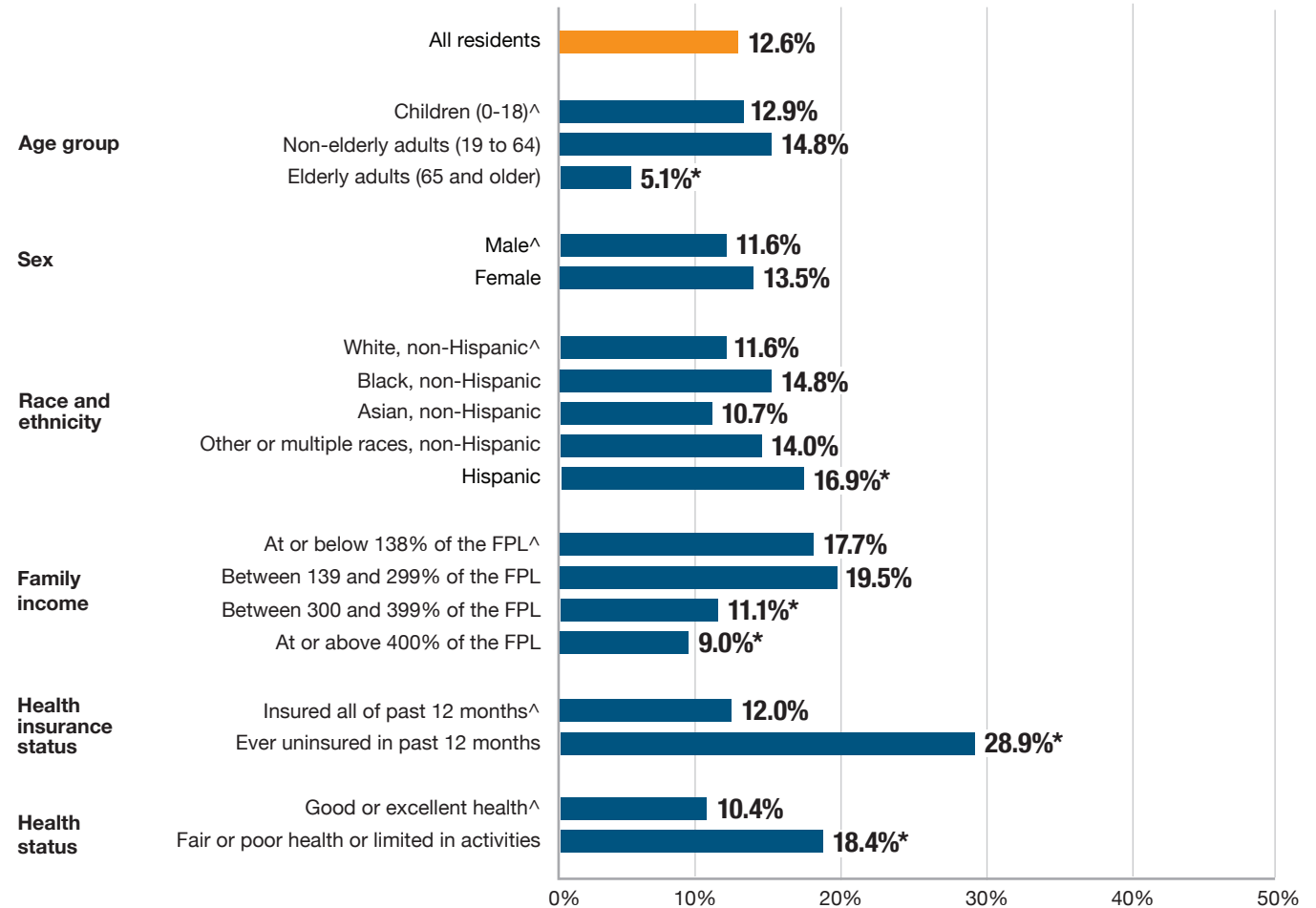
Health Care Access and Utilization for Residents

In 2023, 12.6% of residents reported difficulties accessing care because a doctor's office or clinic did not accept their insurance type. Almost one in five (17.7%) Massachusetts residents with a family income at or below 138% of the FPL reported that a doctor's office or clinic did not accept their insurance, compared with 9.0% of residents with a family income at or above 400% of the FPL.

Those who reported gaps in their health insurance coverage were more likely to report this difficulty than residents insured continuously in the previous 12 months (28.9% vs. 12.0%).

Residents in fair or poor health or with activity limitations were almost twice as likely to report this difficulty as residents in good or excellent health with no activity limitations (18.4% vs. 10.4%).

Difficulties Accessing Care: Doctor's Office or Clinic Not Accepting Insurance Type by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." Those uninsured at the time of the survey were asked if they were told that the office or clinic was not taking patients without insurance.

[^]Reference group

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

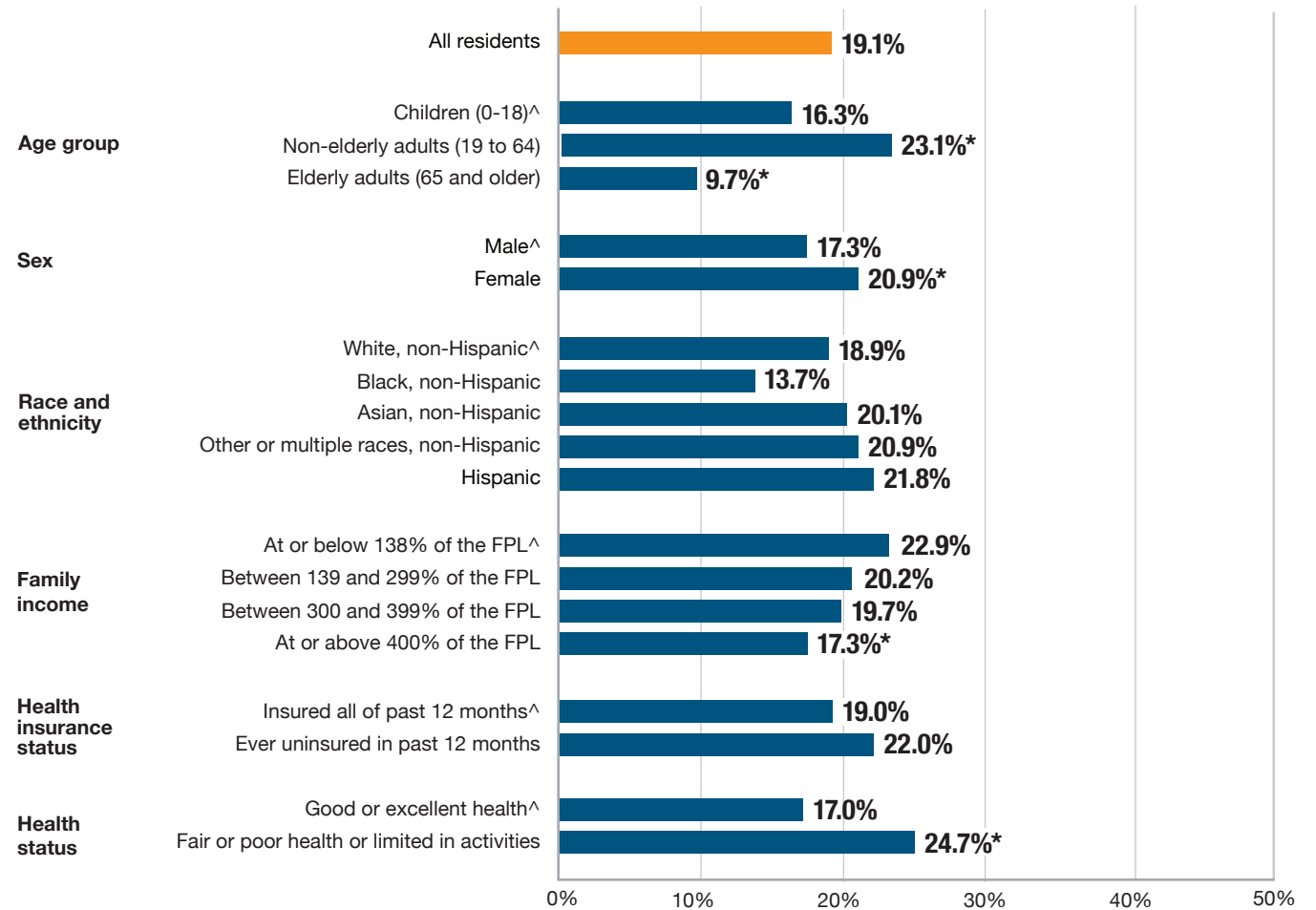
Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Access and Utilization for Residents

In 2023, 19.1% of residents were told that a doctor's office or clinic was not accepting new patients in the past 12 months. A greater percentage of Massachusetts residents who reported being in fair or poor health or had activity limitations reported being told a doctor's office or clinic was not accepting new patients in the past 12 months than residents in excellent or good health with no limitations (24.7% vs. 17.0%).

Non-elderly adults (23.1%) were more likely than children (16.3%) to report being told that a doctor's office or clinic was not accepting new patients.

Difficulties Accessing Care: Doctor's Office or Clinic Not Accepting New Patients by Resident Characteristics, 2023



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

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

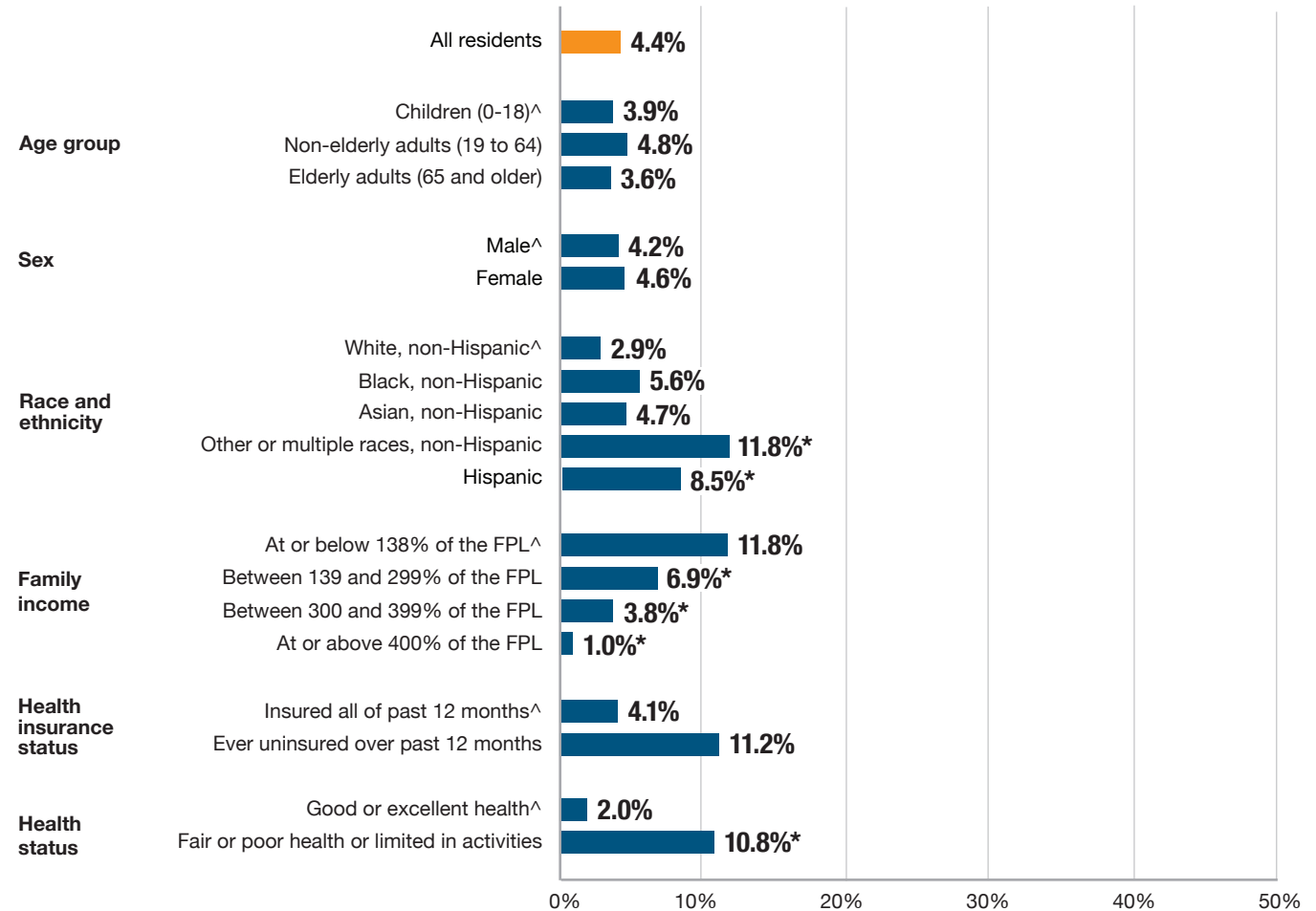
Health Care Access and Utilization for Residents

Overall, 4.4% of Massachusetts residents reported being unable to get an appointment due to transportation issues in the past 12 months.

Compared to non-Hispanic White residents, Hispanic (8.5%) and non-Hispanic residents who are multiracial or self-identified as part of a racial group not listed (11.8%) were more likely to report transportation-related difficulties in accessing care.

More than one in 10 residents reported transportation-related difficulties if they had a family income at or below 138% of the FPL (11.8%), or if they reported being in fair or poor health or having activity limitations (10.8%).

Difficulties Accessing Care: Unable to Get an Appointment Due to Transportation Issues by Resident Characteristics, 2023



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

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

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

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

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

The 2023 MHIS includes a measure of high spending on out-of-pocket health care relative to family income, defined as spending 5% or more of family income on family out-of-pocket health care expenses in the past 12

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

The 2023 MHIS also asked if residents or their families had any unmet health care needs due to cost, which included forgoing: care by a doctor, nurse practitioner, physician assistant, midwife, or specialist; mental health care or counseling; substance use care or treatment; prescription drugs; dental care; vision care; and/or medical equipment.

