Getting Ready for Reform

Insurance Coverage and Access to and Use of Care in Massachusetts in Fall 2006

Full Report

{A REPORT TO}
Blue Cross Blue Shield of Massachusetts Foundation
The Commonwealth Fund
Robert Wood Johnson Foundation

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{GETTING READY FOR REFORM}

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This report is meant to provide a snapshot of Massachusetts' adult population prior to the implementation of new health reform legislation in the state. Using survey responses obtained in Fall 2006 as the Bay State began implementing a landmark effort to bring near-universal health coverage to its population, this report serves as the baseline for an on-going study of the effects of the reform efforts on Massachusetts' working-aged adult population. We focus on the overall adult population aged 18 to 64 years old in Massachusetts, as well as those targeted by specific elements of the state's reform efforts, including uninsured adults and adults with family income less than 100% of the federal poverty level (FPL), between 100% and 300% FPL, and between 300% and 500% FPL. We describe their insurance coverage and health care experiences in the period prior to the full implementation of the major health reform provisions. The goal of this report is to provide information to support Massachusetts' efforts to implement the health care reforms. In subsequent work, we will document changes in insurance coverage and health care experiences as Massachusetts fully implements its health reform initiative.

In April 2006, Massachusetts enacted a health care reform bill that seeks to move the state to (almost) universal coverage through a combination of Medicaid expansions, subsidized private health insurance coverage, and insurance reforms.[1] The key features of Massachusetts' initiative, entitled *An Act Providing Access To Affordable, Quality, Accountable Health Care* (Chapter 58 of the Acts of 2006), are:

- A Medicaid (called MassHealth in Massachusetts) expansion that extends coverage to children with family income up to 300% of FPL,
- The elimination of enrollment caps for Medicaid coverage for several populations, including long-term unemployed adults, disabled working adults, and persons with HIV,
- Income related subsidies for health insurance (called Commonwealth Care) for adults with family income up to 300% FPL,
- A new purchasing arrangement, called the Commonwealth Health Insurance Connector Authority (or Connector), to link individuals without access to employer coverage and firms with fewer than 51 workers to health plans,2
- Health insurance market reforms that merge the small and non-group markets in an effort to reduce the cost of non-group premiums, and,
- An individual mandate that requires that adults have health insurance if they have access to an affordable health plan (as defined by the Connector) or face tax penalties.

In addition, employers are required to set up a Section 125 plan (or "cafeteria" plan)[3] for their workers, so that employees can pay for health insurance premiums with pre-tax dollars. Employers with more than 10 employees who do not make a "fair and reasonable" contribution towards their workers' health insurance will be subjected to an assessment not to exceed $295 per full-time equivalent worker per year.[4]

To date, the state has expanded Medicaid coverage to higher-income children and as of July 2006, made Commonwealth Care available to adults with income less than 100% FPL as of October 2006, and to adults between 100% and 300% FPL as of January 2007. Initially, adults with family income less than 100% FPL received coverage

1 For a summary of the provisions of the legislation, see http://www.bcbsmafoundation.org/foundationroot/en_US/documents/MassHCReformLawSummary.pdf.

2 The Connector also operates Commonwealth Care, the subsidized health insurance plan for adults with incomes below 300% FPL.

3 Under Section 125 of the Internal Revenue Code, employers can allow their employees to pay for health coverage (and other benefits) on a pre-tax basis. Pre-tax benefits lower payroll-related taxes for both the employer and employees.

4 The Massachusetts Division of Health Care Finance and Policy defines an employer that makes a fair and reasonable contribution as either (1) covering at least 25% of employees or (2) contributing at least 33% of the total premium for coverage.

with a full subsidy; the full subsidy was expanded to adults with incomes less than 150% FPL in July 2007. Health plans under the Connector were made available to higher income adults as of May 2007 (although some provisions have been delayed until January 2009). The individual mandate went into effect in July 2007.

{DATA}

The study is based on telephone interviews with a sample of 3010 adults aged 18 to 64 years old in Massachusetts.[5] The survey was conducted by ICR/International Communications Research between October 16, 2006 and January 7, 2007 using a Computer Assisted Telephone Interviewing (CATI) system. The survey was based on a stratified random sample of telephone households, with oversamples of the low- and moderate-income populations that will be most affected by the reforms—uninsured adults, adults with family income below 300% FPL, and adults with family income between 300% and 500% FPL.[6] In 2006, the poverty level for a family of three was $16,600 per year, thus 300% FPL would be equivalent to $49,800, and 500% FPL would be equivalent to $80,000. To place these income levels in context, median family income in Massachusetts was $71,655 in 2005.[7]

In order to identify uninsured working age adults, the survey included a set of screening questions that determined whether there were any household members aged 18 to 64 years old and, if there were, whether those household members were currently covered by any type of health insurance. The question noted that we were interested in all types of health insurance coverage, including insurance obtained through a job or purchased directly from an insurance company, government programs like Medicare, MassHealth (or Medicaid) and Commonwealth Care, and programs that provide health care to military personnel and their families. Based on the responses to that question, one working-age adult was selected at random from each eligible household to complete the full survey. The full survey included more detailed insurance questions to identify the specific types of coverage held by the survey respondents.

In addition to questions on insurance status, the survey included sections that focused on the individual's access to and use of health care; out-of-pocket health care costs and medical debt; insurance premiums and covered services (for those with insurance); and health and disability status. We also included two opinion questions drawn from a September 2006 telephone survey in Massachusetts that asked adults about their impressions of Massachusetts' newly enacted health reform law (Blendon, Buhr, Fleischfresser and Benson, 2006). Our survey instrument is available at: www.urban.org/UploadedPDF/mass_health_survey.pdf.

With few exceptions, the survey relied on questions drawn from established, well-validated surveys.[8] While we sought to maintain consistency with those prior surveys, we have modified some questions to ensure that they address the issues of particular concern for this study. In addition, we developed new questions for some issues specific to the context of Massachusetts' reform initiative.

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5 This survey does not include households without telephones or cell-phone only households since including them in the survey would have been quite costly. An analysis conducted by the State of Massachusetts in 1998 comparing an area-based probability survey sample (that would capture all households, regardless of their telephone status) and a random-digit-dial survey sample found no statistically significant difference in the estimates of the rate of uninsurance under the two methodologies (Roman 2004).

6 To achieve these oversamples, we drew a disproportionate share of the sample from areas in the state with high concentrations of low and moderate-income households. These income strata for the survey were identified based on the distribution of household income within and across the telephone exchanges in the state.

7 Tabulations based on the 2005 American Community Survey. Available at http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_lang=en&_ts=144603553859 (accessed 3/15/2007). The U.S. Census Bureau defines family as a group of two or more people residing together who are related by birth, marriage, or adoption.

8 We have drawn on government-sponsored surveys, such as the National Health Interview Survey (NHIS), the Medical Expenditure Panel Survey (MEPS), and Consumer Assessment of Healthcare Providers and Systems *(CAHPS), and special surveys, such as the Massachusetts Division of Health Care Finance and Policy's Survey of Health Insurance Status; the Commonwealth Fund's Biennial Health Insurance Survey and Consumerism in Health Care Survey; the Kaiser Family Foundation's Low-income Survey, the Urban Institute's National Survey of America's Families; and the RAND Corporation's Survey of Individual Market Candidates in California, among others.*

Like all survey-based research, we are relying on self-reported information. The quality of our data depends on the survey respondent's ability to understand the questions and the response categories, to remember the relevant information, and to report it accurately. We would expect the quality of the information reported by the respondent to be better for more recent circumstances and events and for events with greater saliency (e.g., current insurance status). Problems with recall are more likely for events that are more distant in time (e.g., number of doctor visits over the past year), while problems with misreporting are more likely for sensitive or embarrassing questions (e.g., problems paying medical bills) or questions that are more difficult to answer (e.g., the amount of out-of-pocket health care costs over the past year).

Response rate. We employed several strategies to increase the response rate to the survey. First, we offered a $10 incentive to all those who completed the survey. Second, when addresses were available from reverse directory services, we sent letters to households that initially refused to complete the survey and to those for whom six call attempts were made without any contact. Third, we provided a toll-free number that allowed the sample household to call in to complete the survey if they were so motivated. Finally, telephone numbers with no answers or voice messages were called at least 12 times, with attempts made at different times and days of the week. The 12 call attempts also included a rest period of at least seven days between the sixth and seventh calls. The overall response rate for the survey was 49%, which is comparable to that achieved in other recent social science and health surveys (Davern et al. 2006).[9]

Sample weights. All tabulations based on the survey data were prepared using weights that adjust for the complex design of the survey, undercoverage, and survey nonresponse. The final weights are constructed from a base weight for each adult that reflects his or her probability of selection for the survey and a post-stratification adjustment to ensure that the characteristics of the overall sample are consistent with the characteristics of the Massachusetts population as projected by the US Census Bureau.[10] Specifically, the final weights include an adjustment to ensure that the age, sex, race/ethnicity, and geographic distribution of the sample is consistent with the distribution of the population in Massachusetts based on the 2006 Current Population Survey (CPS) (for age, sex and race/ethnicity) and the 2005 American Community Survey (for the geographic distribution of the population within the state). This adjustment is needed since some adults are less likely than others to reside in a household with a telephone and to respond to the survey, resulting in their being under-represented in the sample.

Item nonresponse. For the most part, survey respondents answered all the questions in the survey so that there was very little missing data or item nonresponse in the survey; however, family income was missing for 7.5% of the sample. For 40% of those with missing income data, information was available on whether family income was above or below 300% FPL.[11] We used hotdeck procedures[12] to assign values for the missing income data based on the individual's age, sex, marital status, family type (parent or childless adult), educational attainment, and, where available, income category (above or below 300% FPL).

Insurance coverage. Survey respondents were asked a series of "yes/no" questions about whether they had different types of insurance coverage. Based on the responses to those questions, we constructed a measure of reported insurance coverage based on the following hierarchy:

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9 The disposition codes used to calculate the response rate are consistent with the American Association for Public Opinion Research (AAPOR) standards and the response rate was derived using the AAPOR response rate calculator.

*10 See Appendix D (Derivation of Independent Population Controls) of the Current Population Survey, Design and Methodology report, Technical Paper 63RV (*http://www.census.gov/prod/2002pubs/tp63rv.pdf*) for a discussion of the derivation of the population control totals generated by the U.S. Census Bureau for the Current Population Survey.*

11 In order to identify adults within the income groups that are of relevance to the policy changes in Massachusetts, we asked about income relative to the FPL. To facilitate asking about income in a telephone survey, we rounded the poverty guidelines up to the nearest thousand.

12 Hotdeck imputation uses the reported values of variables for individuals with responded to the question to fill in or impute values for similar individuals with incomplete data. We used the hotdeck imputation module in Stata 9.0.

- MassHealth or other state coverage
- Employer sponsored insurance (ESI) coverage
- Non-group coverage
- Medicare coverage
- Other insurance coverage

Thus, for example, an individual reporting both MassHealth and ESI coverage would be assigned to MassHealth.

While most people are believed to accurately report the type of insurance coverage they have in surveys, there is some evidence of misreporting of coverage type. In particular, studies comparing Medicaid administrative data with survey data have found that some individuals with public coverage report that coverage as private (ESI or non-group) coverage (Call et al. 2001/2002; Cantor et al. 2007). The work by Cantor et al. (2007) suggests that such misreporting may be a serious problem for non-group coverage, leading to higher levels of enrollment in non-group coverage reported in surveys than is supported by administrative data.

In addition to reporting coverage across these categories, we also identified survey respondents who reported both MassHealth/other state coverage and private coverage (either ESI or non-group). This category would include individuals who were receiving premium assistance support under MassHealth, although it is likely that some individuals receiving premium assistance have reported only private coverage and some have reported only public coverage and so will not be captured here.

In answering the survey questions, respondents were told to exclude health care plans that covered a single type of care, such as dental plans and plans for prescription drug coverage. Individuals who received care under the Uncompensated Care Pool (also known as "free care") were included in the uninsured category. Finally, there were four respondents for whom insurance coverage status could not be determined. Those four observations were excluded from all analyses.

{FINDINGS}

This baseline report provides a detailed overview of the Massachusetts population in Fall 2006. We include tables that summarize all of the information collected in the survey for the overall population, insured and uninsured adults, and by income level. The text focuses on key findings from the tables. To identify statistically significant differences between the characteristics of insured and uninsured adults, we use the Pearson chi-squared statistic ($p=0.05$).

Estimates of Insurance Coverage in Massachusetts in Fall 2006

Although the goals of this study are much broader than providing an estimate of the uninsurance rate in Massachusetts, we do arrive at an estimate as part of our analysis of insured and uninsured adults in the state. Differences in the estimates of the rate of uninsurance across surveys are common and reflect many factors, including differences in the wording of the insurance questions asked in the surveys, differences in question placement and context, and differences in survey design and fielding strategies (Call, Davern and Blewett 2007).[13] Estimates based on the CPS put the uninsurance rate for adults 19 to 64 years old in Massachusetts at 11.4% in 2005, with a 95% confidence interval that ranges from 9.7% to 13.1%.[14] Based on this survey, we estimate that 13.3% of adults 18 to 64 years old (hereafter referred to as simply "adults") were uninsured at the time of the survey, with a 95% confidence interval of 12.8% to 13.8%. Thus, although the point estimates differ, our estimate of the uninsurance rate for adults in Massachusetts is not significantly different from the CPS estimate in a statistical sense.

