



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

Sharon K. Long, Lokendra Phadera, and Karen Stockley
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.

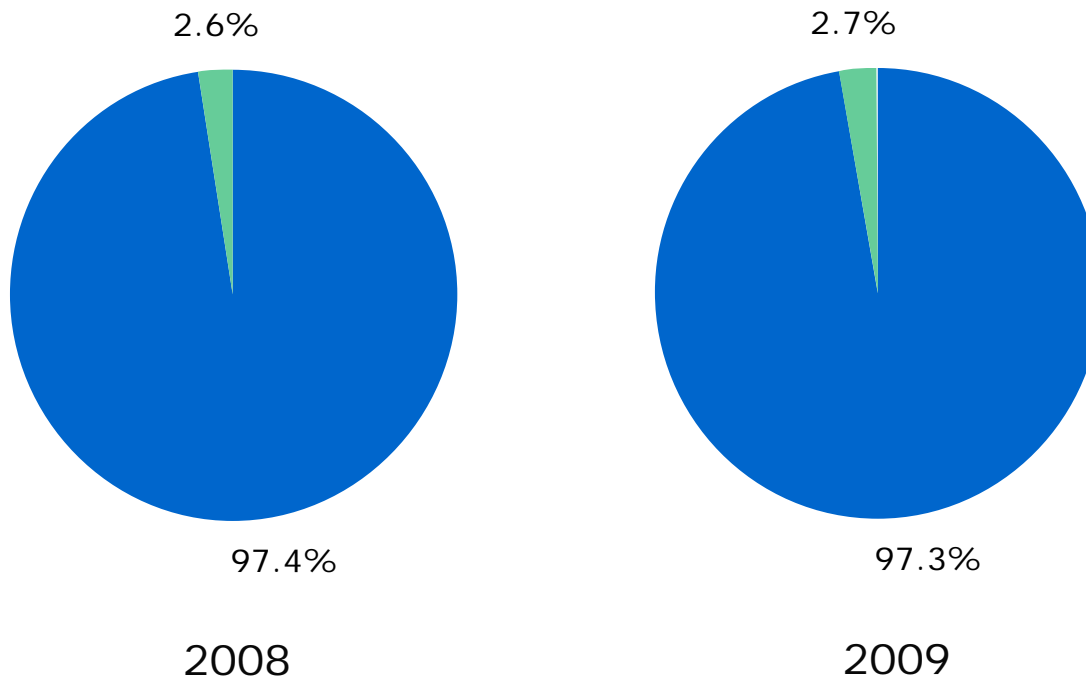
For these charts, we define children as ages 0 to 18, non-elderly adults as ages 19 to 64, and elderly adults as ages 65 and older.

Table of Contents

Executive Summary	1
Introduction	2
Uninsurance	3
Type of Coverage	17
Individual Mandate	31
Support for Reform	34

Uninsurance Rate for All Massachusetts Residents

■ Insured ■ Uninsured

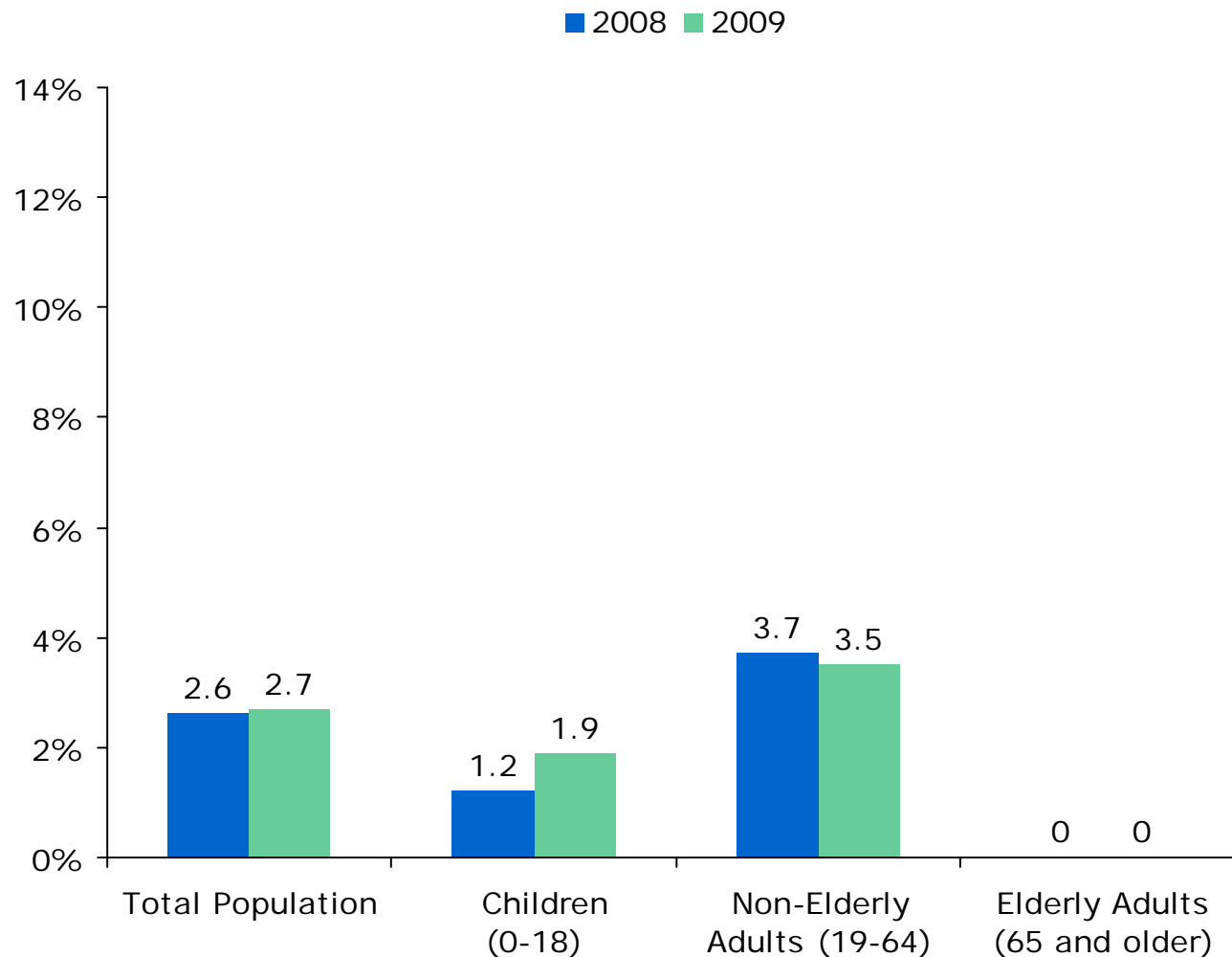


Uninsurance was low among Massachusetts residents, with less than 3% uninsured at the time of the survey in both 2008 and 2009. This corresponds to roughly 171,000 people in 2009 and 165,000 people in 2008.† The 2009 estimate of the uninsurance rate is not significantly different from the estimate for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

