



**Access to Health Care in Massachusetts:
Results from the 2008 and 2009
Massachusetts Health Insurance Survey**

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Lieutenant Governor



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Access to Health Care in Massachusetts

In 2009, as in 2008, Massachusetts residents reported relatively good access to health care across a number of key measures. However, access to affordable health care remains an issue for many residents, especially for the uninsured, those with lower family incomes, the disabled, and those in fair or poor health.

Usual Source of Care

In 2009, the vast majority of Massachusetts residents (91%) had a usual place they went to for health care. A smaller share of non-elderly adults (88%) had a usual source of care compared with children (97%) and elderly adults (94%). There were no changes between 2008 in the shares of Massachusetts residents in the different age groups with a usual source of care, and very few differences within subgroups based on family income, race/ethnicity, health status, disability status, or insurance status.

Doctor Visits

In the 12 months prior to the 2009 survey, most residents (88%) had at least one doctor visit, and 78% had a preventive care visit. As in 2008, the uninsured were much less likely to have had any type of doctor visit or a visit for preventive care. Only 54% of uninsured non-elderly adults visited a doctor and only 37% had a visit for preventive care, as compared to 86% and 74%, respectively, for insured adults in 2009. The shares of residents who had at least one doctor visit and the shares with a preventive care visit were quite similar between 2008 and 2009 within subgroups based on age, family income, race/ethnicity, health status, disability status, or insurance status. However, somewhat less use was reported for non-elderly adults with health or disability limitations and Hispanic children in 2009 relative to 2008, while elderly adults who were in minority groups and those with health and disability problems reported somewhat greater use.

Emergency Care

Across all residents, 26% had at least one visit to the emergency room (ER) in the 12 months prior to the 2009 survey. Some 9% of residents reported that their most recent ER visit was for a non-emergency condition, suggesting that these residents may be seeking care in the ER that could be obtained in the community.

Between 2008 and 2009 there were some significant changes in ER use in Massachusetts, with children less likely to have had an ER visit in the prior 12 months (from 32% to 25%) and non-elderly adults more likely (from 23% to 26%). Among elderly adults, the overall share with an ER visit did not change between 2008 and 2009. However, ER use appears to have dropped for lower-income elderly adults and risen for higher income elderly adults, although the change was only statistically significant for those with family income between 300% and 499% of the federal poverty level (FPL). Among non-elderly adults by race/ethnicity, Black adults were more likely to have had an ER visit for a non-emergency visit in 2009 than in 2008.

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Access to Health Care in Massachusetts

Unmet Need

More than one-fifth (21%) of residents did not get the care they needed due to cost in the 12 months prior to the 2009 survey, with the level higher for non-elderly adults (27%) than children (9%) or elderly adults (15%). Uninsured residents had an especially high degree of unmet need, with 67% of uninsured non-elderly adults forgoing needed care due to cost. Although not as high, unmet need because of costs was also more common for residents with lower family income and those in fair or poor health or with a disability. While there were few changes in unmet need because of costs between 2008 and 2009 within subgroups based on age, family income, race/ethnicity, health status, disability status, or insurance status, unmet need rose among elderly adults with family income less than 150% FPL, and declined among children with family income less than 150% FPL and Hispanic children.

Barriers to Care

Despite relatively high use of health care services among residents, more than one-fifth (22%) reported having problems obtaining health care in the past 12 months in 2009. Non-elderly adults were more likely to report problems obtaining health care (27%) than either children (14%) or elderly adults (15%). The estimates of difficulty obtaining care for 2009 are not significantly different from those for 2008.

The disabled and those in fair or poor health were most likely to report difficulties. In 2009, some 30% of children with a disability or in fair or poor health reported problems obtaining health care in the past 12 months, compared with 13% of healthy, non-disabled children. Similarly, 38% of non-elderly adults in fair or poor health reported difficulties, compared with 26% of other non-elderly adults.

Medical Bills

Some 15% of residents lived in families reporting difficulties paying medical bills in 2009. Children and non-elderly adults, those with lower family incomes, the uninsured, the disabled, and those in fair or poor health had the greatest difficulties paying for health care. The share of residents reporting problems paying medical bills was quite similar in 2008 and 2009 overall and within subgroups based on age, family income, race/ethnicity, health status, disability status, or insurance status.

Access for Different Population Groups

Not surprisingly, lower-income residents had lower access to care across all measures compared with higher-income residents in both 2008 and 2009. Across age groups, non-elderly adults consistently reported lower access compared with children and elderly adults. Among race/ethnicity groups, Hispanic and other, non-Hispanic residents tended to have lower access to care compared with white, non-Hispanic and black, non-Hispanic residents. The largest users of health care services, the disabled and those in fair or poor health, also experienced greater barriers to care and had more unmet need for health care in the past 12 months due to cost compared with non-disabled residents and those in better health. Although a lower share of uninsured non-elderly adults reported problems obtaining health care in the past 12 months compared with insured residents, this most likely reflects the reluctance of uninsured residents to seek care they cannot afford, as unmet need for health care because of cost in the past 12 months is much higher for this group.

Survey Methodology

The Massachusetts Health Insurance Survey (HIS) provides information on health insurance coverage and access to and use of health care for the non-institutionalized population in Massachusetts. In the survey, an adult member of the household is asked to respond to questions about the health insurance coverage and demographic information for all members of the household. More detailed socioeconomic characteristics and health care information are collected for one randomly selected household member (referred to as the target person in the household) and other members of his or her family who are residing in the household. The data reported here are for the household target person.

In order to ensure that the survey covers nearly all residents of Massachusetts, a dual sample frame was employed, combining a random-digit-dial (RDD) landline telephone sample with an address-based sample. The decision to rely on the dual-frame sample for the HIS reflects the changing telephone environment as more and more households are relying on cell phones, which are not called in RDD surveys. We believe this dual-frame sampling approach combined with an improved survey instrument designed to better collect information on health insurance coverage leads to greater confidence in the estimates of the uninsured contained in this report. This design was first used for the 2008 HIS.

The HIS is conducted via telephone, web, and mail by Social Science Research Solutions (formerly International Communications Research). The survey is available in English, Spanish, and Portuguese and takes, on average, about 19 minutes to complete. The 2008 HIS was fielded between June and August 2008. The 2009 HIS was fielded between March and June 2009.

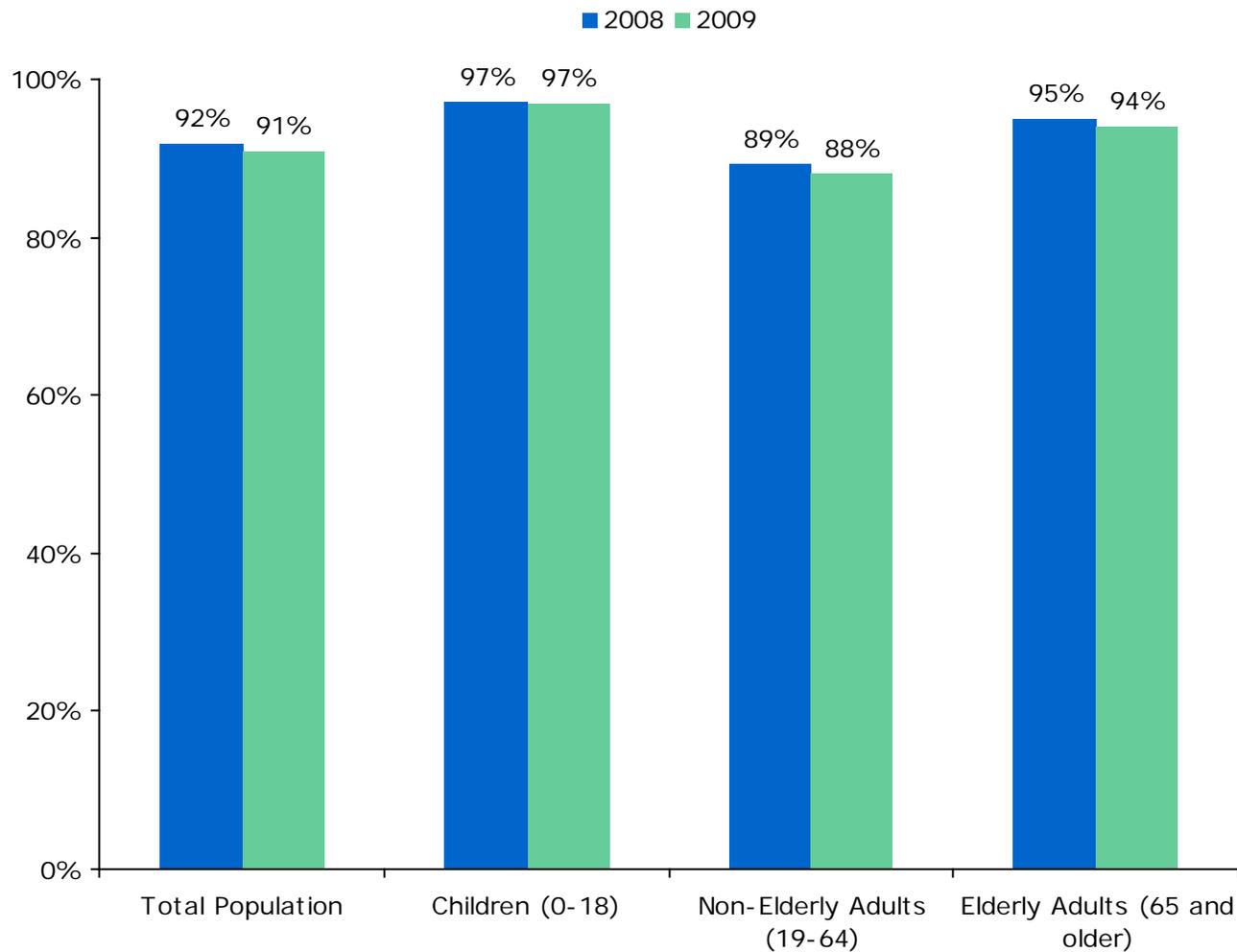
In 2009, surveys were completed with 4,910 Massachusetts households. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/-1.54 percentage points. Estimates based on subsets of the full sample will have a larger margin of error. All estimates reported here are based on sample sizes of at least 50 observations. The response rate for the 2009 HIS was 50% for the RDD-sample and 37% for the address-based sample, for a combined response rate of 41%. While address-based samples typically yield lower response rates than RDD samples, the address-based sample, by capturing cell phone-only households and non-telephone households, improves the extent to which the survey covers the entire Massachusetts population. Additional information on the HIS is available at www.mass.gov/dhcfp.

These charts show estimates for 2008 and 2009 and indicate whether the estimated change over time is statistically significant. Given the standard of statistical significance used here, there is roughly a one-in-ten chance of concluding that a difference is significantly different from zero when it is not. Consequently, it is important to consider the overall pattern of 2009-2008 differences across the measures rather than a single comparison.

For these charts, we define children as ages 0 to 18, non-elderly adults as ages 19 to 64, and elderly adults as ages 65 and older.

All Residents

Residents with a Usual Source of Care by Age Group

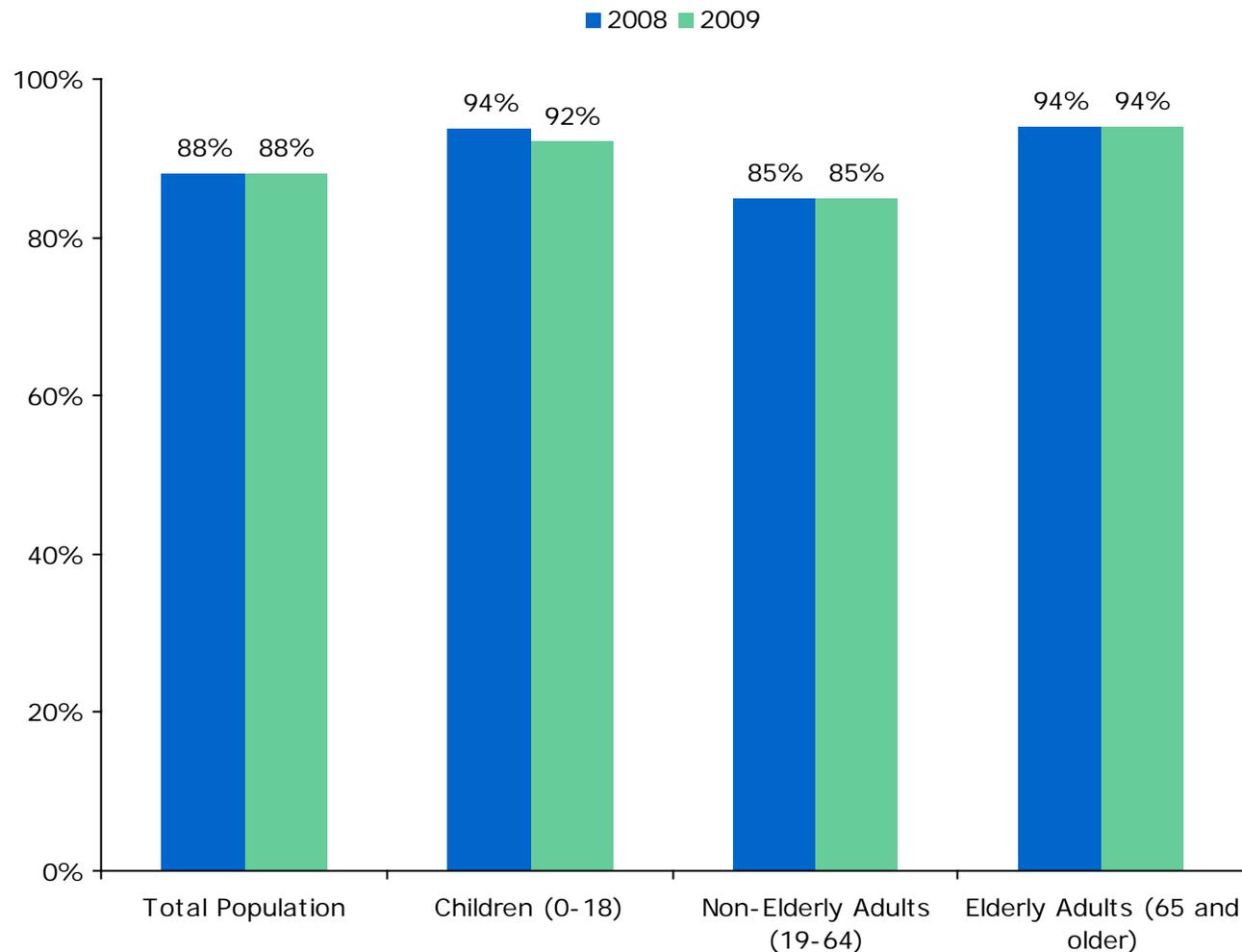


The majority of children, non-elderly adults, and elderly adults in Massachusetts had a usual source of care, with the level somewhat lower for non-elderly adults. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Residents with a Doctor Visit in Past 12 Months by Age Group

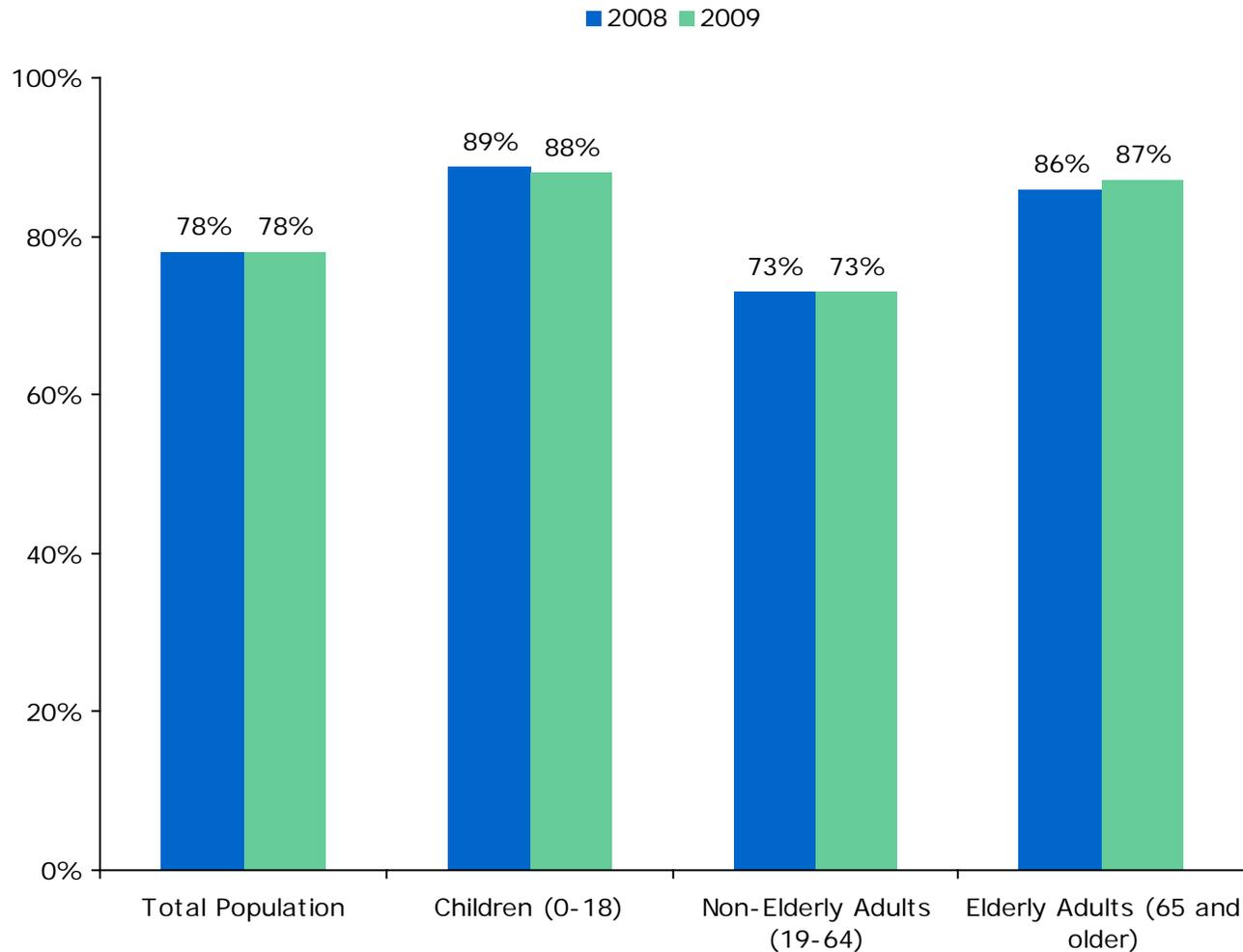


The majority of children, non-elderly adults, and elderly adults in Massachusetts had a doctor visit in the past 12 months, with the level somewhat lower for non-elderly adults. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Residents with a Preventive Care Visit in Past 12 Months by Age Group

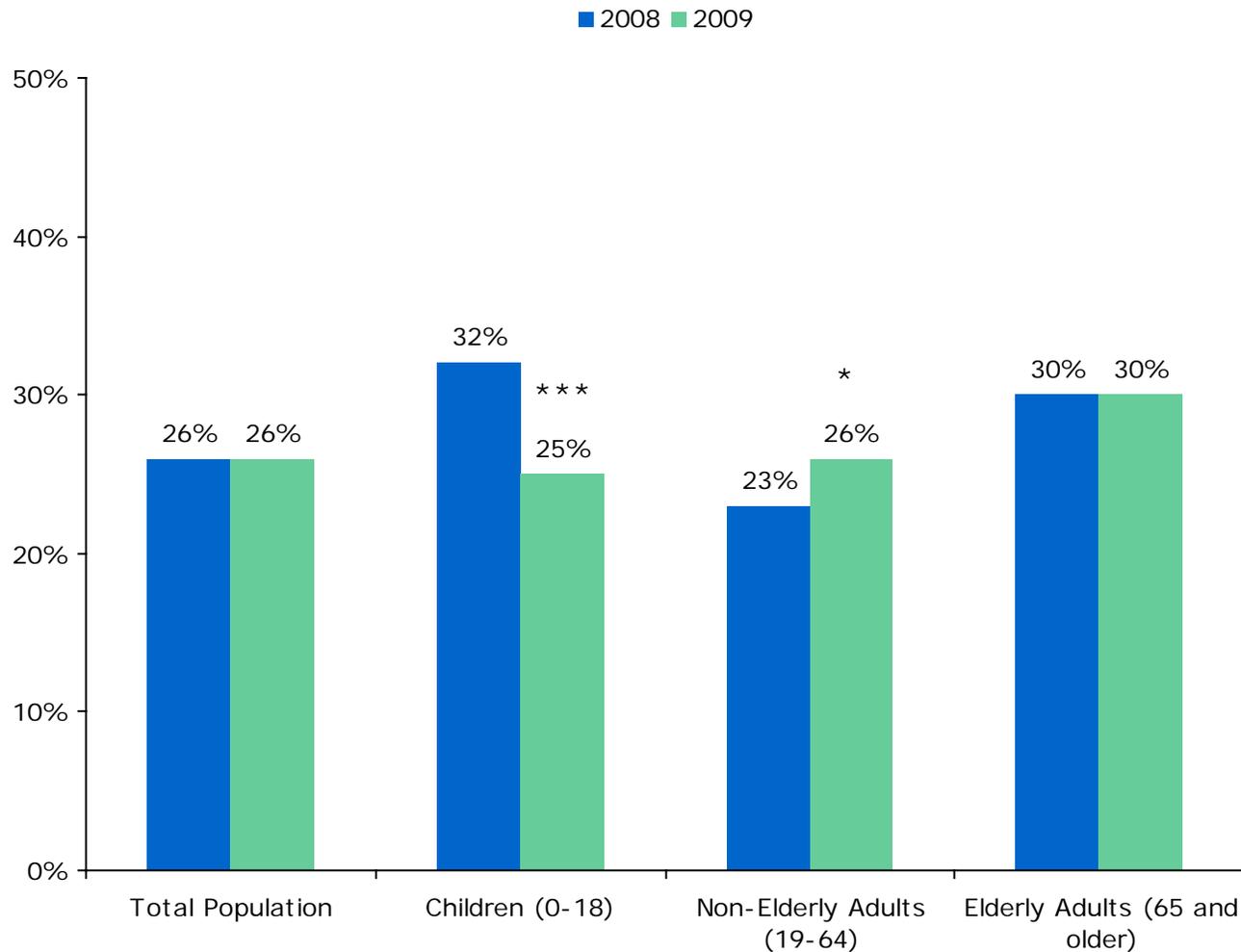


High shares of both children and elderly adults had a preventive care visit in the past 12 months, while only 73% of non-elderly adults had a preventive care visit. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

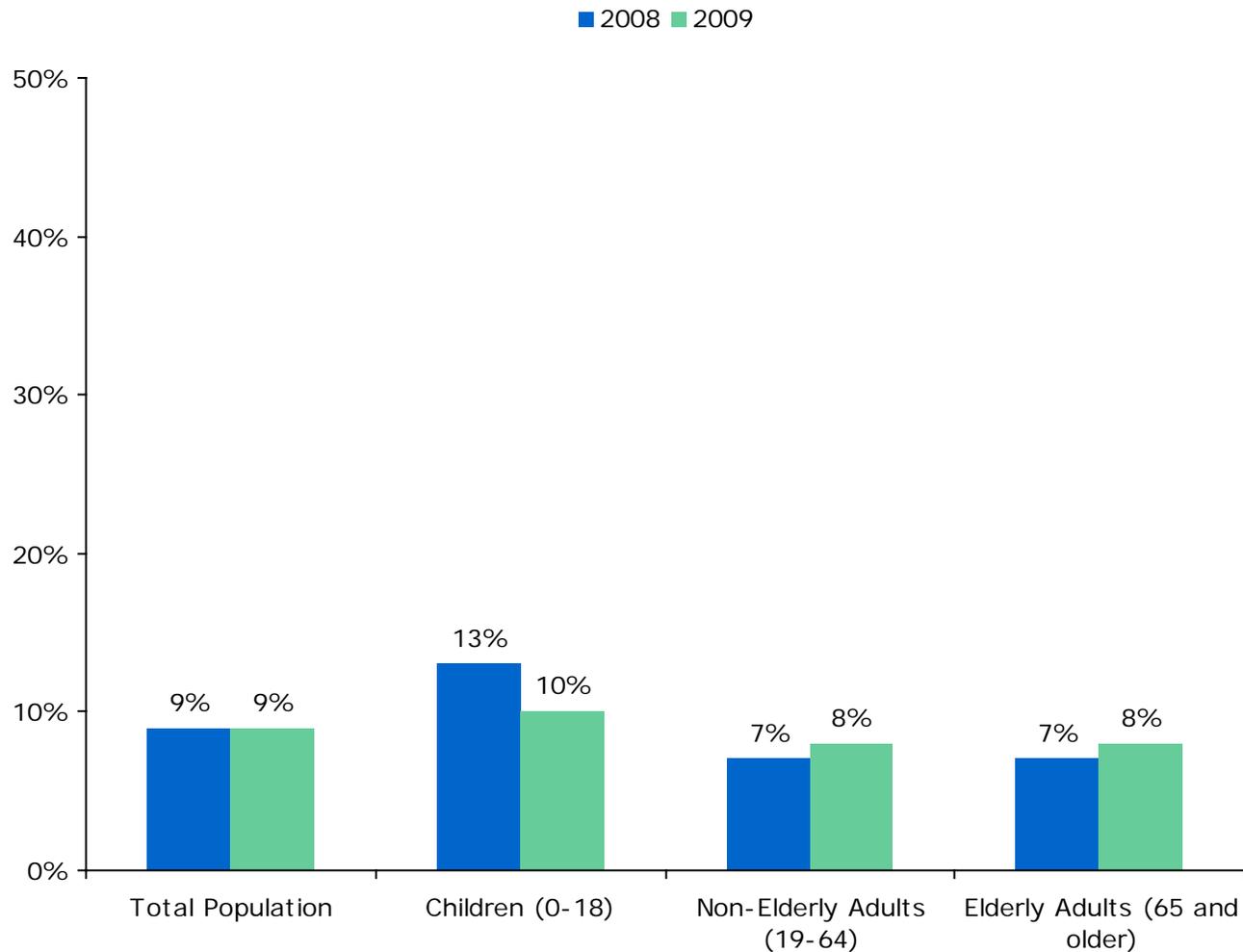
Residents with an ER Visit in the Past 12 Months by Age Group



About one in four residents in Massachusetts had an ER visit in the past 12 months in both 2008 and 2009. Relative to 2008, children were less likely and non-elderly adults more likely to have had an ER visit in the past 12 months in 2009.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Residents with a Non-Emergency[†] ER Visit in the Past 12 Months by Age Group



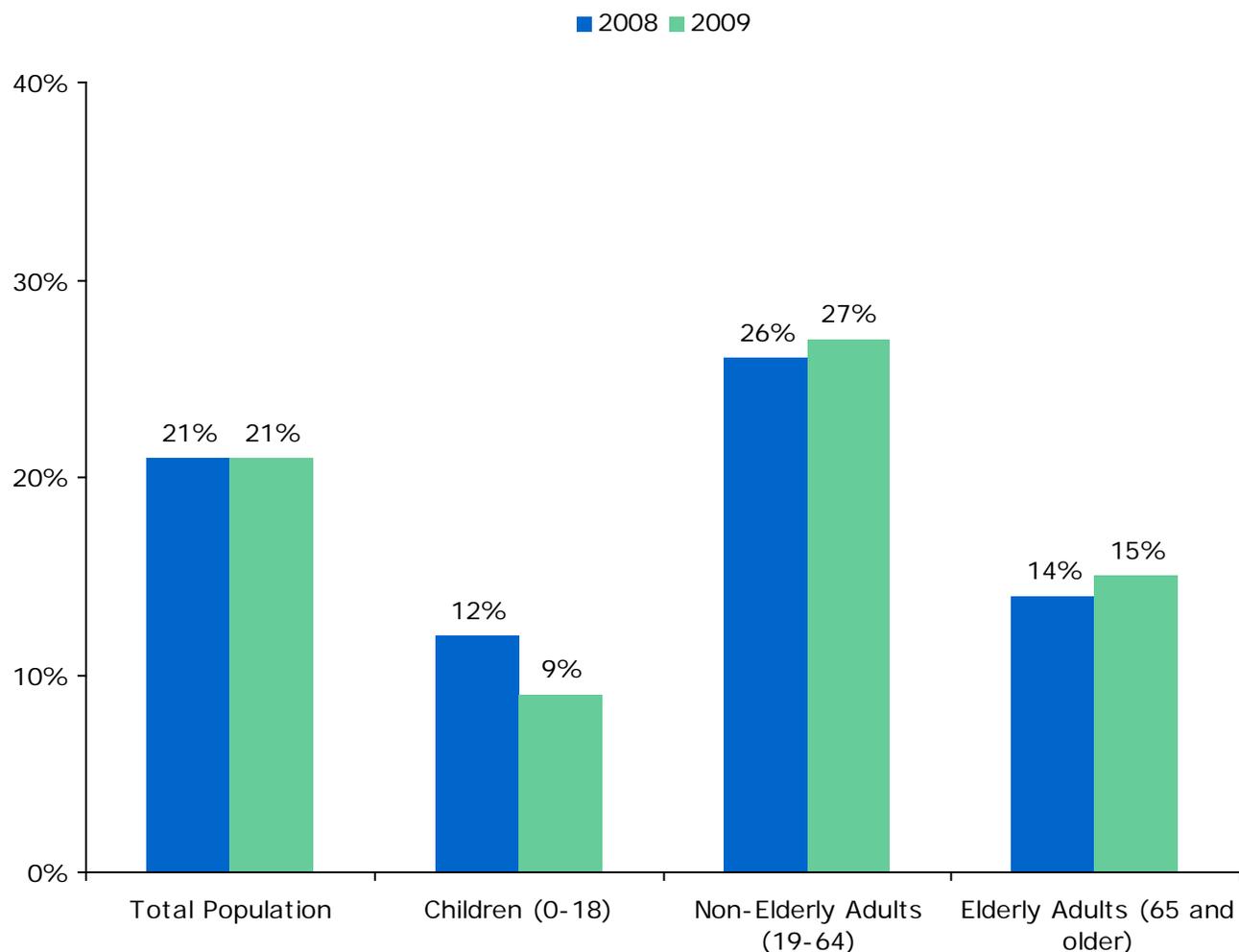
About one in ten Massachusetts residents had a non-emergency visit as their most recent ER visit in the past 12 months in 2008 and 2009. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Residents Not Getting Needed Care Due to Cost in Past 12 Months by Age Group

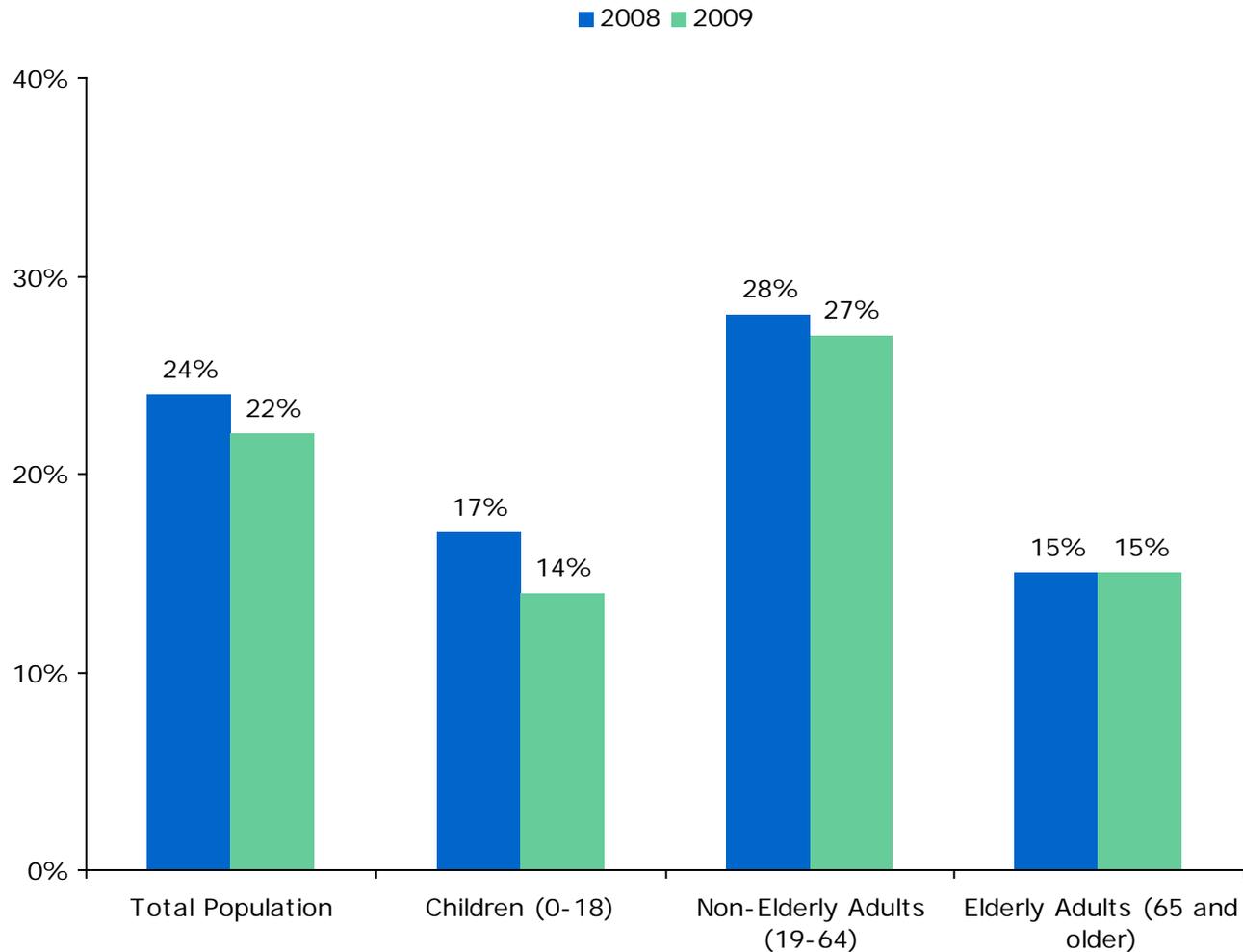


Non-elderly adults were more likely than residents in other age groups to have gone without needed health care because of cost in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Residents with Difficulty Obtaining Care in Past 12 Months by Age Group

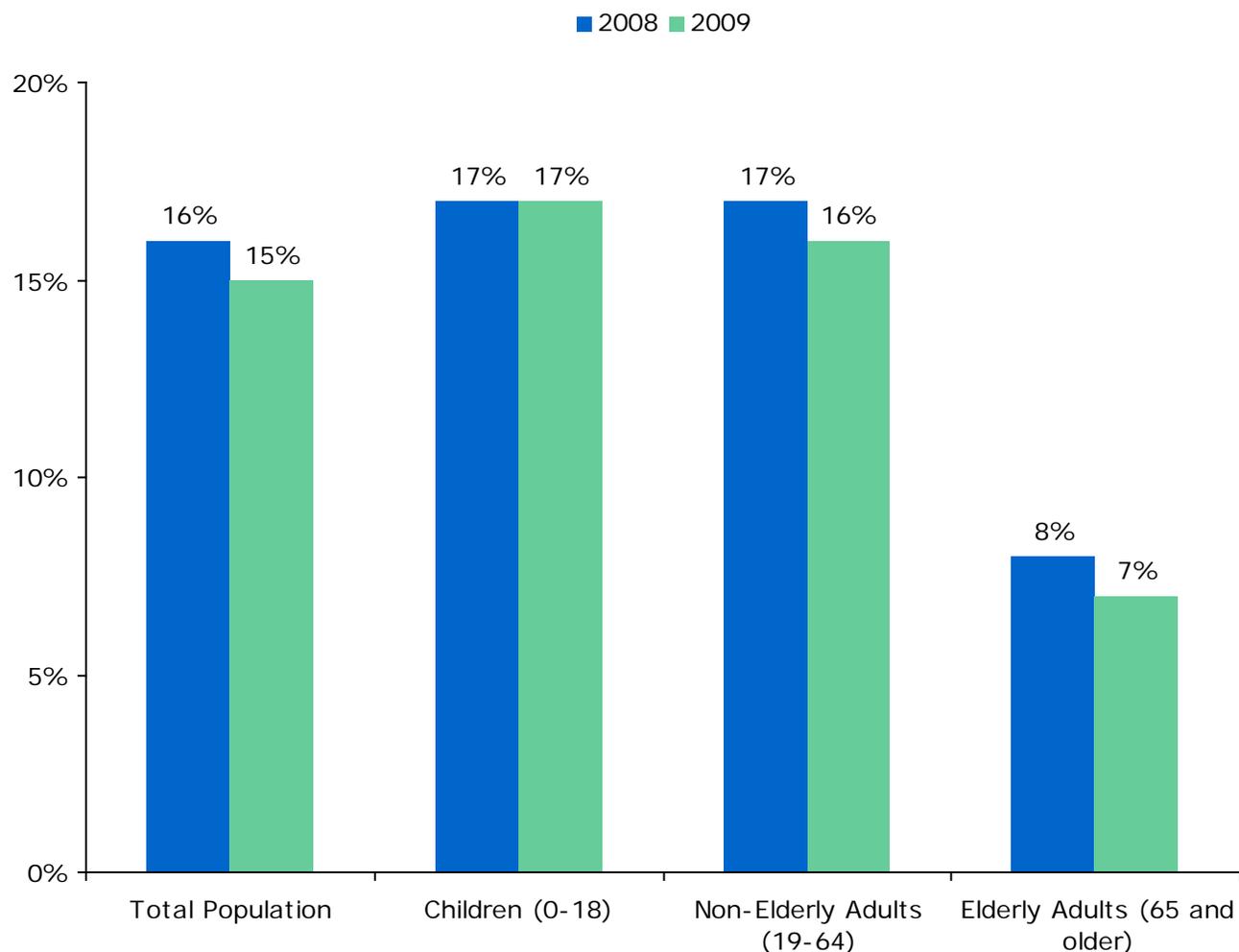


Non-elderly adults were more likely than residents in other age groups to report problems obtaining health care in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Residents in Families with Problems Paying Medical Bills in Past 12 Months by Age Group



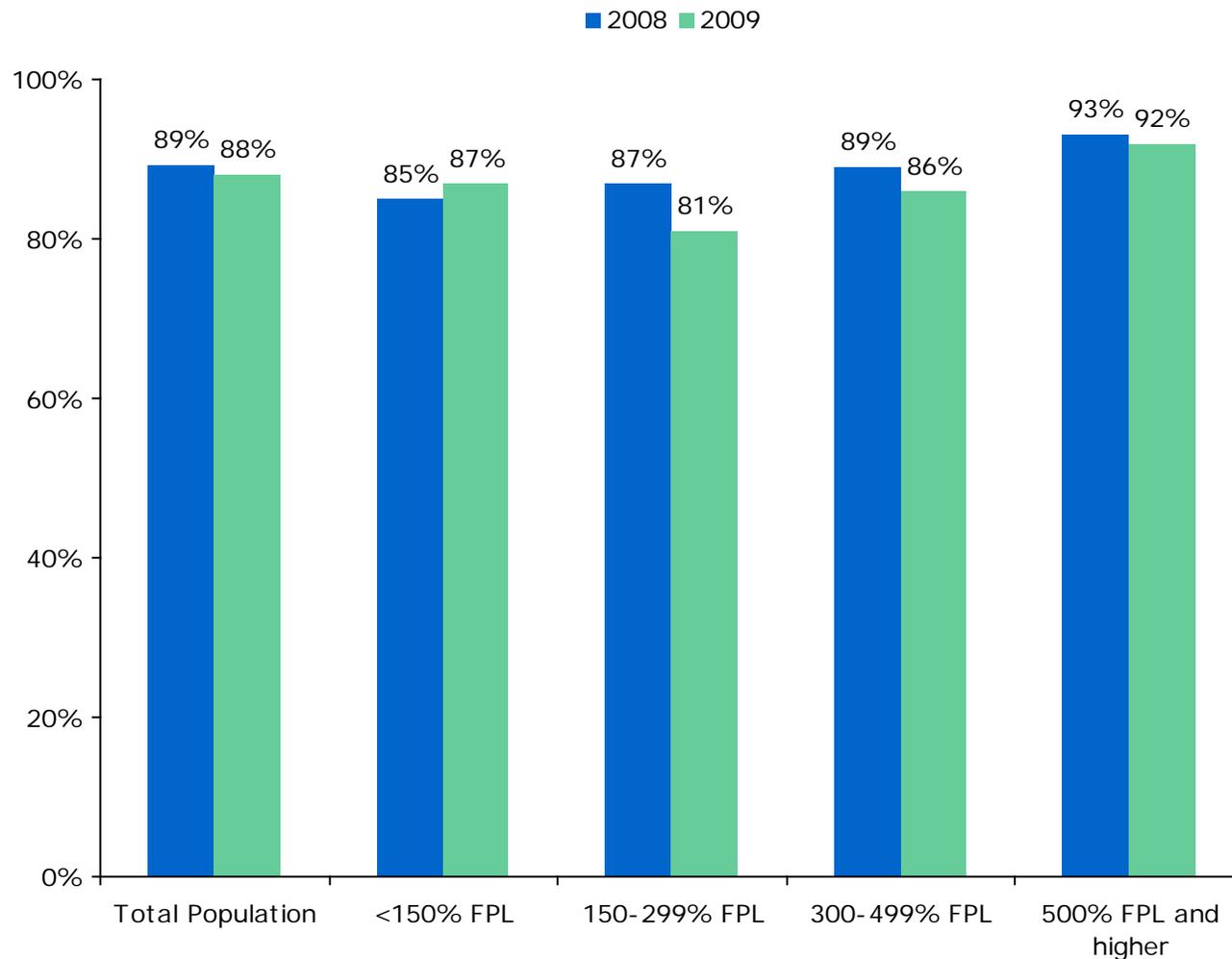
Non-elderly adults and children were more than twice as likely to be in families with difficulties paying medical bills in the past 12 months than were elderly adults in both 2008 and 2009. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults (Ages 19 through 64)

Non-Elderly Adults with a Usual Source of Care by Income

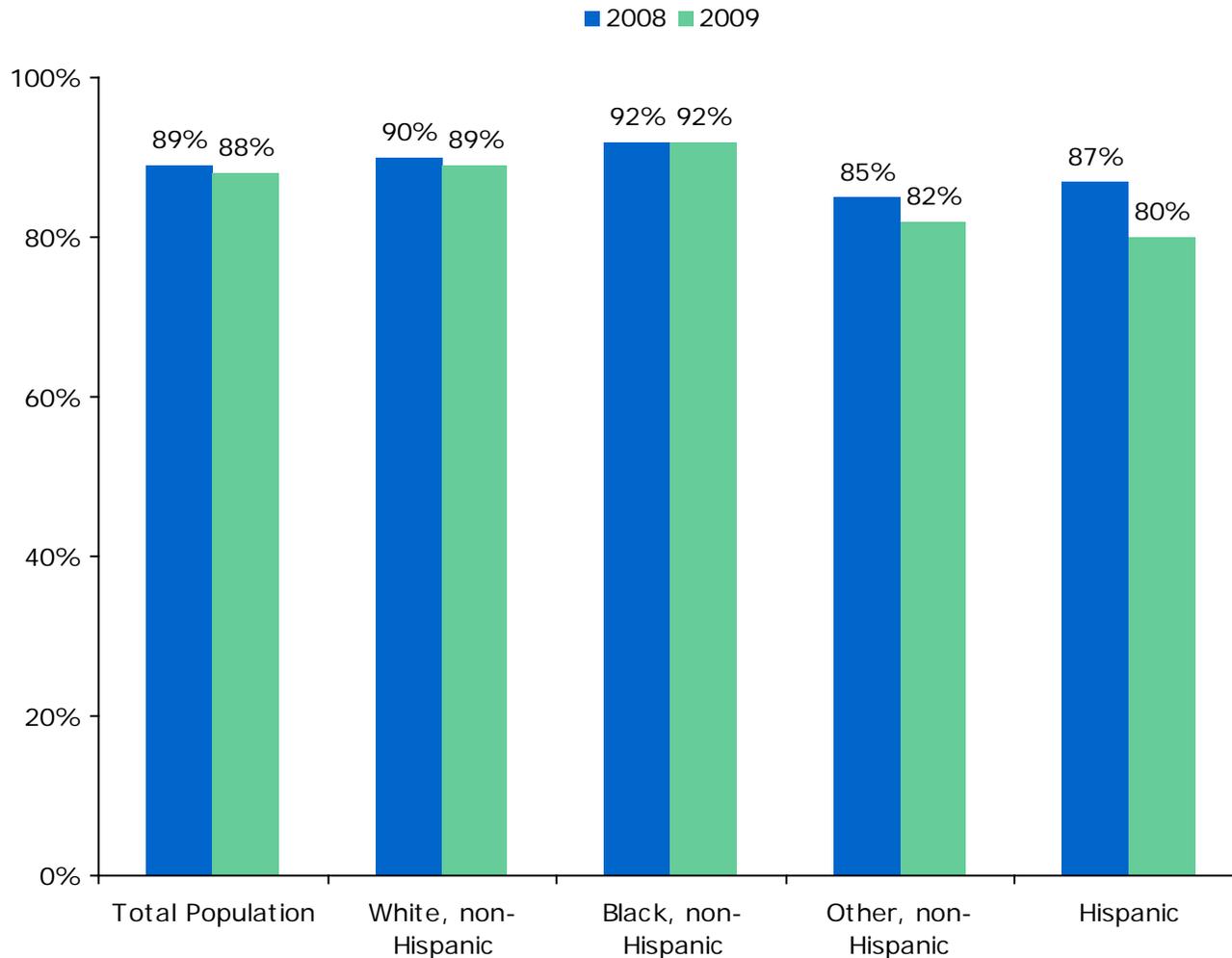


Most non-elderly adults, regardless of family income relative to the federal poverty level (FPL), had a usual source of care. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with a Usual Source of Care by Race/Ethnicity

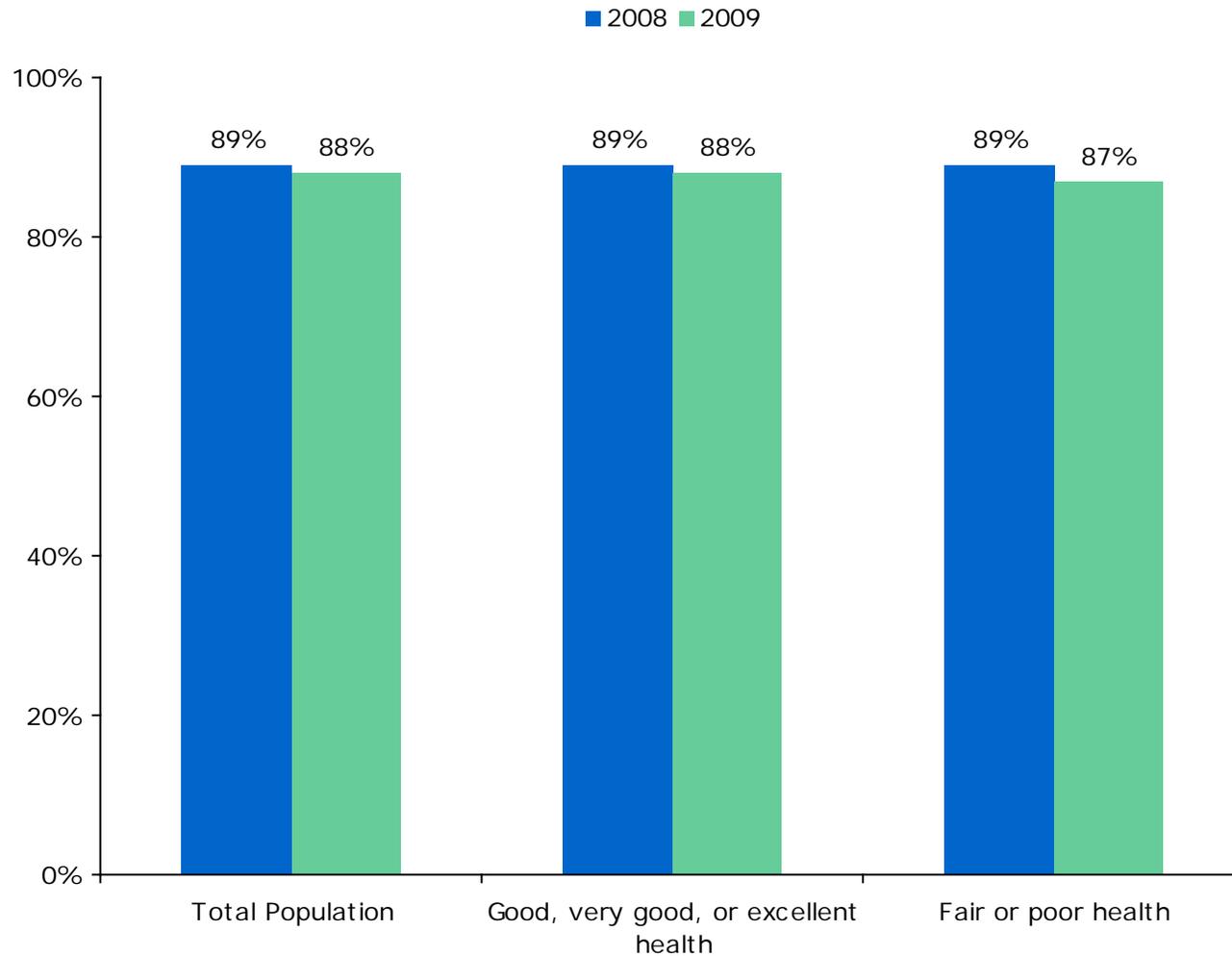


Most non-elderly adults had a usual source of care, although the shares were somewhat lower for Hispanic and other, non-Hispanic adults. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with a Usual Source of Care by Health Status

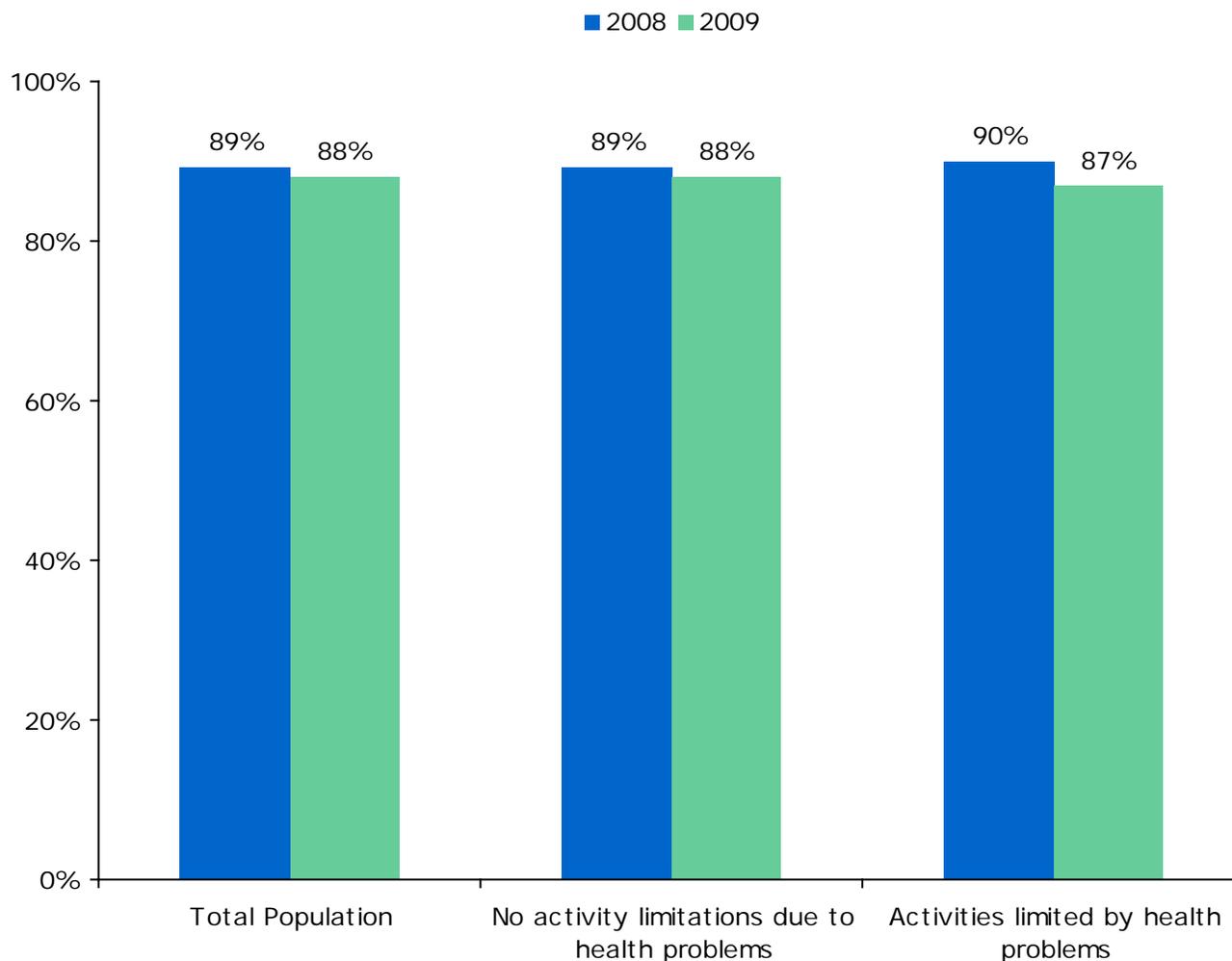


Most non-elderly adults, regardless of health status, had a usual source of care. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with a Usual Source of Care by Disability Status

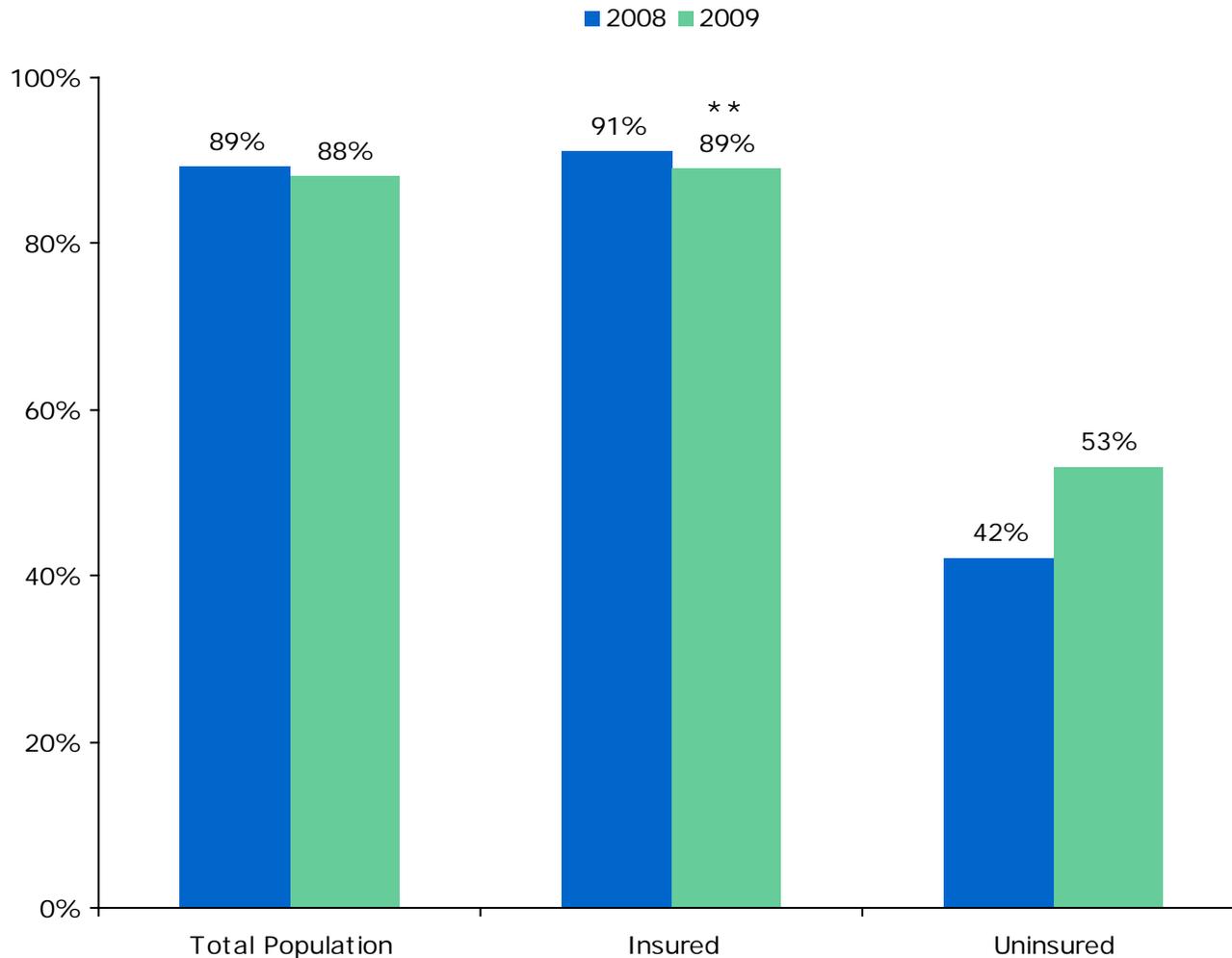


Disabled and non-disabled non-elderly adults are equally likely to have had a usual source of care. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

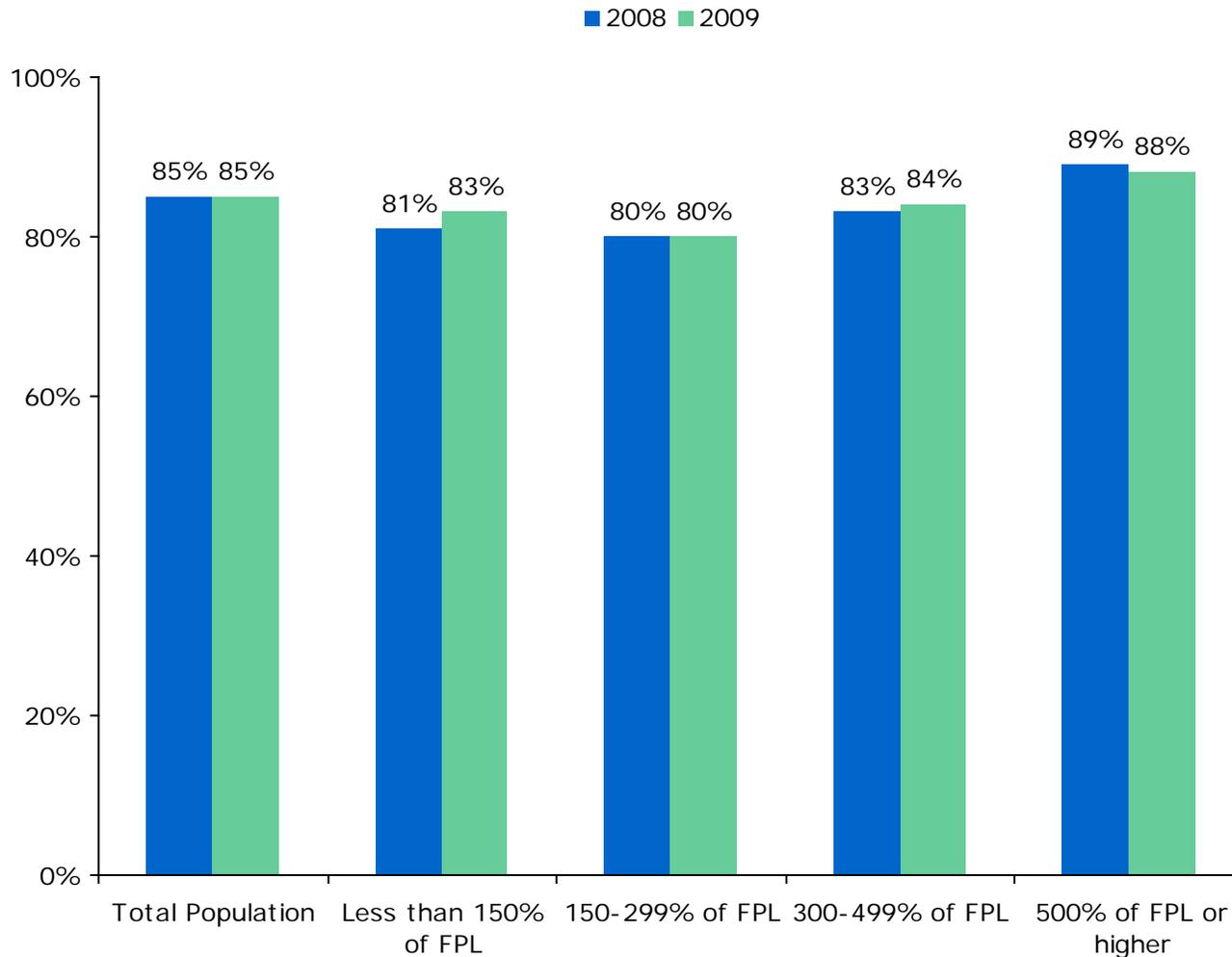
Non-Elderly Adults with a Usual Source of Care by Insurance Status



Compared with the insured adults, uninsured non-elderly adults were much less likely to have had a usual source of care. The share of insured adults with a usual source of care dropped between 2008 and 2009.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Non-Elderly Adults with a Doctor Visit in Past 12 Months by Income

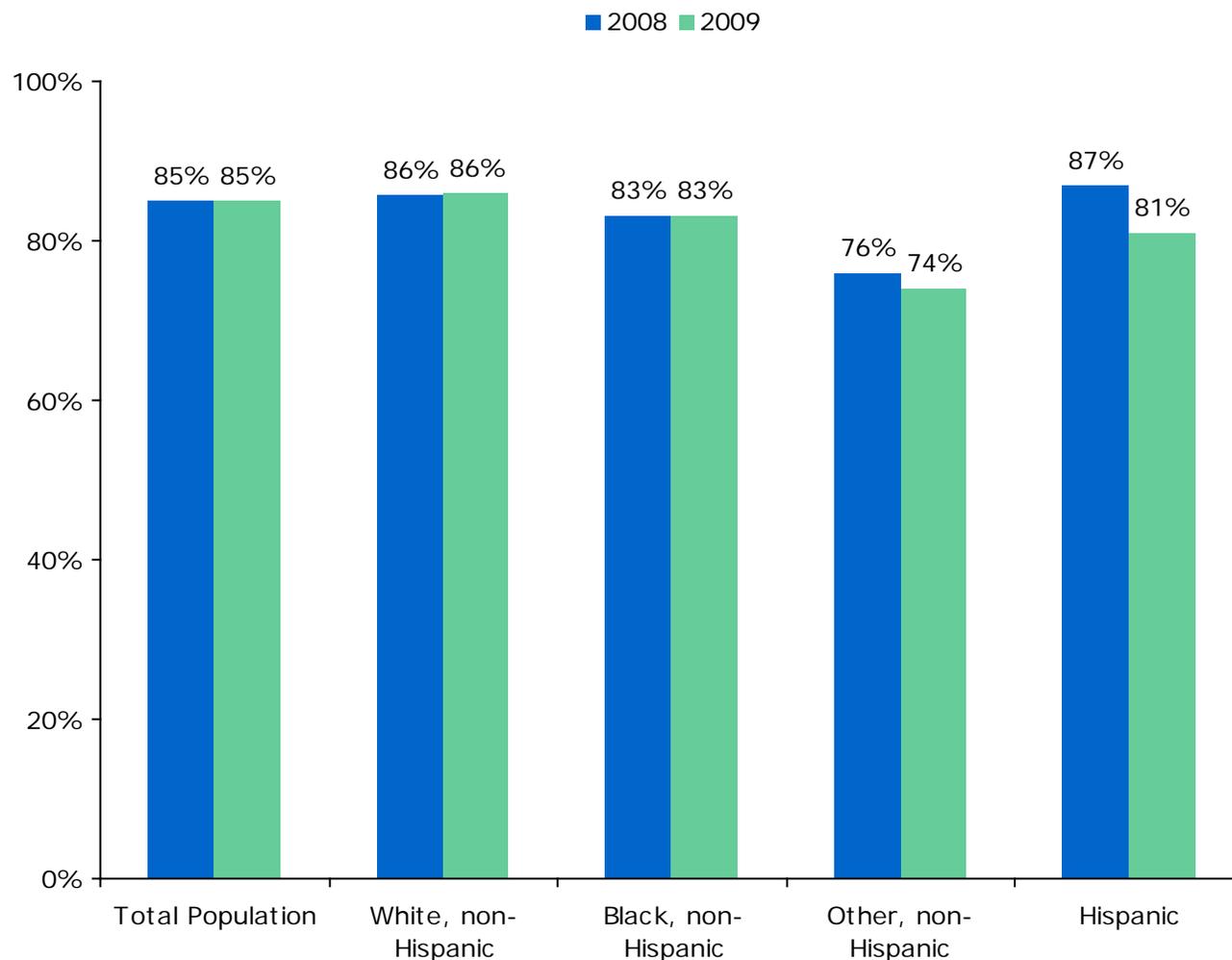


Most non-elderly adults, regardless of family income relative to the federal poverty level (FPL), had a doctor visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with a Doctor Visit in Past 12 Months by Race/Ethnicity

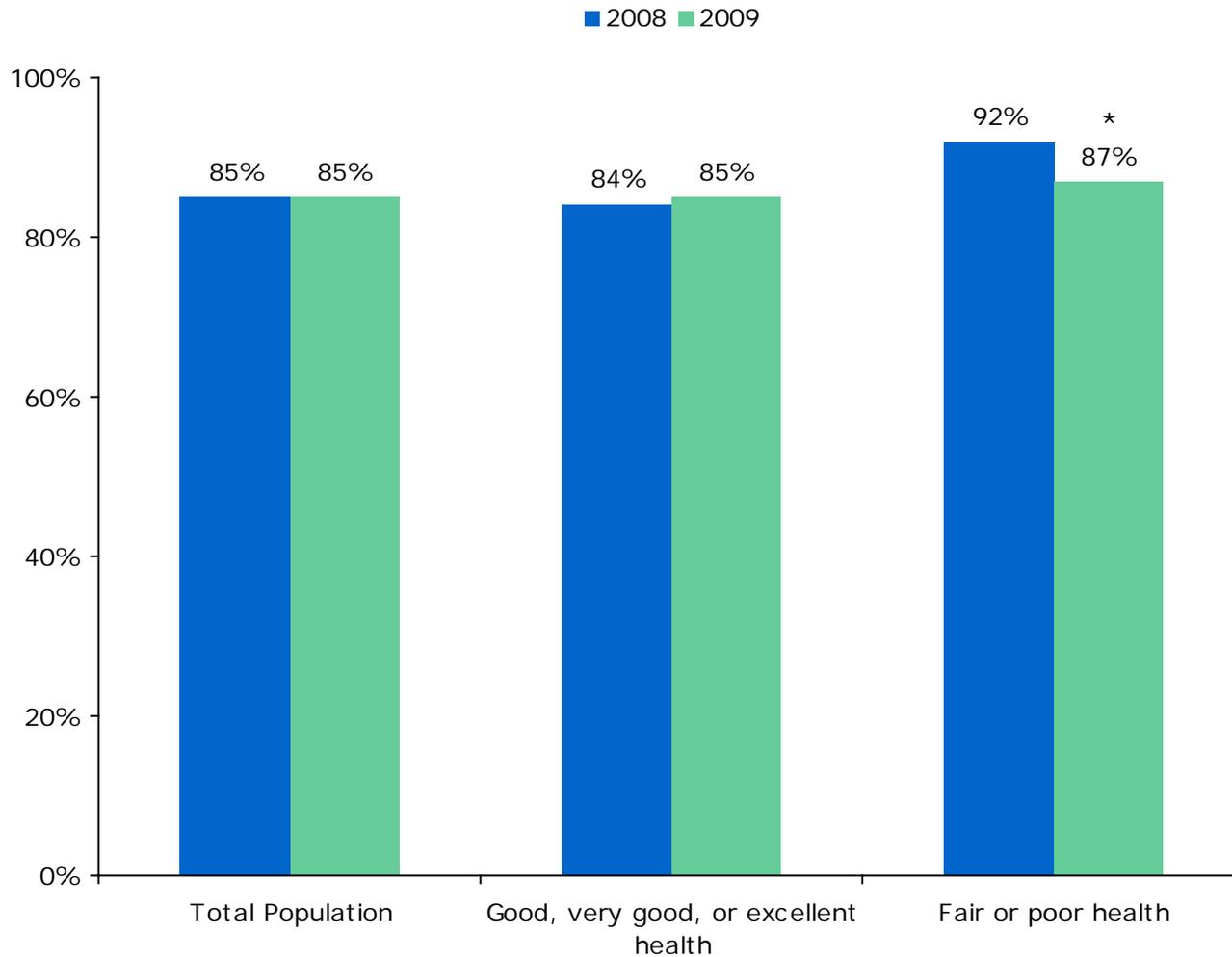


Among non-elderly adults, other, non-Hispanic adults were less likely to have had a doctor visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