13 Because of these differences it is not appropriate to compare estimates from different surveys over time to monitor trends in insurance coverage.

14 CPS estimates are based on tabulations by the Urban Institute.

{TABLE 1} *Health Insurance Status of Adults 18 to 64, by Family Income*

	All Adults	Adults with Family Income: Less Than 100% FPL	Between 100% and 300% FPL	Between 300% and 500% FPL	More than 500% FPL
Current Health Insurance Status (%)					
Uninsured	13.3%	29.8%	22.3%	9.1%	2.4%
Insured	86.7%	70.2%	77.7%	90.9%	97.6%
Among those currently insured, insurance type (%)					
Employer sponsored insurance	73.6%	18.7%	52.4%	87.9%	92.7%
Non-group coverage	5.0%	3.2%	5.8%	4.5%	5.3%
MassHealth or other state coverage	17.4%	69.1%	33.8%	5.8%	0.6%
Medicare	1.2%	1.9%	2.8%	0.1%	0.5%
Other/Not sure what type of coverage	2.8%	7.0%	5.2%	1.6%	0.8%
Has both MassHealth/other state coverage and private coverage (%)	3.6%	6.1%	6.8%	2.6%	0.6%
Among those currently uninsured, number of months uninsured (%)					
6 months or less	22.5%	22.0%	19.5%	33.9%	14.8%
7 to 11 months	12.6%	14.1%	14.0%	9.9%	0.0%
At least 12 months	64.8%	63.9%	66.5%	56.2%	82.2%
Among those currently uninsured, most recent coverage (%)					
Never covered	6.7%	13.4%	4.5%	1.6%	10.5%
Employer sponsored insurance	47.5%	39.1%	48.6%	52.9%	60.2%
Non-group coverage	4.5%	4.6%	3.1%	7.0%	8.5%
MassHealth or other state coverage	19.5%	19.0%	25.5%	10.1%	0.0%
Medicare	1.1%	3.9%	0.2%	0.0%	0.0%
Other/Not sure what type of coverage	20.7%	20.1%	18.1%	28.4%	20.9%
Ever uninsured in last 12 months (%)	19.1%	40.4%	33.8%	11.3%	4.1%
Among those ever uninsured, share that received care under the UCP in last 12 months (%)					
Yes	6.7%	2.6%	10.9%	2.7%	0.0%
No	90.8%	93.5%	86.5%	96.7%	99.8%
Missing	2.5%	3.9%	2.6%	0.7%	0.2%
Sample Size	3,006	454	994	763	795

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.

A third estimate of the uninsurance rate in Massachusetts is based on the 2006 Survey of Health Insurance Status sponsored by the Massachusetts Division of Health Care Finance and Policy.[15] That survey puts the uninsurance rate for adults 19 to 64 at 8.7% (95% confidence interval not available). While differences in the estimates across surveys may reflect many elements of survey design and fielding, we hypothesize that another factor may be contributing to the difference between the estimate from our survey and the state's survey estimate—a difference in the use of post-stratification weights. As noted above, we have adjusted the weights for this survey to ensure that the survey sample has the same age, sex, race/ethnicity and geographic distribution as the population in Massachusetts based on projections by the U.S. Census Bureau. We make this adjustment since, as is true in many surveys (including

15 *Estimate for the state survey are from Massachusetts Division of Health Care Finance and Policy (2006).*

the CPS), our sample underrepresents some population groups, including younger adults, males and members of racial/ethnic minority groups. It appears that the state's survey includes post-stratification adjustments only for the geographic distribution of the survey sample relative to the geographic distribution of Massachusetts' population (Roman 2004). Our post-stratification adjustment increased our estimate of uninsurance for adults from 10.3% to 13.3%, since the populations that are underrepresented in our sample are more likely to be uninsured.

Not surprisingly, we find that the insurance rate increases as family income increases (Table 1). For adults with family income less than 100% FPL, nearly 30% reported being uninsured at the time of the survey and 40% were uninsured at some point over the prior year. By contrast, only 2% of adults with incomes above 500% FPL were uninsured at the time of the survey and only 4% were uninsured at any time in the last year. For adults with family income between 100% and 300% FPL, the uninsurance rate was 22%, while 9% of adults with family income between 300% and 500% of the FPL were uninsured. Regardless of their income level, the majority of adults without insurance were uninsured for 12 months or more. Only a small share (about 7%) of the uninsured adults reported receiving care under the state's Uncompensated Care Pool during the past year.

For the adults with insurance coverage at the time of the survey, most were covered by employer-sponsored insurance (ESI) coverage, although the pattern varies by family income. Overall, about 74% of the insured adults reported having ESI coverage, 17% reported being covered by MassHealth or other state coverage, and 5% reported non-group coverage. As is true in other surveys, our estimate of non-group coverage exceeds estimates based on administrative data for the state and, thus, may include individuals who are misreporting other types of coverage as non-group coverage. While we do not have the information to identify any misreporting of insurance type, other studies suggest that one component is individuals reporting public coverage as non-group coverage (Cantor et al. 2007).

For insured adults with the lowest incomes, MassHealth or coverage under other state programs was the predominant type of coverage, at 69%, which is well above the ESI coverage rate (19%). As would be expected given the eligibility rules for public coverage, ESI coverage increased and MassHealth and other state coverage decreased as family income increased.

Characteristics of the Uninsured

Consistent with earlier studies (for example, Cook 2005, Massachusetts Division of Health Care Finance and Policy 2006), we find that uninsured adults in Massachusetts are disproportionately young, male, Hispanic, and non-citizens (Table 2).[16] Compared to adults with insurance coverage, they are also more likely to be single, to be childless and to have, at most, a high school degree. While the majority of both insured and uninsured adults are working, uninsured adults are more likely to be working part time or not at all than their insured counterparts. As a result, more than 75% of uninsured adults have family income below 300% FPL, with 27% below 100% FPL. The group of adults below 300% FPL is the target population for Commonwealth Care, which opened enrollment to adults below 100% FPL just prior to our survey period.

When we look at the health and disability status of the uninsured, we find that, although many are in good, very good, or excellent health, uninsured adults overall are more likely to report their health status as fair or poor than insured adults (19.5% versus 12%). However, they are no more likely to report a work limitation or pregnancy, and somewhat less likely to report some chronic conditions (e.g. hypertension/high blood pressure or diabetes). These patterns likely reflect the availability of public coverage for individuals with severe disabilities and for low-income pregnant women. Similarly, the availability of public coverage for low-income parents likely explains the greater concentration of childless adults among uninsured adults with family income less than 100% FPL (Table 3).[17]

16 Although the characteristics of the uninsured are similar across the three surveys, the sample of uninsured adults in this survey has a higher share of younger adults and males than is reported in either the CPS or the state survey, driven largely by the post-stratification adjustment of our weights.

17 Although not available to all low-income childless adults, Massachusetts did provide public coverage for some childless adults through the MassHealth Essential program, a special program for long-term unemployed adults with incomes less than 100% FPL. Enrollment in MassHealth Essential was subject to an enrollment cap, which was lifted under the health care reform law.

{TABLE 2} *Selected Characteristics of Adults 18 to 64, by Insurance Status*

	All Adults	Insured	Uninsured	Insured-Uninsured Difference
Age (%)				
18 to 25 years	15.3%	11.0%	42.9%	-31.9[a]
26 to 34 years	17.2%	17.5%	15.5%	2.0
35 to 49 years	38.0%	39.6%	27.7%	11.9
50 to 64 years	28.9%	31.3%	13.9%	17.4
Missing	0.5%	0.6%	0.0%	0.6
Female (%)	49.4%	51.9%	32.7%	19.3[a]
Race/ethnicity (%)				
White, non-Hispanic	79.1%	80.7%	68.3%	12.4[a]
Black, non-Hispanic	5.3%	5.4%	4.8%	0.6
Other, non-Hispanic	4.6%	4.7%	4.2%	0.5
Hispanic	6.8%	5.7%	13.9%	-8.2
Missing	4.2%	3.5%	8.8%	-5.3
Citizenship (%)				
U.S. born citizen	84.3%	85.0%	80.1%	4.8[a]
Foreign born citizen	8.3%	8.2%	9.0%	-0.7
Non-citizen	7.1%	6.5%	10.8%	-4.3
Missing	0.3%	0.3%	0.1%	0.2
Years in the U.S. for non-citizens (%)				
Less than 1	3.2%	3.4%	1.0%	2.4[a]
1 to 5	22.7%	26.8%	61.7%	-34.9
More than 5	63.0%	69.4%	37.4%	32.0
Marital status (%)				
Married	58.0%	63.2%	24.6%	38.6[a]
Living with a partner	7.0%	6.2%	11.7%	-5.5
Widowed, divorced, separated	12.0%	12.1%	11.7%	0.3
Never married	22.7%	18.4%	50.2%	-31.7
Missing	0.3%	0.1%	1.8%	-1.7
Any children aged 18 or younger in family (%)				
Yes	44.9%	47.8%	26.6%	21.2[a]
No	55.1%	52.2%	73.4%	-21.2
Educational attainment (%)				
Less than high school	5.8%	4.7%	12.5%	-7.8[a]
High school graduate	50.9%	48.2%	68.2%	-20.0
College graduate	43.3%	47.0%	18.8%	28.2
Missing	0.1%	0.0%	0.4%	-0.4
Literacy/Numeracy				
Has difficulty reading or understanding a newspaper (%)				
Yes	16.2%	15.7%	19.0%	-3.3
No	83.4%	83.8%	80.5%	3.3
Missing	0.5%	0.5%	0.5%	0.0

	All Adults	Insured	Uninsured	Insured-Uninsured Difference
Has difficulty reading or understanding nutrition labels (%)				
Yes	29.0%	28.8%	29.7%	-0.8
No	70.4%	70.6%	69.6%	1.0
Missing	0.6%	0.6%	0.7%	-0.2
Employed (%)				
Working full time (>35 hours)	51.5%	53.5%	38.6%	14.9a
Working part time	22.1%	20.9%	29.9%	-9.0
Working, hours not known	0.6%	0.6%	0.4%	0.2
Not working	25.8%	25.0%	31.1%	-6.1
Among those who are employed, firm size (%)				
Self-employed	11.7%	10.5%	20.3%	-9.7[a]
Less than 51 workers	25.4%	22.6%	45.1%	-22.6
51 workers or more	62.4%	66.4%	33.8%	32.7
Missing	0.5%	0.4%	0.8%	-0.4
Family income (%)				
Less than 100% of FPL	11.9%	9.6%	26.6%	-17.0[a]
100% to 299% of FPL	29.5%	26.4%	49.2%	-22.8
300% to 499% of FPL	27.1%	28.4%	18.5%	9.9
500% of FPL or more	31.5%	35.5%	5.7%	29.8
Current health status (%)				
Very good or excellent	59.3%	61.3%	45.9%	15.4[a]
Good	27.7%	26.6%	34.5%	-7.9
Fair or poor	13.0%	12.0%	19.5%	-7.5
Missing	0.1%	0.1%	0.1%	0.0
Has work limitation (%)				
Yes	17.9%	17.9%	18.1%	-0.3
No	81.9%	81.9%	81.8%	0.1
Missing	0.2%	0.2%	0.1%	0.1
Has chronic health condition or problem (%)				
Any type of condition or problem	33.6%	34.2%	29.6%	4.6
Hypertension or high blood pressure	20.0%	21.3%	11.5%	9.7[a]
Heart disease or congestive heart failure	4.1%	4.4%	2.3%	2.0
Diabetes	6.6%	7.1%	3.7%	3.4[a]
Asthma	14.7%	14.1%	18.0%	-3.9
Missing information on one or more conditions	0.8%	0.7%	1.0%	-0.3
Pregnant in last 12 months (women only) (%)				
Yes	8.1%	8.4%	4.8%	3.7
No	91.6%	91.2%	95.1%	-3.9
Missing	0.3%	0.3%	0.1%	0.2
Region of the State (%)				
Boston / MetroWest	48.7%	48.8%	47.7%	1.1
Rest of state	40.8%	40.7%	41.4%	-0.7
Missing	10.6%	10.5%	10.9%	-0.4
Sample Size	3,006	2,307	699	

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.
[a]*Uninsured adults are significantly different from insured adults at the .05 level based on Pearson's chi-squared test.*

Health Care Access, Use and Quality

Overall, access to care is quite good in Massachusetts; however, not surprisingly, we find clear differences in the health care experiences reported by insured and uninsured adults (Table 4). Uninsured adults are less likely than insured adults to have a regular place to go when they are sick or need advice about their health (52% versus 91%). Having a usual source of health care—or a "medical home"—has been found to be an important factor in receiving preventive care and continuity of care (Ettner 1999, Xu 2002). Consistent with the lower probability of having a usual source of care, uninsured adults are also less likely than insured adults to report a doctor visit (47% versus 84%), including a visit for preventive care (36% versus 75%) or specialty care (26% versus 54%). They are also less likely to receive dental care and to take prescription drugs.