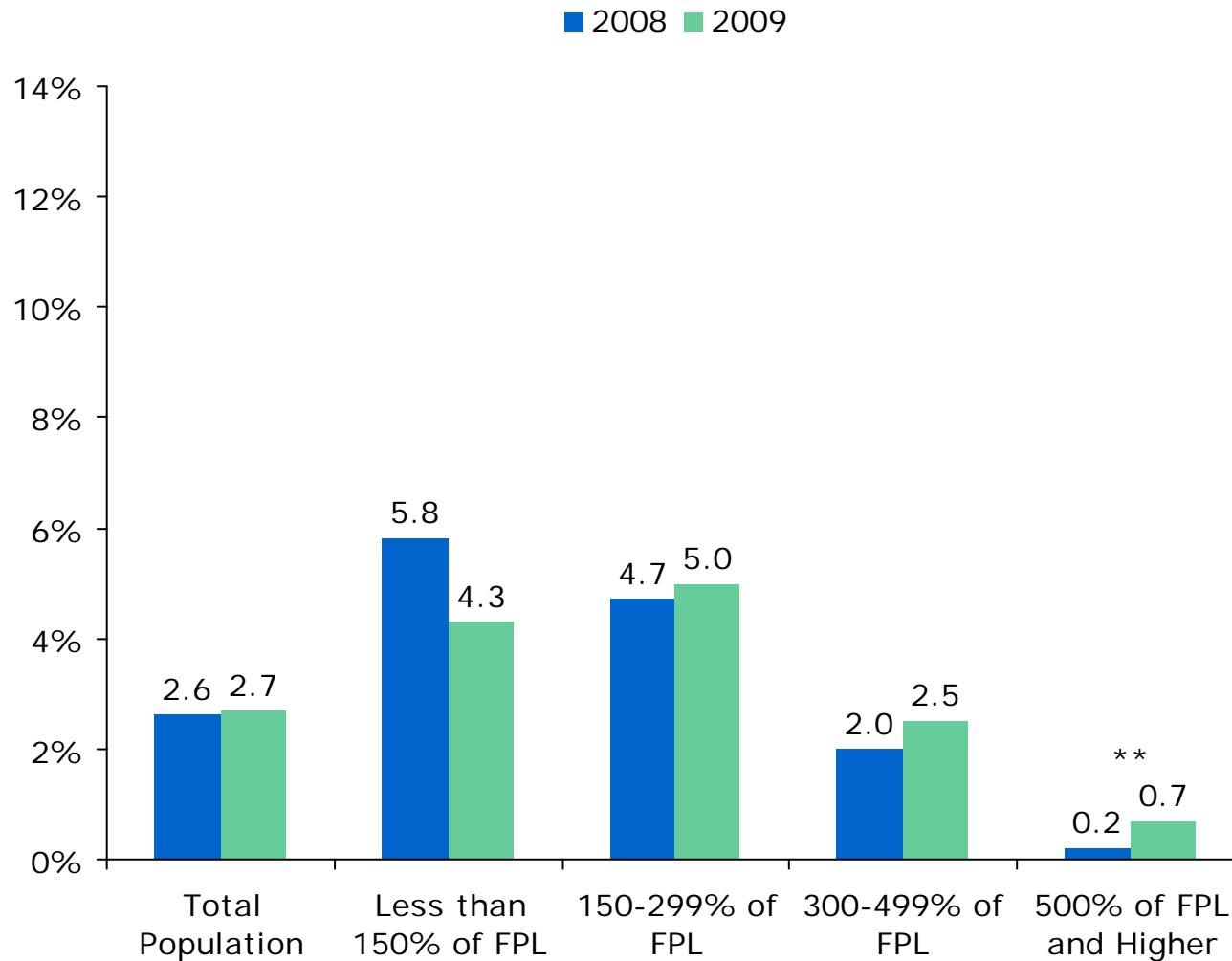


In 2009, uninsurance was highest among non-elderly adults in Massachusetts, with 3.5% uninsured. This compares to an uninsurance rate of 1.9% for children and 0% for elderly adults in the sample. The 2009 estimates are not significantly different from the estimates for 2008.

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

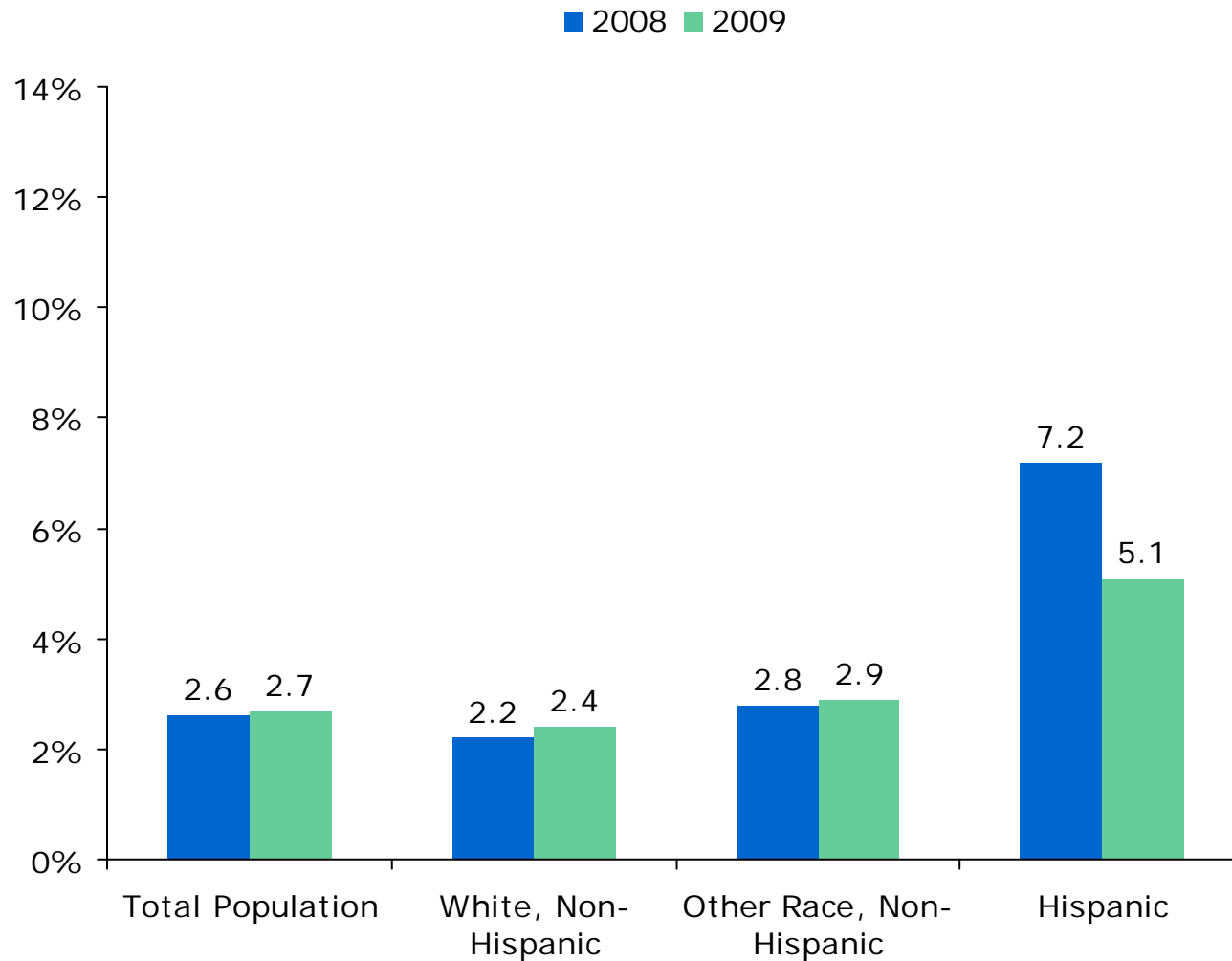


Massachusetts residents with income less than 300% of the federal poverty level (FPL) were more likely to go without coverage than were those with higher incomes. There was a small, but statistically significant, increase in uninsurance among residents with income at 500% FPL or higher.