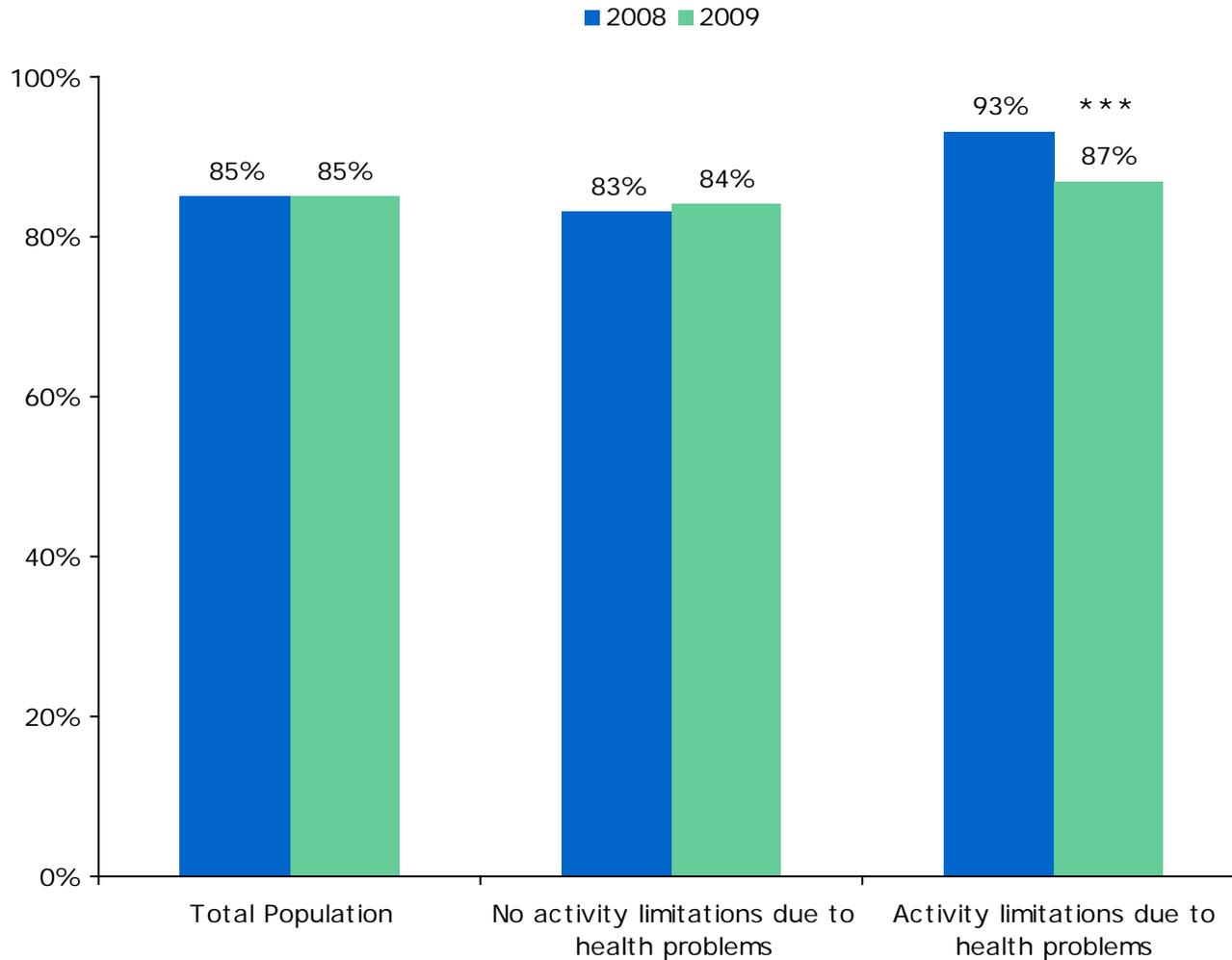
Non-Elderly Adults with a Doctor Visit in Past 12 Months by Health Status



Most non-elderly adults, regardless of health status, had a doctor visit in the past 12 months. The share of adults in fair or poor health with a doctor visit dropped between 2008 and 2009.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

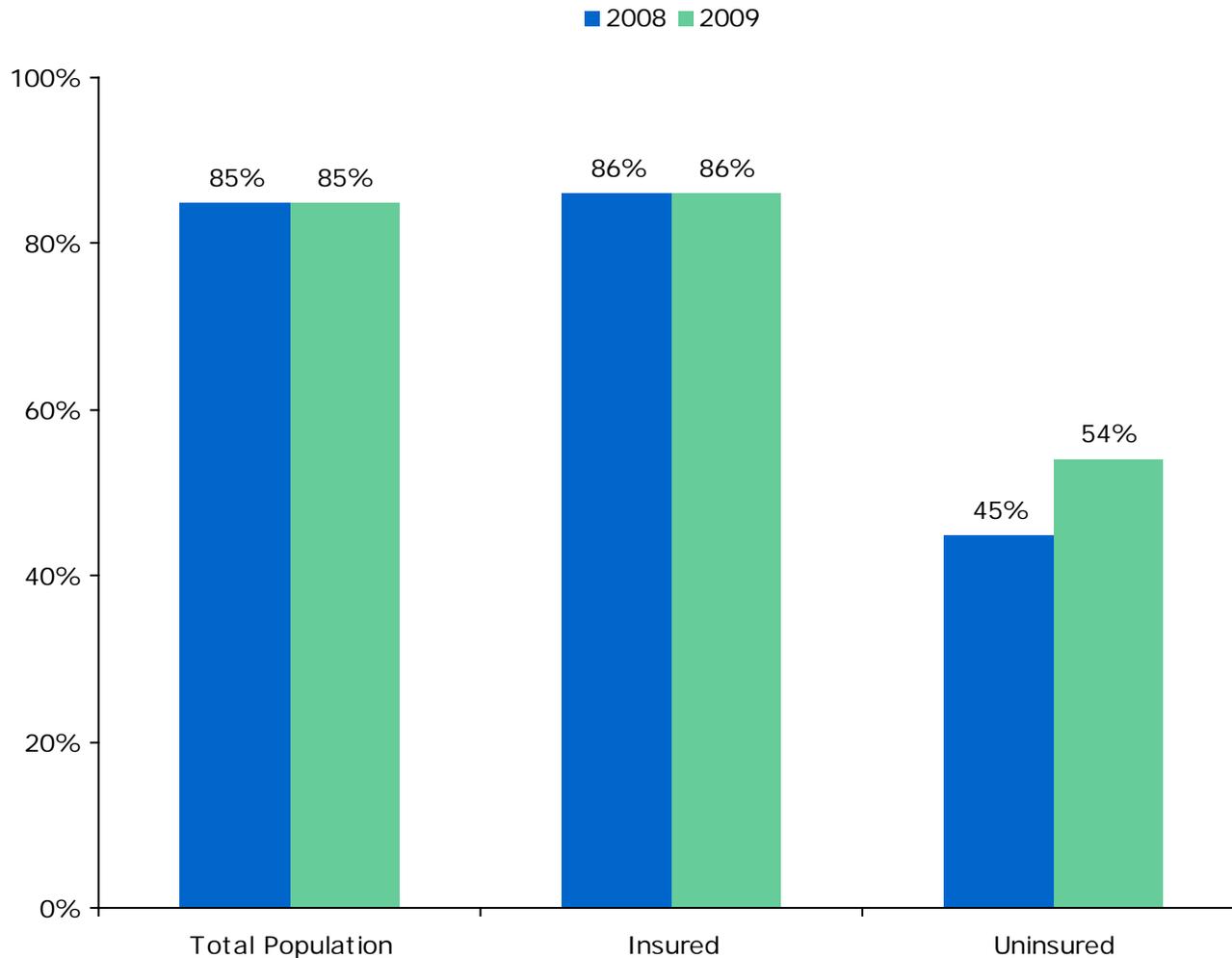
Non-Elderly Adults with a Doctor Visit in Past 12 Months by Disability Status



Most non-elderly adults, regardless of disability status, had a doctor visit in the past 12 months. The share of adults with a disability and a doctor visit in the prior 12 months dropped between 2008 and 2009.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Non-Elderly Adults with a Doctor Visit in Past 12 Months by Insurance Status

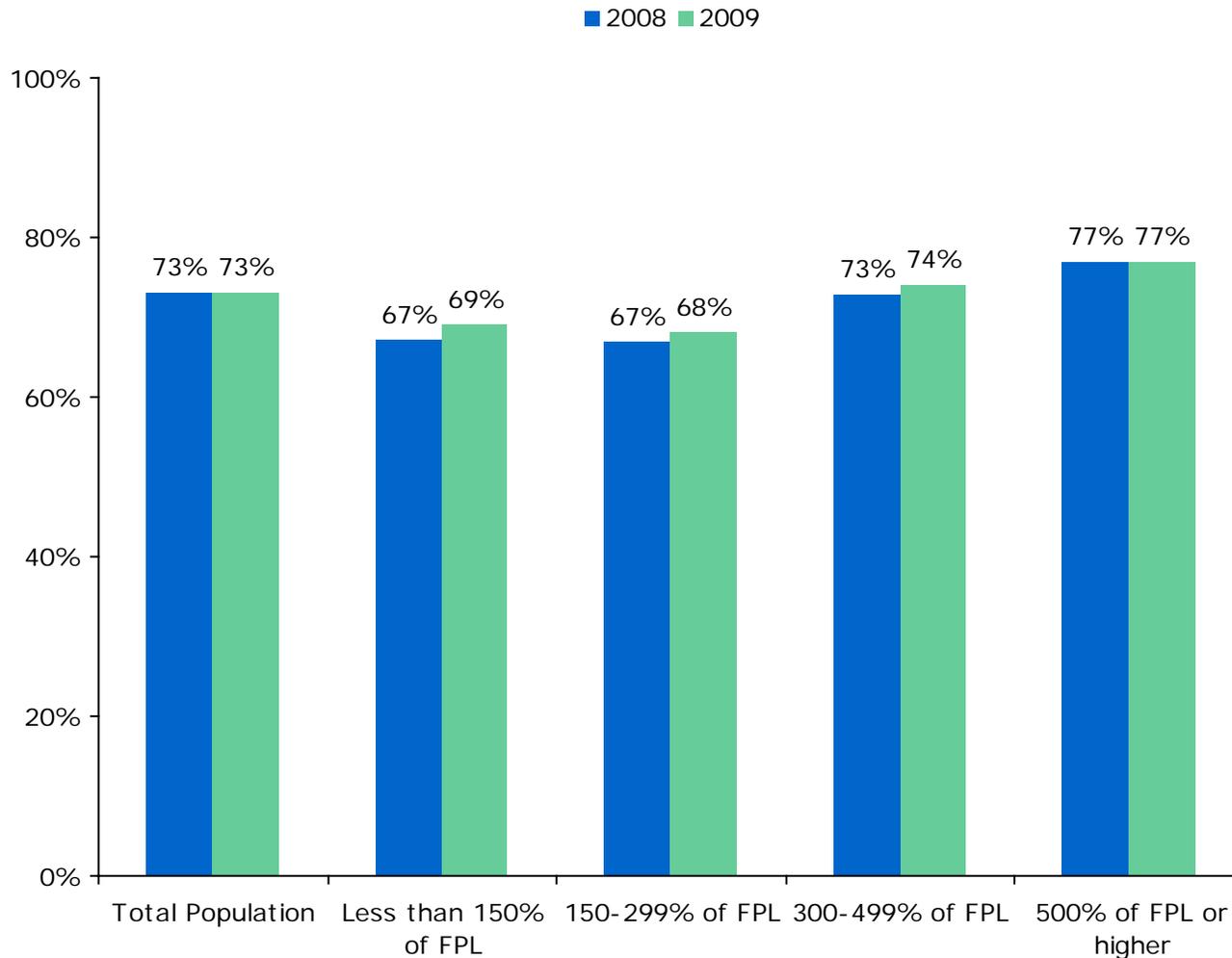


Compared with the insured adults, uninsured non-elderly adults were much less likely to have had a doctor visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with a Preventive Care Visit in Past 12 Months by Income

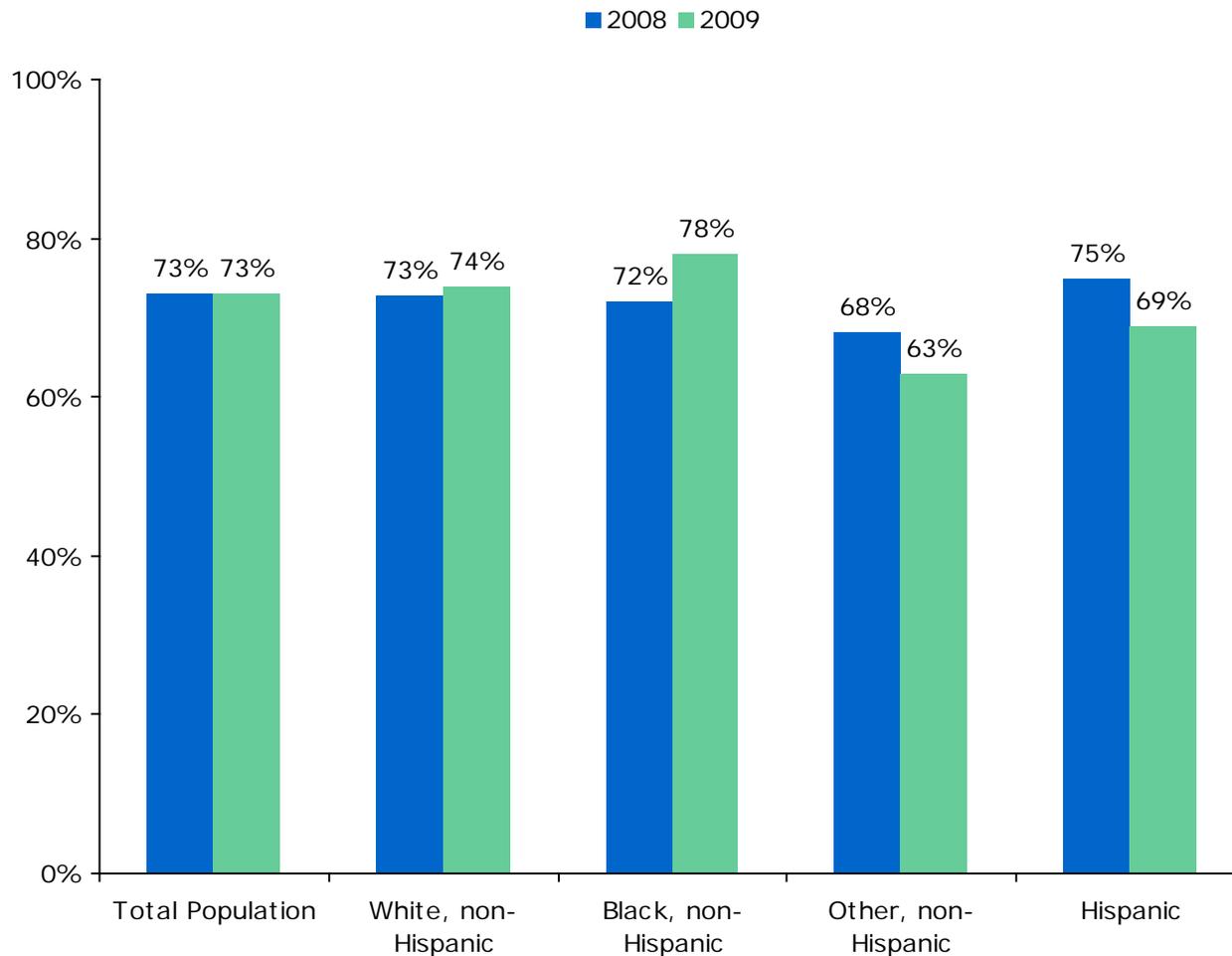


Among non-elderly adults, those with higher family income relative to the federal poverty level (FPL) were more likely to have had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with a Preventive Care Visit in Past 12 Months by Race/Ethnicity

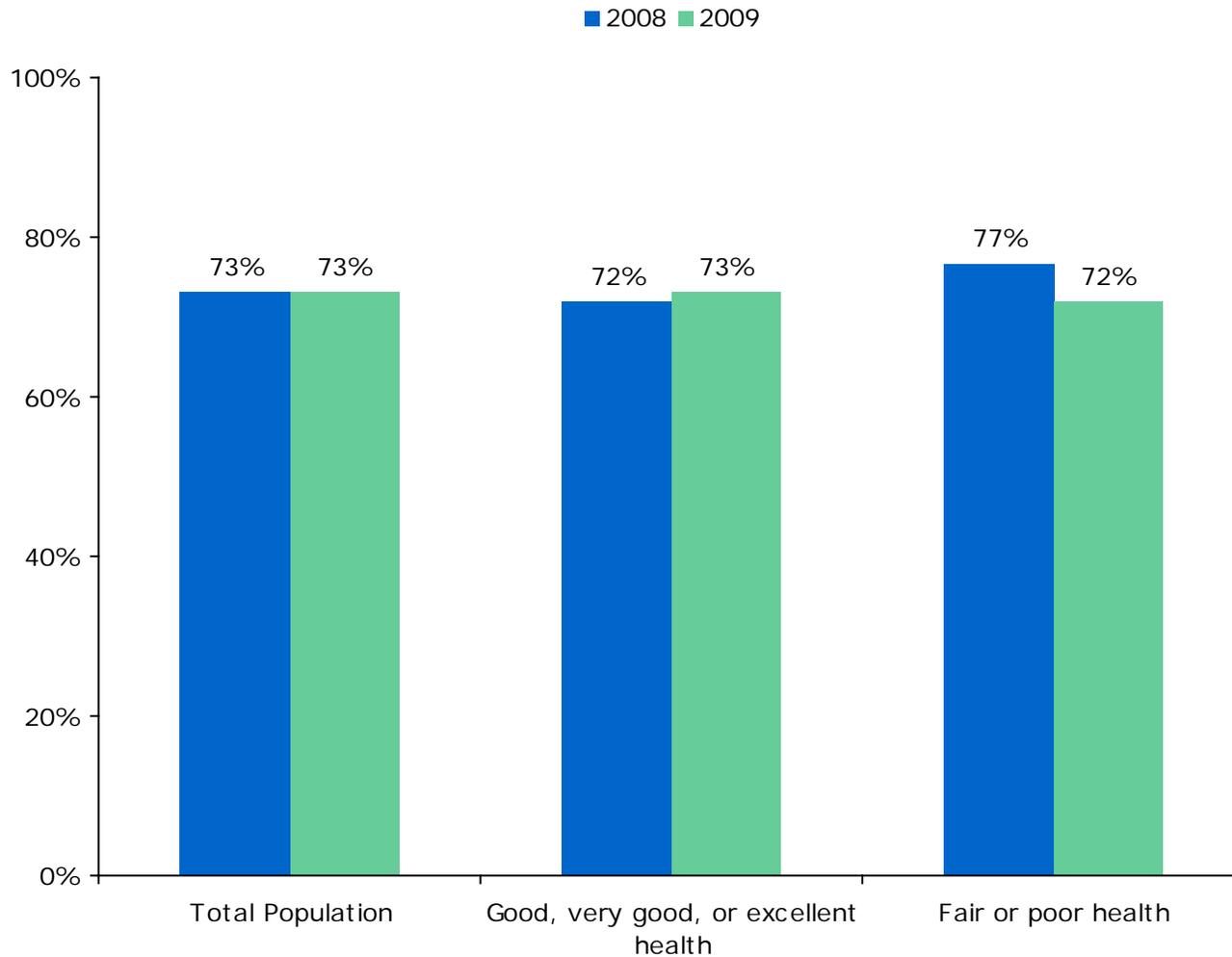


Among non-elderly adults, other, non-Hispanic adults were less likely than adults in other race/ethnicity groups to have had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with a Preventive Care Visit in Past 12 Months by Health Status

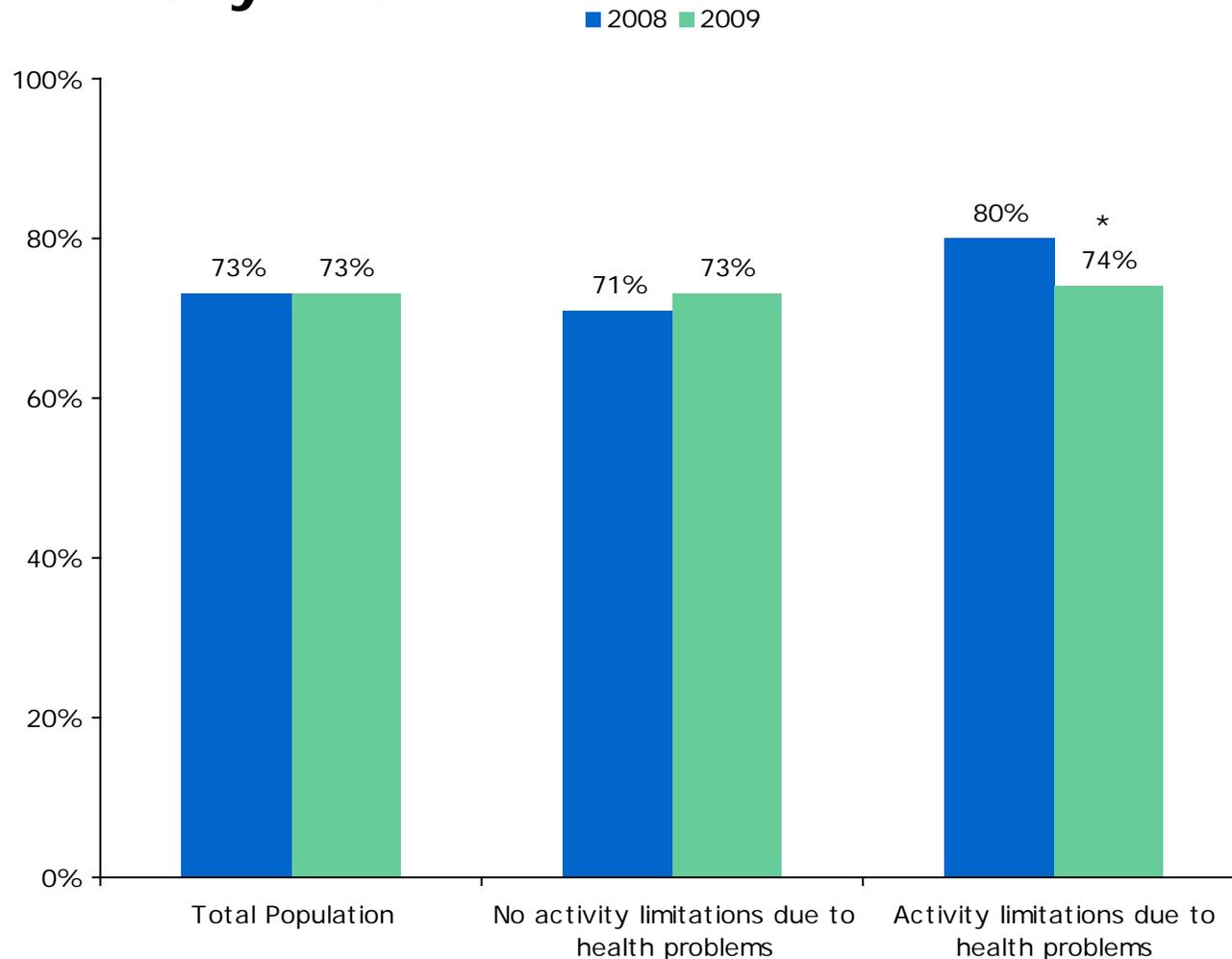


The majority of non-elderly adults, regardless of health status, had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

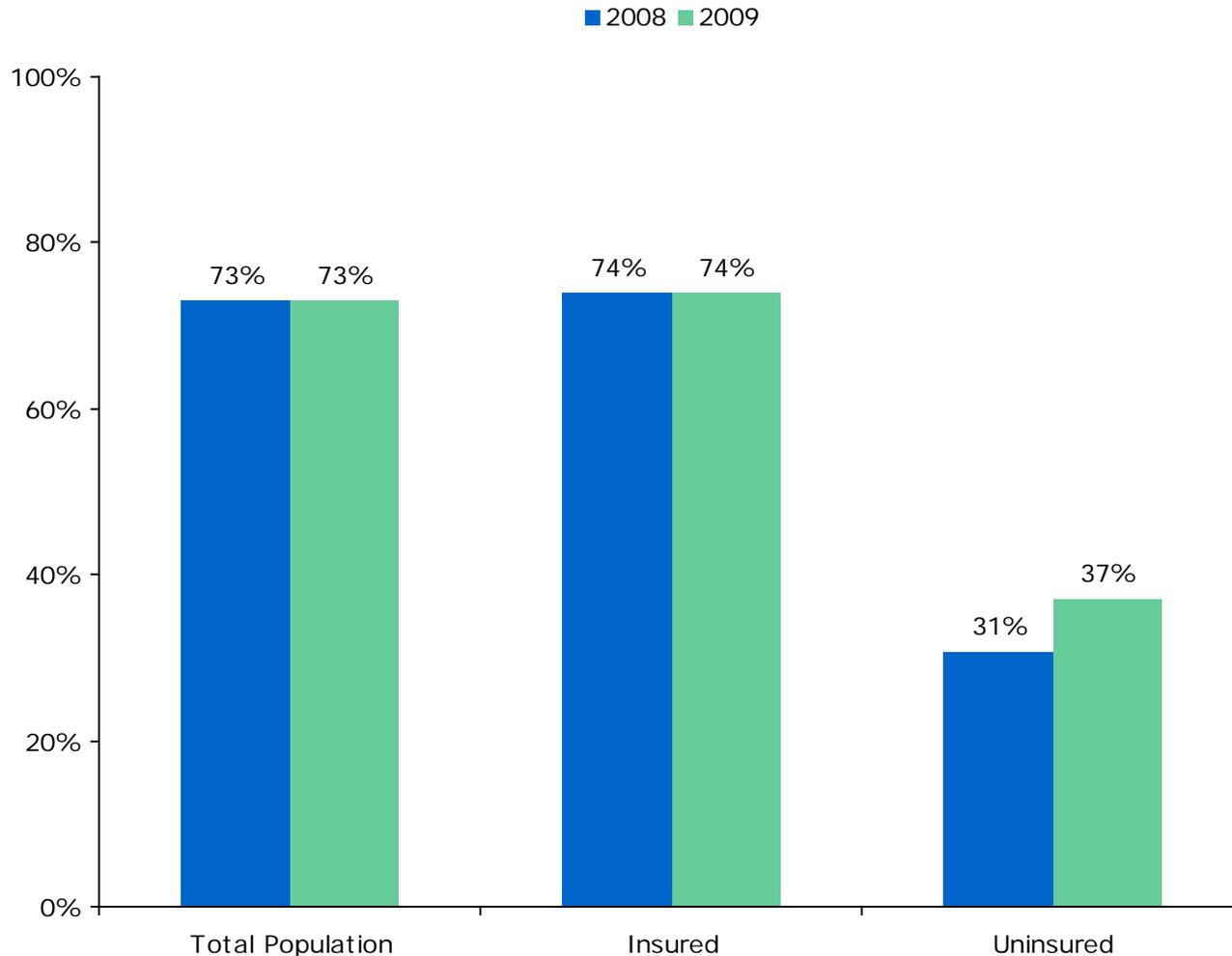
Non-Elderly Adults with a Preventive Care Visit in Past 12 Months by Disability Status



The majority of non-elderly adults, regardless of disability status, had a preventive care visit in the past 12 months. The share of adults with a disability and a preventive care visit dropped between 2008 and 2009.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Non-Elderly Adults with a Preventive Care Visit in Past 12 Months by Insurance Status

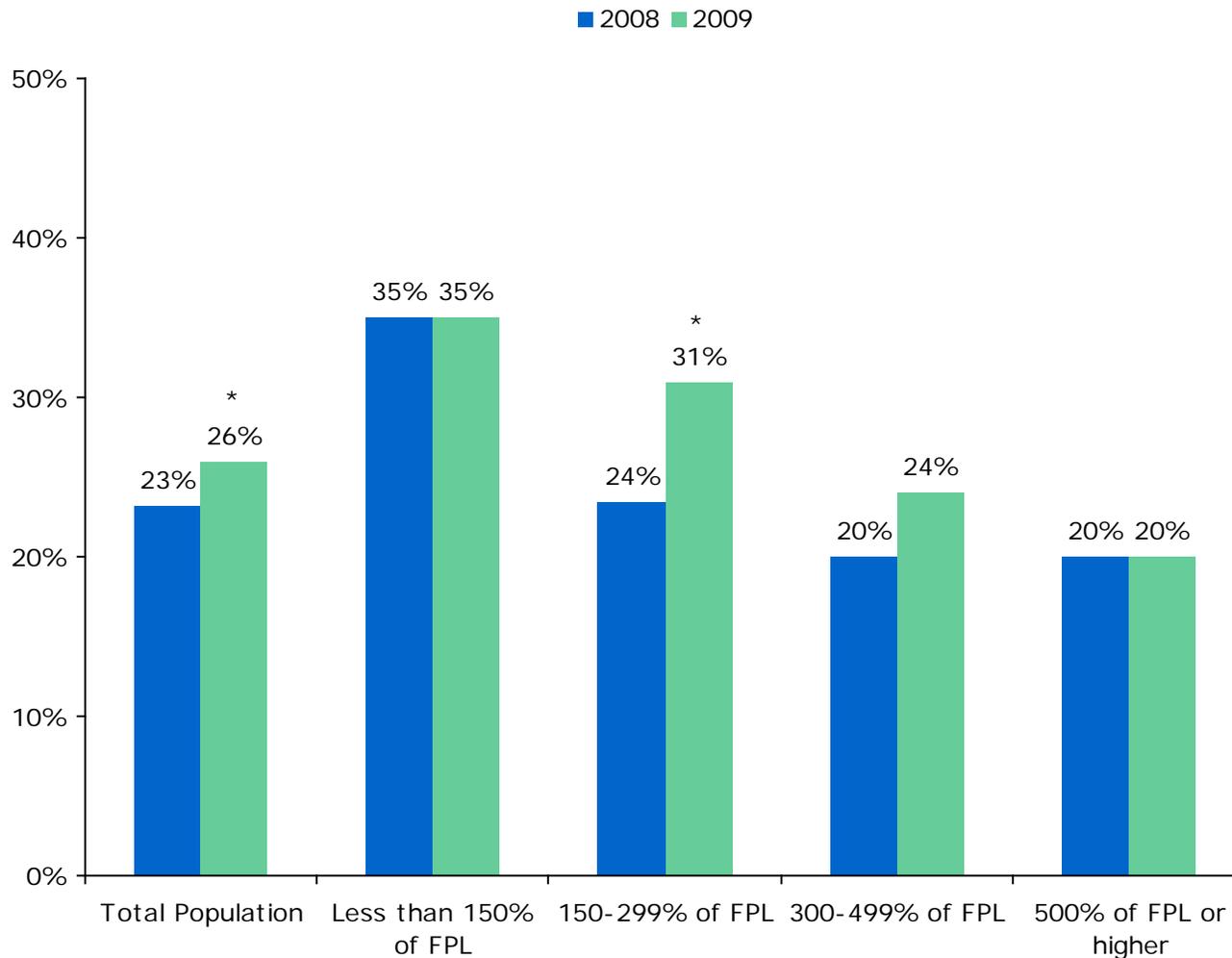


Compared with the insured adults, uninsured non-elderly adults were much less likely to have had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

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Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with an ER Visit in Past 12 Months by Income



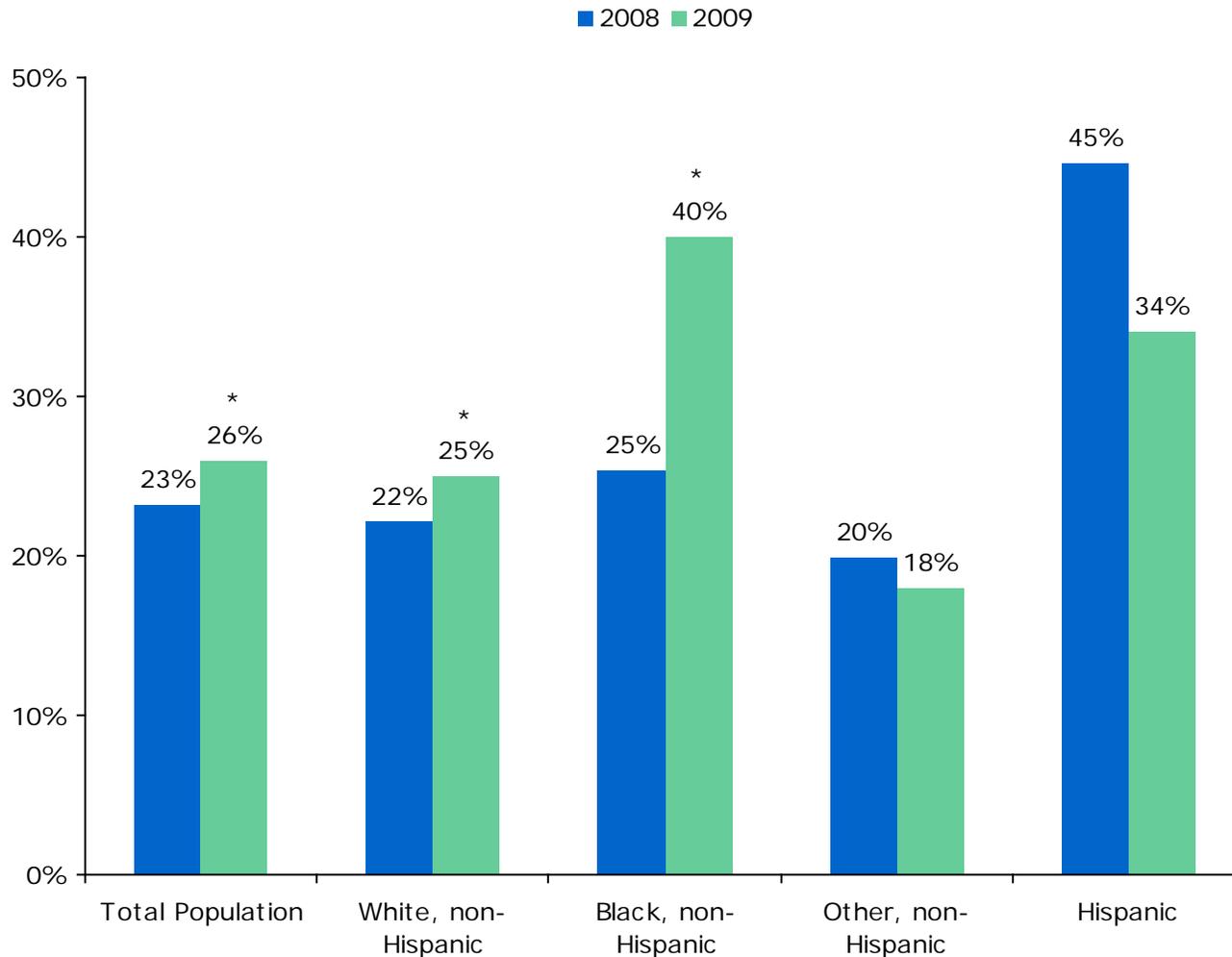
Low-income non-elderly adults were more likely to have had an ER visit in the past 12 months than higher income adults. The share of non-elderly adults with an ER visit was significantly higher in 2009 than 2008 for those with family income between 150% and 299% of the federal poverty level (FPL).

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

* (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Non-Elderly Adults with an ER Visit in Past 12 Months by Race/Ethnicity



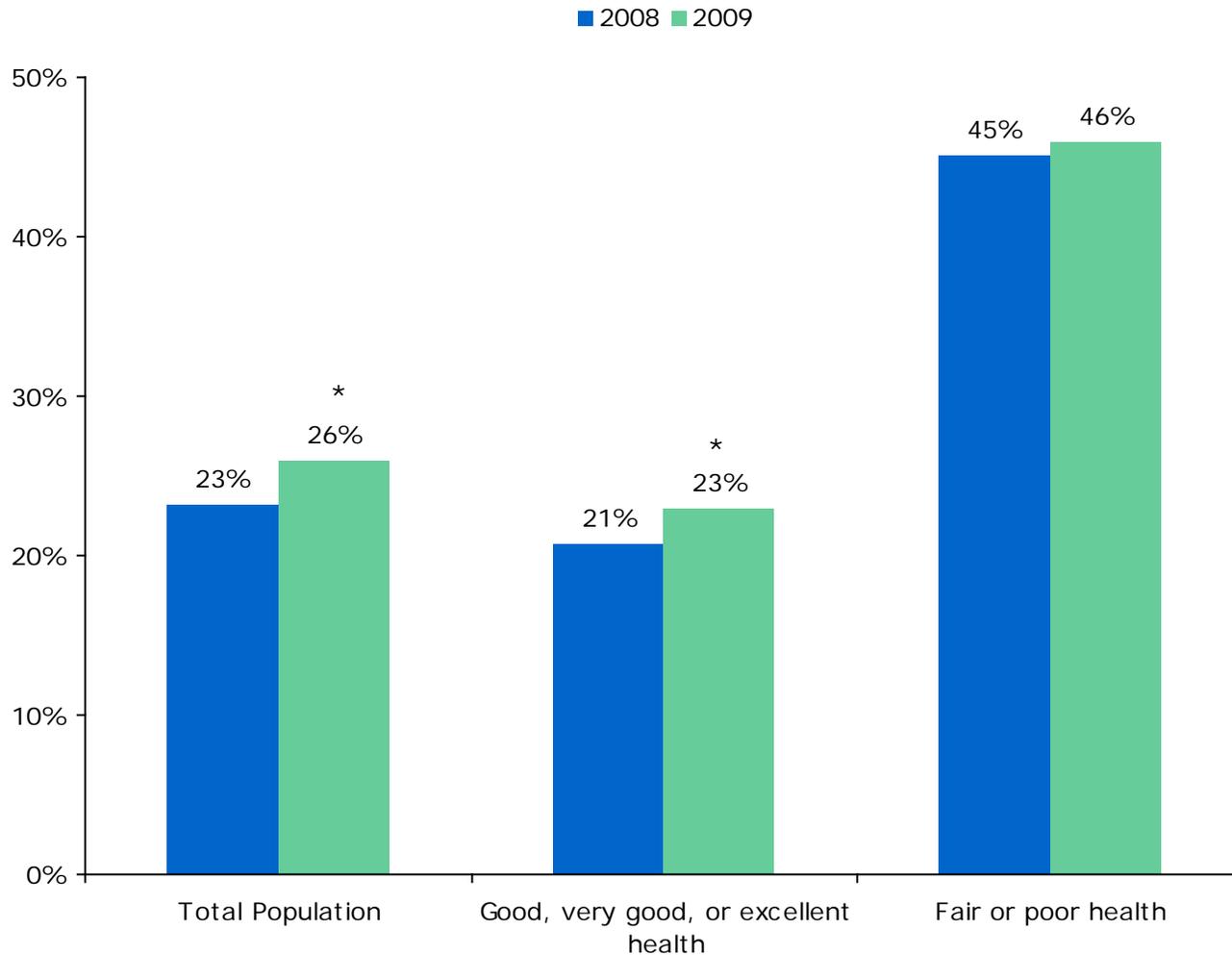
Among non-elderly adults, Hispanic and black, non-Hispanic adults were more likely to have had an ER visit in the past 12 months than were adults in other race/ethnicity groups. The share of white, non-Hispanic and black, non-Hispanic adults with an ER visit increased between 2008 and 2009.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

* (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

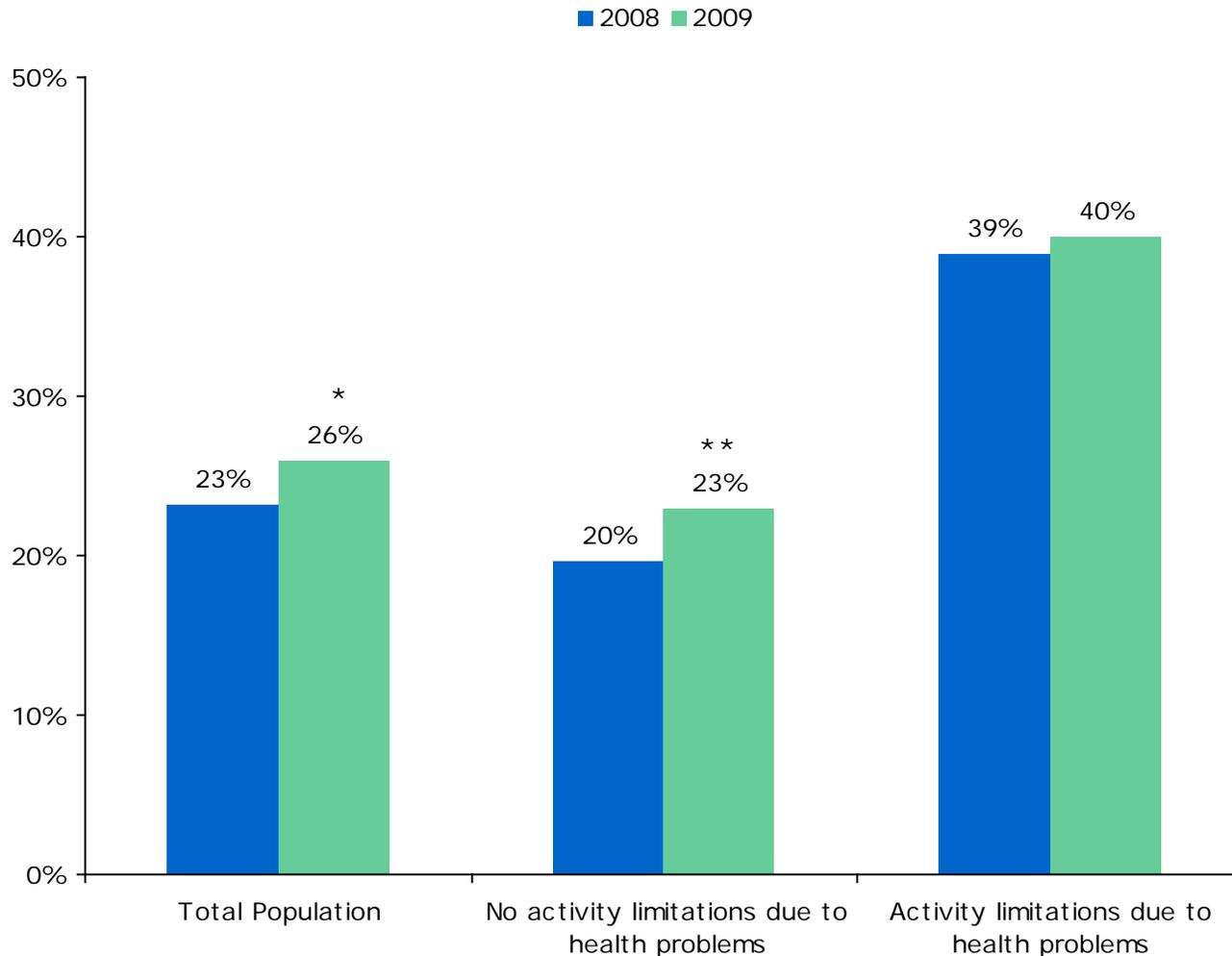
Non-Elderly Adults with an ER Visit in Past 12 Months by Health Status



Among non-elderly adults, those in fair or poor health were much more likely to have had an ER visit in the past 12 months than those in better health. The share of adults in good, very good, or excellent health reporting an ER visit increased between 2008 and 2009.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

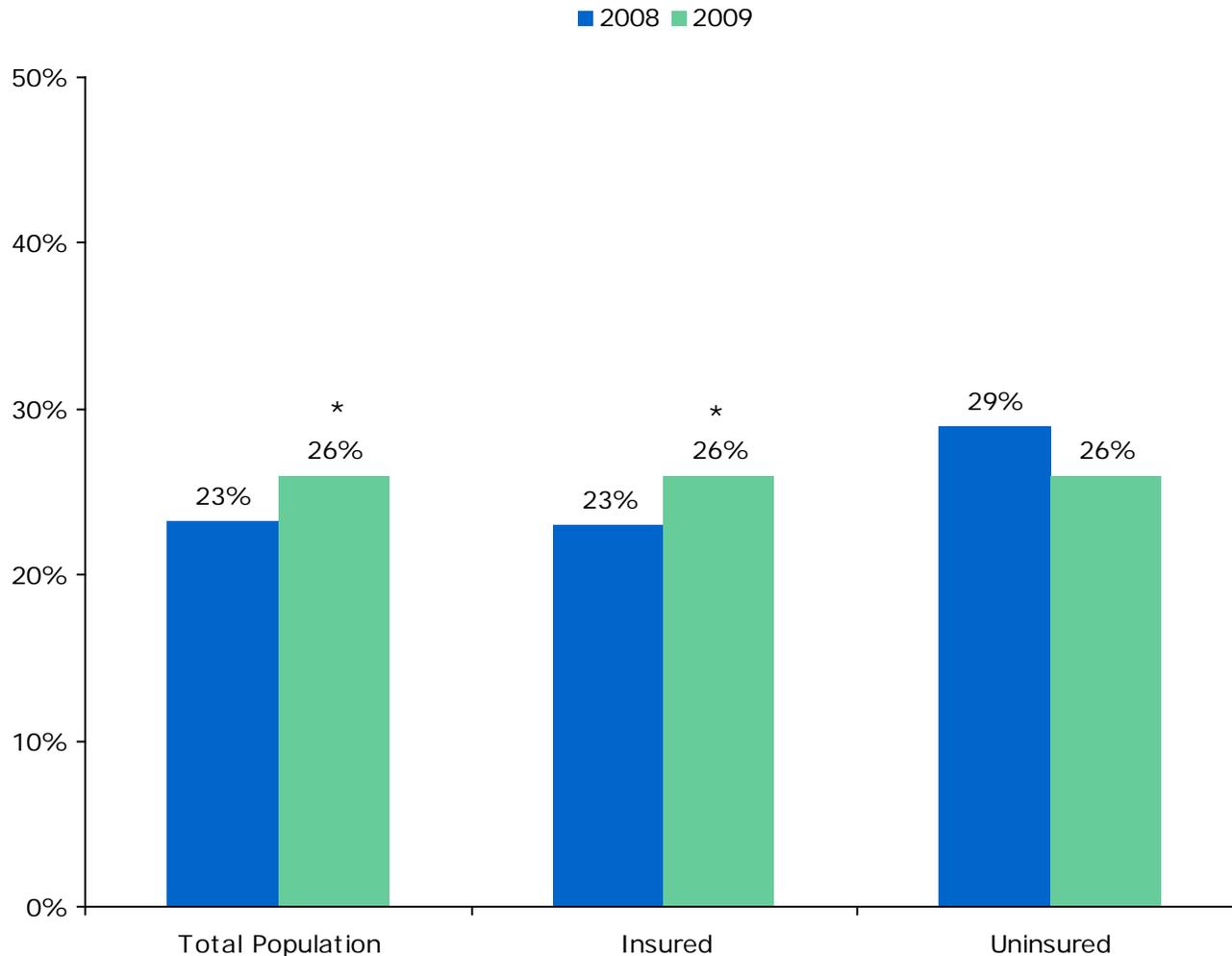
Non-Elderly Adults with an ER Visit in Past 12 Months by Disability Status



Among non-elderly adults, those with a disability were much more likely to have had an ER visit in the past 12 months than those without a disability. The share of adults without a disability reporting an ER visit increased between 2008 and 2009.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Non-Elderly Adults with an ER Visit in Past 12 Months by Insurance Status



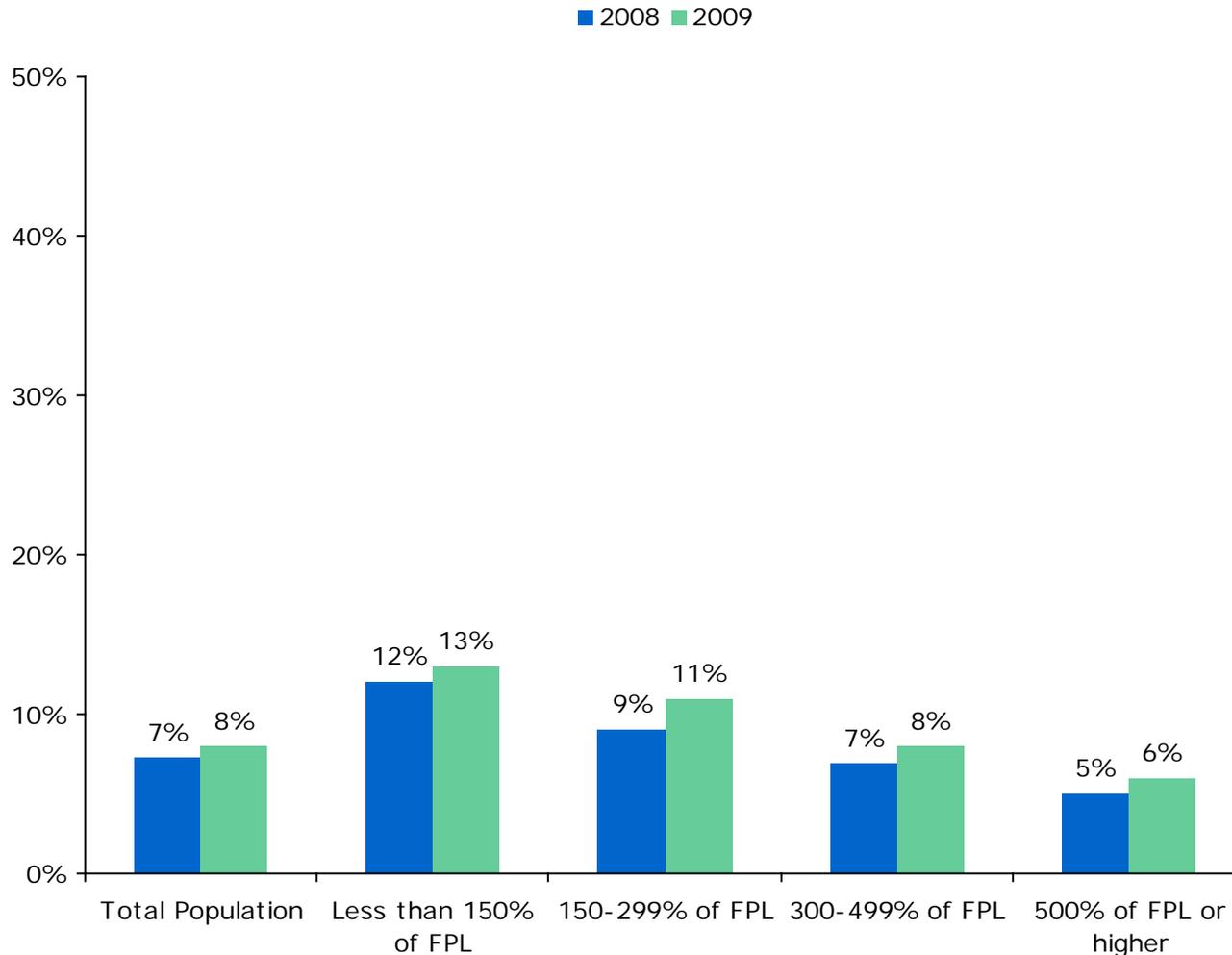
Among non-elderly adults, insured and uninsured adults were equally likely to have an ER visit in the past 12 months in 2009. The share of insured adults reporting an ER visit increased between 2008 and 2009.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

* (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Non-Elderly Adults with a Non-Emergency[†] ER Visit in the Past 12 Months by Income



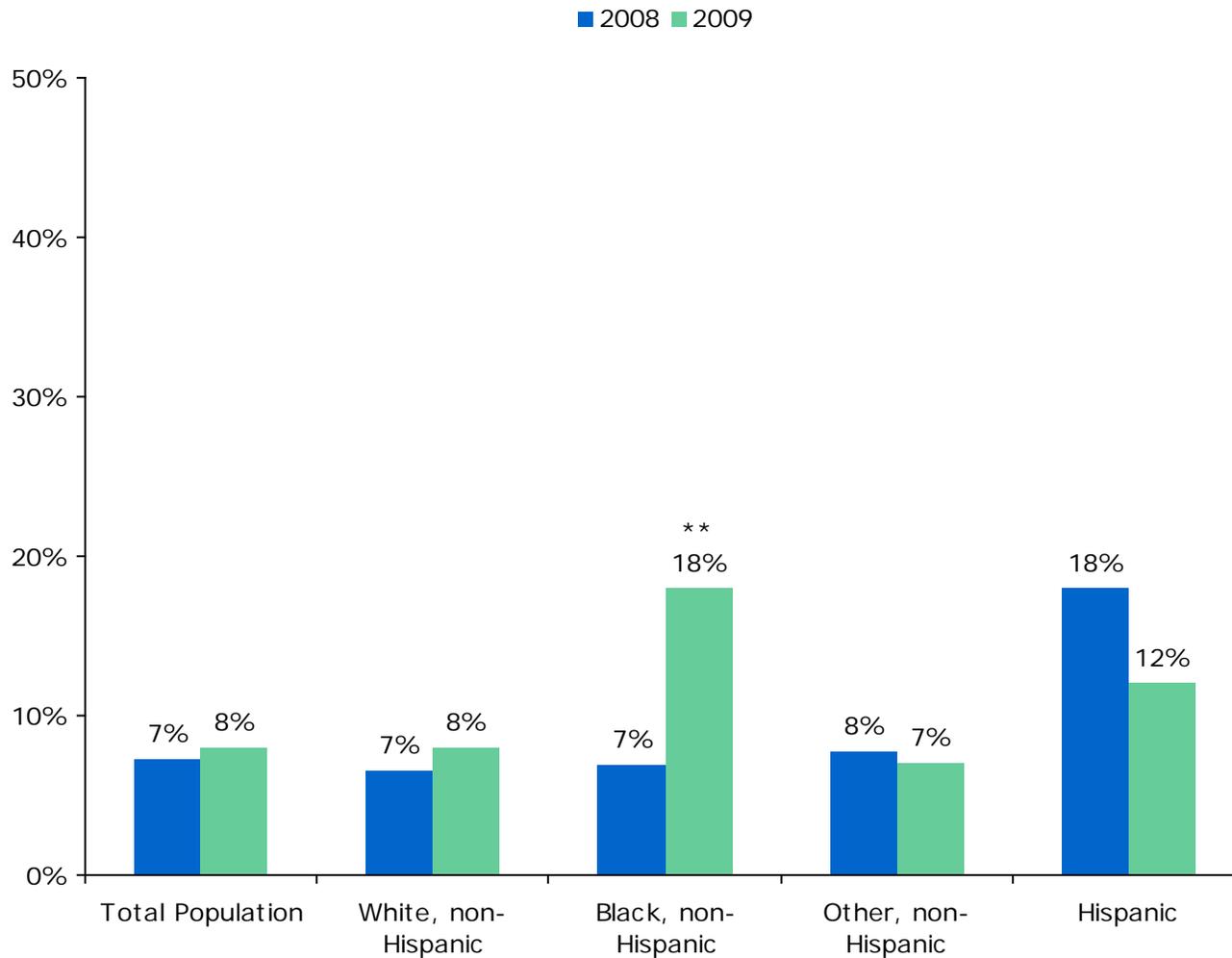
Lower-income non-elderly adults were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were higher-income adults. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with a Non-Emergency[†] ER Visit in the Past 12 Months by Race/Ethnicity



Among non-elderly adults, black, non-Hispanic adults were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were adults in other race/ethnicity groups. The share of black, non-Hispanic adults with a non-emergency ER visit increased between 2008 and 2009.

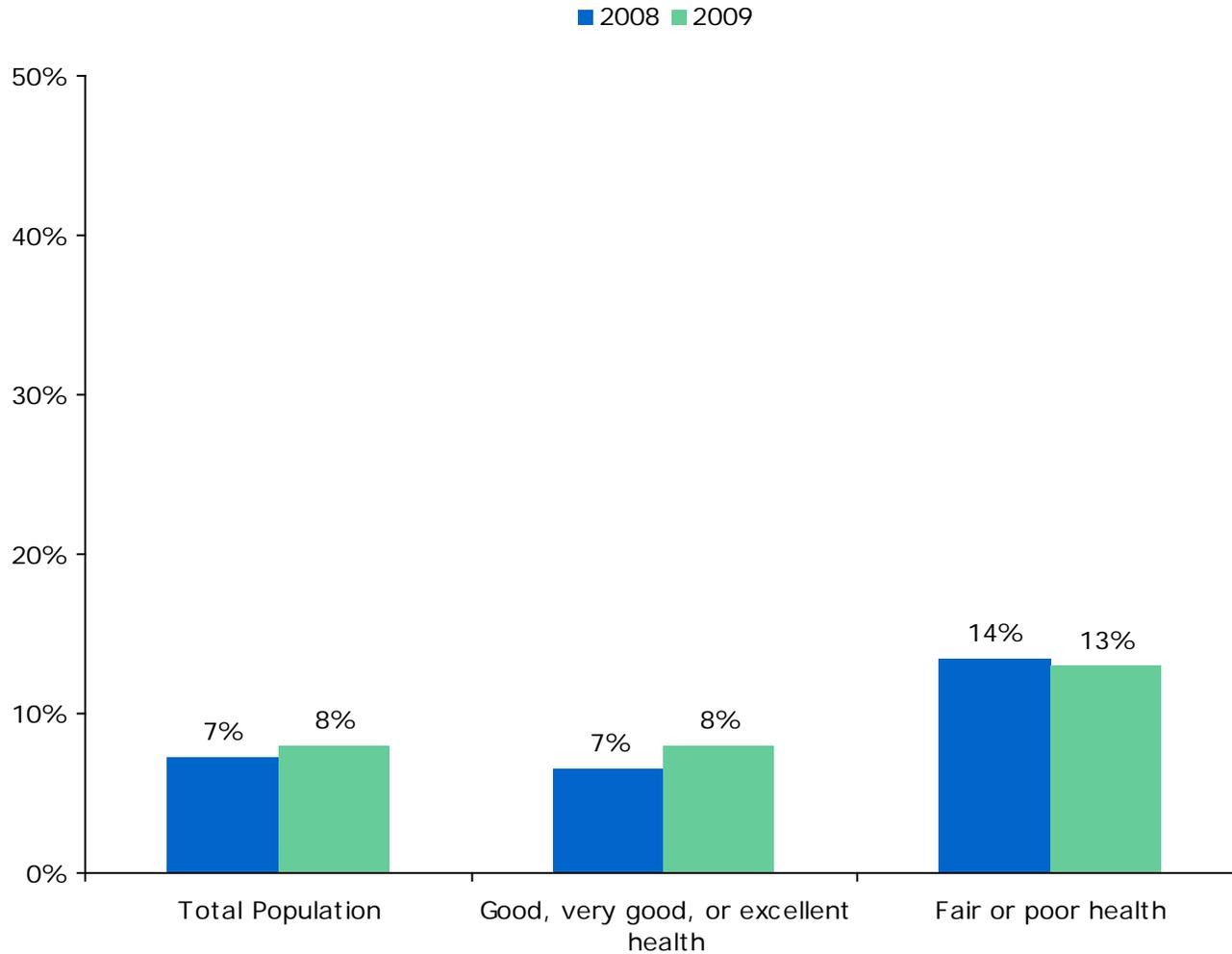
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

* (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

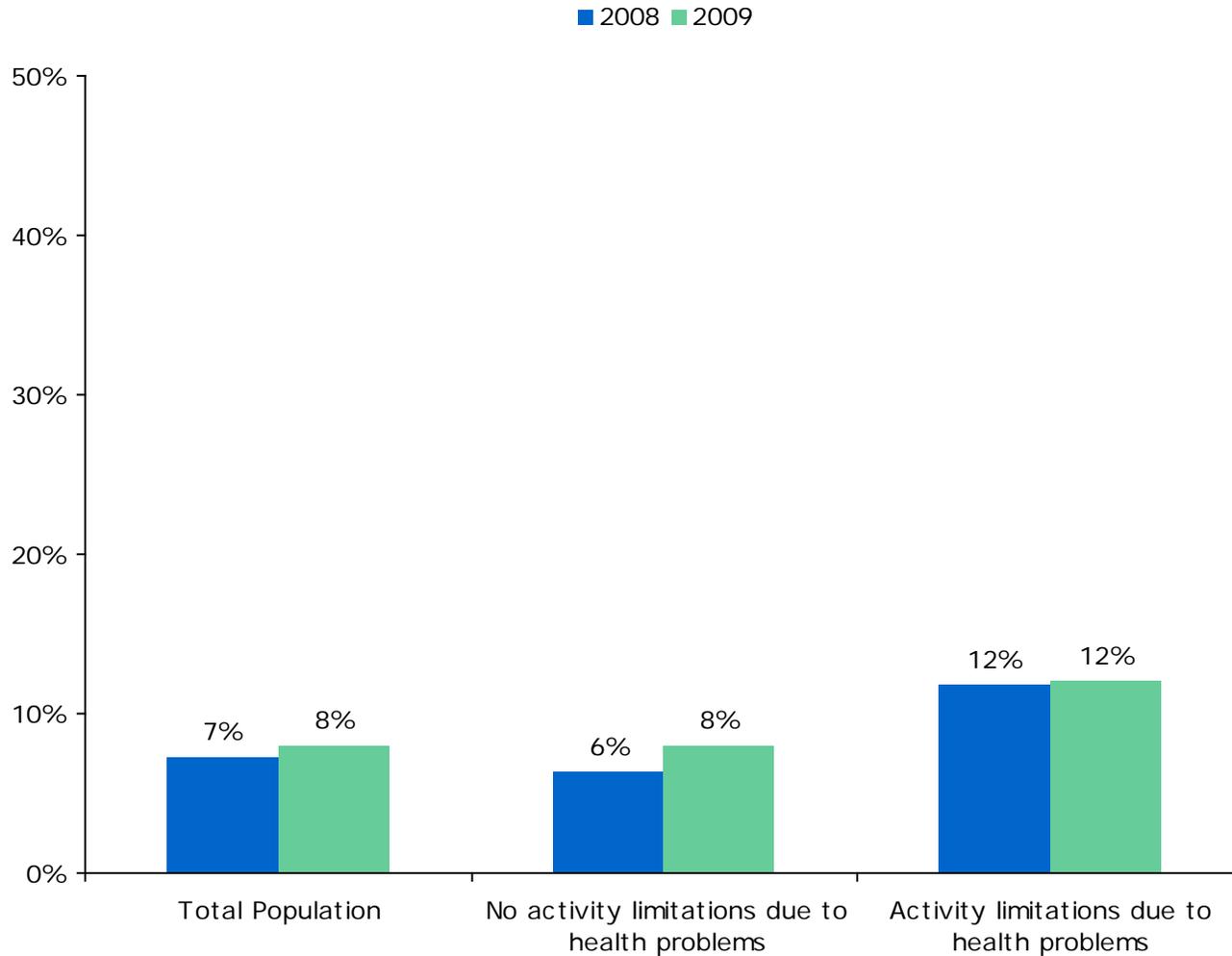
Non-Elderly Adults with a Non-Emergency† ER Visit in the Past 12 Months by Health Status



Among non-elderly adults, those in fair or poor health were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were those in better health. The 2009 estimates are not significantly different from the estimates for 2008.