Poor access to care, particularly preventive care, could lead to higher levels of emergency room use. While the overall level of emergency room use was similar among insured and uninsured adults, uninsured adults are more likely to report relying on an emergency room for a non-emergency condition (22% versus 15%). Finally, among adults who received care over the prior year, uninsured adults were much less likely than insured adults to rate that care as very good or excellent (33% versus 67%) and much more likely to rate their care as fair or poor (29% versus 8%).[18]

Since uninsured adults tend to be younger than insured adults and are often in very good or excellent health (as was shown in Table 2), the lower levels of use by uninsured adults could reflect lower levels of need for care relative to insured adults. To control for the effects of health care need on access to and use of care, we estimated multivariate regression models for each of the outcomes (not shown), controlling for age, gender, self-reported health status, presence of a work limitation and chronic conditions (using the measures reported in Table 2). In all cases, except for emergency room visits for a non-emergency condition, the large differences in access and use between the insured and uninsured adults persisted after controlling for health care needs in the regression models.

Consistent with their lower levels of health care use, uninsured adults are much less likely to obtain needed care or to obtain care in a timely manner than adults with insurance (Table 5). As part of the survey, the sample adults were asked whether they did not get or delayed getting needed care in the last 12 months for six categories of care: (1) doctor care, (2) specialist care, (3) medical tests, treatment or follow up recommended by a doctor, (4) preventive care screenings, (5) prescription drugs or (6) dental care. As shown in the table, high levels of unmet need and delays in getting care were reported by uninsured adults across all of these categories of care. Overall, 69% of uninsured adults reported that they did not get or delayed getting some type of care over the past year, compared to 40% for insured adults.

Looking more closely at the patterns of unmet need and delays in obtaining needed care, we find that uninsured adults are more likely than insured adults to report not getting care at all rather than delaying care. Further, among the uninsured adults who did not get needed care, nearly all reported they did not get care because of the cost of that care. In contrast, insured adults were more likely to delay seeking care than not get needed care. Further, among those insured adults who did not get needed care, they were less likely to report costs as the reason for not getting care than were the uninsured adults. Their unmet need for care was more likely to be due to other factors, such as trouble finding a doctor or trouble getting an appointment (data not shown).

Tables 6 and 7 examine access to care and unmet need among uninsured adults at different income levels. As shown in the tables, uninsured adults at all income levels report problems with access to care, with the problems often most severe for those with the lowest incomes. For example, uninsured adults with family income less than 100% FPL were more likely to have an emergency room visit than higher income adults, with many of those visits for conditions that could have been treated in an outpatient setting if a doctor had been available (Table 6). Similarly, unmet need for care was particularly high among lower income uninsured adults, especially for prescription drugs, medical tests, and treatment or follow up recommended by a doctor (Table 7).

18 We also compared access to and use of care among the uninsured between the Boston/MetroWest area and the rest of the state (not shown). While we found no significant differences for any of the measures in Table 4, our small sample size for uninsured adults makes those estimates relatively imprecise.

{TABLE 3} *Selected Characteristics of Uninsured Adults 18 to 64, by Family Income*

	All Unisured Adults	Uninsured Adults with Family Income: Less Than 100% FPL	Between 100% and 300% FPL	Between 300% and 500% FPL	More than 500% FPL
Age (%)					
18 to 25 years	42.9%	65.7%	37.3%	32.3%	20.4%
26 to 34 years	15.5%	11.0%	17.1%	16.7%	18.6%
35 to 49 years	27.7%	16.7%	32.2%	31.7%	28.1%
50 to 64 years	13.9%	6.7%	13.5%	19.3%	32.9%
Female (%)	32.7%	30.4%	32.6%	34.5%	37.6%
Race/ethnicity (%)					
White, non-Hispanic	68.3%	55.6%	66.2%	89.9%	75.9%
Black, non-Hispanic	4.8%	7.6%	4.0%	1.7%	8.9%
Other, non-Hispanic	4.2%	4.2%	5.2%	2.8%	13.0%
Hispanic	13.9%	18.8%	14.8%	4.6%	2.2%
Missing	8.8%	13.9%	9.8%	0.9%	0.0%
Citizenship (%)					
U.S. born citizen	80.1%	75.6%	79.8%	88.6%	76.2%
Foreign born citizen	9.0%	10.4%	9.5%	7.6%	2.1%
Non-citizen	10.8%	14.0%	10.6%	3.2%	21.7%
Missing	0.1%	0.0%	0.0%	0.6%	0.0%
Marital status (%)					
Married	24.6%	9.1%	27.5%	41.1%	18.6%
Living with a partner	11.7%	5.6%	12.1%	14.6%	27.1%
Widowed, divorced, separated	11.7%	10.2%	12.7%	9.4%	18.3%
Never married	50.2%	74.6%	47.5%	26.6%	36.0%
Missing	1.8%	0.4%	0.2%	8.4%	0.0%
Any children aged 18 or younger in family (%)					
Yes	26.6%	12.6%	35.3%	29.7%	7.2%
No	73.4%	87.4%	64.7%	70.3%	92.8%
Educational attainment (%)					
Less than high school	12.5%	15.7%	11.1%	15.2%	1.8%
High school graduate	68.2%	69.7%	74.3%	55.9%	49.6%
College graduate	18.8%	14.6%	14.5%	28.9%	43.2%
Missing	0.4%	0.0%	0.2%	0.0%	5.4%
Literacy/Numeracy					
Has difficulty reading or understanding a newspaper (%)					
Yes	19.0%	22.9%	22.7%	7.2%	8.1%
No	80.5%	77.1%	76.6%	92.3%	91.9%
Missing	0.5%	0.0%	0.7%	0.6%	0.0%
Has difficulty reading or understanding nutrition labels (%)					
Yes	29.7%	34.8%	33.7%	15.9%	15.4%
No	69.6%	63.5%	65.9%	83.5%	84.6%
Missing	0.7%	1.7%	0.4%	0.6%	0.0%

	All Unisured Adults	Uninsured Adults with Family Income: Less Than 100% FPL	Between 100% and 300% FPL	Between 300% and 500% FPL	More than 500% FPL
Employed (%)					
Working full time (>35 hours)	38.6%	30.0%	38.7%	46.2%	53.0%
Working part time	29.9%	32.2%	32.6%	21.6%	22.7%
Working, hours not known	0.4%	0.9%	0.2%	0.6%	0.0%
Not working	31.1%	36.8%	28.6%	31.6%	24.3%
Among those who are employed, firm size (%)					
Self-employed	20.3%	6.4%	22.6%	28.2%	#
Less than 51 workers	45.1%	36.9%	52.0%	38.9%	#
51 workers or more	33.8%	55.5%	24.6%	32.0%	#
Missing	0.8%	1.2%	0.7%	0.8%	#
Current health status (%)					
Very good or excellent	45.9%	40.7%	42.2%	54.5%	74.0%
Good	34.5%	31.2%	39.8%	32.7%	10.3%
Fair or poor	19.5%	28.1%	17.8%	12.9%	15.8%
Missing	0.1%	0.0%	0.2%	0.0%	0.0%
Has work limitation (%)					
Yes	18.1%	24.1%	17.8%	14.1%	6.0%
No	81.8%	75.9%	82.0%	85.9%	94.0%
Missing	0.1%	0.0%	0.1%	0.0%	0.0%
Has chronic health condition or problem (%)					
Any type of condition or problem	29.6%	30.1%	29.0%	32.5%	23.0%
Hypertension or high blood pressure	11.5%	8.4%	12.7%	13.2%	11.1%
Heart disease or congestive heart failure	2.3%	2.9%	1.8%	3.3%	1.2%
Diabetes	3.7%	2.4%	4.7%	1.5%	8.1%
Asthma	18.0%	22.5%	15.9%	19.0%	12.8%
Missing information on one or more conditions	1.0%	0.4%	1.6%	0.7%	0.0%
Pregnant in last 12 months (women only) (%)					
Yes	4.8%	3.7%	5.5%	5.9%	#
No	95.1%	96.0%	94.4%	94.1%	#
Missing	0.1%	0.2%	0.2%	0.0%	#
Region of the State (%)					
Boston / MetroWest	47.7%	49.0%	43.1%	55.5%	56.1%
Rest of state	41.4%	35.7%	46.9%	35.6%	39.2%
Missing	10.9%	15.3%	10.0%	8.9%	4.7%
Sample Size	699	149	368	130	52

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey. .
Note: "Years in the U.S. for non-citizens" is not included in this table because of small sample sizes across the income categories.
 # Because of concerns about the reliability of the estimates, we have supressed estimates in cases where the sample size is less than 50.

{TABLE 4} *Access, Use, and Quality of Care of Adults 18 to 64 in Last 12 Months, by Insurance Status*

	All Adults	Insured	Uninsured	Insured-Uninsured Difference
Has a usual source of care (excluding the emergency room (ER)) (%)				
Yes	86.2%	91.4%	52.4%	39.0[a]
No	13.5%	8.5%	46.1%	-37.6
Missing	0.3%	0.1%	1.5%	-1.4
Any ER visits in last 12 months (%)				
Yes	34.0%	33.6%	36.3%	-2.6
No	66.0%	66.3%	63.5%	2.8
Missing	0.0%	0.0%	0.2%	-0.2
Most recent ER visit was for non-emergency condition (%)[b]				
Yes	15.7%	14.8%	22.2%	-7.4[a]
No	84.0%	85.0%	77.3%	7.7
Missing	0.3%	0.2%	0.6%	-0.4
Any hospital stay in last 12 months (excluding for a birth) (%)				
Yes	11.4%	11.8%	8.5%	3.3[a]
No	88.5%	88.2%	90.8%	-2.6
Missing	0.1%	0.0%	0.8%	-0.8
Any doctor visit in last 12 months (%)				
Yes	79.5%	84.4%	47.4%	37.1[a]
No	20.3%	15.4%	52.0%	-36.6
Missing	0.1%	0.0%	0.6%	-0.5
Doctor visit for preventive care in last 12 months (%)				
Yes	69.8%	75.0%	35.9%	39.1[a]
No	30.0%	24.9%	63.5%	-38.6
Missing	0.2%	0.2%	0.6%	-0.4
For those with a doctor visit, wait for appointment for most recent visit was six days or more (%)				
Yes	38.5%	38.8%	36.0%	2.8
No	59.9%	59.7%	62.5%	-2.8
Missing	1.6%	1.6%	1.6%	0.0
Any specialist visit in last 12 months (%)				
Yes	50.3%	54.1%	26.1%	28.0[a]
No	49.6%	45.9%	73.9%	-28.0
Missing	0.0%	0.0%	0.0%	0.0
Any dental care visit in last 12 months (%)				
Yes	67.7%	72.7%	35.3%	37.3[a]
No	32.2%	27.3%	64.1%	-36.8
Missing	0.1%	0.0%	0.6%	-0.5
Taking any prescription drugs in last 12 months (%)				
Yes	55.0%	58.2%	34.1%	24.1[a]
No	44.9%	41.7%	65.8%	-24.1
Missing	0.1%	0.1%	0.0%	0.1
For those with any care, rating of quality of health care received in last 12 months (%)				
Excellent	26.9%	28.9%	10.7%	18.2[a]
Very good	36.0%	37.7%	22.6%	15.1
Good	26.7%	25.4%	37.3%	-12.0
Fair	8.0%	6.6%	19.2%	-12.5
Poor	2.2%	1.3%	9.7%	-8.4
Missing	0.2%	0.2%	0.5%	-0.3
Sample Size	3,006	2,307	699	

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.
[a] *Uninsured adults are significantly different from insured adults at the .05 level based on Pearson's chi-squared test.*
[b] *This is a condition that the respondent thought could have been treated by a regular doctor if one had been available.*

{TABLE 5} *Unmet or Delayed Care for Adults 18 to 64 in Last 12 Months, by Insurance Status*