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

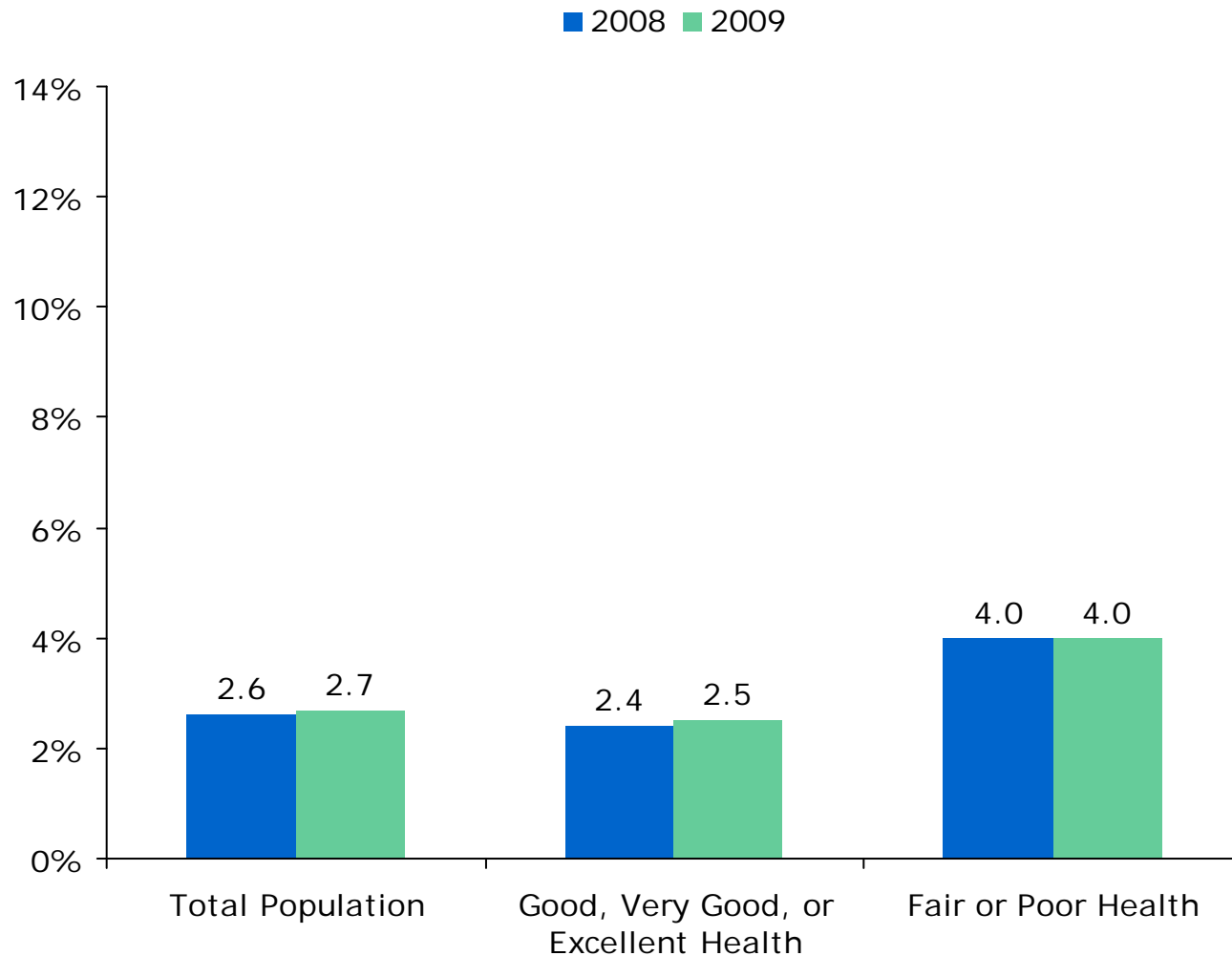


Hispanic residents in Massachusetts were more likely to be uninsured than residents in other racial/ethnic groups. While the estimate of the uninsurance rate for Hispanics is lower in 2009 than 2008, the 2009 estimates are not significantly different from the estimates for 2008.

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

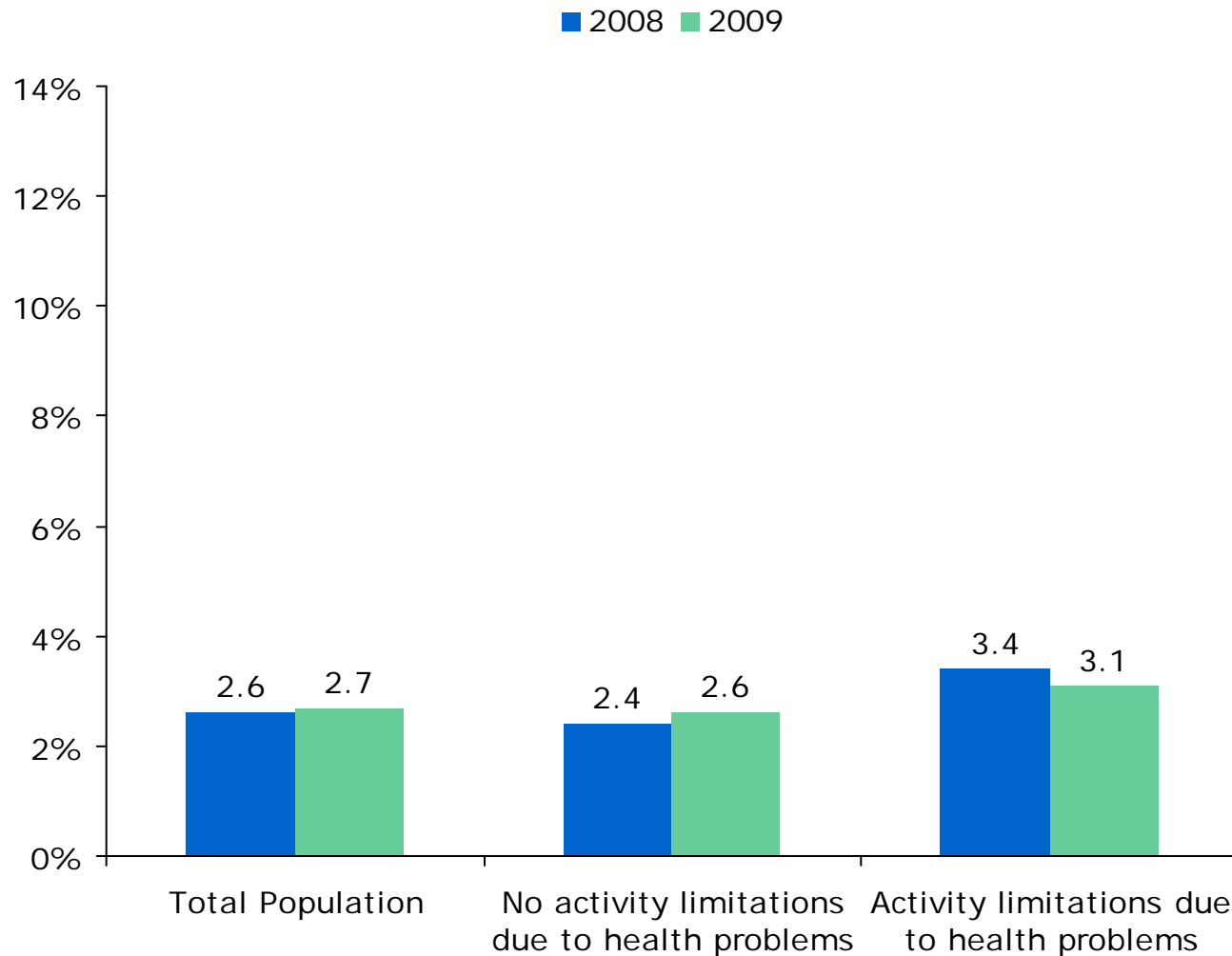


Uninsurance was somewhat higher among residents in fair or poor health than among those in better health. The 2009 estimates are not significantly different from the estimates for 2008.