†A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

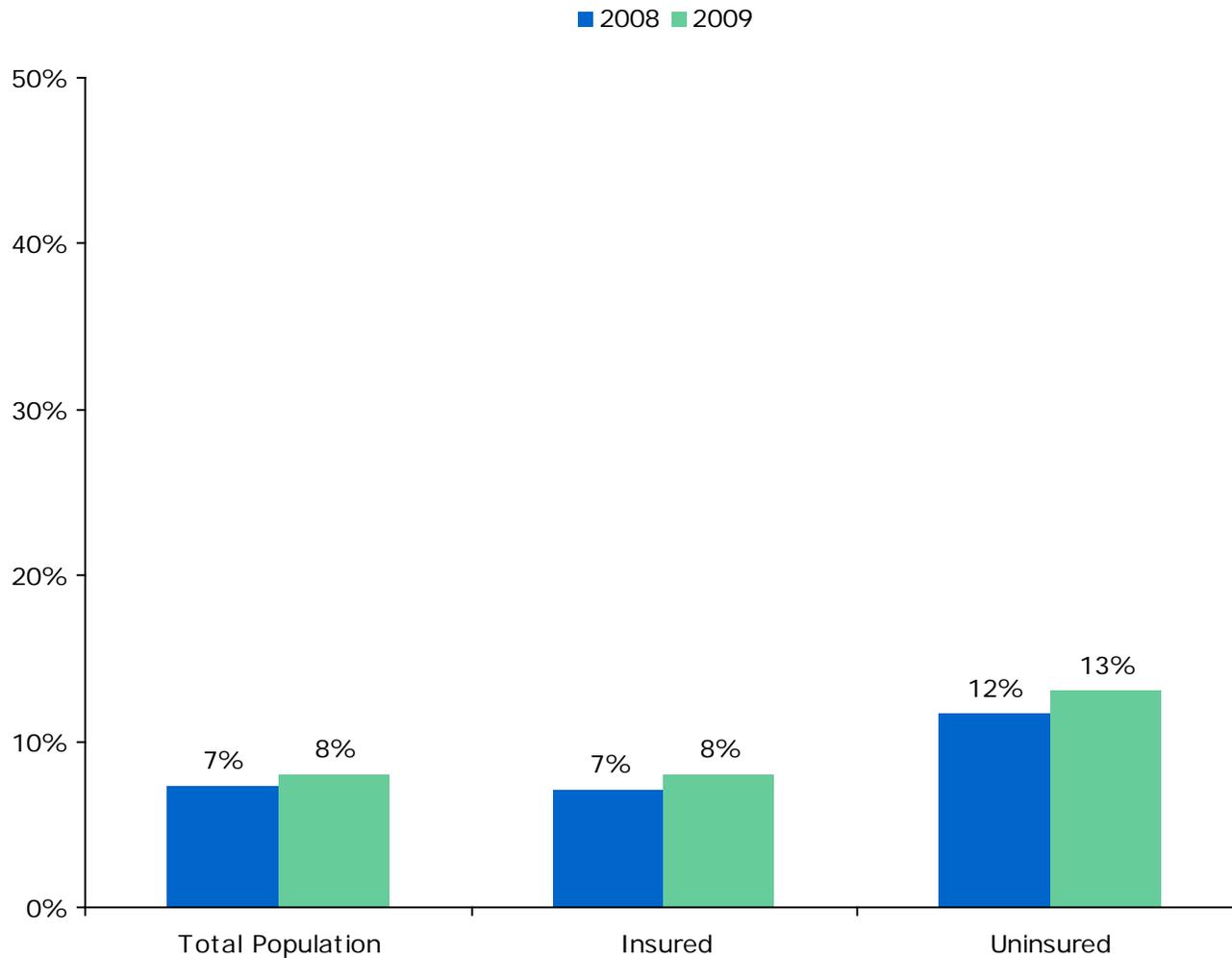
Non-Elderly Adults with a Non-Emergency[†] ER Visit in the Past 12 Months by Disability Status



Among non-elderly adults, those with a disability were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were those without a disability. The 2009 estimates are not significantly different from the estimates for 2008.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with a Non-Emergency[†] ER Visit in the Past 12 Months by Insurance Status



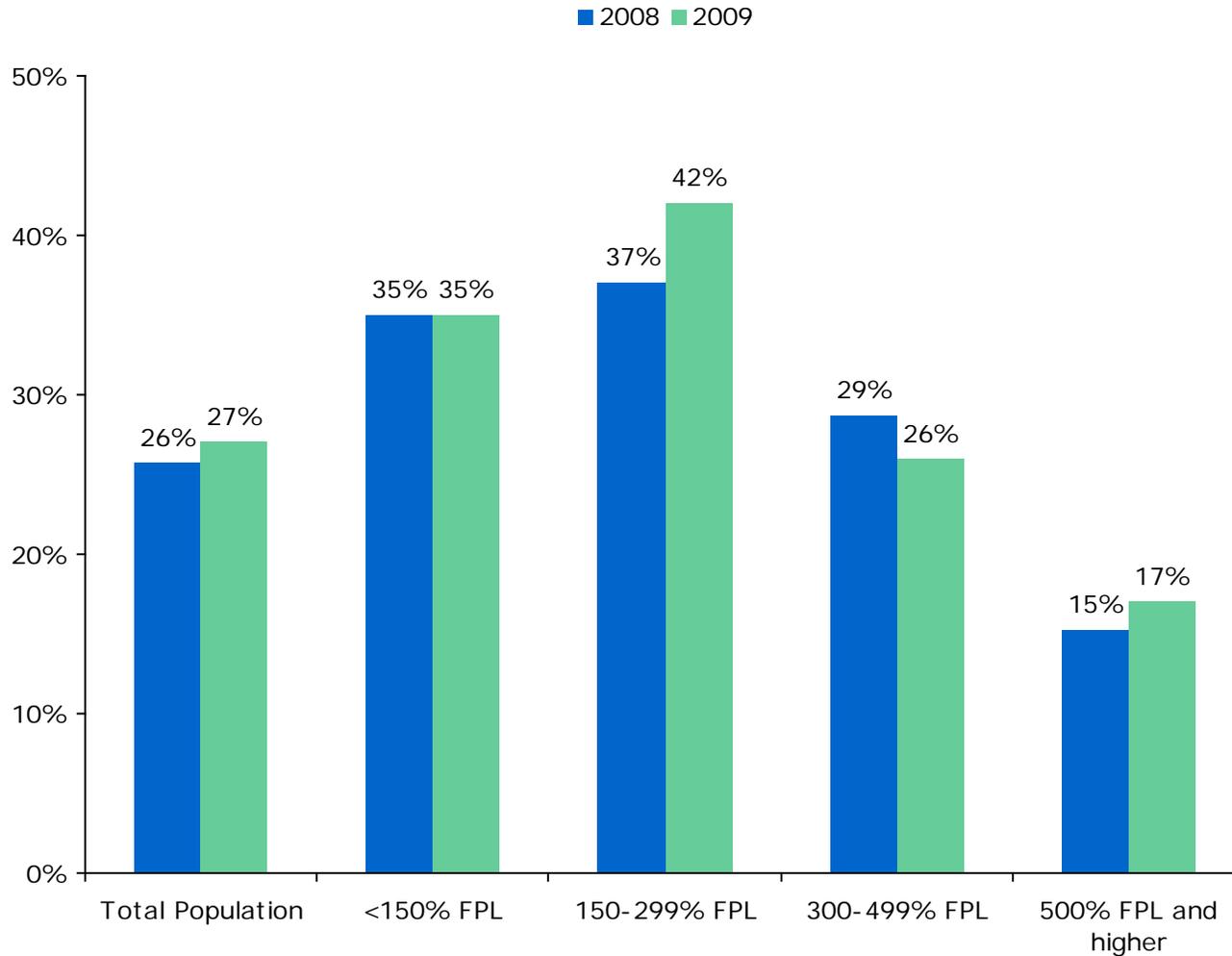
Among non-elderly adults, those without insurance were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than were those with insurance. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Income

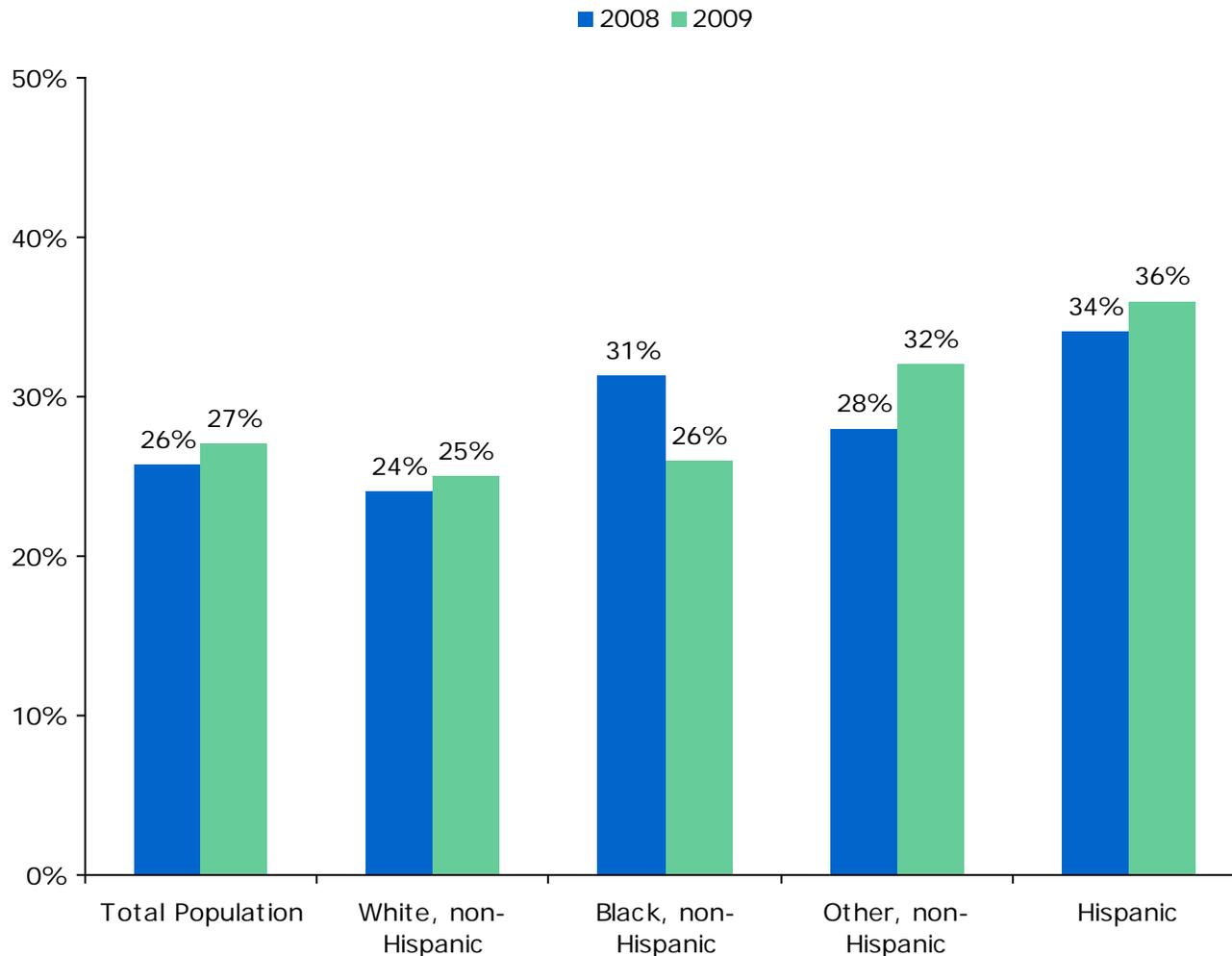


Unmet need for health care because of cost in the past 12 months was highest among non-elderly adults with family income between 150% and 299% of the federal poverty level (FPL). The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Race/Ethnicity

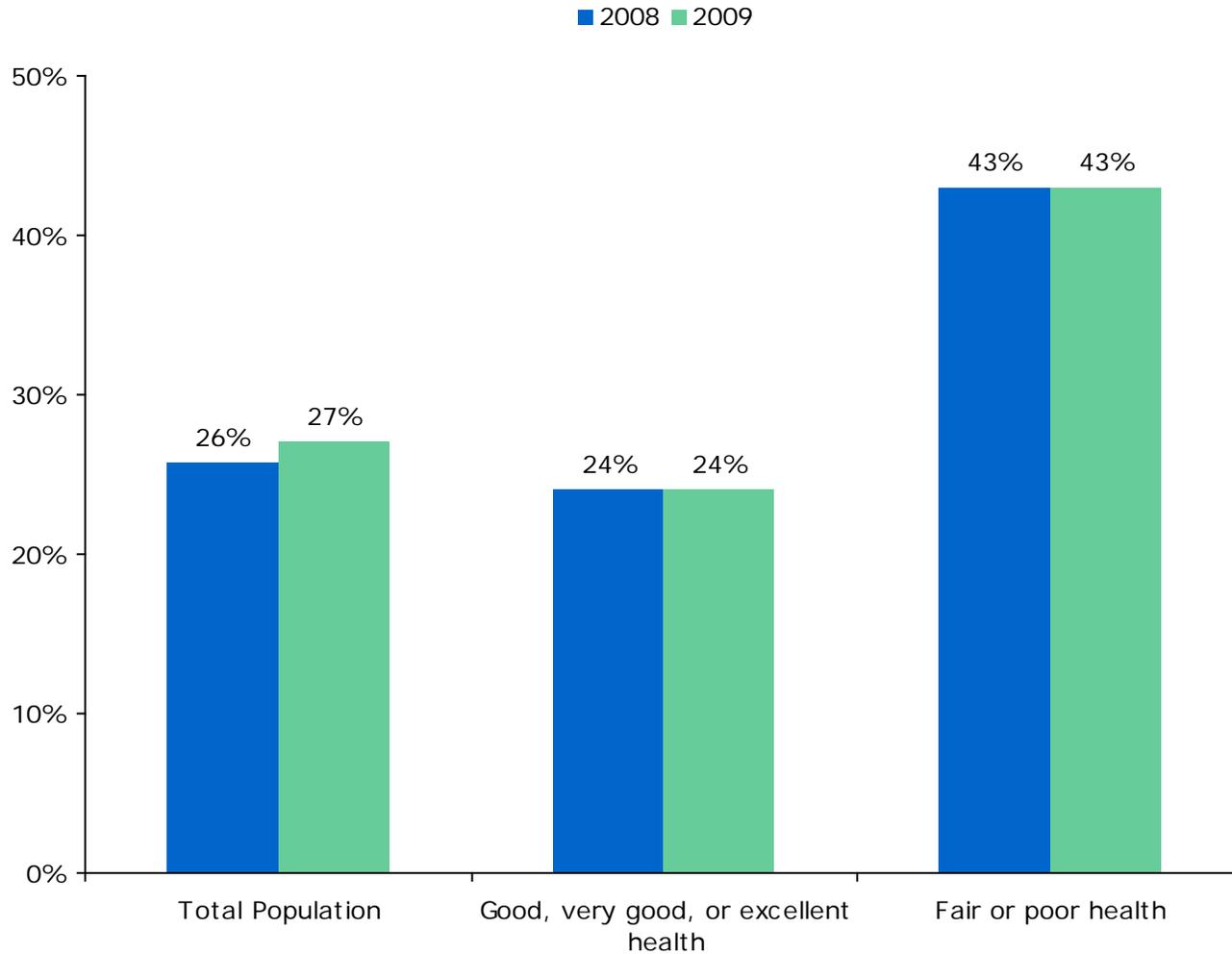


Among non-elderly adults, about one-quarter of white, non-Hispanic and black, non-Hispanic adults did not get needed health care due to cost in the past 12 months, compared with 32% of other, non-Hispanic adults and 36% of Hispanic adults in 2009. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

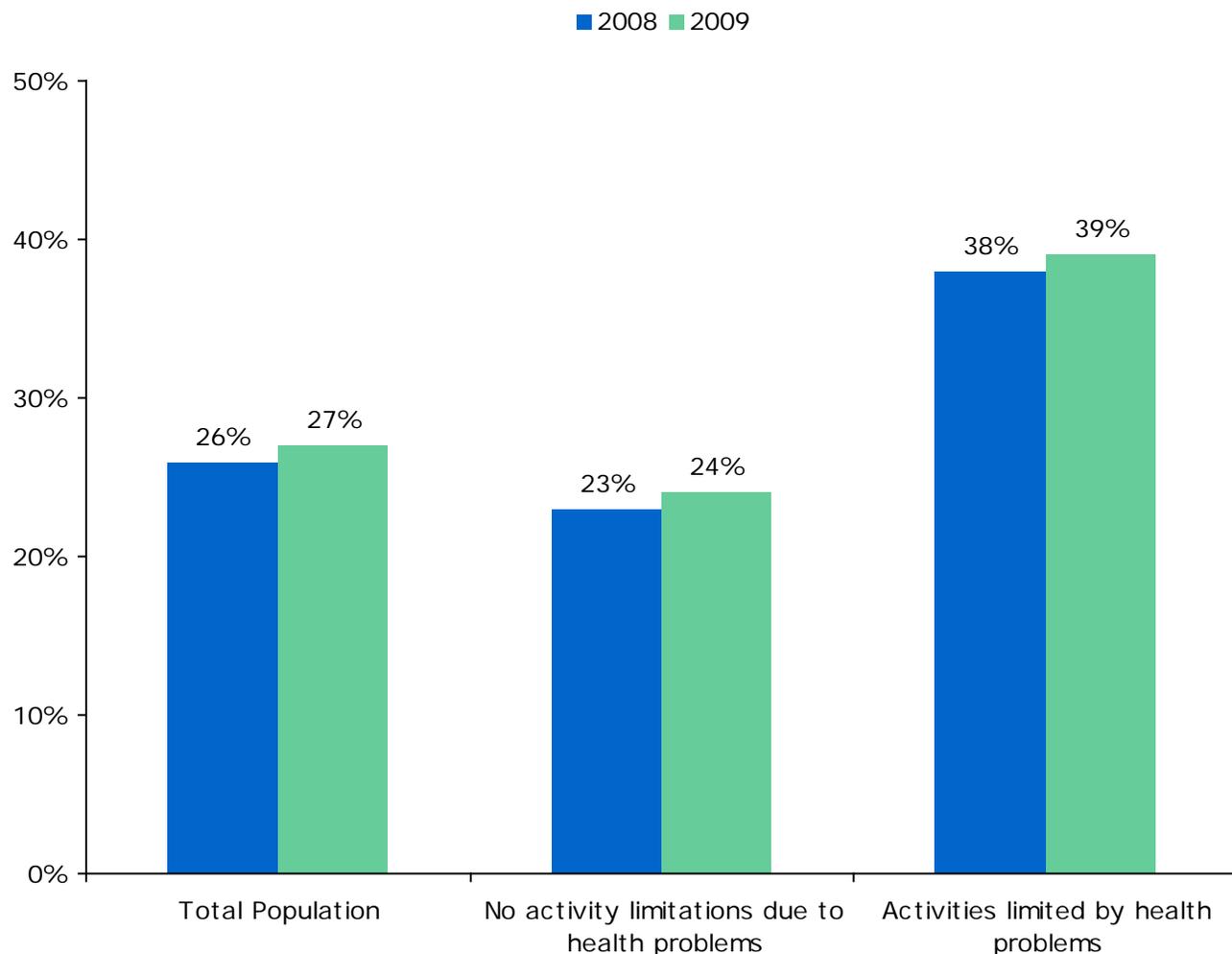
Non-Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Health Status



Non-elderly adults in fair or poor health were more likely than those in better health to have gone without needed health care because of cost in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

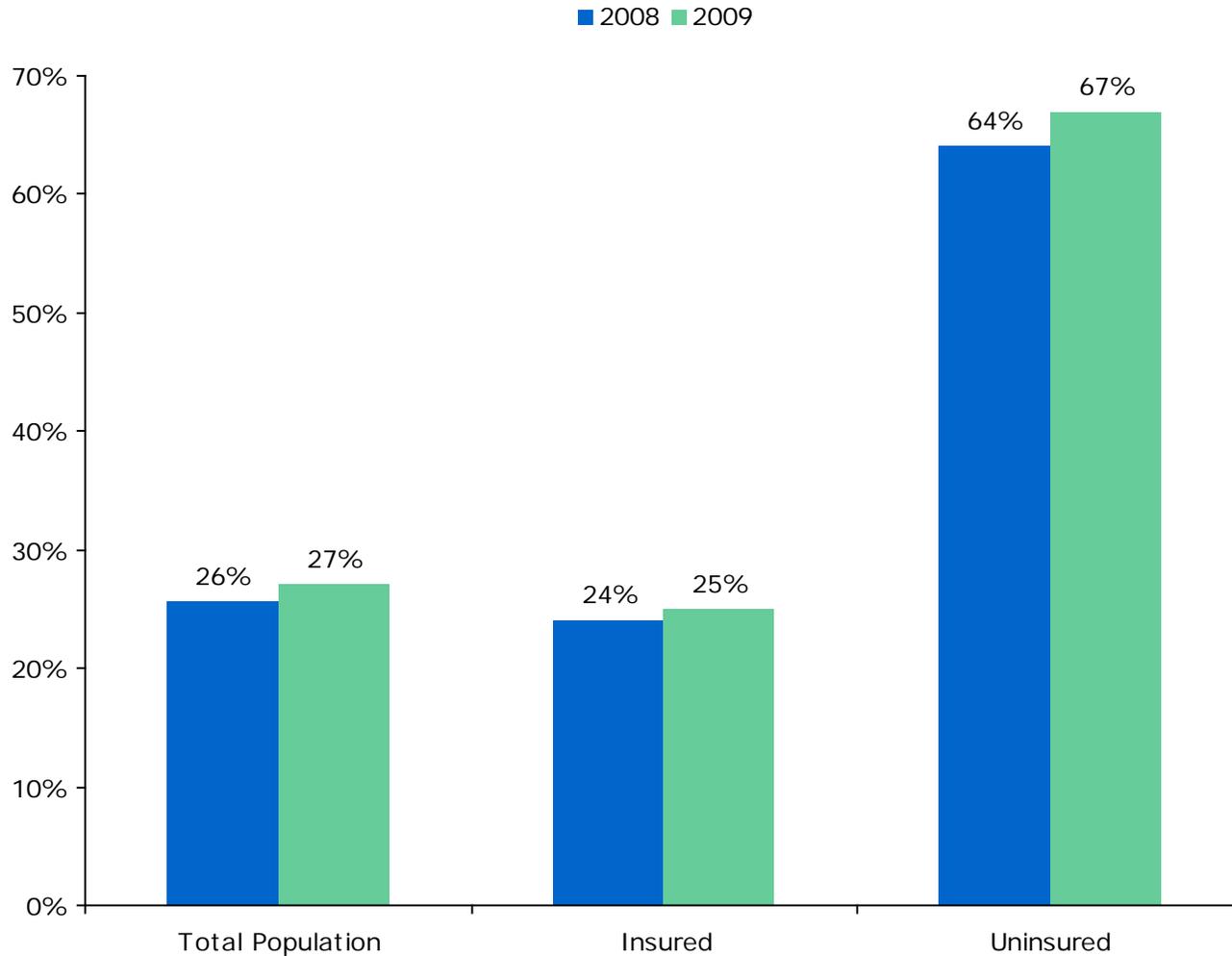
Non-Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Disability Status



Non-elderly adults with a disability were more likely than those without a disability to have gone without needed health care because of cost in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Insurance Status

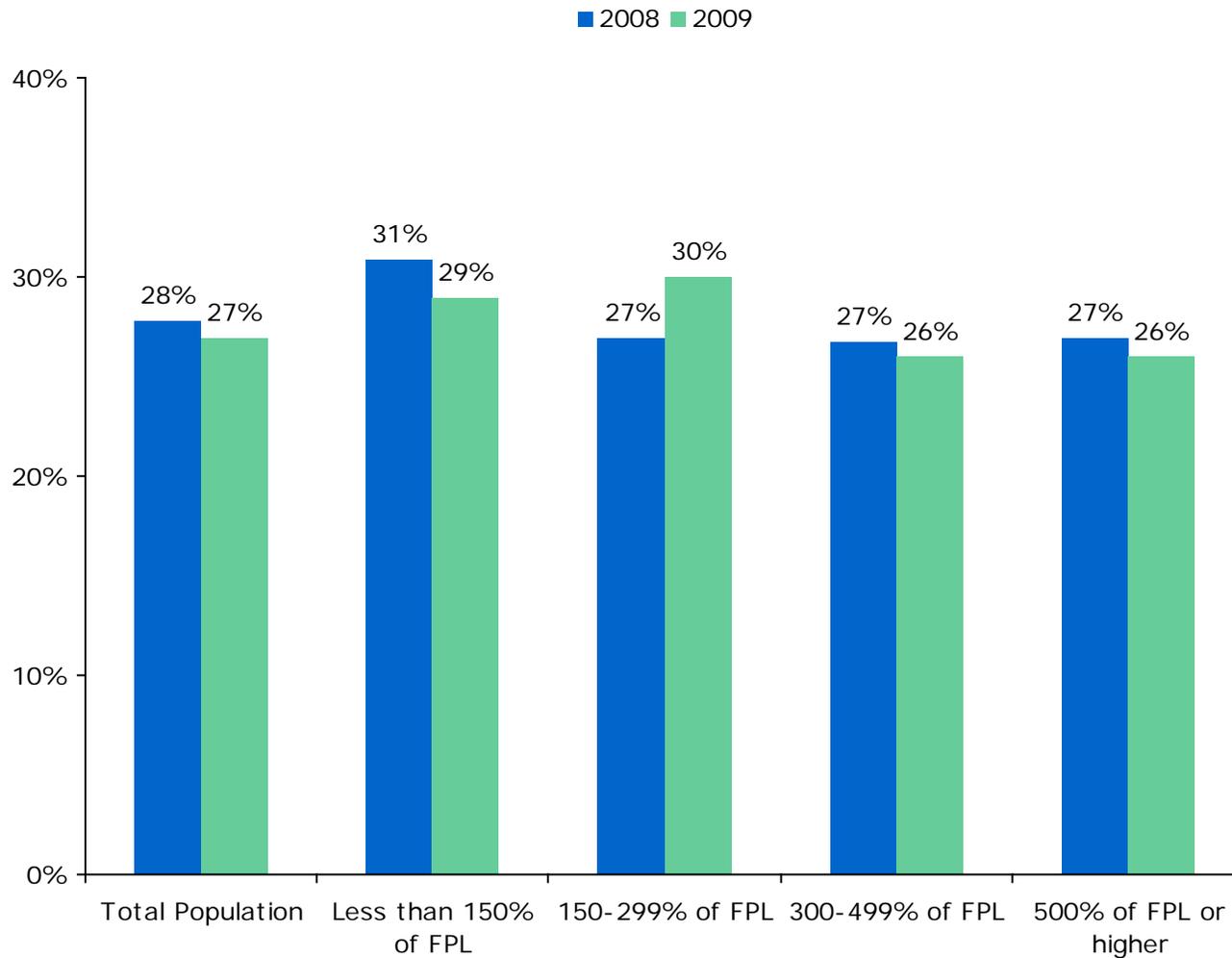


Non-elderly adults without insurance were much more likely than those with insurance to have gone without needed health care because of cost in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Income

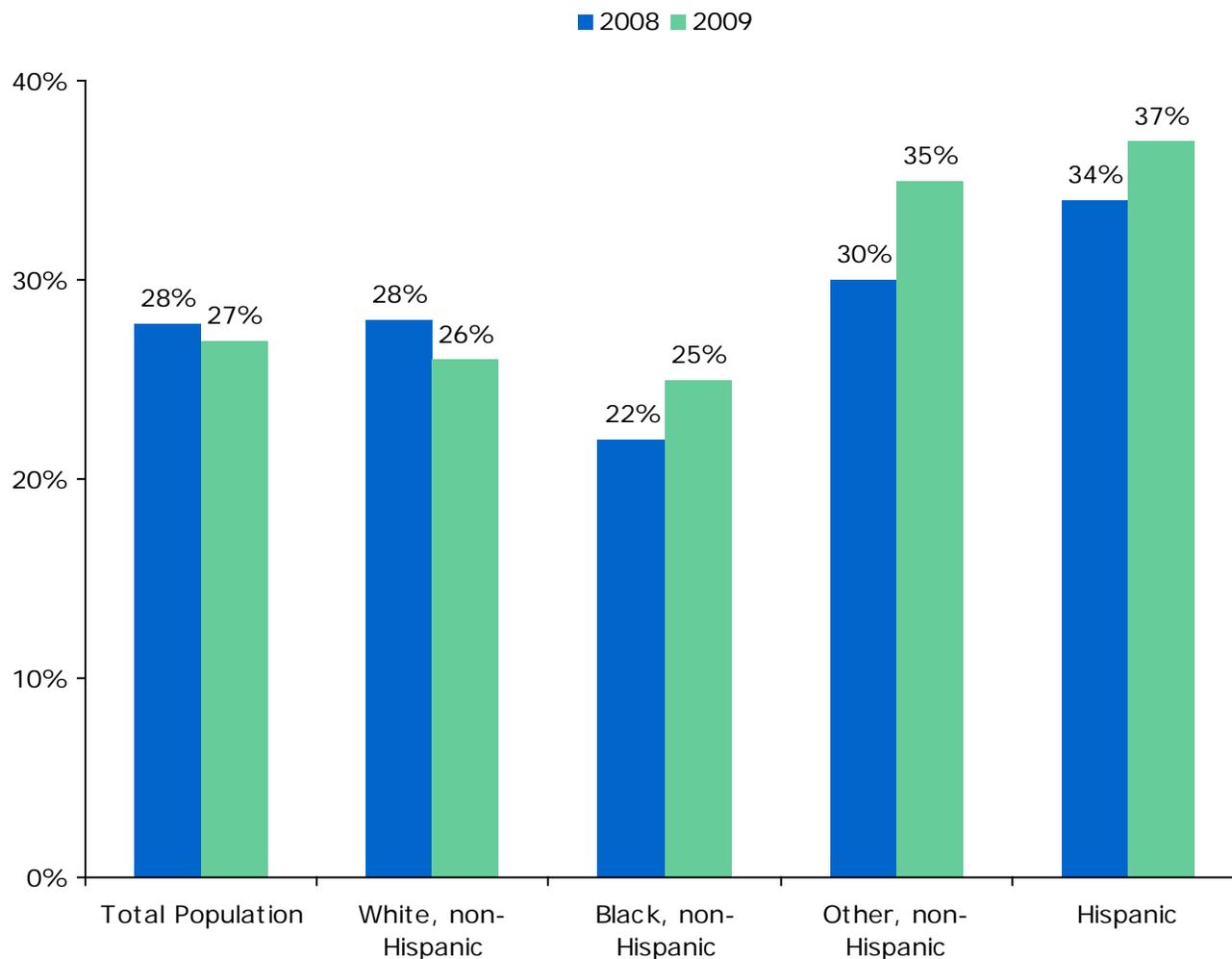


More than a quarter of non-elderly adults, regardless of family income relative to the federal poverty level (FPL), reported problems obtaining health care in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Race/Ethnicity

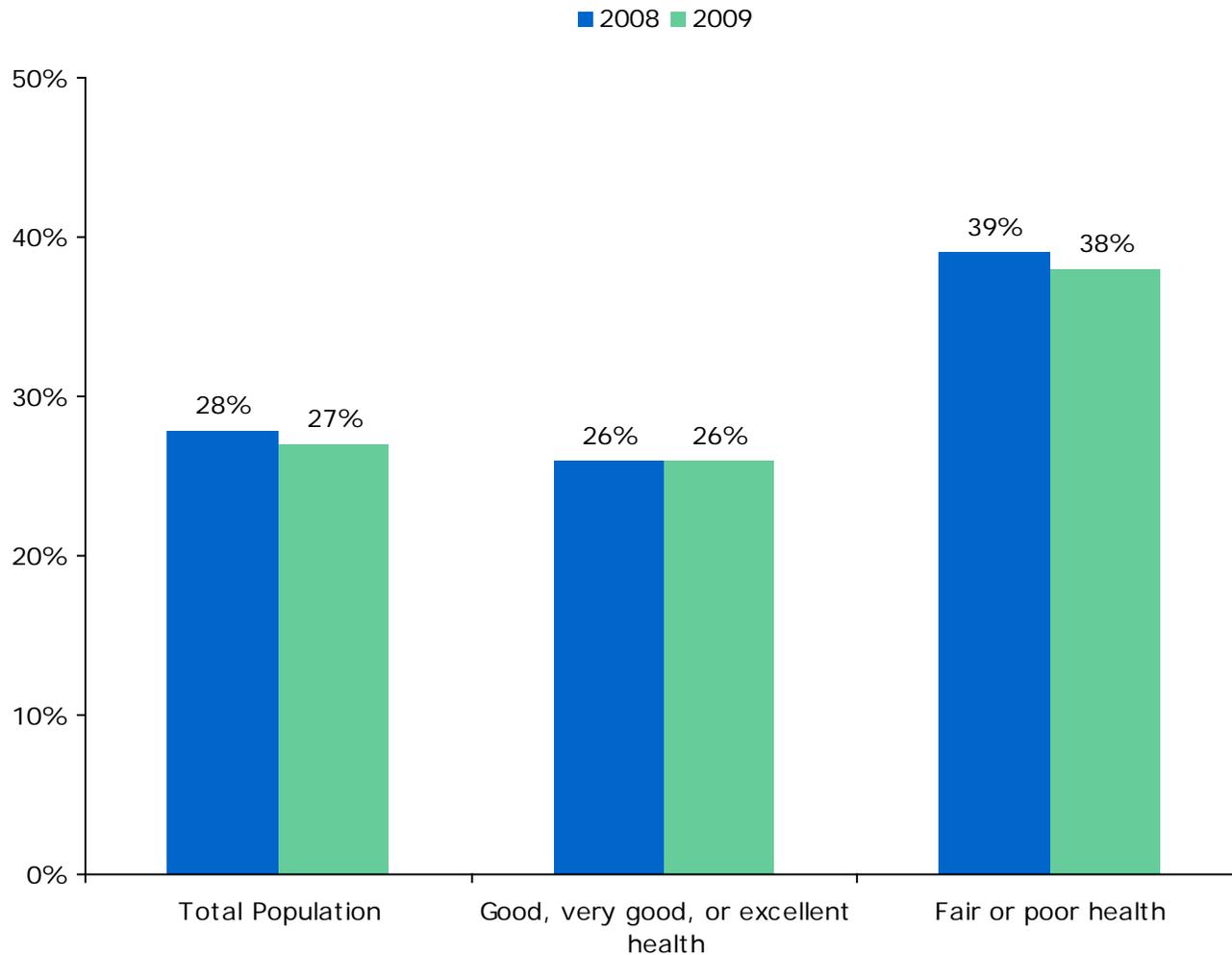


Hispanic non-elderly adults were most likely to report problems obtaining health care in the past 12 months than adults in other race/ethnicity groups. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

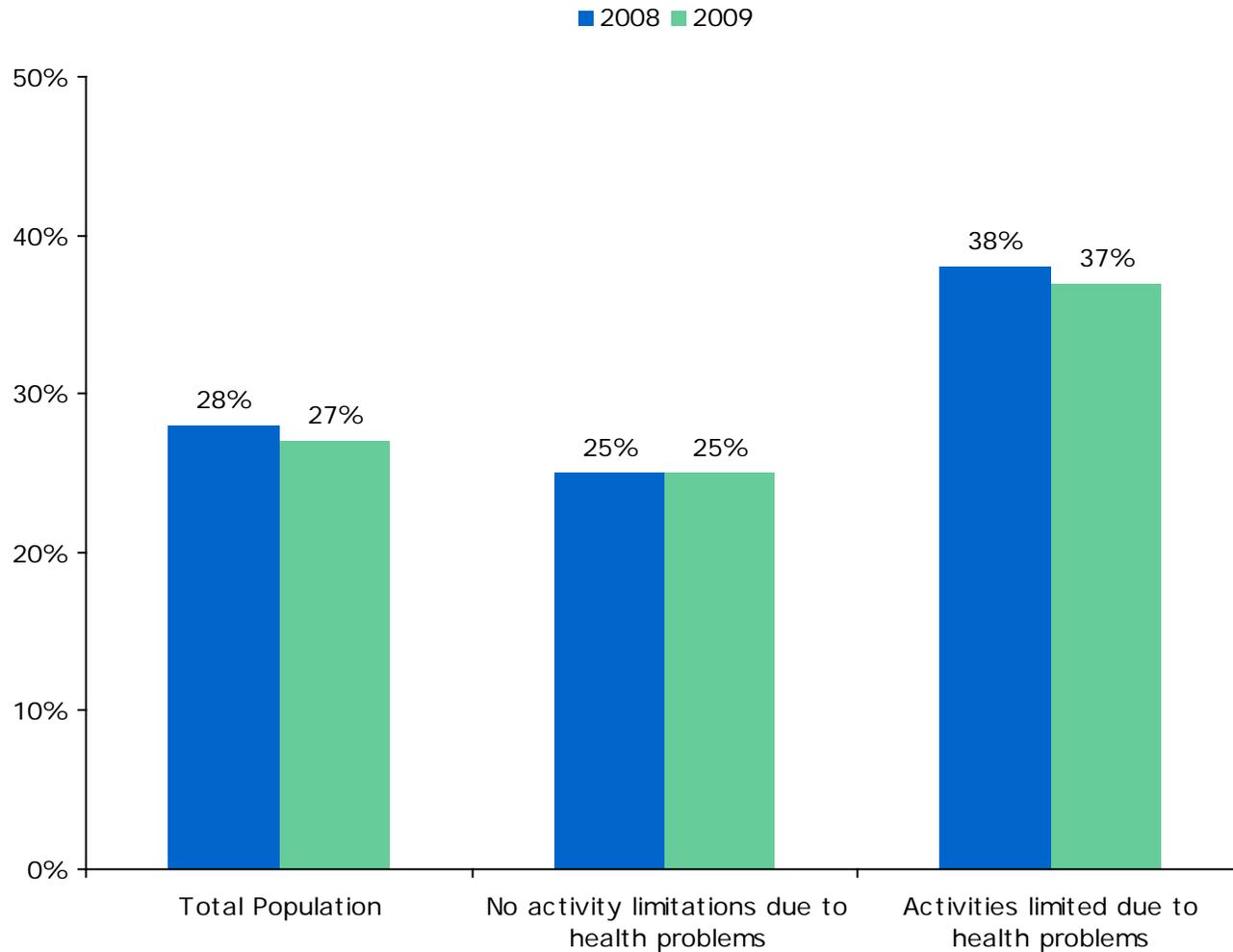
Non-Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Health Status



Non-elderly adults in fair or poor health were more likely to report problems obtaining health care in the past 12 months than those in better health. The 2009 estimates are not significantly different from the estimates for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

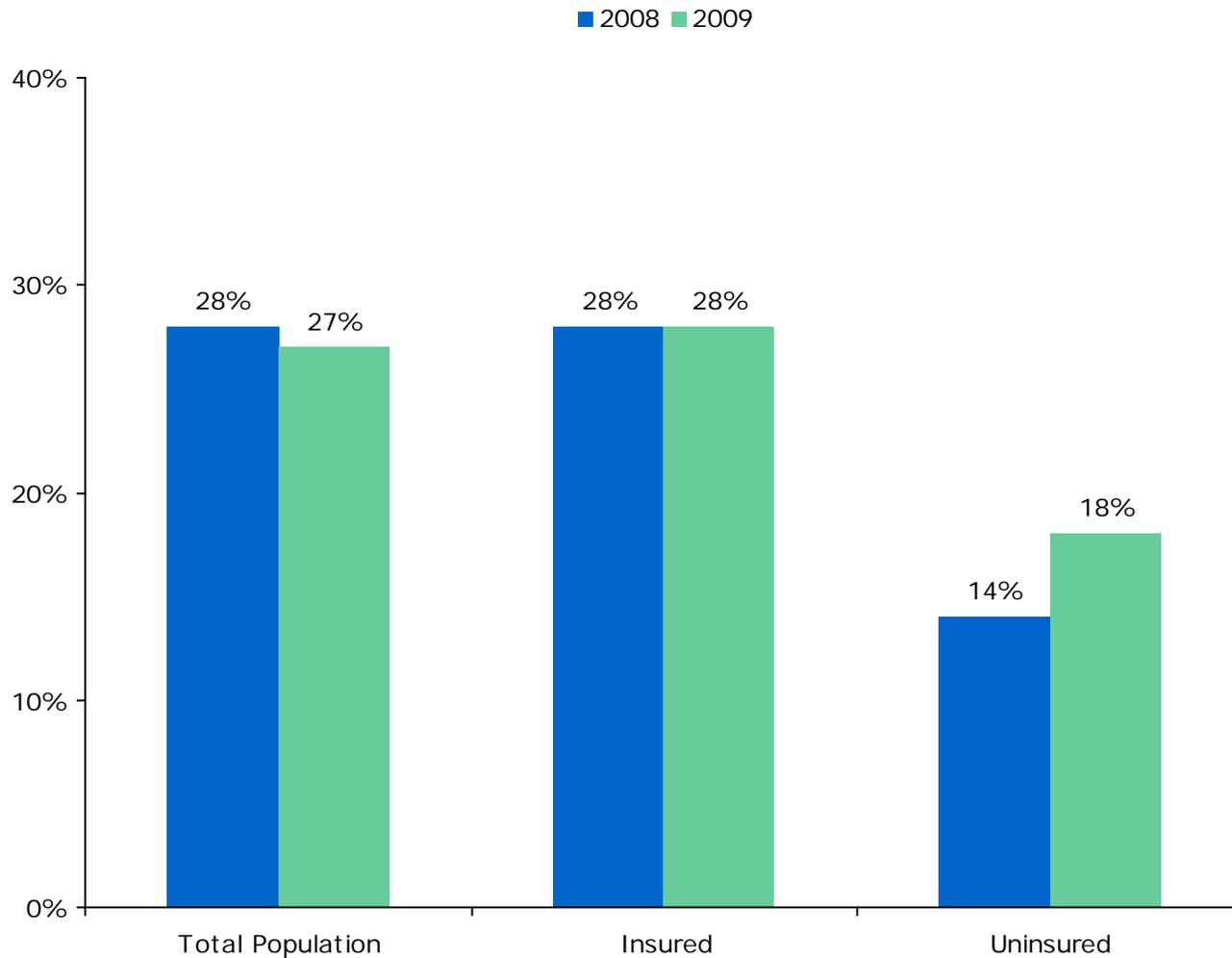
Non-Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Disability Status



Non-elderly adults with a disability were more likely to report problems obtaining health care in the past 12 months than those without a disability. The 2009 estimates are not significantly different from the estimates for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Insurance Status

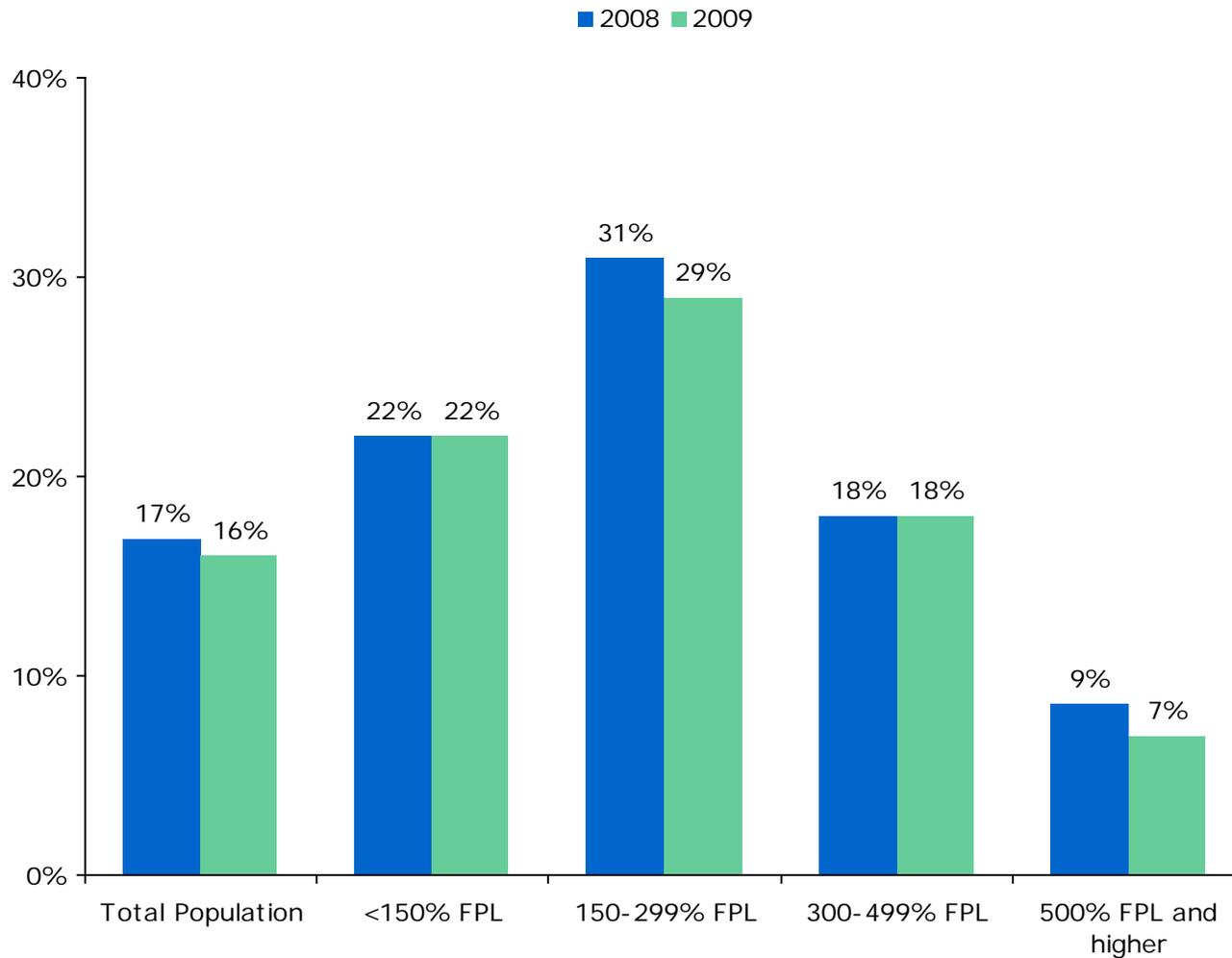


Non-elderly adults with insurance were more likely to report problems obtaining health care in the past 12 months than those without insurance. This may reflect the finding that uninsured adults were less likely to use care and more likely to report not getting needed health care because of cost. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Income

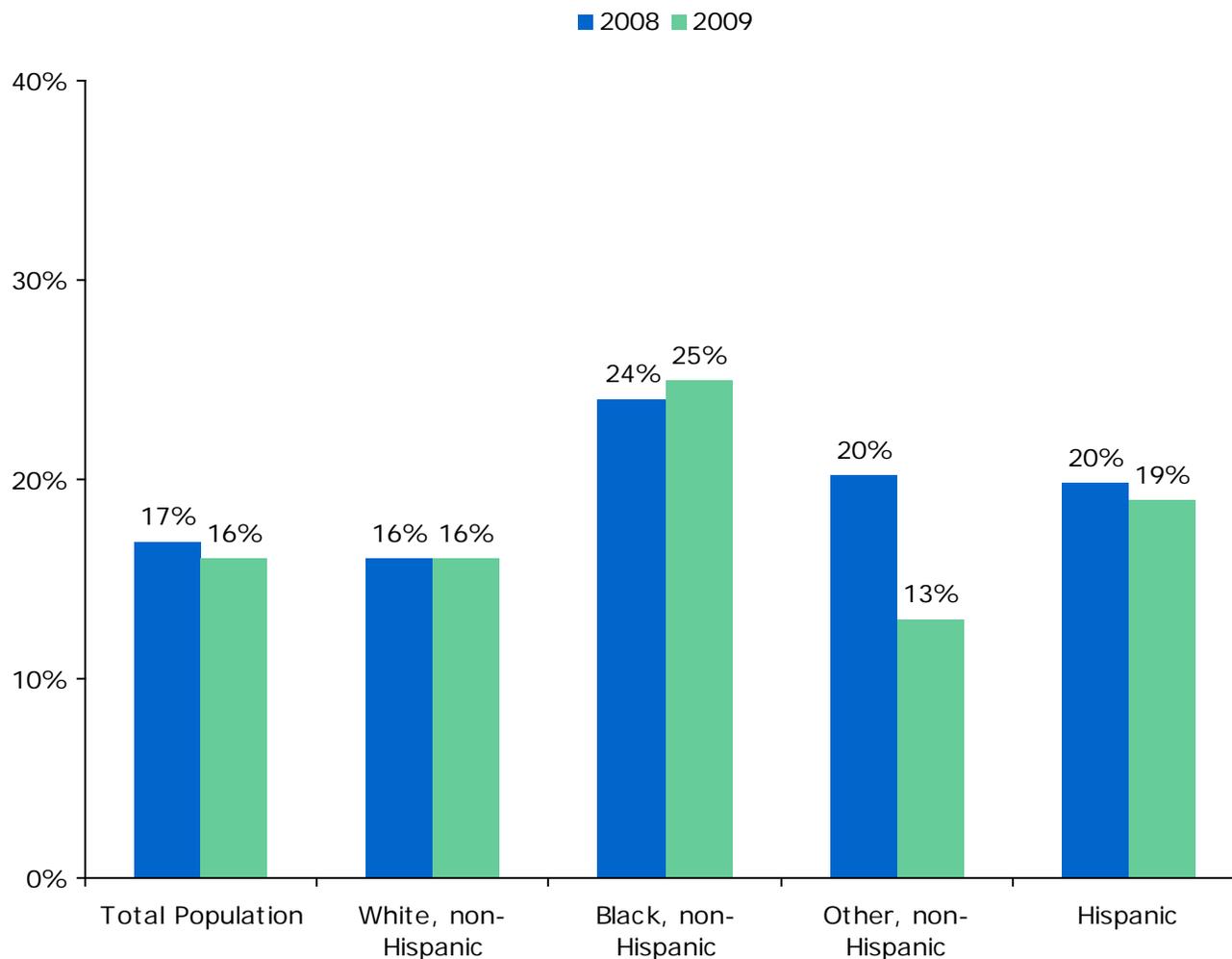


Non-elderly adults with family income between 150% and 299% of the federal poverty level (FPL) were most likely to have had problems paying medical bills in the past 12 months, while those with family incomes at or above 500% FPL were the least likely. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Race/Ethnicity

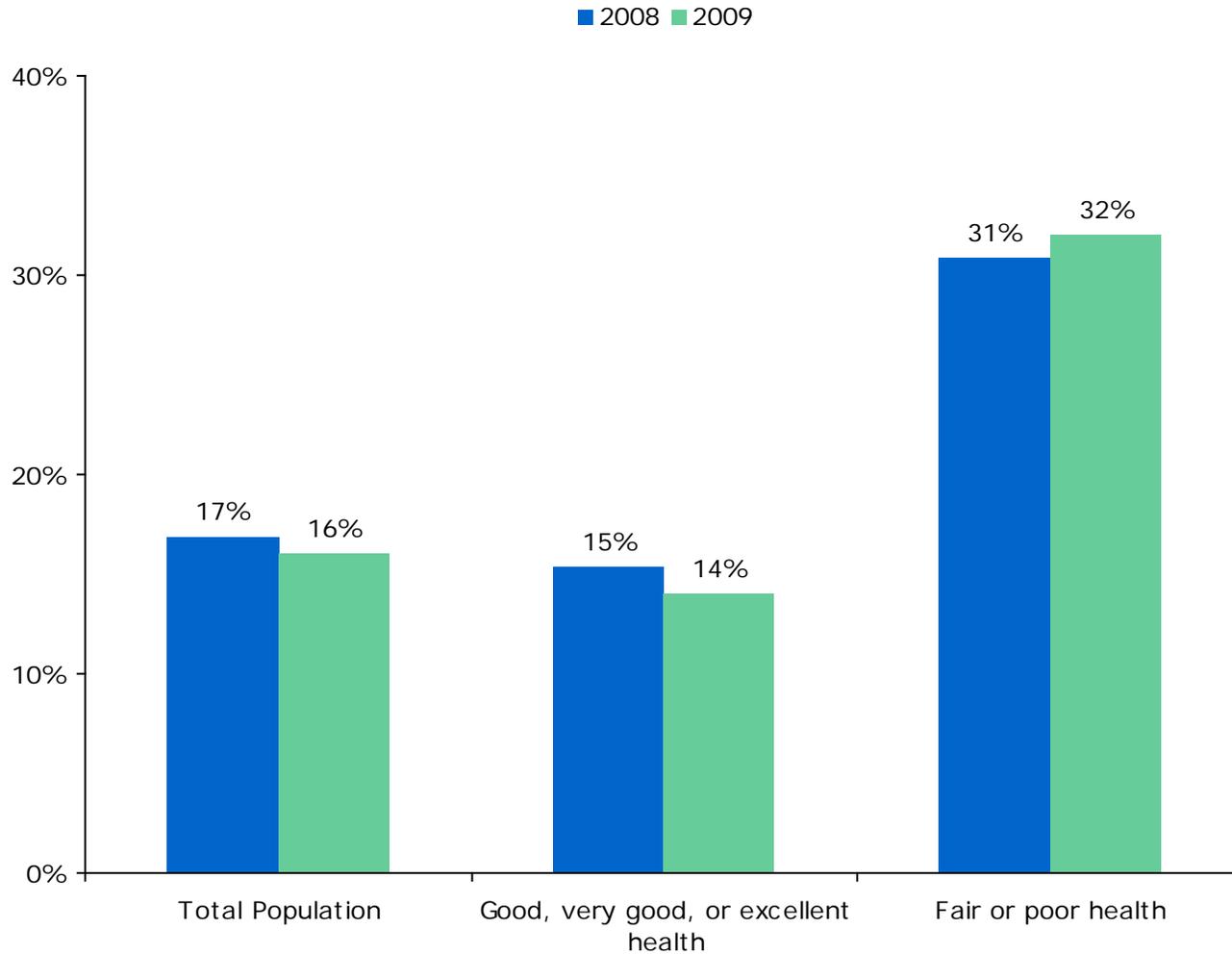


Among non-elderly adults, black, non-Hispanics were more likely to report problems paying medical bills in the past 12 months than were other adults. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

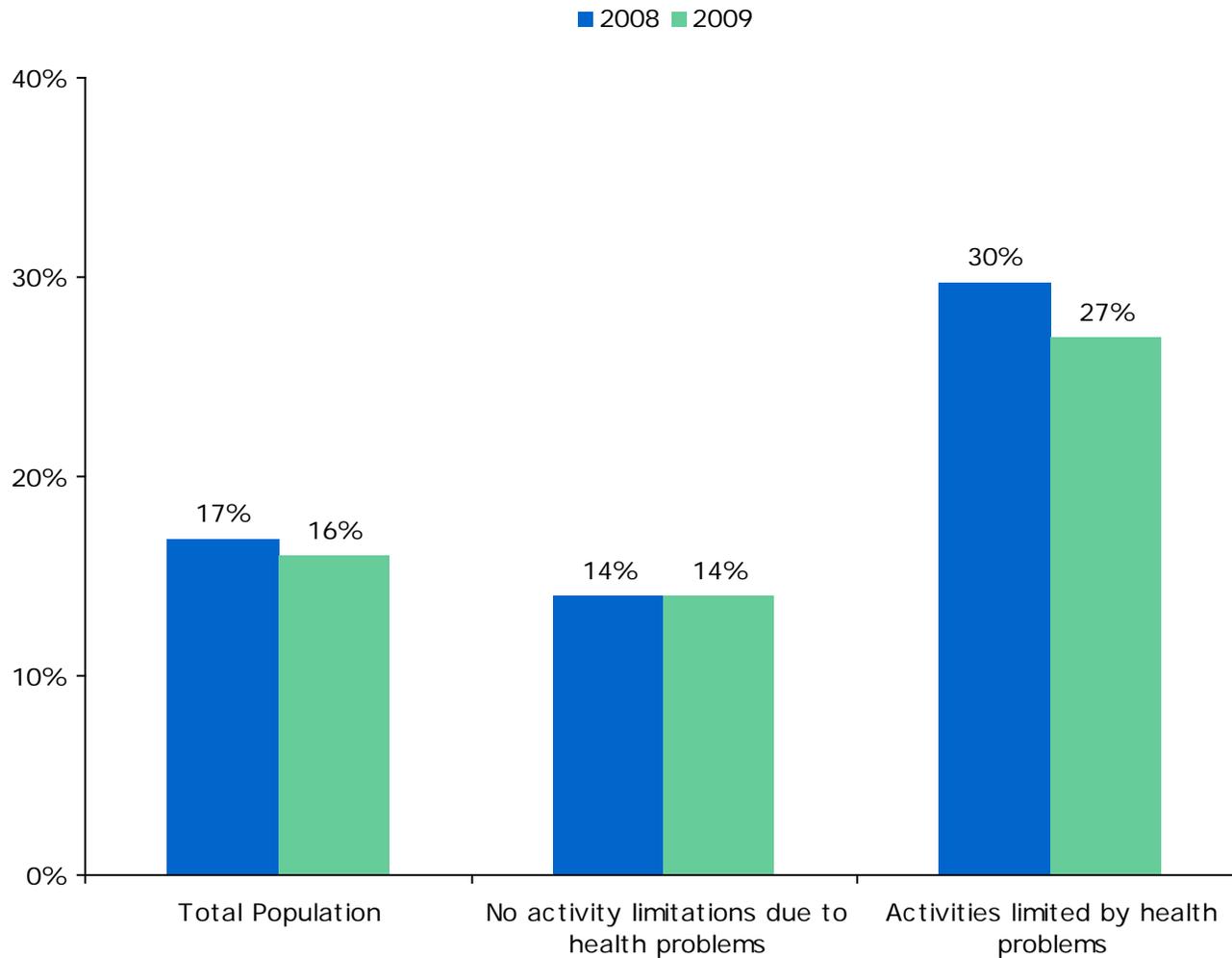
Non-Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Health Status



Non-elderly adults in fair or poor health were more than twice as likely to have had trouble paying medical bills in the past 12 months than adults in better health. The 2009 estimates are not significantly different from the estimates for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

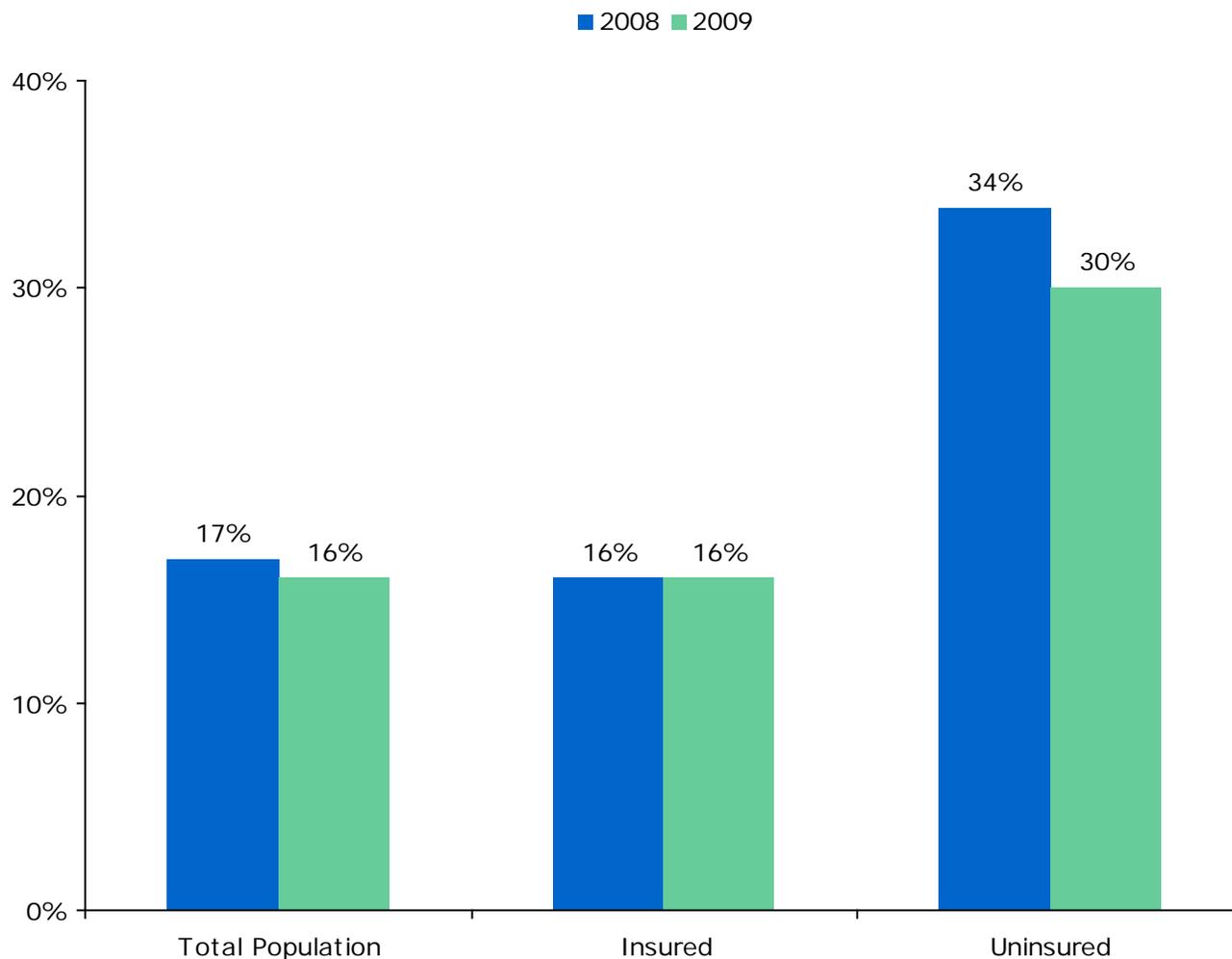
Non-Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Disability Status



Non-elderly adults with a disability were about twice as likely to have had trouble paying medical bills in the past 12 months as adults without a disability. The 2009 estimates are not significantly different from the estimates for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Non-Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Insurance Status



Uninsured non-elderly adults were much more likely to have had trouble paying medical bills in the past 12 months as insured adults. The 2009 estimates are not significantly different from the estimates for 2008.

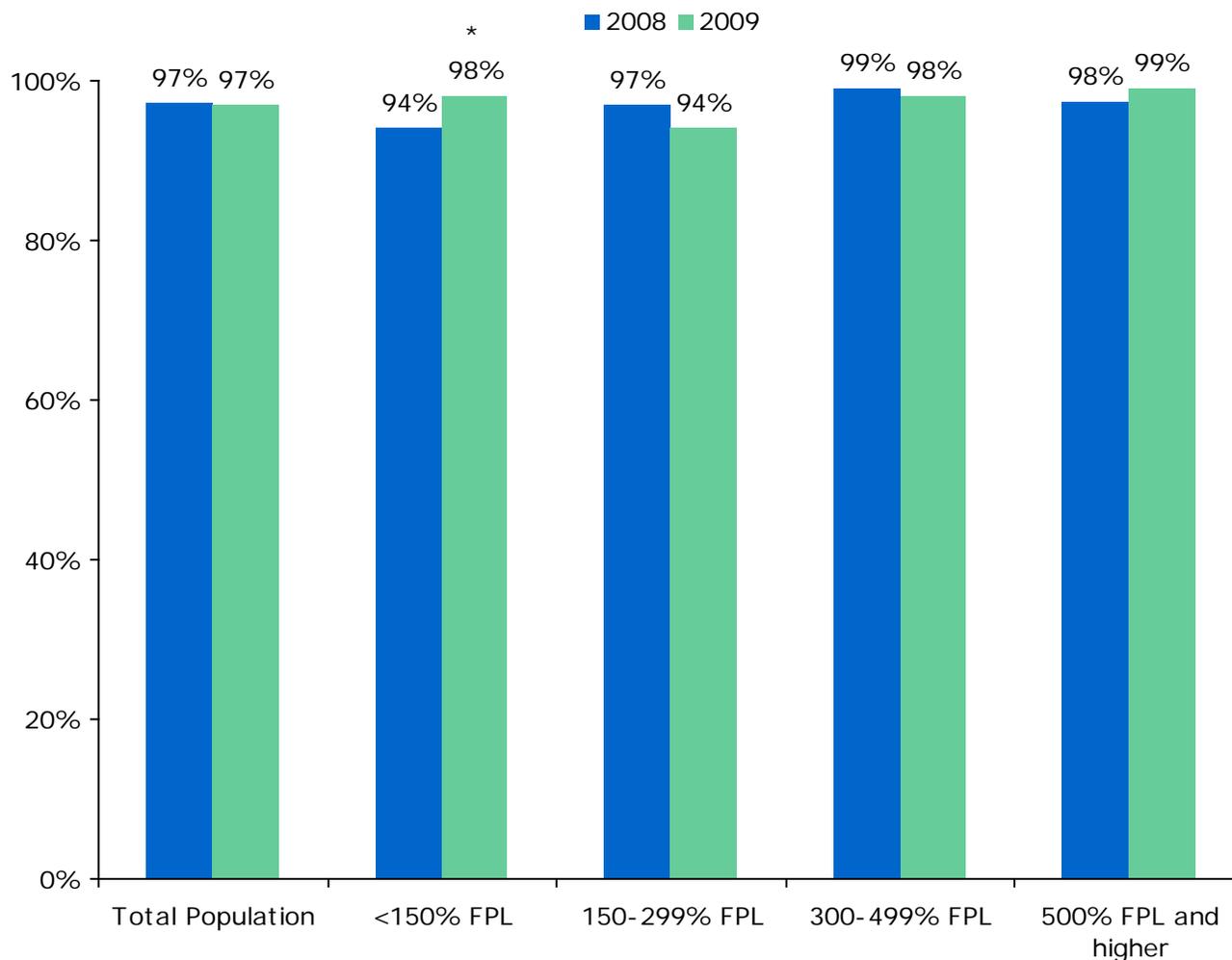
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children

(Ages 0 through 18)

Children with a Usual Source of Care by Income



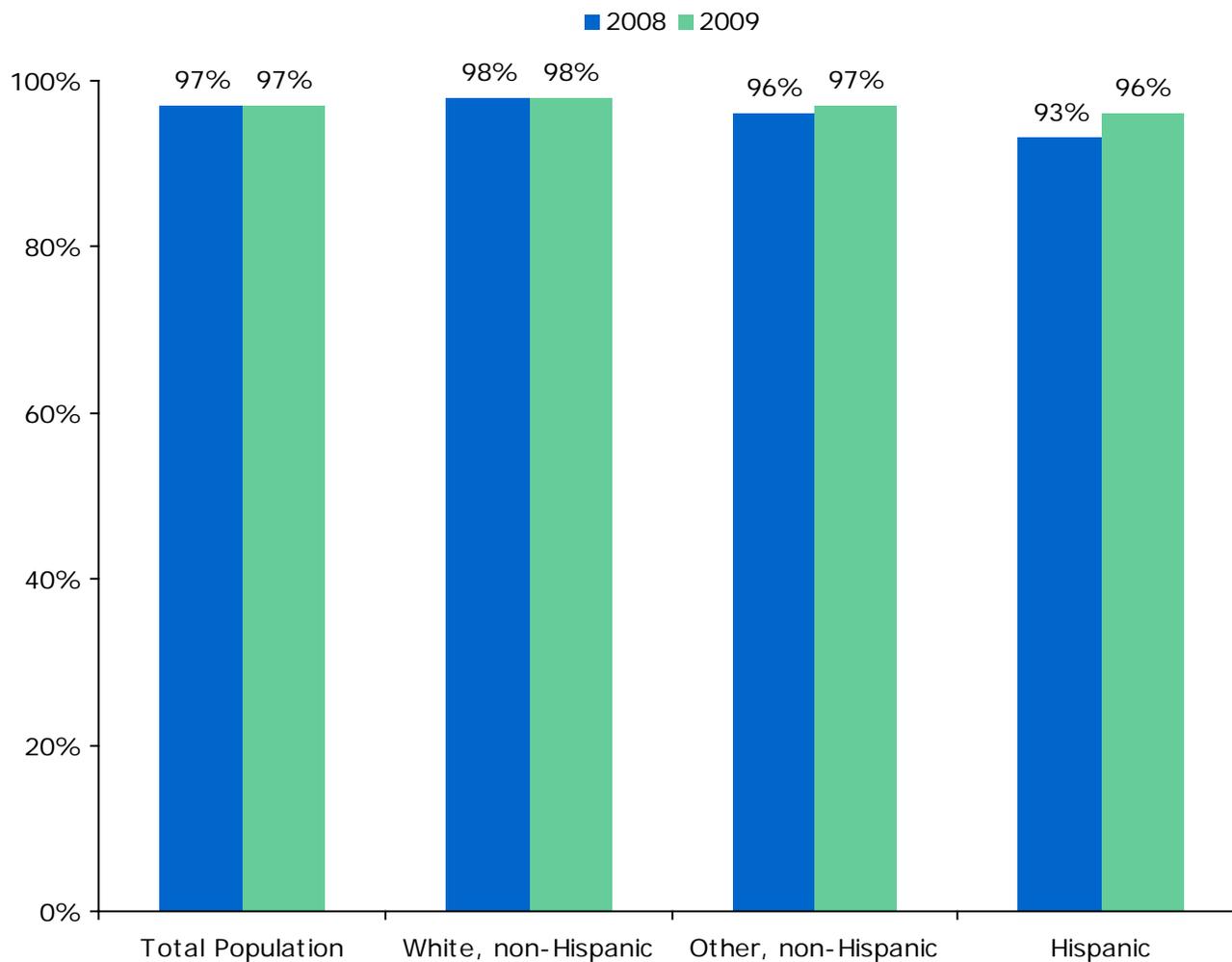
Nearly all children, regardless of family income relative to the federal poverty level (FPL), had a usual source of care. The share of children with family income less than 150% FPL who had a usual source of care increased between 2008 and 2009.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Children with a Usual Source of Care by Race/Ethnicity

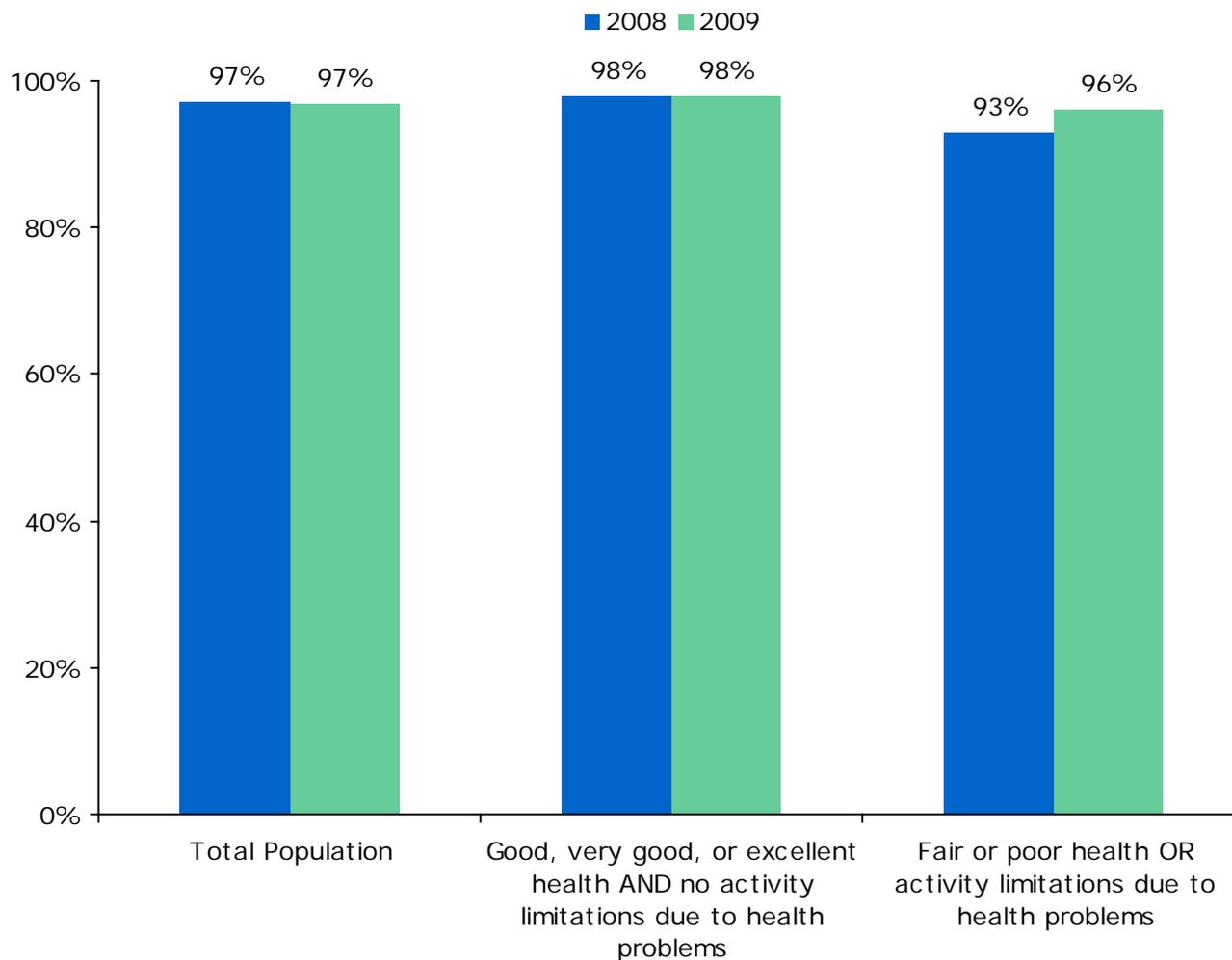


Nearly all children, regardless of race/ethnicity, had a usual source of care. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children with a Usual Source of Care by Health and Disability Status

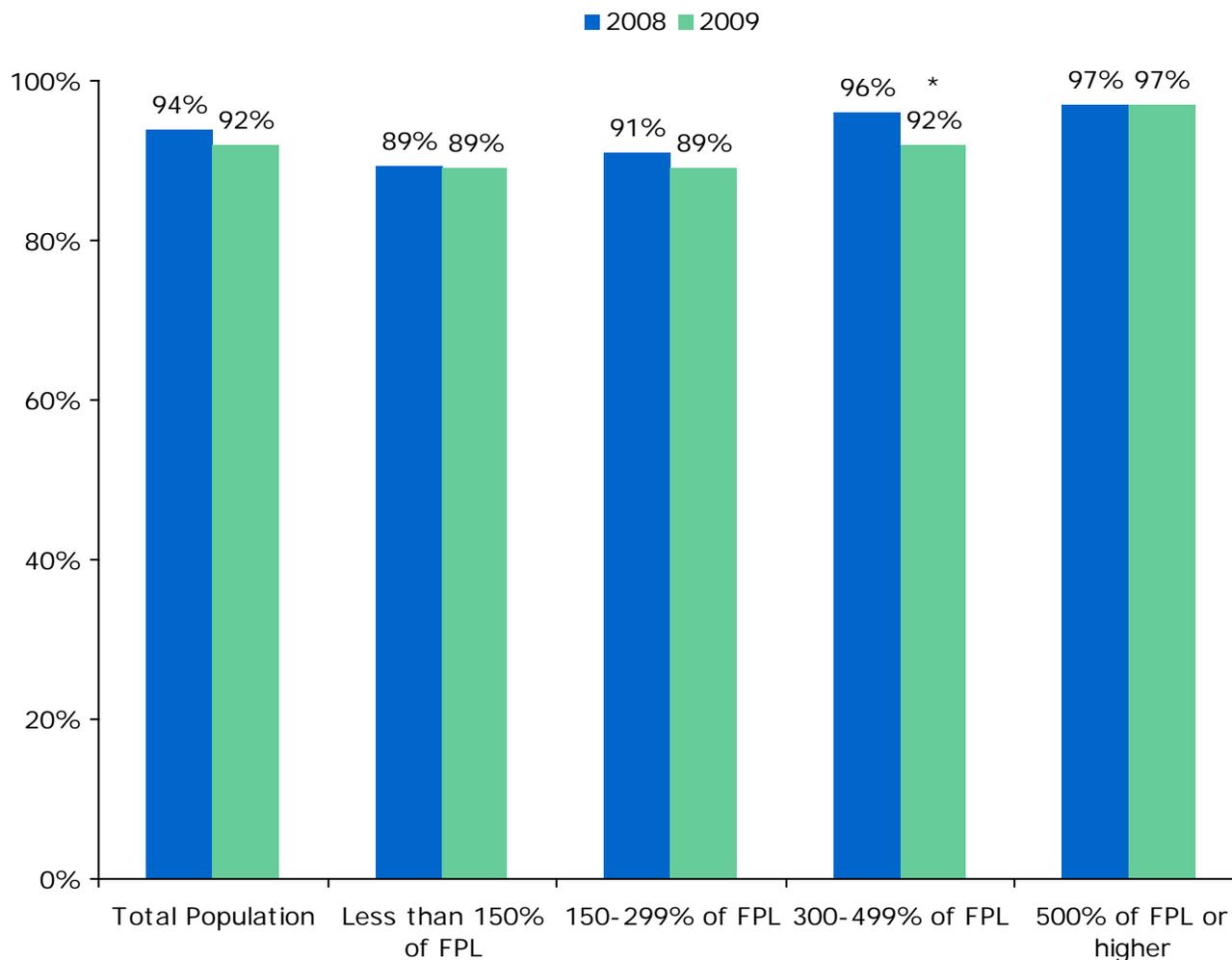


Nearly all children, regardless of health and disability status, had a usual source of care. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children with a Doctor Visit in Past 12 Months by Income