	All Adults	Insured	Uninsured	Insured-Uninsured Difference
Did not get or delayed getting needed care in last 12 months (%)	43.9%	40.1%	68.5%	-28.4[a]
Delayed getting needed care in last 12 months (%)	34.4%	33.2%	42.6%	-9.4[a]
Type of care:				
Doctor care	11.2%	9.9%	19.3%	-9.3[a]
Specialist care	9.2%	8.8%	12.0%	-3.2
Medical tests, treatment or follow-up recommended by a doctor	10.4%	9.8%	14.2%	-4.5[a]
Preventive care screening	6.3%	6.1%	7.7%	-1.7
Prescription drugs	7.9%	7.2%	12.3%	-5.1[a]
Dental care	16.9%	16.2%	21.4%	-5.2[a]
Missing information for one or more categories	0.8%	0.5%	2.4%	-1.9
Did not get needed care in last 12 months (%)	25.4%	20.5%	57.0%	-36.5[a]
Type of care:				
Doctor care	8.2%	4.9%	29.7%	-24.9[a]
Specialist care	6.9%	4.9%	20.1%	-15.1[a]
Medical tests, treatment or follow-up recommended by a doctor	9.3%	6.3%	28.6%	-22.2[a]
Preventive care screening	7.1%	4.8%	22.4%	-17.6[a]
Prescription drugs	8.0%	6.2%	19.7%	-13.5[a]
Dental care	12.6%	9.2%	34.5%	-25.2[a]
Missing information for one or more categories	0.8%	0.5%	2.4%	-1.9
Did not get needed care because of costs (%)	17.0%	11.7%	51.5%	-39.8[a]
Type of care:				
Doctor care	5.9%	2.6%	27.7%	-25.0[a]
Specialist care	4.9%	2.9%	17.9%	-15.0[a]
Medical tests, treatment or follow-up recommended by a doctor	6.2%	3.2%	25.6%	-22.4[a]
Preventive care screening	3.7%	1.1%	20.4%	-19.3[a]
Prescription drugs	5.6%	3.6%	18.2%	-14.6[a]
Dental care	10.2%	6.9%	32.1%	-25.2[a]
Missing information for one or more categories	0.9%	1.1%	0.5%	0.6
Sample Size	3,006	2,307	699	

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.
[a]*Uninsured adults are significantly different from insured adults at the .05 level based on Pearson's chi-squared test.*

The Financial Burden of Health Care Costs

Out-of-pocket (OOP) health care costs can be a significant burden on the financial stability of families. As shown in Table 8, insured adults were more likely than uninsured adults to have OOP costs for health care, largely due to higher spending on prescription drugs and dental and vision care. Insured and uninsured adults had roughly equal OOP costs for all other medical expenses. The lower level of OOP costs among the uninsured adults is consistent with their use of fewer medical services (as was shown in Table 4) and higher levels of unmet health care needs, including unmet need for prescription drugs and dental care (as was shown in Table 5). (The survey did not include a question about unmet need for vision care.)

{TABLE 6} *Access, Use, and Quality of Care of Uninsured Adults 18 to 64 in Last 12 Months, by Family Income*

	All Unisured Adults	Uninsured Adults with Family Income: Less Than 100% FPL	Between 100% and 300% FPL	Between 300% and 500% FPL	More than 500% FPL
Has a usual source of care (excluding the emergency room (ER) (%)					
Yes	52.4%	49.6%	53.3%	52.4%	57.8%
No	46.1%	49.3%	46.1%	43.0%	42.2%
Missing	1.5%	1.1%	0.6%	4.6%	0.0%
Any ER visit in last 12 months (%)					
Yes	36.3%	47.5%	34.4%	29.6%	21.6%
No	63.5%	52.5%	65.2%	70.4%	78.4%
Missing	0.2%	0.0%	0.4%	0.0%	0.0%
Most recent ER visit was for non-emergency condition (%)[a]					
Yes	22.2%	29.7%	22.9%	12.4%	12.3%
No	77.2%	70.1%	76.1%	87.6%	87.7%
Missing	0.6%	0.2%	1.0%	0.0%	0.0%
Any hospital stay in last 12 months (excluding for a birth) (%)					
Yes	8.5%	10.9%	7.7%	7.2%	7.7%
No	90.8%	89.1%	90.7%	92.8%	92.3%
Missing	0.8%	0.0%	1.6%	0.0%	0.0%
Any doctor visit in last 12 months (%)					
Yes	47.4%	46.2%	48.6%	45.3%	48.8%
No	52.0%	53.2%	50.5%	54.7%	51.2%
Missing	0.6%	0.6%	0.9%	23.3%	30.4%
Doctor visit for preventive care in last 12 months (%)					
Yes	35.9%	38.4%	34.9%	35.1%	35.3%
No	64.1%	61.6%	65.1%	64.9%	64.7%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%
For those with a doctor visit, wait for appointment for most recent visit was six days or more (%)					
Yes	36.0%	40.1%	35.5%	26.0%	#
No	62.5%	59.9%	61.4%	74.0%	#
Missing	1.6%	0.0%	3.1%	0.0%	#
Any specialist visit in last 12 months (%)					
Yes	26.1%	31.4%	22.4%	32.7%	12.2%
No	73.9%	68.6%	77.6%	67.3%	87.8%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%
Any dental care visit in last 12 months (%)					
Yes	35.3%	33.6%	34.4%	38.7%	40.2%
No	64.1%	66.4%	65.3%	59.1%	59.8%
Missing	0.6%	0.0%	0.3%	2.2%	0.0%
Taking any prescription drugs in last 12 months (%)					
Yes	34.1%	32.8%	34.6%	32.5%	41.5%
No	65.8%	67.2%	65.3%	67.5%	58.5%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%
For those with any care, rating of quality of health care received in last 12 months (%)					
Excellent	10.7%	16.5%	6.1%	11.4%	#
Very good	22.6%	24.6%	21.8%	17.2%	#
Good	37.3%	27.5%	41.3%	44.1%	#
Fair	19.2%	21.2%	17.9%	21.9%	#
Poor	9.7%	9.9%	11.9%	5.4%	#
Missing	0.5%	0.3%	0.9%	0.0%	#
Sample Size	699	149	368	130	52

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey. .

 # Because of concerns about the reliability of the estimates, we have supressed estimates in cases where the sample size is less than 50.

[a] *This is a condition that the respondent thought could have been treated by a regular doctor if one had been available.*

{TABLE 7} *Unmet or Delayed Care for Uninsured Adults 18 to 64 in Last 12 Months, by Family Income*

	All Unisured Adults	Uninsured Adults with Family Income: Less Than 100% FPL	Between 100% and 300% FPL	Between 300% and 500% FPL	More than 500% FPL
Did not get or delayed getting needed care in last 12 months (%)	68.5%	65.3%	72.5%	62.6%	68.9%
Delayed getting needed care in last 12 months (%)	42.6%	35.9%	45.8%	45.3%	36.3%
Type of care:					
Doctor care	19.3%	18.0%	20.2%	18.6%	18.9%
Specialist care	12.0%	11.0%	12.9%	9.4%	16.5%
Medical tests, treatment or follow-up recommended by a doctor	14.2%	11.7%	14.5%	18.1%	11.1%
Preventive care screening	7.7%	6.4%	8.0%	7.2%	13.0%
Prescription drugs	12.3%	14.2%	12.0%	11.0%	10.1%
Dental care	21.4%	20.5%	23.6%	15.8%	24.8%
Missing information for one or more categories	2.4%	2.8%	2.4%	2.3%	1.6%
Did not get needed care in last 12 months (%)	57.0%	59.2%	56.7%	54.4%	58.5%
Type of care:					
Doctor care	29.7%	31.8%	28.4%	29.8%	31.9%
Specialist care	20.1%	24.5%	19.1%	19.6%	8.9%
Medical tests, treatment or follow-up recommended by a doctor	28.6%	37.2%	26.2%	22.6%	27.8%
Preventive care screening	22.4%	19.4%	20.7%	31.0%	23.4%
Prescription drugs	19.7%	23.8%	20.0%	15.8%	11.2%
Dental care	34.5%	34.8%	36.8%	30.4%	26.1%
Missing information for one or more categories	2.4%	2.8%	2.4%	2.3%	1.6%
Did not get needed care because of costs (%)	17.0%	55.1%	48.9%	53.8%	49.8%
Type of care:					
Doctor care	5.9%	29.9%	27.6%	25.7%	24.7%
Specialist care	4.9%	19.5%	17.9%	18.2%	8.4%
Medical tests, treatment or follow-up recommended by a doctor	6.2%	34.3%	23.4%	20.5%	20.4%
Preventive care screening	3.7%	16.2%	19.7%	27.8%	20.9%
Prescription drugs	5.6%	23.1%	17.3%	15.5%	11.3%
Dental care	10.2%	32.2%	33.5%	30.3%	24.4%
Missing information for one or more categories	0.9%	0.9%	0.0%	1.1%	0.0%
Sample Size	699	149	368	130	52

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.
**Because of concerns about the reliability of the estimates, we have supressed estimates in cases where the sample size is less than 50.*

{TABLE 8} *Out-of-pocket Costs, Medical Debt and Financial Difficulties for Adults 18 to 64, by Insurance Status*

	All Adults	Insured	Uninsured	Insured-Uninsured Difference
Amount of out-of-pocket costs were at least $500 (%)[b]				
Prescription medicine	26.8%	28.6%	14.8%	13.8[a]
Dental and vision care	34.1%	35.4%	25.5%	9.9[a]
All other medical expenses	28.3%	28.2%	29.2%	-1.0
Total	61.8%	63.4%	51.0%	12.4[a]
Amount of out-of-pocket costs were at least $1000 (%)[b]				
Prescription medicine	14.0%	15.0%	7.4%	7.5[a]
Dental and vision care	18.7%	19.6%	13.0%	6.6[a]
All other medical expenses	17.0%	16.9%	17.9%	-1.0
Total	44.3%	45.5%	36.8%	8.7[a]
Amount of out-of-pocket costs were at least $3000 (%)[b]				
Prescription medicine	2.4%	2.5%	1.4%	1.1
Dental and vision care	4.1%	3.9%	4.8%	-0.9
All other medical expenses	4.6%	4.5%	5.2%	-0.7
Total	15.3%	15.6%	13.0%	2.7
Missing information on out-of-pocket costs for one or more categories (%)	5.1%	4.7%	7.4%	-2.7
Out-of-pocket costs relative to family income for those with family income below 500% FPL (%)[c]				
5% or more of income	20.6%	19.1%	26.9%	-7.8[a]
10% or more of income	7.9%	6.6%	13.4%	-6.8[a]
Had problems paying medical bills in last 12 months (%)				
Yes	20.6%	16.6%	46.6%	-30.0[a]
No	79.3%	83.3%	53.2%	30.2
Missing	0.1%	0.1%	0.3%	-0.2
Have medical bills that are paying off over time (%)				
Yes	20.7%	18.4%	35.5%	-17.0[a]
No	78.9%	81.2%	63.3%	17.9
Missing	0.5%	0.3%	1.2%	-0.9
For those with medical bills, amount of medical bills (%)				
Less than $2,000	63.2%	63.2%	63.5%	-0.4
$2,000 to $4,000	10.8%	11.0%	10.1%	0.9
$4,000 to $8,000	7.7%	7.3%	9.1%	-1.7
$8,000 or more	5.5%	5.5%	5.6%	-0.1
Missing	12.7%	13.0%	11.7%	1.3
Had problems paying mortgage, rent or utility bills in last 12 months (%)				
Yes	24.7%	22.0%	42.9%	-20.9[a]
No	75.0%	77.8%	56.8%	21.0
Missing	0.3%	0.2%	0.3%	0.0
Sample Size	3,006	2,307	699	

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.

[a] *Uninsured adults are significantly different from insured adults at the .05 level based on Pearson's chi-squared test.*

[b] *In most cases, the respondent provided a dollar estimate of their out-of-pocket costs. In cases where the resondent reported costs as a range (e.g., between $200 and $500), we report the lower end of the range.*

[c] *Since income and, in some cases, out-of-pocket expenditures are reported as a range of values, we have constructed a lower-bound estimate of the share of income spent on out-of-pocket health care costs by using the lower value for the reported range of out-of-pocket expenditures (e.g., we use $500 for those who reported out-of-pocket costs between $500 and $1000) and the upper value for the reported income range (e.g., we use $20,000 as the income measure for those who reported family income between $10,000 and $20,000).*

{TABLE 9} *Out-of-pocket Costs, Medical Debt and Financial Difficulties for Uninsured Adults 18 to 64, by Family Income*

	All Unisured Adults	Uninsured Adults with Family Income: Less Than 100% FPL	Between 100% and 300% FPL	Between 300% and 500% FPL	More than 500% FPL
Amount of out-of-pocket costs were at least $500 (%)[a]					
Prescription medicine	14.8%	9.5%	18.7%	11.4%	15.8%
Dental and vision care	25.5%	16.9%	27.6%	29.9%	34.0%
All other medical expenses	29.2%	18.4%	32.8%	31.2%	43.2%
Total	51.0%	35.4%	56.6%	53.6%	67.3%
Amount of out-of-pocket costs were at least $1000 (%)[a]					
Prescription medicine	7.4%	6.1%	8.5%	6.6%	7.0%
Dental and vision care	13.0%	7.1%	15.3%	12.9%	22.3%
All other medical expenses	17.9%	13.3%	20.5%	17.1%	19.5%
Total	36.8%	27.7%	39.2%	38.6%	53.3%
Amount of out-of-pocket costs were at least $3000 (%)[a]					
Prescription medicine	1.4%	0.5%	1.7%	2.1%	1.0%
Dental and vision care	4.8%	0.9%	6.7%	5.2%	5.3%
All other medical expenses	5.2%	7.4%	3.0%	7.4%	6.3%
Total	13.0%	10.2%	12.7%	18.3%	11.6%
Missing information on out-of-pocket costs for one or more categories (%)	7.4%	3.6%	8.3%	10.3%	8.4%
Out-of-pocket costs relative to family income for those with family income below 500% FPL (%)[b]					
5% or more of income	26.9%	33.1%	26.4%	19.1%	NA
10% or more of income	13.4%	25.0%	11.3%	2.3%	NA
Had problems paying medical bills in last 12 months (%)					
Yes	46.6%	50.4%	49.6%	36.6%	35.0%
No	53.2%	49.6%	50.4%	62.2%	64.2%
Missing	0.3%	0.0%	0.0%	1.3%	0.8%
Have medical bills that are paying off over time (%)					
Yes	35.5%	31.2%	38.8%	34.0%	31.6%
No	63.3%	68.3%	59.5%	66.0%	64.5%
Missing	1.2%	0.5%	1.7%	0.0%	4.0%
For those with medical bills, amount of medical bills (%)					
Less than $2,000	63.5%	60.7%	62.7%	71.9%	#
$2,000 to $4,000	10.1%	10.9%	9.6%	11.9%	#
$4,000 to $8,000	9.1%	5.5%	12.0%	7.6%	#
$8,000 or more	5.6%	10.2%	3.8%	4.5%	#
Missing	11.7%	12.8%	11.9%	4.0%	#
Had problems paying mortgage, rent or utility bills in last 12 months (%)					
Yes	42.9%	45.5%	44.4%	40.6%	25.1%
No	56.8%	53.8%	55.5%	59.4%	74.1%
Missing	0.3%	0.7%	0.1%	0.0%	0.8%
Sample Size	699	149	368	130	52

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.