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

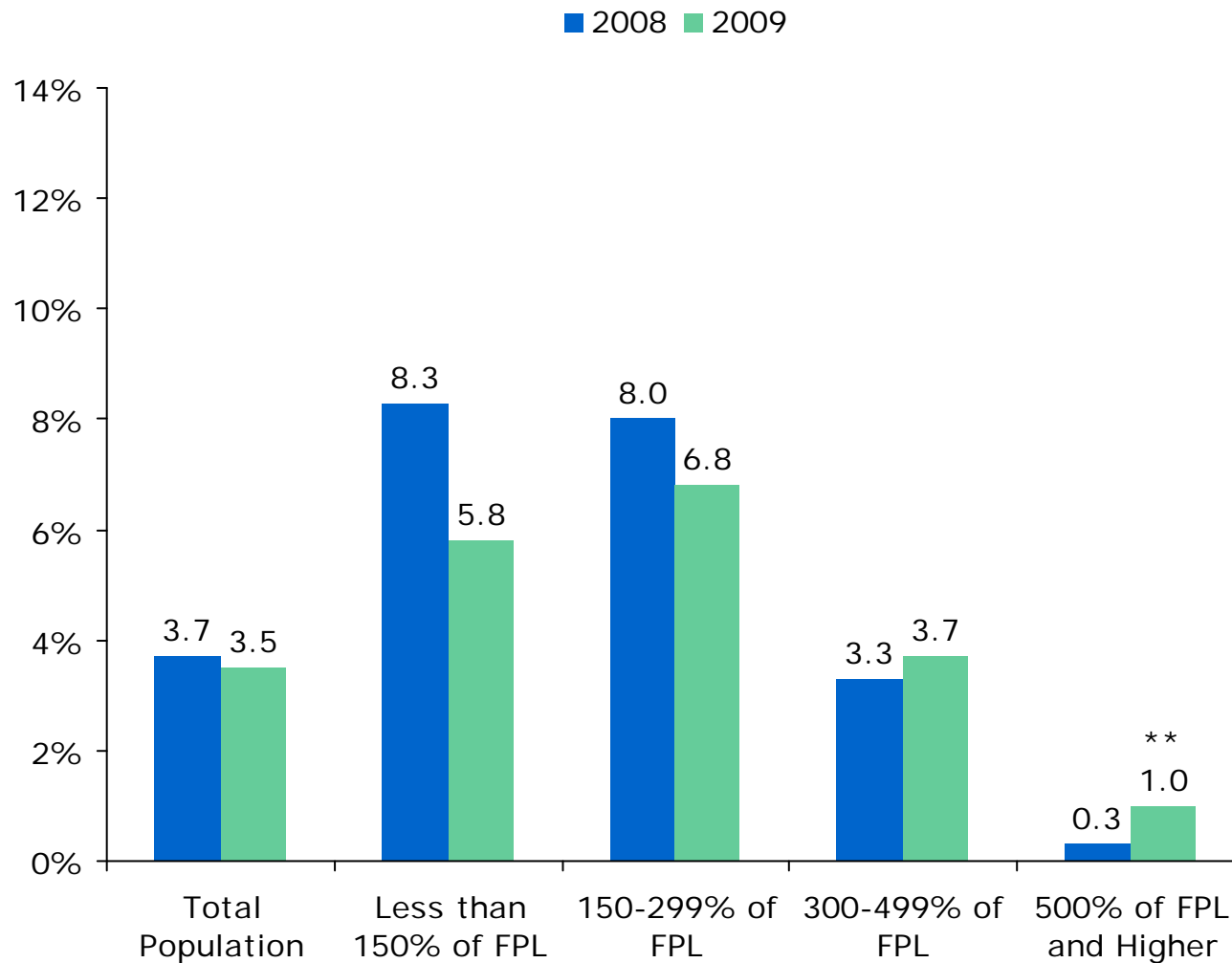


Uninsurance was somewhat higher among residents with disabilities than among those without disabilities. The 2009 estimates are not significantly different from the estimates for 2008.

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

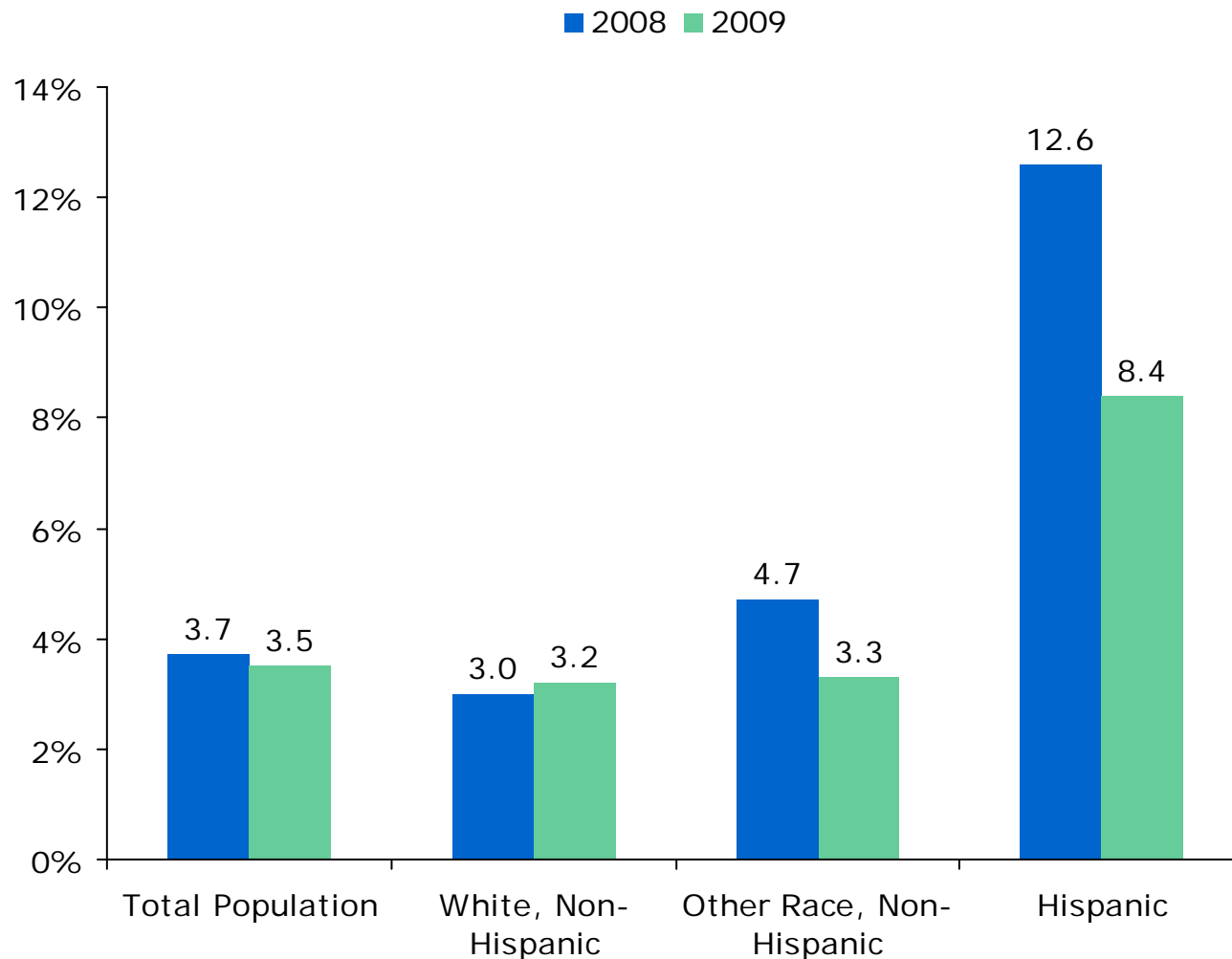


Non-elderly adults with income less than 300% of the federal poverty level (FPL) were more likely be uninsured than those with higher incomes. There was a small, but statistically significant, increase in uninsurance among non-elderly adults with income at 500% FPL or higher.