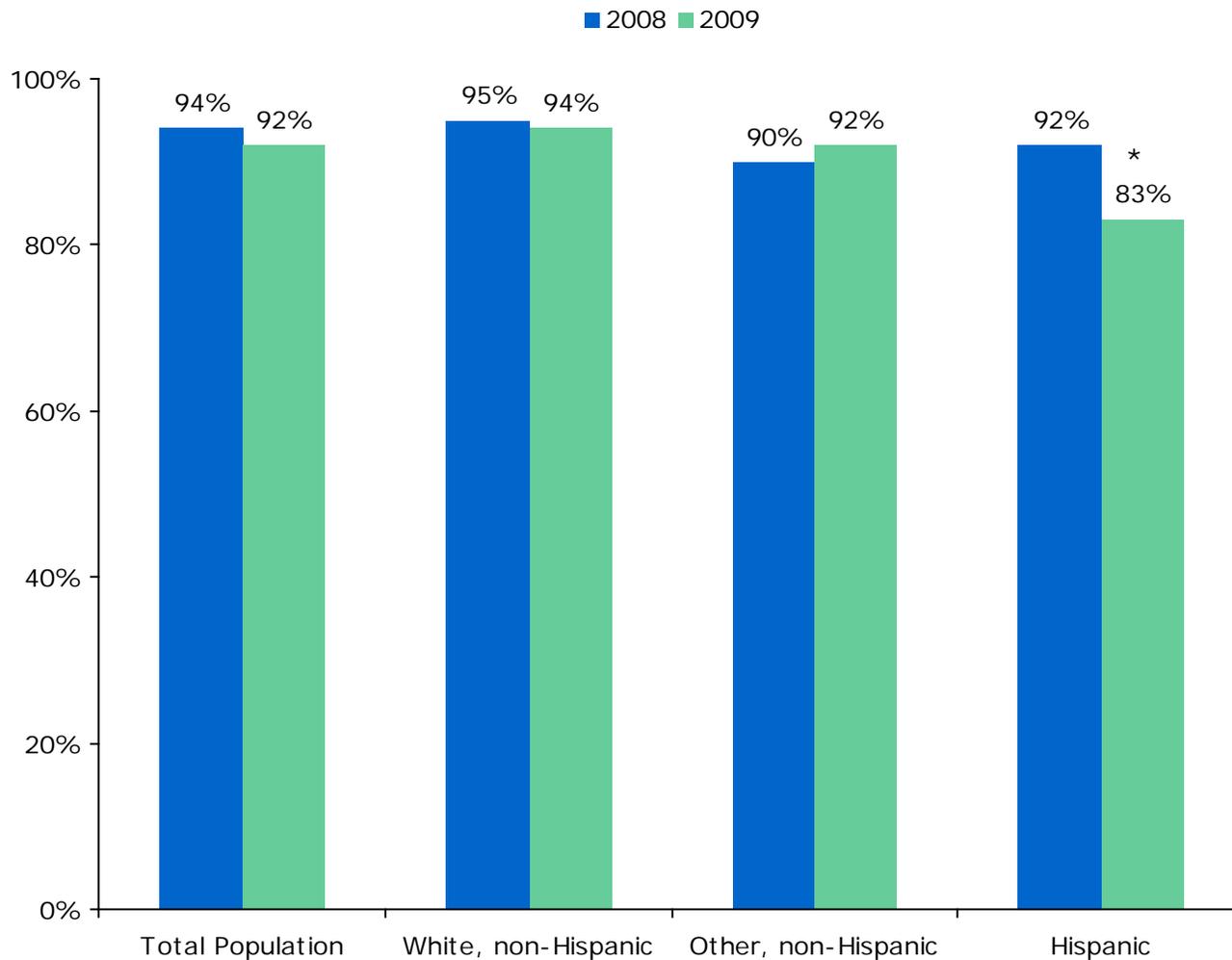
Nearly all children, regardless of family income relative to the federal poverty level (FPL), had a doctor visit in the past 12 months. The share of children with family income between 300% and 499% FPL who had a doctor visit dropped between 2008 and 2009.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Children with a Doctor Visit in Past 12 Months by Race/Ethnicity



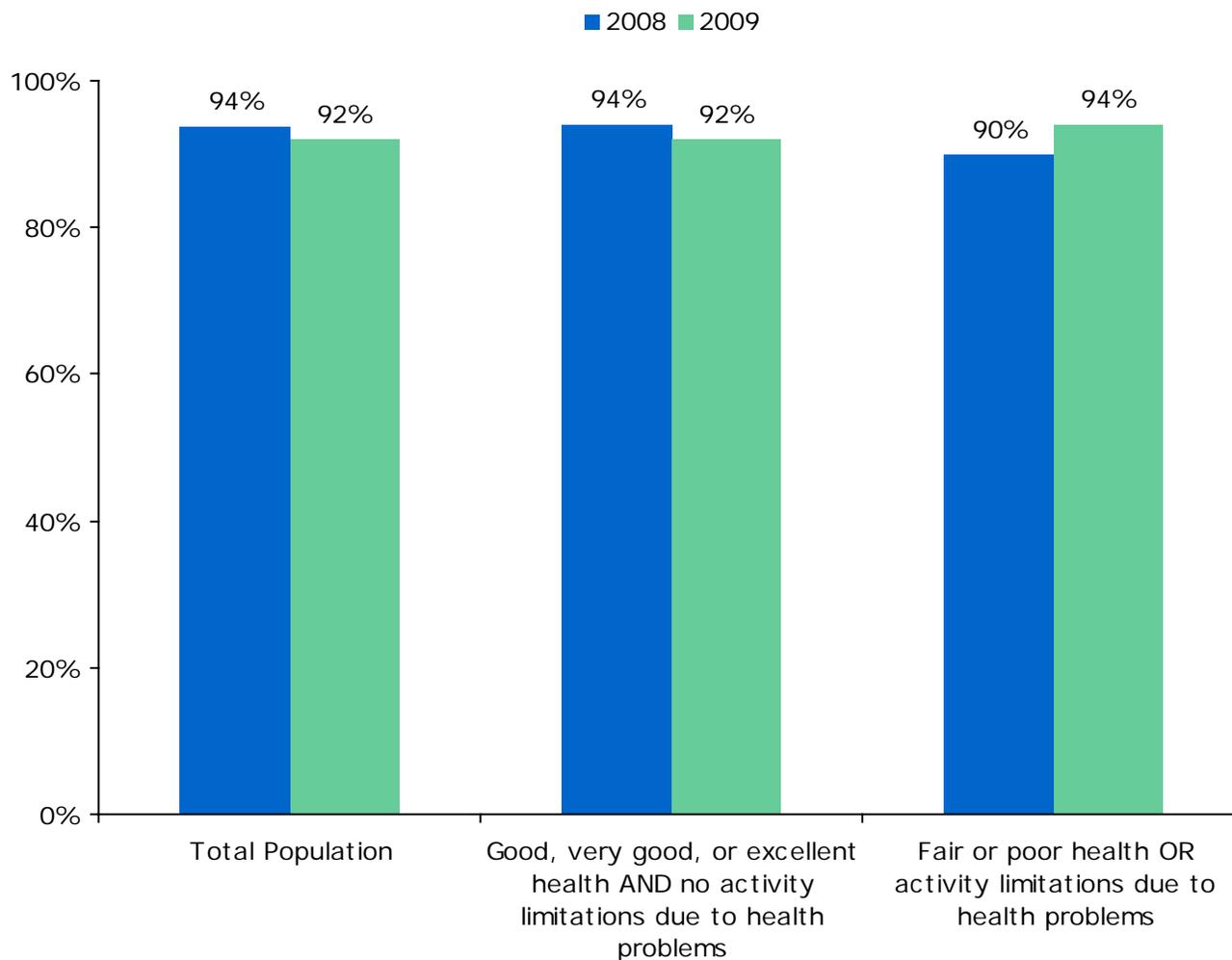
Nearly all children, regardless of race/ethnicity, had a doctor visit in the past 12 months. The share of Hispanic children with a doctor visit dropped between 2008 and 2009.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

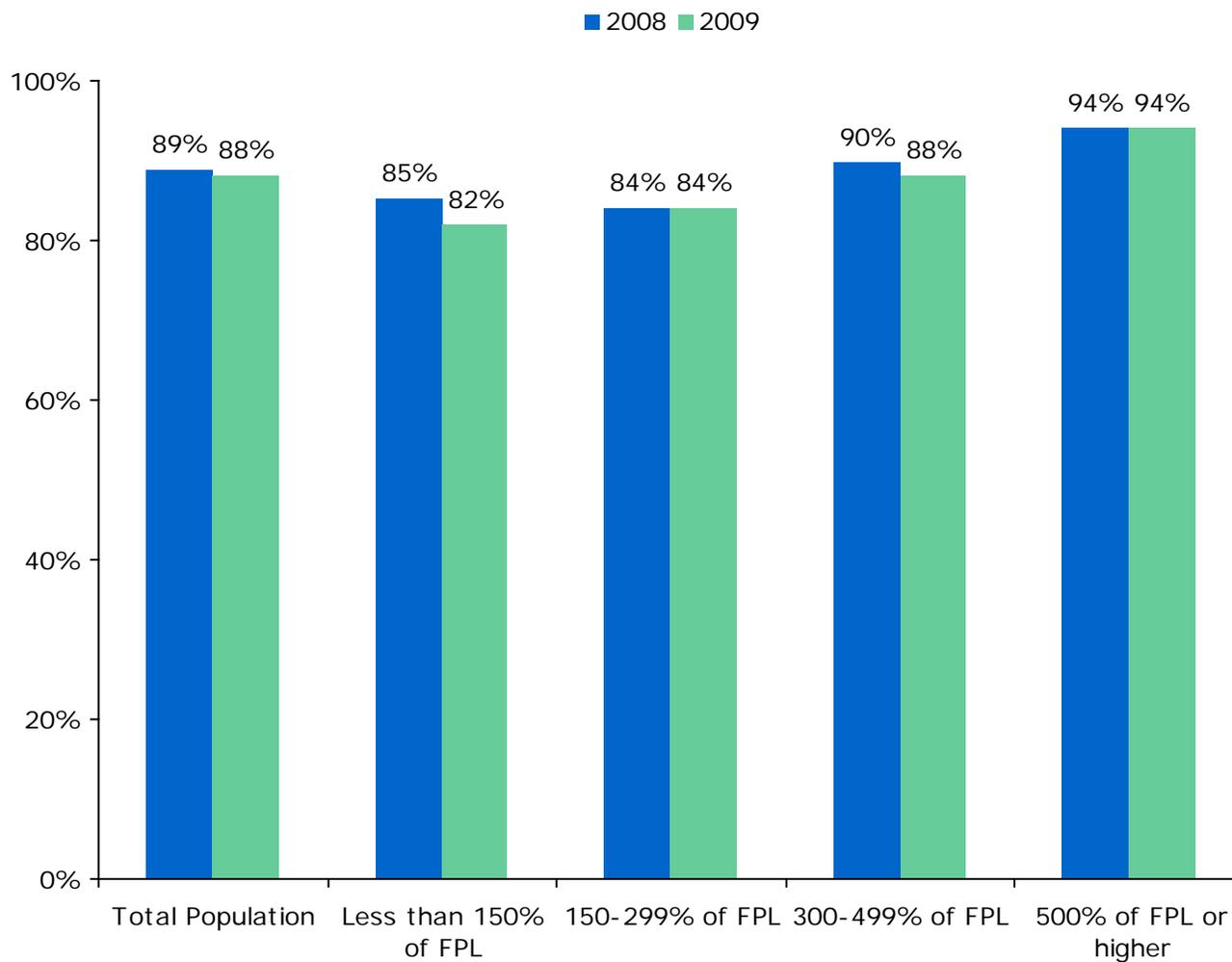
Children with a Doctor Visit in Past 12 Months by Health and Disability Status



Nearly all children, regardless of health and disability status, had a doctor visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.
Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

Children with a Preventive Care Visit in Past 12 Months by Income

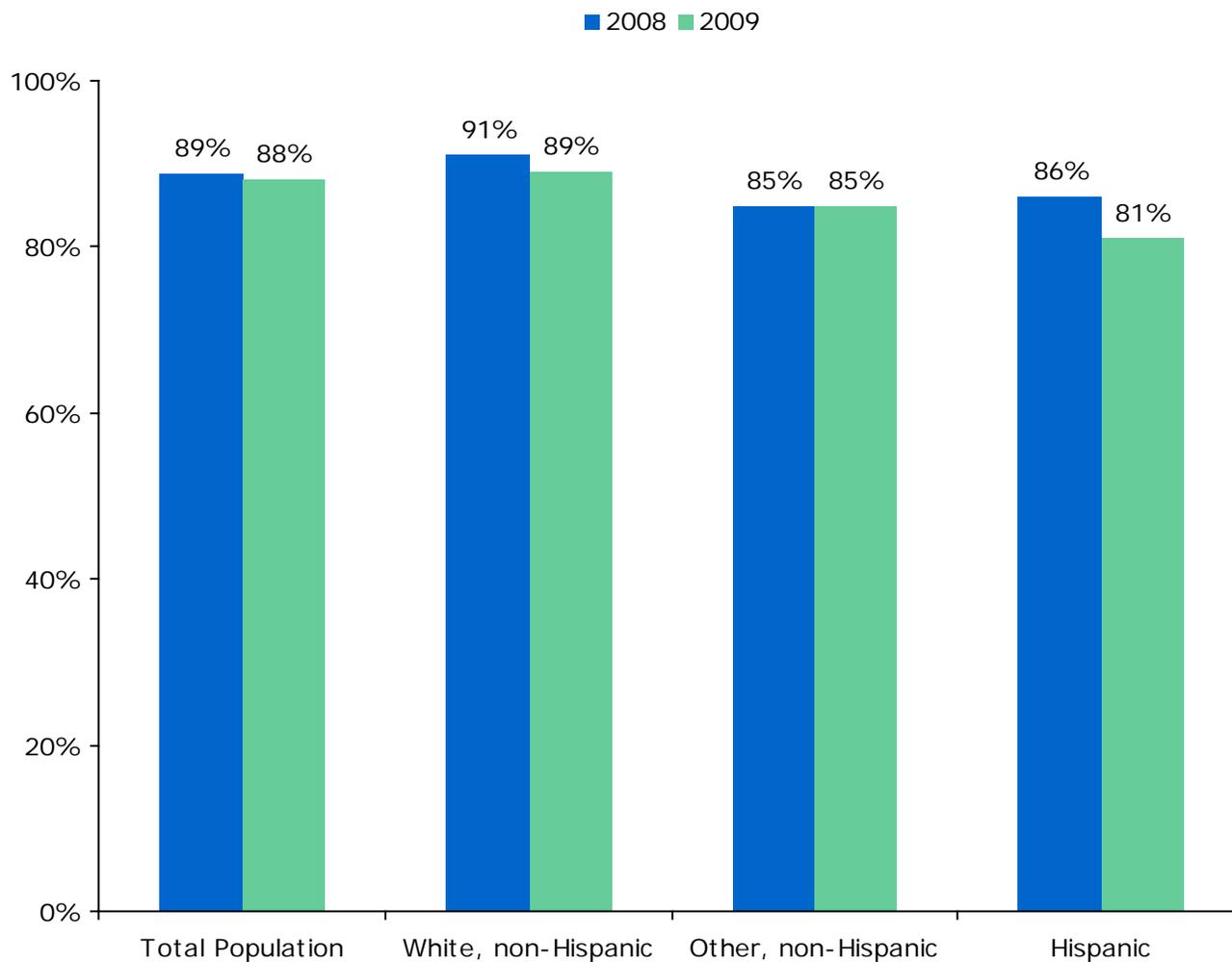


Nearly all children, regardless of family income relative to the federal poverty level (FPL), had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

Children with a Preventive Care Visit in Past 12 Months by Race/Ethnicity

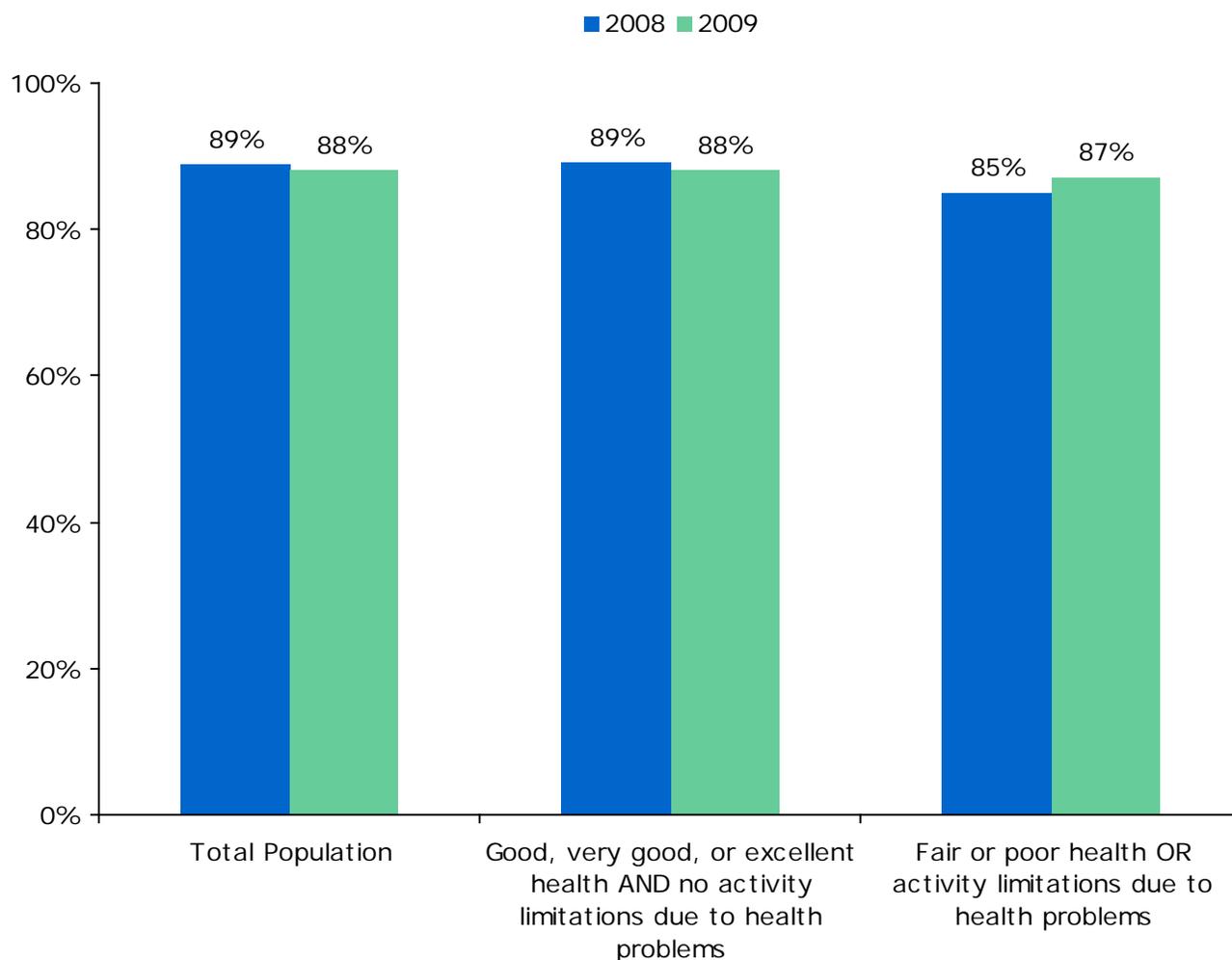


Nearly all children, regardless of race/ethnicity, had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children with a Preventive Care Visit in Past 12 Months by Health and Disability Status

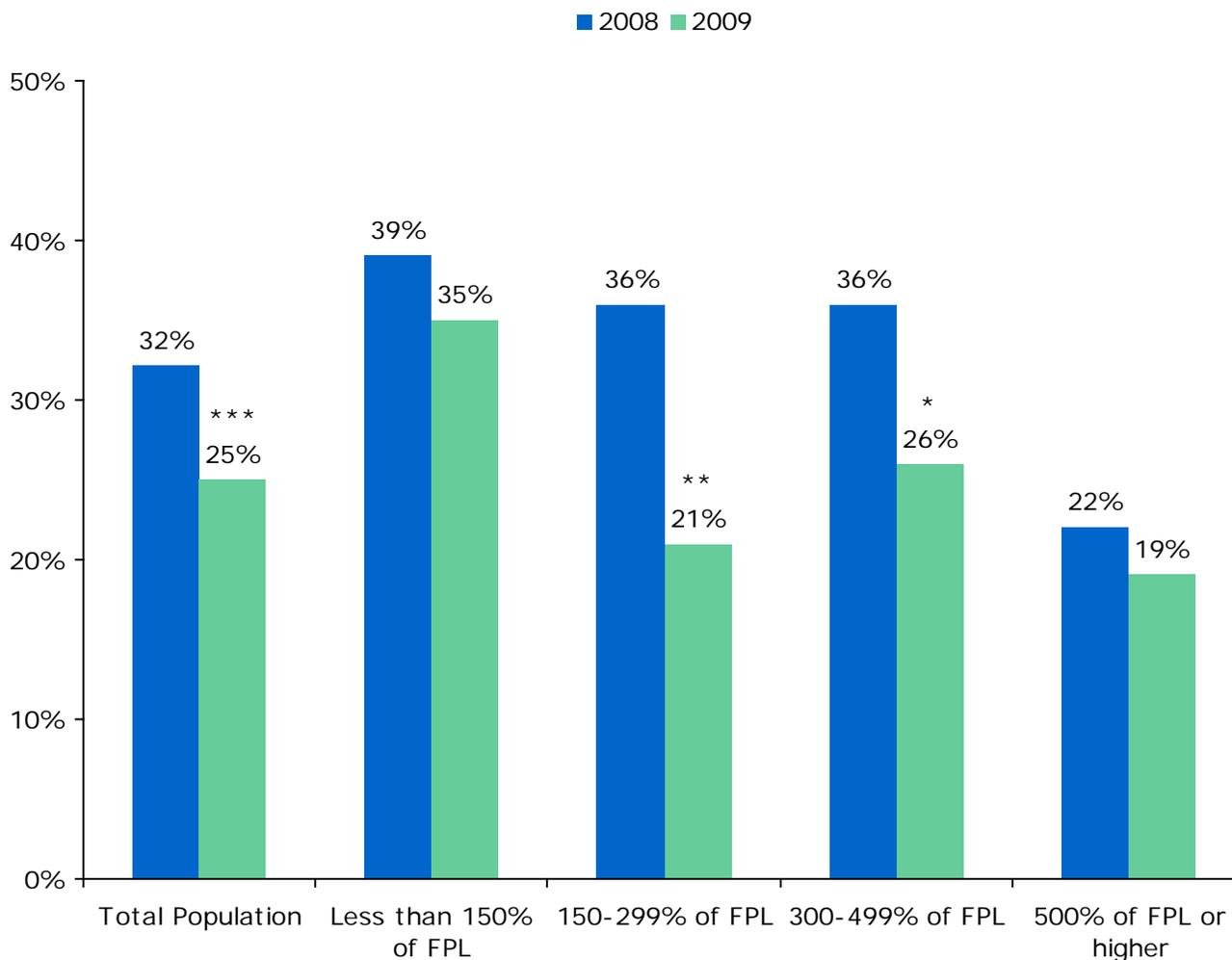


Nearly all children, regardless of health and disability status, had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children with an ER Visit in Past 12 Months by Income



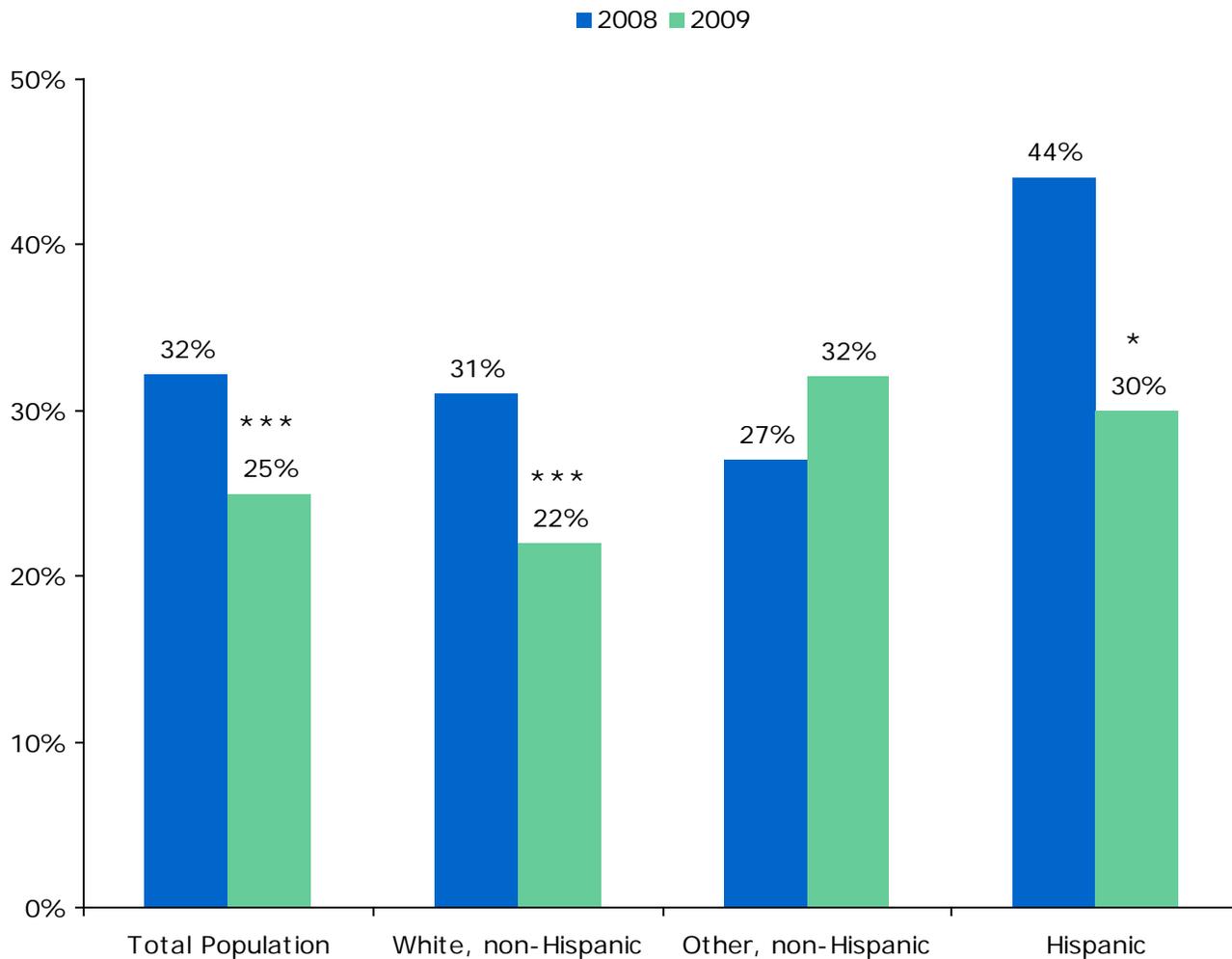
Lower-income children were more likely than those with higher incomes to have had an ER visit in the past 12 months. The share of children with an ER visit dropped between 2008 and 2009 for children with family income between 150% and 499% of the federal poverty level (FPL).

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Children with an ER Visit in Past 12 Months by Race/Ethnicity



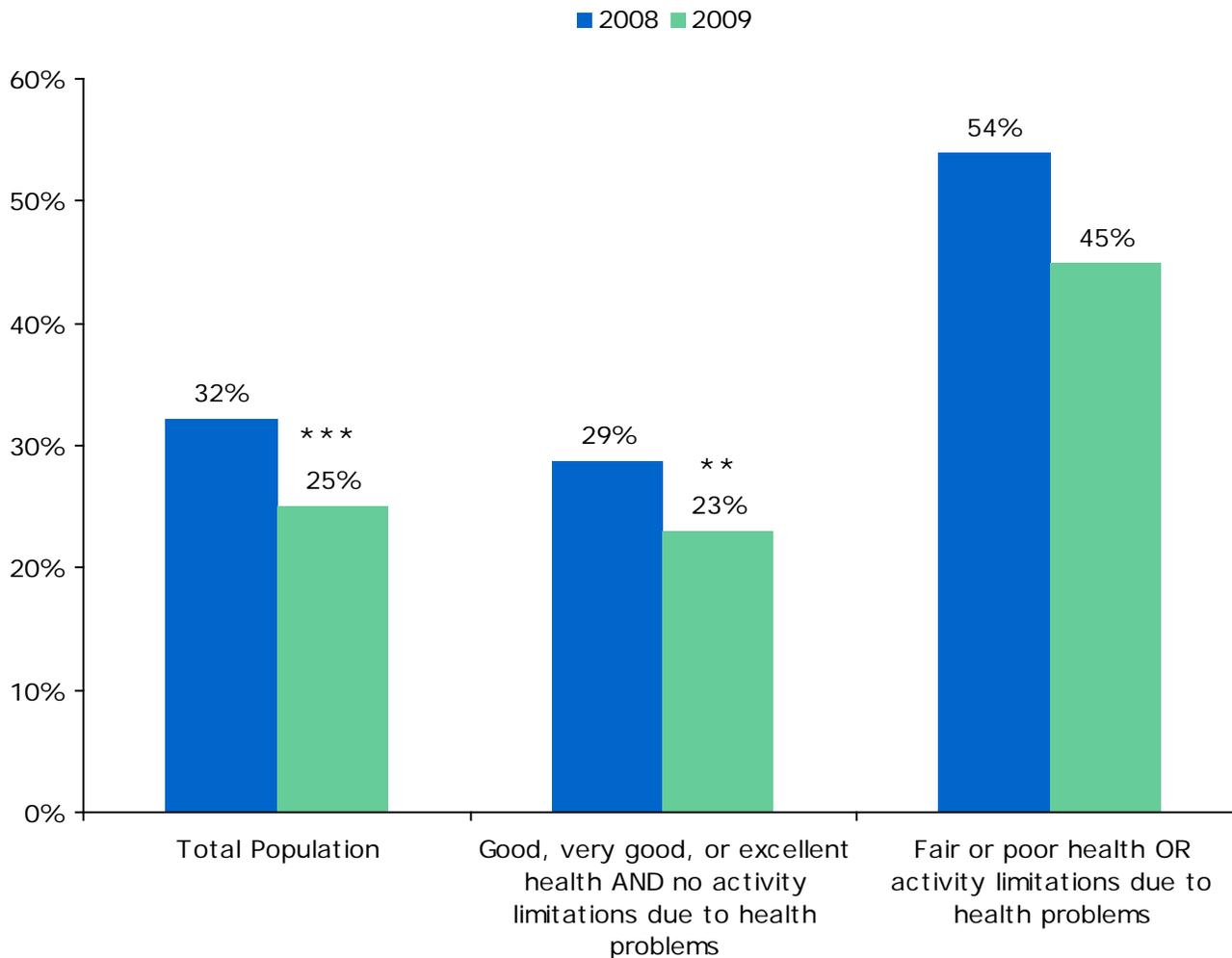
The share of children with an ER visit in the past 12 months dropped for white, non-Hispanic, and Hispanic children between 2008 and 2009.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Children with an ER Visit in Past 12 Months by Health and Disability Status



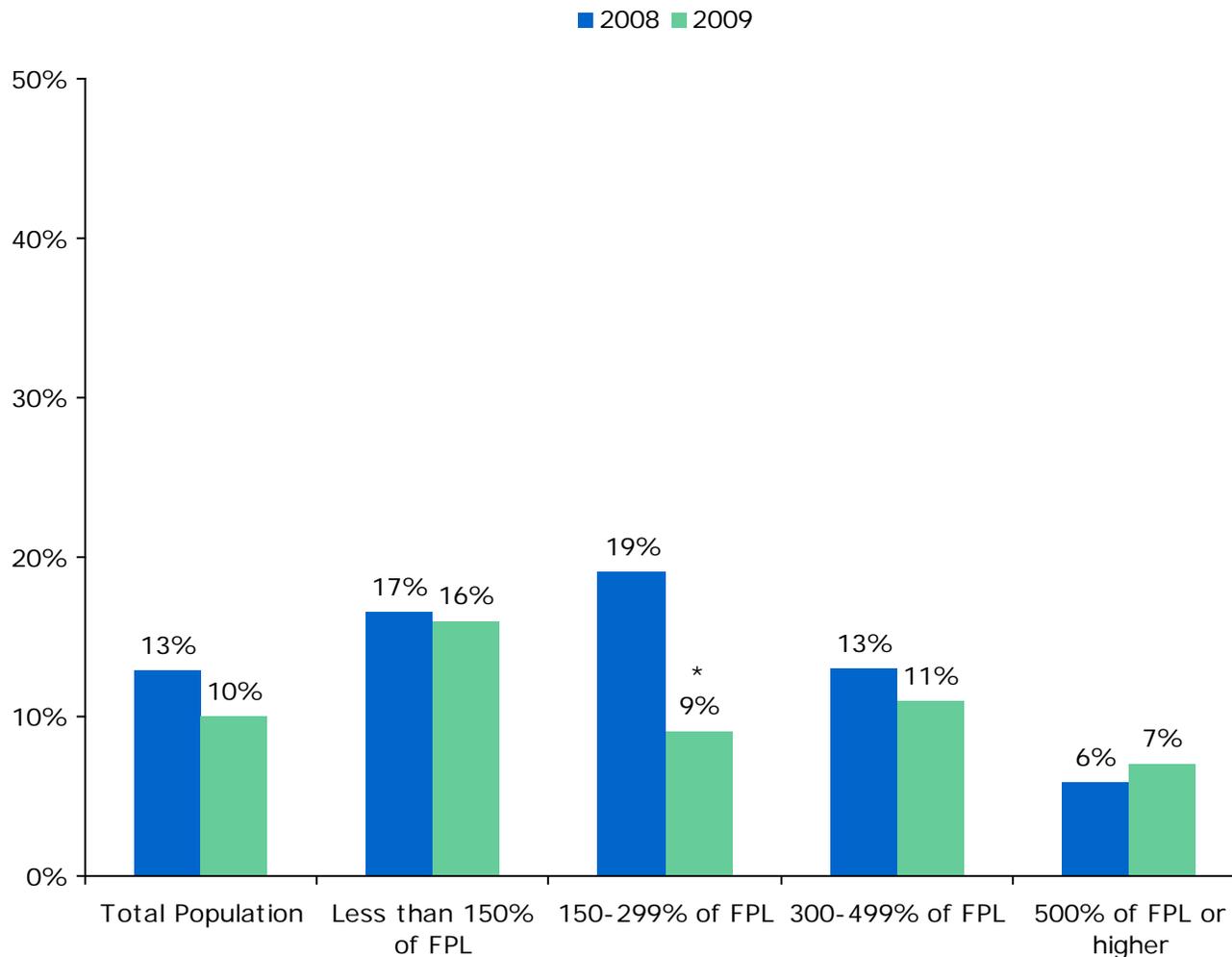
Children in fair or poor health or with a disability were more likely to have had an ER visit in the past 12 months than were children in better health and without a disability. The share of healthy children with an ER visit dropped between 2008 and 2009.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Children with a Non-Emergency[†] ER Visit in the Past 12 Months by Income



Lower-income children were more likely than those with higher incomes to have had a non-emergency visit as their most recent ER visit in the past 12 months. The share of children with a non-emergency ER visit dropped between 2008 and 2009 for children with family income between 150% and 299% of the federal poverty level (FPL).

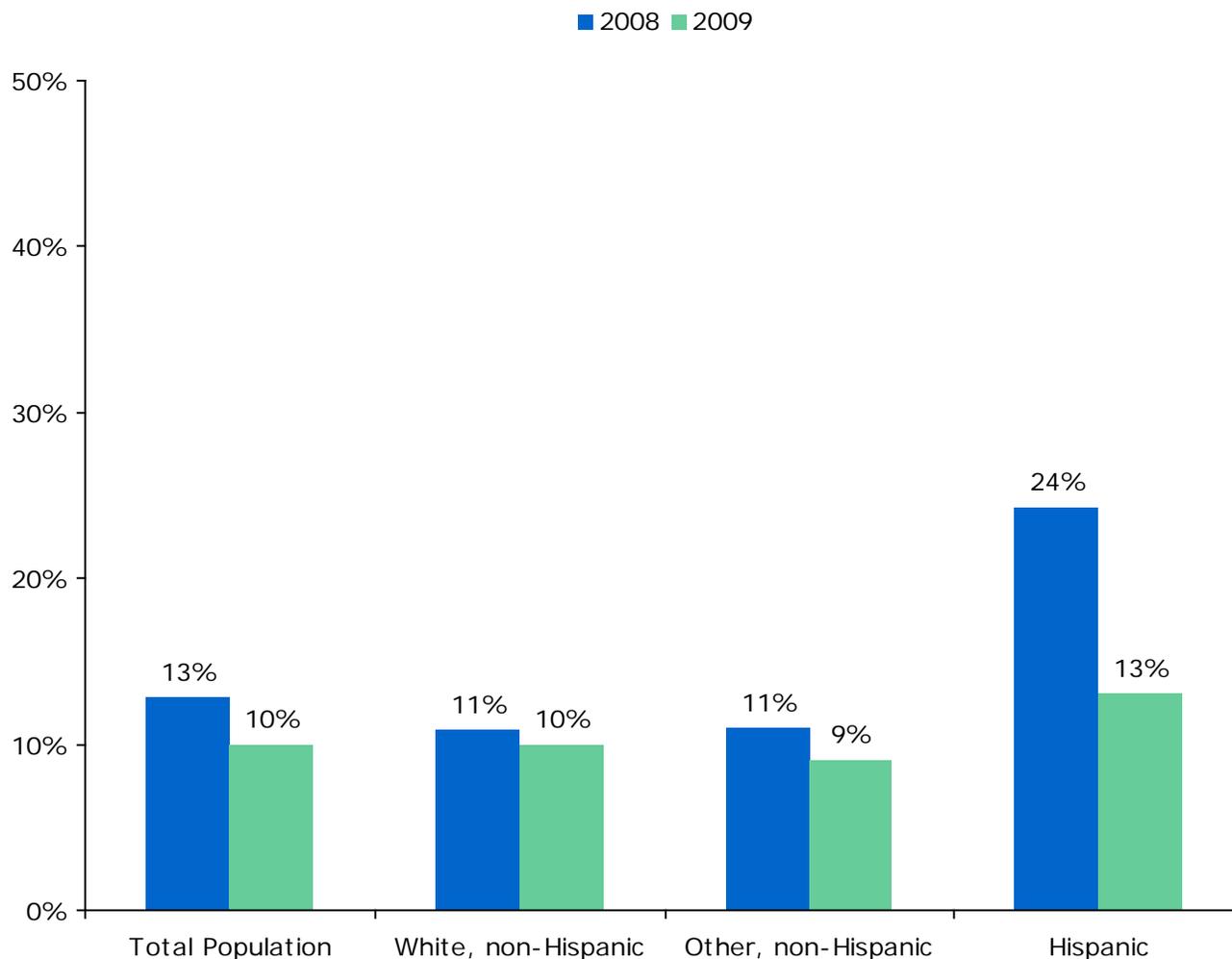
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Children with a Non-Emergency[†] ER Visit in the Past 12 Months by Race/Ethnicity



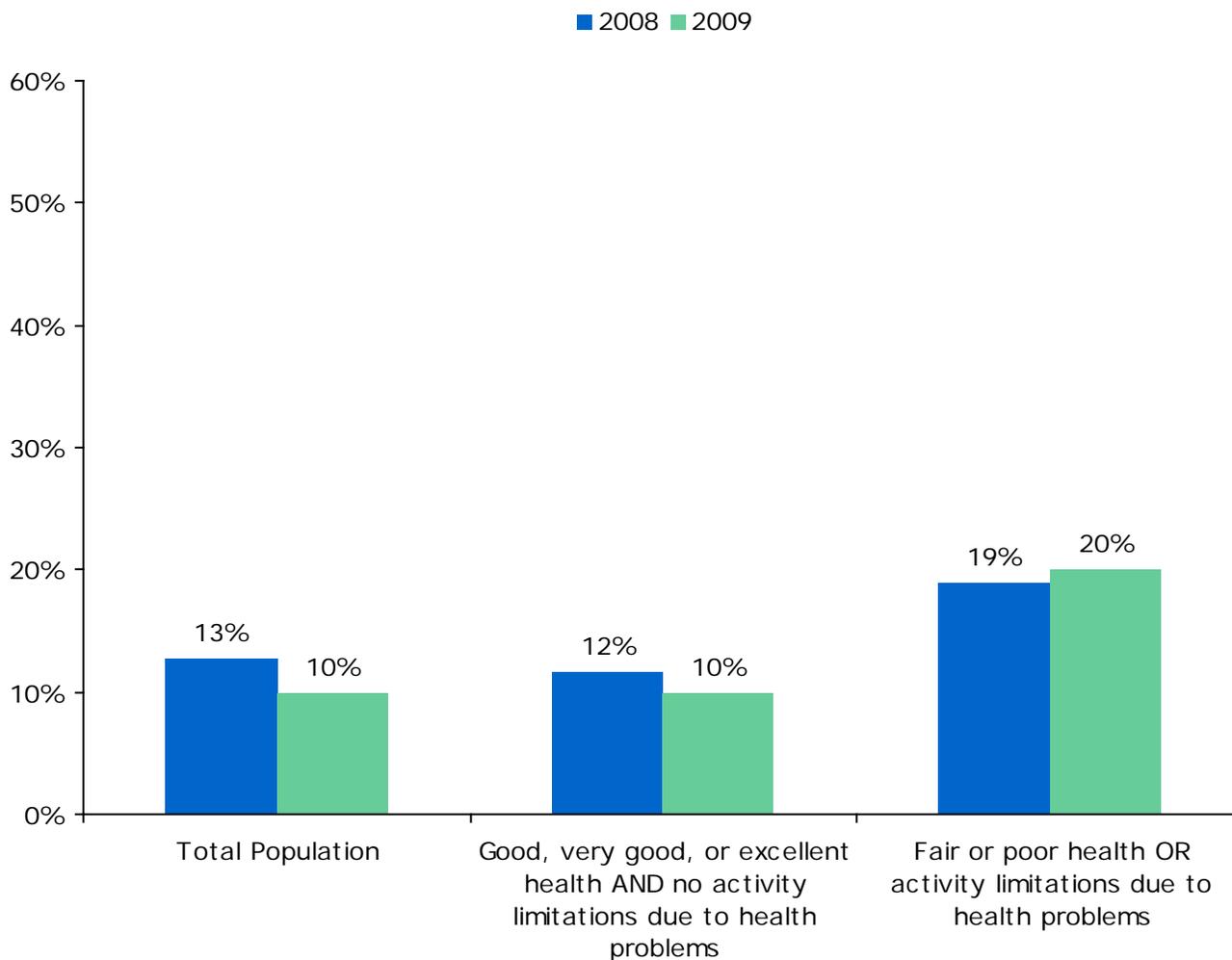
Hispanic children were more likely than non-Hispanic children to have had a non-emergency visit as their most recent ER visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children with a Non-Emergency[†] ER Visit in the Past 12 Months by Health and Disability Status



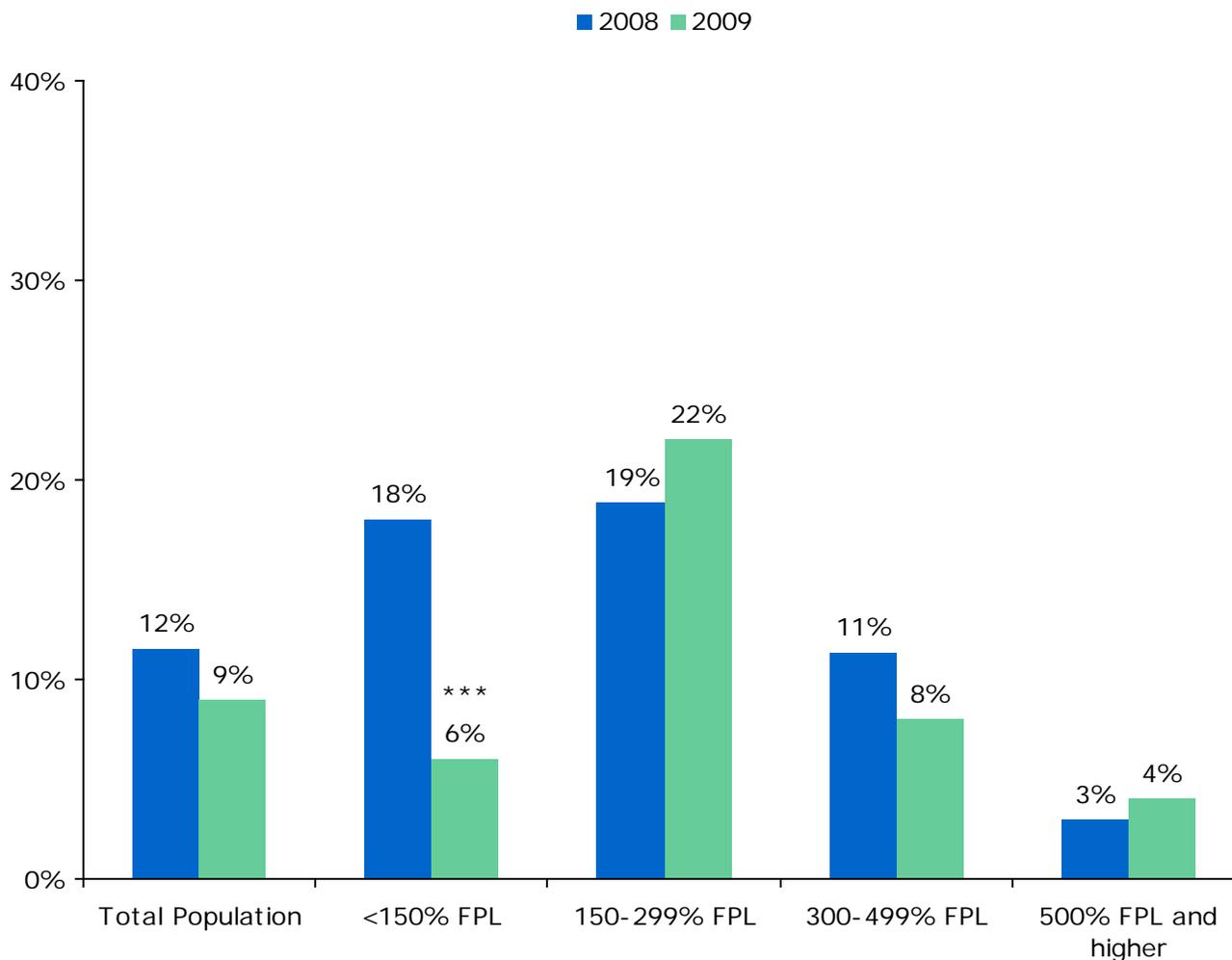
Children in fair or poor health or with a disability were more likely to have had a non-emergency visit as their most recent ER visit in the past 12 months than children in better health or without a disability. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children Not Getting Needed Care Due to Cost in Past 12 Months by Income



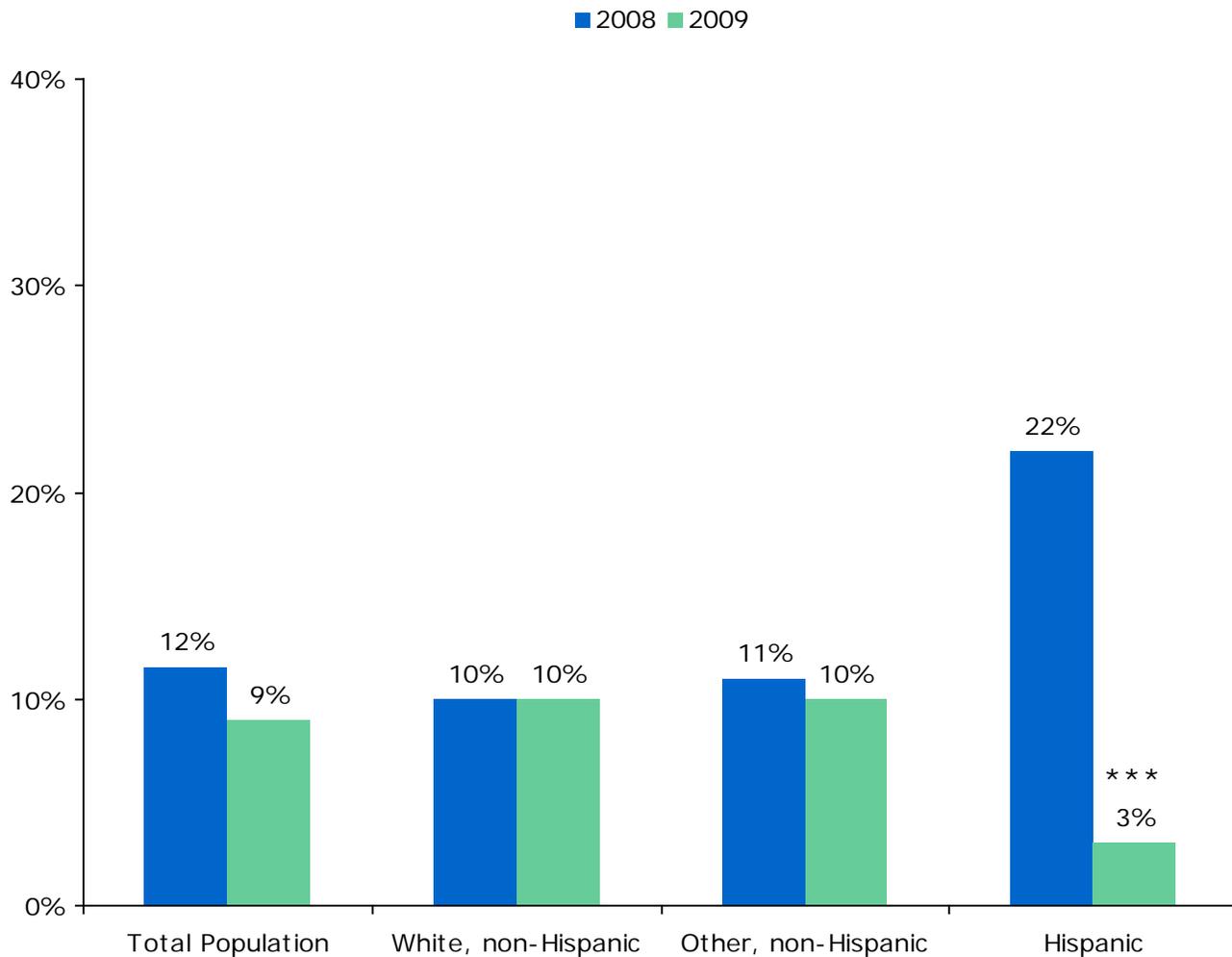
Unmet need for health care because of cost in the past 12 months was greater among children with family income between 150% to 299% of the federal poverty level (FPL). The share of children with family income less than 150% FPL who had unmet need because of cost dropped between 2008 and 2009.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Children Not Getting Needed Care Due to Cost in Past 12 Months by Race/Ethnicity



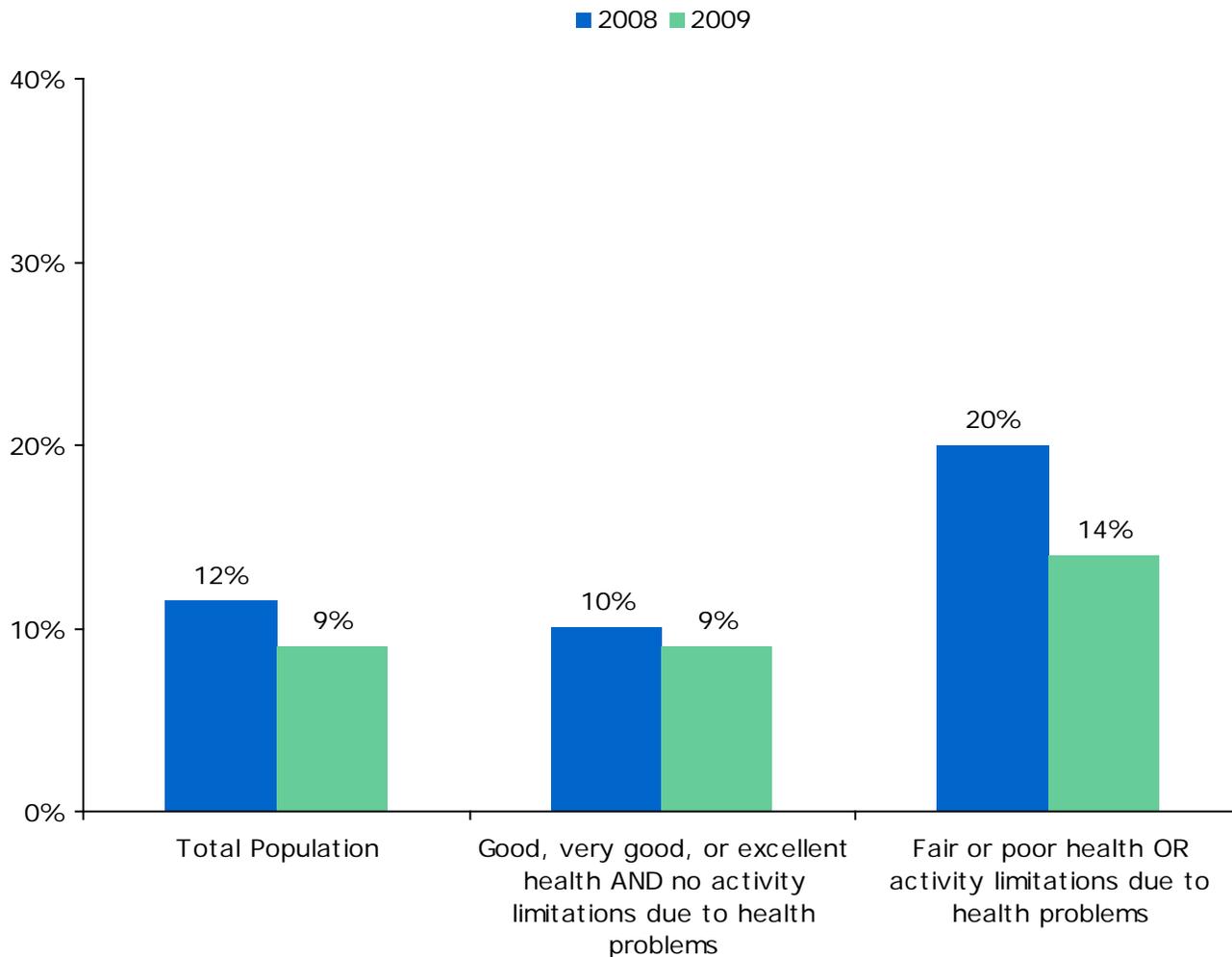
There was little difference in unmet need for health care because of cost in the past 12 months for white, non-Hispanic or other, non-Hispanic children between 2008 and 2009. Among Hispanic children, unmet need because of cost dropped from 22% to 3% over that period.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Children Not Getting Needed Care Due to Cost in Past 12 Months by Health and Disability Status

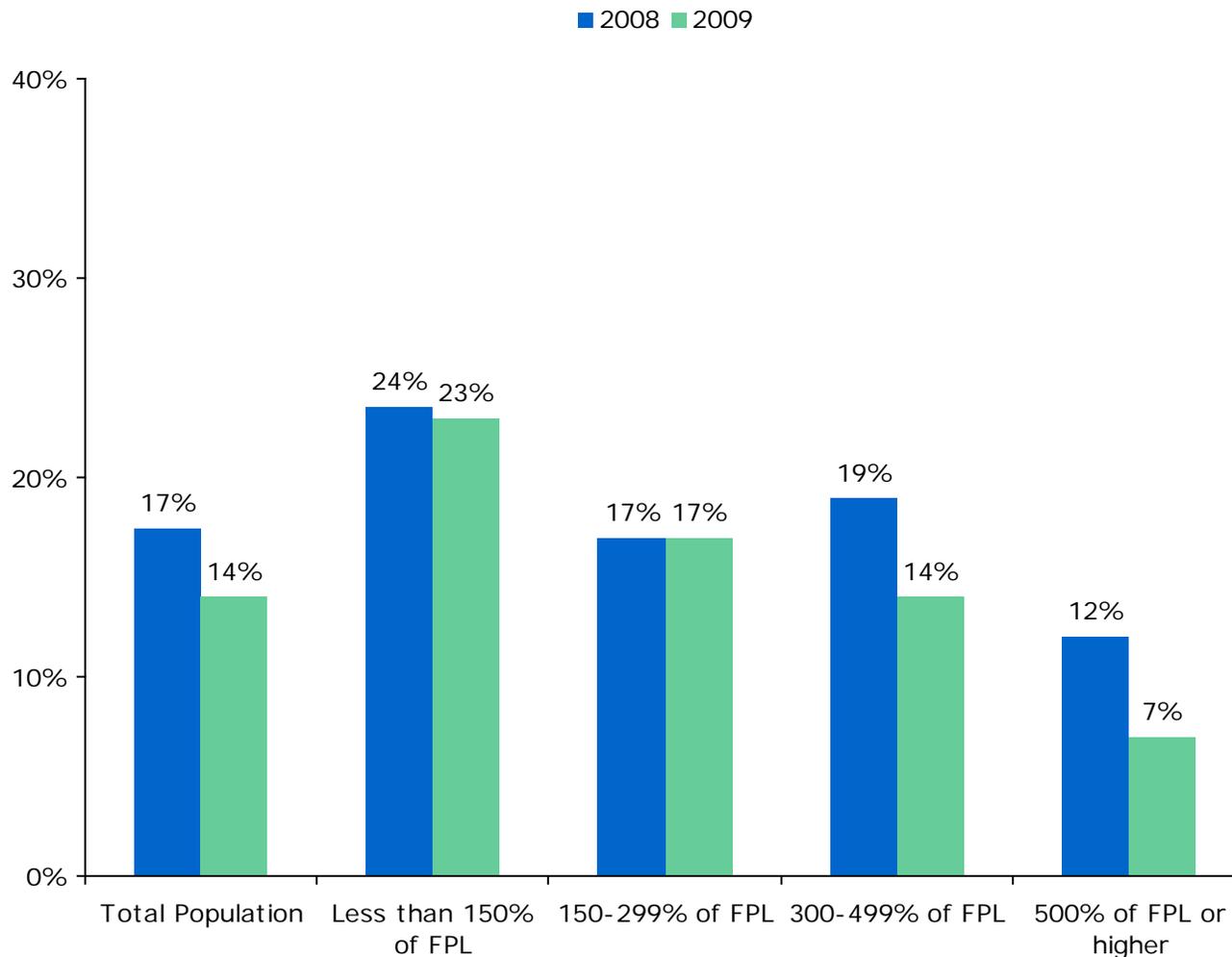


Children in fair or poor health or with a disability were more likely to have unmet need for health care because of cost in the past 12 months than children in better health and without a disability. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children with Difficulty Obtaining Care in Past 12 Months by Income

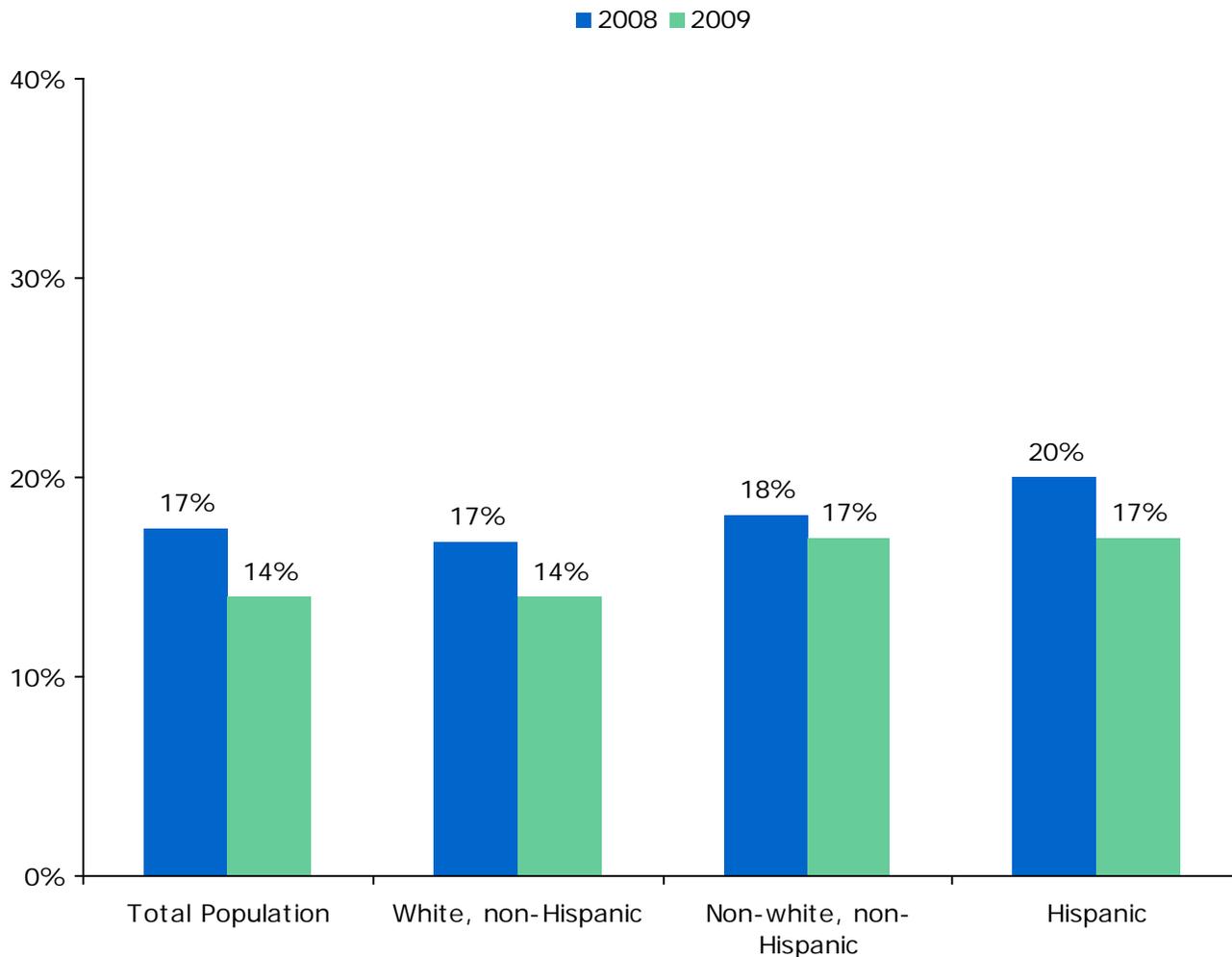


Children with family income less than 150% of the federal poverty level (FPL) were most likely to have had problems obtaining health care in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children with Difficulty Obtaining Care in Past 12 Months by Race/Ethnicity

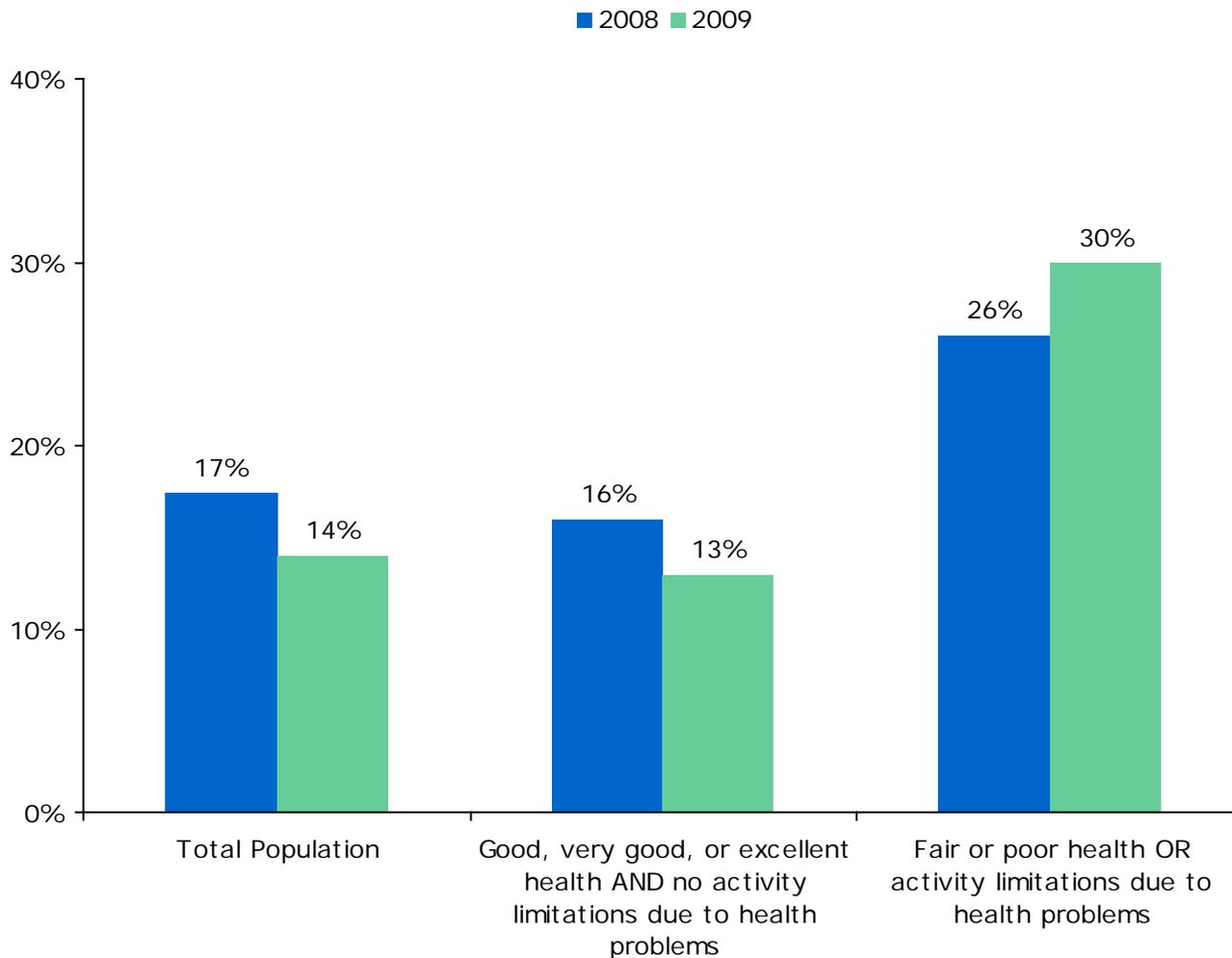


There was little difference in the share of children with problems obtaining health care in the past 12 months by race/ethnicity group. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children with Difficulty Obtaining Care in Past 12 Months by Health and Disability Status

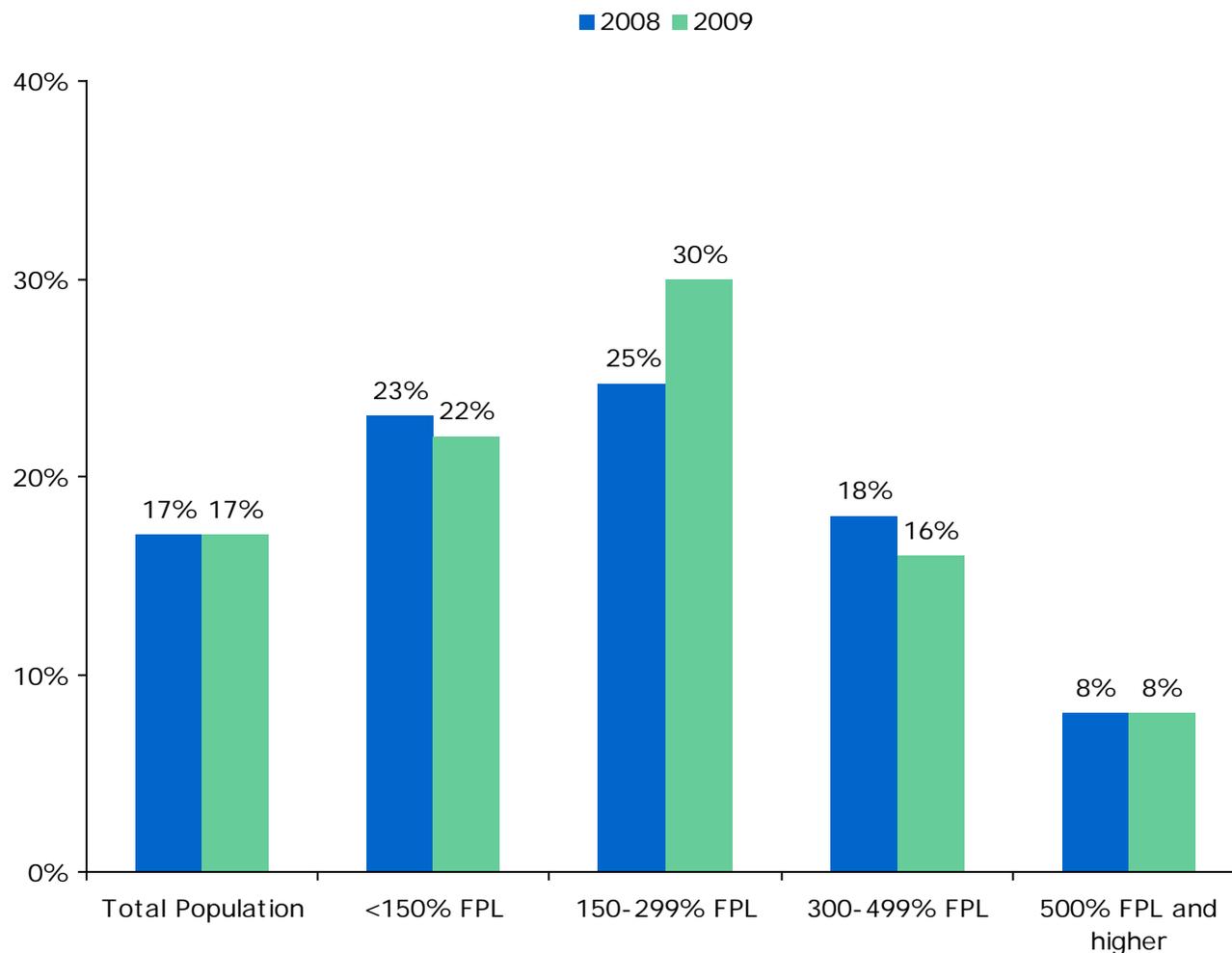


Children in fair or poor health or with a disability were more likely to have had problems obtaining health care in the past 12 months than children in better health and without a disability. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children in Families with Problems Paying Medical Bills in Past 12 Months by Income

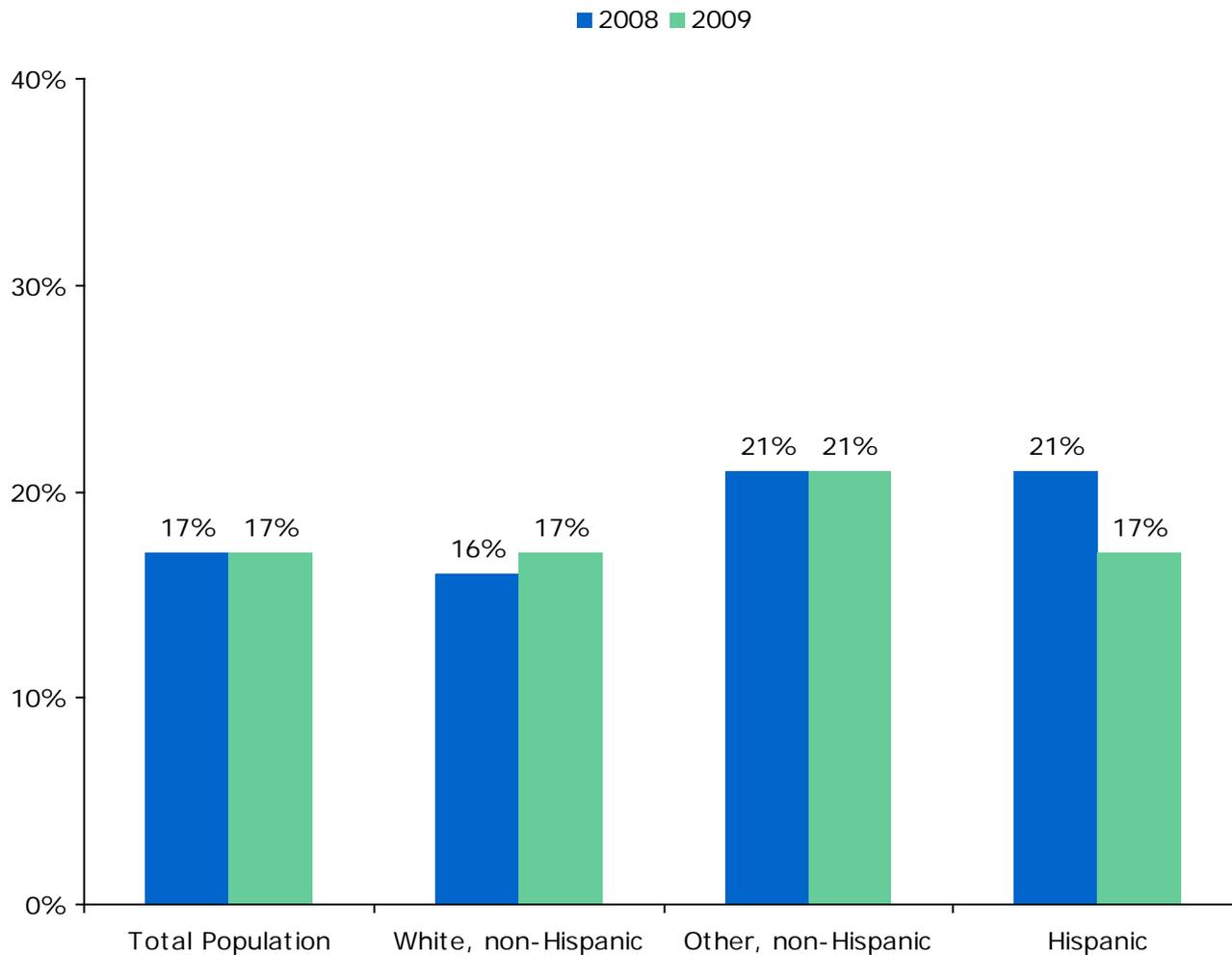


Problems paying medical bills were most common in the families of lower-income children, particularly among those with family income between 150% and 299% of the federal poverty level (FPL). The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children in Families with Problems Paying Medical Bills in Past 12 Months by Race/Ethnicity

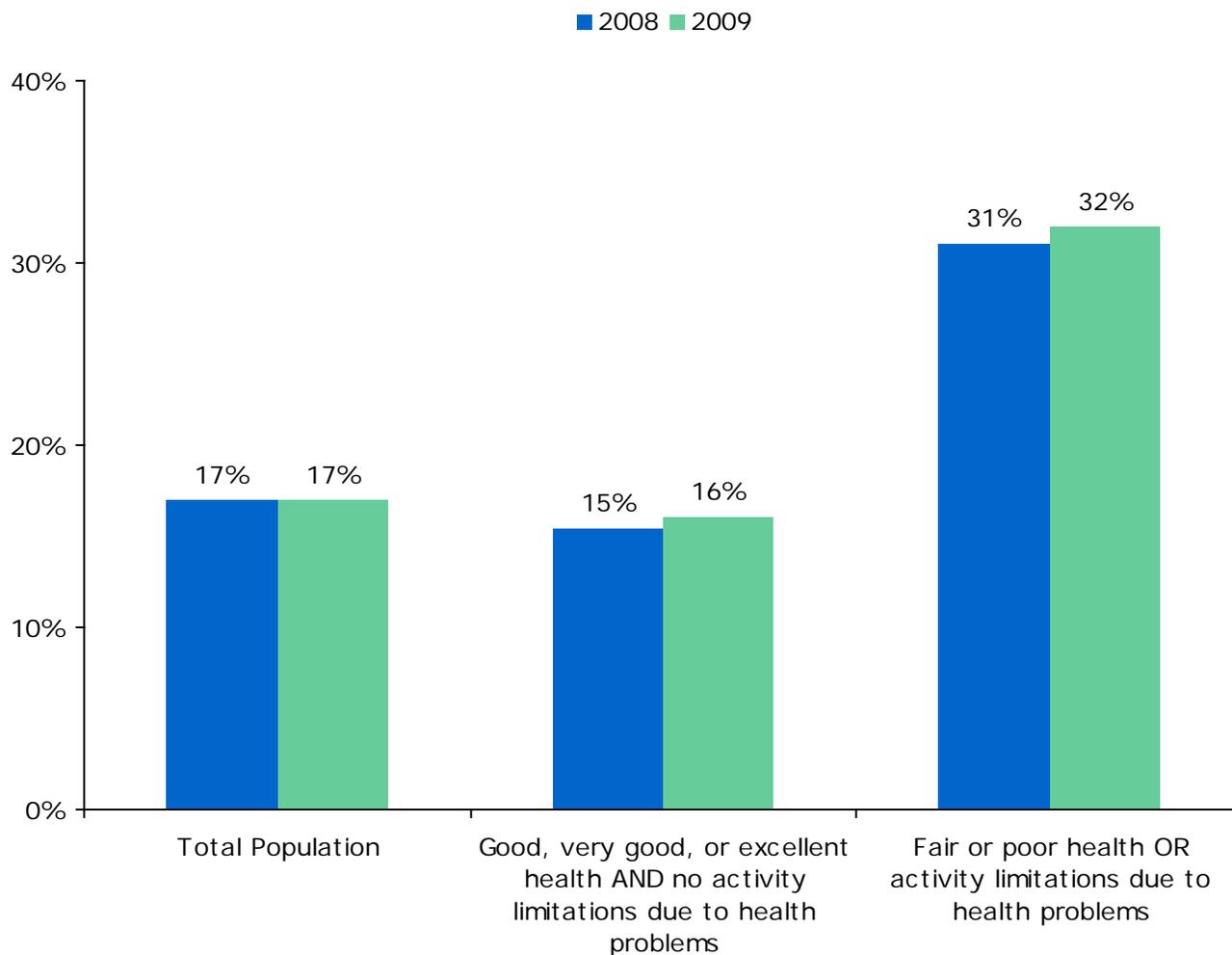


The share of children in families that reported problems paying medical bills were similar for children in different race/ethnicity groups. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Children in Families with Problems Paying Medical Bills in Past 12 Months by Health and Disability Status



Children in fair or poor health or with a disability were twice as likely to live in families with difficulties paying medical bills in the past 12 months than were other children. The 2009 estimates are not significantly different from the estimates for 2008.