 # Because of concerns about the reliability of the estimates, we have supressed estimates in cases where the sample size is less than 50.

[a] In most cases, the respondent provided a dollar estimate of their out-of-pocket costs. In cases where the resondent reported costs as a range (e.g., between $200 and $500), we report the lower end of the range.

[b] Since income and, in some cases, out-of-pocket expenditures are reported as a range of values, we have constructed a lower-bound estimate of the share of income spent on out-of-pocket health care costs by using the lower value for the reported range of out-of-pocket expenditures (e.g., we use $500 for those who reported out-of-pocket costs between $500 and $1000) and the upper value for the reported income range (e.g., we use $20,000 as the income measure for those who reported family income between $10,000 and $20,000).

Although they had lower OOP costs, the much lower family incomes of the uninsured adults (as was shown in Table 2) meant that they spent a much higher share of their income on health care than did insured adults. Using a conservative measure of the burden of OOP costs, we find that almost 14% of low and moderate-income uninsured adults (defined as those with family income less than 500% FPL) reported spending 10% or more of family income on OOP health care costs over a year, as compared to about 7% for insured adults.[19]

Consistent with that finding, uninsured adults were much more likely than adults with insurance to report problems paying their medical bills over the last 12 months (47% versus 17%) and to be paying off medical bills over time (36% versus 18%). The uninsured were also more likely to report problems paying other household bills (43% versus 22%).

Not surprisingly, OOP costs were more of a burden for uninsured adults with the lowest incomes (Table 9). For an individual at 100% FPL, $500 in OOP costs translates to about 5% of their total income, while for an individual at 500% FPL it is about 1% of total income. As shown in the table, about 25% of adults with family income less than 100% FPL and 12% of those between 100% and 300% FPL spent 10% or more of their income on OOP health care costs, compared to only about 2% of adults with incomes between 300% and 500% FPL. As a result, half of uninsured adults with family income less than 300% FPL reported having problems paying their medical bills last year, compared to 35% of uninsured adults with incomes above 500% FPL.

{TABLE 10} *Availability of ESI Coverage for Uninsured Adults 18 to 64, by Family Income*

		Uninsured Adults with Family Income	
	All Unisured Adults	*Less Than 300% FPL*	*300% FPL or More*
Employed (%)			
Yes	*68.9%*	*68.5%*	*70.1%*
No	*31.1%*	*31.5%*	*29.9%*
Among those who are employed, had access to ESI coverage through own job (%)			
Yes	*27.8%*	*28.9%*	*24.7%*
No	*44.9%*	*47.2%*	*37.6%*
Missing	*27.3%*	*23.9%*	*37.7%*
Among those with own ESI offer, main reason didn't take up offer (%)			
Costs too much	*75.3%*	*80.5%*	#
Don't need insurance	*2.1%*	*2.2%*	#
Benefit package doesn't meet needs	*4.9%*	*3.1%*	#
Other reason	*9.4%*	*4.3%*	#
Missing	*8.3%*	*9.9%*	#
Sample Size	*699*	*517*	*182*

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.
Note: Because of small sample sizes in the more detailed income categories, we have combined income categories for this table.
 # Because of concerns about the reliability of the estimates, we have supressed estimates in cases where the sample size is less than 50.

19 Since family income and, in some cases, OOP costs are reported as a range of values, we have constructed a lower-bound estimate of the share of income spent on OOP costs by using the lower value for the reported range of OOP expenditures (e.g., we use $500 for those who reported OOP costs between $500 and $1000) and the upper value for the reported income range (e.g., we use $20,000 as the income measure for those who reported family income between $10,000 and $20,000).

Available Insurance Options for Uninsured Adults

As noted in Table 2, the majority of uninsured adults were working at the time of the survey. Among the uninsured adults who were working, only 28% reported access to insurance coverage through their employer (Table 10). These workers would be subject to the individual mandate under Massachusetts' health reform initiative if the ESI coverage offered meets the standards of affordability and minimum credible coverage set by the Connector Board. While we do not have the information necessary to determine whether the coverage would meet those standards, 75% of the uninsured workers who had access to ESI coverage cited high cost as the reason for not taking up that coverage and another 5% reported that the available benefit package did not meet their needs.

For those without ESI coverage, public coverage and the direct purchase of non-group coverage are the alternative insurance options. Many of the uninsured adults have considered these types of insurance (Table 11). Among the uninsured, high cost was the most important reason given for not obtaining non-group coverage and a lack of eligibility or a belief that they were not eligible were the most important reasons for not obtaining public coverage. The latter was also true for those with family income less than 100% FPL, who became eligible for coverage under Commonwealth Care just prior to the field period for the survey.

The Cost of Private Coverage

The cost of private coverage, whether for employer-sponsored coverage (ESI) or non-group coverage, was cited as a barrier to coverage by nearly all of the uninsured. Table 12 examines the health insurance premiums reported by adults with ESI and non-group coverage. (Note that for ESI coverage, we asked about the employee's share of the premium. We do not have information on the amount of the employer's contribution, if any, towards the premium. We also do not have information on whether the ESI premium was paid for with pre-tax or post-tax income. ESI premiums are often paid for with pre-tax income while non-group coverage is typically paid for with post-tax income.) As shown, the majority (83%) of adults with private health insurance coverage reported paying premiums, with insurance premiums higher for non-group than ESI coverage. About half of those with ESI premiums reported paying less than $3000 per year ($250 per month), while 70% of those with non-group coverage were above that level. Among those with premiums for non-group coverage, more than 30% reported premiums of more than $10,000 per year ($833 per month), generally for family coverage. Less than 10% of those with premiums for ESI coverage paid premiums that high.

Among low- and moderate-income adults, 54% of those with non-group coverage reported paying 10% or more of their incomes for health insurance premiums, compared to only 11% for adults with ESI coverage. As shown in Table 13, there was little difference in premiums by income level. As a result, adults with lower incomes are paying greater shares of their income for premiums. Among adults with private coverage, 21% of those with family income between 100% and 300% FPL were spending 10% or more of their income on premiums, compared to 9% of those with family income between 300% and 500% FPL.

The Quality of Private Coverage and Efforts to Control Costs

One strategy that is used to slow the rise in the costs of health insurance coverage is to limit the choice of providers. Consistent with that, the majority of adults in Massachusetts who have ESI or non-group coverage were required to choose their providers from a list or network of providers, and most need a referral to see a specialist (Table 14). Going outside the network can be costly for enrollees, with only 55% of those with ESI coverage and 40% of those with non-group coverage reporting that their plan will cover any of the costs for out-of-network care. The remaining respondents reported either that out-of-network care was not covered or that they did not know whether it was covered.

A second strategy for reducing the cost of insurance is to limit the benefits that are covered. In Fall 2006, most of the adults covered by ESI and non-group coverage reported that their plan covered inpatient and doctor care. Prescription drugs were also generally covered under both ESI and non-group plans, but were less common under

{TABLE 11} *Possibility of Non-Group and Public Coverage for Uninsured Adults 18 to 64, by Family Income*

	All Unisured Adults	Uninsured Adults with Family Income: Less Than 100% FPL	Between 100% and 300% FPL	Between 300% and 500% FPL	More than 500% FPL
Ever thought about purchasing non-group coverage (%)					
Yes	52.3%	41.5%	53.9%	62.5%	54.9%
No	46.7%	58.2%	45.8%	33.1%	44.8%
Missing	1.1%	0.2%	0.3%	4.4%	0.3%
Ever tried purchasing non-group coverage (%)					
Yes	14.5%	10.0%	15.6%	16.4%	19.9%
No	84.4%	89.7%	84.1%	79.2%	79.8%
Missing	1.1%	0.2%	0.3%	4.4%	0.3%
Among those who have considered non-group coverage, main reason have not purchased non-group coverage (%)					
Costs too much	78.4%	73.4%	83.3%	73.2%	#
Don't need/want insurance	5.8%	10.2%	3.3%	5.1%	#
Other reason	8.0%	8.8%	5.0%	16.5%	#
Missing	7.9%	7.6%	8.5%	5.2%	#
Aware of public programs (%)					
Yes	85.3%	80.2%	87.5%	86.9%	85.2%
No	12.7%	14.5%	11.7%	11.9%	14.6%
Missing	2.0%	5.3%	0.8%	1.2%	0.3%
Ever thought about enrolling in public coverage (%)					
Yes	54.2%	53.9%	59.9%	45.8%	34.3%
No	43.6%	46.1%	36.3%	52.7%	65.7%
Missing	2.2%	0.0%	3.9%	1.5%	0.0%
Ever tried enrolling in public coverage (%)					
Yes	37.5%	34.6%	41.7%	35.7%	18.4%
No	60.5%	65.4%	54.9%	62.6%	81.6%
Missing	2.1%	0.0%	3.5%	1.7%	0.0%
Among those who are aware of public coverage, main reason have not enrolled in public coverage (%)					
Costs too much	5.7%	3.4%	7.1%	4.9%	#
Don't need/want insurance	5.7%	8.4%	4.7%	4.7%	#
Not eligible/Didn't think eligible	52.7%	48.0%	48.3%	69.0%	#
Don't want welfare/public assistance	2.2%	1.1%	2.4%	1.6%	#
Don't know how to enroll/too hard to enroll	6.9%	6.7%	19.7%	3.8%	#
Other reason	19.3%	28.4%	17.8%	10.2%	#
Missing	7.4%	4.0%	0.0%	5.9%	#
Sample Size	699	149	368	130	52

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.

 # Because of concerns about the reliability of the estimates, we have supressed estimates in cases where the sample size is less than 50.

{TABLE 12} *Premiums for Adults 18 to 64 with Private Coverage, by Type of Insurance Coverage*

	All Adults with Private Coverage	Type of Coverage		ESI-Non-Group Difference
		ESI	Non-Group	
Premium paid by individual for health coverage (%)[b]				
Yes	82.6%	82.2%	88.7%	-6.5
No	15.5%	15.9%	9.9%	6.0
Missing	1.9%	2.0%	1.4%	0.5
For those with a premium, premium is for individual or family coverage (%)				
Individual	26.6%	25.0%	47.3%	-22.3[a]
Family	73.4%	75.0%	52.7%	22.3
For those with a premium, amount of annual premium (%)				
$1 to $500	3.0%	3.2%	8.8%	-5.7[a]
$500 to $1,499	20.1%	21.0%	5.6%	15.4
$1,500 to $2,999	26.0%	27.5%	15.3%	12.2
$3,000 to $4,499	18.2%	18.4%	9.7%	8.7
$4,500 to $5,999	10.6%	10.6%	11.9%	-1.3
$6,000 to $9,999	9.1%	8.3%	17.1%	-8.8
$10,000 to $14,999	4.7%	3.6%	21.0%	-17.4
$15,000 or more	6.7%	5.8%	10.5%	-4.8
Missing	1.6%	1.7%	0.0%	1.7
For those with a premium for individual coverage, amount of annual premium (%)				
$1 to $500	6.2%	7.0%	0.0%	7.0[a]
$500 to $1,499	41.3%	44.5%	18.0%	26.5
$1,500 to $2,999	26.8%	29.2%	9.7%	19.6
$3,000 to $4,499	9.9%	7.3%	28.2%	-20.9
$4,500 to $5,999	4.7%	3.6%	12.5%	-8.9
$6,000 to $9,999	5.6%	3.5%	20.6%	-17.1
$10,000 to $14,999	2.1%	1.6%	7.7%	-6.1
$15,000 or more	3.0%	3.2%	3.0%	0.2
Missing	0.4%	0.0%	0.4%	-0.4
For those with a premium for family coverage, amount of annual premium (%)				
$1 to $500	1.8%	1.9%	0.0%	1.9[a]
$500 to $1,499	12.5%	13.1%	0.6%	12.5
$1,500 to $2,999	25.7%	26.9%	2.0%	24.9
$3,000 to $4,499	21.2%	22.1%	3.7%	18.5
$4,500 to $5,999	12.7%	13.0%	7.2%	5.7
$6,000 to $9,999	10.4%	9.9%	19.0%	-9.1
$10,000 to $14,999	5.6%	4.3%	31.6%	-27.3
$15,000 or more	8.1%	6.7%	34.6%	-27.9
Missing	2.1%	2.1%	1.3%	0.8
Premium costs relative to family income for those with family income below 500% FPL (%)[c]				
5% or more of income	37.8%	34.9%	75.1%	-40.2[a]
10% or more of income	14.2%	11.1%	53.6%	-42.5[a]
15% or more of income	8.1%	6.1%	35.2%	-29.1[a]
20% or more of income	5.4%	3.7%	26.5%	-22.8[a]

	All Adults with Private Coverage	Type of Coverage		ESI-Non-Group Difference
		ESI	Non-Group	
Employer pays part or all of health insurance premium for adult (%)				
Yes	79.0%	80.5%	53.2%	27.3[a]
No	11.5%	9.9%	37.8%	-27.9
Missing	9.6%	9.6%	9.0%	0.6
Receives help from others (besides employer) to pay their share of premium (%)				
Yes	13.9%	14.6%	3.8%	10.8[a]
No	84.9%	84.1%	96.2%	-12.1
Missing	1.2%	1.3%	0.0%	1.3
Sample Size	1,706	1,594	112	

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.