Key Findings

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

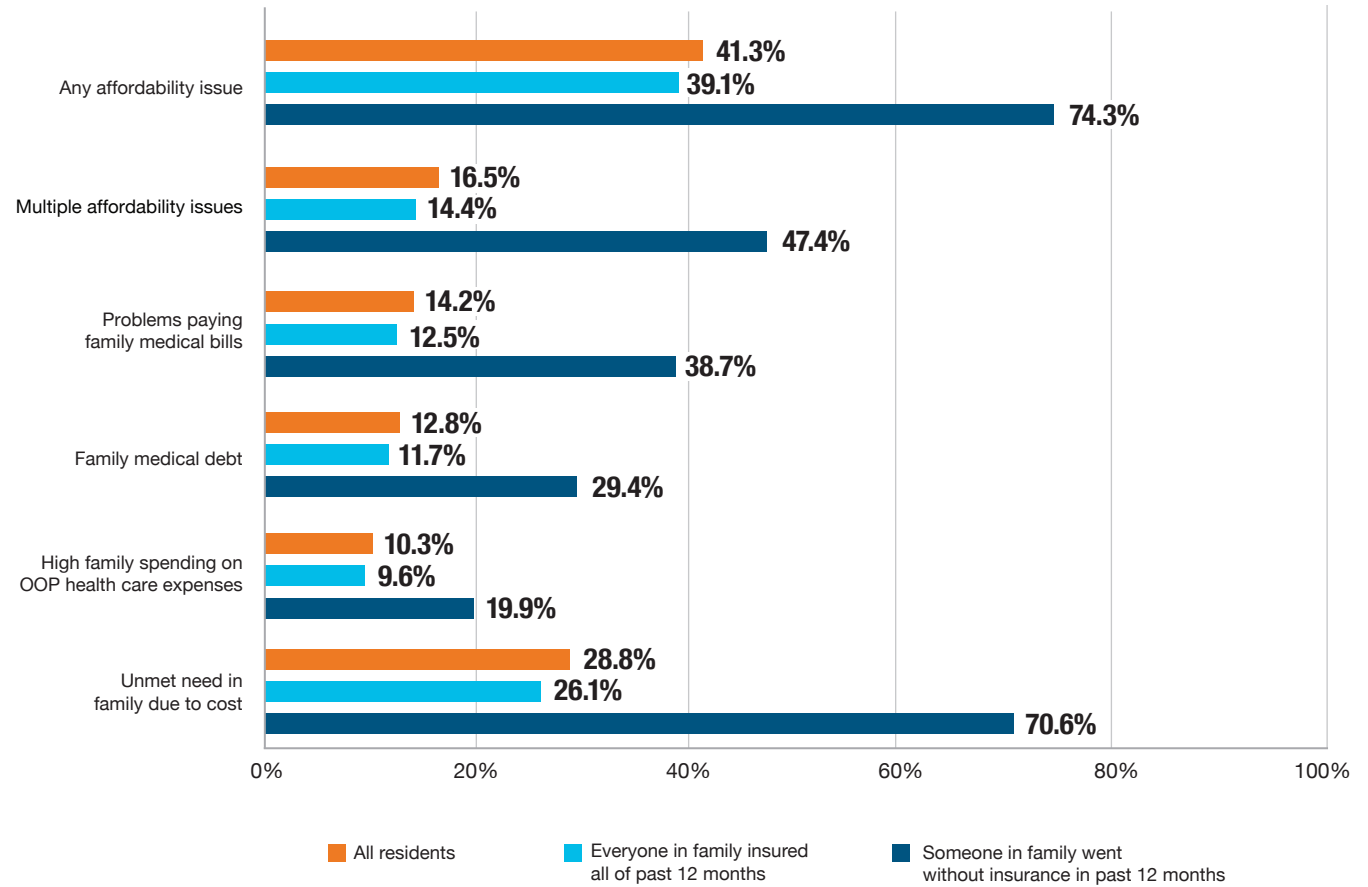
least one affordability issue for their families compared with 39.2% of non-Hispanic White residents.

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

Affordability Issues for Massachusetts Residents and Their Families, 2023

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

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



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

Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

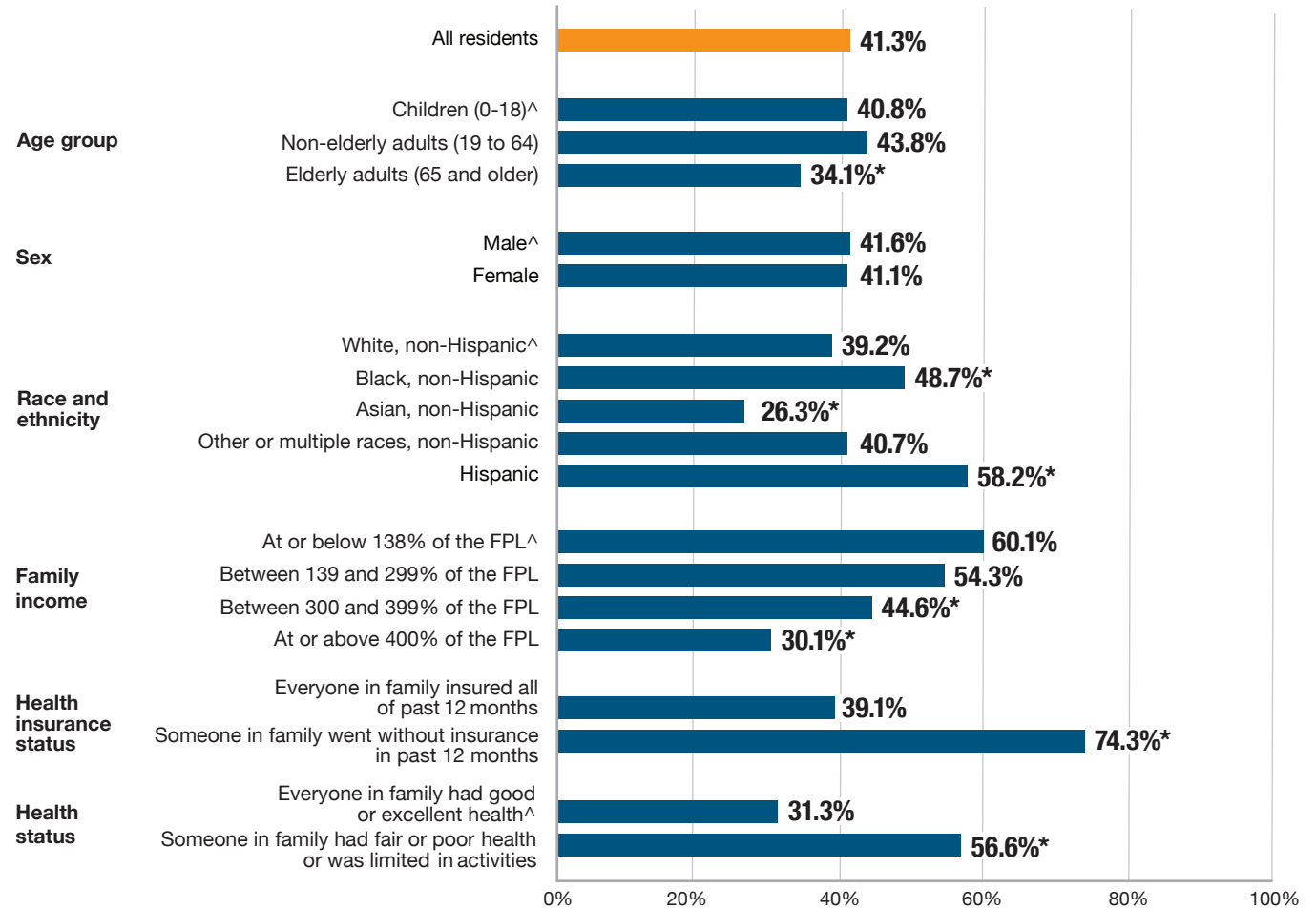
In 2023, two-fifths (41.3%) of residents reported an affordability issue in their family. Affordability issues were substantial across all demographic, socioeconomic, and health status groups in Massachusetts.

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

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

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

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



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

[^]Reference group

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

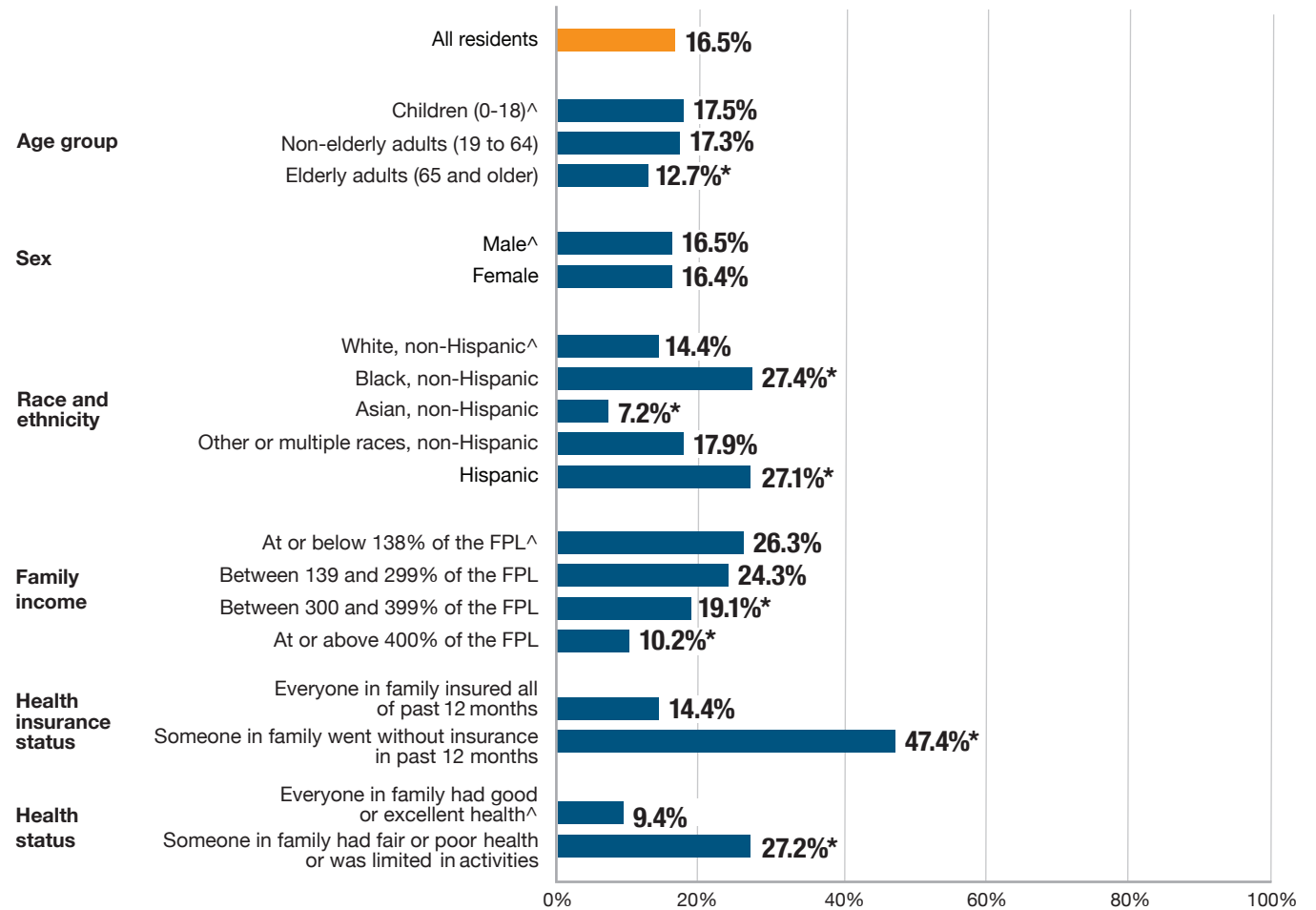
Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

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

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

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



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

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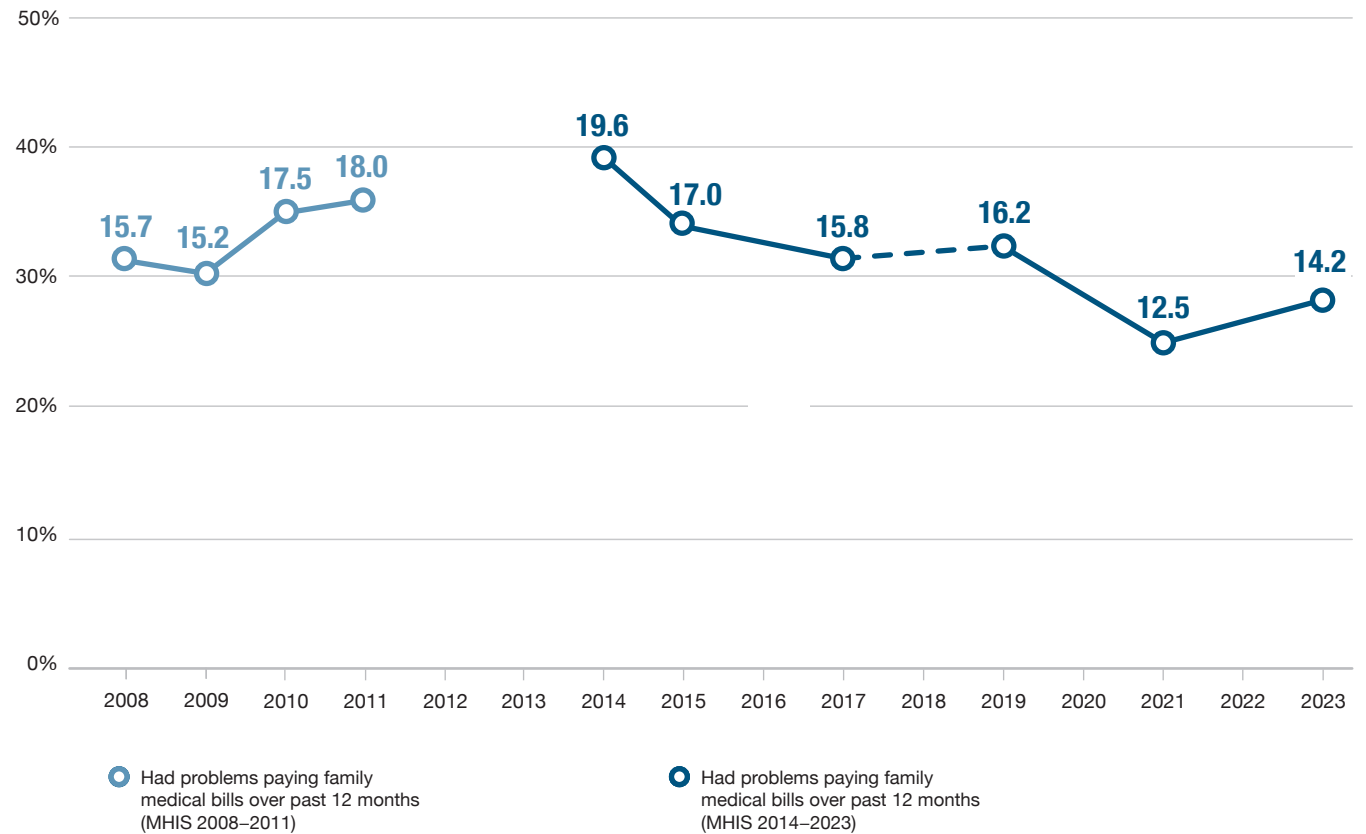
Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

The share of Massachusetts residents reporting difficulties paying family medical bills has generally declined since 2014, with one in seven (14.2%) residents reporting difficulties paying medical bills in 2023. Declines in 2014-2017 are likely due in part to the implementation of the Affordable Care Act.