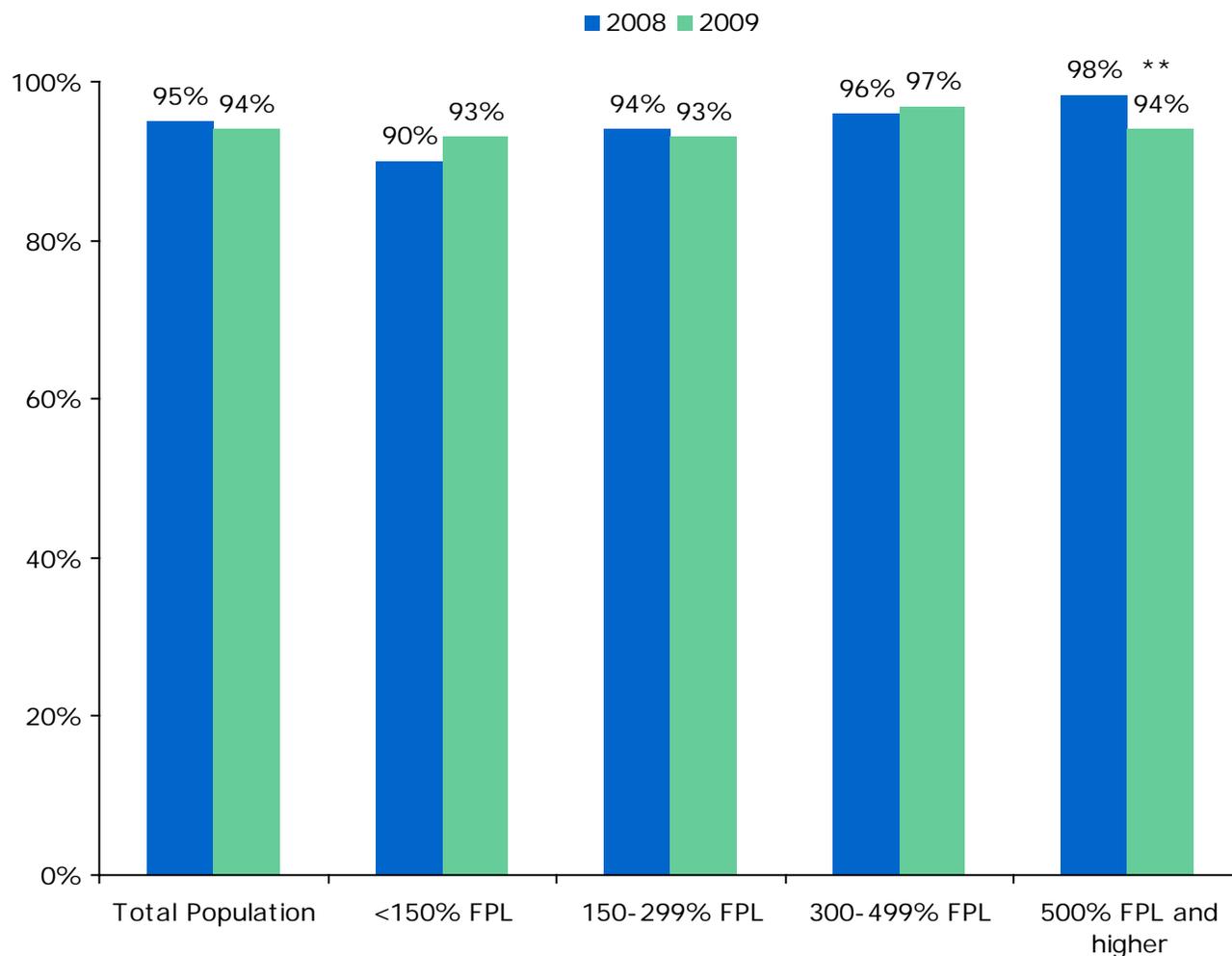
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults

(Ages 65 and Older)

Elderly Adults with a Usual Source of Care by Income



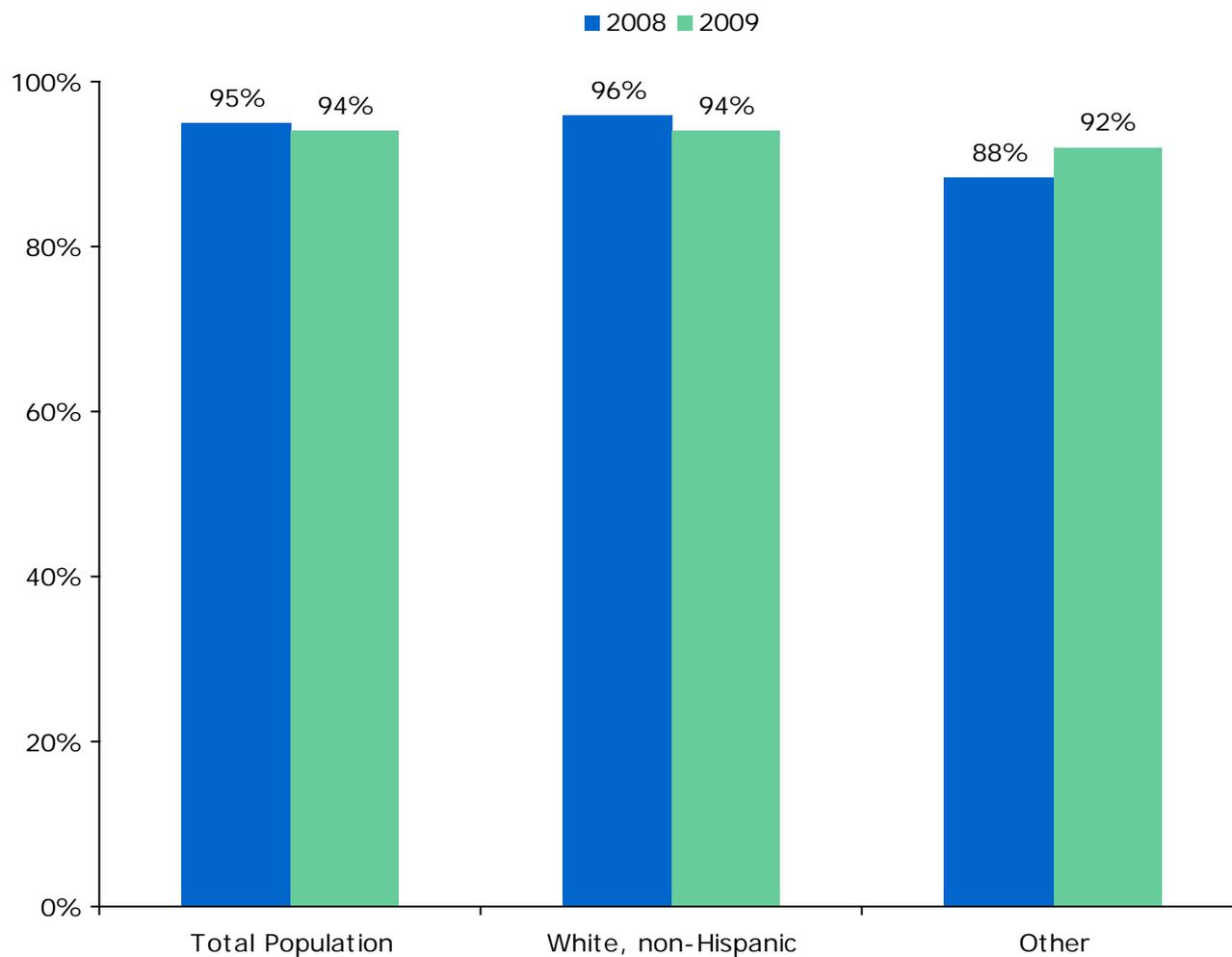
Nearly all elderly adults, regardless of family income relative to the federal poverty level (FPL), had a usual source of care. The share of elderly adults with a usual source of care dropped between 2008 and 2009 for those with family income at or above 500% of the federal poverty level (FPL).

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Elderly Adults with a Usual Source of Care by Race/Ethnicity

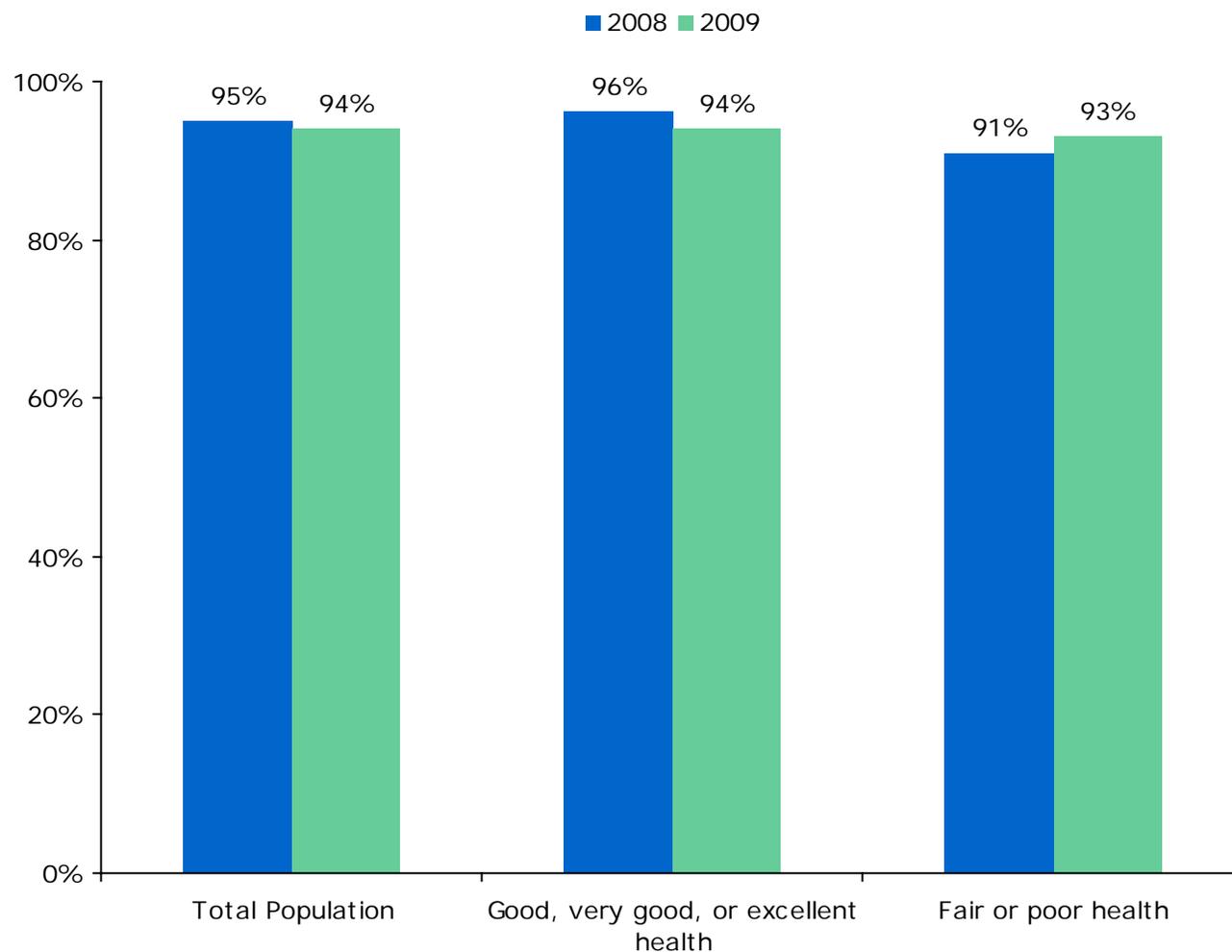


Nearly all elderly adults, regardless of race/ethnicity, had a usual source of care. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

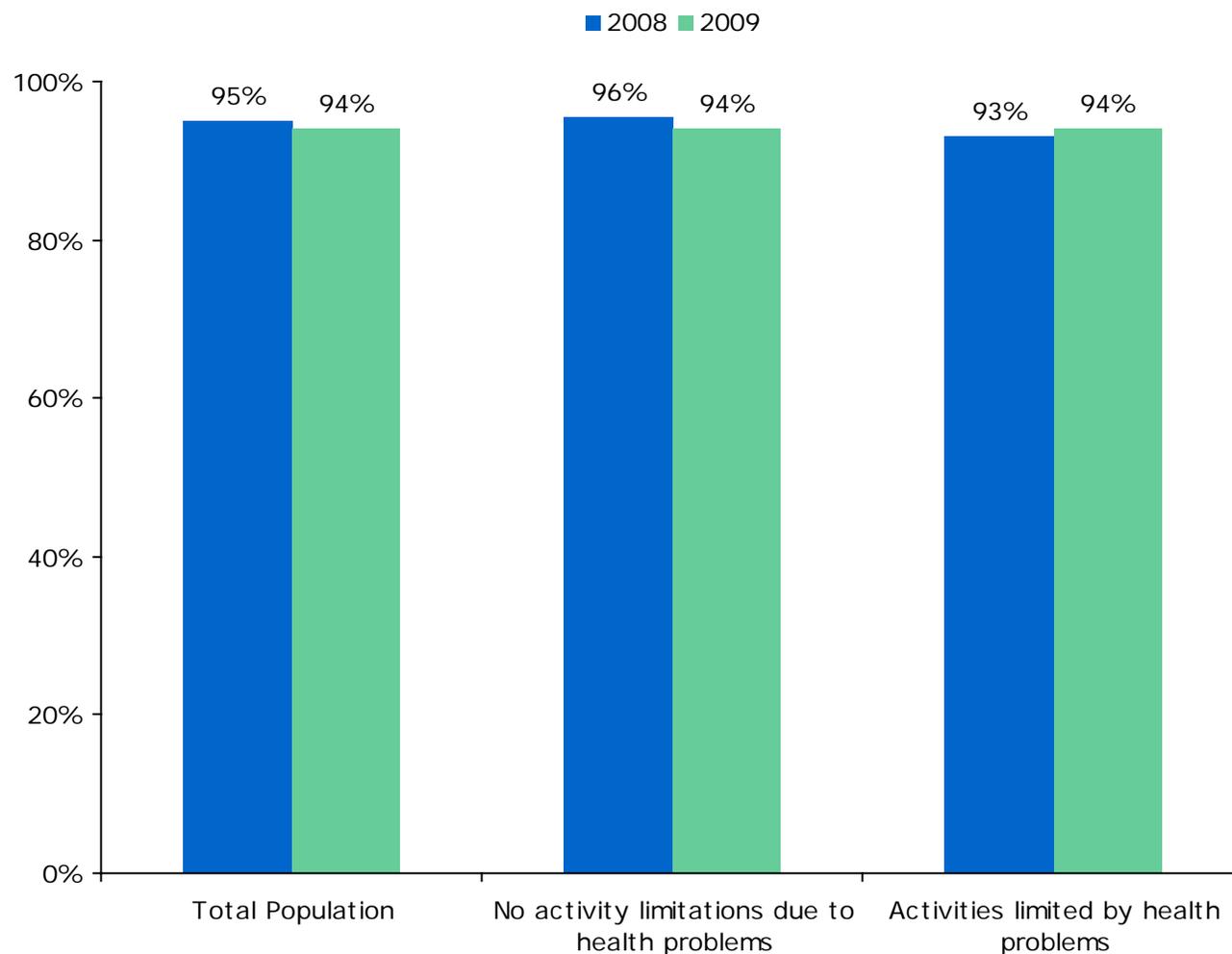
Elderly Adults with a Usual Source of Care by Health Status



Nearly all elderly adults, regardless of health status, had a usual source of care. The 2009 estimates are not significantly different from the estimates for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

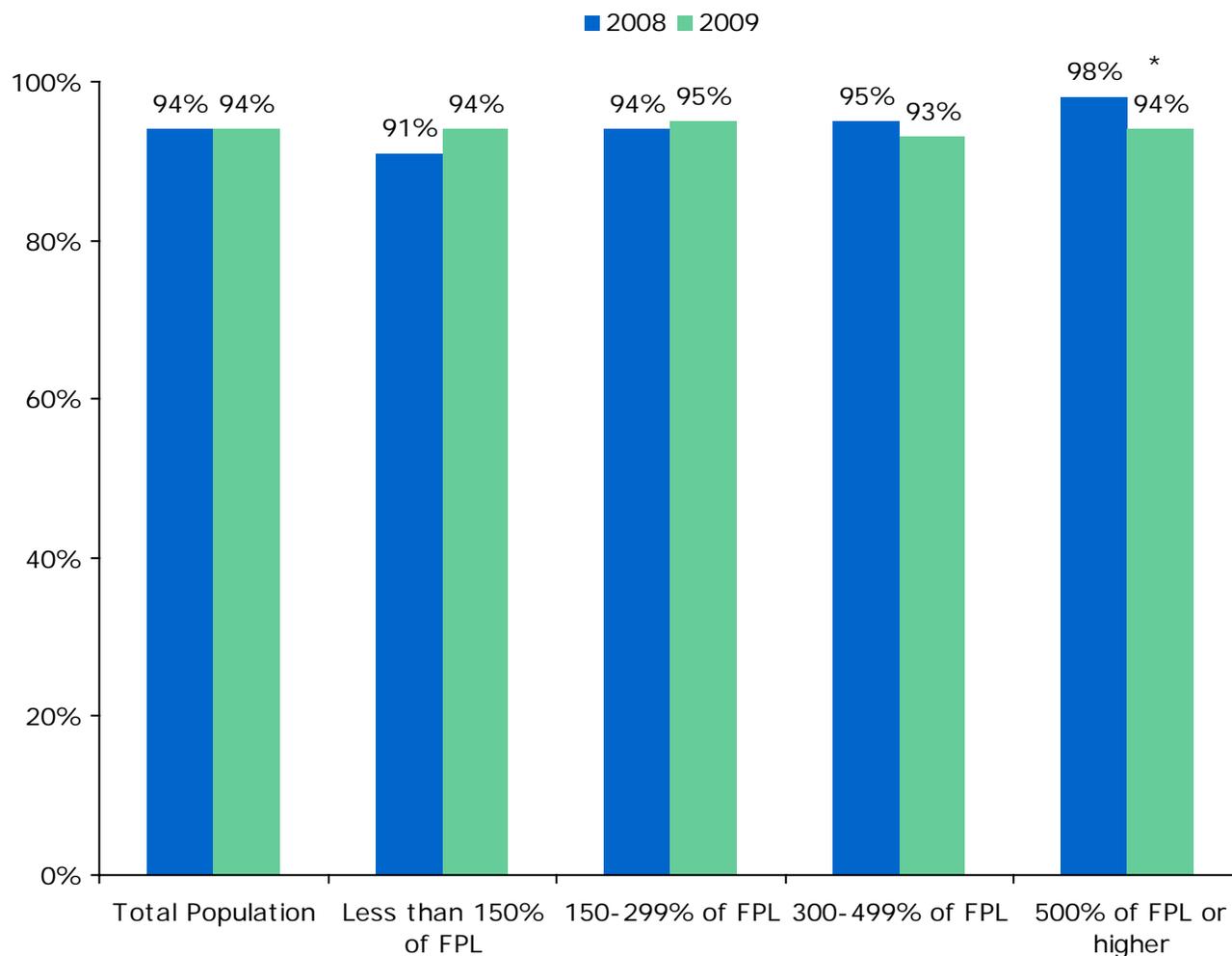
Elderly Adults with a Usual Source of Care by Disability Status



Nearly all elderly adults, regardless of disability status, had a usual source of care. The 2009 estimates are not significantly different from the estimates for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with a Doctor Visit in Past 12 Months by Income



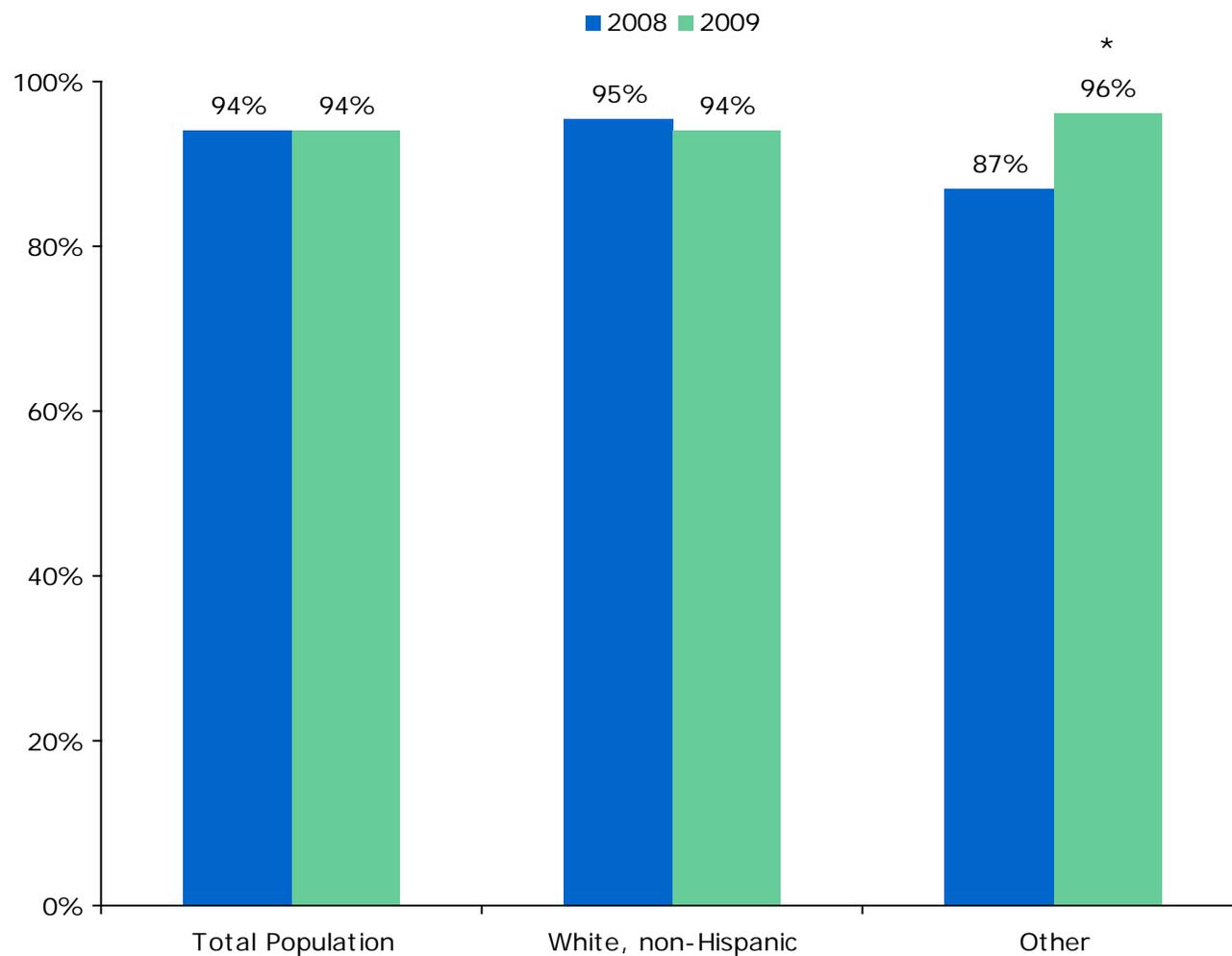
Nearly all elderly adults, regardless of family income relative to the federal poverty level (FPL), had a doctor visit in the past 12 months. The share of elderly adults with a doctor visit dropped between 2008 and 2009 for those with family income at or above 500% of the federal poverty level (FPL).

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Elderly Adults with a Doctor Visit in Past 12 Months by Race/Ethnicity

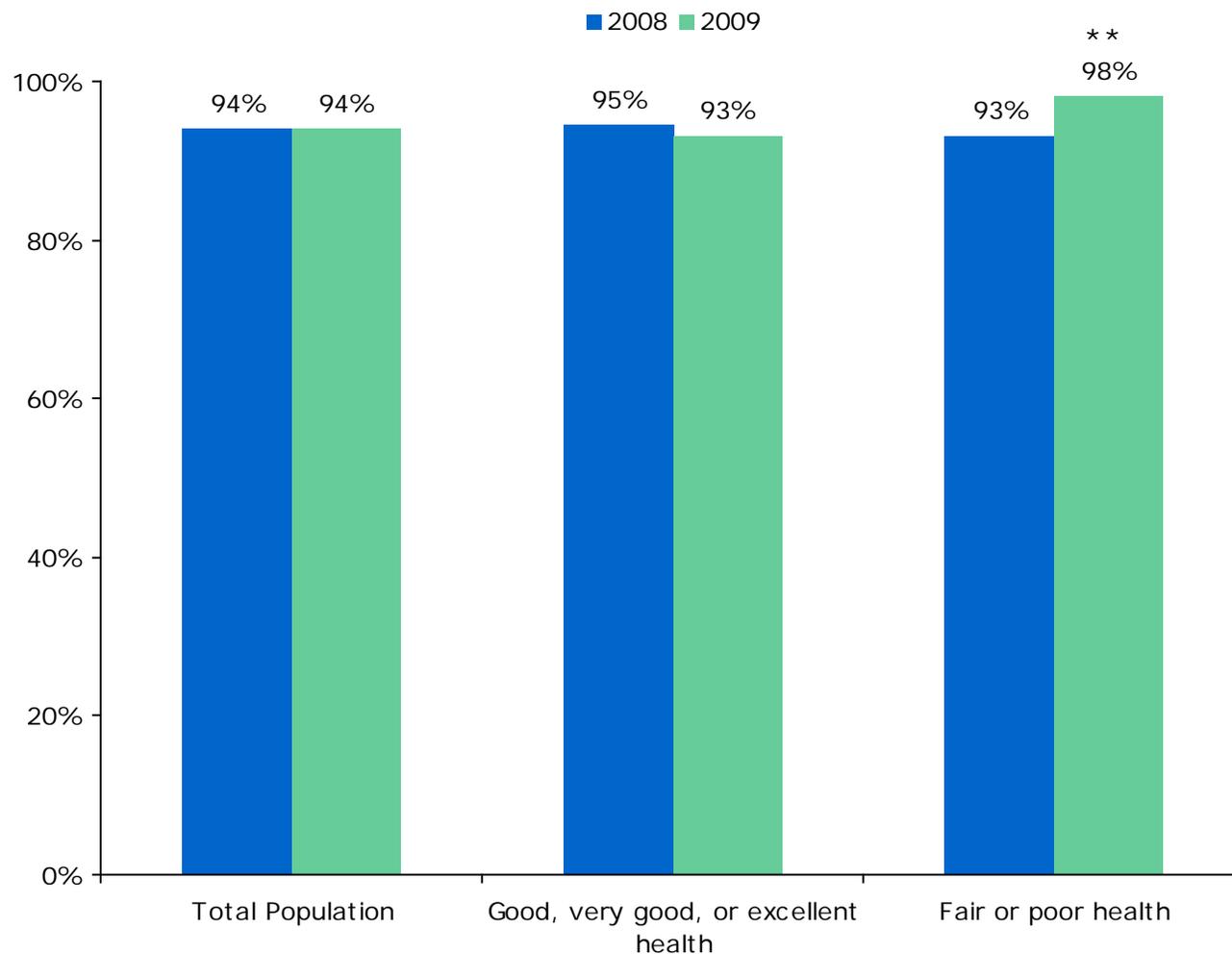


Nearly all elderly adults, regardless of race/ethnicity, had a doctor visit in the past 12 months. The share of elderly adults with a doctor visit rose between 2008 and 2009 for those who were not in the white, non-Hispanic group.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Elderly Adults with a Doctor Visit in Past 12 Months by Health Status

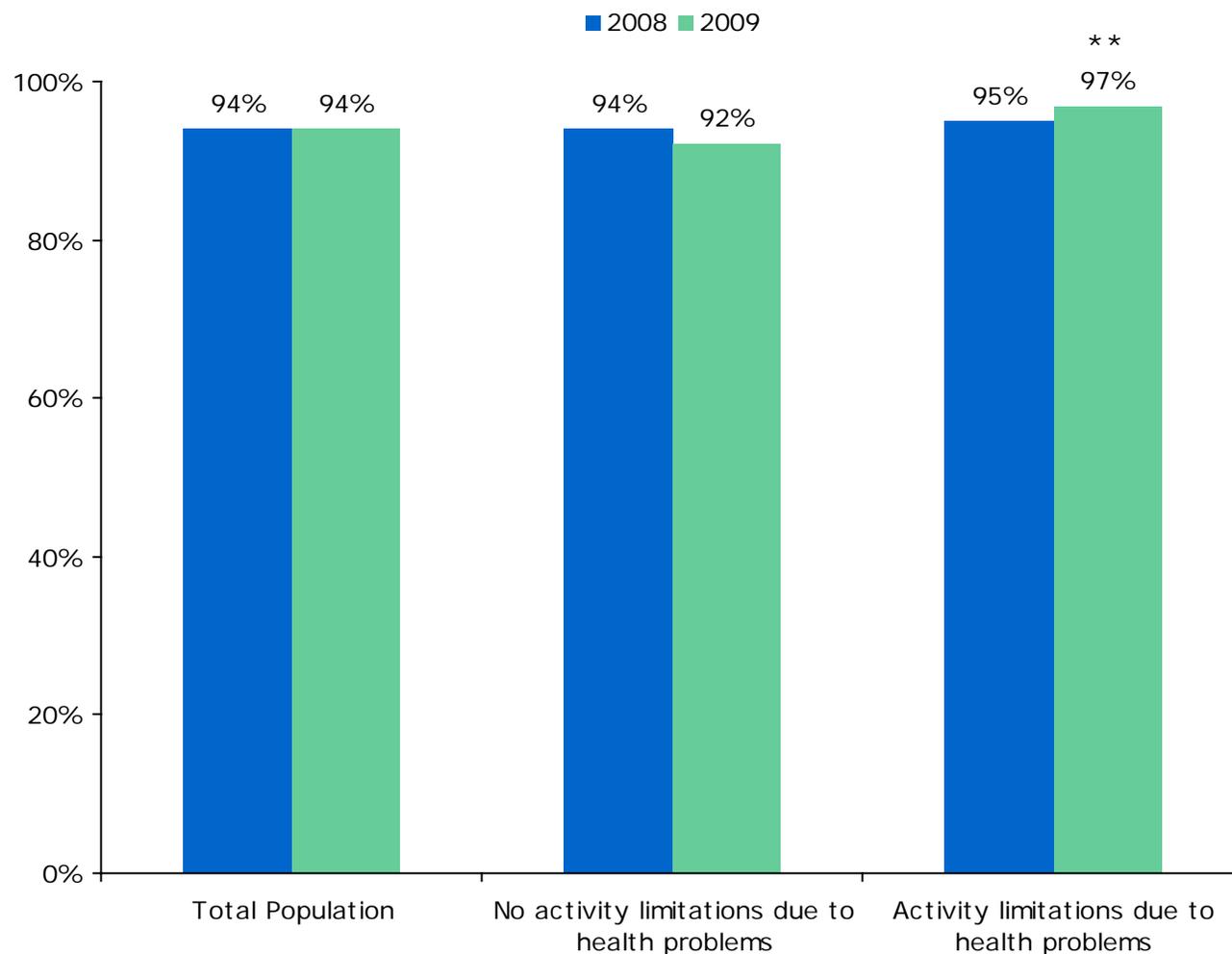


Nearly all elderly adults, regardless of health status, had a doctor visit in the past 12 months. The share of elderly adults with a doctor visit rose between 2008 and 2009 for those in fair or poor health.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Elderly Adults with a Doctor Visit in Past 12 Months by Disability Status

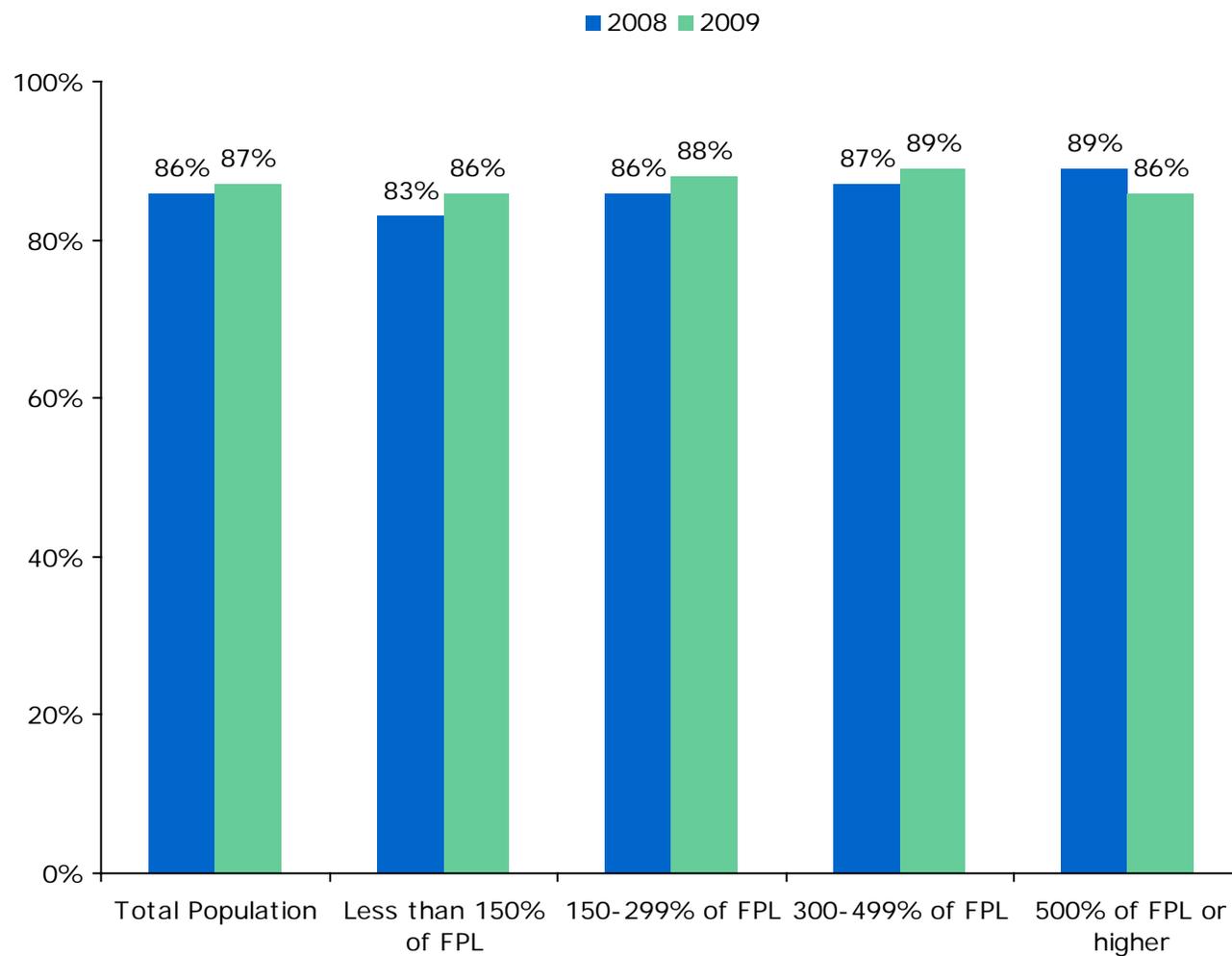


Nearly all elderly adults, regardless of disability status, had a doctor visit in the past 12 months. The share of elderly adults with a doctor visit rose between 2008 and 2009 for those with a disability.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Elderly Adults with a Preventive Care Visit in Past 12 Months by Income

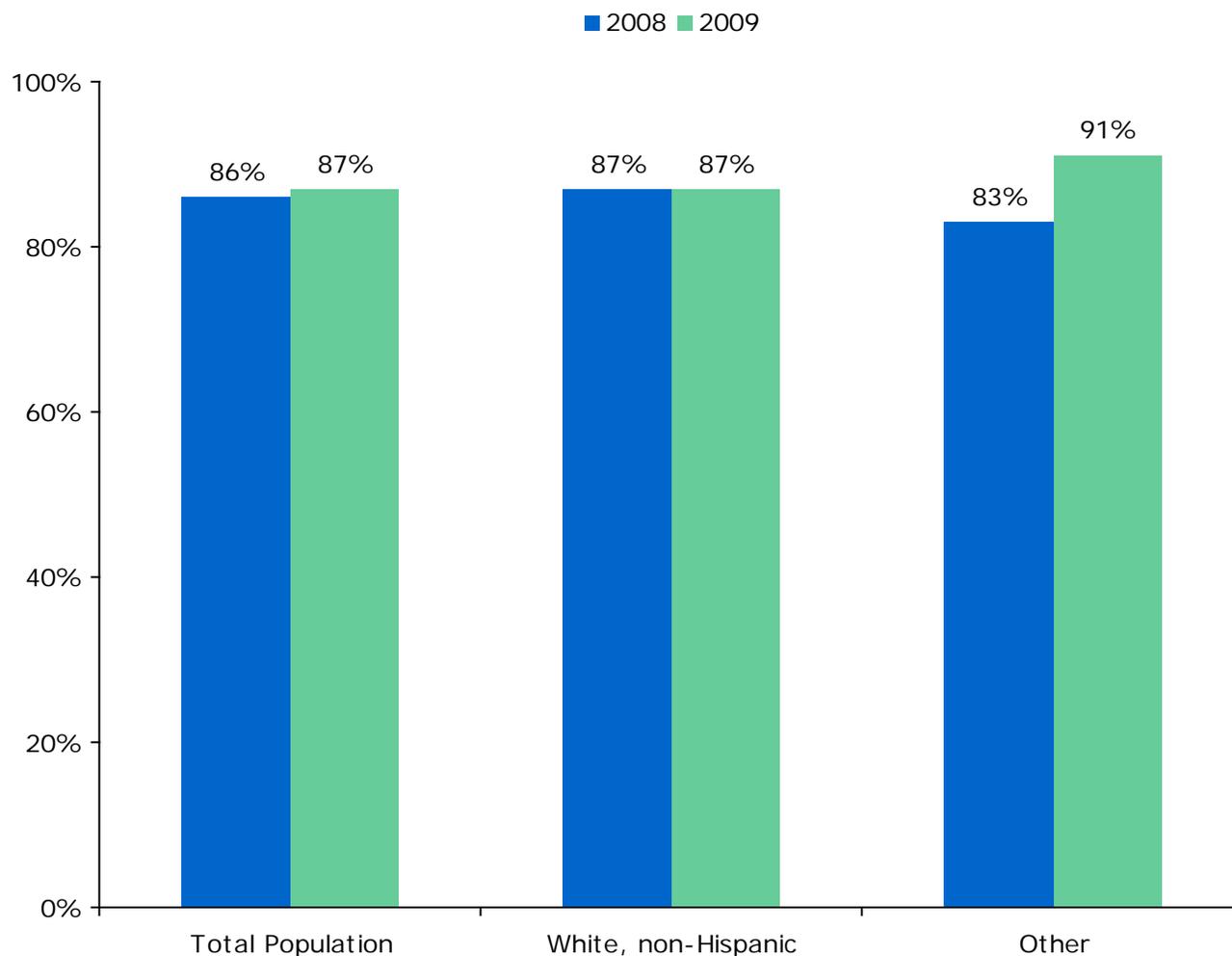


Most elderly adults, regardless of family income relative to the federal poverty level (FPL), had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with a Preventive Care Visit in Past 12 Months by Race/Ethnicity

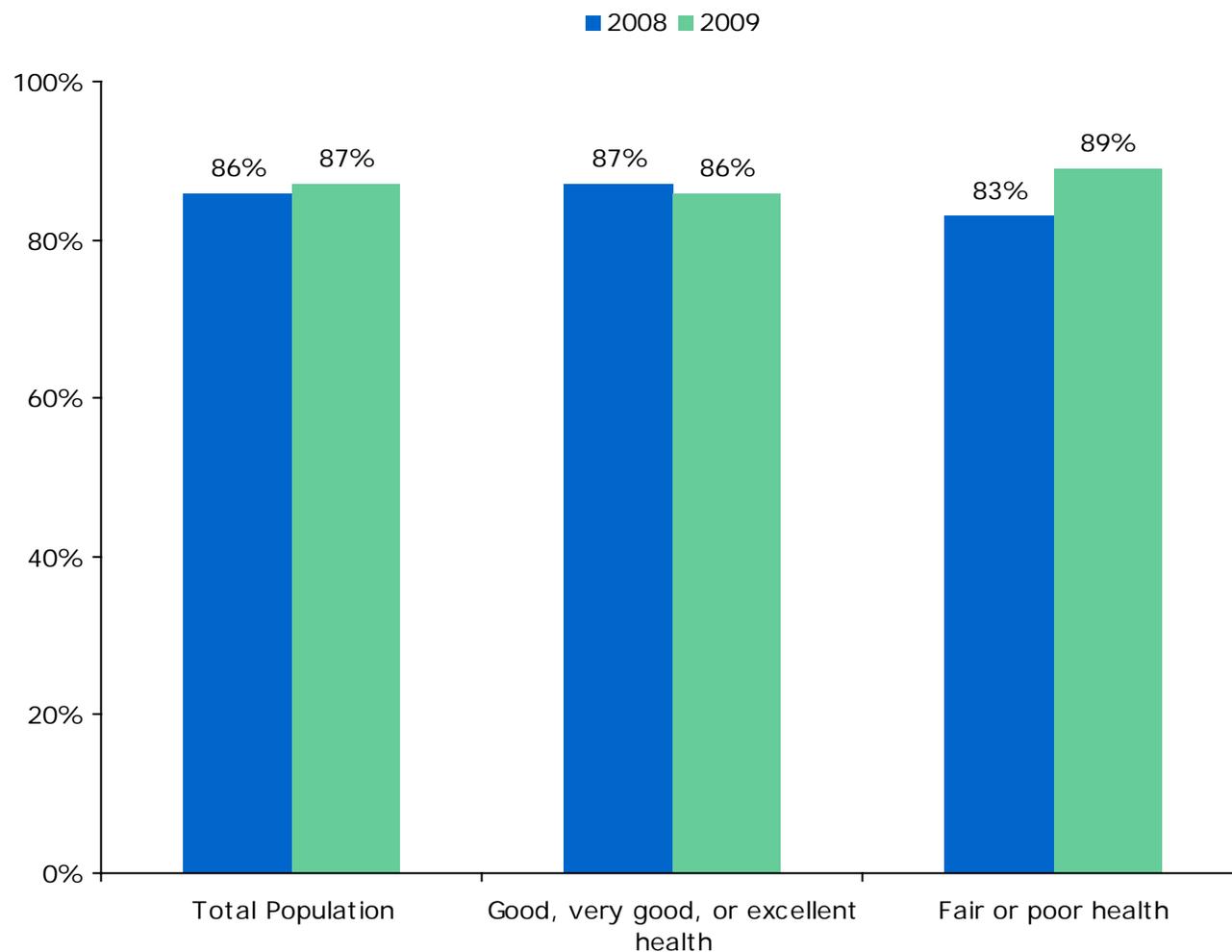


Most elderly adults, regardless of race/ethnicity, had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with a Preventive Care Visit in Past 12 Months by Health Status

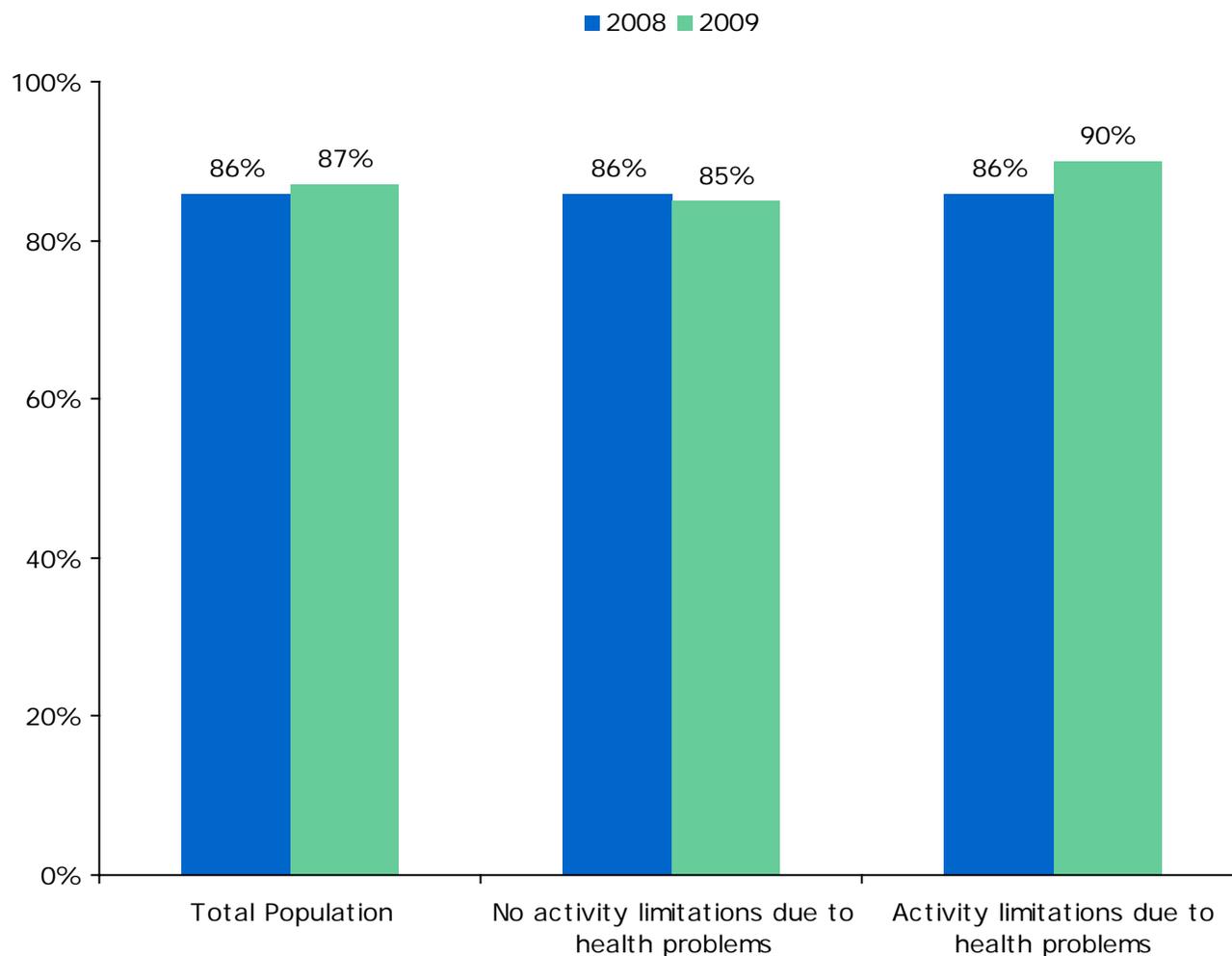


Most elderly adults, regardless of health status, had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with a Preventive Care Visit in Past 12 Months by Disability Status

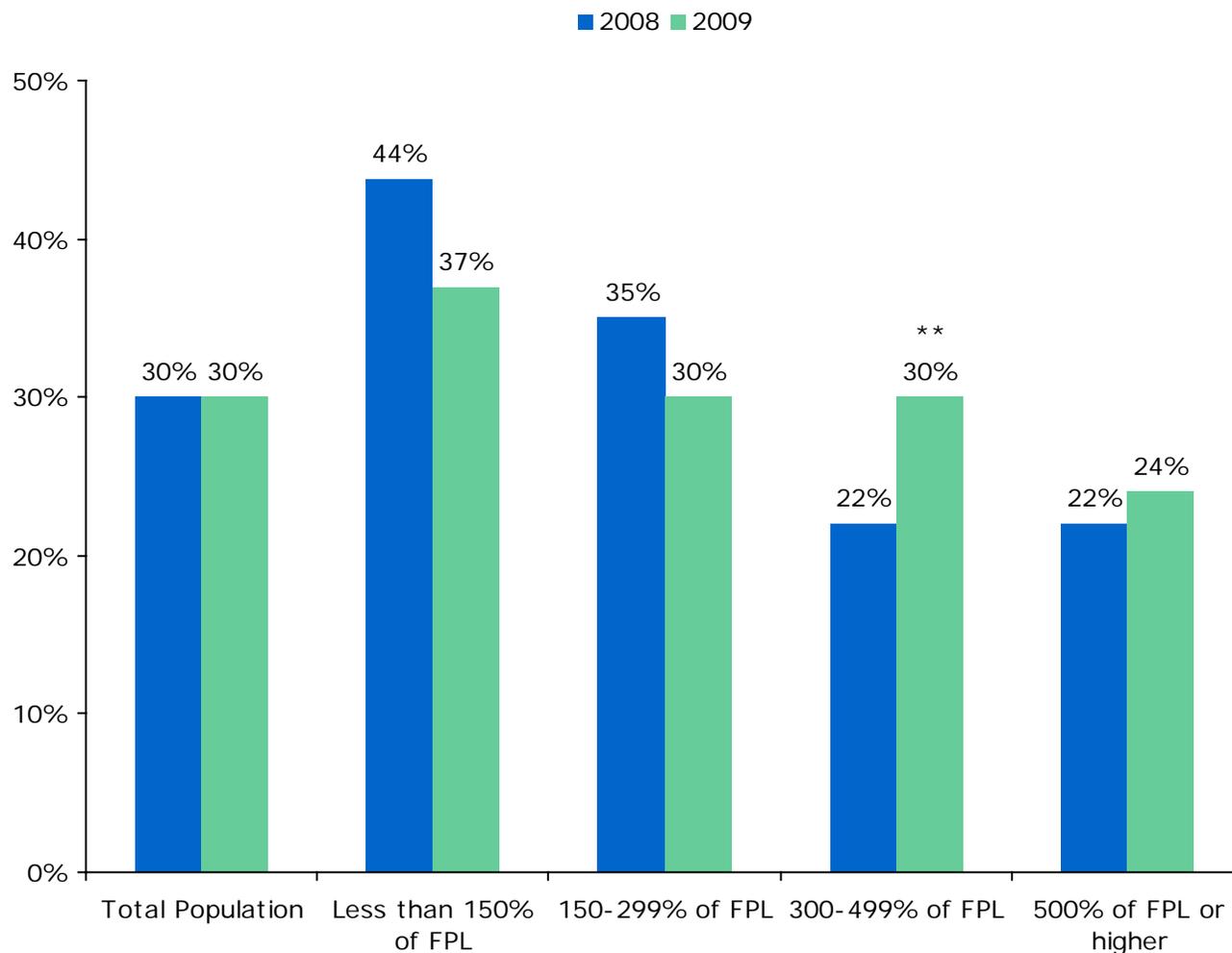


Most elderly adults, regardless of disability status, had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with an ER Visit in Past 12 Months by Income



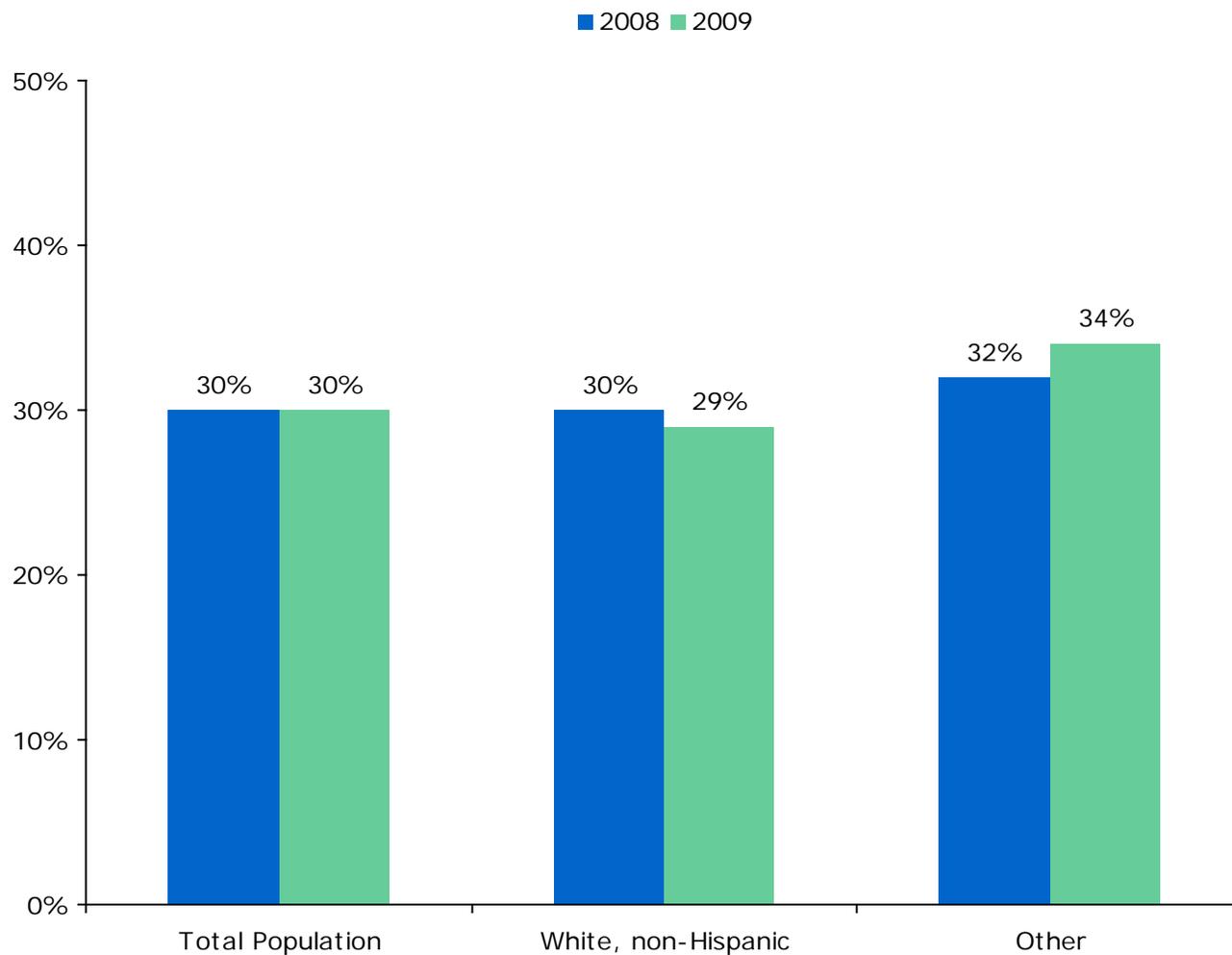
Elderly adults with family incomes below 300% of the federal poverty level (FPL) were more likely to have had an ER visit in the past 12 months than higher-income adults. The share of elderly adults with an ER visit increased between 2008 and 2009 for those with family income between 300% and 499% FPL.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

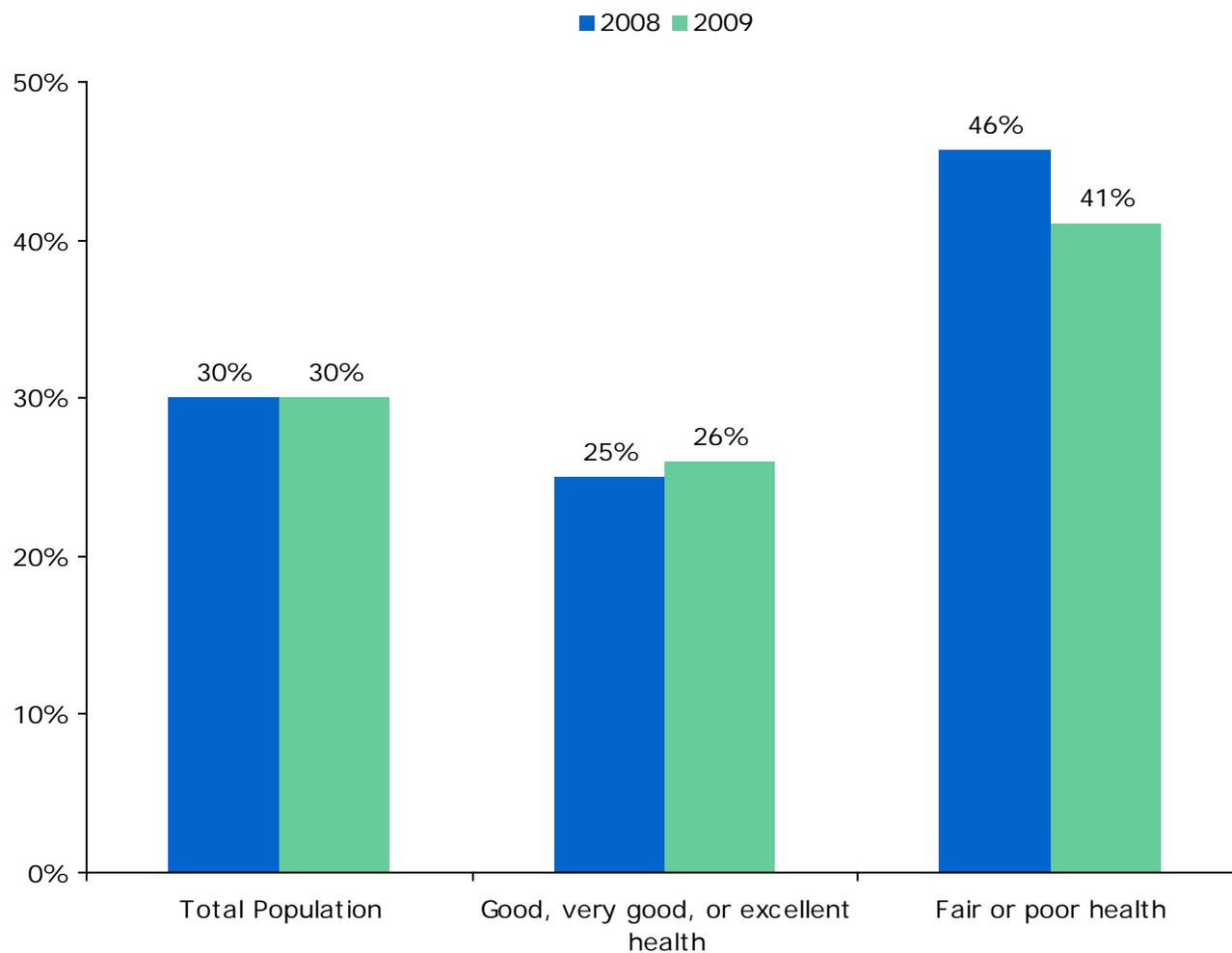
Elderly Adults with an ER Visit in Past 12 Months by Race/Ethnicity



There was little difference in the share of elderly adults with an ER visit in the past 12 months by race/ethnicity. The 2009 estimates are not significantly different from the estimates for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with an ER Visit in Past 12 Months by Health Status