[a] *Adults with ESI are significantly different from adults with non-group coverage at the .05 level based on Pearson's chi-squared test.*

[b] *For ESI coverage, we report the employee's share of the premium.We do not have information on the employer's contribution toward the premium, if any.*

[c] *Since income and, in some cases, premiums are reported as a range of values, we have constructed a lower-bound estimate of the share of income spent on premiums by using the lower value for any reported range of premiums (e.g., we use $500 for those who reported premiums between $500 and $1000) and the upper value for the reported income range (e.g., we use $20,000 as the income measure for those who reported family income between $10,000 and $20,000).*

{TABLE 13} *Premiums for Adults 18 to 64 with Private Coverage, by Family Income*

	All Adults with Private Coverage	Family Income: Between 100% and 300% FPL	Family Income: Between 300% and 500% FPL	Family Income: More than 500% FPL
Premium paid by individual for health coverage (%)[a]				
Yes	82.6%	74.2%	84.7%	86.4%
No	15.5%	23.3%	13.7%	12.5%
Missing	1.9%	2.5%	1.6%	1.0%
For those with a premium, premium is for individual or family coverage (%)				
Individual	26.6%	33.7%	22.4%	25.6%
Family	73.4%	66.3%	77.6%	74.4%
For those with a premium, amount of annual premium (%)				
$1 to $500	3.0%	2.7%	2.1%	3.4%
$500 to $1,499	20.1%	17.8%	18.1%	22.1%
$1,500 to $2,999	26.0%	29.4%	22.2%	27.8%
$3,000 to $4,499	18.2%	14.3%	24.6%	15.2%
$4,500 to $5,999	10.6%	11.2%	13.1%	8.7%
$6,000 to $9,999	9.1%	9.8%	8.0%	9.5%
$10,000 to $14,999	4.7%	5.5%	5.2%	4.2%
$15,000 or more	6.7%	6.8%	5.6%	7.5%
Missing	1.6%	2.5%	1.3%	1.5%
For those with a premium for individual coverage, amount of annual premium (%)				
$1 to $500	6.2%	4.6%	4.1%	8.6%
$500 to $1,499	41.3%	36.1%	42.6%	41.9%
$1,500 to $2,999	26.8%	32.7%	26.7%	26.1%
$3,000 to $4,499	9.9%	10.5%	12.6%	7.3%
$4,500 to $5,999	4.7%	4.9%	4.9%	4.9%
$6,000 to $9,999	5.6%	5.8%	4.9%	5.6%
$10,000 to $14,999	2.1%	2.6%	0.0%	3.5%
$15,000 or more	3.0%	1.6%	4.1%	2.0%
Missing	0.4%	1.3%	0.2%	0.1%
For those with a premium for family coverage, amount of annual premium (%)				
$1 to $500	1.8%	1.8%	1.5%	1.6%
$500 to $1,499	12.5%	8.5%	11.0%	15.3%
$1,500 to $2,999	25.7%	27.7%	20.9%	28.4%
$3,000 to $4,499	21.2%	16.2%	28.0%	18.0%
$4,500 to $5,999	12.7%	14.5%	15.5%	10.0%
$6,000 to $9,999	10.4%	11.8%	8.8%	10.9%
$10,000 to $14,999	5.6%	6.9%	6.7%	4.5%
$15,000 or more	8.1%	9.5%	6.0%	9.4%
Missing	2.1%	3.2%	1.6%	1.9%
Premium costs relative to family income for those with family income below 500% FPL (%)[b]				
5% or more of income	37.8%	47.0%	32.8%	NA
10% or more of income	14.2%	21.5%	9.2%	NA
15% or more of income	8.1%	12.5%	4.7%	NA
20% or more of income	5.4%	9.2%	2.3%	NA

	All Adults with Private Coverage	Family Income: Between 100% and 300% FPL	Family Income: Between 300% and 500% FPL	Family Income: More than 500% FPL
Employer pays part or all of health insurance premium for adult (%)				
Yes	79.0%	58.3%	77.6%	87.1%
No	11.5%	28.5%	11.8%	5.2%
Missing	9.6%	13.2%	10.7%	7.7%
Receives help from others (besides employer) to pay their share of premium (%)				
Yes	13.9%	14.6%	15.7%	12.4%
No	84.9%	83.8%	83.5%	86.2%
Missing	1.2%	1.6%	0.7%	1.4%
Sample Size	1,706	348	593	727

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.

Note: Because of small sample size in the lowest income categories, we have omitted that category from this table.

[a] *For ESI coverage, we report the employee's share of the premium.We do not have information on the employer's contribution toward the premium, if any.*

[b] *Since income and, in some cases, premiums are reported as a range of values, we have constructed a lower-bound estimate of the share of income spent on premiums by using the lower value for any reported range of premiums (e.g., we use $500 for those who reported premiums between $500 and $1000) and the upper value for the reported income range (e.g., we use $20,000 as the income mesure for those who reported family income between $10,000 and $20,000).*

{TABLE 14} *Characteristics of Health Insurance Coverage of Adults 18 to 64 with Private Coverage, by Type of Insurance Coverage*

	All Adults with Private Coverage	Type of Coverage		ESI-Non-Group Difference
		ESI	Non-Group	
Adult must choose providers from a network (%)				
Yes	79.4%	79.7%	75.8%	3.9
No	18.3%	18.0%	22.5%	-4.5
Missing	2.3%	2.3%	1.7%	0.6
For those with a network, plan covers cost of some out of network services (%)				
Yes	53.9%	54.9%	39.8%	15.0[a]
No	28.1%	27.0%	45.5%	-18.5
Missing	18.0%	18.2%	14.7%	3.5
For those with a network, needs referral for specialist care (%)				
Yes	75.9%	75.6%	81.7%	-6.2
No	21.5%	21.9%	15.0%	6.9
Missing	2.6%	2.6%	3.3%	-0.8
Rating of choice of doctors and other providers available under plan (%)				
Excellent	31.1%	31.5%	26.3%	5.2
Very good	37.7%	37.7%	37.5%	0.2
Good	23.5%	23.2%	27.0%	-3.7
Fair	5.1%	4.8%	8.5%	-3.6
Poor	1.1%	1.1%	0.5%	0.6
Missing	1.6%	1.7%	0.2%	1.5
Covered benefits include (%)				
Inpatient hospital care	97.0%	96.9%	98.6%	-1.6
Doctor care	98.1%	98.2%	96.5%	1.7
Mental health care or counseling	85.6%	86.3%	74.9%	11.4[a]
Dental care	49.7%	51.6%	21.7%	29.9[a]
Prescription drugs	92.7%	93.8%	75.5%	18.4[a]
Missing information on one or more benefits	11.7%	11.5%	14.9%	-3.4
For those with plan that covers doctor care, plan has limit on number of doctor visits (%)				
Yes	13.2%	12.8%	18.9%	-6.0
No	77.5%	78.1%	67.8%	10.3
Missing	9.3%	9.1%	13.3%	-4.3
Rating of benefits covered by plan (%)				
Excellent	24.8%	25.4%	15.8%	9.6[a]
Very good	38.3%	39.1%	26.9%	12.2
Good	24.7%	24.3%	31.5%	-7.2
Fair	9.3%	8.8%	16.7%	-7.9
Poor	2.4%	2.0%	8.7%	-6.7
Missing	0.4%	0.4%	0.4%	0.0
Rating of quality of care available under plan (%)				
Excellent	28.9%	29.3%	24.2%	5.1
Very good	40.8%	40.9%	40.1%	0.8
Good	23.5%	23.4%	24.7%	-1.3
Fair	5.0%	4.7%	9.3%	-4.6
Poor	1.2%	1.1%	1.7%	-0.6
Missing	0.6%	0.6%	0.0%	0.6

	All Adults with Private Coverage	Type of Coverage		ESI-Non-Group Difference
		ESI	Non-Group	
Any problems with health insurance coverage in last 12 months (%)	42.6%	41.8%	54.1%	-12.3
Had expensive medical bills not covered by health insurance (%)	17.5%	16.8%	27.7%	-10.9[a]
Doctor charged a lot more than health insurance would pay (%)	14.1%	13.6%	22.3%	-8.7
Doctor's office told him/her did not accept health insurance (%)	7.0%	6.6%	13.9%	-7.4
Contacted health insurance company because of problem with a bill (%)	31.0%	30.8%	34.7%	-3.9
Missing information for one or more problems (%)	0.9%	0.9%	1.0%	-0.1
Total out-of-pocket health care costs were at least $3000 (%)[b]	17.4%	16.3%	32.9%	-16.6[a]
Out-of-pocket costs relative to family income for those with family income below 500% FPL (%)[c]				
5% or more of income	18.6%	17.3%	35.9%	-18.6[a]
10% or more of income	5.6%	5.0%	13.5%	-8.5[a]
Has a deductible for medical care (%)				
Yes	37.3%	36.0%	56.1%	-20.1[a]
No	57.6%	58.7%	40.1%	18.6
Missing	5.1%	5.3%	3.8%	1.5
Had choice of health plans when enrolled in current coverage (%)				
Yes	63.4%	62.7%	73.7%	-11.0
No	34.3%	34.8%	25.9%	9.0
Missing	2.4%	2.5%	0.4%	2.1
Sample Size	1,706	1,594	112	

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.
[a] Adults with ESI are significantly different from adults with non-group coverage at the .05 level based on Pearson's chi-squared test.
[b] In most cases, the respondent provided a dollar estimate of their out-of-pocket costs. In cases where the resondent reported costs as a range (e.g., between $200 and $500), we report the lower end of the range.
[c] Since income and, in some cases, out-of-pocket expenditures are reported as a range of values, we have constructed a lower-bound estimate of the share of income spent on out-of-pocket health care costs by using the lower value for the reported range of out-of-pocket expenditures (e.g., we use $500 for those who reported out-of-pocket costs between $500 and $1000) and the upper value for the reported income range (e.g., we use $20,000 as the income measure for those who reported family income between $10,000 and $20,000).

non-group than ESI plans (76% versus 94%). Mental health care and dental care were often missing under both ESI and non-group plans. Mental health care was covered for 86% of those with ESI plans and 73% of those with non-group. The benefit least likely to be included in private health insurance was dental care, which was reported covered for just 52% of those with ESI coverage and 22% of those with non-group coverage.[20] Overall, 64% of the adults with ESI coverage reported that the benefits covered by their plan were very good or excellent, compared to just 43% of those with non-group coverage.

These findings suggest that some of the current ESI and non-group plans in the market in Massachusetts will fail to meet the minimum credible coverage standard set by the Connector Board. As established by the Connector, after January 1, 2009 plans will be required to cover, among other things, a broad range of medical benefits that include preventive and primary care, emergency services, hospitalization, ambulatory patient services, prescription drugs, and mental health services.

A third strategy for reducing the cost of insurance is to raise the deductible that must be paid before the health plan begins to cover health care costs. About 56% of those with non-group coverage reported that they had a deductible under their health insurance plan, compared to 36% of those with ESI coverage. Less than 1% of the adults with private coverage reported a deductible that was more than 5% of family income and no one reported a deductible that was more than 10% of family income (not shown in table).

20 The higher levels of missing data for the benefits covered by the plans suggests that there may be lack of awareness about some benefits, perhaps because they have not been needed by the enrollee.