While the decline from 2019-2021 was likely due to COVID-19 coverage protections and lower utilization, there was no statistically significant difference between the 2021 rate and the 2023 rate.

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



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

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

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

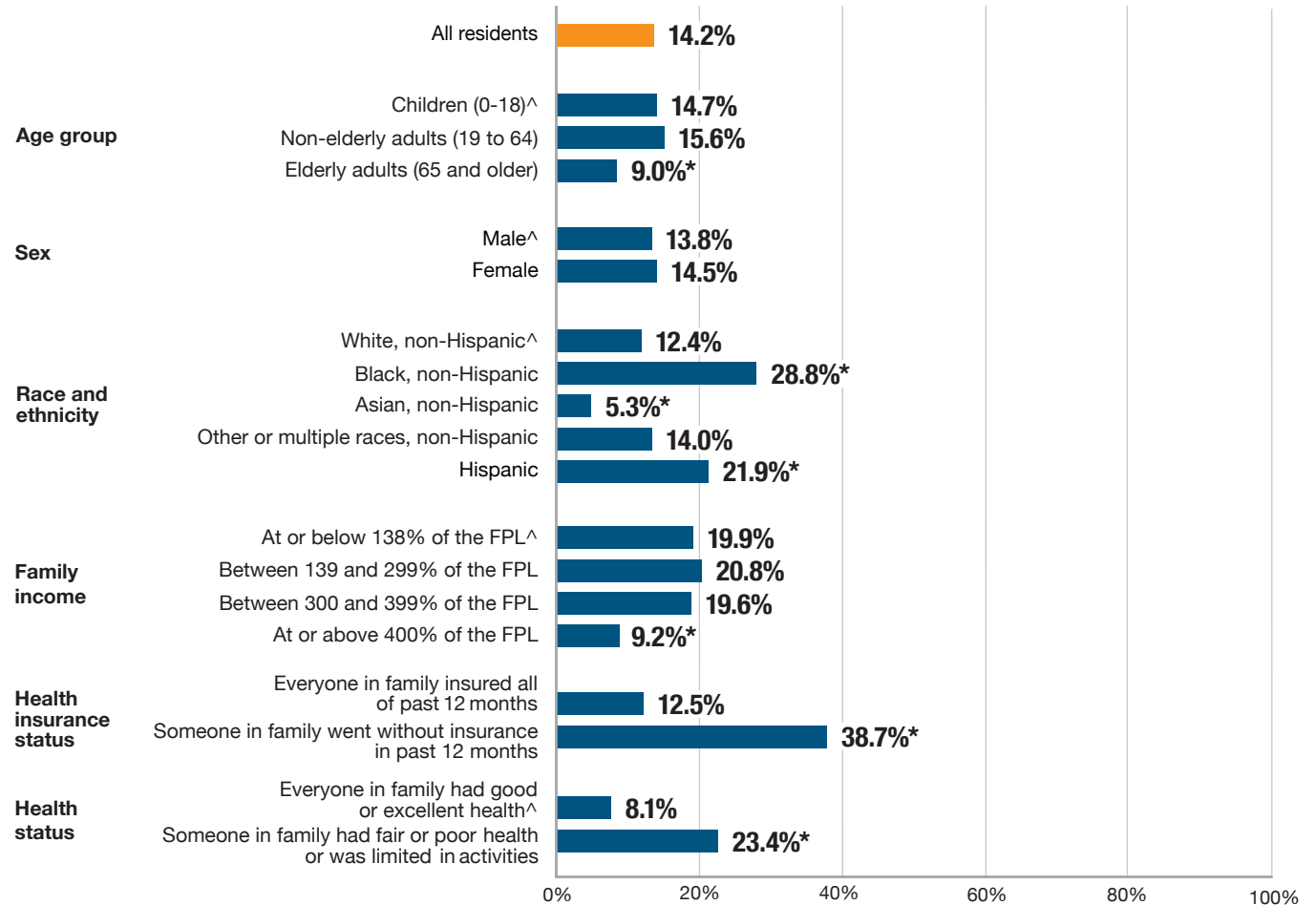
Health Care Affordability for Residents and Their Families

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

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

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

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



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

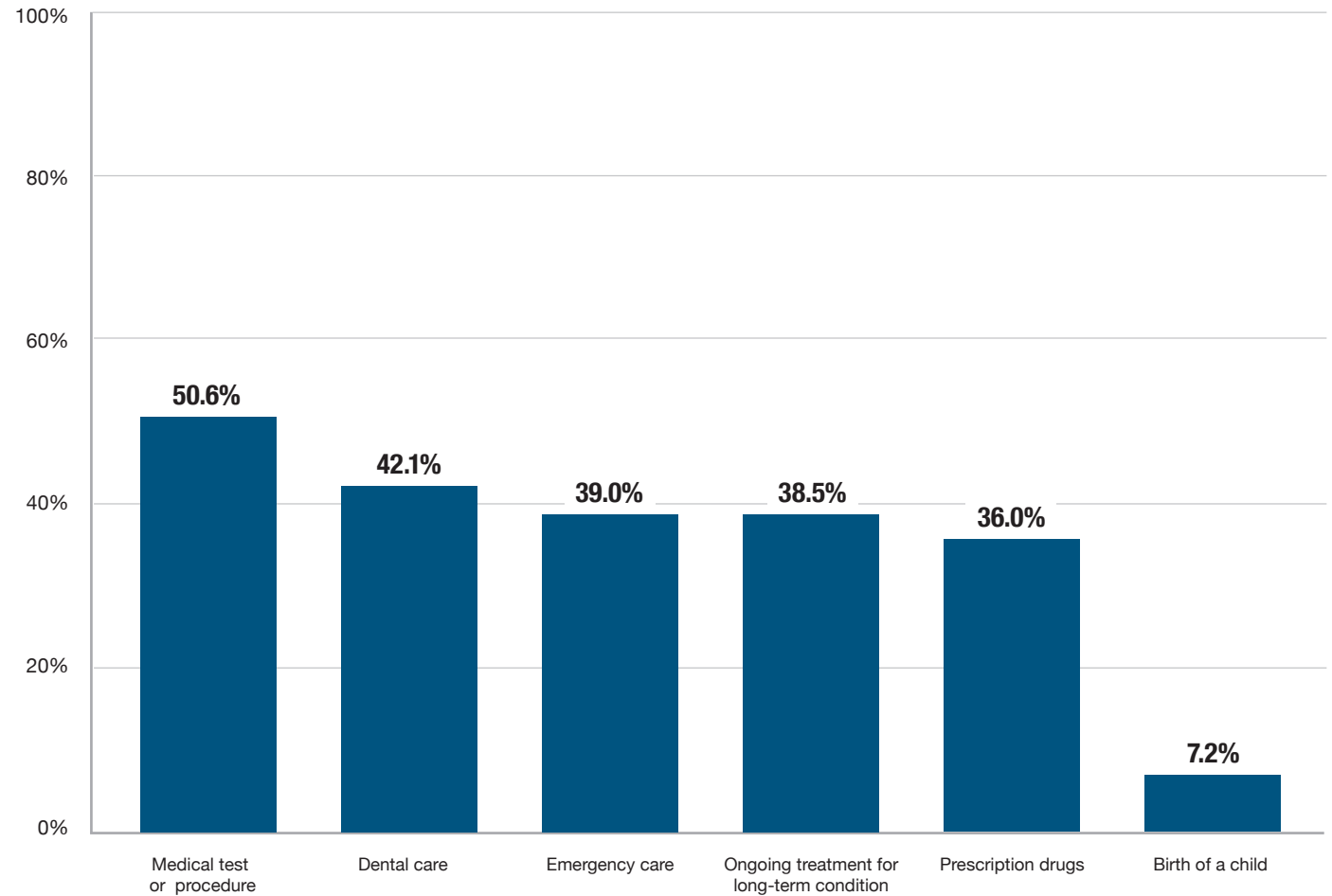
[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

In 2023, among Massachusetts residents who reported having difficulties paying family medical bills in the past 12 months, the most commonly reported services that led to these difficulties included medical bills for a medical test or surgical procedure (50.6%), for dental care (42.1%), emergency care (39.0%), for on-going care for a chronic condition or long-term health problem (38.5%), or prescription drugs (36.0%).

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



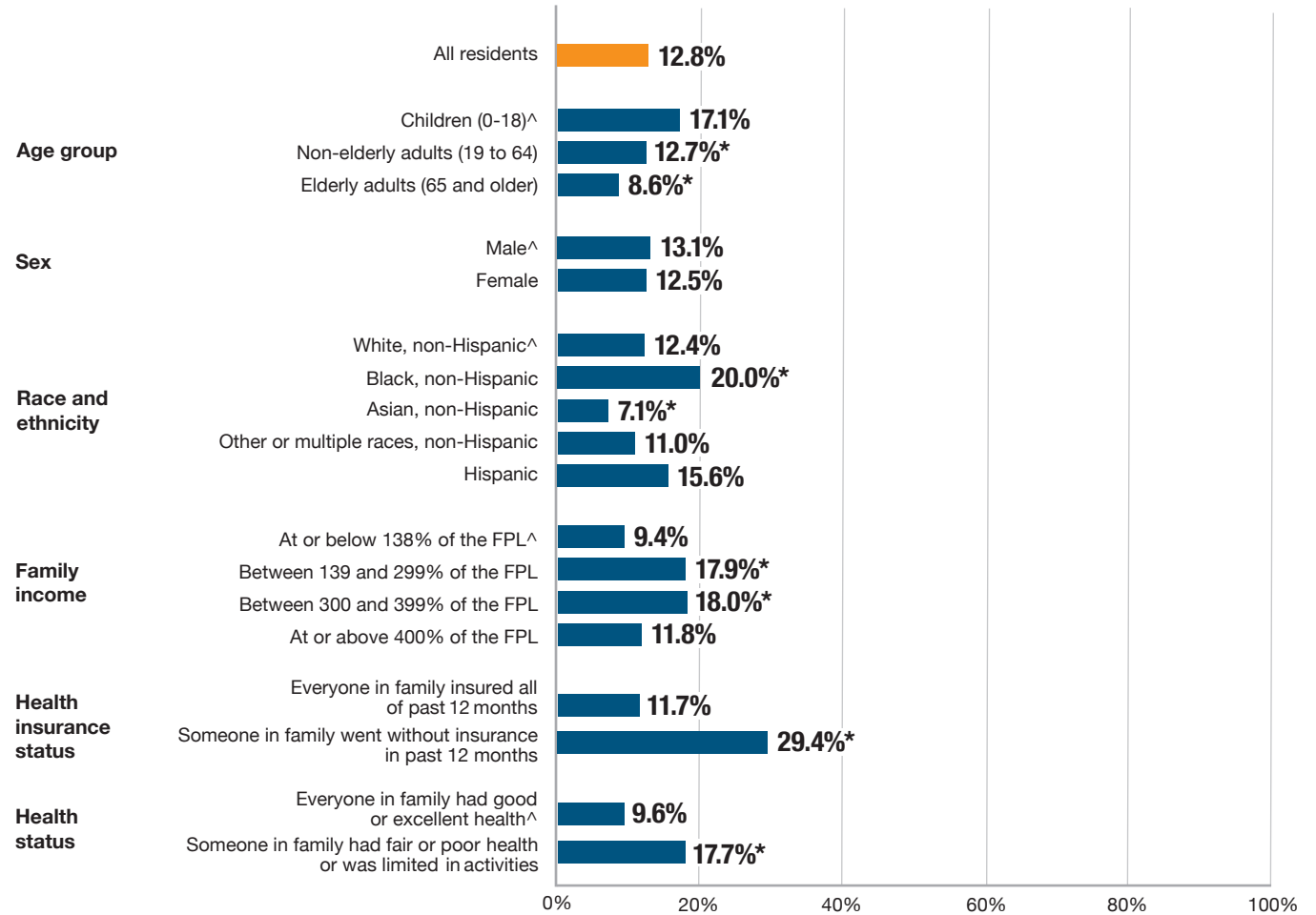
Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options.