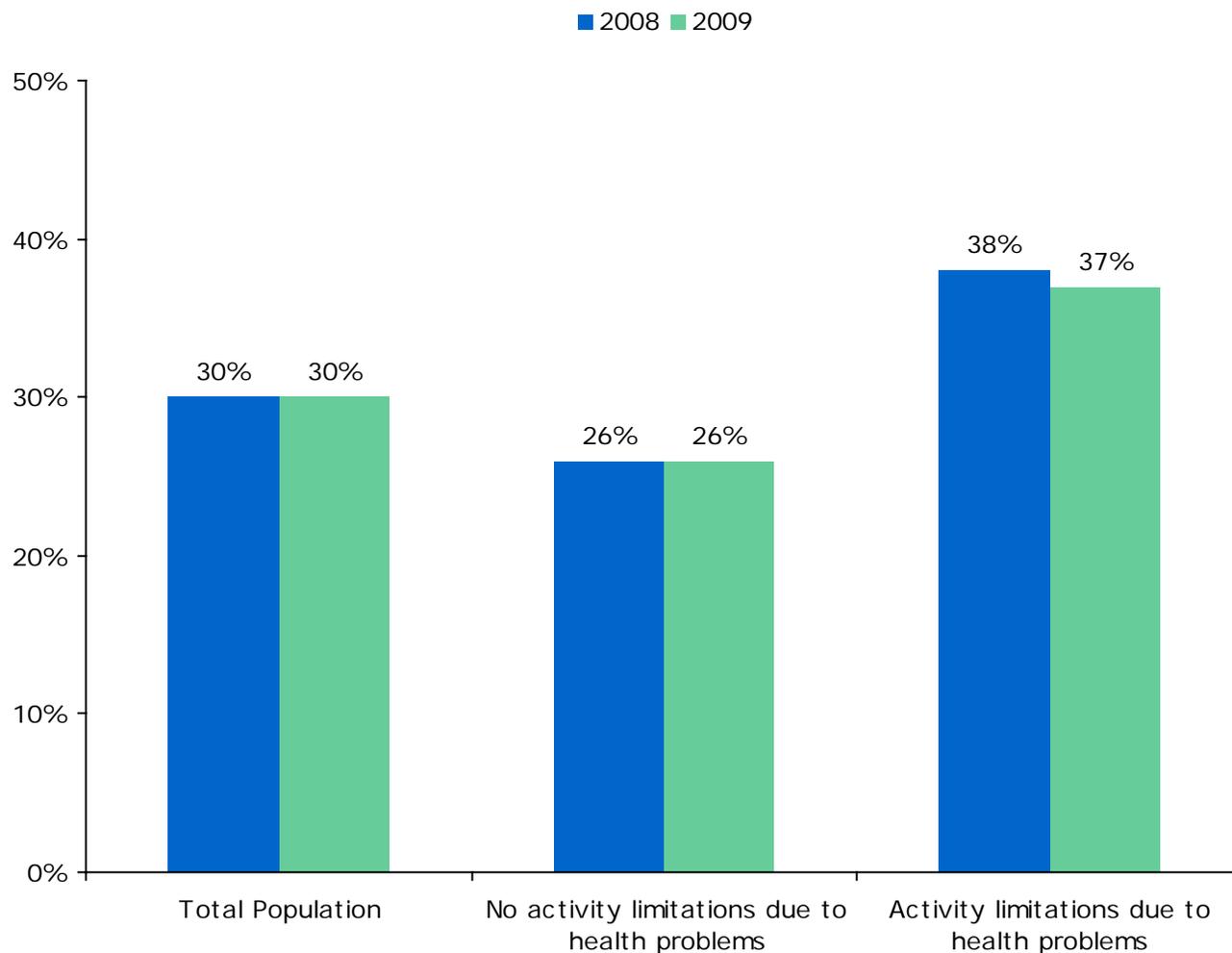


Elderly adults in fair or poor health were more likely than those in better health to have had an ER visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

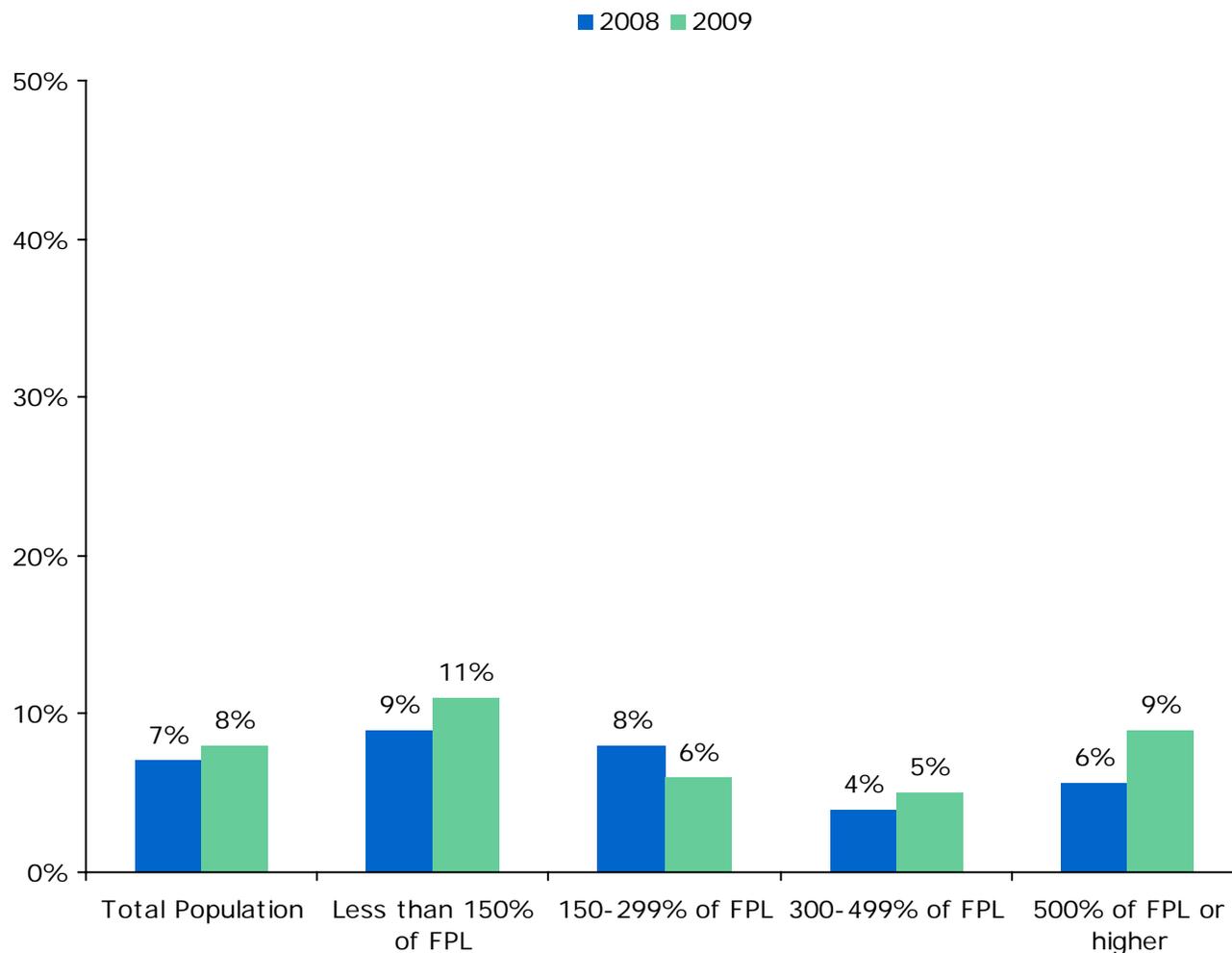
Elderly Adults with an ER Visit in Past 12 Months by Disability Status



Elderly adults with a disability were more likely to have had an ER visit in the past 12 months than those without a disability. The 2009 estimates are not significantly different from the estimates for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with a Non-Emergency[†] ER Visit in the Past 12 Months by Income



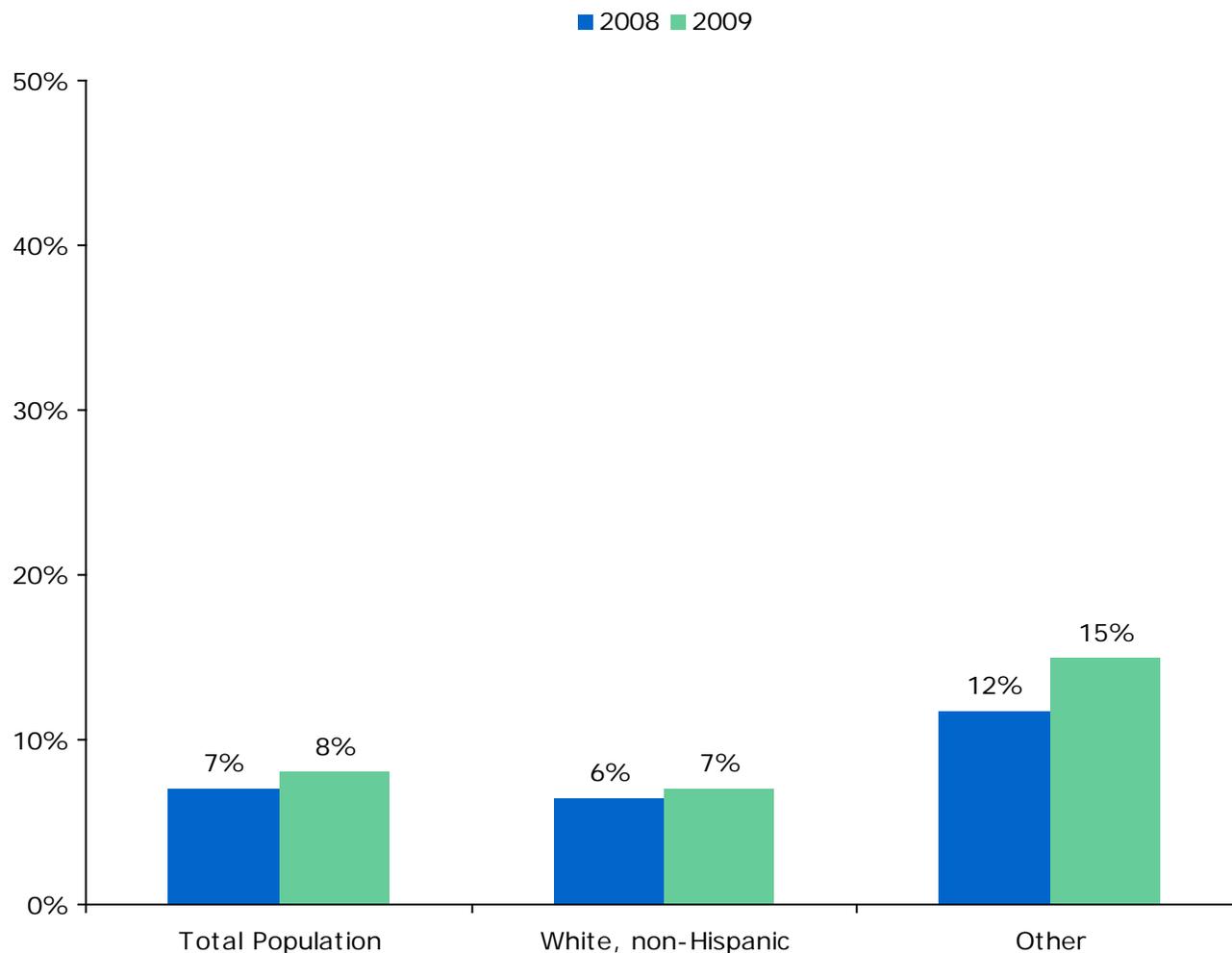
Relatively few elderly adults had a non-emergency visit as their most recent ER visit in the past 12 months, regardless of family income relative to the federal poverty level (FPL). The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with a Non-Emergency[†] ER Visit in the Past 12 Months by Race/Ethnicity



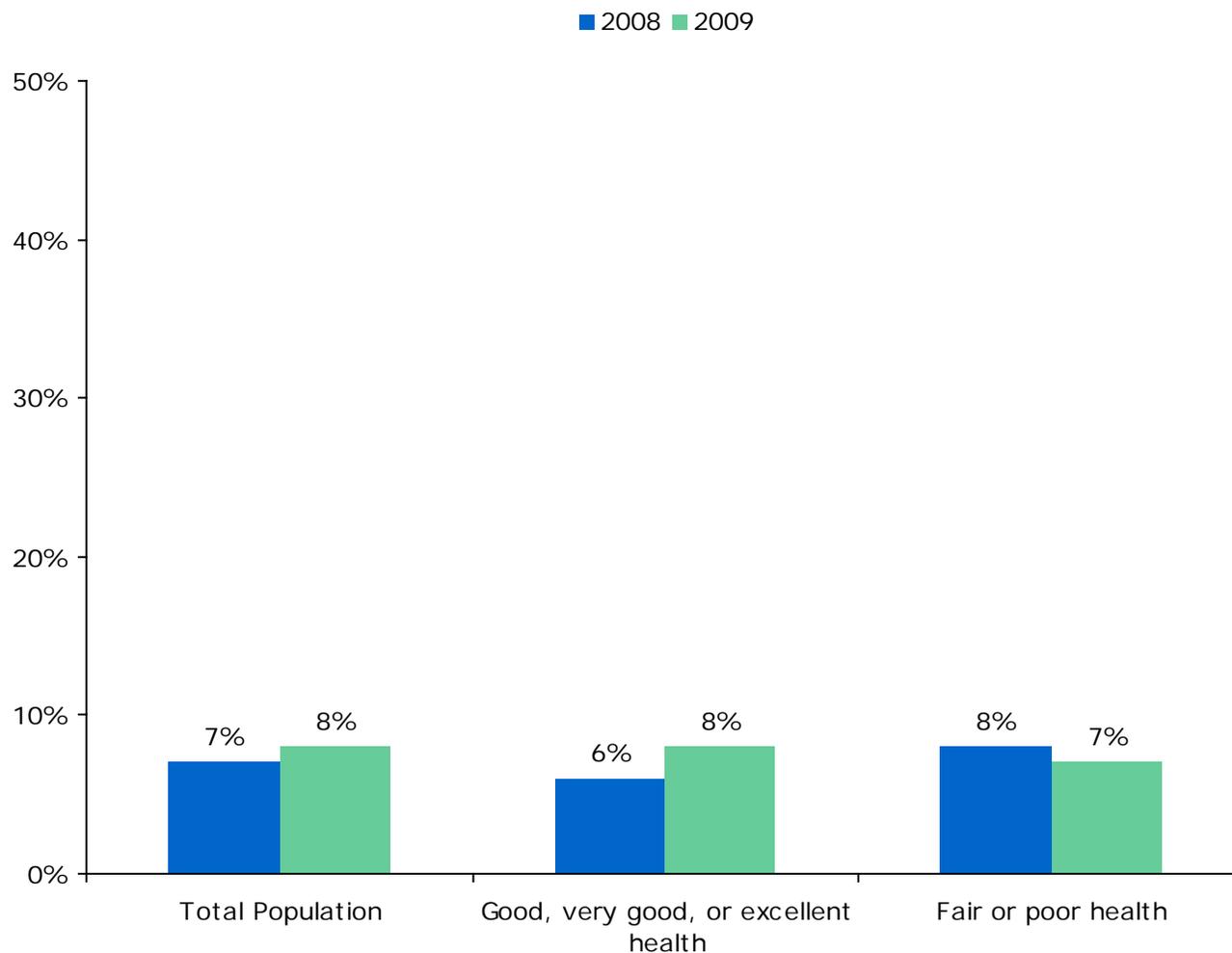
White, non-Hispanic elderly adults were less likely than others to have had a non-emergency visit as their most recent ER visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

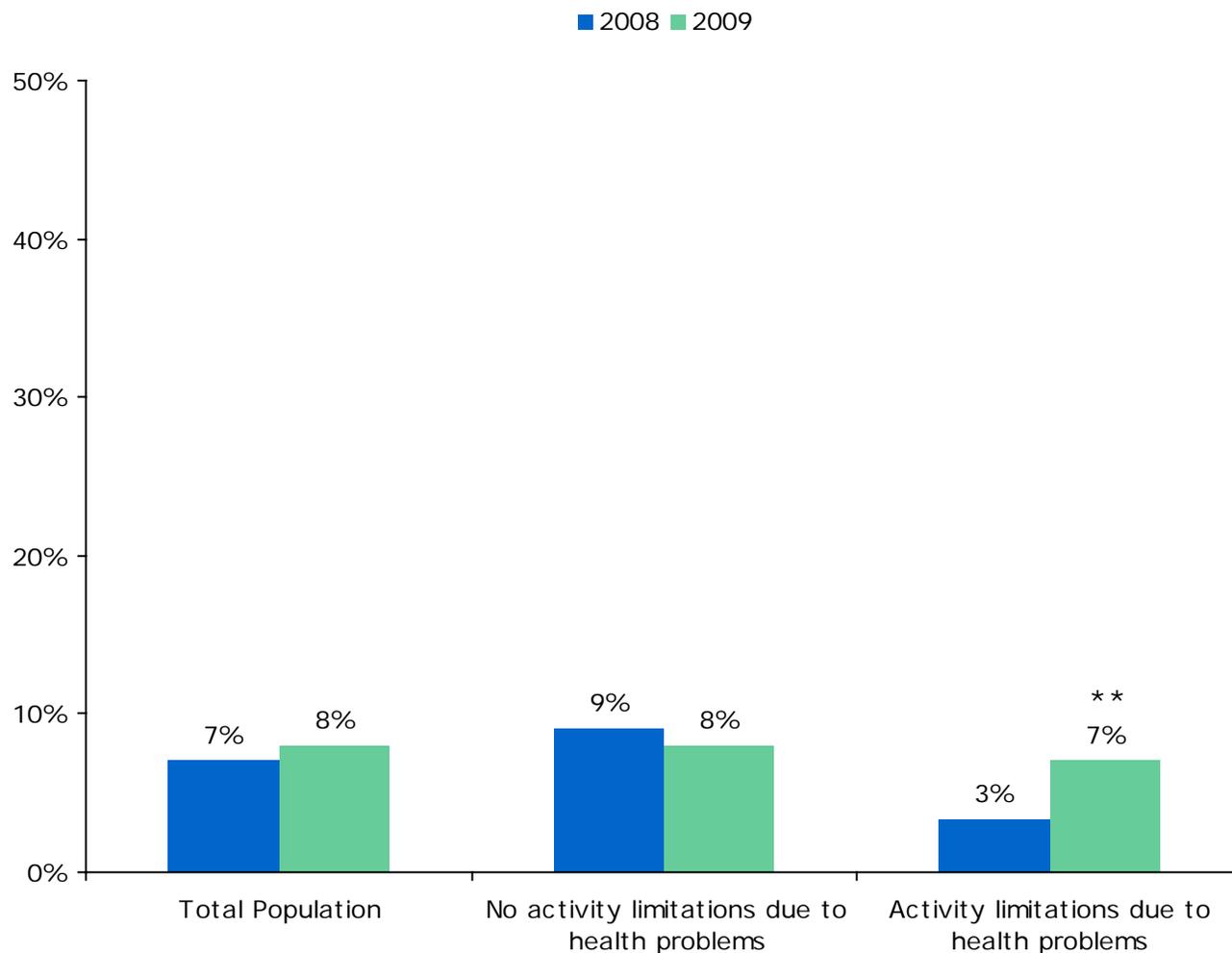
Elderly Adults with a Non-Emergency[†] ER Visit in the Past 12 Months Health Status



There was little difference in the share of elderly adults with a non-emergency visit as their most recent ER visit in the past 12 months by health status. The 2009 estimates are not significantly different from the estimates for 2008.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.
Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with a Non-Emergency[†] ER Visit in the Past 12 Months Disability Status



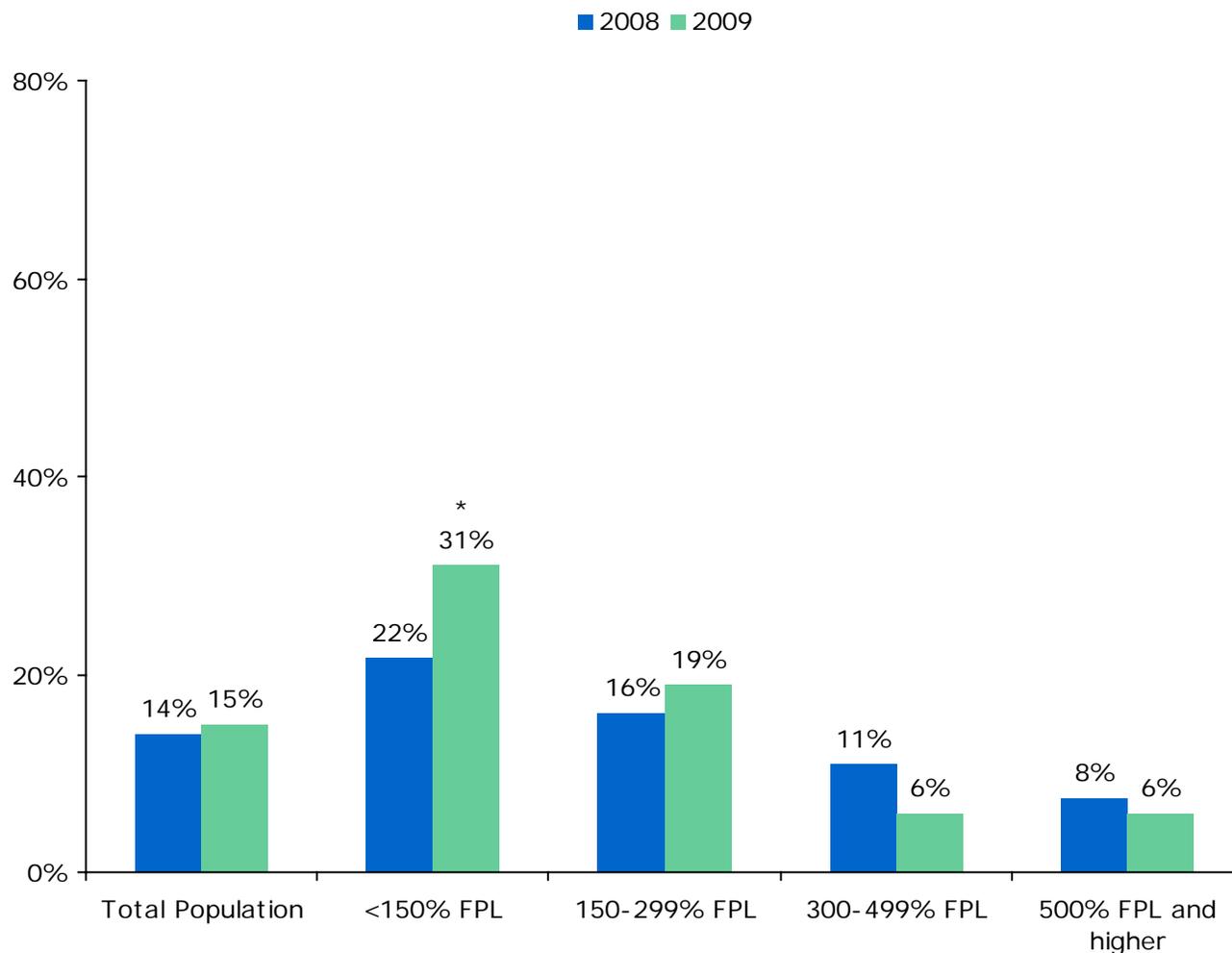
The share of disabled elderly adults with a non-emergency visit as their most recent ER visit in the past 12 months increased between 2008 and 2009.

[†]A non-emergency ER visit in the past 12 months is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Income



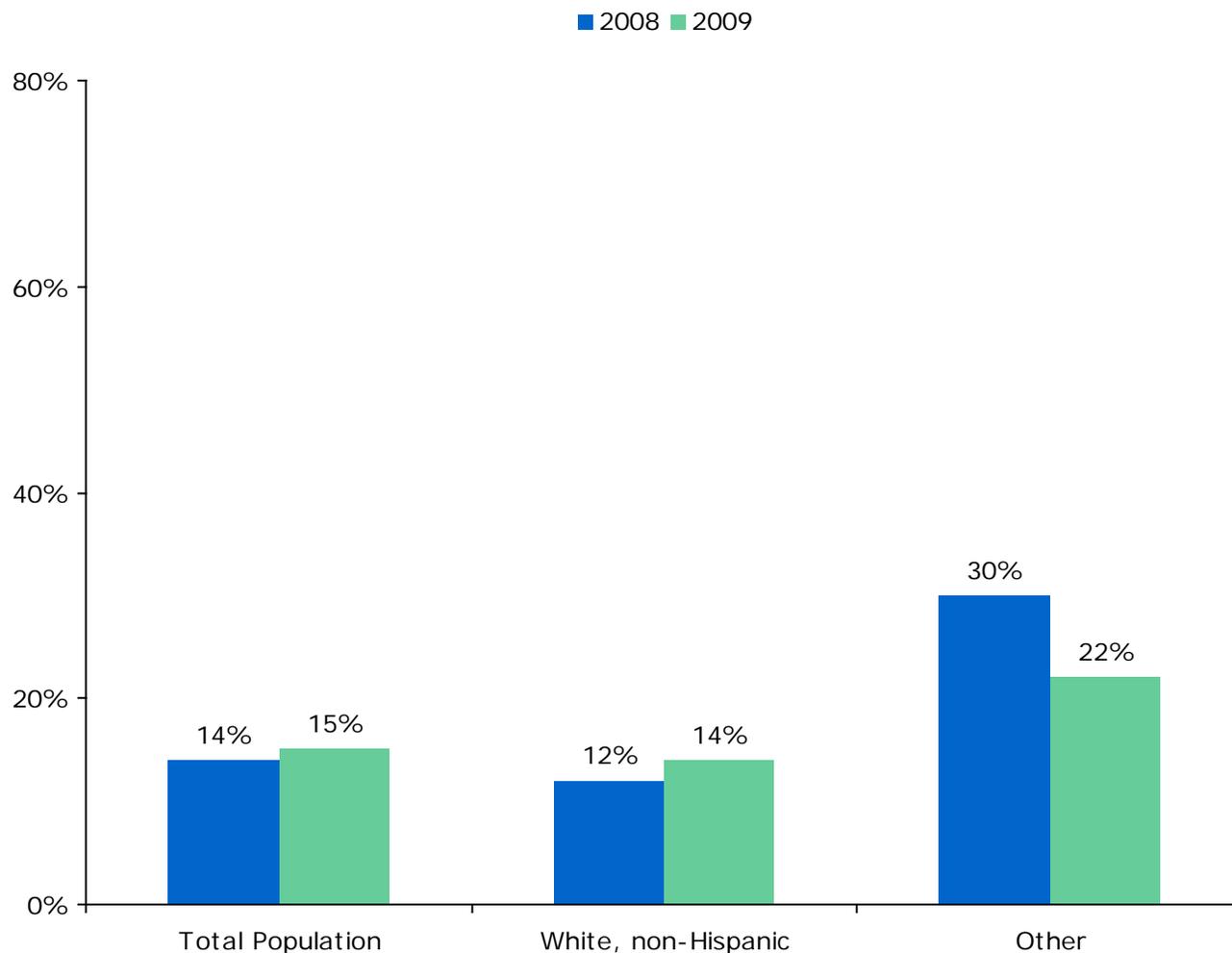
Unmet need for health care because of cost in the past 12 months was highest among elderly adults with family income below 150% of the federal poverty level (FPL). The share of adults reporting unmet need increased between 2008 and 2009.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Race/Ethnicity

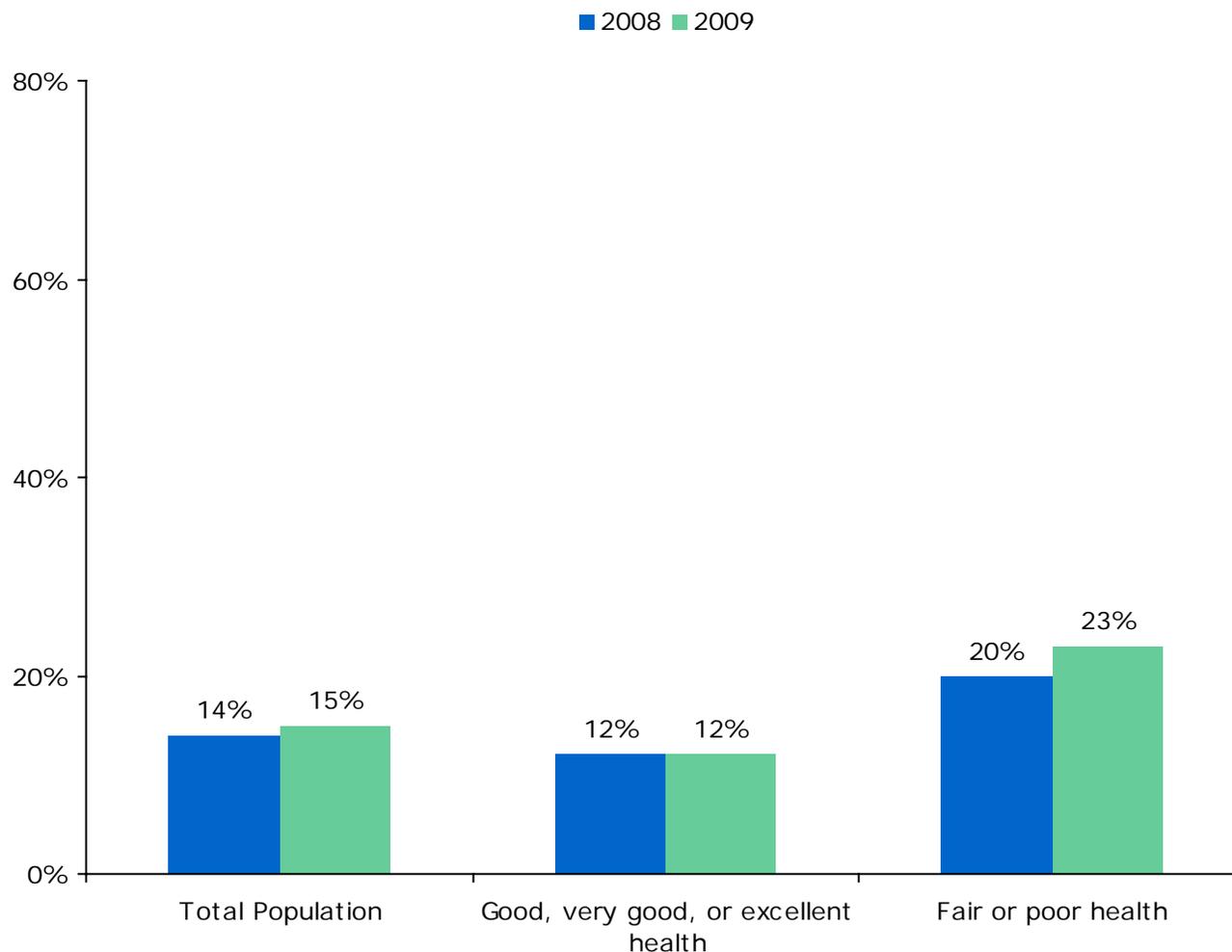


White, non-Hispanic elderly adults were less likely to have unmet need for health care because of cost in the past 12 months than were other elderly adults. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Health Status

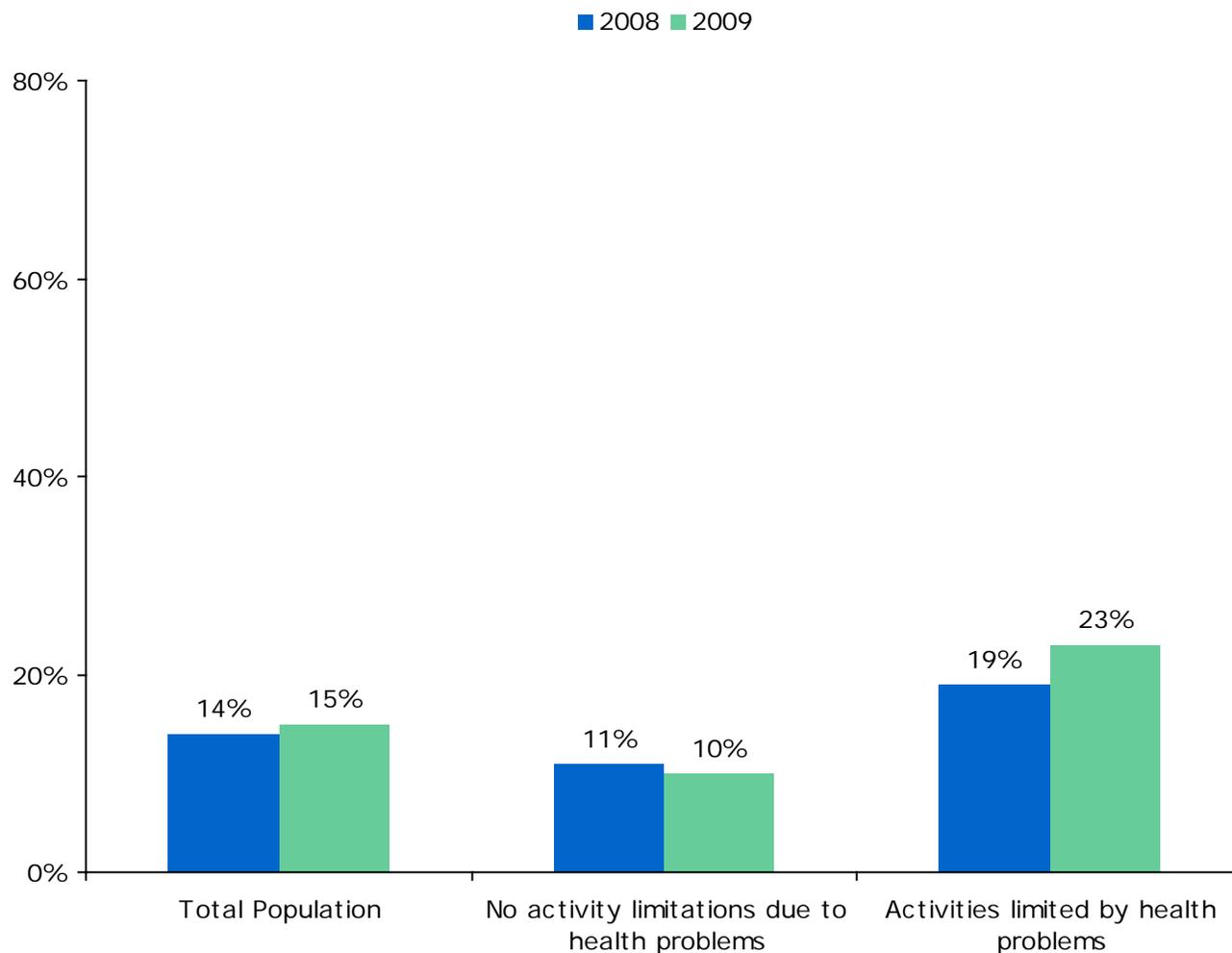


Among elderly adults, those in fair or poor health were more likely to have unmet need for health care because of cost in the past 12 months than were those in better health. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Disability Status

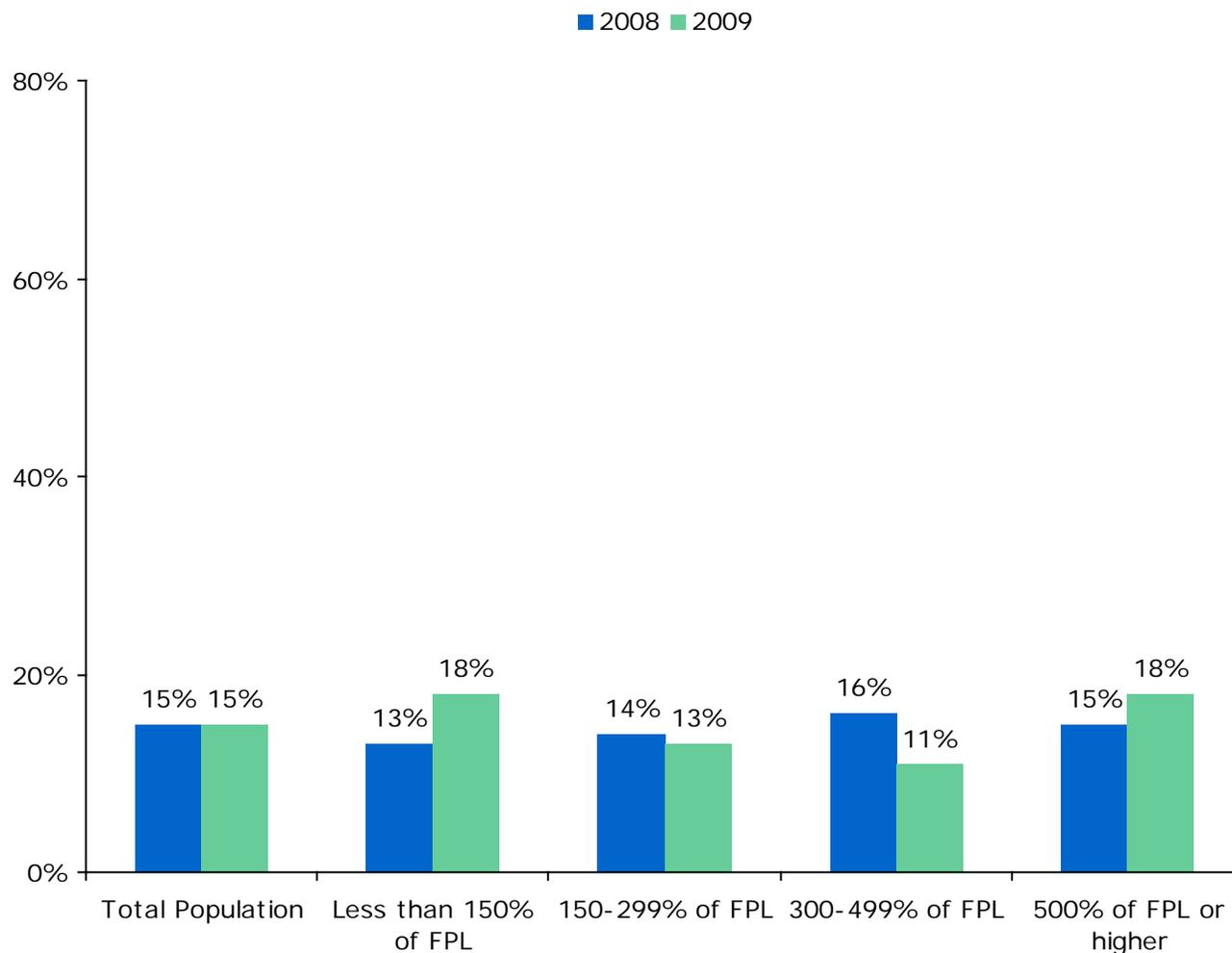


Among elderly adults, those who were disabled were more likely to have unmet need for health care because of cost in the past 12 months than were those without a disability. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Income

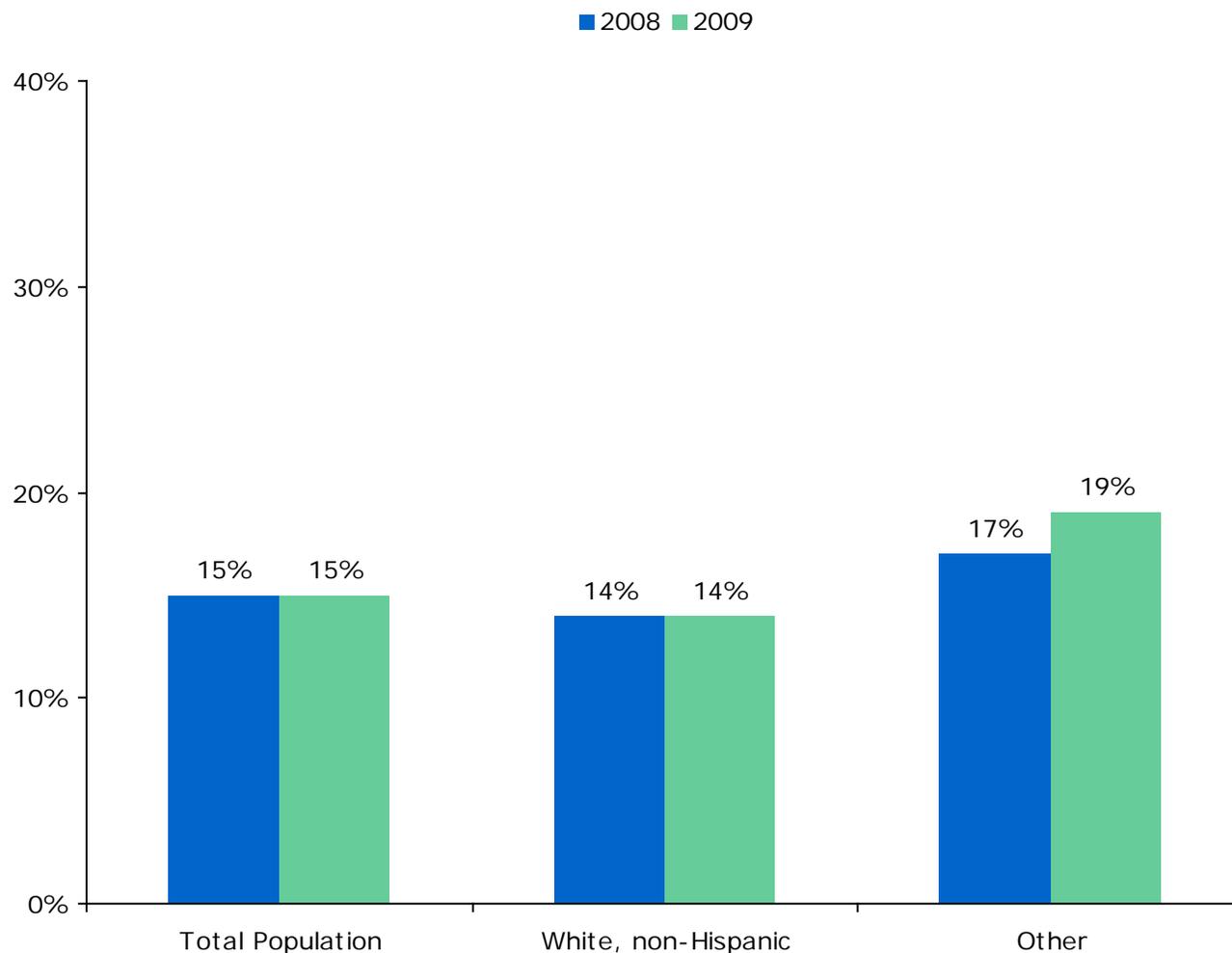


There was little difference in the share of elderly adults reporting difficulty obtaining health care in the past 12 months by family income relative to the federal poverty level (FPL). The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Race/Ethnicity

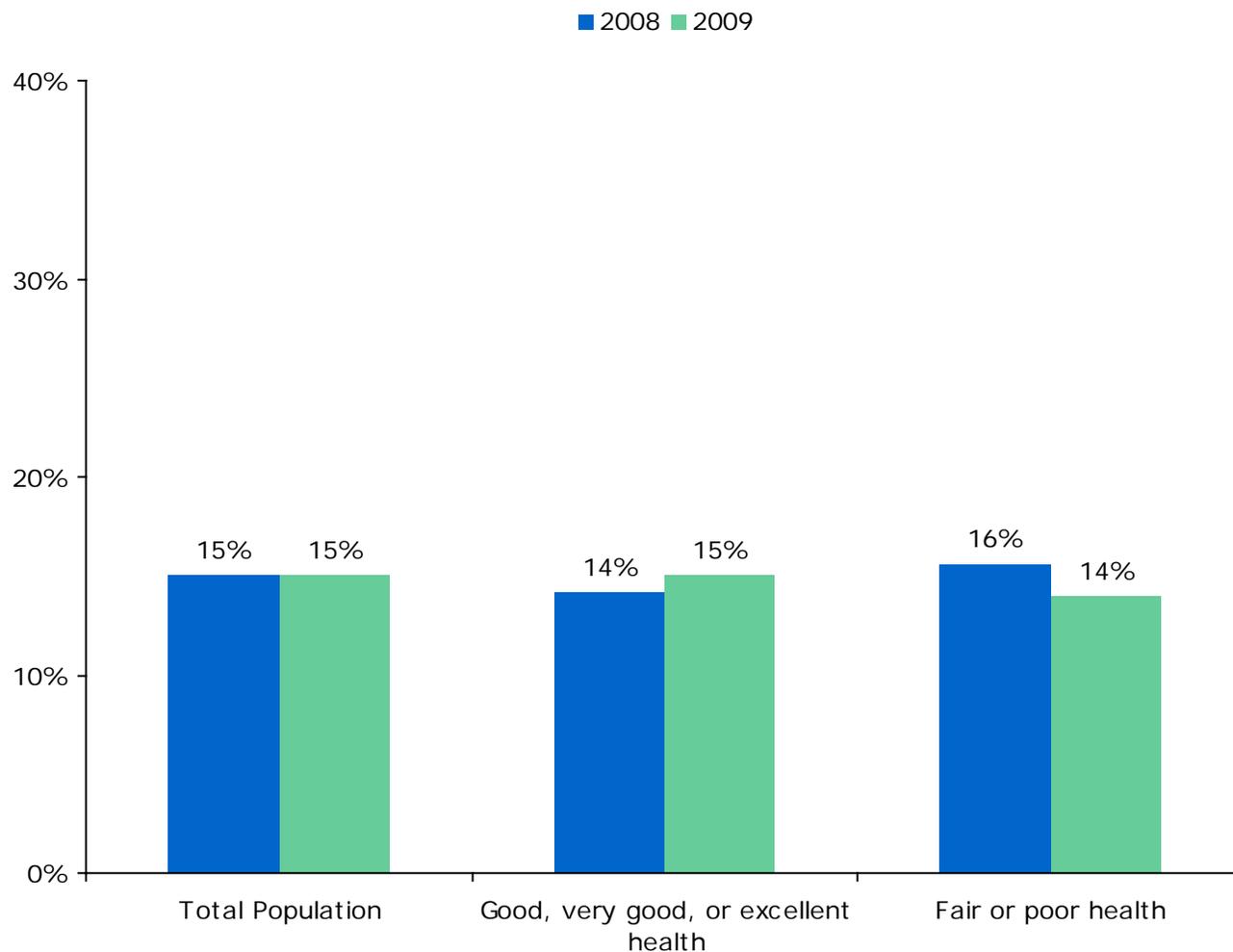


White, non-Hispanic elderly adults were less likely to have had problems obtaining health care in the past 12 months than were other elderly adults. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Health Status

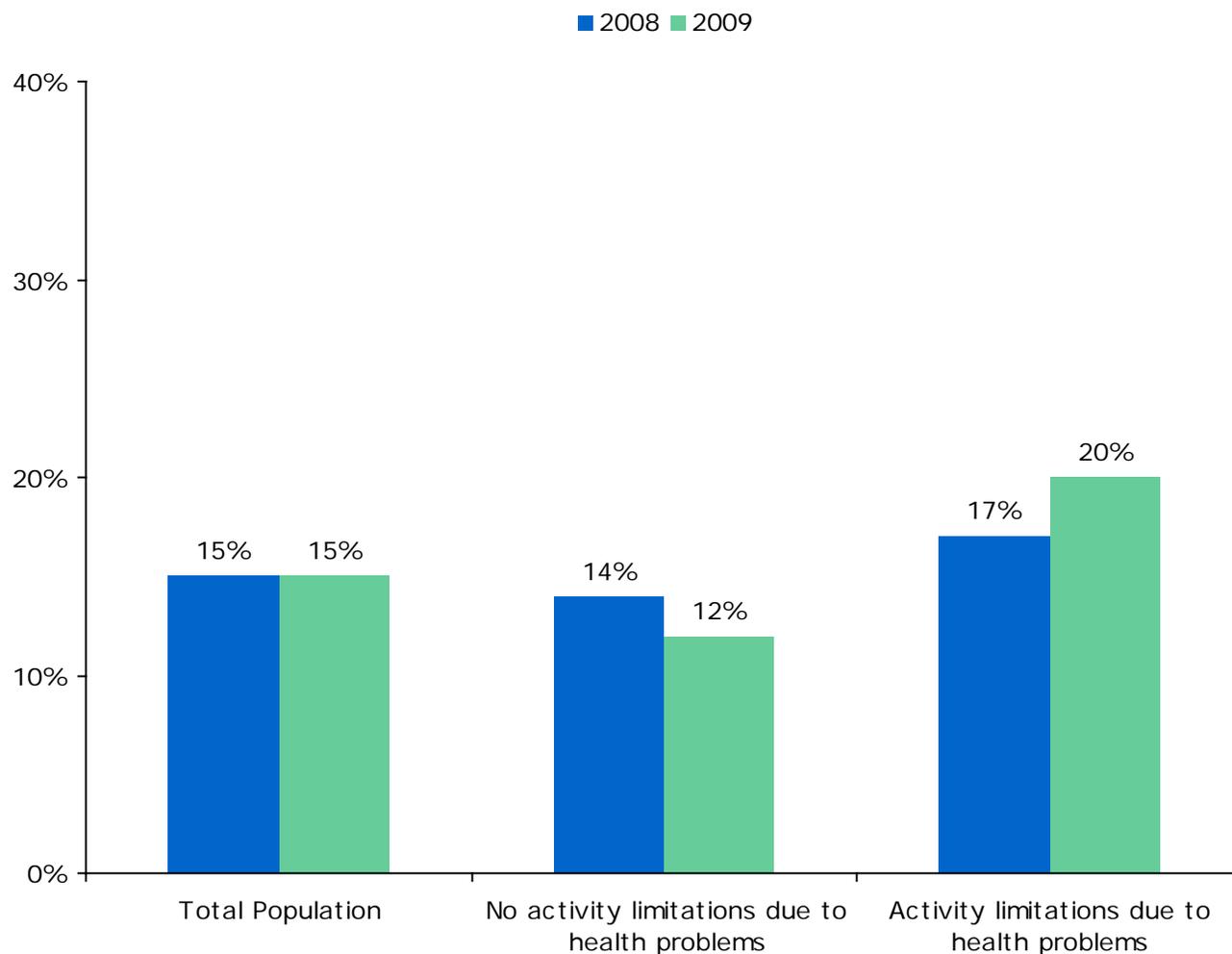


There was little difference in the share of elderly adults reporting problems obtaining health care in the past 12 months by health status. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Disability Status

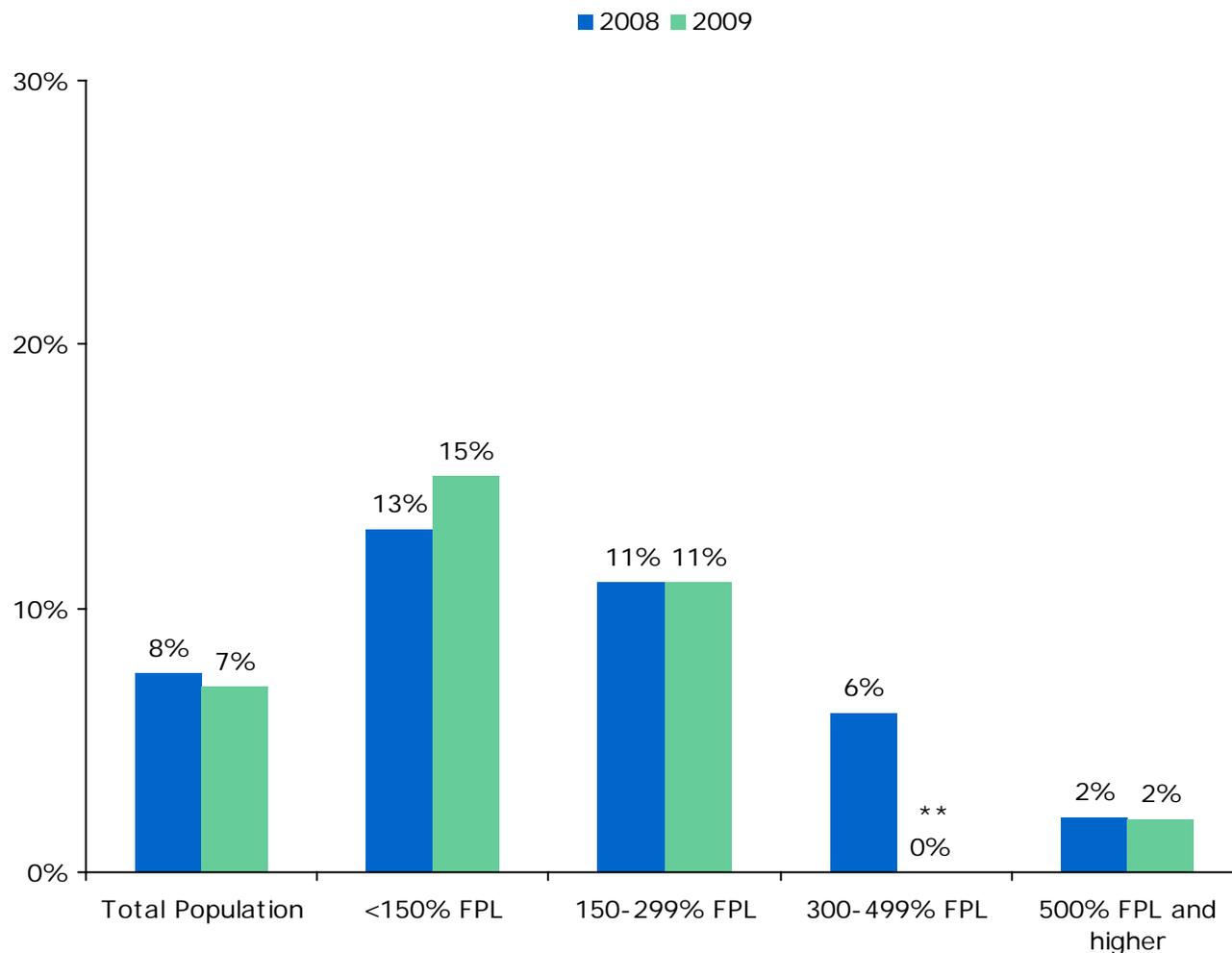


Elderly adults with a disability were more likely to have had problems obtaining health care in the past 12 months than those without a disability. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Income



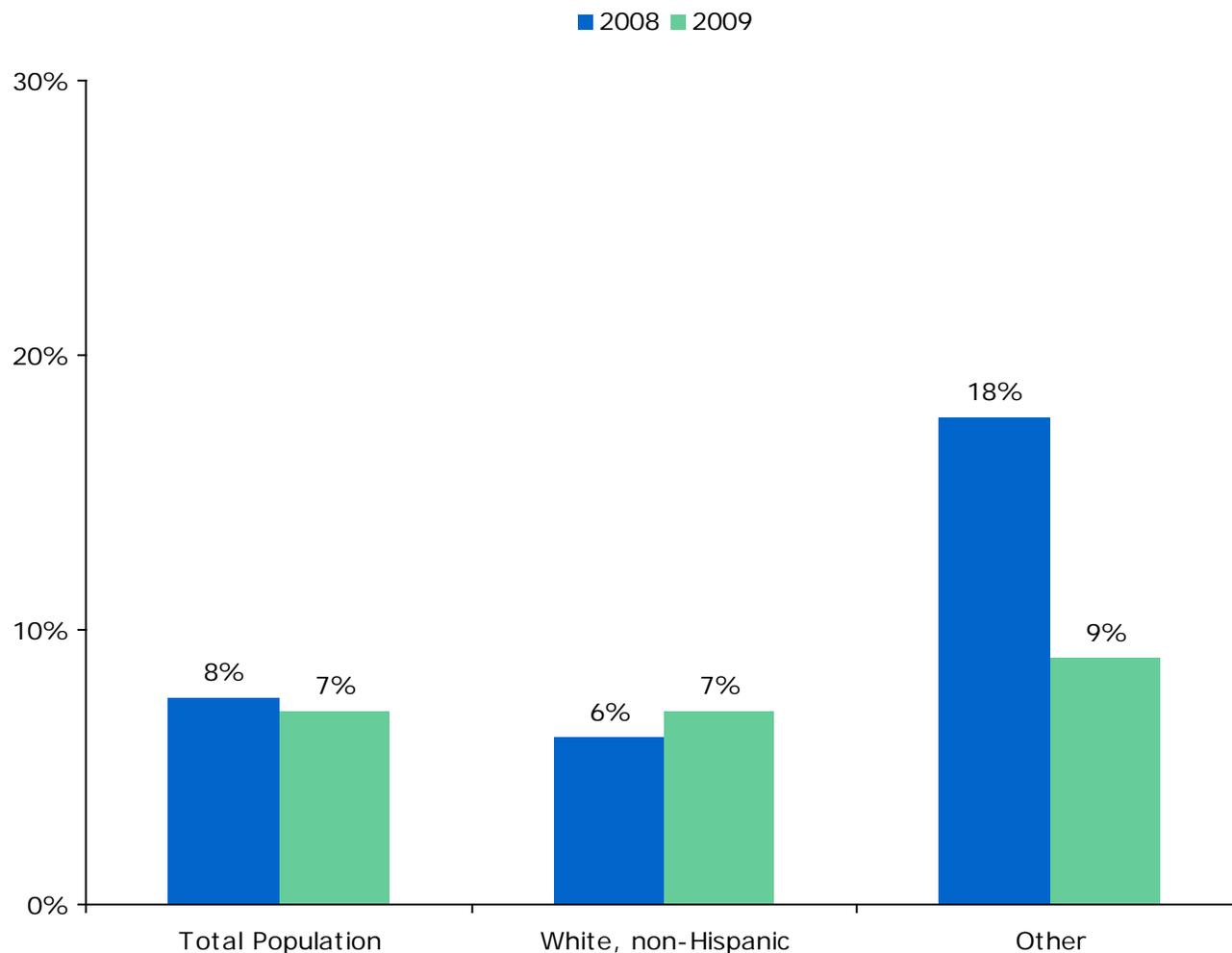
Elderly adults with family incomes below 300% of the federal poverty level (FPL) were most likely to live in families that had problems paying medical bills in the past 12 months. The share of elderly adults in families with problems paying medical bills dropped between 2008 and 2009 for those with family income between 300% and 499% FPL.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.

*(**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Race/Ethnicity

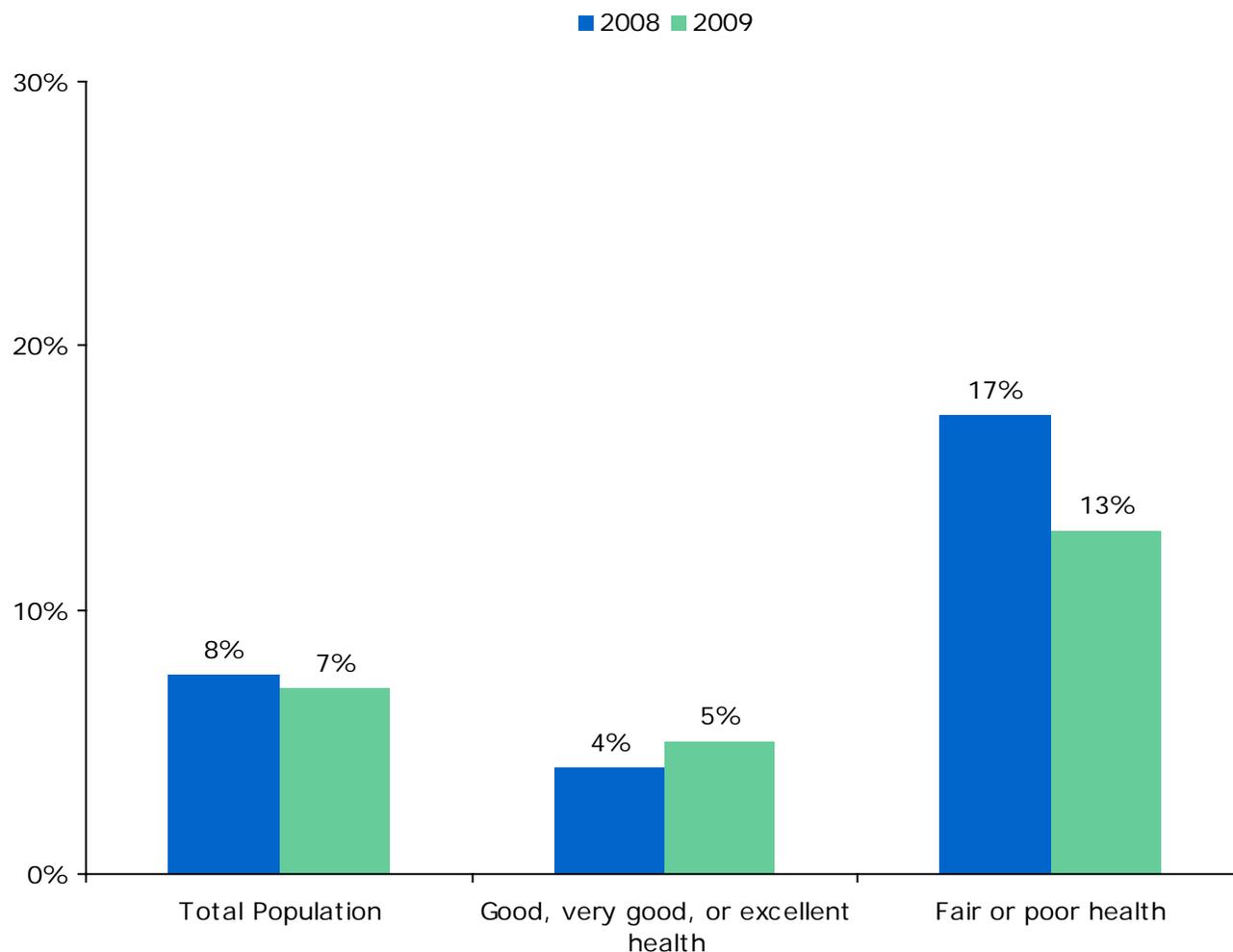


Compared with white, non-Hispanic elderly adults, other elderly adults were more likely to live in families that had problems paying medical bills in the past 12 months. Despite the apparent change over time, the 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Health Status

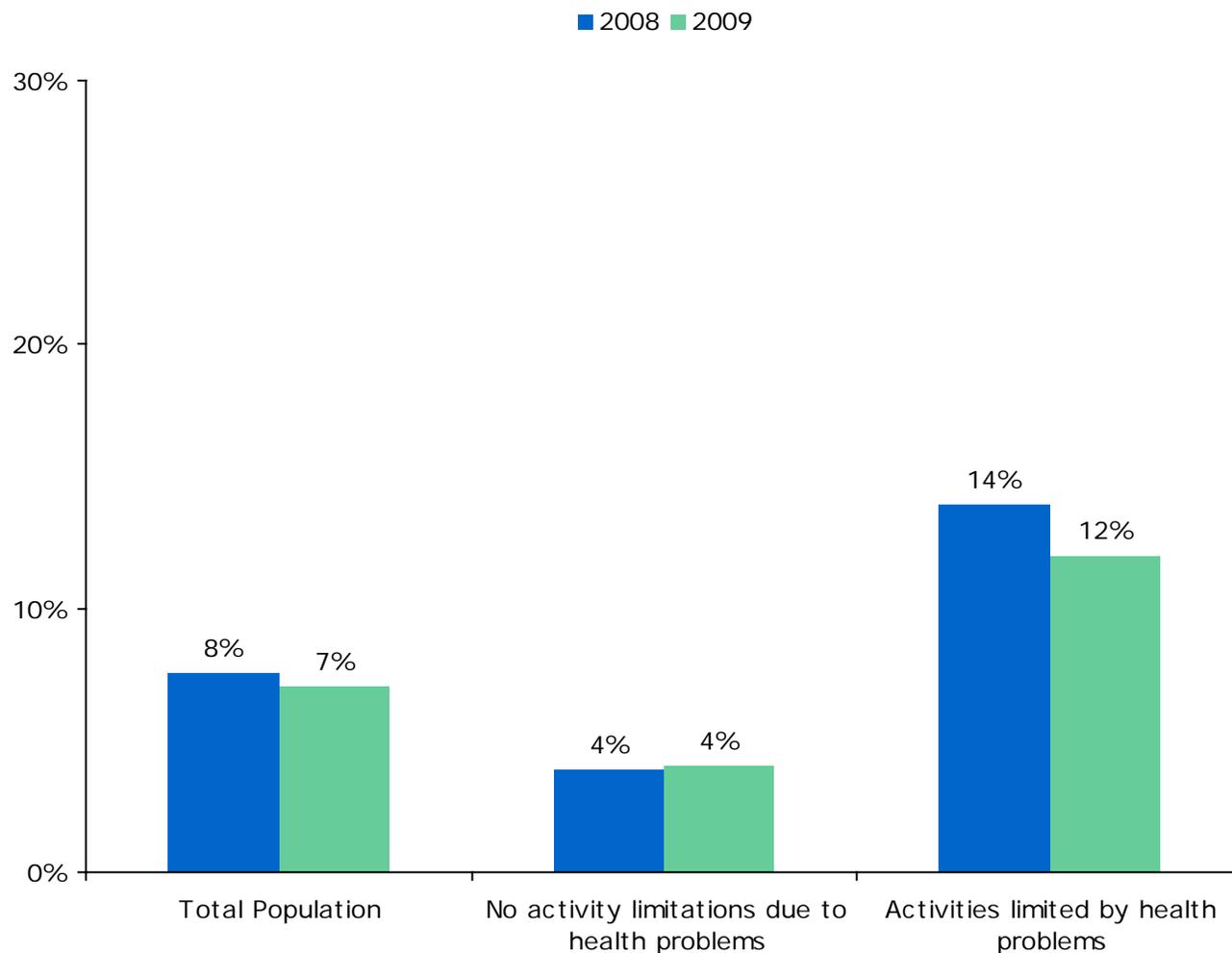


Elderly adults in fair or poor health were more likely than those in better health to live in families that had problems paying medical bills in the past 12 months. Despite the apparent change over time, the 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Disability Status



Elderly adults with a disability were more likely than those without a disability to live in families that had problems paying medical bills in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

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Health Insurance Coverage in Massachusetts:
Results from the 2008 and 2009
Massachusetts Health Insurance Surveys

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Urban Institute

October 2009

Deval L. Patrick, Governor
Commonwealth of Massachusetts

Timothy P. Murray
Lieutenant Governor



JudyAnn Bigby, Secretary
Executive Office of Health and Human Services

Sarah Iselin, Commissioner
Division of Health Care Finance and Policy

Health Insurance Coverage in Massachusetts

Nearly all Massachusetts residents had health insurance coverage this past spring when the 2009 Massachusetts Health Insurance Survey (HIS) was conducted. Only 2.7% were uninsured in spring 2009, which is not significantly different from the estimate of 2.6% uninsured in the summer of 2008, when the 2008 HIS was conducted.

Who are the Uninsured?

Those most likely to be uninsured were non-elderly adults, Hispanic residents, and residents with family income less than 300% of the federal poverty level (FPL). The uninsurance rate for non-elderly adults was 3.5% in 2009 compared to only 1.9% for children. All of the elderly adults included in the survey reported health insurance coverage. There were no significant changes in the uninsurance rates for adults or children in Massachusetts between 2008 and 2009.

In 2009, about 5% of Hispanic residents were uninsured compared to less than 3% for other groups. The uninsurance rate for Hispanic residents was lower in 2009 than 2008 (5% versus 7%); however, that difference was not statistically significant.

Nearly 5% of residents with family income less than 300% of the FPL were uninsured, compared to about 3% of those with family incomes between 300 and 500% of the FPL, and less than 1% of those with family income at 500% of the FPL or higher. With one exception, there were no significant changes in uninsurance rates across income groups between 2008 and 2009. The one exception was for residents with family income at 500% FPL or above, where there was a slight increase in the uninsurance rate.

Type of Insurance Coverage

Among Massachusetts residents with insurance coverage, the majority of children (75%) and non-elderly adults (80%) had employer-sponsored coverage (ESI), while 91% of elderly adults

were covered by Medicare in 2009. Children were more likely than non-elderly adults to be enrolled in public or other coverage (23% versus 15%).

While type of insurance coverage did not change for adults between 2008 and 2009, children were more likely to have ESI coverage and less likely to have public or other coverage in 2009 relative to 2008. A similar pattern for children is reported in the Current Population Survey based on the 2008 and 2009 surveys.

Massachusetts residents who were in fair or poor health or who had activity limitations because of health problems were more likely to be enrolled in Medicare, public, or other coverage than were those who were in better health and without limitations.

Knowledge of Health Reform

Knowledge of health reform appeared to be widespread, with nearly eight out of ten Massachusetts households aware of the individual mandate in 2008 and 2009.

Support for Health Reform

Support for reform was also quite common—nearly three out of four households in Massachusetts supported health reform in 2008 and 2009. This is up from the 64% supporting health reform in September 2006.¹

Access to Health Care

These charts focus on health insurance coverage in Massachusetts. A second set of charts, to be released at a later date, will present data on access to health care.

Note on 2008 Estimates

Because of a change in imputations for item nonresponse for 2008, some estimates for 2008 reported here differ slightly from those reported in the 2008 HIS chartbook.

¹Blendon, RJ, T Buhr, C Fleischfresser, and JM Benson. "The Massachusetts Health Reform Law: Public Opinion and Perception" November 2006. Available at: http://www.bcbsmafoundation.org/foundationroot/en_US/documents/2006HealthReformPollingreport.pdf.

Health Insurance Coverage in Massachusetts

The Massachusetts Health Insurance Survey (HIS) provides information on health insurance coverage and access to and use of health care for the non-institutionalized population in Massachusetts. In the survey, an adult member of the household is asked to respond to questions about the health insurance coverage and demographic information for all members of the household. More detailed socioeconomic characteristics and health care information are collected for one randomly selected household member (referred to as the target person in the household) and other members of his or her family who are residing in the household. The data reported here are for the household target person.

In order to ensure that the survey covers nearly all residents of Massachusetts, a dual sample frame was employed, combining a random-digit-dial (RDD) landline telephone sample with an address-based sample. The decision to rely on the dual-frame sample for the HIS reflects the changing telephone environment as more and more households are relying on cell phones, which are not called in RDD surveys. We believe this dual-frame sampling approach combined with an improved survey instrument designed to better collect information on health insurance coverage leads to greater confidence in the estimates of the uninsured contained in this report. This design was first used for the 2008 HIS.

The HIS is conducted via telephone, web, and mail by Social Science Research Solutions (formerly International Communications Research). The survey is available in English, Spanish, and Portuguese and takes, on average, about 19 minutes to complete. The 2008 HIS was fielded between June and August 2008. The 2009 HIS was fielded between March and June 2009.