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

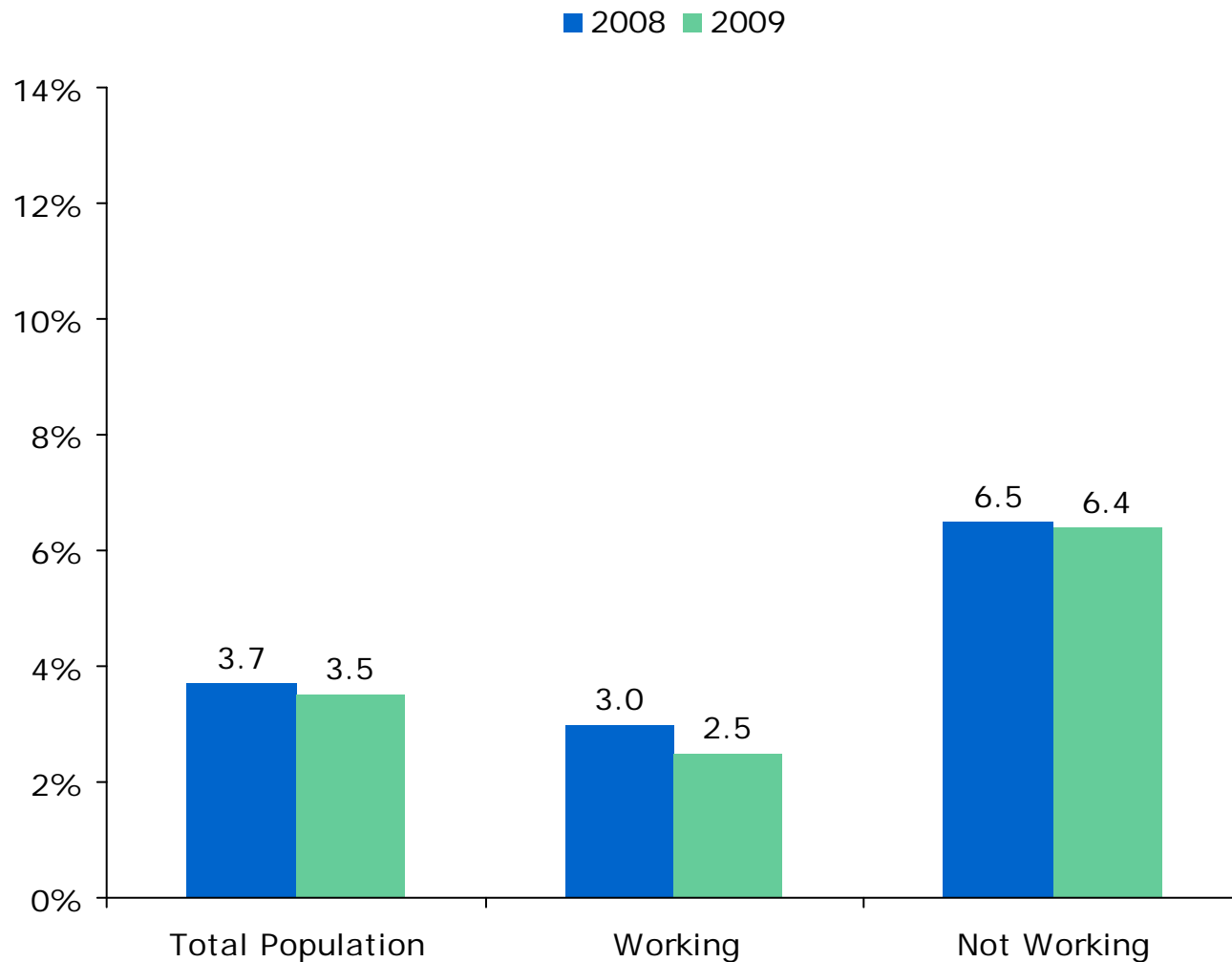


Among non-elderly adults, uninsurance was highest among Hispanic adults in Massachusetts, with uninsurance more than twice that of other, non-Hispanic groups. The 2009 estimates are not significantly different from the estimates for 2008.

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

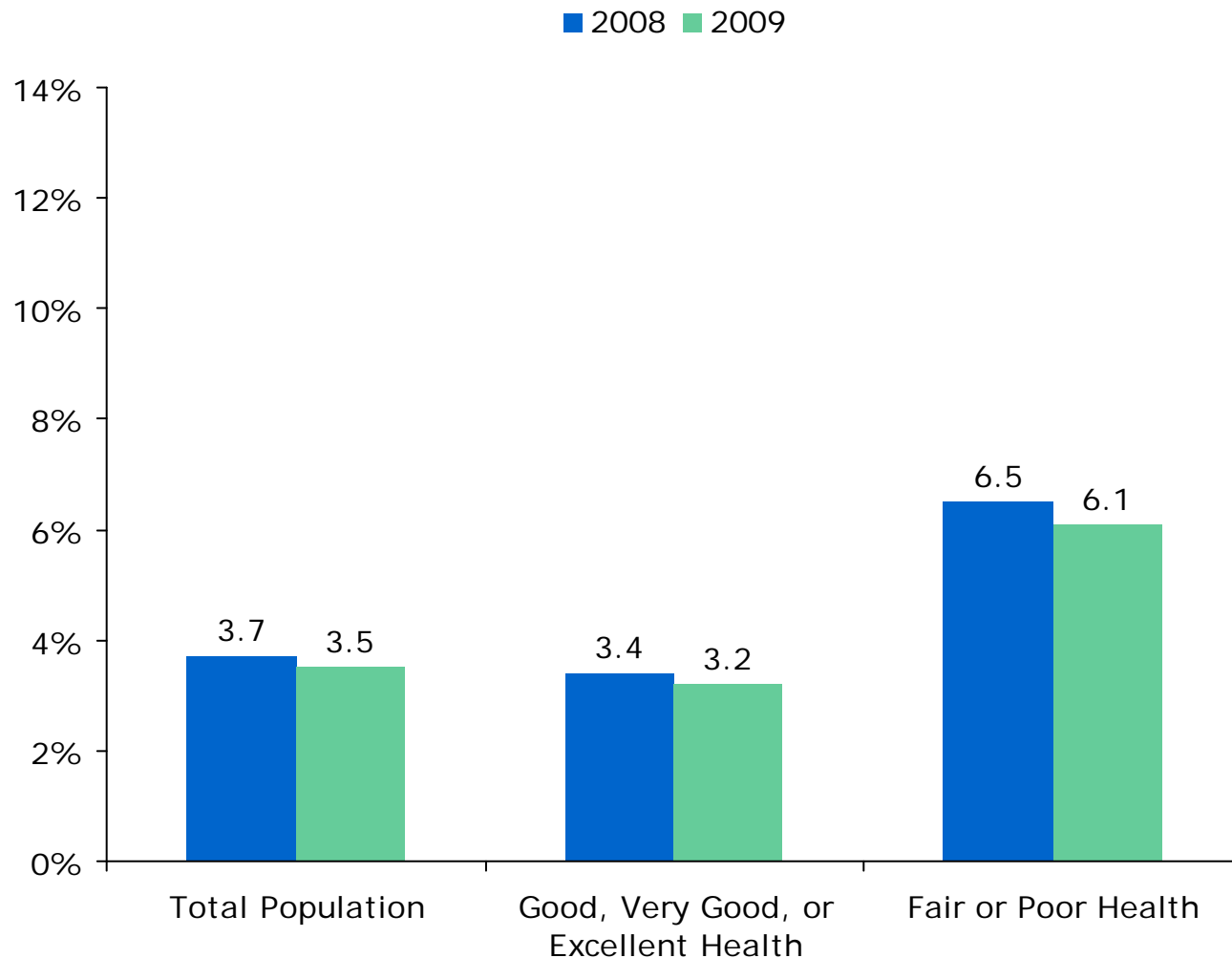


Among non-elderly adults, uninsurance was higher among those who were not working than among workers. The 2009 estimates are not significantly different from the estimates for 2008.

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

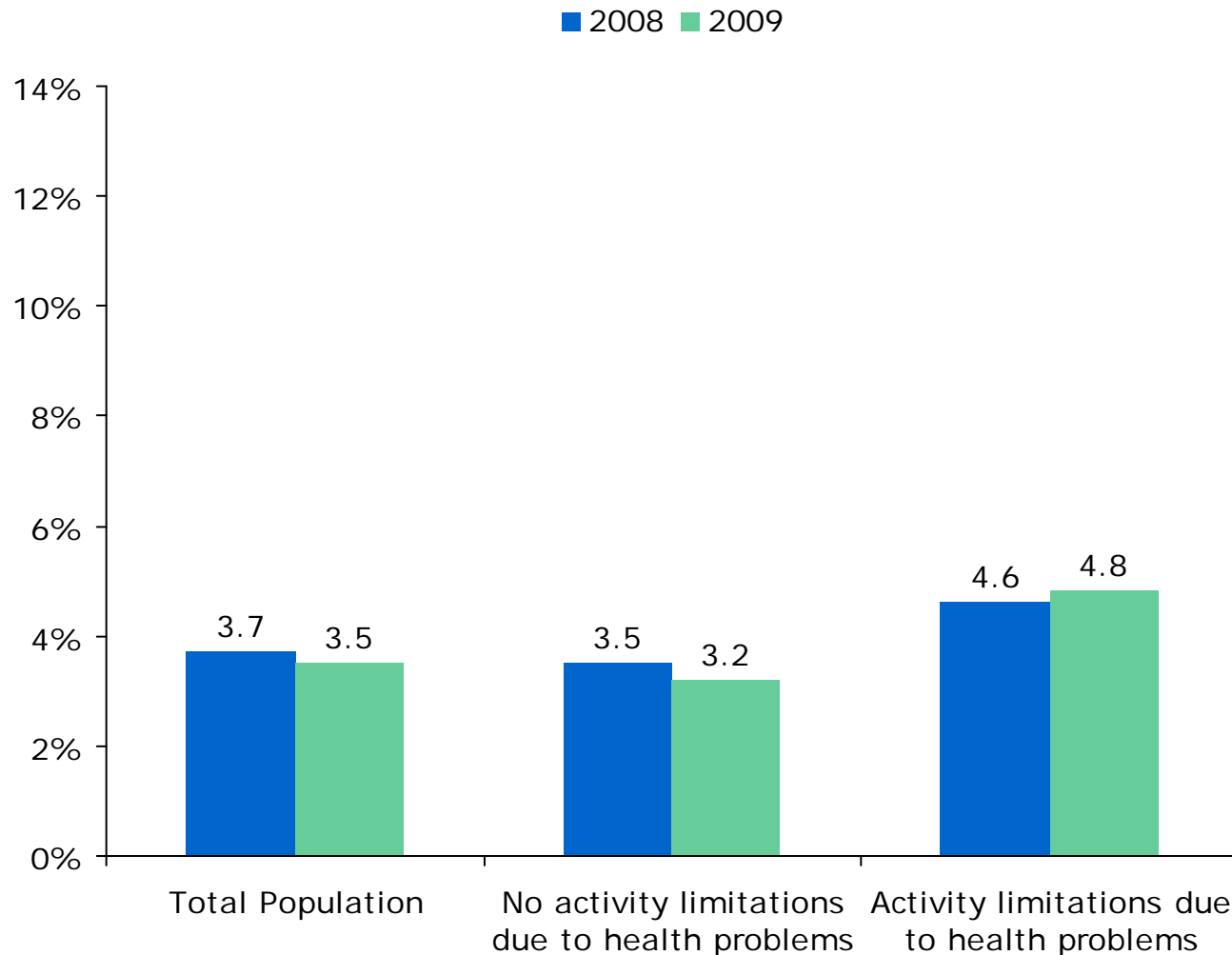


Uninsurance was higher among non-elderly adults in fair or poor health than among those in better health. The 2009 estimates are not significantly different from the estimates for 2008.