Data Source: 2023 Massachusetts Health Insurance Survey

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

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

Family Medical Debt by Resident Characteristics, 2023



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

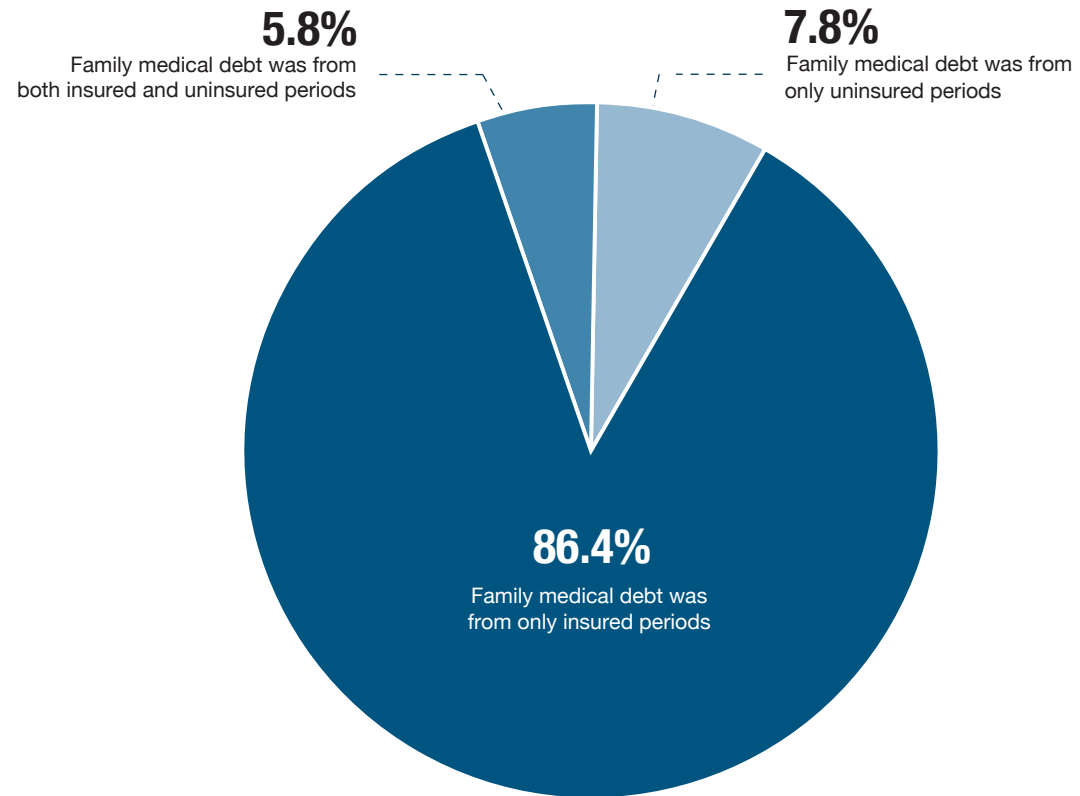
[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

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

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



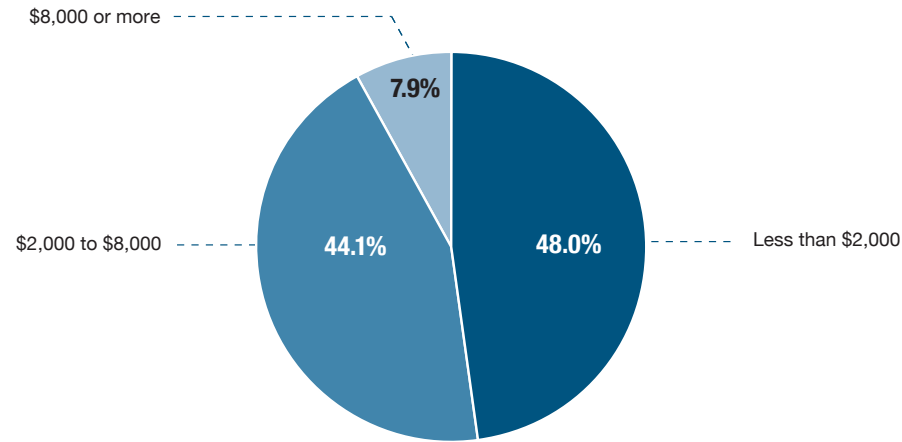
Data Source: 2023 Massachusetts Health Insurance Survey

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

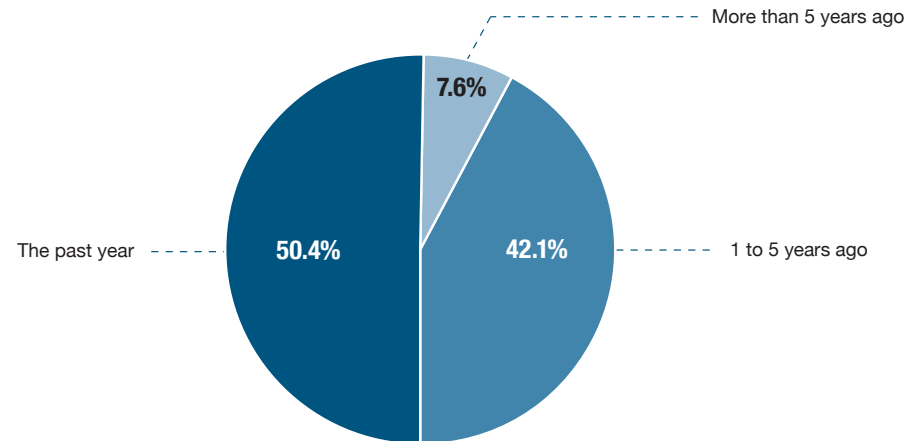
In 2023, among Massachusetts residents reporting family medical debt, the majority (92.1%) owed less than \$8,000 in medical bills, and about half (48.0%) owed less than \$2,000.

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

Amount of Family Medical Bills Being Paid Off Over Time



Age of Family Medical Bills Being Paid Off Over Time

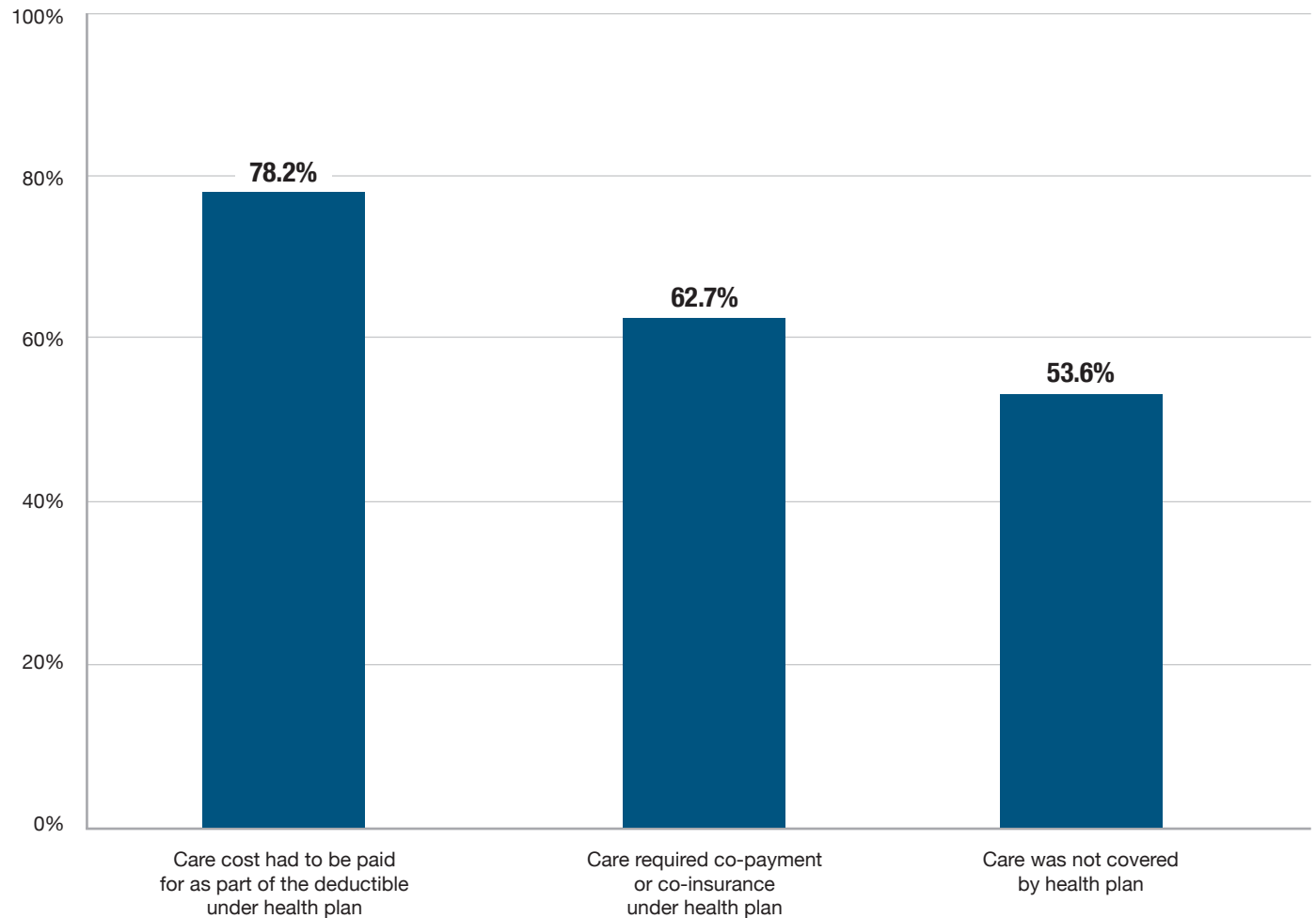


Data Source: 2023 Massachusetts Health Insurance Survey

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

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

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



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

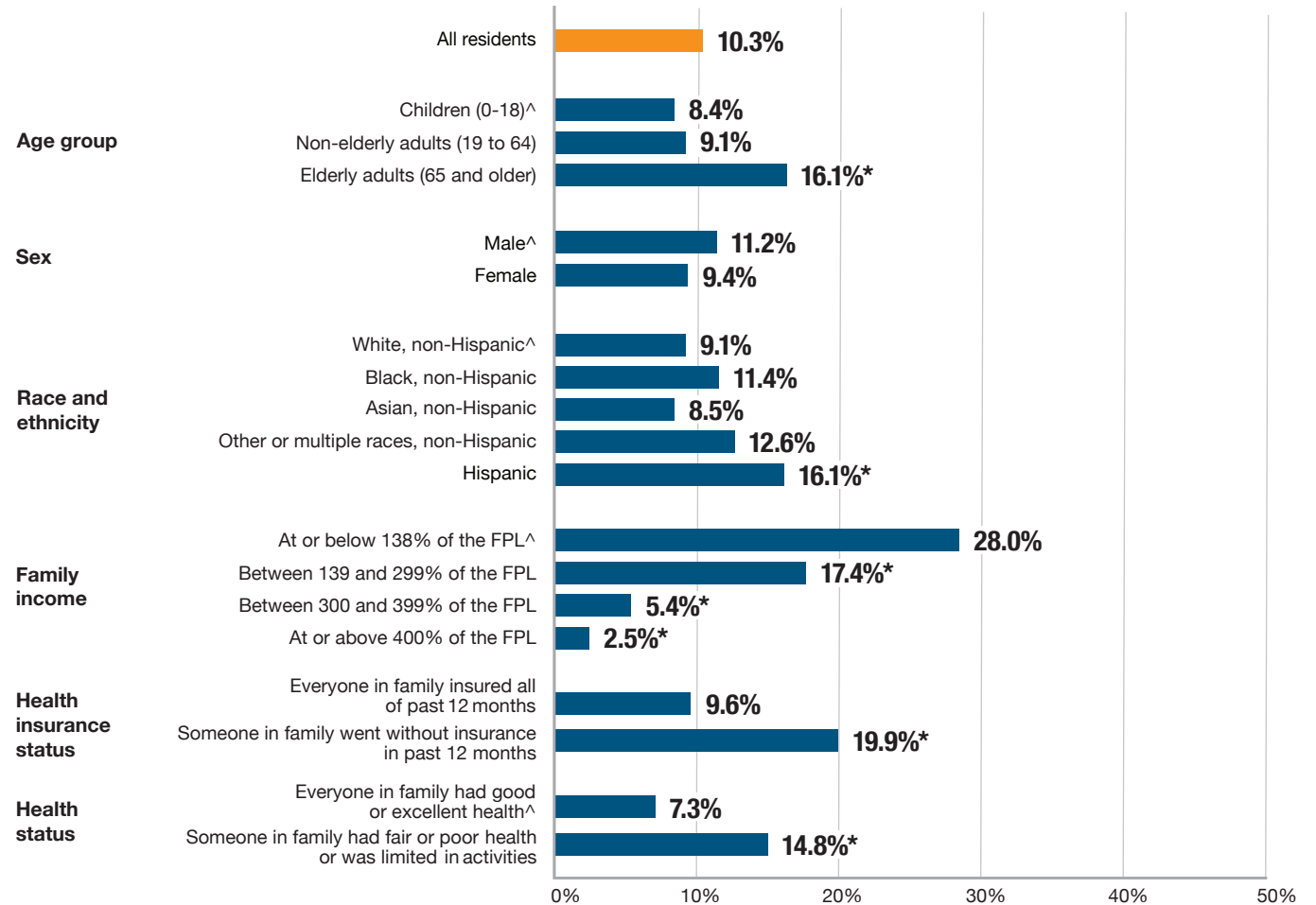
Health Care Affordability for Residents and Their Families