When asked to rate the overall quality of care under their insurance plan, adults with ESI and non-group coverage provided similar ratings of the care, with most (64% to 70%) rating the care as very good or excellent. Despite the generally favorable rating of the quality of the care, many of the adults with ESI and non-group coverage reported that they had problems with their health insurance coverage in the past year. While adults with non-group coverage were more likely than those with ESI coverage to report each of the types of problems, the only difference that was statistically significant was having an expensive medical bill that was not covered by health insurance (28% of adults with non-group coverage versus 17% of those with ESI coverage). Consistent with that finding, adults with non-group coverage were also more likely to have high OOP costs, with about 14% of those with low- and moderate incomes reporting OOP costs of 10% or more of their family income, as compared to 5% of similar adults with ESI coverage.

The reported quality of the health insurance plan tended to increase with income across a number of dimensions (Table 15). For example, adults with family income above 500% FPL were more likely than lower income adults to rate the benefits covered by the plan and the quality of care they receive as very good or excellent. They were also less likely to report problems with their health insurance coverage. One exception to this pattern is in dental care, which was no more likely to be covered for higher income adults than lower income adults with private coverage.

Underinsurance Among Adults with Private Coverage

An important issue to consider in assessing the quality of health care for low- and moderate-income adults is whether their health insurance coverage protects them from financial risk in the event of a major illness or injury. Limited benefits and high cost-sharing place more of the financial risk of high health care costs on the individual and may cause individuals to go without needed care to keep costs lower. While individuals with higher income may have the resources to cover the costs of a serious health crisis, low- and moderate-income individuals may find themselves in financial difficulties if the cost of the care they need exceeds the coverage under their health insurance plan. Similarly, individuals with health problems are at greater financial risk if they are underinsured given their higher expected health care costs. In Table 16, we look at the share of low- and moderate-income adults overall and those with health problems who appear to be at risk of being underinsured. We focus here on adults with private coverage who were insured for the full year. Individuals with health problems are defined as those who report being in fair or poor health, having a health condition that limits their ability to work, or having one of four chronic diseases—hypertension, heart disease, diabetes or asthma.

A complete assessment of the adequacy of insurance coverage requires detailed information on the coverage and cost-sharing provisions of the individual's health insurance plan (Short and Banthin 1995). Given the data available in our survey, we are limited to a narrower focus that considers the individual's OOP heath care costs.[21] Specifically, we define an individual as being at risk of being underinsured if he or she had high health care costs that were not covered by their health plan. Defining "high" health care costs is somewhat arbitrary. We follow the approach used by Schoen et al. (2005) and use two standards: (1) having OOP costs in excess of 10% of family income, a threshold that has been used in prior studies of underinsurance, and (2) having OOP costs in excess of 5% of family income, a threshold for financial risk that is consistent with cost-sharing provisions in the State Children's Health Insurance Program (SCHIP) for low-income families. (Note that this is OOP costs for health care *beyond* the premium that the individual pays to purchase the private coverage.) High OOP costs is a lower-bound estimate of underinsurance as it only captures inadequate insurance coverage for those who had high health care costs in the last year. Furthermore, since we use a conservative measure of the burden of OOP costs relative to income (see footnote 19), our estimates are a conservative measure of that lower-bound.

21 While we do not have detailed data on all of the cost-sharing provisions under the insurance plans we do have information on the deductible that is reported by the sample members. As noted earlier, in our sample, less than 1% of the adults with private coverage reported a deductible that was more than 5% of family income. As a result, including individuals with a deductible greater than 5% of family income in the measure of underinsurance has no effect on the estimate.

{TABLE 15} *Characteristics of Health Insurance Coverage of Adults 18 to 64 with Private Coverage, by Family Income*

		Family Income		
	All Adults with Private Coverage	Between 100% and 300% FPL	Between 300% and 500% FPL	More than 500% FPL
Adult must choose providers from a network (%)				
Yes	79.4%	74.4%	80.8%	80.7%
No	18.3%	23.5%	16.7%	17.6%
Missing	2.3%	2.1%	2.5%	1.7%
For those with a network, plan covers cost of some out of network services (%)				
Yes	53.9%	38.6%	52.3%	62.5%
No	28.1%	39.3%	31.1%	20.7%
Missing	18.0%	22.1%	16.7%	16.7%
Needs referral for specialist care (%)				
Yes	75.9%	76.9%	79.4%	73.4%
No	21.5%	18.3%	18.6%	25.2%
Missing	2.6%	4.8%	2.1%	1.5%
Rating of choice of doctors and other providers available under plan (%)				
Excellent	31.1%	22.9%	29.8%	36.1%
Very good	37.7%	37.5%	37.2%	38.8%
Good	23.5%	25.8%	27.1%	19.3%
Fair	5.1%	9.8%	4.2%	3.4%
Poor	1.1%	1.2%	1.1%	1.0%
Missing	1.6%	2.8%	0.5%	1.3%
Covered benefits include (%)				
Inpatient hospital care	97.0%	94.9%	97.5%	98.8%
Doctor care	98.1%	98.5%	97.7%	99.0%
Mental health care or counseling	85.6%	79.7%	84.1%	90.2%
Dental care	49.7%	48.8%	49.4%	49.7%
Prescription drugs	92.7%	87.7%	93.4%	94.7%
Missing information on one or more benefits	11.7%	15.3%	12.3%	8.9%
For those with plan that covers doctor care, plan has limit on number of doctor visits (%)				
Yes	13.2%	17.0%	14.1%	10.9%
No	77.5%	72.7%	75.9%	81.4%
Missing	9.3%	10.3%	10.1%	7.7%
Rating of benefits covered by plan (%)				
Excellent	24.8%	19.1%	22.3%	28.7%
Very good	38.3%	31.4%	41.1%	40.8%
Good	24.7%	28.9%	22.2%	24.0%
Fair	9.3%	15.8%	11.3%	5.0%
Poor	2.4%	4.0%	2.5%	1.3%
Missing	0.4%	0.9%	0.6%	0.1%
Rating of quality of care available under plan (%)				
Excellent	28.9%	19.9%	27.7%	33.8%
Very good	40.8%	37.9%	40.5%	43.3%
Good	23.5%	31.7%	25.1%	18.5%
Fair	5.0%	6.2%	6.1%	3.2%
Poor	1.2%	2.7%	0.3%	0.9%
Missing	0.6%	1.7%	0.2%	0.4%

	All Adults with Private Coverage	Family Income: Between 100% and 300% FPL	Family Income: Between 300% and 500% FPL	Family Income: More than 500% FPL
Any problems with health insurance coverage in last 12 months (%)	42.6%	48.0%	40.4%	41.8%
Had expensive medical bills not covered by health insurance (%)	17.5%	24.1%	16.9%	14.6%
Doctor charged a lot more than health insurance would pay (%)	14.1%	17.2%	12.2%	13.6%
Doctor's office told him/her did not accept health insurance (%)	7.0%	10.5%	6.2%	6.0%
Contacted health insurance company because of problem with a bill (%)	31.0%	32.7%	29.7%	31.7%
Missing information for one or more problems (%)	0.9%	0.4%	1.3%	0.4%
Total out-of-pocket health care costs were at least $3000 (%)[a]	17.4%	17.9%	17.6%	17.6%
Out-of-pocket costs relative to family income for those with family income below 500% FPL (%)[b]				
5% or more of income	18.6%	26.8%	12.8%	NA
10% or more of income	5.6%	8.7%	2.3%	NA
Has a deductible for medical care (%)				
Yes	37.3%	35.6%	40.1%	35.7%
No	57.6%	53.2%	56.7%	60.5%
Missing	5.1%	11.2%	3.2%	3.8%
Had choice of health plans when enrolled in current coverage (%)				
Yes	63.4%	49.4%	60.0%	73.2%
No	34.3%	46.9%	39.2%	24.9%
Missing	2.4%	3.7%	0.8%	2.0%
Sample Size	1,706	386	593	727

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.

Note: Because of small sample size in the lowest income categories, we have omitted that category from this table.

[a] *In most cases, the respondent provided a dollar estimate of their out-of-pocket costs. In cases where the resondent reported costs as a range (e.g., between $200 and $500), we report the lower end of the range.*

[b] *Since income and, in some cases, out-of-pocket expenditures are reported as a range of values, we have constructed a lower-bound estimate of the share of income spent on out-of-pocket health care costs by using the lower value for the reported range of out-of-pocket expenditures (e.g., we use $500 for those who reported out-of-pocket costs between $500 and $1000) and the upper value for the reported income range (e.g., we use $20,000 as the income measure for those who reported family income between $10,000 and $20,000).*

{TABLE 16} *Extent of Underinsurance for Full-Year Insured Adults 18 to 64 with Private Coverage and Family Income Less than 300% FPL, Overall and by Health Status*

	All Adults	Adults with a Health Problem
Out-of-pocket costs relative to family income[a] are:		
5% or more of income	*27.0%*	*39.5%*
10% or more of income	*8.8%*	*15.0%*
Out-of-pocket costs relative to family income[a] are 5% or more of income for adults with family income less than 200% FPL and 10% or more of income for higher income adults	*13.5%*	*26.5%*
Sample Size	*346*	*188*

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.
[a]Since income and, in some cases, out-of-pocket expenditures are reported as a range of values, we have constructed a lower-bound estimate of the share of income spent on out-of-pocket health care costs by using the lower value for the reported range of out-of-pocket expenditures (e.g., we use $500 for those who reported out-of-pocket costs between $500 and $1000) and the upper value for the reported income range (e.g., we use $20,000 as the income measure for those who reported family income between $10,000 and $20,000).

Based on the measure of OOP costs in excess of 10% of family income, we estimate that at least 9% of privately-insured adults with family incomes less than 300% FPL are likely to be underinsured, as are 15% of the adults with a health problem. If we consider an individual with income less than 200% FPL as underinsured if their OOP costs are greater than 5% of family income, as is consistent with the SCHIP standards, the share of the adults who are likely to be underinsured is greater: at least 14% of all adults with family income less than 300% FPL and at least 27% of those with a health problem.

Other Insurance Options for Adults

Non-group coverage was an expensive purchase for many adults in our sample. As shown in Table 17, when adults reporting non-group coverage were asked to assess the difficulty of finding coverage that they could afford, 28% reported that finding such coverage was somewhat difficult, very difficult or, as some respondents volunteered, impossible. Further, despite the high cost for the non-group coverage, 65% of those with non-group reported that it was somewhat difficult, very difficult or impossible to find non-group coverage that provided the type of health insurance coverage they felt they needed.

Only 22% of adults with non-group coverage reported that they could have been covered through ESI coverage at their job but chose not to enroll. While the small sample size for this group makes estimates imprecise, the primary reasons cited for not enrolling in the ESI coverage were high cost and an assessment that the benefit package did not meet their needs.

Public coverage was the other potential source of coverage for those with non-group coverage. Nearly all of the adults reporting non-group coverage were aware of the public programs in Massachusetts (84%), but most had never tried enrolling, largely because they did not think they would be eligible for coverage.

Coverage Under MassHealth

Enrollees in MassHealth were less likely than adults with private coverage to report that they needed to choose a provider from a network; however, they rank their choice of doctors and other providers as of lower quality than do the privately insured (Table 18). About half of adults in MassHealth rate their choice of doctors as very good or excellent, compared to 69% of those with private coverage. Consistent with that, MassHealth enrollees were also more likely to report having problems with a doctor's office telling them that they would not accept their type of insurance (23% versus 7%).

{TABLE 17} *Ease of Obtaining Non-group Coverage and Other Insurance Options for Adults 18 to 64 with Non-group Coverage*

	All Adults with Non-group Coverage
How hard to find non-group coverage with type of coverage needed (%)	
Very difficult / Not possible	*14.7%*
Somewhat difficult	*23.5%*
Not too difficult	*24.1%*
Not at all difficult	*34.8%*
Missing	*2.9%*
How hard to find non-group coverage that was affordable (%)	
Very difficult / Not possible	*29.5%*
Somewhat difficult	*34.8%*
Not too difficult	*7.4%*
Not at all difficult	*25.6%*
Missing	*2.7%*
Employed (%)	
Yes	*62.3%*
No	*37.7%*
Among those who are employed, has access to ESI coverage through own job (%)	
Yes	*21.6%*
No	*24.5%*
Missing	*53.9%*
Aware of public programs (%)	
Yes	*84.0%*
No	*14.9%*
Missing	*1.1%*
Ever thought about enrolling in public coverage (%)	
Yes	*25.8%*
No	*74.2%*
Ever tried enrolling in public coverage (%)	
Yes	*10.1%*
No	*89.9%*
Among those who are aware of public coverage, main reason have not enrolled in public coverage (%)	
Costs too much	*0.6%*
Don't need / want insurance	*5.9%*
Not eligible / Don't think eligible	*53.9%*
Don't want welfare / public assistance	*7.1%*
Have other coverage	*14.8%*
Don't know how to enroll / too hard to enroll	*1.7%*
Other	*14.4%*
Missing	*1.6%*
Sample Size	*112*

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.