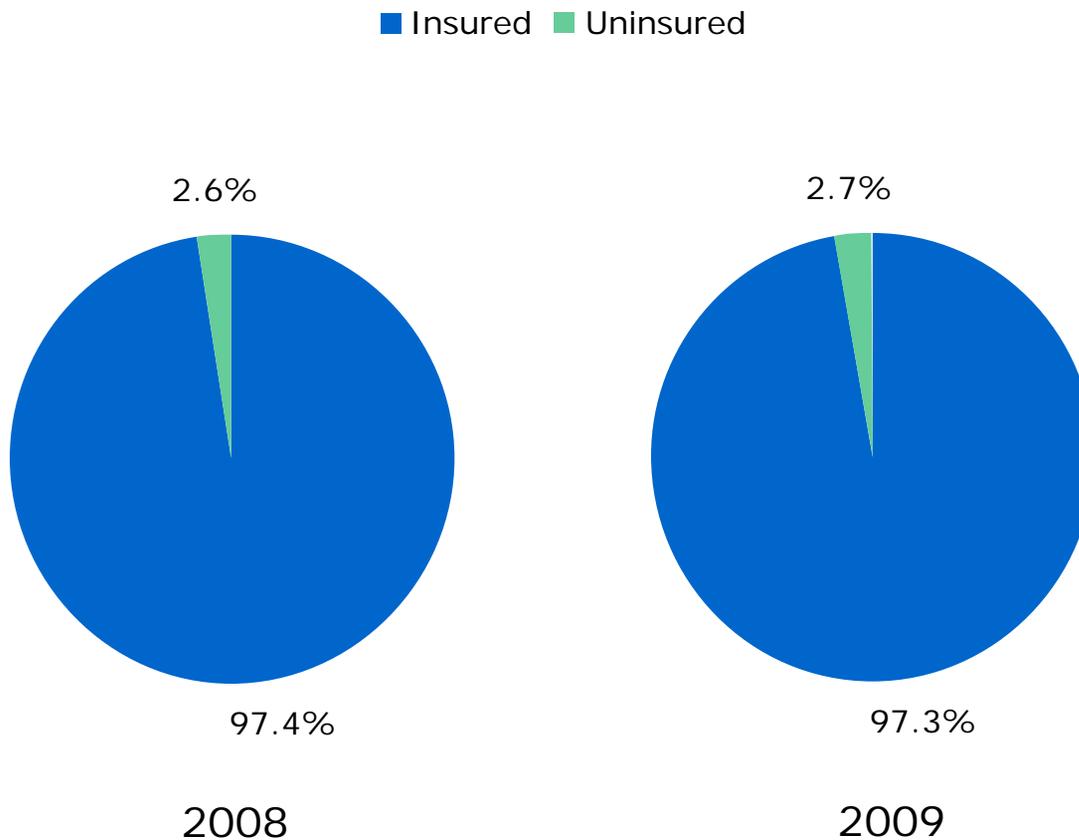
In 2009, surveys were completed with 4,910 Massachusetts households. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/- 1.54 percentage points. Estimates based on subsets of the full sample will have a larger margin of error. All estimates reported here are based on sample sizes of at least 50 observations. The response rate for the 2009 HIS was 50% for the RDD-sample and 37% for the address-based sample, for a combined response rate of 41%. While address-based samples typically yield lower response rates than RDD samples, the address-based sample, by capturing cell phone-only households and non-telephone households, improves the extent to which the survey covers the entire Massachusetts population. Additional information on the HIS is available at www.mass.gov/dhcfp.

For these charts, we define children as ages 0 to 18, non-elderly adults as ages 19 to 64, and elderly adults as ages 65 and older.

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Uninsurance Rate for All Massachusetts Residents

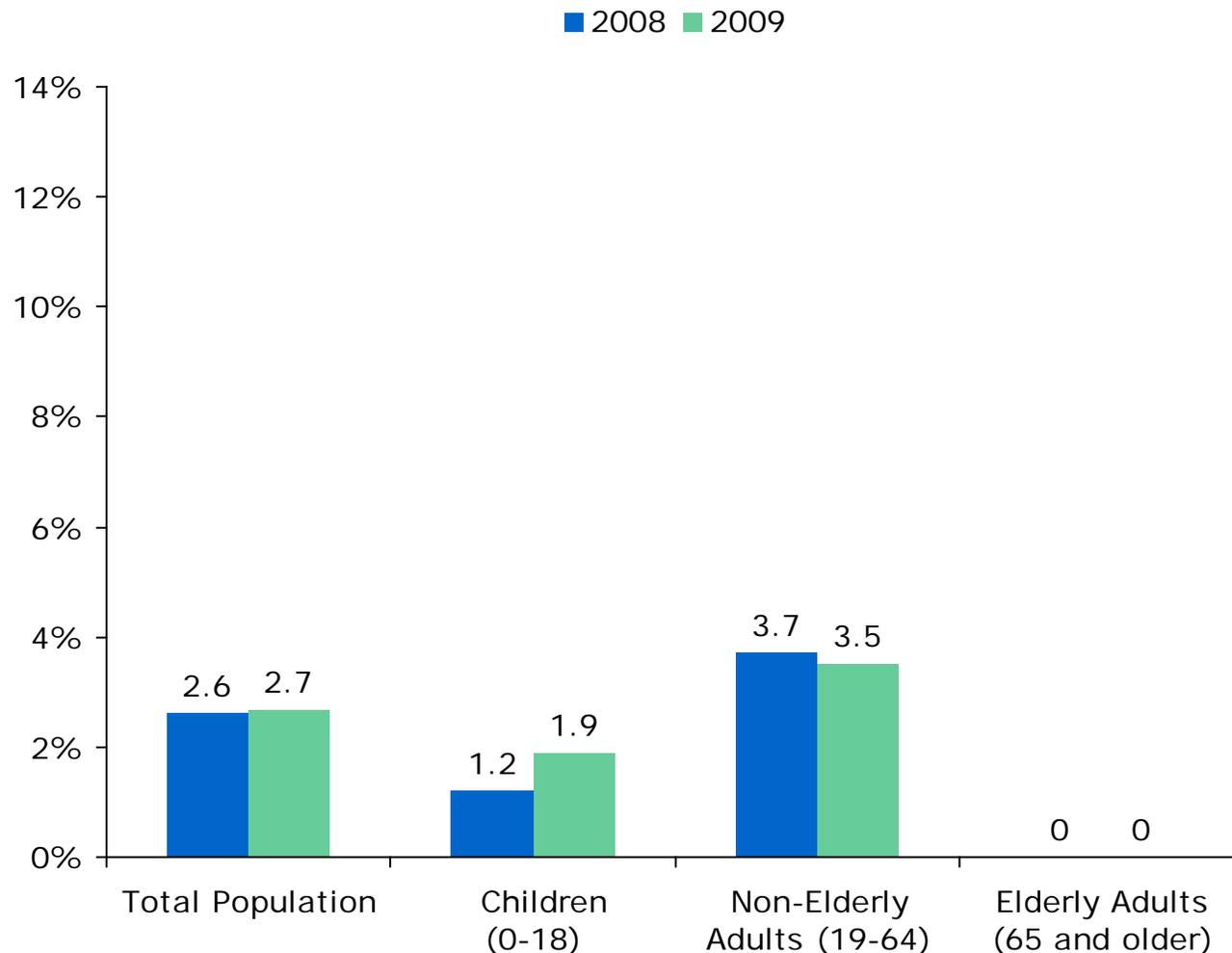


Uninsurance was low among Massachusetts residents, with less than 3% uninsured at the time of the survey in both 2008 and 2009. This corresponds to roughly 171,000 people in 2009 and 165,000 people in 2008.† The 2009 estimate of the uninsurance rate is not significantly different from the estimate for 2008.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

†These population estimates are based on estimates of the total civilian non-institutionalized population in Massachusetts from the March Current Population Survey for the relevant year.

Uninsurance Rates by Age Group

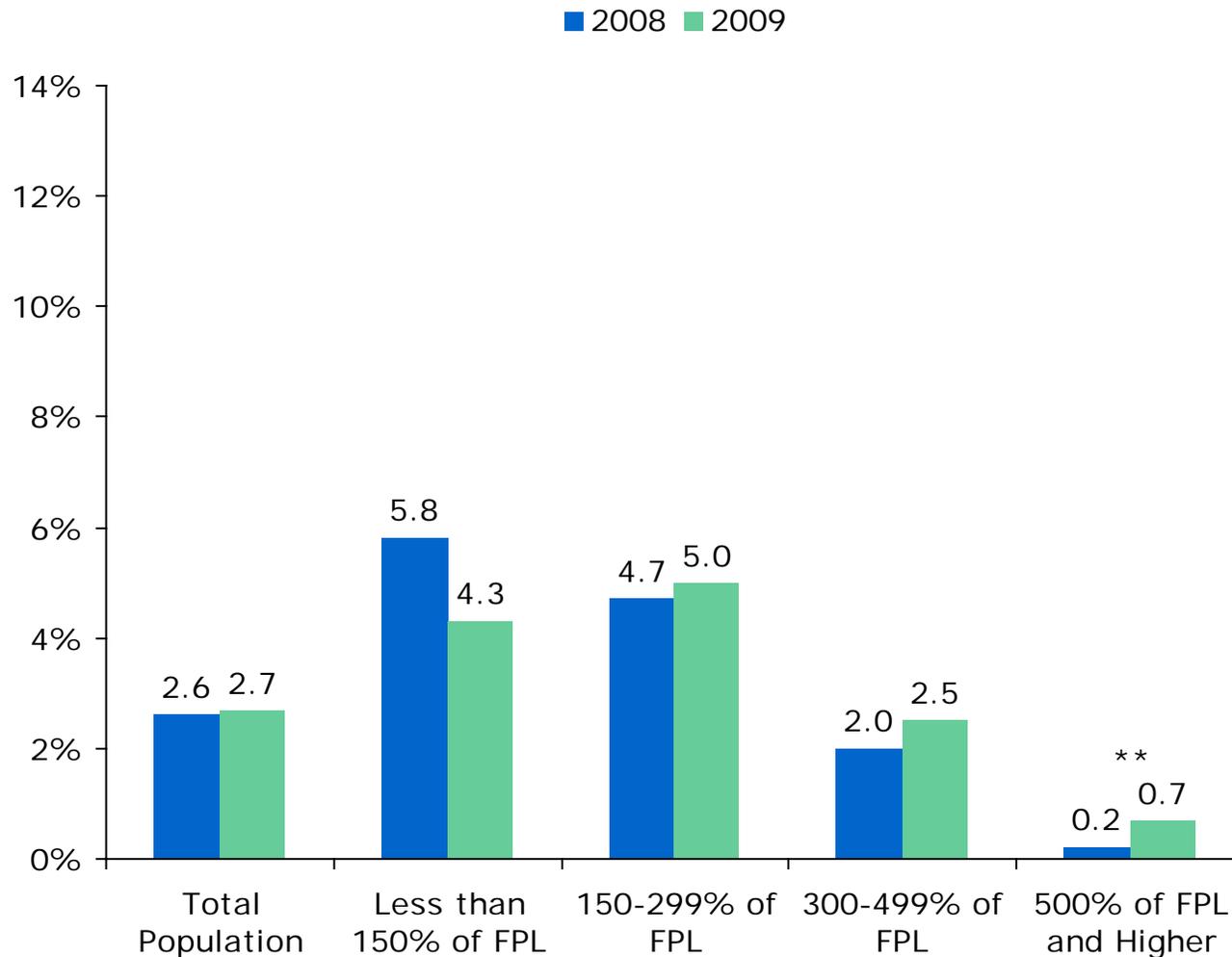


In 2009, uninsurance was highest among non-elderly adults in Massachusetts, with 3.5% uninsured. This compares to an uninsurance rate of 1.9% for children and 0% for elderly adults in the sample. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Uninsurance Rates by Income

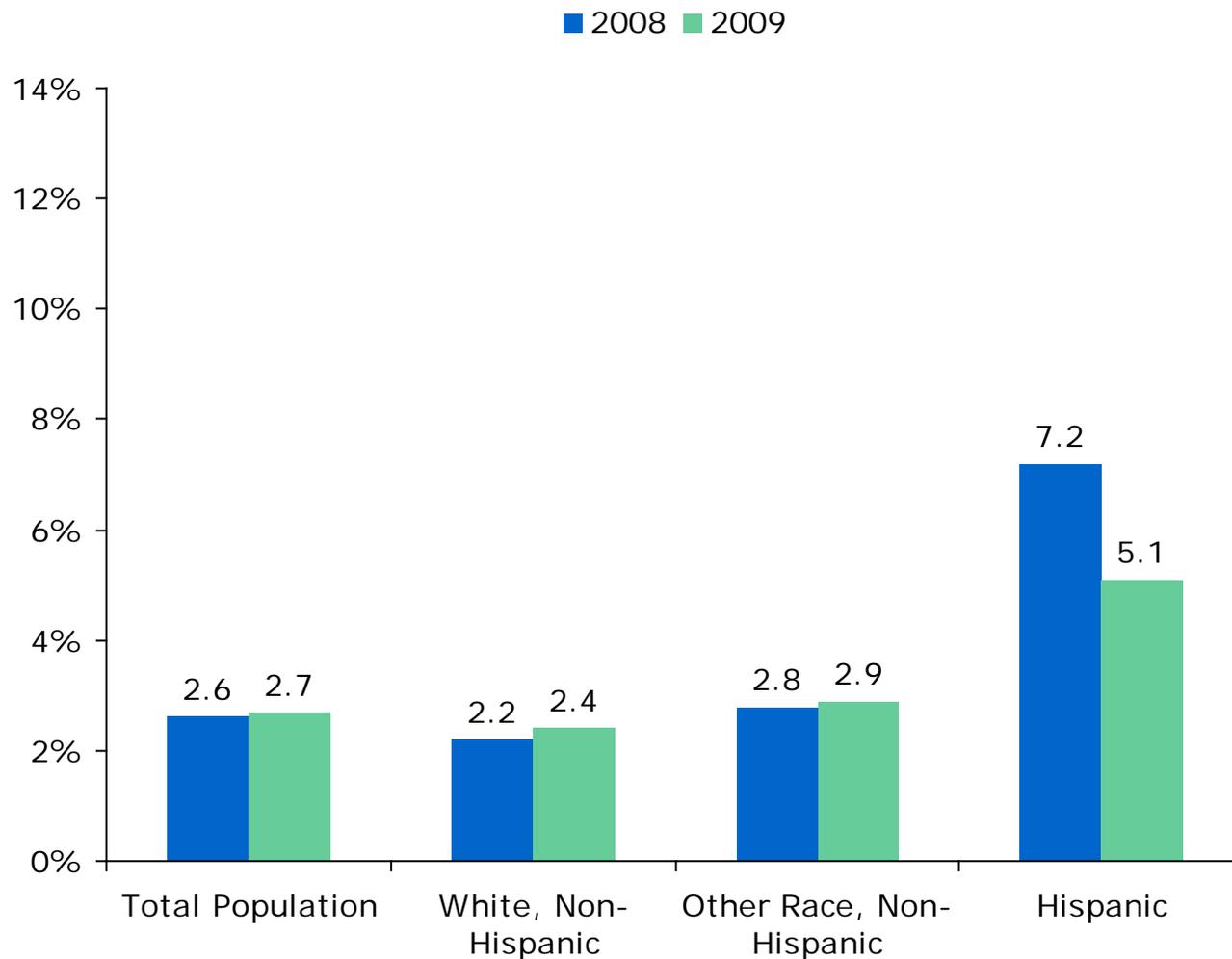


Massachusetts residents with income less than 300% of the federal poverty level (FPL) were more likely to go without coverage than were those with higher incomes. There was a small, but statistically significant, increase in uninsurance among residents with income at 500% FPL or higher.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Uninsurance Rates by Race/Ethnicity

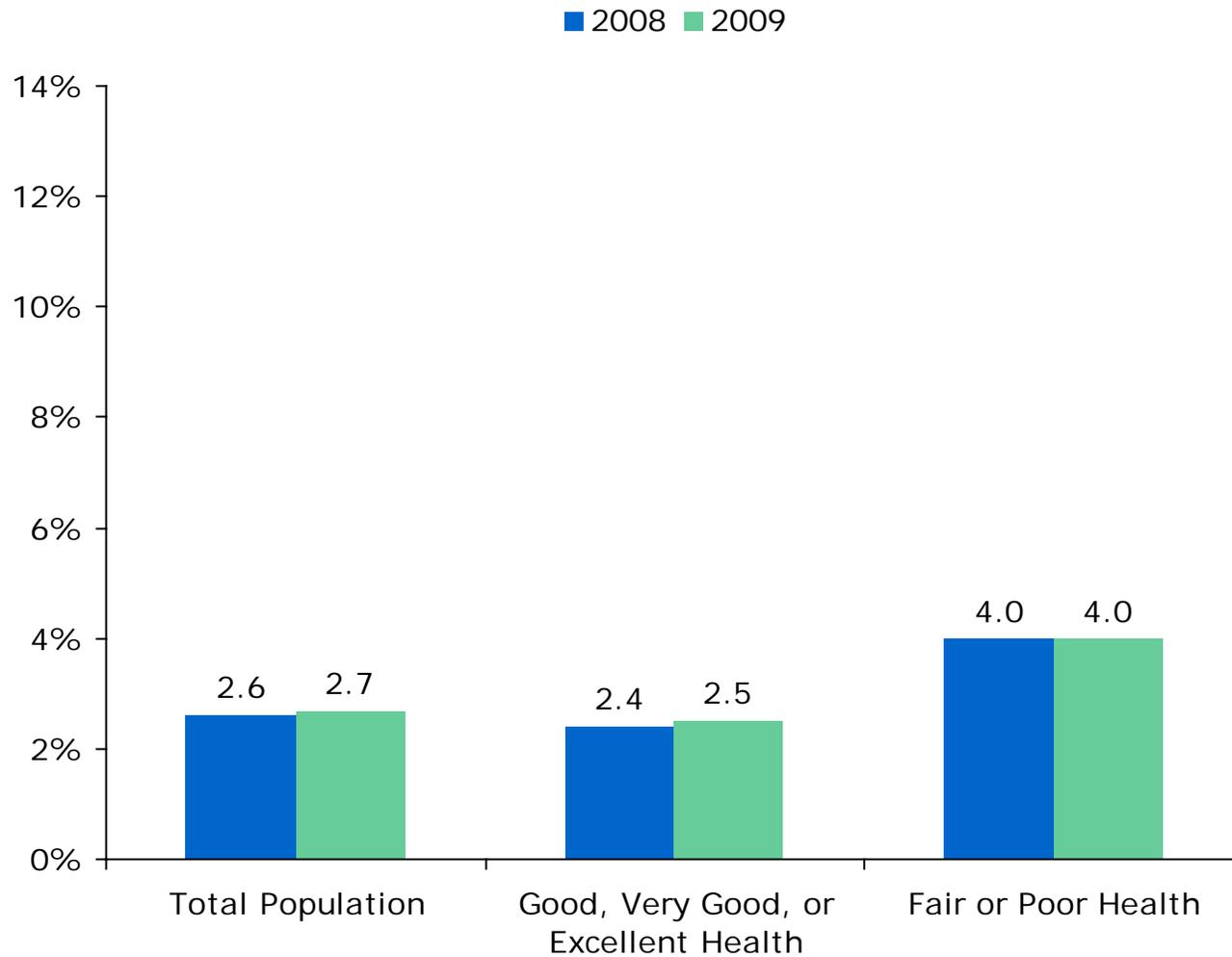


Hispanic residents in Massachusetts were more likely to be uninsured than residents in other racial/ethnic groups. While the estimate of the uninsurance rate for Hispanics is lower in 2009 than 2008, the 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Uninsurance Rates by Health Status

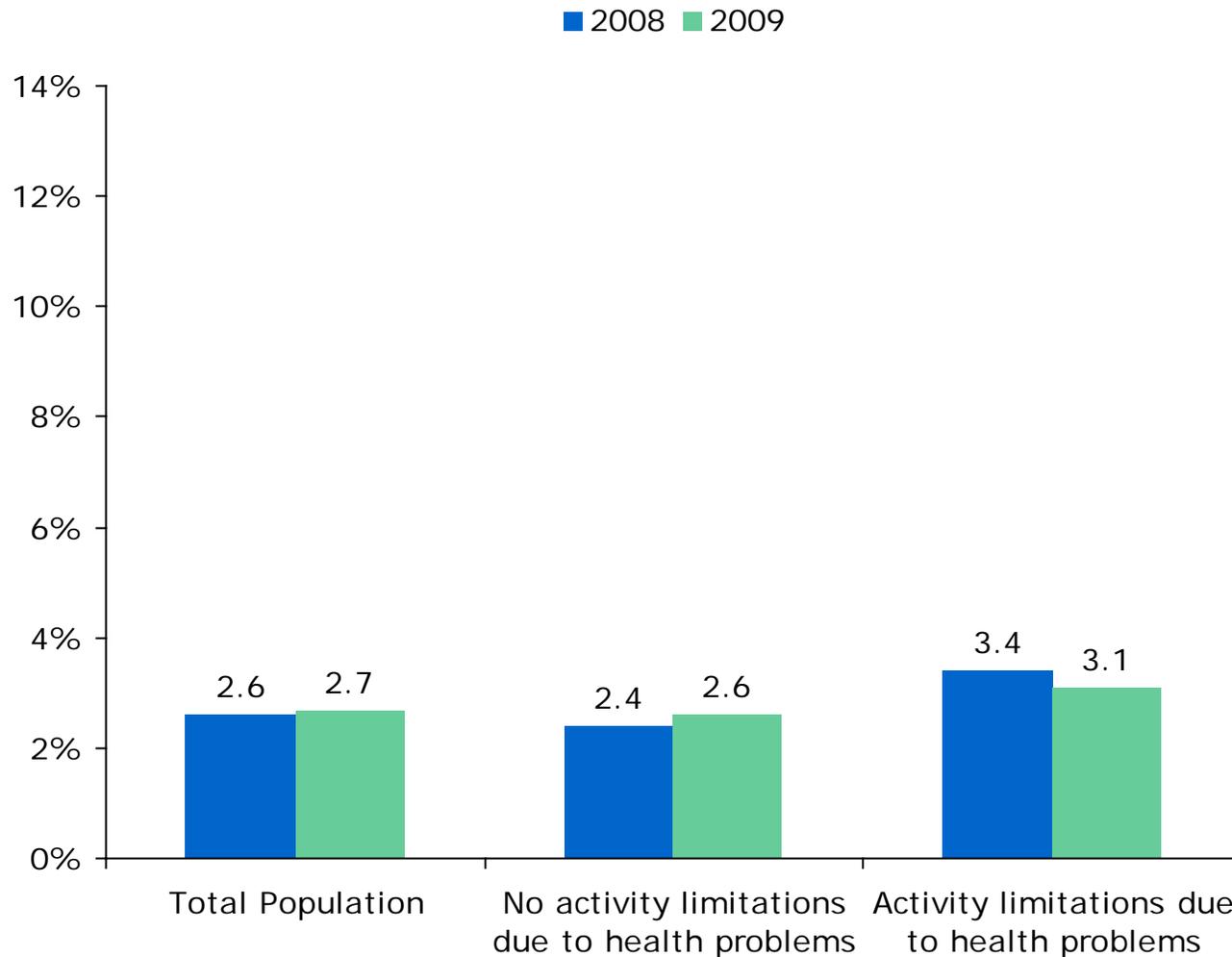


Uninsurance was somewhat higher among residents in fair or poor health than among those in better health. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Uninsurance Rates by Disability Status

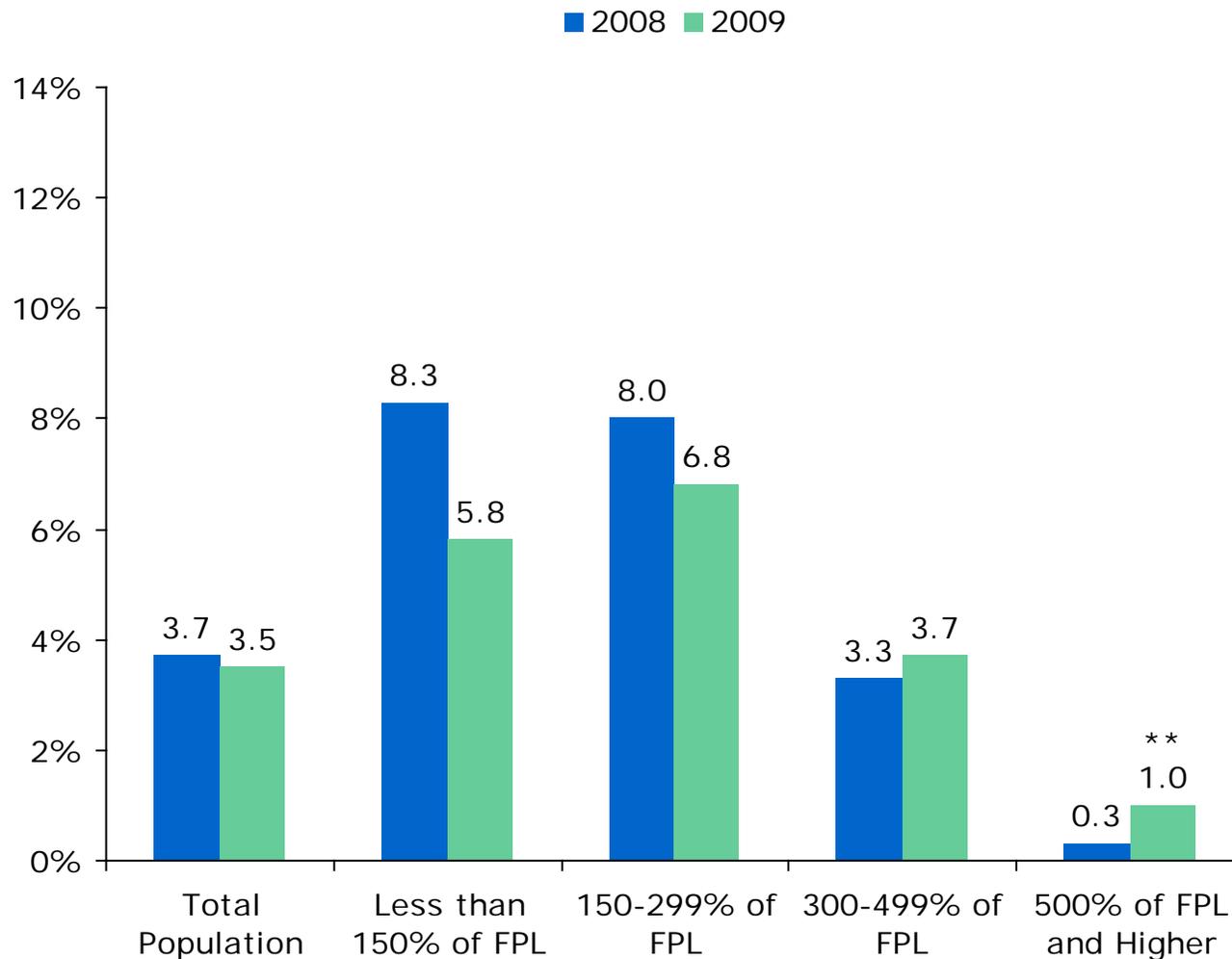


Uninsurance was somewhat higher among residents with disabilities than among those without disabilities. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Uninsurance Rates of Non-Elderly Adults by Income

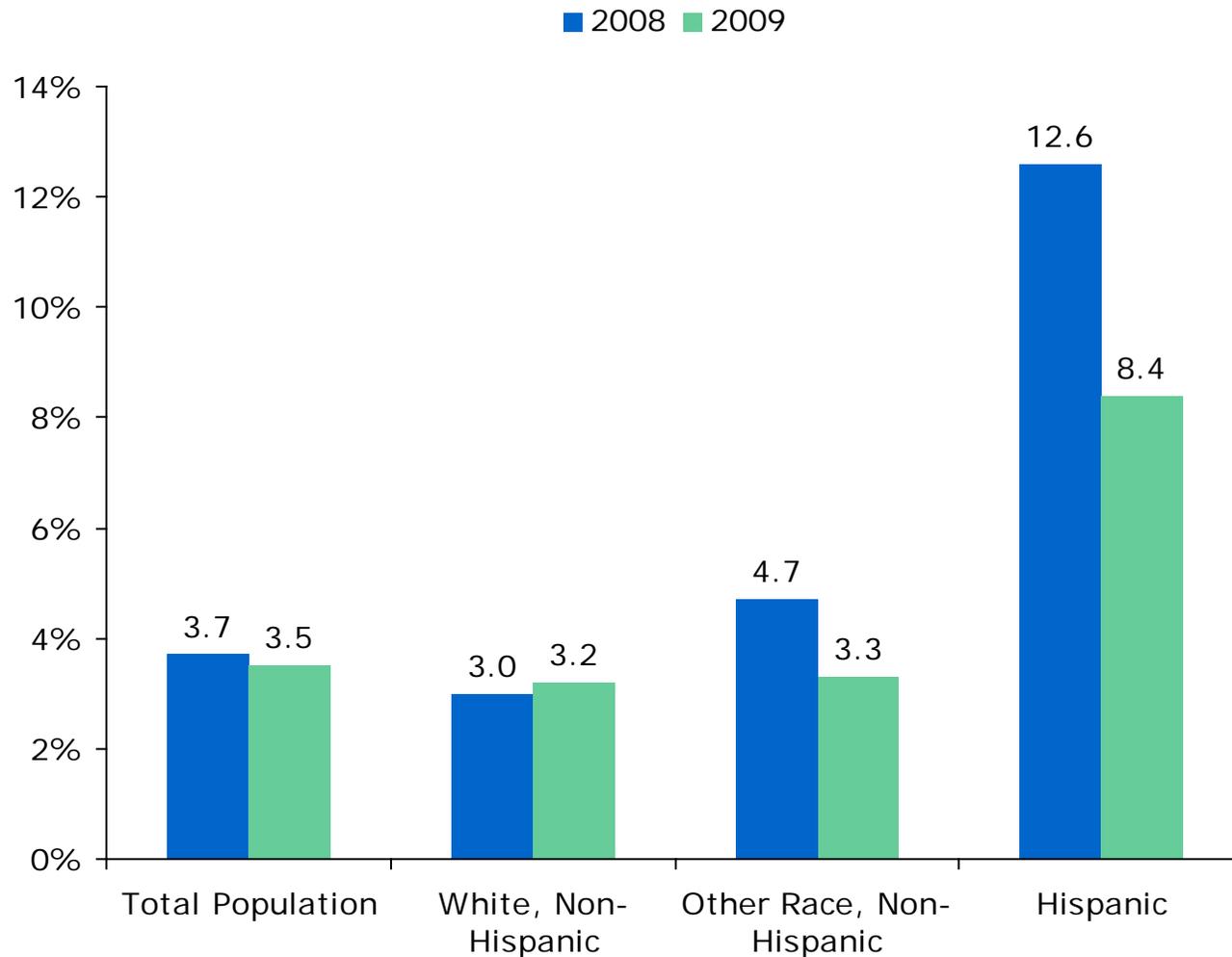


Non-elderly adults with income less than 300% of the federal poverty level (FPL) were more likely be uninsured than those with higher incomes. There was a small, but statistically significant, increase in uninsured among non-elderly adults with income at 500% FPL or higher.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Uninsurance Rates of Non-Elderly Adults by Race/Ethnicity

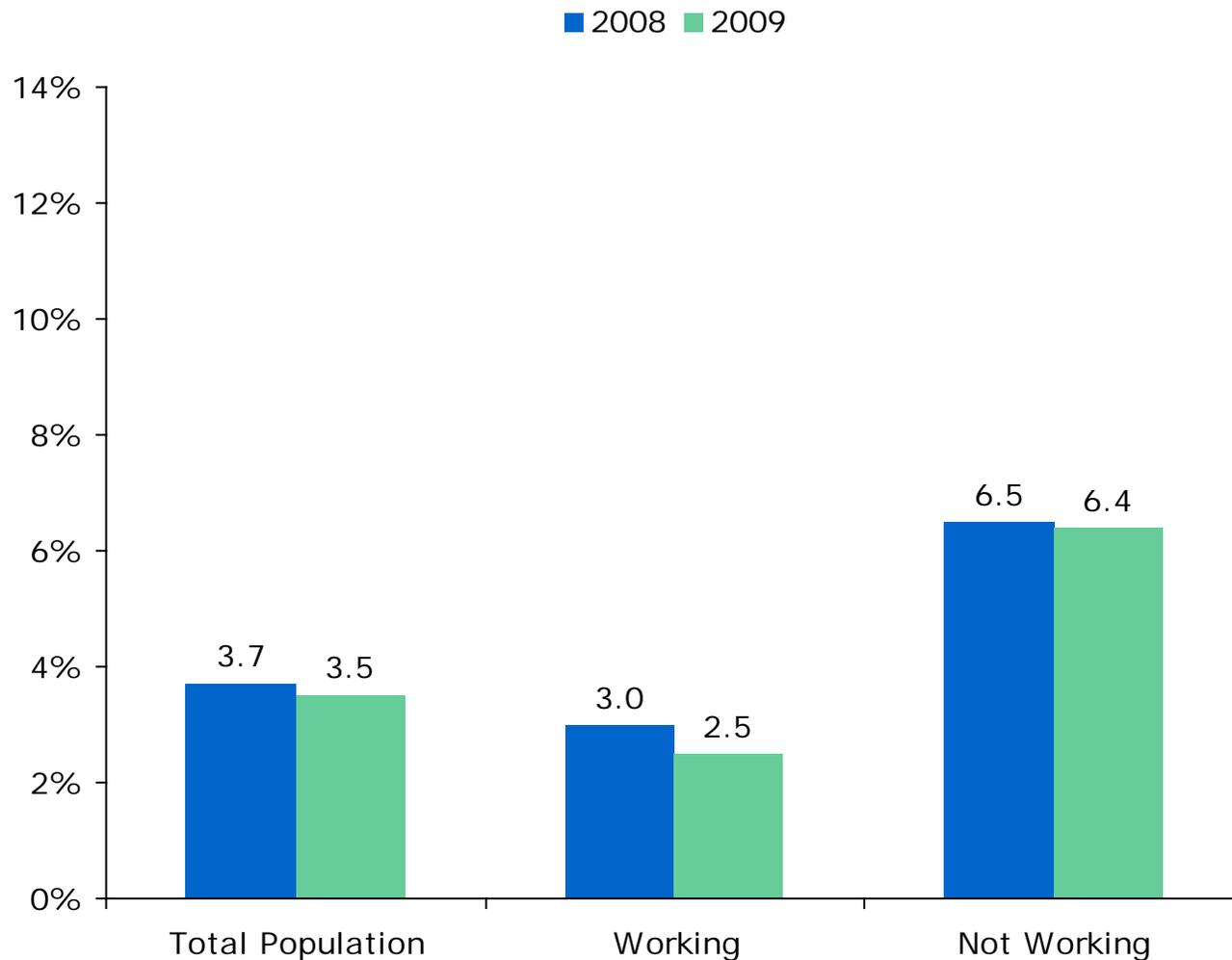


Among non-elderly adults, uninsurance was highest among Hispanic adults in Massachusetts, with uninsurance more than twice that of other, non-Hispanic groups. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Uninsurance Rates of Non-Elderly Adults by Work Status

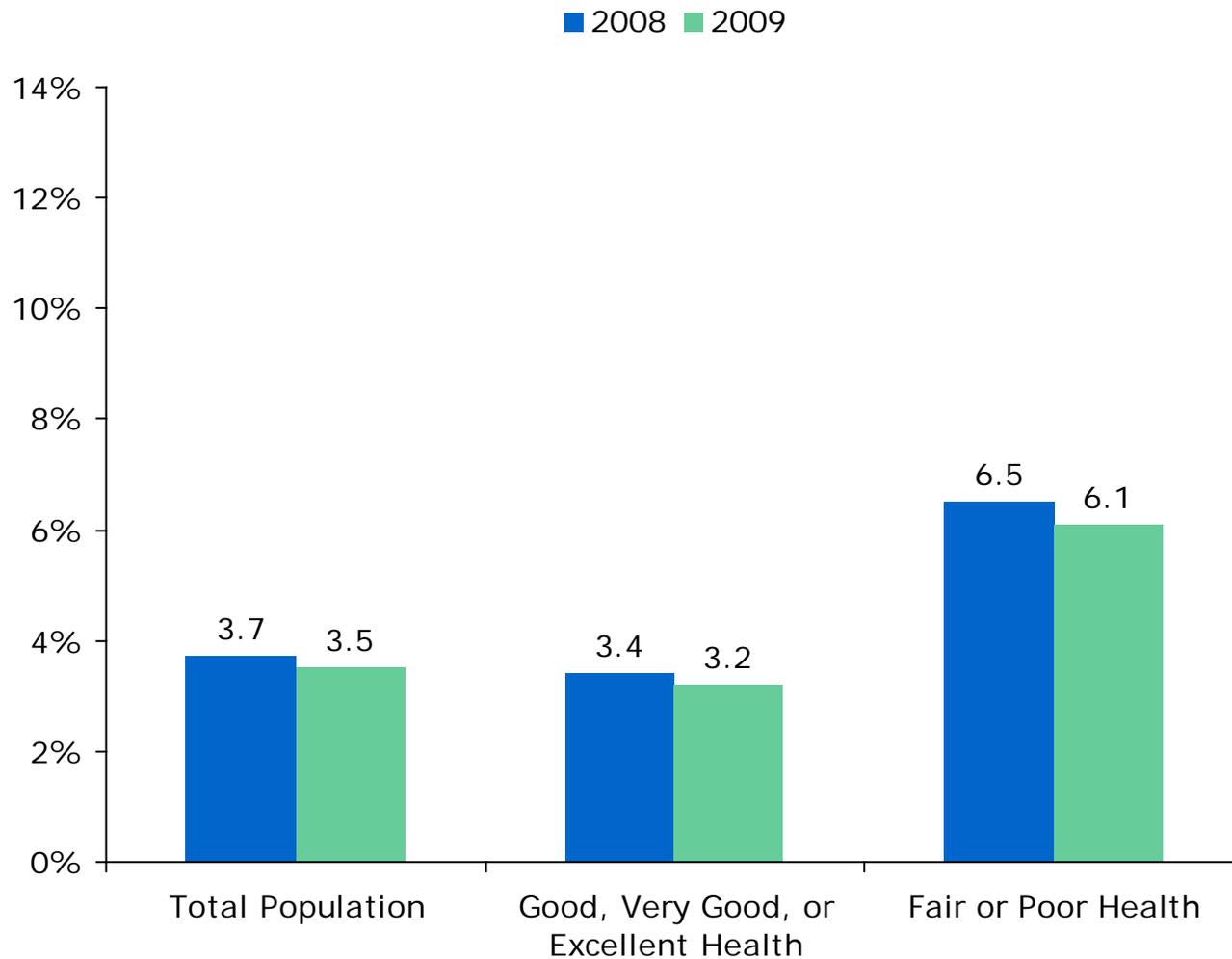


Among non-elderly adults, uninsurance was higher among those who were not working than among workers. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Uninsurance Rates of Non-Elderly Adults by Health Status

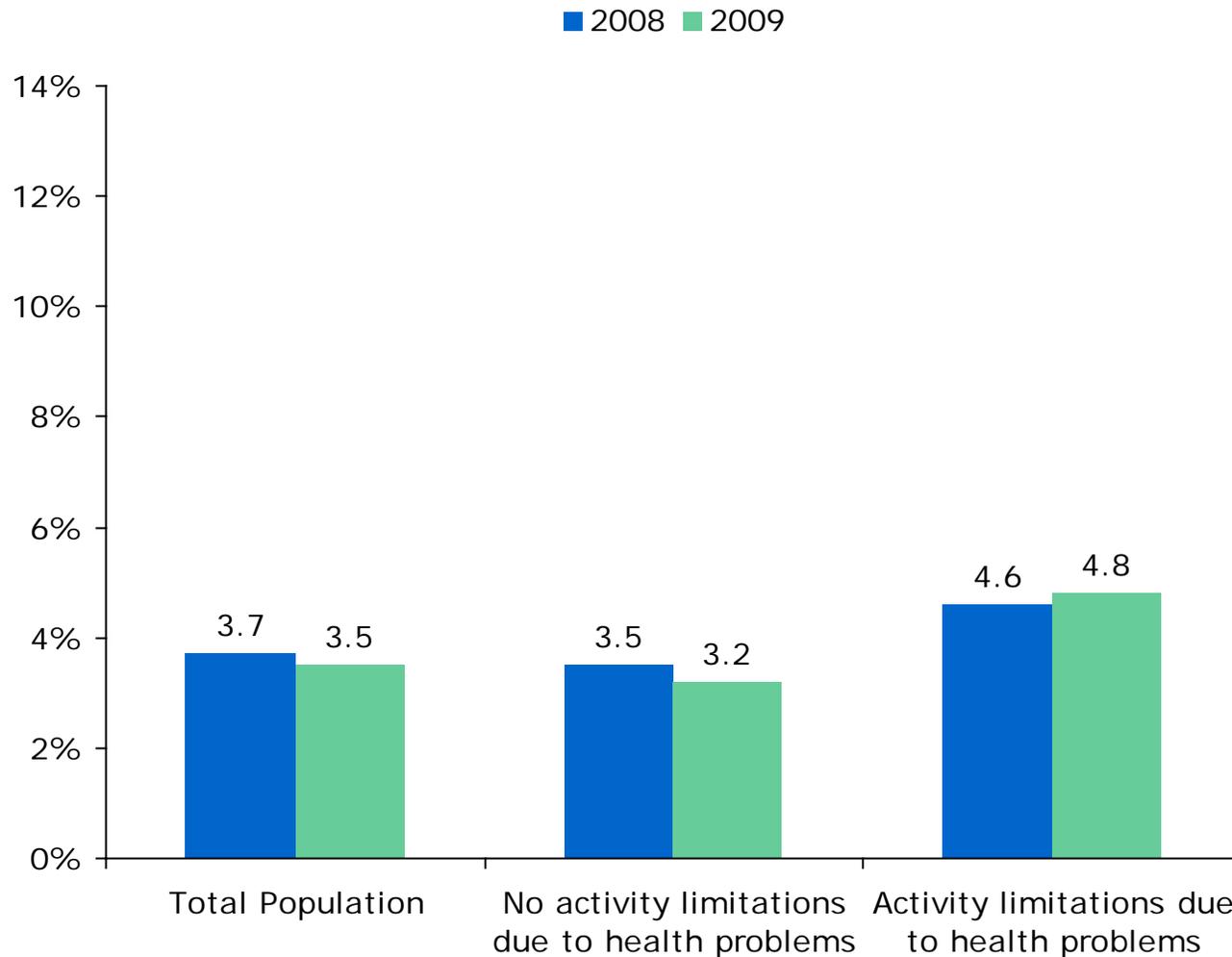


Uninsurance was higher among non-elderly adults in fair or poor health than among those in better health. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Uninsurance Rates of Non-Elderly Adults by Disability Status

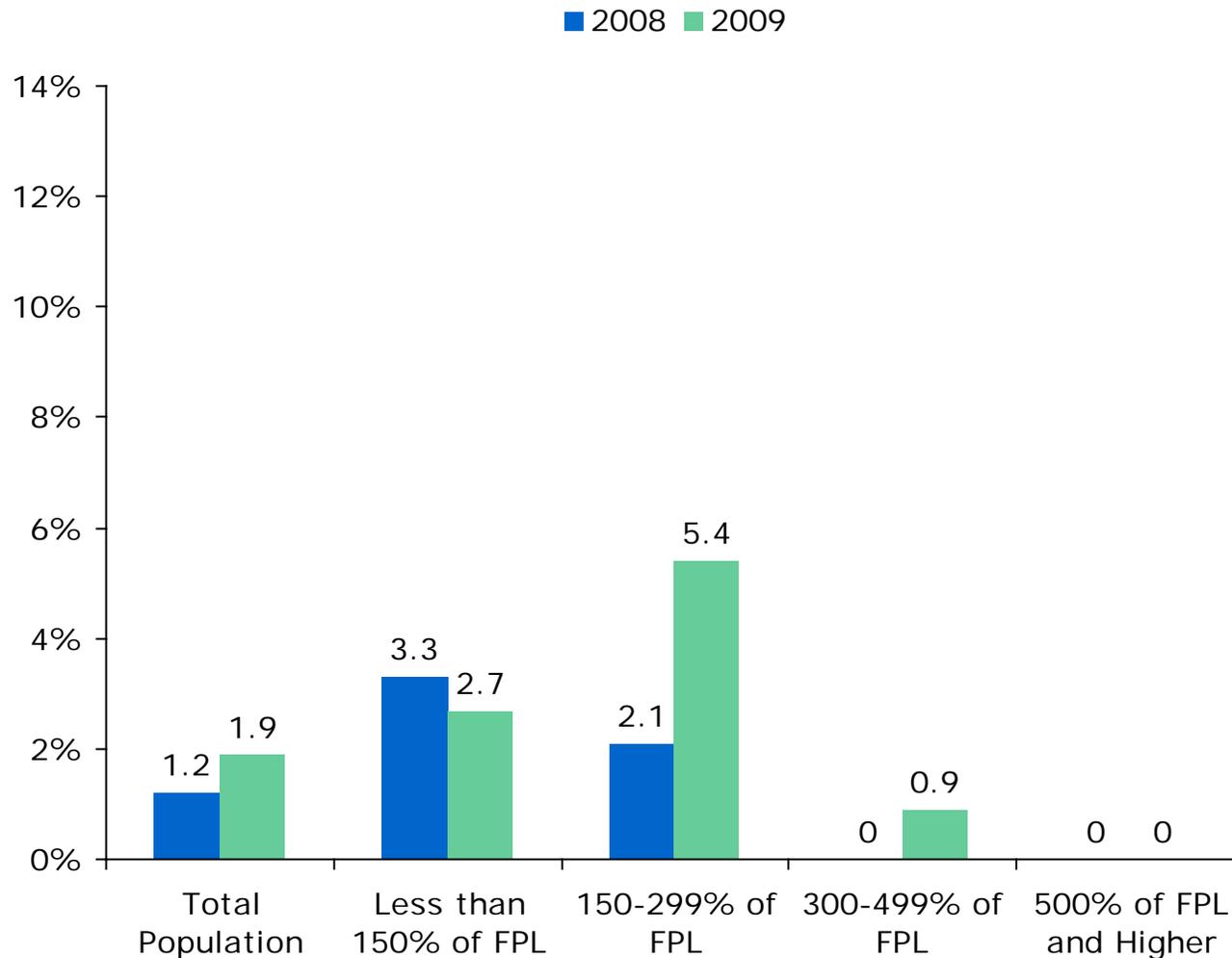


Disabled non-elderly adults were somewhat more likely to be uninsured than were those without disabilities. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Uninsurance Rates of Children by Income

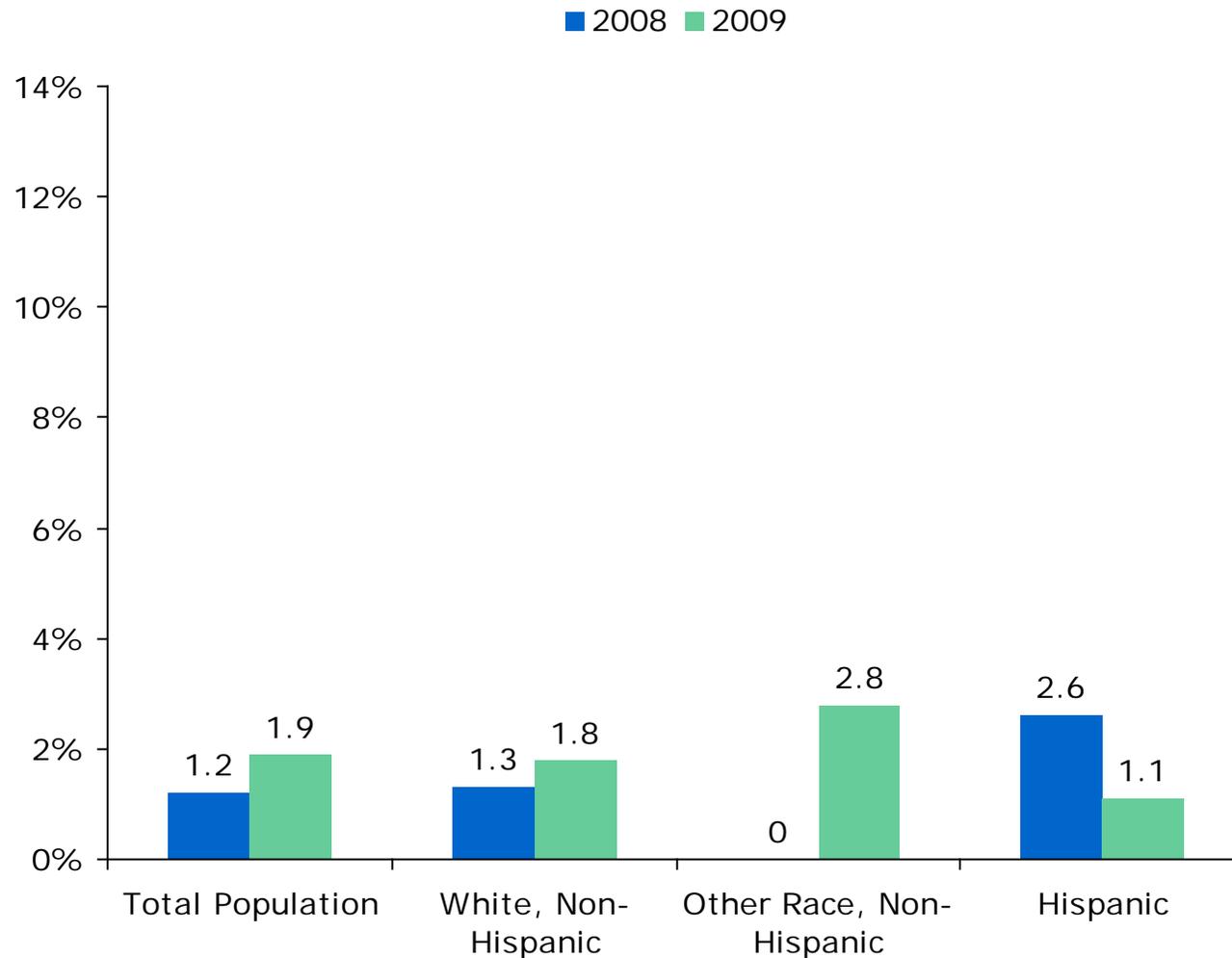


Uninsurance among children in Massachusetts was higher for those with income less than 300% of the federal poverty level (FPL) than higher-income children. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Uninsurance Rates of Children by Race/Ethnicity

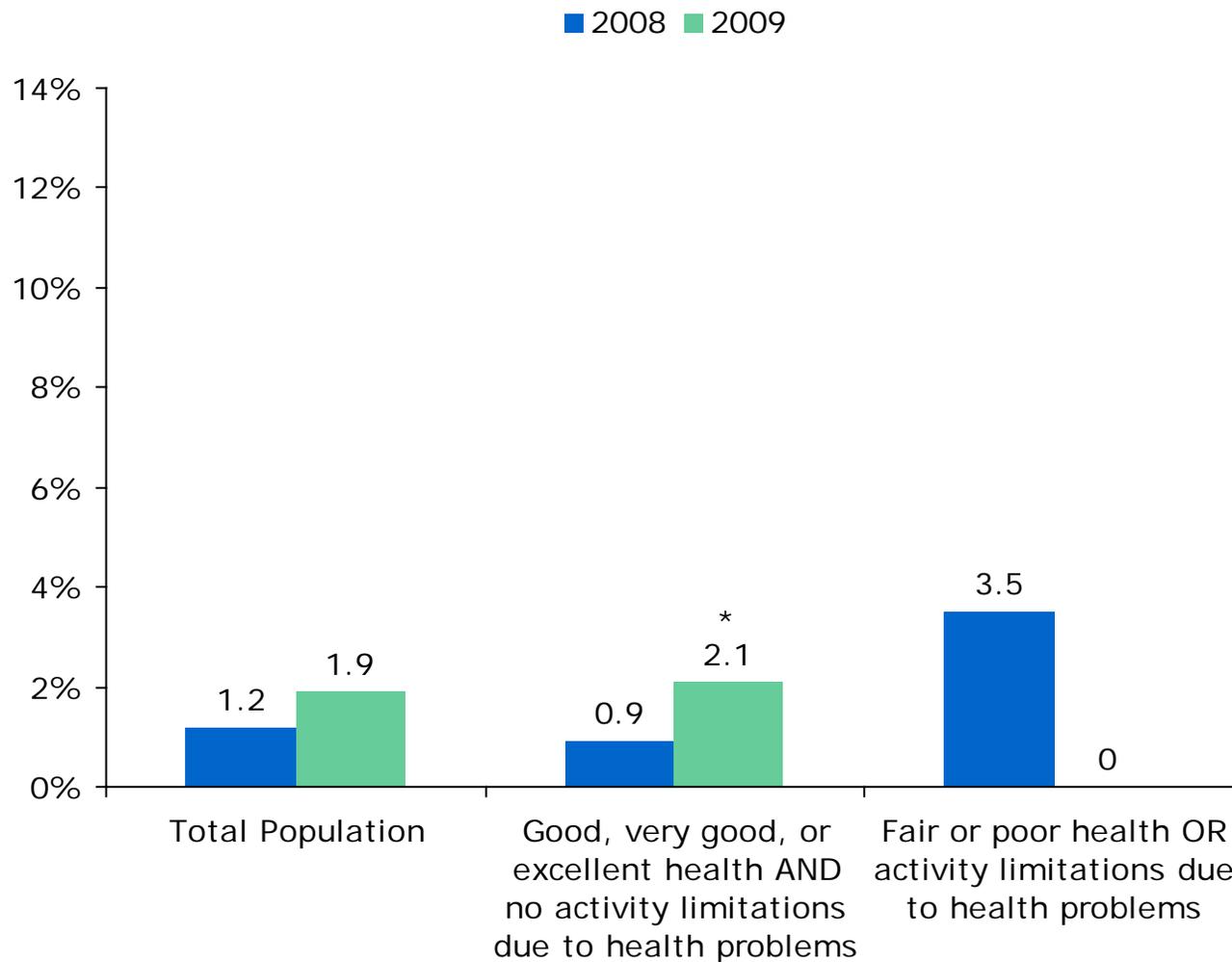


Uninsurance was low for children in Massachusetts across racial/ethnic groups. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Uninsurance Rates of Children by Health and Disability Status

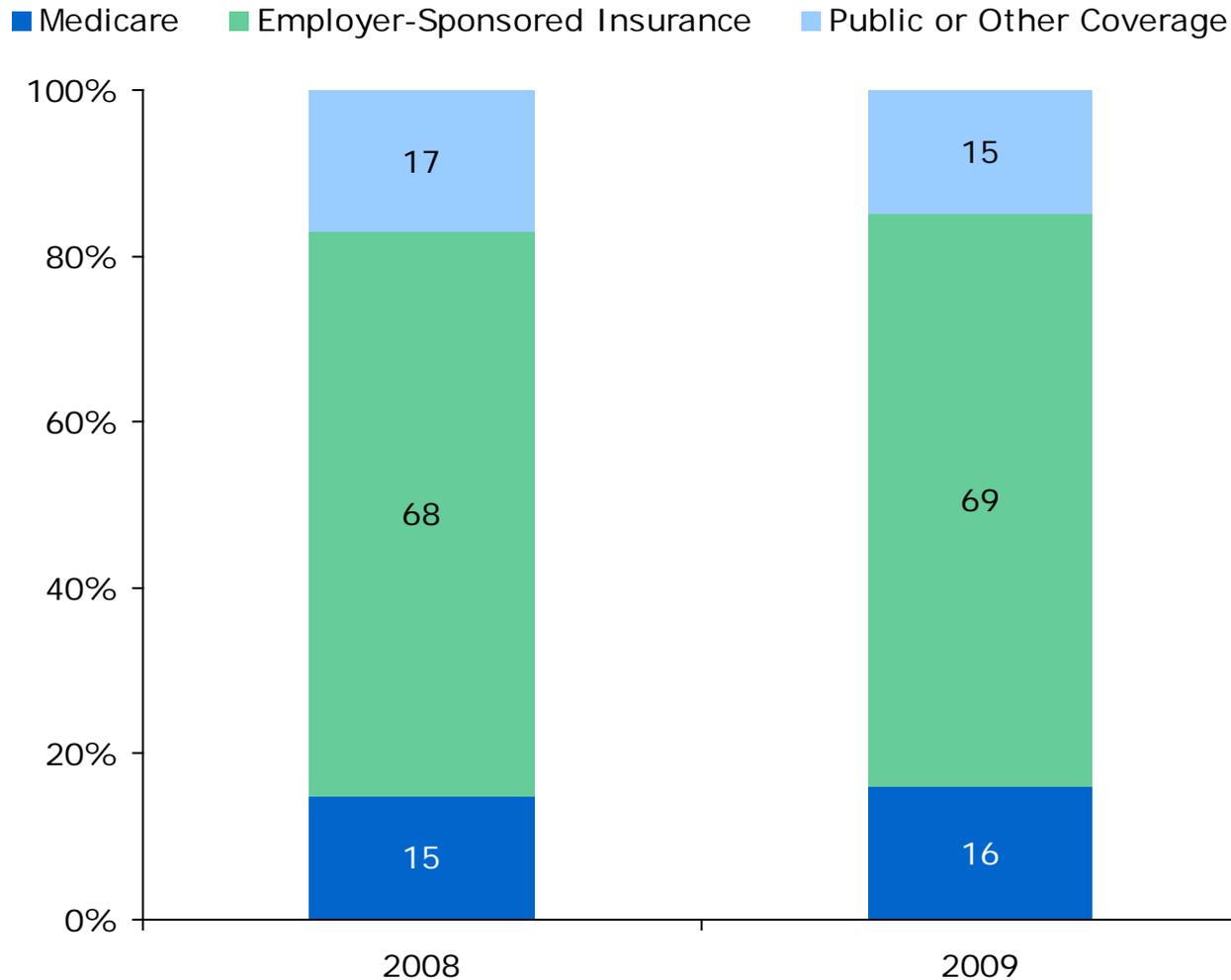


Uninsurance was low for children in Massachusetts regardless of their health or disability status. Between 2008 and 2009, the estimate of the uninsurance rate decreased for children in fair or poor health or with a disability and increased for other children; however, only the latter difference was statistically significant.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The 2009 estimate is significantly different from the 2008 estimate at the 10% (5%) (1%) level, two-tailed test.

Type of Health Insurance Coverage† for All Insured Massachusetts Residents

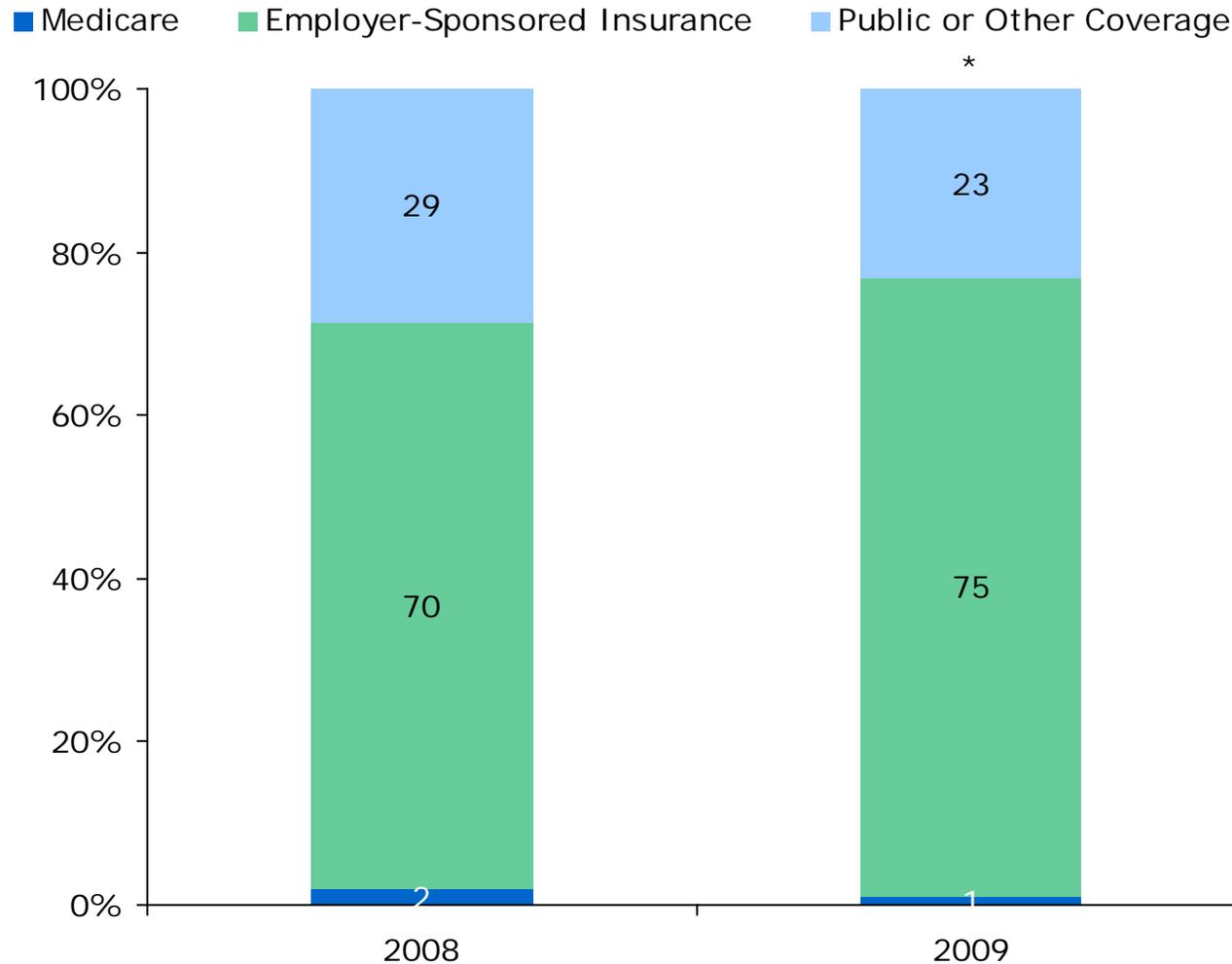


Employer-sponsored health insurance was, by far, the most common type of coverage for Massachusetts residents, covering over two-thirds of those with insurance coverage. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice.
Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for All Insured Children



Employer-sponsored health insurance (ESI) was, by far, the most common type of coverage for children in Massachusetts, with most of the remaining children covered by public or other coverage. ESI coverage was significantly higher and public or other coverage significantly lower for children in 2009 relative to 2008.

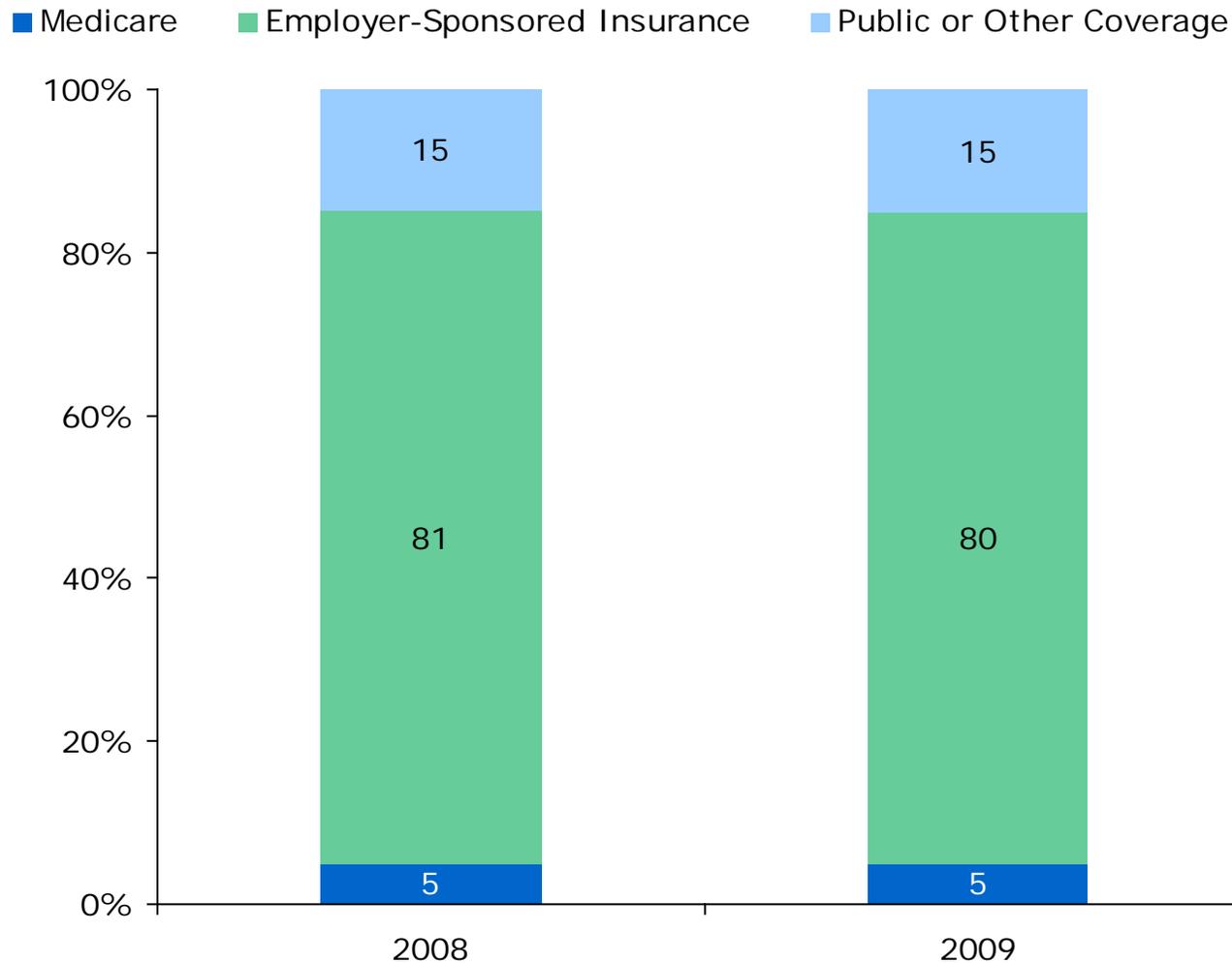
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†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

* (**) (***) The estimate the distribution of type insurance coverage in 2009 is significantly different from that of 2008 at the 10% (5%) (1%) level, two-tailed test.