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

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

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

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



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

[^]Reference group

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

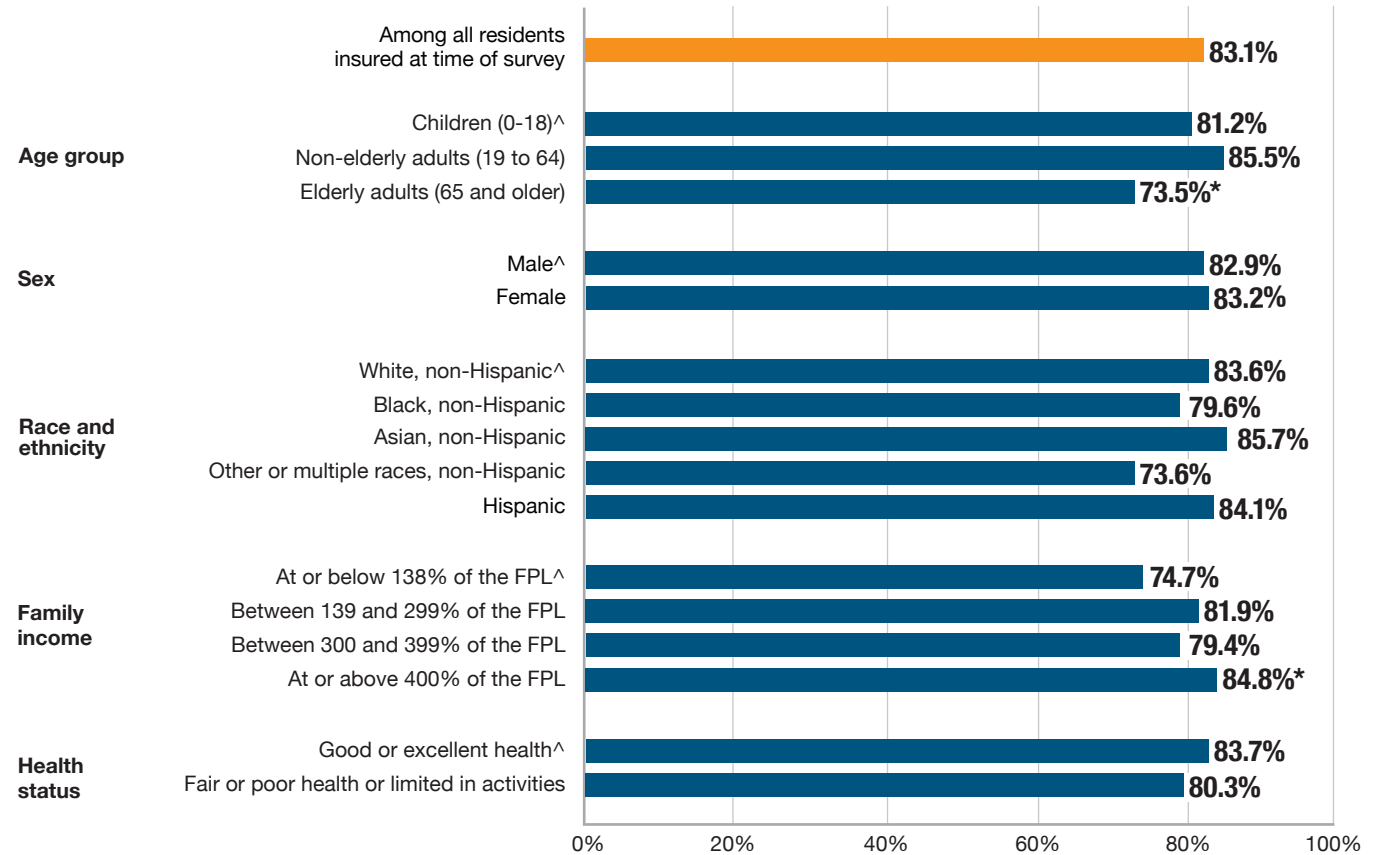
Data Source: 2023 Massachusetts Health Insurance Survey

Health Care Affordability for Residents and Their Families

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

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

Among Insured Residents, Deductibles by Resident Characteristics, 2023



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

[^]Reference group

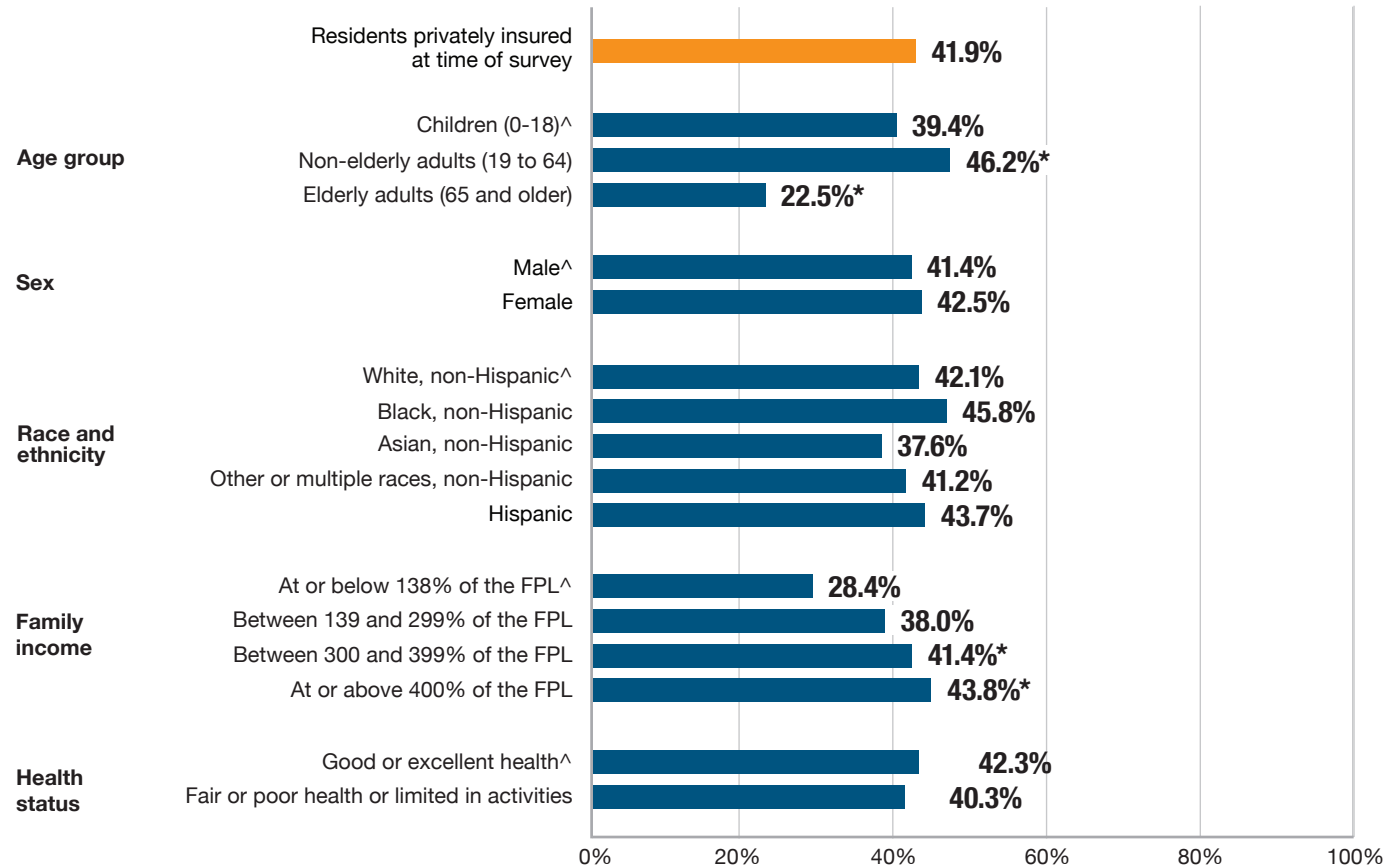
*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

Among Massachusetts residents who had private health insurance, two-fifths (41.9%) said that they were enrolled in a high deductible health plan (HDHP) in 2023. HDHPs are defined by the Internal Revenue Service as having an annual deductible of at least \$1,500 for single coverage or \$3,000 for family coverage in 2023. HDHPs typically charge lower premiums than similar non-HDHP plans but may result in higher out-of-pocket expenses for members because they must meet the deductible before most types of care are covered.

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

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



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

[^]Reference group

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

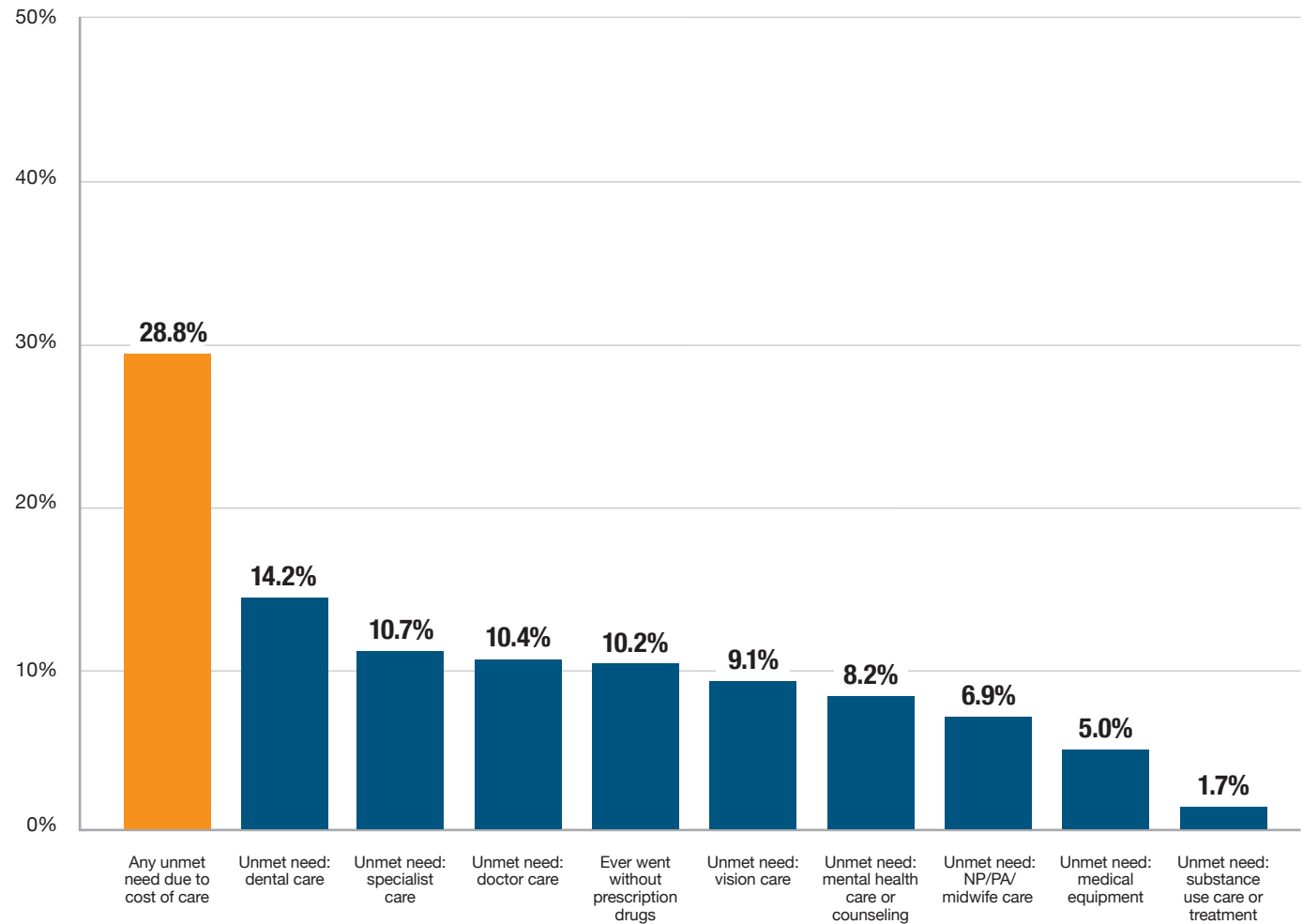
Data Source: 2023 Massachusetts Health Insurance Survey

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

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

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

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



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

Data Source: 2023 Massachusetts Health Insurance Survey

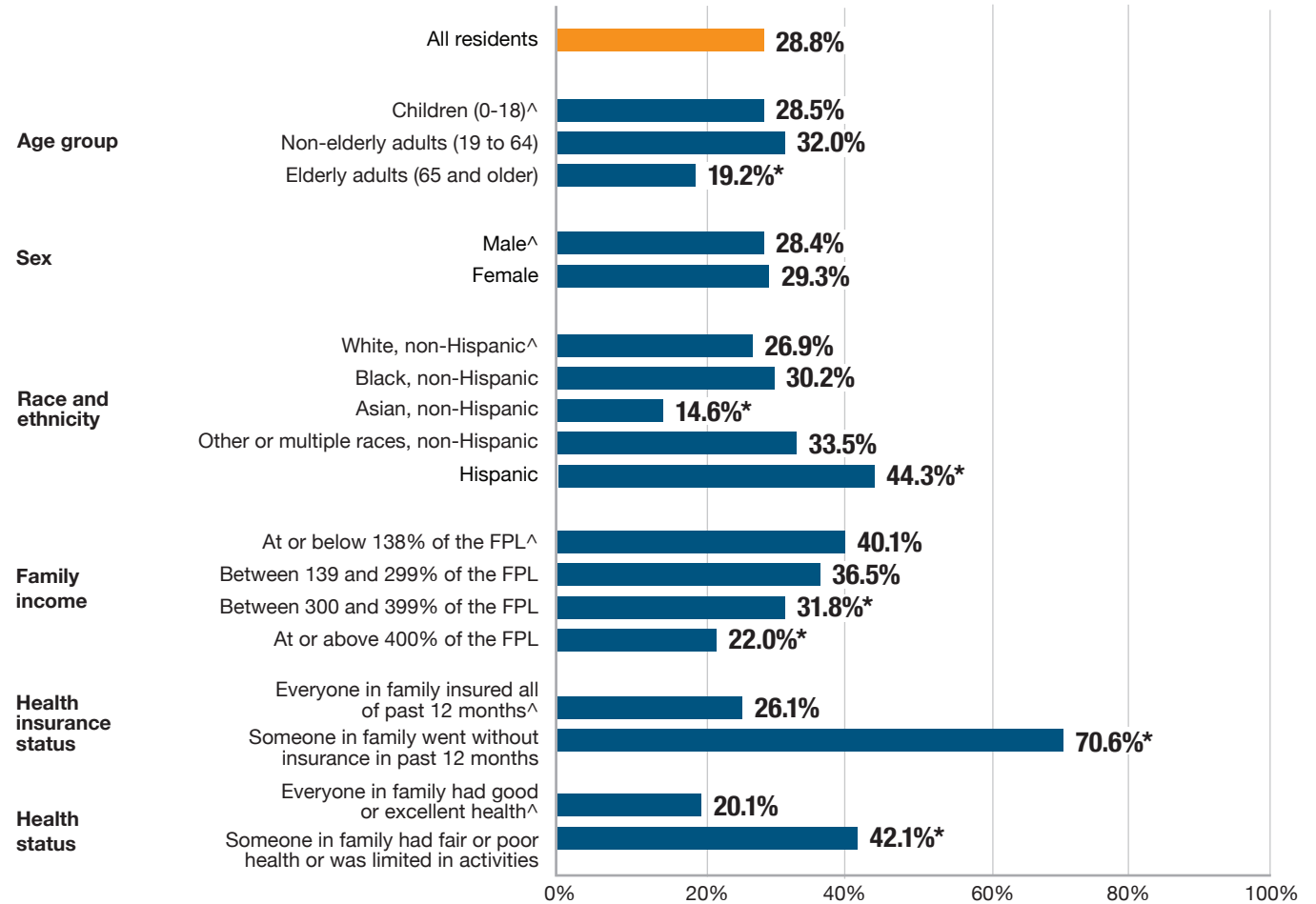
Health Care Affordability for Residents and Their Families

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

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

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

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



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

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

Behavioral Health

In recent years, Massachusetts has implemented several policies to expand access to behavioral health care including the Mental Health ABC Act: Addressing Barriers to Care and the Roadmap to Behavioral Health Reform. Not all ABC Act provisions and Roadmap reforms had been implemented in the period covered by the 2023 MHIS. Currently, all insured health plans are required to cover mental health benefits and most government and self-funded plans also cover mental health benefits. Behavioral health includes care and treatment for mental health and substance use disorders.