{TABLE 18} *Characteristics of Health Insurance Coverage of Insured Adults 18 to 64 with MassHealth and Private Coverage*

	Adults with MassHealth	Adults with Private Coverage	MassHealth-Private Coverage Difference
Adult must choose providers from a network (%)			
Yes	49.3%	79.4%	-30.2[a]
No	46.4%	18.3%	28.1
Missing	4.3%	2.3%	2.0
For those with a network, plan covers cost of some out of network services (%)			
Yes	34.4%	53.9%	-19.5[a]
No	52.1%	28.1%	24.0
Missing	13.5%	18.0%	-4.5
For those with a network, needs referral for specialist care (%)			
Yes	85.8%	75.9%	9.9[a]
No	11.3%	21.5%	-10.2
Missing	2.9%	2.6%	0.3
Rating of choice of doctors and other providers available under plan (%)			
Excellent	23.6%	31.1%	-7.5[a]
Very good	26.5%	37.7%	-11.2
Good	31.4%	23.5%	8.0
Fair	9.7%	5.1%	4.6
Poor	5.5%	1.1%	4.4
Missing	3.3%	1.6%	1.7
Covered benefits include (%)			
Inpatient hospital care	87.3%	97.0%	-9.7[a]
Doctor care	95.1%	98.1%	-3.0[a]
Mental health care or counseling	74.4%	85.6%	-11.2[a]
Dental care	66.5%	49.7%	16.8[a]
Prescription drugs	86.5%	92.7%	-6.2[a]
Missing information on one or more benefits	20.0%	11.7%	8.3[a]
For those with plan that covers doctor care, plan has limit on number of doctor visits (%)			
Yes	16.2%	13.2%	3.0
No	70.2%	77.5%	-7.3
Missing	13.6%	9.3%	4.3
Rating of benefits covered by plan (%)			
Excellent	25.0%	24.8%	0.2[a]
Very good	28.1%	38.3%	-10.2
Good	31.0%	24.7%	6.3
Fair	11.5%	9.3%	2.2
Poor	2.5%	2.4%	0.1
Missing	1.9%	0.4%	1.4
Rating of quality of care available under plan (%)			
Excellent	21.7%	28.9%	-7.2[a]
Very good	28.6%	40.8%	-12.3
Good	30.2%	23.5%	6.6
Fair	13.1%	5.0%	8.1
Poor	4.3%	1.2%	3.2
Missing	2.2%	0.6%	1.6

	Adults with MassHealth	Adults with Private Coverage	MassHealth-Private Coverage Difference
Any problems with health insurance coverage in last 12 months (%)	46.2%	42.6%	3.6[a]
Had expensive medical bills not covered by health insurance (%)	18.5%	17.5%	1.0
Doctor charged a lot more than health insurance would pay (%)	7.8%	14.1%	-6.3[a]
Doctor's office told him/her did not accept health insurance (%)	23.4%	7.0%	16.4[a]
Contacted health insurance company because of problem with a bill (%)	27.4%	31.0%	-3.6
Missing information for one or more problems (%)	1.6%	0.9%	0.7
Total out-of-pocket health care costs were at least $3000 (%)	8.3%	17.4%	-9.1[a]
Out-of-pocket costs relative to family income for those with family income below 500% FPL (%)[c]			
5% or more of income	18.1%	18.6%	-0.5
10% or more of income	7.3%	5.6%	1.7
Had choice of health plans when enrolled in current coverage (%)			
Yes	42.3%	63.4%	-21.1[a]
No	53.5%	34.3%	19.2
Missing	4.3%	2.4%	1.9
Sample Size	507	1,706	

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.
[a]Adults with MassHealth are significantly different from adults with private coverage at the .05 level based on Pearson's chi-squared test.

MassHealth enrollees also reported fewer covered benefits and provided lower ratings of the benefits covered and the quality of care they received than did those with private insurance. The finding that some MassHealth enrollees reported that the program does not cover services that are part of the benefits package could reflect a lack of awareness about those benefits, perhaps because they have not been needed by the enrollee, or it could reflect an inability to obtain access to the benefit. Possibility reflecting the latter, 23% of MassHealth enrollees reported that they were told that a provider did not accept their insurance.

About half of MassHealth enrollees rated the benefits covered and quality of care they received as very good or excellent, compared to 63% and 70% of those with private coverage, respectively. In contrast to other areas of care, one area where MassHealth was better than private coverage was in the provision of dental insurance—67% of the adults on MassHealth reported that access to dental care was available under their health plan, compared to only 50% of those with private coverage.

Finally, while MassHealth enrollees reported lower levels of OOP costs for health care than did adults with private coverage, they were spending similar shares of their income on health care. Among low- and moderate-income adults, about 18% of both MassHealth enrollees and adults with private coverage were spending 5% or more of their income on OOP health care costs, while between 6 and 7% were spending 10% or more of their income. Similarly, about 18% of the MassHealth enrollees and adults with private coverage reported having expensive medical bills that were not covered by insurance. These could include services or providers not covered under their plan's benefit package or care they received during periods when they were not covered.

Opinions on Massachusetts' Health Reform Law

We included two opinion questions in our study that were drawn from a September 2006 telephone survey of Massachusetts residents. In that survey, adults 18 and older were asked a series of questions about their impressions of Massachusetts' health reform law (Blendon, Buhr, Fleischfresser and Benson, 2006). We used two of their survey questions in our survey:[22]

22 Our second question draws from two questions asked in the earlier survey.

- Which of these statements do you think best describes the health care system in Massachusetts today?
  - { It is in a state of crisis
  - { It has major problems
  - { It has minor problems

- As you may know, Governor Mitt Romney and the Massachusetts Legislature recently approved a new law that is aimed at providing health insurance for all Massachusetts residents. Given what you know about it, in general, do you support or oppose this new Massachusetts Universal Health Insurance Law?
  - { Support
  - { Oppose

As in the earlier survey, we found that many of the adults in our sample viewed the Massachusetts health care system as either in a state of crisis or as having major problems (12% and 44%, respectively), with the uninsured taking a slightly more negative view than insured adults (Table 19). Similarly, while the majority of the adults in our sample were supportive of Massachusetts' new health insurance law (68%), that support was strongest among those with insurance (69% versus 63%).

{TABLE 19} *Opinions about Massachusetts' Health Care System and Health Care Reform, by Insurance Status*

	All Adults	*Insured*	*Uninsured*	*Insured-Uninsured Difference*
Assessment of Masschusetts' health care system (%)				
In a state of crisis	*12.3%*	*10.8%*	*21.6%*	*-10.8[a]*
Has major problems	*44.4%*	*44.4%*	*44.5%*	*-0.1*
Has minor problems	*34.3%*	*35.4%*	*27.2%*	*8.2*
Does not have any problems	*6.3%*	*6.8%*	*3.0%*	*3.9*
Don't know/No opinion	*2.7%*	*2.6%*	*3.7%*	*-1.2*
Position on Massachusetts' health reform (%)				
Support	*67.7%*	*68.5%*	*62.4%*	*6.2[a]*
Oppose	*14.9%*	*14.5%*	*17.3%*	*-2.8*
Don't know/No opinion	*17.4%*	*16.9%*	*20.3%*	*-3.4*
Sample Size	*3,006*	*2,307*	*699*	

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.
[a]Uninsured adults are significantly different from insured adults at the .05 level based on Pearson's chi-squared test.

Our survey showed support for the state's health reform efforts was high across a wide variety of population groups (Table 20). Support was particularly strong among younger adults, minorities and non-citizens. Support was also strong among adults with lower incomes, who will benefit most from the provisions of the new law. Although still high, support was lower among those with family incomes between 300% and 500% FPL. These adults have incomes that exceed the eligibility standards for the subsidies to be provided under the Connector.

{NEXT STEPS}

Findings from this baseline study highlight the gaps in care faced by uninsured adults, as well as the high cost of care and gaps in coverage faced by many of those with private coverage (particularly among low- and moderate-income adults and those with non-group coverage), in Fall 2006, which was prior to the implementation of key elements of Massachusetts' reform initiative. The next phase of the study will field a second round of the survey in Fall 2007 to assess the early effects of Massachusetts' reform effort, which is intended to address the gaps by "…providing access

{TABLE 20} *Support for Massachusetts' Health Care Reform Efforts, by Selected Characteristics*

	Percent Supporting
Age	
18 to 25 years	73.8%
26 to 34 years	67.0%
35 to 49 years	64.8%
50 to 64 years	69.2%
Gender	
Male	67.0%
Female	68.5%
Race/ethnicity	
White, non-Hispanic	65.1%
Black, non-Hispanic	79.5%
Other, non-Hispanic	75.8%
Hispanic	83.8%
Citizenship	
U.S. born citizen	65.8%
Foreign born citizen	78.7%
Non-citizen	80.0%
Marital status	
Married	66.3%
Living with a partner	66.9%
Widowed, divorced, separated	67.2%
Never married	72.5%
Educational attainment	
Less than high school	62.8%
High school graduate	68.0%
College graduate	68.0%
Employed	
Working full time (>35 hours)	67.0%
Working part time	67.8%
Not working	68.7%
Family income	
Less than 100% of FPL	72.3%
100% to 299% of FPL	69.1%
300% to 499% of FPL	64.7%
500% of FPL or more	67.4%
Current health status	
Very good or excellent	66.4%
Good	70.7%
Fair or poor	67.2%
Has chronic condition or health problem	69.7%
Region of the State	
Boston/MetroWest	64.8%
Rest of state	71.3%
Sample Size	3,006

Source: Urban Institute tabulations using the 2006 Massachusetts Health Reform Survey.

to affordable, quality, accountable health care" (Chapter 58 of the Acts of 2006). Combining the survey data for 2006 and 2007 will allow us to document changes in insurance coverage and health care experiences as the state moves toward full implementation of its health reform initiative. We will focus on the impacts of the state's health reform efforts on any changes:

- in insurance status, including continuity of coverage over time,
- in the quality and affordability of insurance coverage in the state,
- in access to and use of health care among insured and uninsured adults, and
- in out-of-pocket health care costs and financial stress among insured and uninsured adults.

The study will also examine the adults who remain uninsured under health reform in Massachusetts. Findings from the second phase of the study will be available in Summer 2008.

{REFERENCES}

Blendon, RJ, T Buhr, C Fleischfresser, and JM Benson. 2006. "The Massachusetts Health Reform Law: Public Opinion and Perception," Boston, MA: Blue Cross Blue Shield of Massachusetts Foundation.

Blewett, L, KT Call, M Davern, and G Davidson. "Medicaid Undercount Web Conference," Available at: http://www.sph.umn.edu/img/assets/18528/UndercountWebConfSlides_Dec2005.pdf

Call KT, M Davern, and LA Blewett. 2007. "Estimates of Health Insurance Coverage: Comparing State Surveys with the Current Population Survey." Health Affairs, 26(1): 269-278.

Call KT, G Davidson, AS Sommers, R Feldman, P Farseth, T Rockwood. "Uncovering the Missing Medicaid Cases and Assessing Their Bias for Estimates of the Uninsured." Inquiry, 38(4): 396-408.

Cantor, JC, AC Monheit, S Brownlee and C Schneider. 2007. "The Adequacy of Household Survey Data for Evaluating the Nongroup Health Insurance Market." Health Services Research, 42 (4): 1739-1757.

Davern, M, KT Call, MG Good, and J Ziegenfuss. 2006. "Are Low Response Rates Hazardous to Your Health Survey?" Paper presented at the annual meetings of the American Association of Public Opinion Research. May 21, 2006.

Commonwealth Health Insurance Connector, 2007 "Affordability Schedule" http://www.mass.gov/Qhic/docs/affordability_schedule_2007.doc

Cook, A. 2005. "Health Insurance Coverage and the Uninsured in Massachusetts," Boston, MA: The Blue Cross Blue Shield of Massachusetts Foundation. Available at: www.bcbsmafoundation.org. (Accessed March 23, 2007).

Ettner, SL. 1999. "The Relationship Between Continuity of Care and the Health Behaviors of Patients: Does Having a Usual Physician Make a Difference? Medical Care. 37(6): 547-55.

Massachusetts Division of Health Care Finance and Policy. 2006. "Health Insurance Status of Massachusetts Residents," Fifth Edition. Boston, MA: Commonwealth of Massachusetts.

Roman, AM. "Survey of Insurance Status 2004, Methodological Report," Report to the Massachusetts Division of Health Care Finance and Policy. Boston, MA: Center for Survey Research, University of Massachusetts-Boston.

Schoen, C, MM Doty, SR Collins and AL Holmgren. 2005. "Insured But Not Protected: How Many Adults Are Underinsured?" Health Affairs, Web Exclusive, Available at: www.healthaffairs.org (Accessed June 15, 2007).

Short, PF, and JS Banthin. 1995. "New Estimates of the Underinsured Younger than Sixty-five Years." Journal of the American Medical Association. 274 (16): 1302-1306.

Xu, KT. 2002. "Usual Source of Care in Preventive Service Use: A Regular Doctor Versus a Regular Site," Health Services Research, 37(6): 1509-29.