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

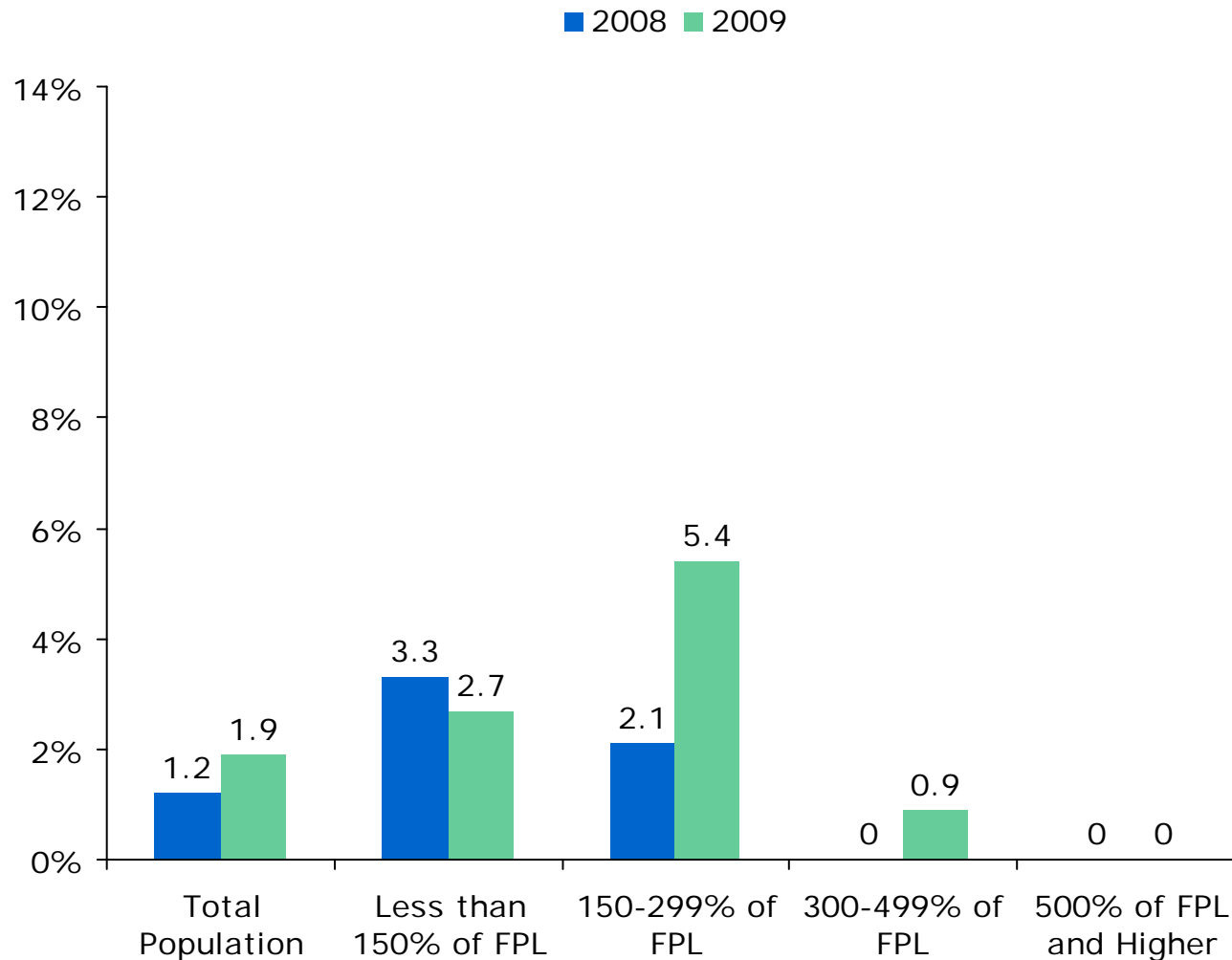


Disabled non-elderly adults were somewhat more likely to be uninsured than were those without disabilities. The 2009 estimates are not significantly different from the estimates for 2008.

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

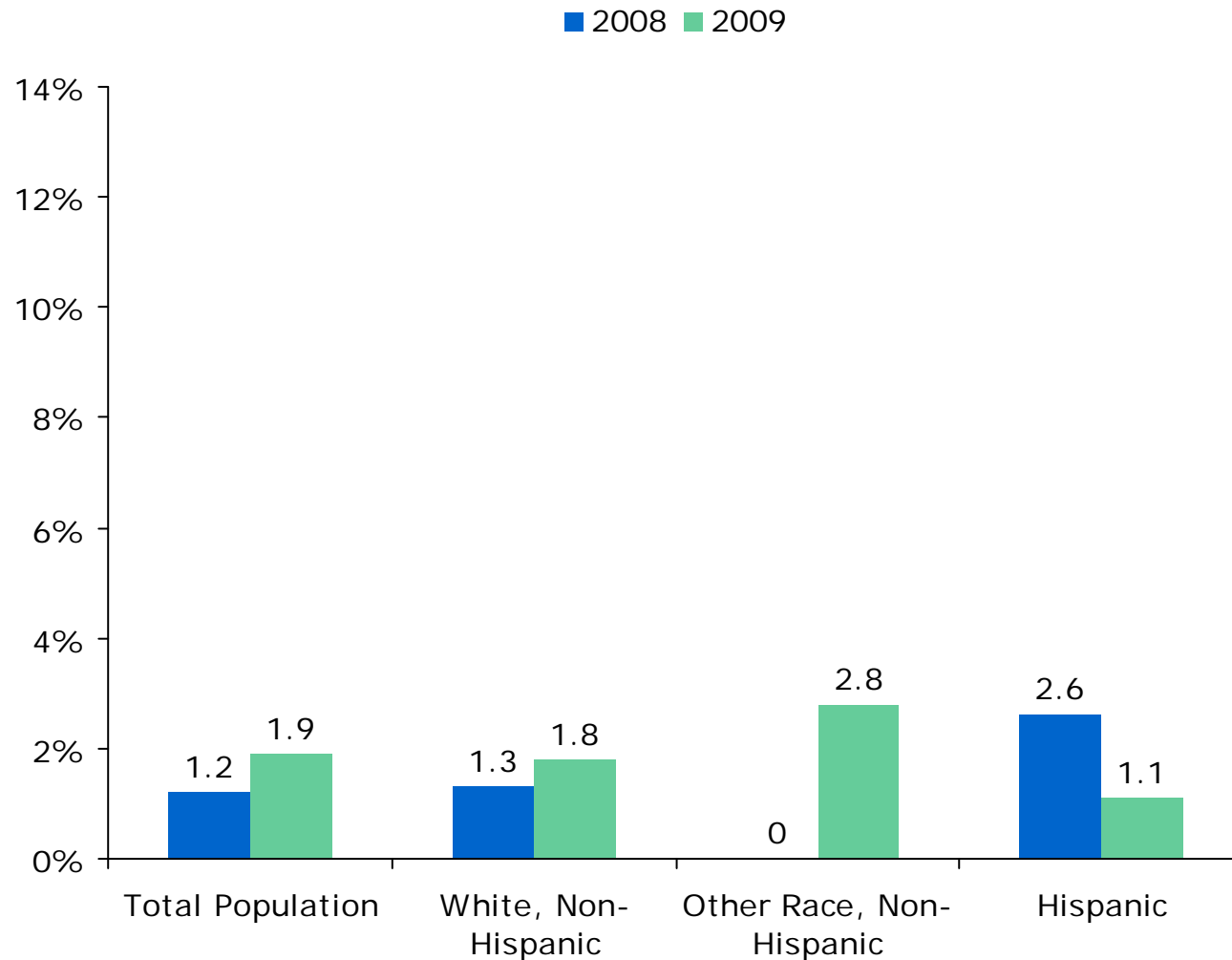


Uninsurance among children in Massachusetts was higher for those with income less than 300% of the federal poverty level (FPL) than higher-income children. The 2009 estimates are not significantly different from the estimates for 2008.