The MHIS offers a unique opportunity to examine elements of the Massachusetts behavioral health care system not available in administrative data such as the All-Payer Claims Database or the Acute Care Hospital Case Mix Databases, including residents' out-of-pocket costs for behavioral health and unmet need for behavioral

health care. The MHIS asks residents about any visits for behavioral health care, unmet need for behavioral health for any reason, unmet need for behavioral health due to cost, if their health insurance covered behavioral health treatment, and out-of-pocket costs for behavioral health care in their most recent appointment.

New to the 2023 MHIS is a series of questions examining out-of-pocket spending on behavioral health. Out-of-pocket behavioral health care costs include spending by residents on services not covered by insurance as well as the cost of deductibles, copays, and coinsurance required for services covered by health insurance. Residents were asked if they paid for behavioral health care entirely out-of-pocket for their most recent appointment, and those who reported paying entirely out-of-pocket were asked why they paid entirely out-of-pocket. Residents who did not pay for behavioral health

care entirely out-of-pocket were asked how they paid for their care.

CHIA examines two elements of behavioral health: mental health care and alcohol or substance use care or treatment, both in-person and via telehealth. Questions about mental health care were asked of residents five years of age and older; questions about alcohol and substance use care and treatment were asked of residents 11 years of age and older. The number of residents who reported receiving only substance use care or treatment was very small. Considering the small number of residents reporting only substance use treatment or care, we are only able to report on reasons for paying out-of-pocket for mental health care.

Key Findings

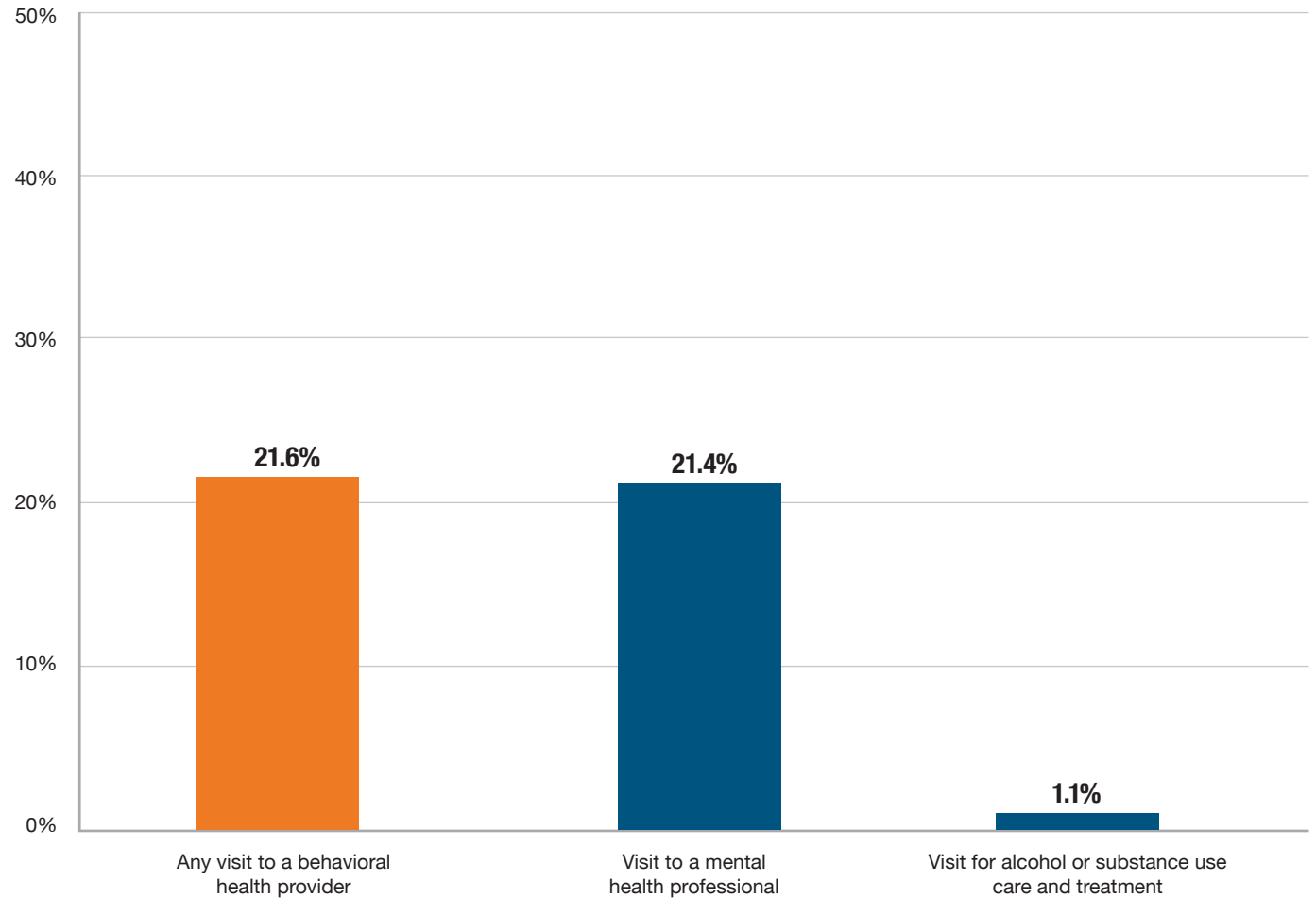
- One in five (21.6%) Massachusetts residents five years of age and older reported having a visit with a behavioral health provider in the past 12 months, either in person or via telehealth. Elderly adults ages 65 years and older were substantially less likely to report a behavioral health care visit in the past 12 months (11.1%) than children ages 5 to 18 years (24.8%).

- In 2023, one in 10 (9.9%) Massachusetts residents reported an unmet need for behavioral health care, and Hispanic residents were almost twice as likely to have an unmet behavioral health need due to cost than non-Hispanic White residents (8.5% vs. 4.7%).
- While a substantial majority (74.6%) of residents reported knowing that their health insurance covered mental health visits, one in five (20.8%) reported that they did not know if it covered mental health visits, and 4.6% reported that their health insurance did not cover mental health visits.
- Residents who reported being in fair or poor health or limited in activities were twice as likely to report behavioral health care visits (33.1% vs. 17.0%) and three times as likely to report having forgone behavioral health care for any reason than those in good or excellent health (19.4% vs. 6.0%).
- Among the 21.4% of residents who had a visit to a mental health professional, 15.0% reported paying for their most recent mental health care entirely out-of-pocket. The most frequently reported reasons for doing so were that the provider did not accept any health insurance (36.6%) or their preferred provider did not accept their insurance plan (26.8%). ■

Visit to a Behavioral Health Care Provider in the Past 12 Months, Overall and by Type of Visit, 2023

In 2023, one in five (21.6%) Massachusetts residents five years of age and older reported having a visit with a behavioral health provider in the past 12 months, either in person or via telehealth.

One in five residents reported a visit to a mental health professional (21.4%); only a small percent of residents reported any visits for alcohol or substance use care and treatment (1.1%). Barriers to reporting, including social stigma, criminalization of substance use, underdiagnosis or misdiagnosis of mental health and substance use disorders (SUDs), and shortages of behavioral health providers may undercount the true rates of mental health and SUD service utilization in Massachusetts.



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment, including visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.

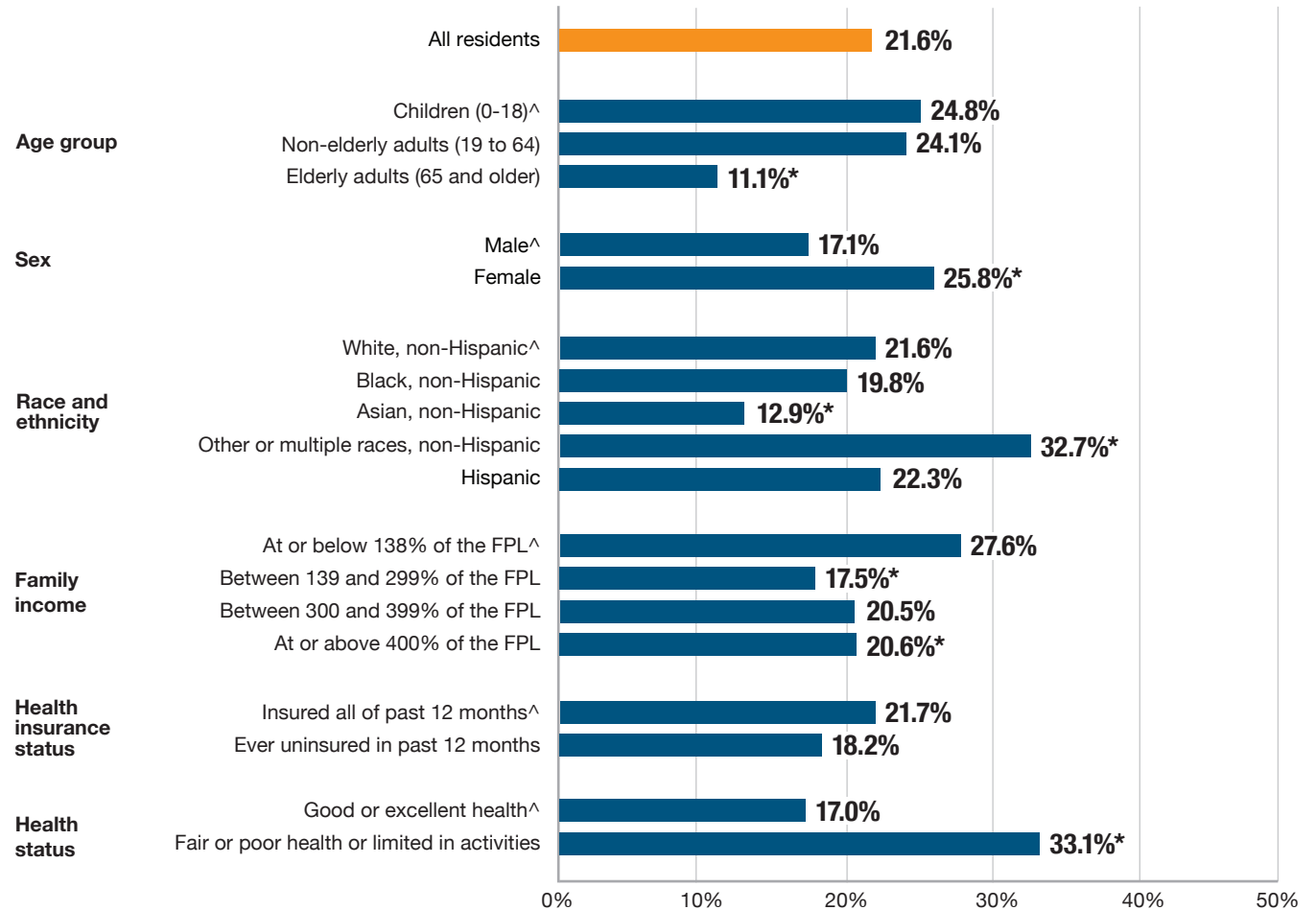
Data Source: 2023 Massachusetts Health Insurance Survey

Visit for Behavioral Health Care in the Past 12 Months by Resident Characteristics, 2023

One in five (21.6%) Massachusetts residents five years of age and older reported a behavioral health care visit in the past 12 months in 2023.

However, some groups were less likely to have a visit; elderly adults were substantially less likely to report a behavioral health care visit (11.1%) than children (24.8%), as were non-Hispanic Asians (12.9%) relative to non-Hispanic Whites (21.6%).

Residents in fair or poor health or with activity limitations were substantially more likely to report a behavioral health visit (33.1%) than those in good or excellent health with no limitations (17.0%).



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment, including visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.

FPL = Federal Poverty Level.

Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

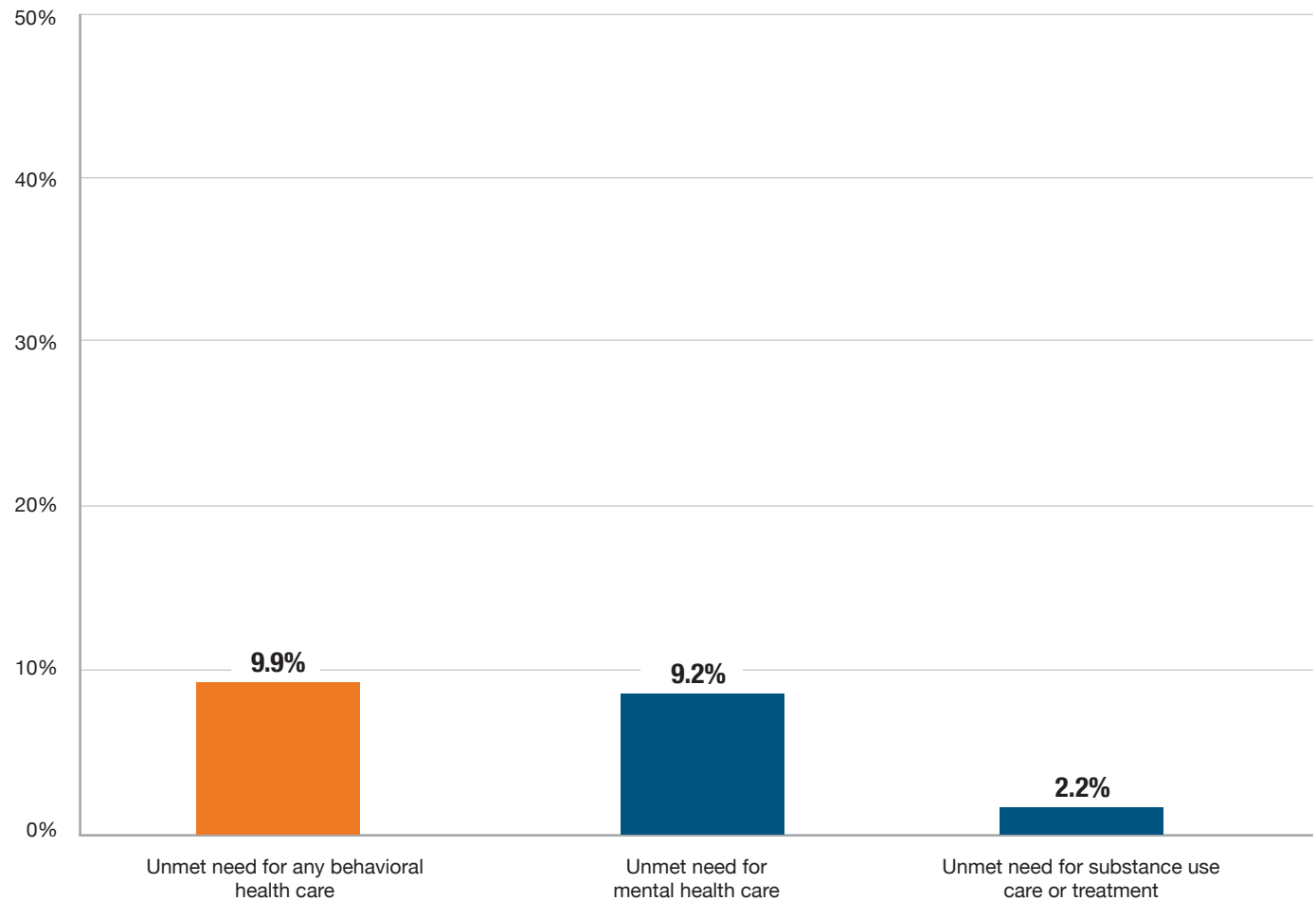
*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

Unmet Need for Behavioral Health Care for Any Reason Over the Past 12 Months Overall and by Type of Visit, 2023

In 2023, 9.9% of Massachusetts residents aged five years and older reported having forgone behavioral health care for any reason in the past 12 months.

More respondents reported that they had an unmet need for mental health care (9.2%) than an unmet need for substance use treatment (2.2%). Barriers to reporting, including social stigma, criminalization of substance use, underdiagnosis or misdiagnosis of SUDs, and shortages of behavioral health providers may undercount the true rates of mental health and SUD service utilization in Massachusetts.



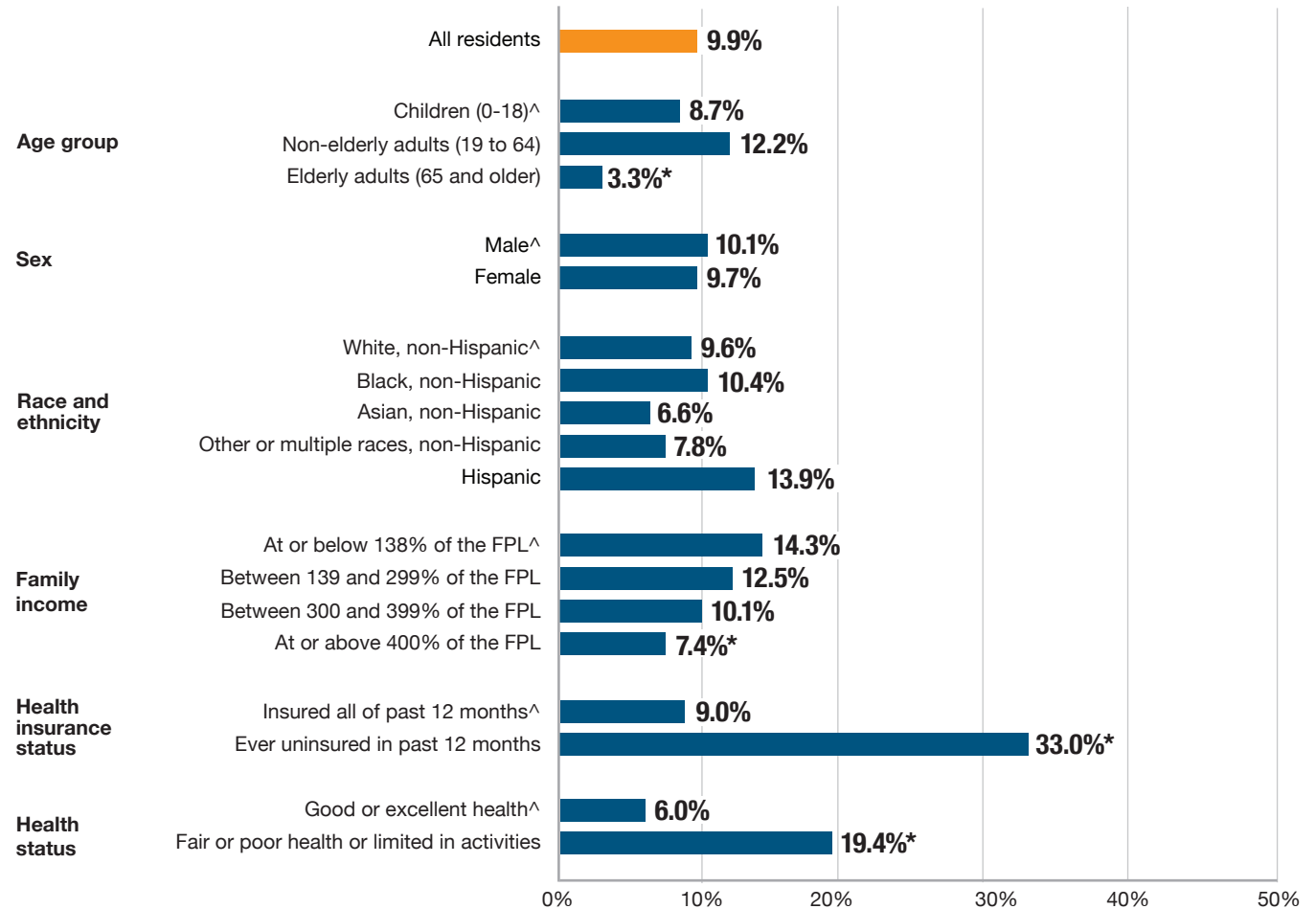
Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment. These include visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.

Data Source: 2023 Massachusetts Health Insurance Survey

Unmet Need for Behavioral Health Care for Any Reason Over the Past 12 Months by Resident Characteristics, 2023

Residents who reported gaps in their health insurance coverage were more likely to report they had forgone behavioral health care that they felt was needed than residents insured continuously in the past 12 months.

While rates on an earlier page (p. 73) show that residents in fair or poor health or had limitations in activities were more likely than those in good or excellent health to report having visits for behavioral health care (33.1% vs. 17.0%), those in fair or poor health or had limitations in activities were also more likely to report that they had forgone behavioral health care (19.4% vs. 6.0%).



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment. These include visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.

FPL = Federal Poverty Level.

Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

[^]Reference group

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

Data Source: 2023 Massachusetts Health Insurance Survey

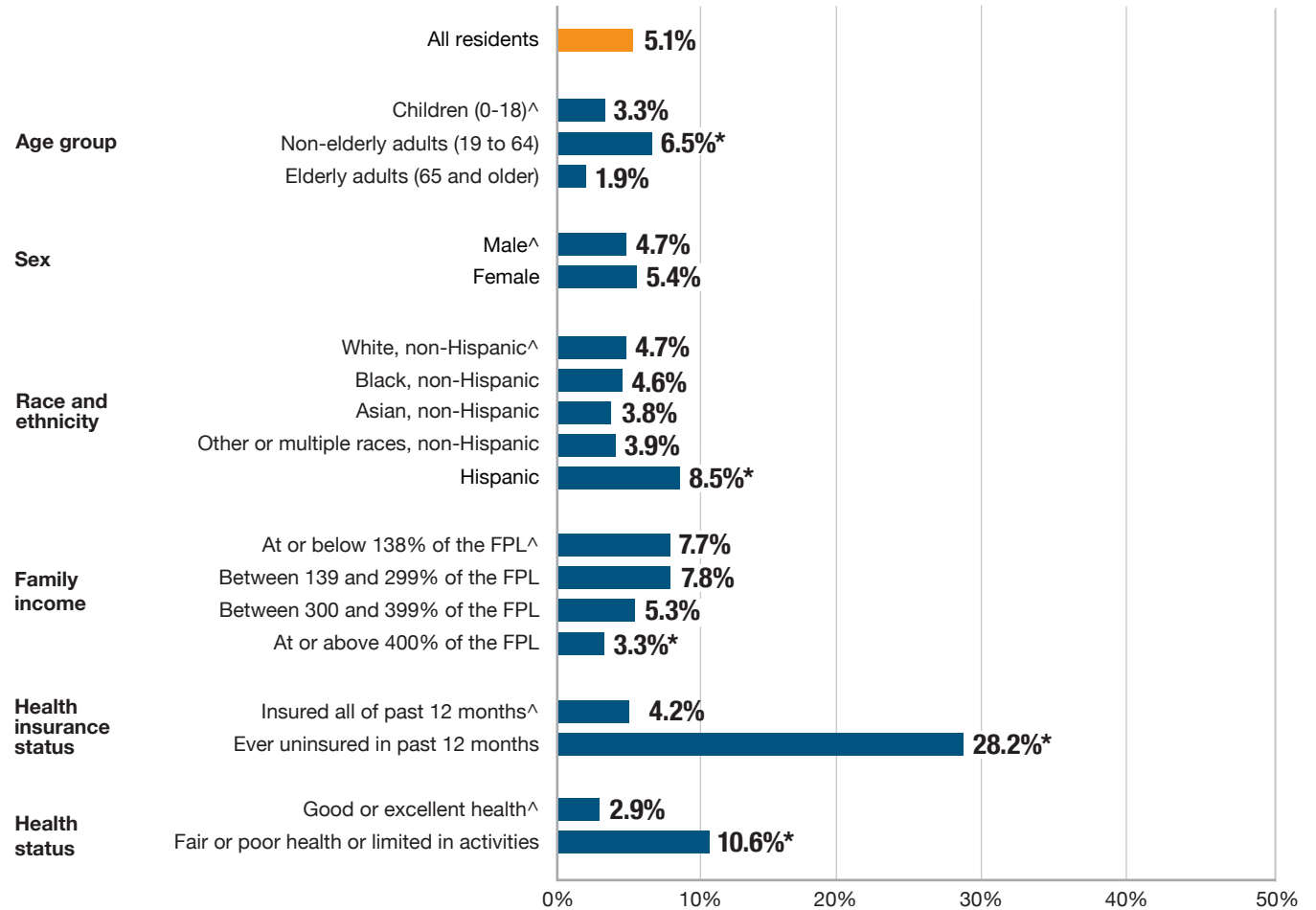
Unmet Need for Behavioral Health Care Due to Cost Over the Past 12 Months by Resident Characteristics, 2023

In 2023, 5.1% of Massachusetts residents aged five and older reported having forgone behavioral health care due to cost in the past 12 months.

Those who were uninsured at any time in the past 12 months were over six times as likely as those with continuous insurance to report having an unmet need for behavioral health due to cost (28.2% vs. 4.2%).

Residents in fair or poor health or with activity limitations were more likely to report unmet need for behavioral health care than those in good or excellent health with no limitations (10.6% vs. 2.9%).

Hispanic residents were almost twice as likely to have unmet behavioral health need due to cost than non-Hispanic White residents (8.5% vs. 4.7%).



Note: Visits for behavioral health care include visits to a mental health professional and visits for alcohol or substance use care or treatment, including visits provided via telehealth. Questions about mental health were asked of residents 5 years old and older; questions about alcohol and substance use care and treatment were asked of residents 11 years old and older.

FPL = Federal Poverty Level.

Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

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

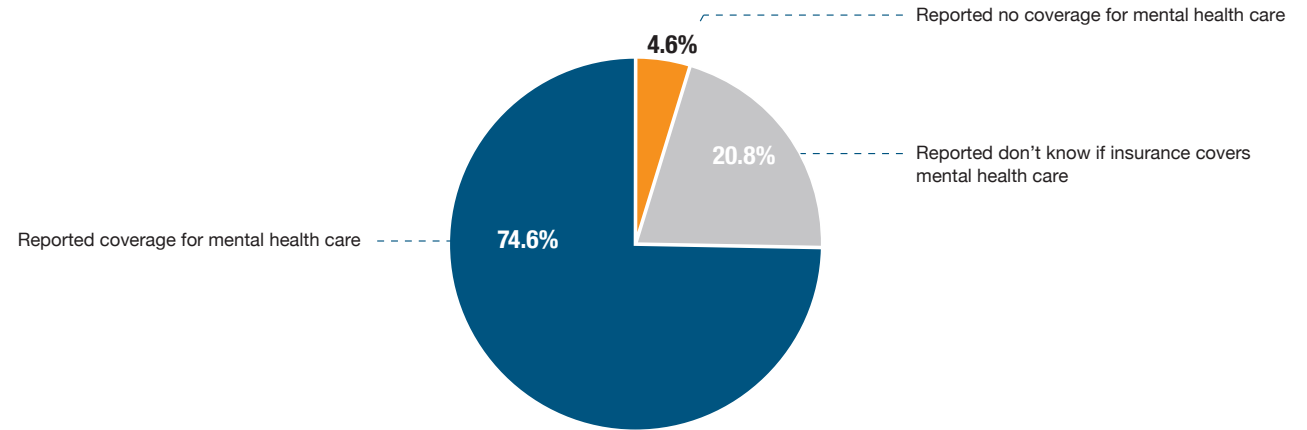
Data Source: 2023 Massachusetts Health Insurance Survey

Among Residents With Insurance, Knowledge of Health Insurance Coverage for Mental Health and Substance Use Disorders, 2023

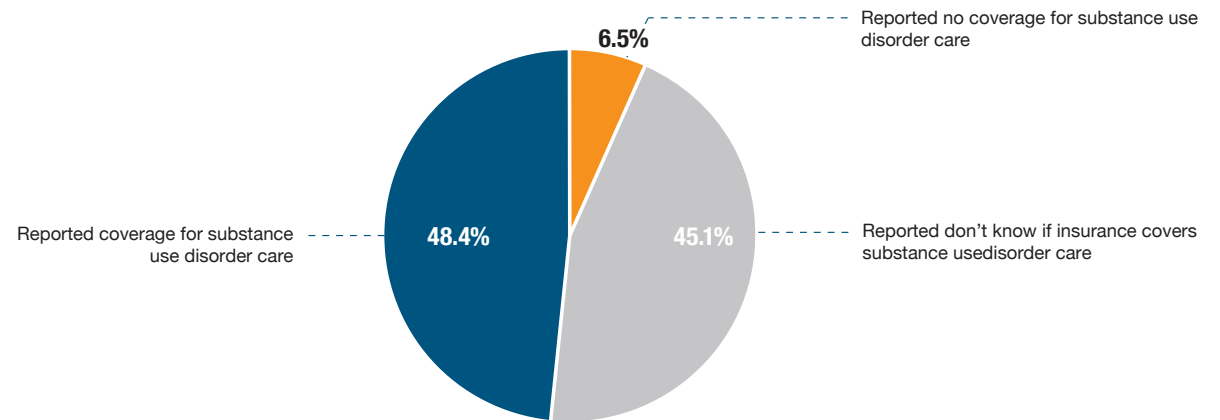
Behavioral health includes mental health care and substance use disorder care. In 2023, three-fourths (74.6%) of Massachusetts residents aged five years and older reported knowing that their health insurance covered mental health, including visits to individual or group therapy, specialty outpatient services, medication management or inpatient treatment. One in five (20.8%) reported that they did not know if it covered mental health, and 4.6% reported that their health insurance did not cover mental health visits.

Less than half of residents aged 11 years and older (48.4%) reported knowing that their insurance covered substance use disorder care, including therapy, rehab, acute residential treatment or detox programs. A large percent (45.1%) reported that they did not know if their insurance covered substance use disorder care and 6.5% reported no coverage of these services.

Knowledge of Coverage for Mental Health Care



Knowledge of Coverage for Substance Use Disorder Care



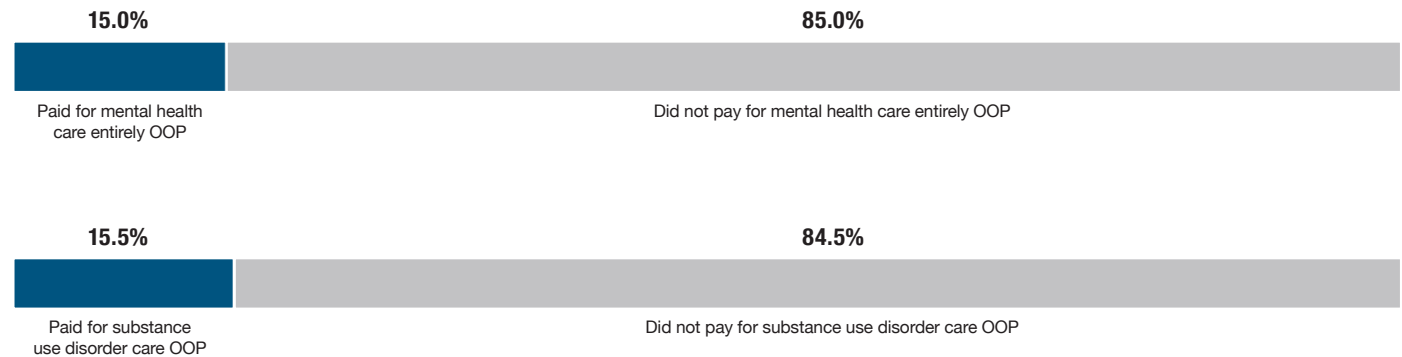
Data Source: 2023 Massachusetts Health Insurance Survey

Paid Entirely Out-of-Pocket for Most Recent Appointment With a Mental Health Professional or Appointment for an Alcohol or Substance Use Disorder, Overall, 2023

In 2023, 15.0% of residents aged five years and older who reported any mental health visits reported paying entirely out-of-pocket for their most recent appointment with a mental health professional.

Similarly, 15.5% of residents aged 11 years and older who reported receiving any care for an alcohol or substance use disorder reported paying entirely out-of-pocket for their most recent appointment.

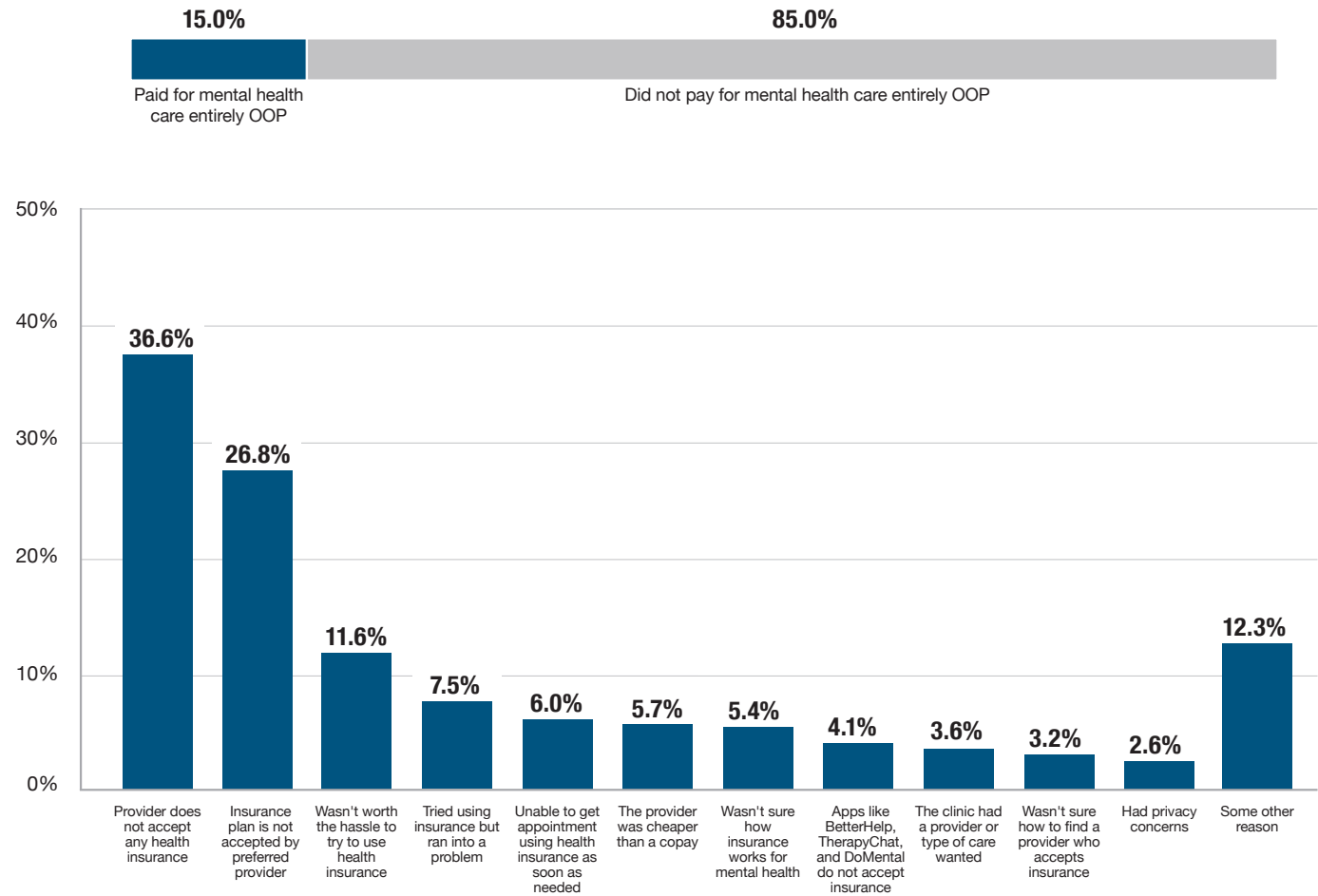
Due to low reporting of alcohol and substance use disorder treatment, the remainder of this section focuses on mental health only.



Data Source: 2023 Massachusetts Health Insurance Survey

Paid for Mental Health Care Entirely Out-of-Pocket, Overall and Reasons, 2023

Among residents five years and older who reported any mental health care and paid for their most recent mental health care entirely out-of-pocket, the most common reasons for doing so were related to insurance coverage. A third (36.6%) reported that the provider does not accept any health insurance and a quarter (26.8%) indicated their insurance plan was not accepted by their preferred provider.



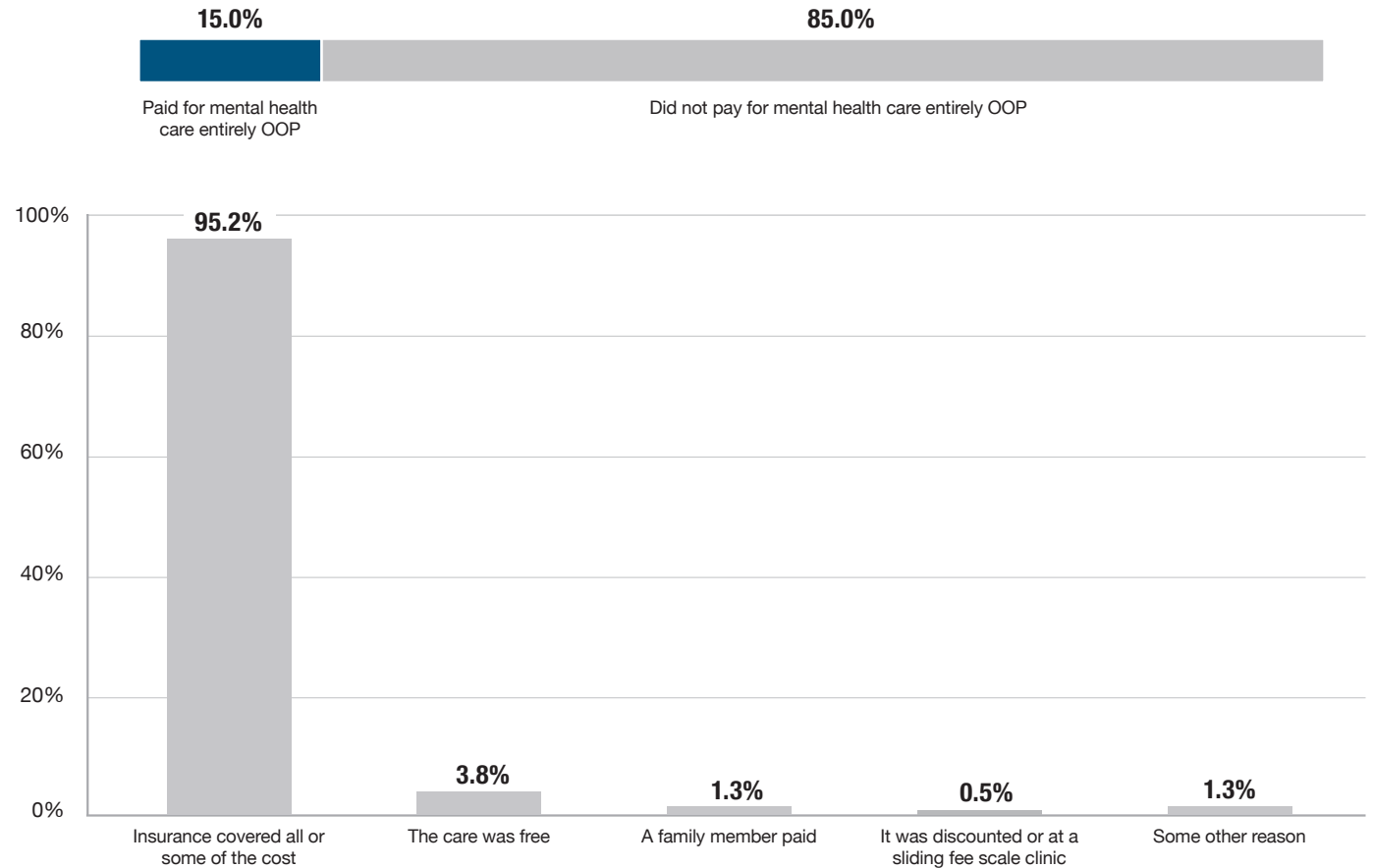
Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. Questions about mental health were asked of residents 5 years old and older. Because alcohol and substance use disorder reporting is low, this graph is for mental health only.

Data Source: 2023 Massachusetts Health Insurance Survey

Did Not Pay Entire Cost for Mental Health Care Out-of-Pocket, Overall and Reasons, 2023

In 2023, a large majority (85.0%) of residents five years and older who reported any mental health care did not pay for their care entirely out-of-pocket.

Among residents who did not pay entirely out-of-pocket, most reported that their insurance covered all or some of the cost (95.2%).



Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. A sliding fee scale clinic uses the Federal Poverty Guidelines to determine fees for services, this would include federally qualified health centers. Questions about mental health were asked of residents 5 years old and older. Because alcohol and substance use disorder reporting is low, this graph is for mental health only.

Data Source: 2023 Massachusetts Health Insurance Survey

About the MHIS

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

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

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

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

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

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

Notes

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



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