Type of Health Insurance Coverage† for All Insured Non-Elderly Adults

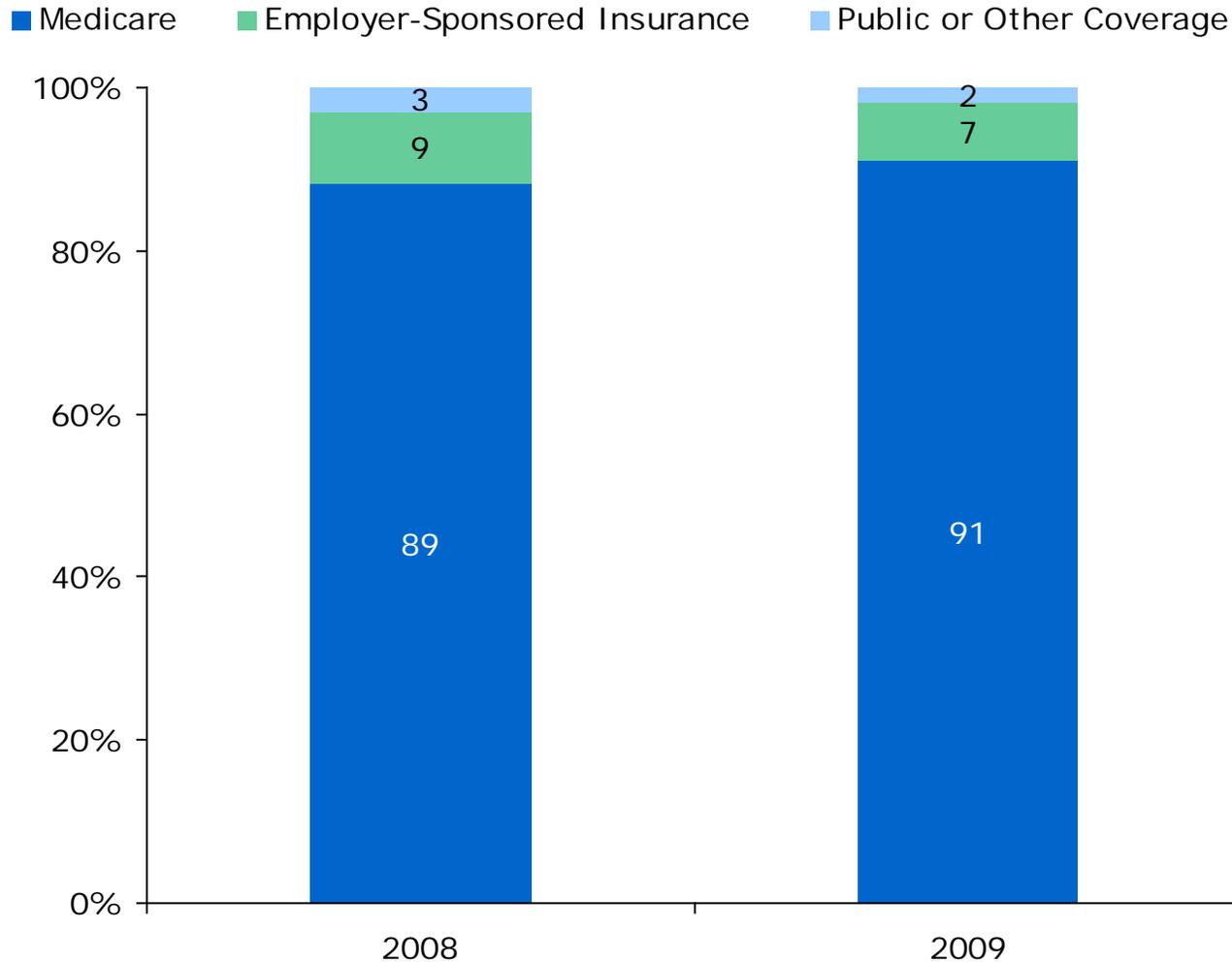


Employer-sponsored health insurance was, by far, the most common type of coverage for non-elderly adults in Massachusetts. Roughly 80% of those with insurance had coverage through an employer. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for All Insured Elderly Adults

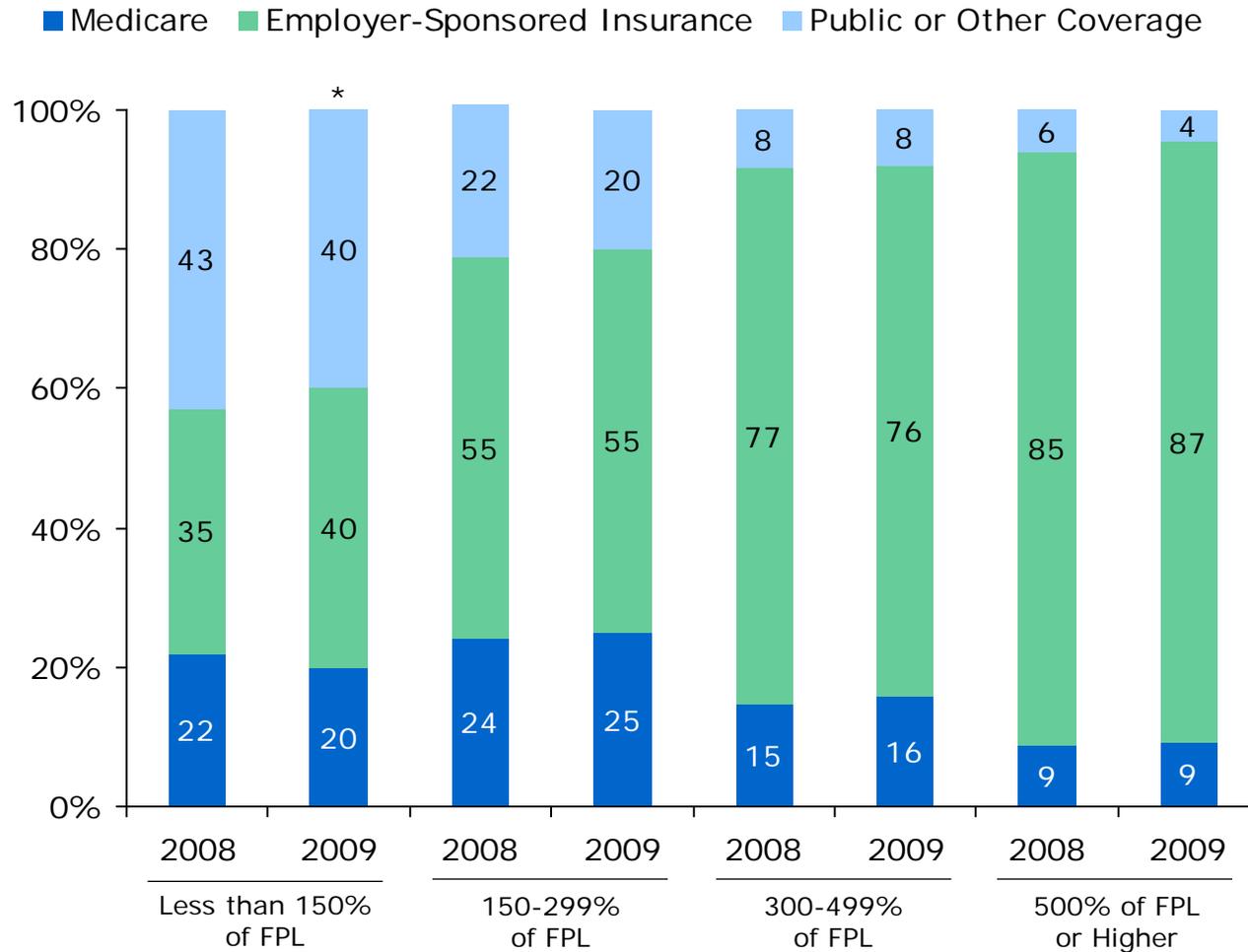


Medicare was, by far, the most common type of coverage for elderly adults in Massachusetts, covering nearly all elderly adults. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for Insured Massachusetts Residents by Income



Employer-sponsored insurance (ESI) coverage was the norm for most residents of Massachusetts with family income at or above 300% of the federal poverty level (FPL). Among lower-income residents, public or other coverage and Medicare played larger roles. However, in 2009, ESI coverage was significantly higher for residents with family income less than 150% of the FPL relative to 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

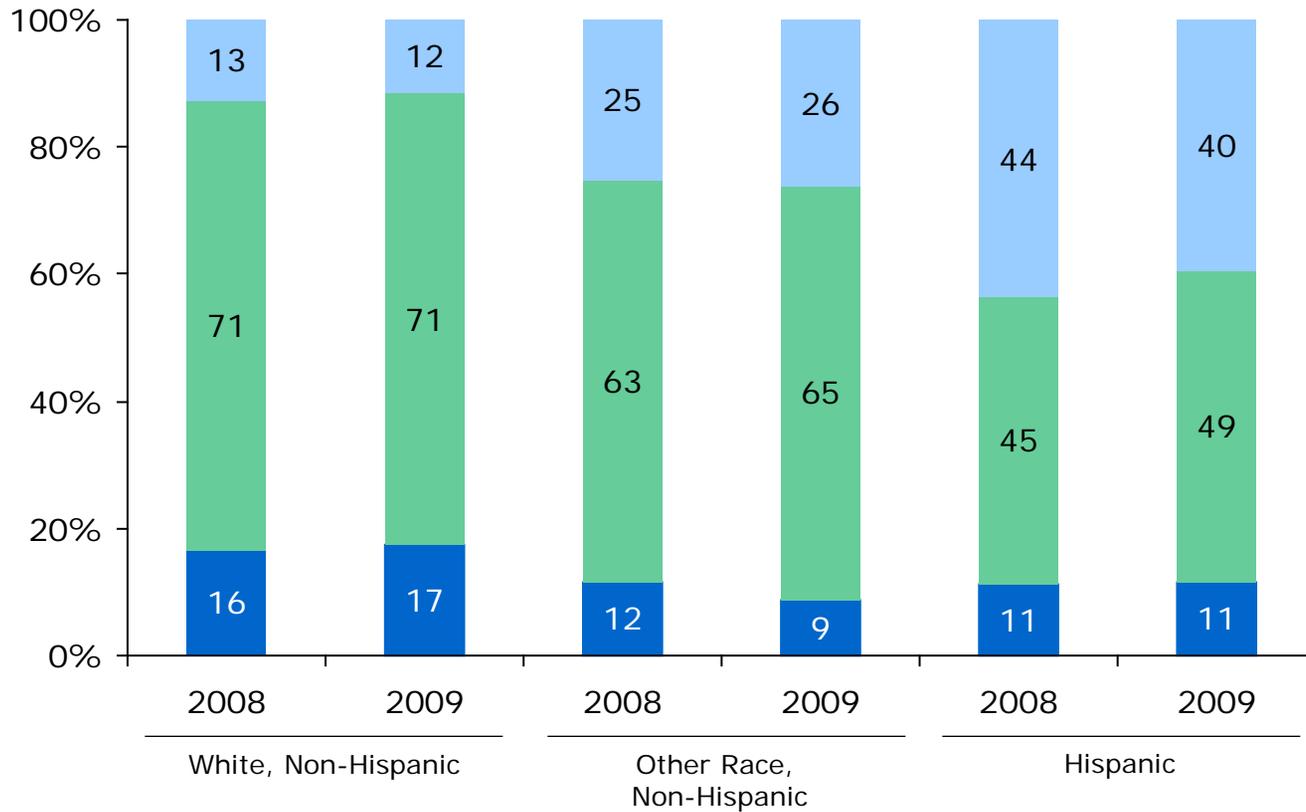
†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

* (**) (***) The estimate the distribution of type insurance coverage in 2009 is significantly different from that of 2008 at the 10% (5%) (1%) level, two-tailed test.

Type of Health Insurance Coverage† for Insured Massachusetts Residents by Race/Ethnicity

■ Medicare ■ Employer-Sponsored Insurance ■ Public or Other Coverage

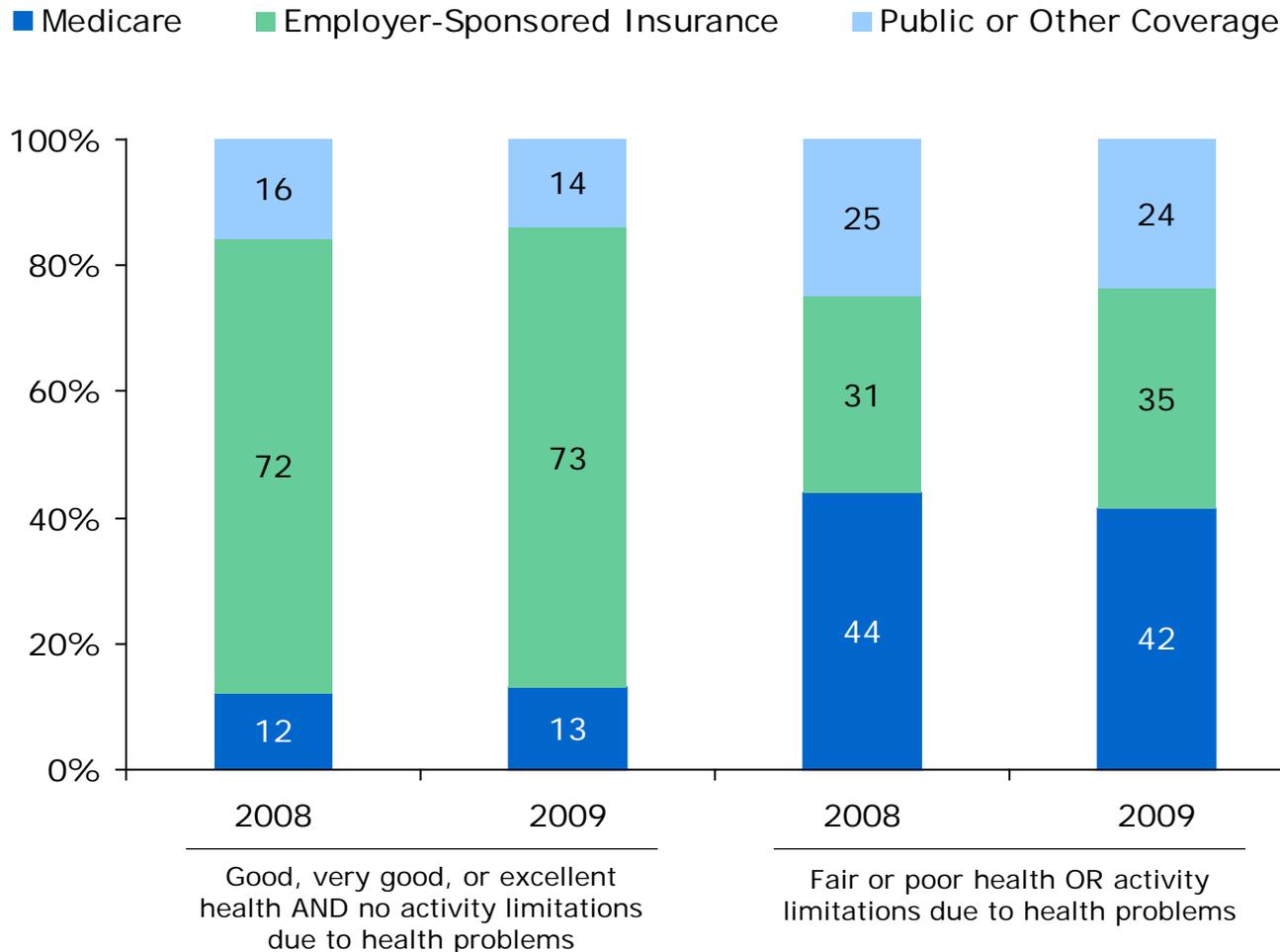


Employer-sponsored insurance was more common among white, non-Hispanic residents of Massachusetts than among residents in other racial/ethnic groups. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for Insured Massachusetts Residents by Health Status



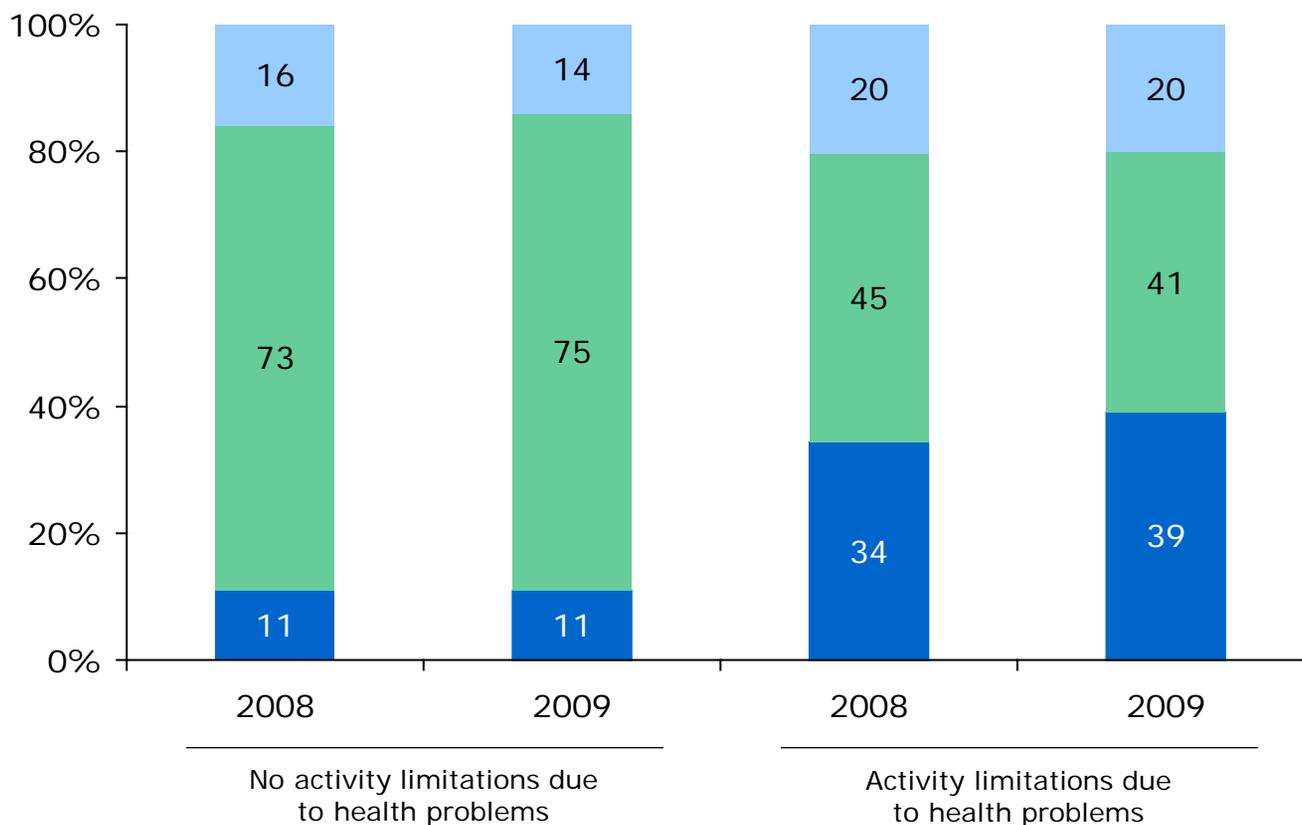
Residents in better health were more than twice as likely as those in fair or poor health to have coverage through an employer. Residents in fair or poor health were more likely to rely on Medicare, public, or other coverage. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for Insured Massachusetts Residents by Disability Status

■ Medicare ■ Employer-Sponsored Insurance ■ Public or Other Coverage



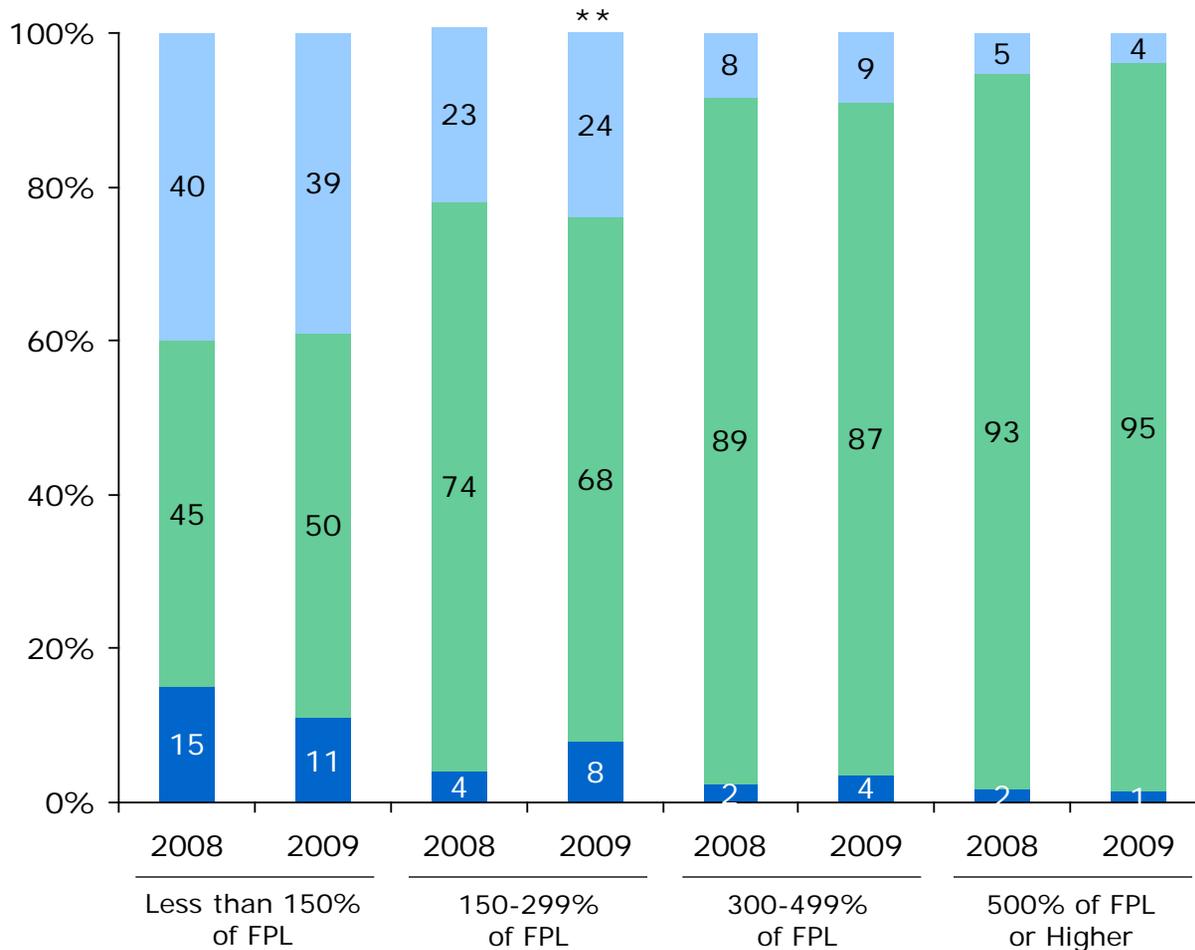
Residents without a disability were more likely than those with a disability to have coverage through an employer. Residents with a disability were more likely to rely on Medicare, public, or other coverage. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for Insured Non-Elderly Adults by Income

■ Medicare ■ Employer-Sponsored Insurance ■ Public or Other Coverage



Nearly all non-elderly adults with family income at or above 300% of the federal poverty level (FPL) were covered by employer-sponsored insurance (ESI). ESI coverage for non-elderly adults with family income between 150% and 299% of the FPL was significantly lower in 2009 relative to 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

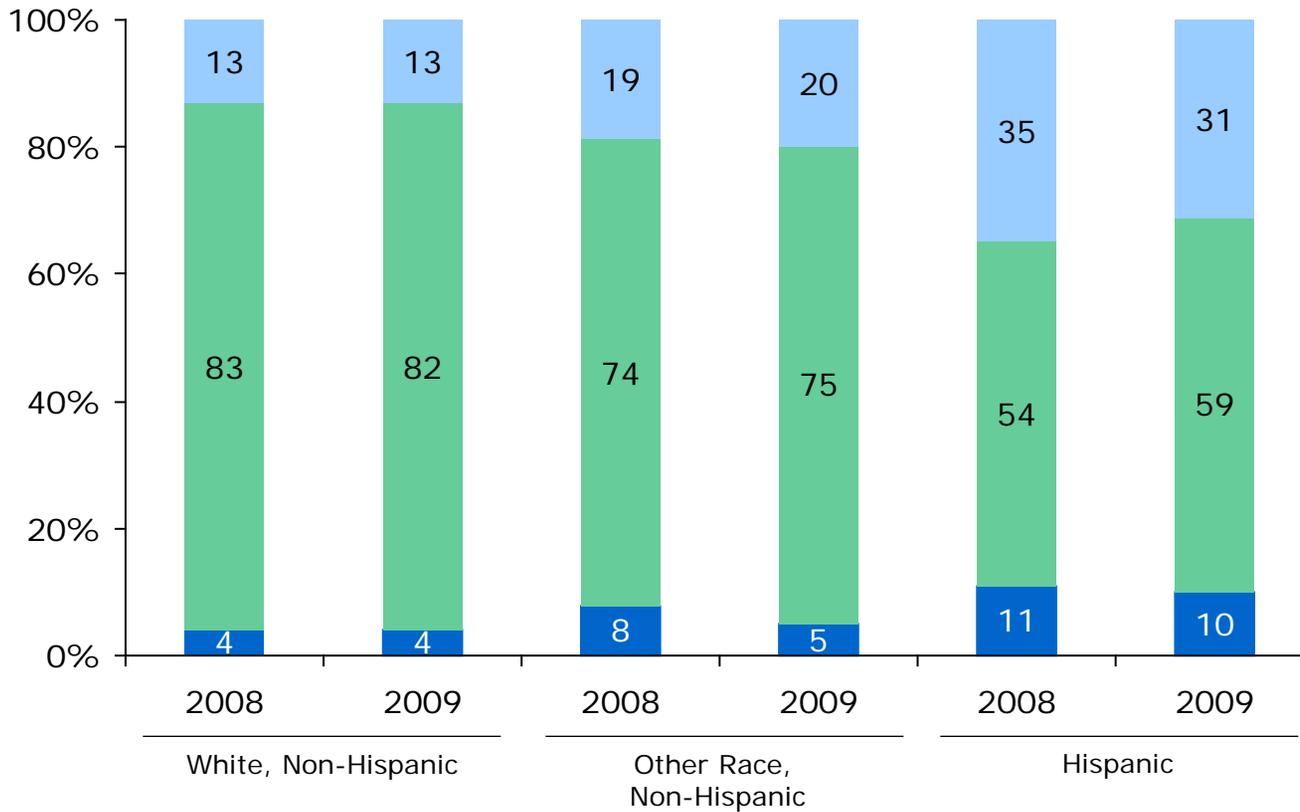
†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

* (**) (***) The estimate the distribution of type insurance coverage in 2009 is significantly different from that of 2008 at the 10% (5%) (1%) level, two-tailed test.

Type of Health Insurance Coverage† for Insured Non-Elderly Adults by Race/Ethnicity

■ Medicare ■ Employer-Sponsored Insurance ■ Public or Other Coverage

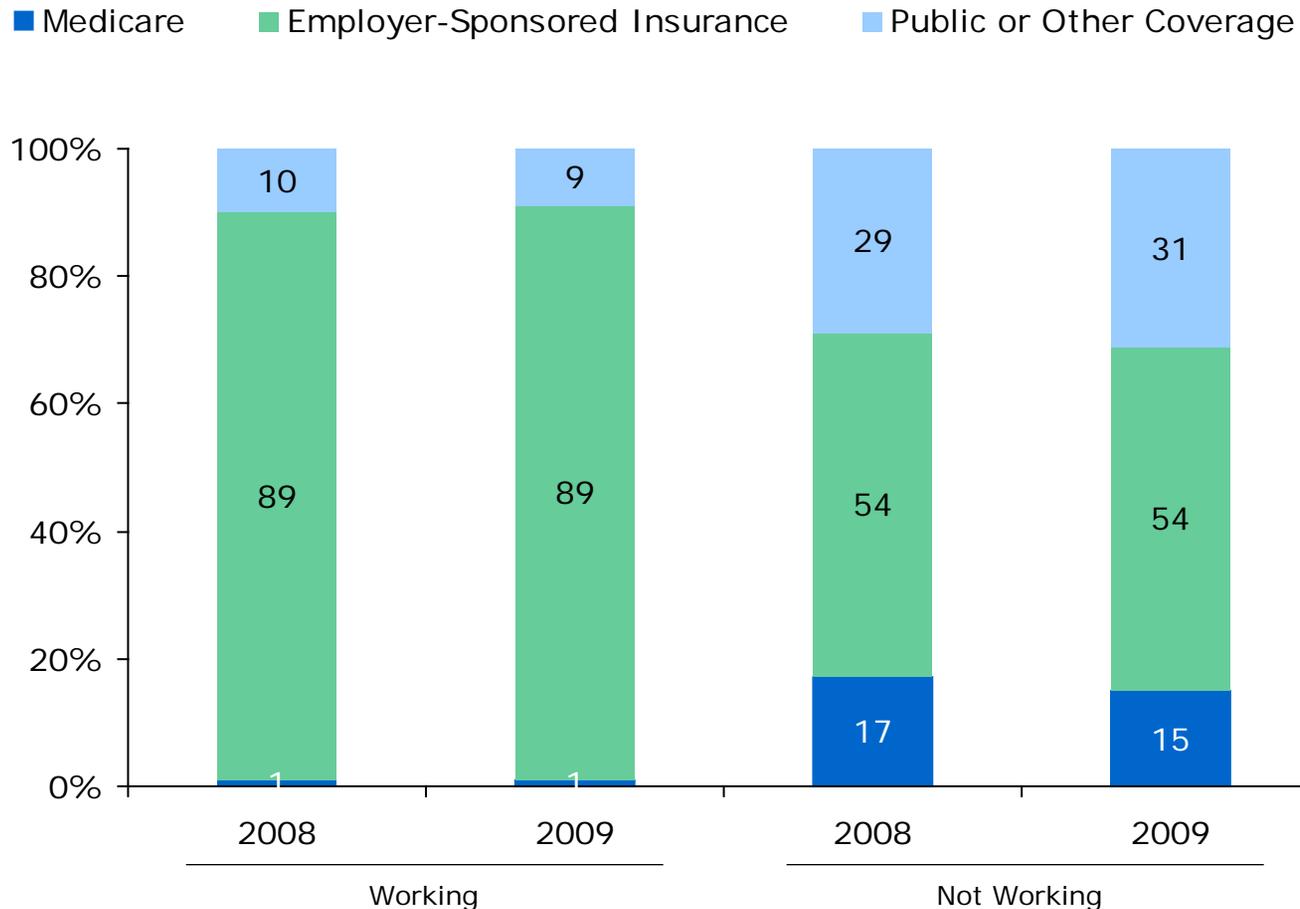


Among non-elderly adults, employer-sponsored insurance coverage was more common among non-Hispanic adults than Hispanic adults. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for Insured Non-Elderly Adults by Work Status

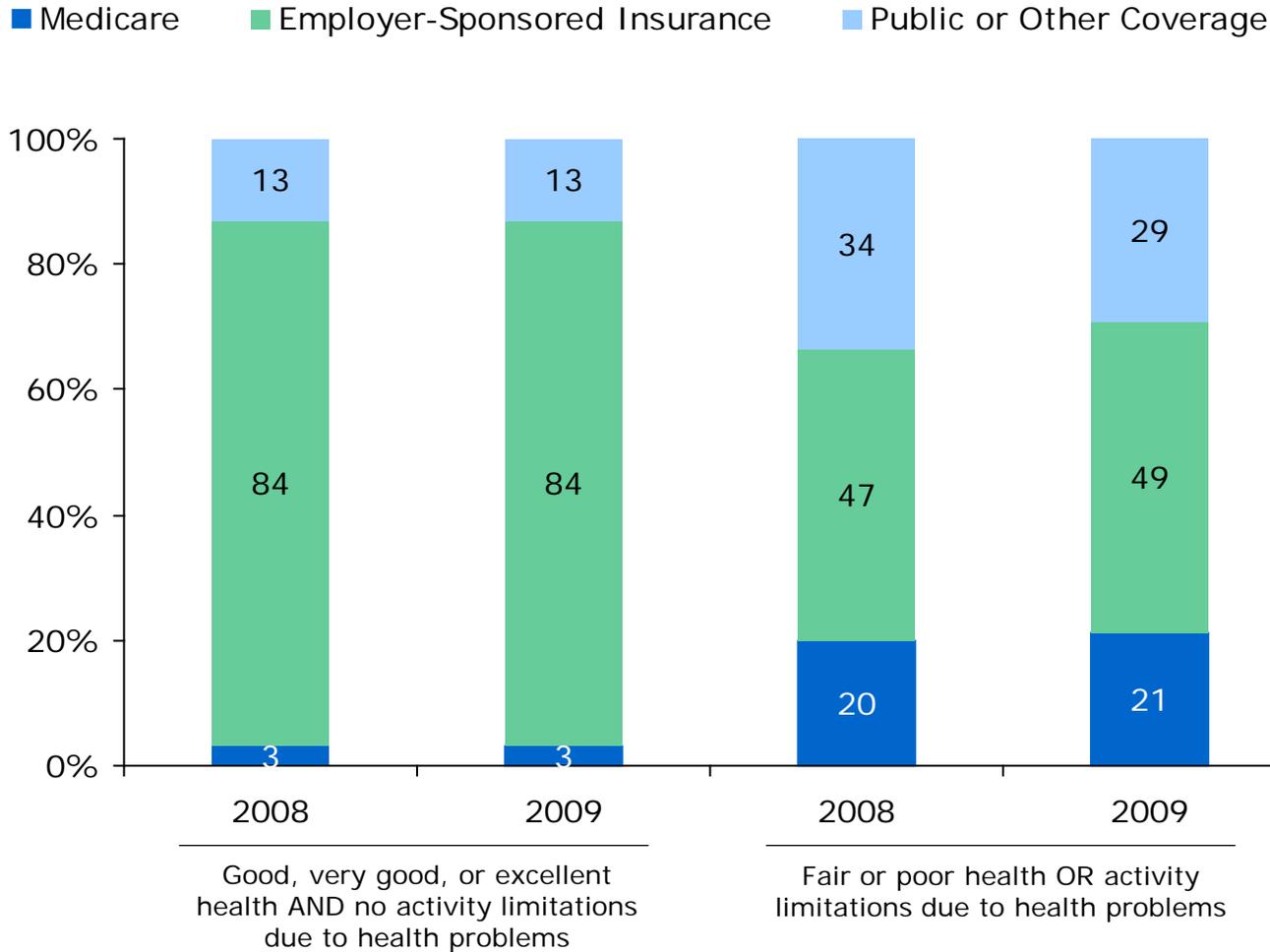


Among non-elderly adults, workers were much more likely to be covered by employer-sponsored insurance than those who were not working. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for Insured Non-Elderly Adults by Health Status



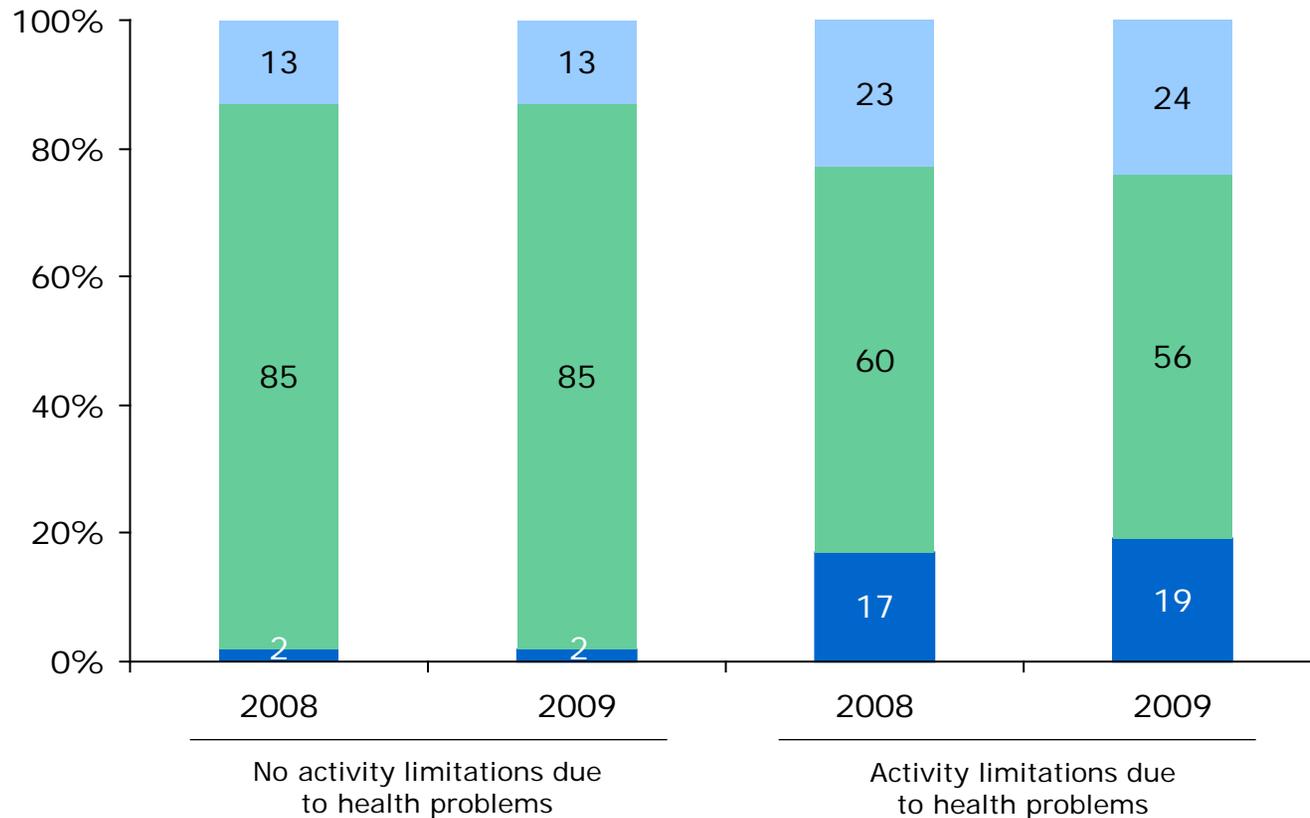
Non-elderly adults in fair or poor health were most likely to be covered by Medicare, public, or other coverage, while those in good to excellent health were more likely to be covered through an employer. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for Insured Non-Elderly Adults by Disability Status

■ Medicare ■ Employer-Sponsored Insurance ■ Public or Other Coverage

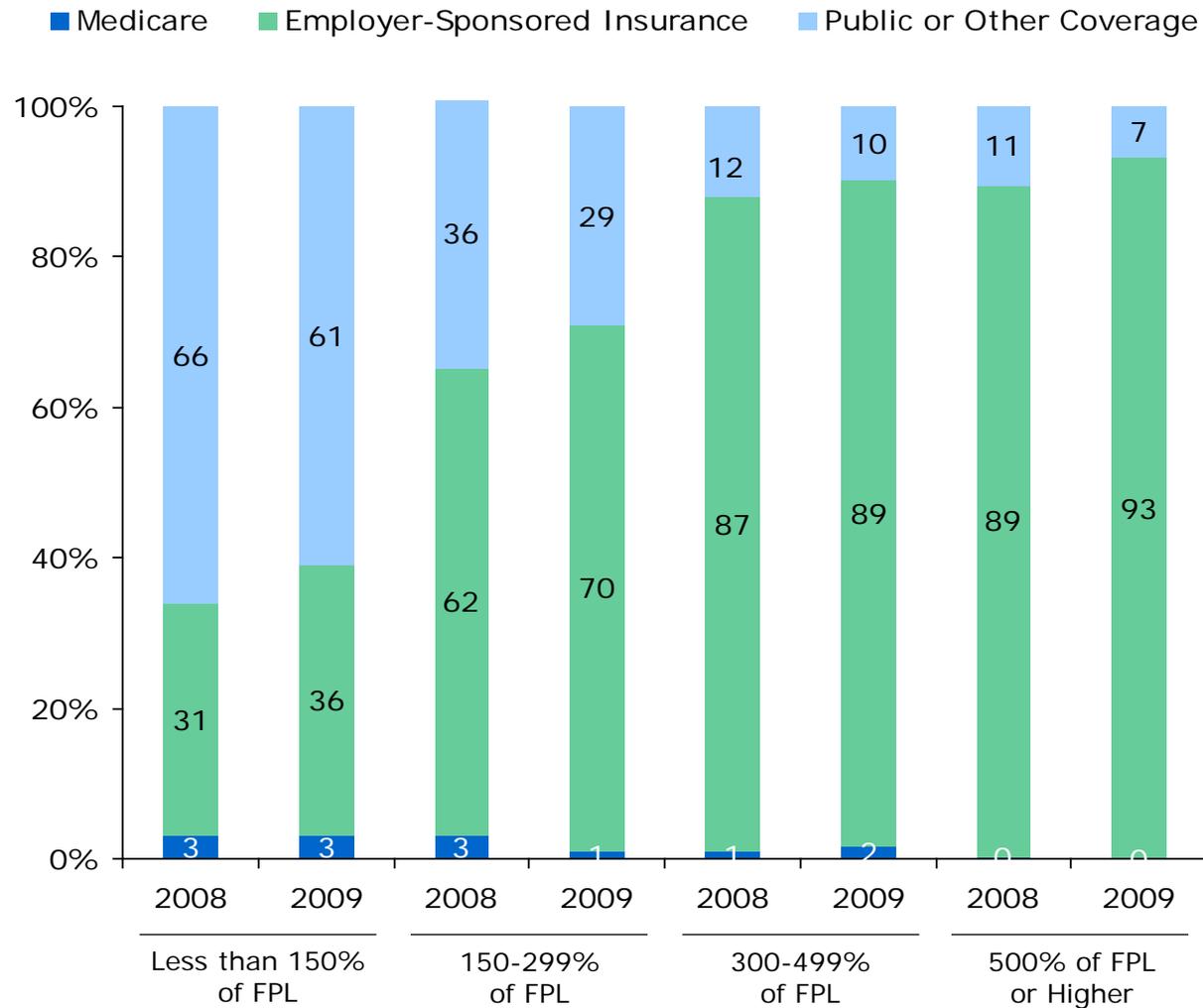


Non-elderly adults who were disabled were more likely to be covered by Medicare, public, or other coverage, while non-disabled adults were more likely to be covered through an employer. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for Insured Children by Income

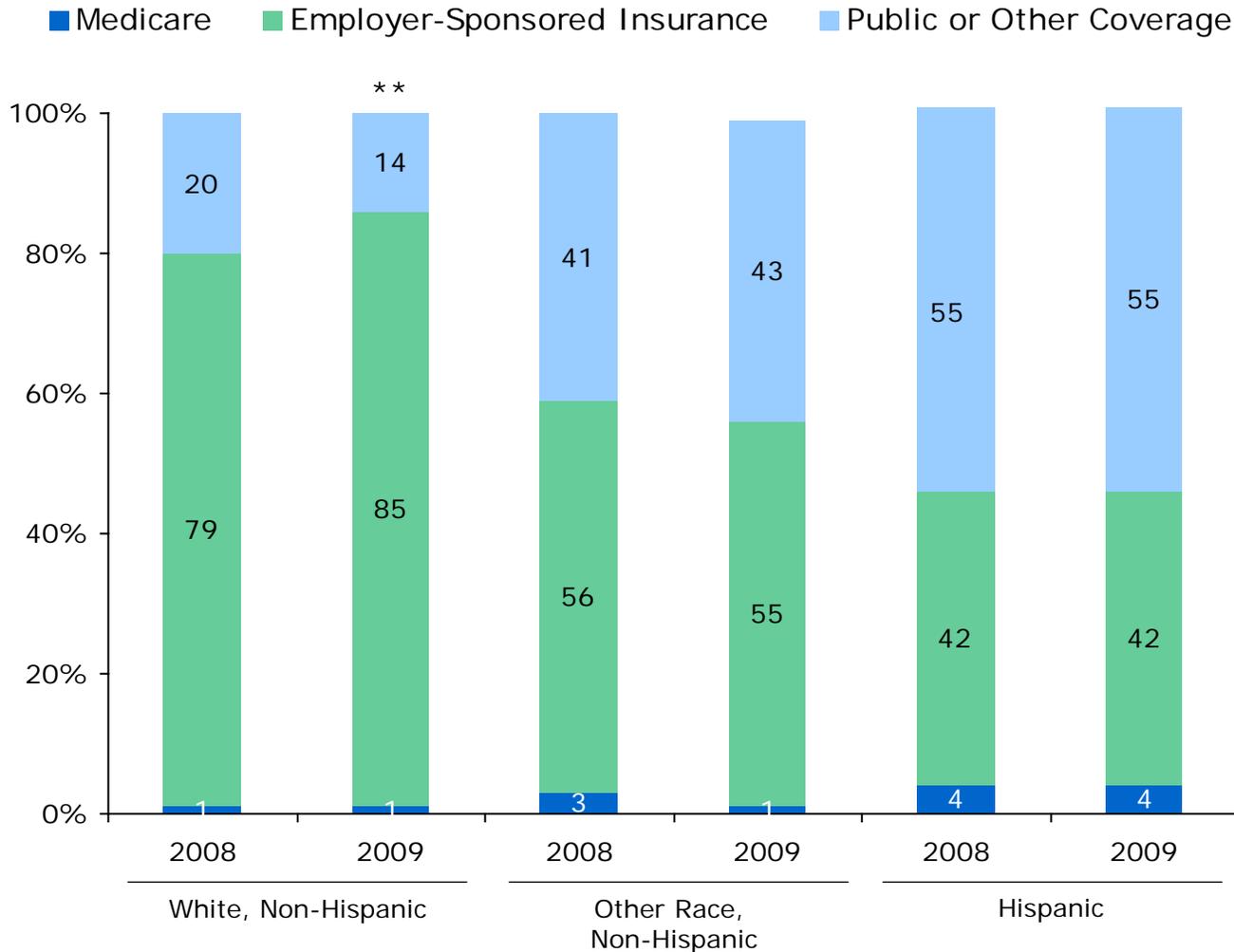


Nearly all children with family income at or above 300% of the federal poverty level (FPL) were covered by employer-sponsored insurance, as compared to about half of those with family income less than 300% of the FPL. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Type of Health Insurance Coverage† for Insured Children by Race/Ethnicity



Employer-sponsored insurance (ESI) coverage was more common among white, non-Hispanic children than children in other racial/ethnic groups. ESI coverage was significantly higher for white, non-Hispanic children in 2009 than 2008.

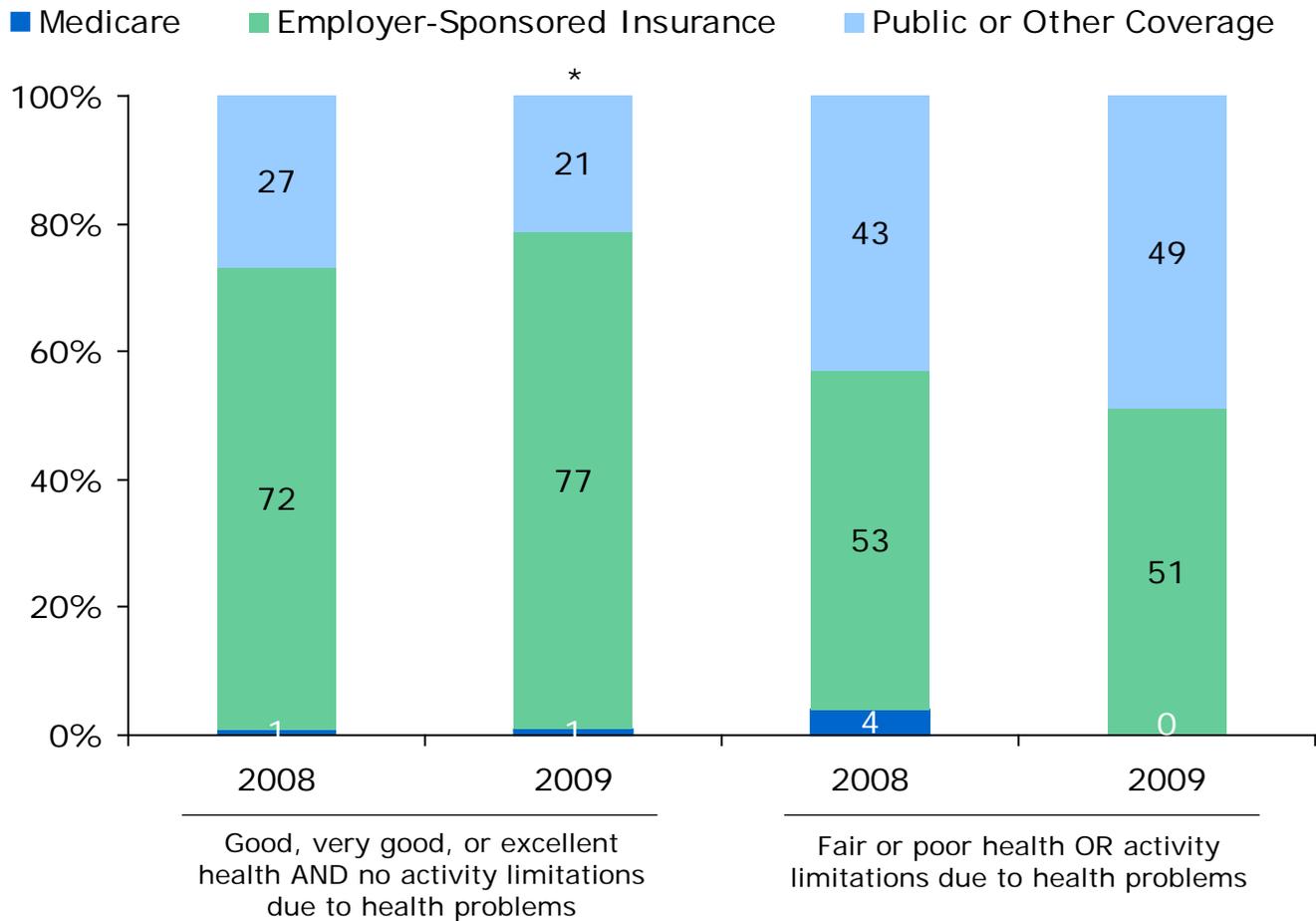
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

* (**) (***) The estimate the distribution of type insurance coverage in 2009 is significantly different from that of 2008 at the 10% (5%) (1%) level, two-tailed test.

Type of Health Insurance Coverage† for Insured Children by Health and Disability Status



Children in fair or poor health, or with a disability, were more likely to rely on public or other coverage than were other children. Employer-sponsored insurance coverage was significantly higher for children in good or better health and with no disabilities in 2009 than 2008.

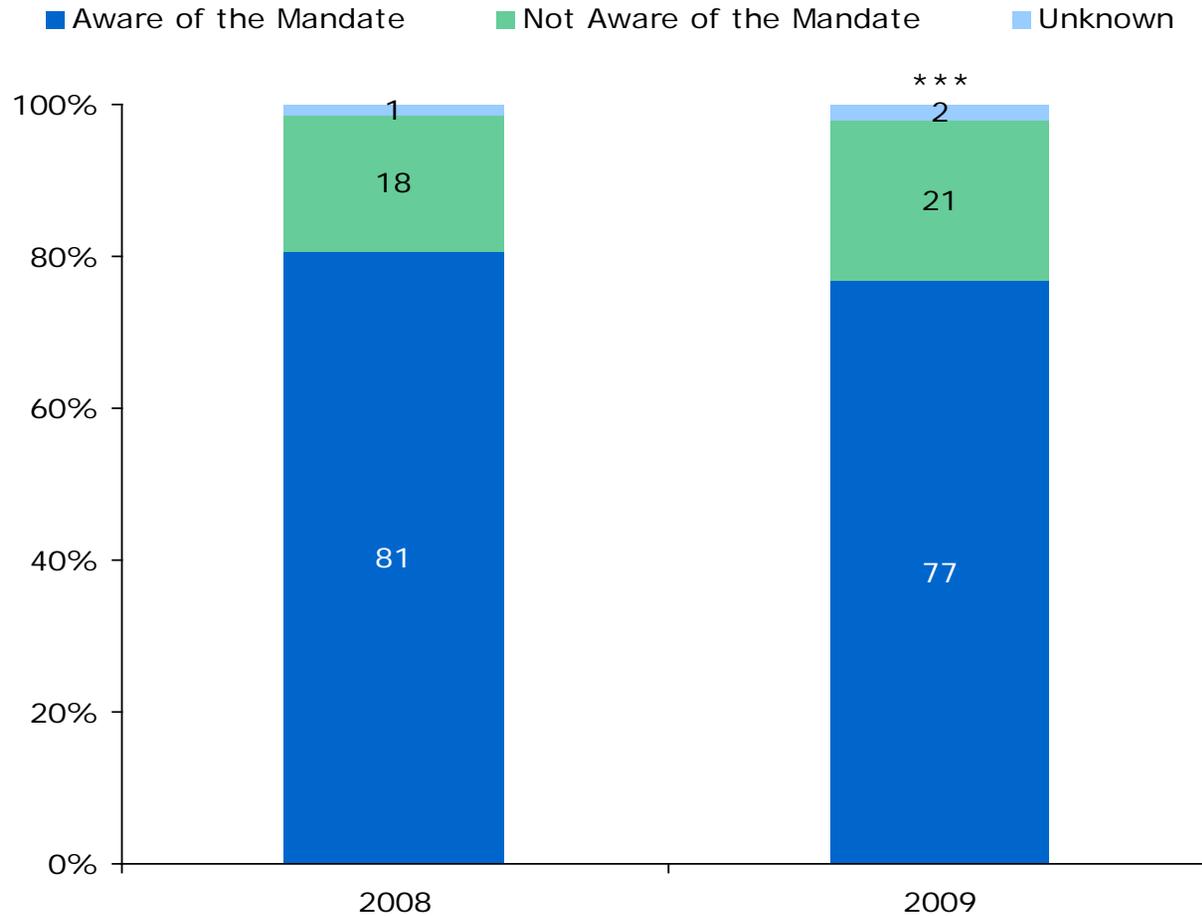
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth or Commonwealth Care, while for higher-income residents it is non-group coverage and, to a lesser extent, Commonwealth Choice.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

* (**) (***) The estimate the distribution of type insurance coverage in 2009 is significantly different from that of 2008 at the 10% (5%) (1%) level, two-tailed test.

Share of Households with an Awareness of Individual Mandate†

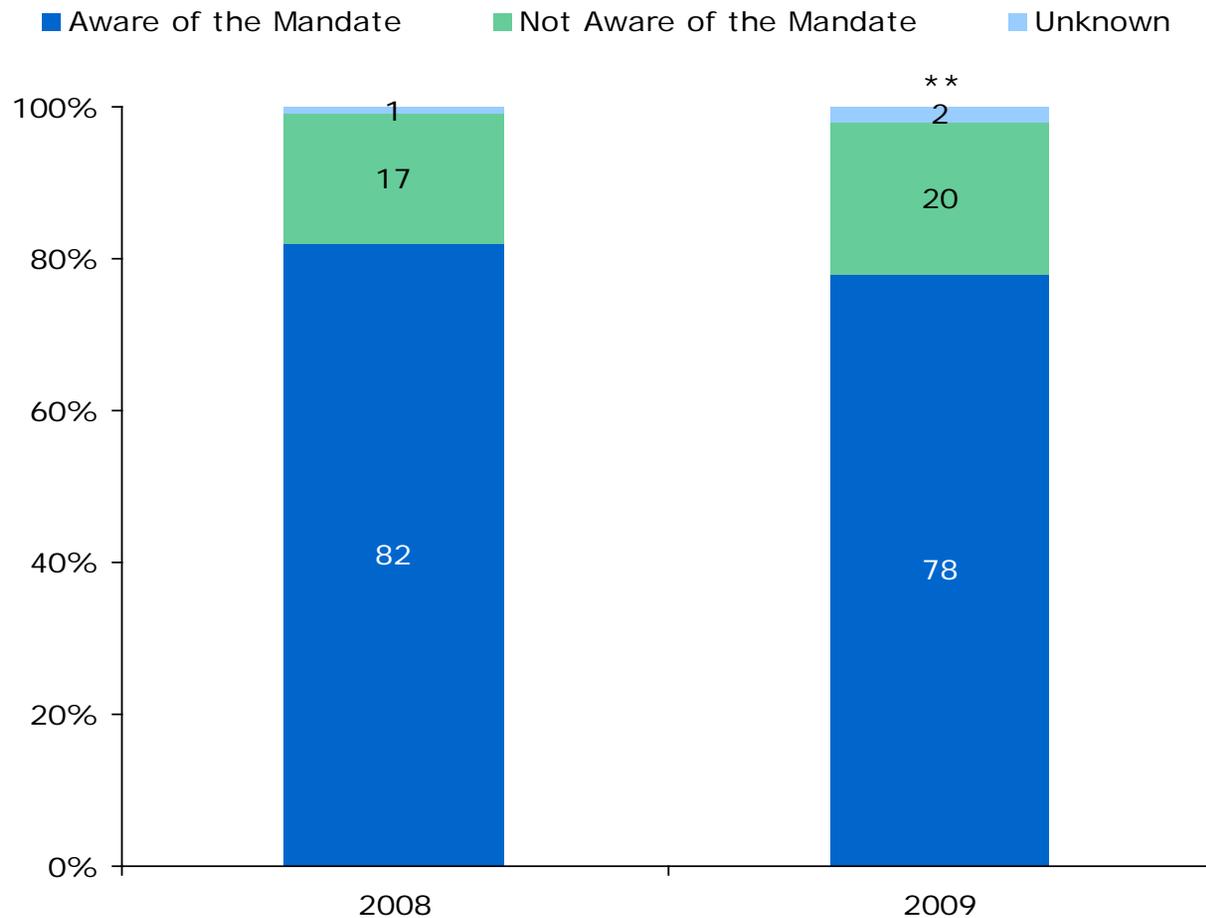


Most households in Massachusetts were aware of the individual mandate at the time of the survey in both 2008 and 2009; however, reported awareness was somewhat lower in 2009 than 2008 (77% versus 81%).

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Information based on household respondent's awareness of the individual mandate.
 Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The responses in 2009 are significantly different from the responses in 2008 at the 10% (5%) (1%) level, two-tailed test.

Share of Households with Non-Elderly Adults and an Awareness of Individual Mandate†

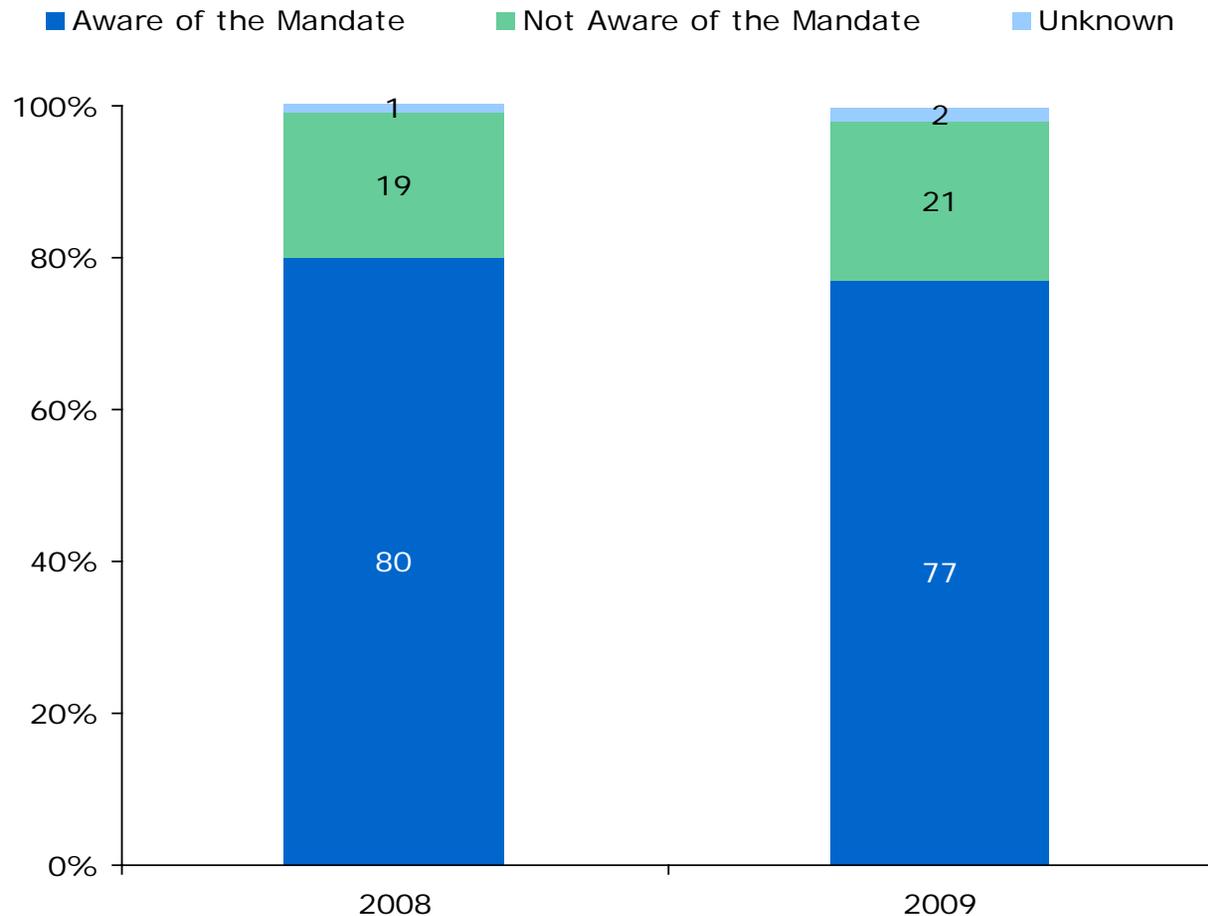


Most households in Massachusetts that included a non-elderly adult were aware of the individual mandate at the time of the survey in 2008 and 2009; however, reported awareness was somewhat lower in 2009 than 2008 (78% versus 82%).

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Information based on household respondent's awareness of the individual mandate.
 Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The responses in 2009 are significantly different from the responses in 2008 at the 10% (5%) (1%) level, two-tailed test.

Share of Households with Children and an Awareness of Individual Mandate†

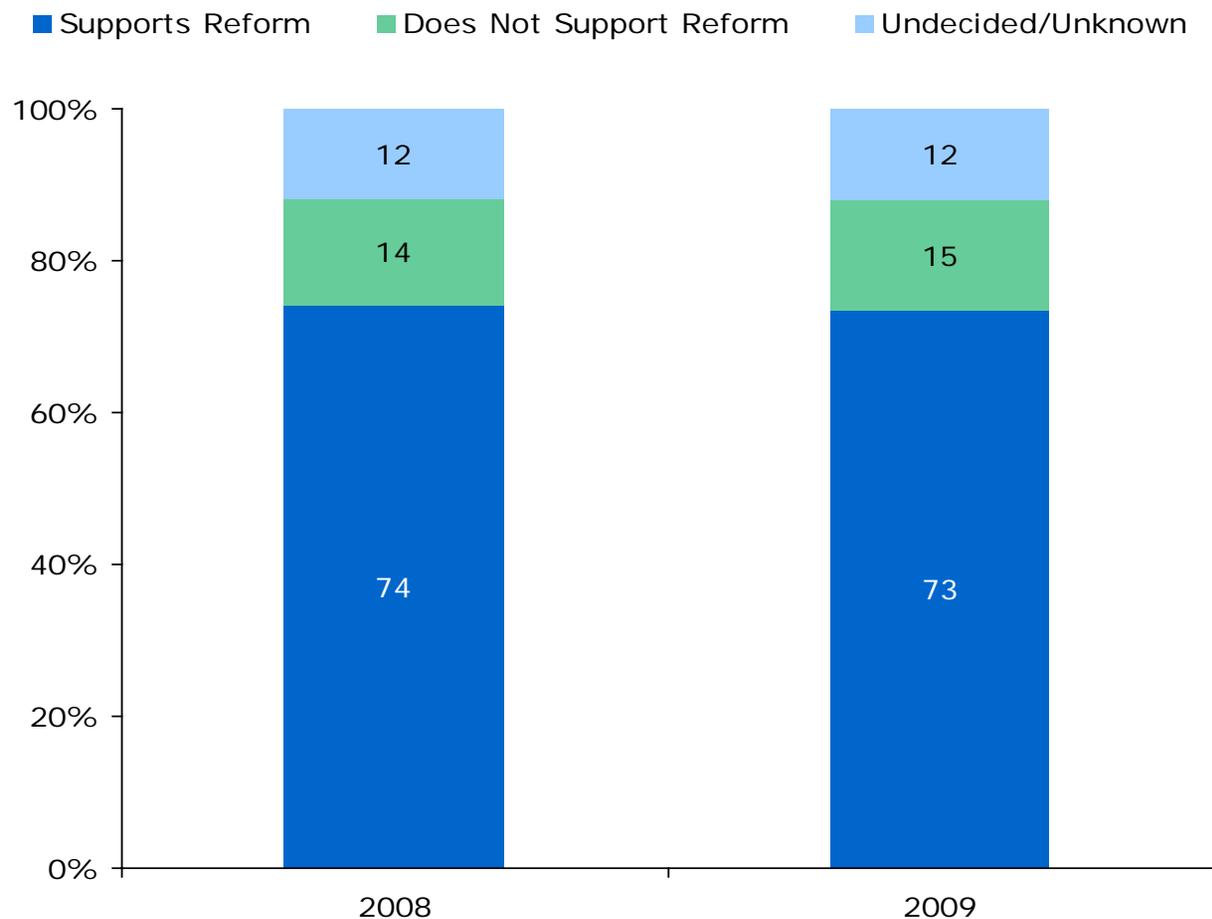


Most households in Massachusetts that included children were aware of the individual mandate at the time of the survey in 2008 and 2009. The 2009 responses are not significantly different from the responses in 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Information based on household respondent's awareness of the individual mandate. Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Share of Households Supporting Health Reform†

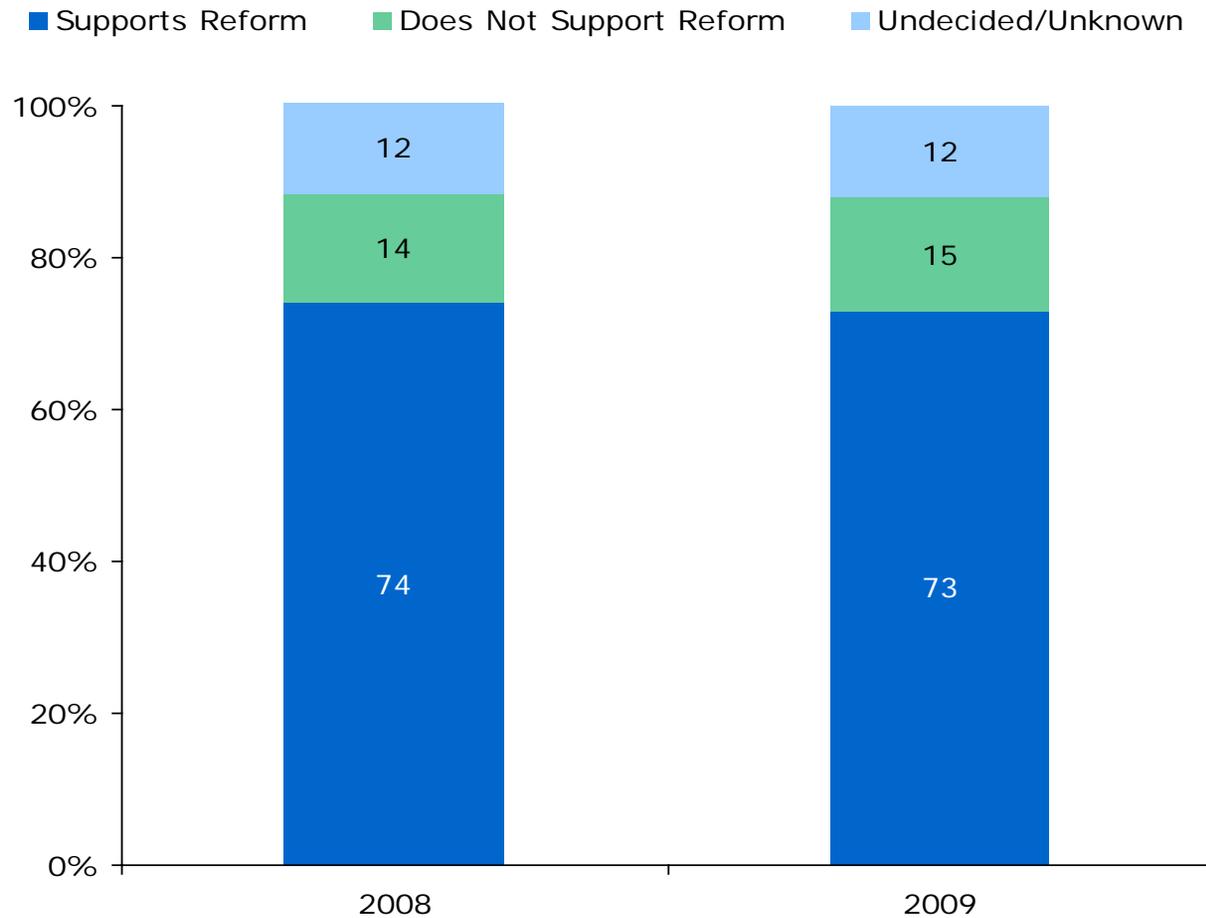


Almost three out of every four households in Massachusetts supported health reform at the time of the survey in 2008 and 2009. The 2009 responses are not significantly different from the responses in 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Information based on household respondent's support for health reform.
Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Share of Households with Non-Elderly Adults Supporting Health Reform†

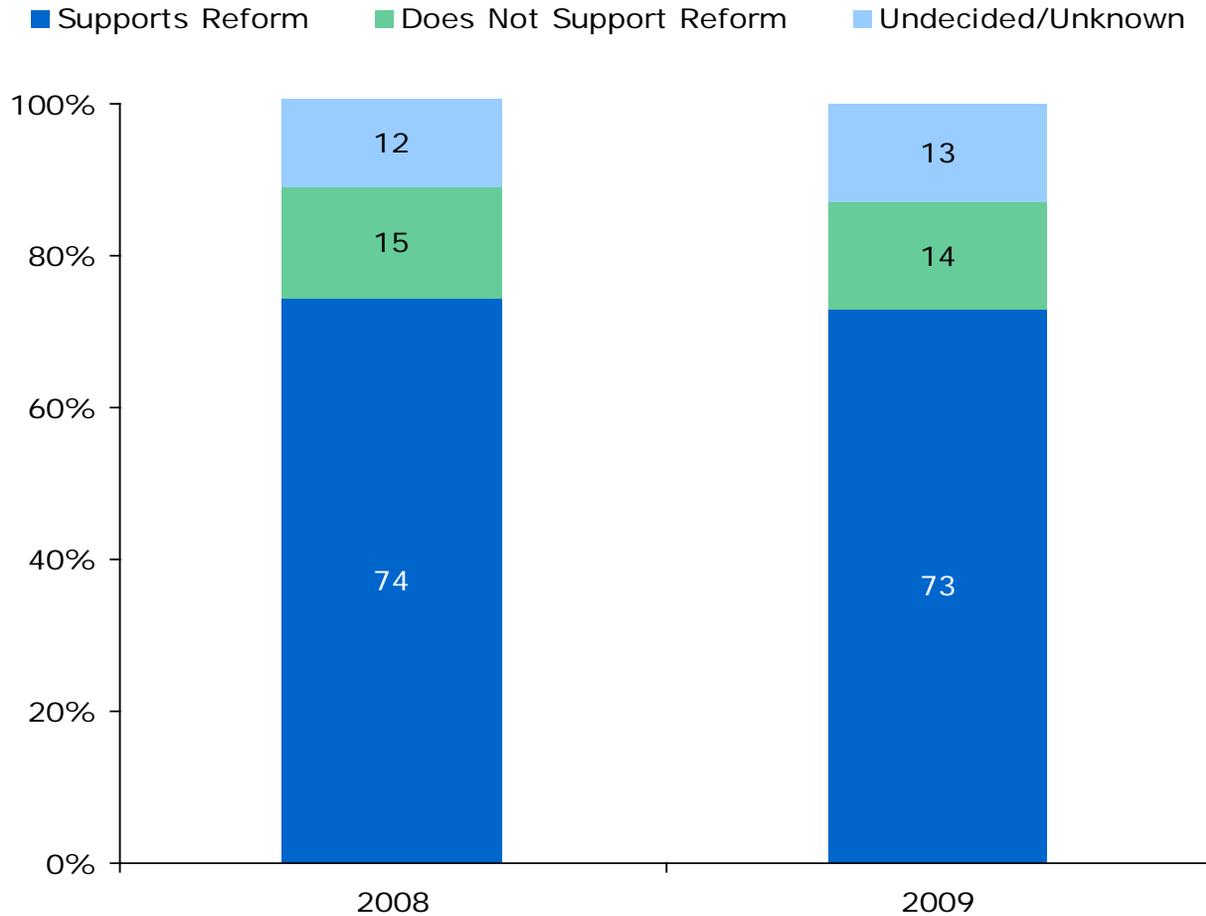


Almost three out of every four Massachusetts households that included a non-elderly adult supported health reform at the time of the survey in 2008 and 2009. The 2009 responses are not significantly different from the responses in 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

† Information based on household respondent's support for health reform.
 Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
 * (**) (***) The responses in 2009 are significantly different from the responses in 2008 at the 10% (5%) (1%) level, two-tailed test.

Share of Households with Children Supporting Health Reform†



Almost three out of every four Massachusetts households that included children supported health reform at the time of the survey in 2008 and 2009. The 2009 responses are not significantly different from the responses in 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†Information based on household respondent's support for health reform.
Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

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