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

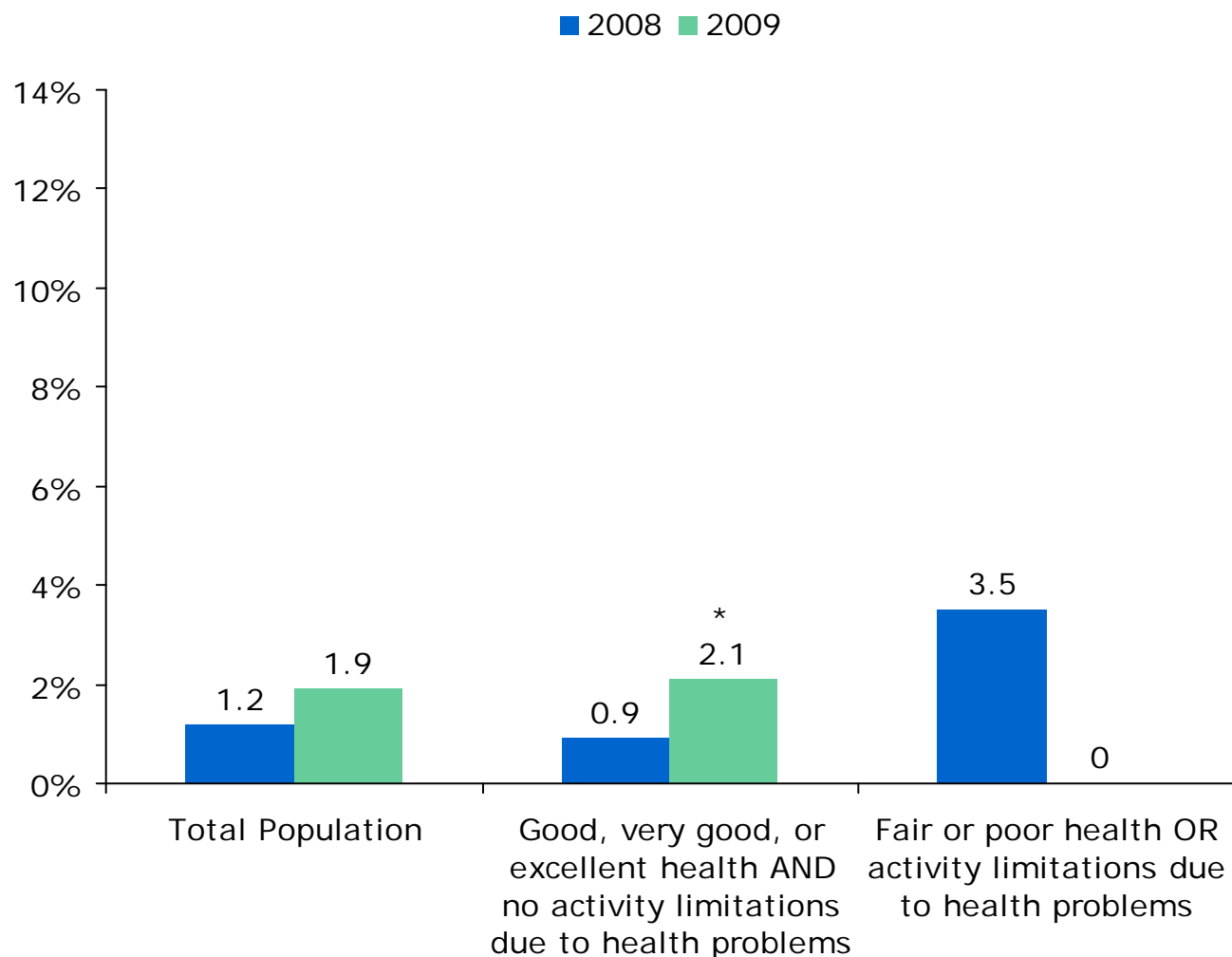


Uninsurance was low for children in Massachusetts across racial/ethnic groups. The 2009 estimates are not significantly different from the estimates for 2008.

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

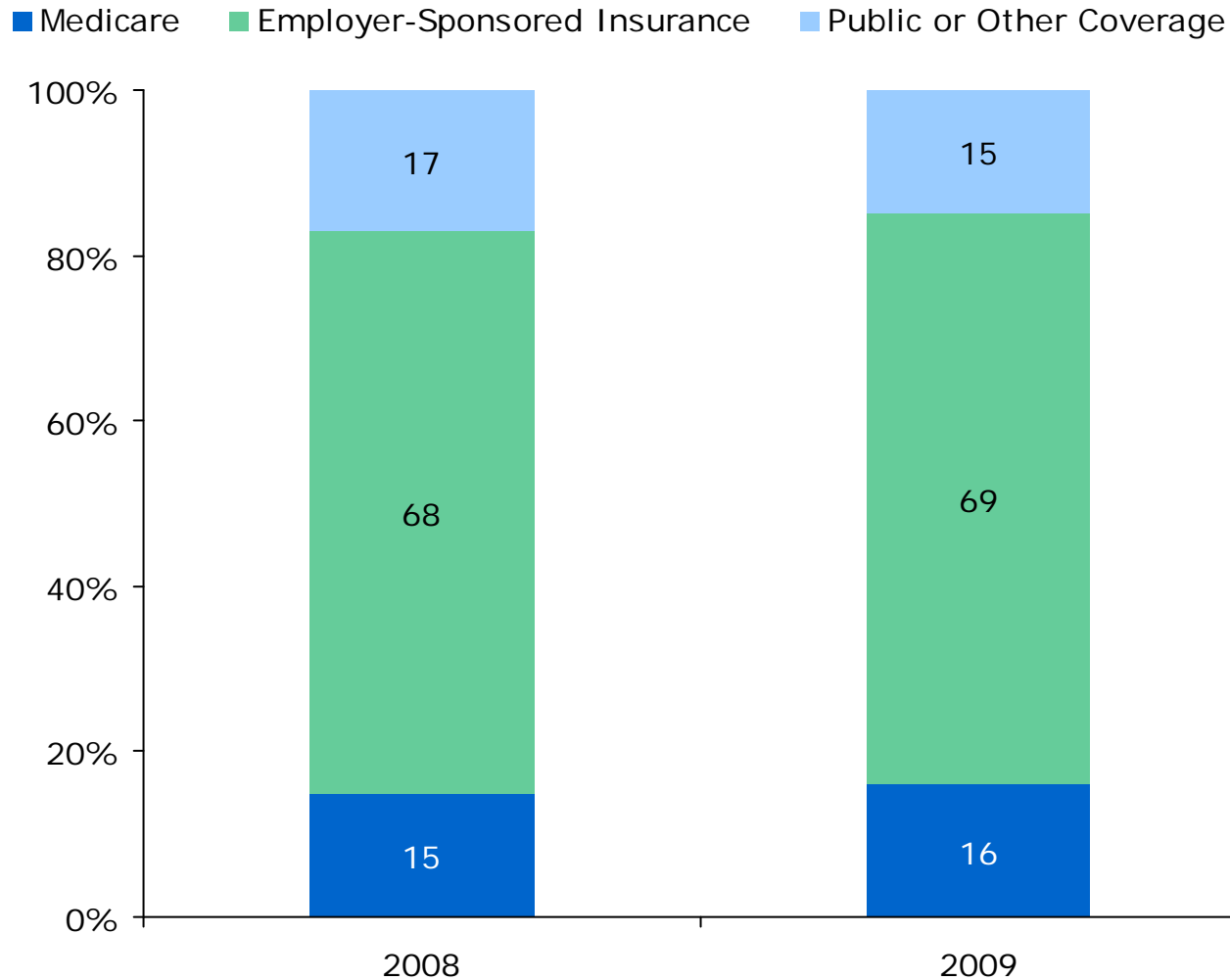


Uninsurance was low for children in Massachusetts regardless of their health or disability status. Between 2008 and 2009, the estimate of the uninsurance rate decreased for children in fair or poor health or with a disability and increased for other children; however, only the latter difference was statistically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

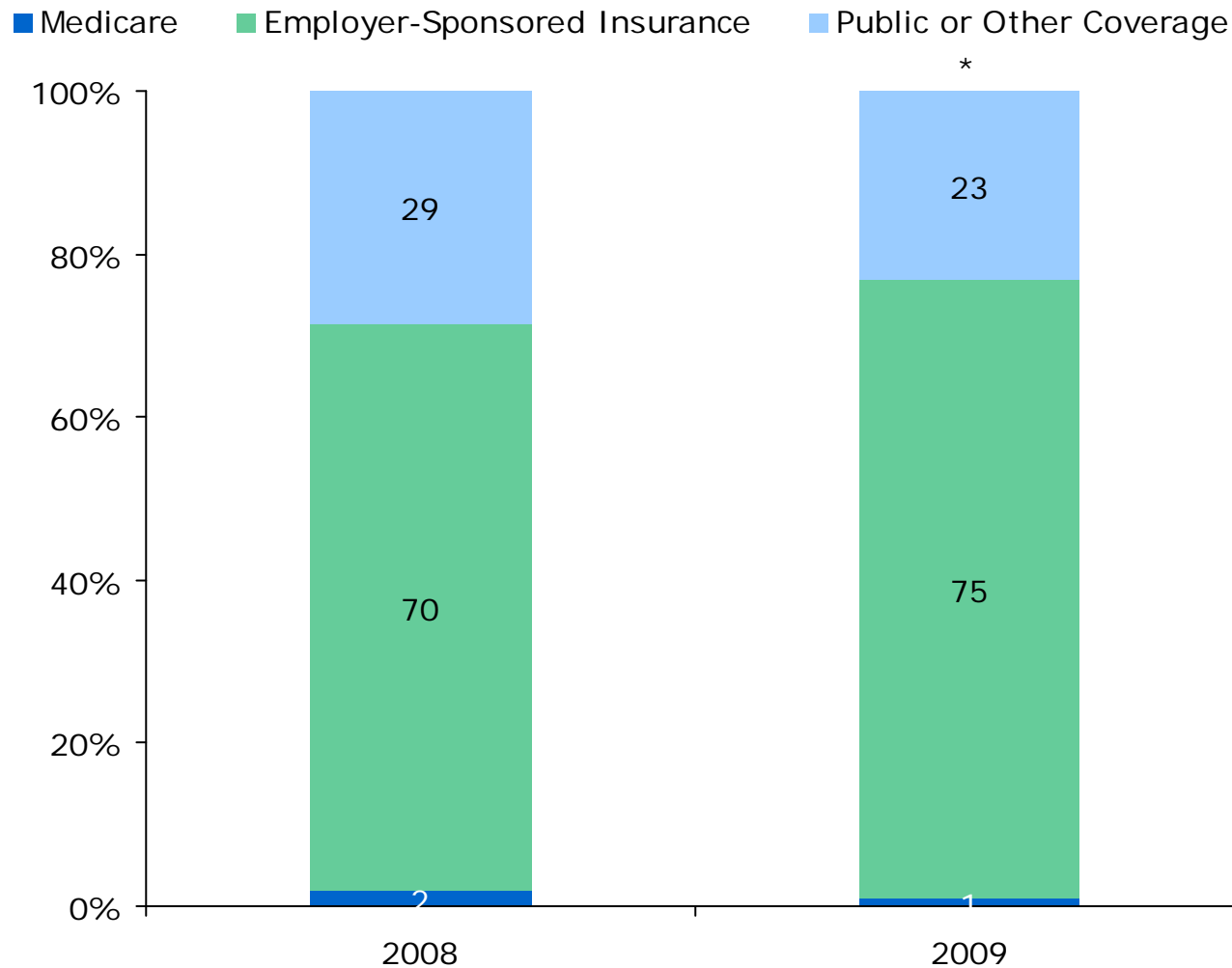


Employer-sponsored health insurance was, by far, the most common type of coverage for Massachusetts residents, covering over two-thirds of those with insurance coverage. The 2009 estimates are not significantly different from the estimates for 2008.

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.

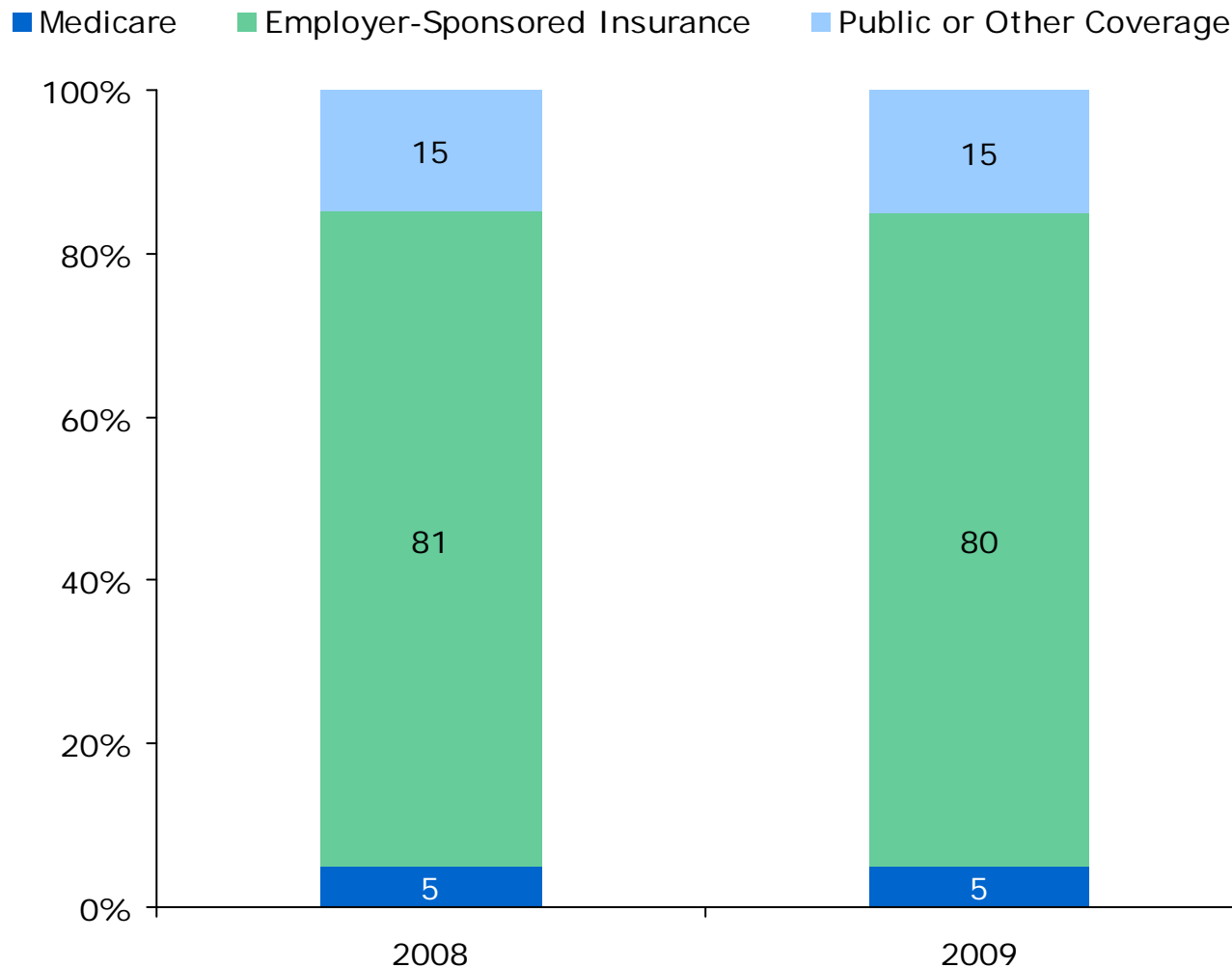
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

†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 All Insured Non-Elderly Adults

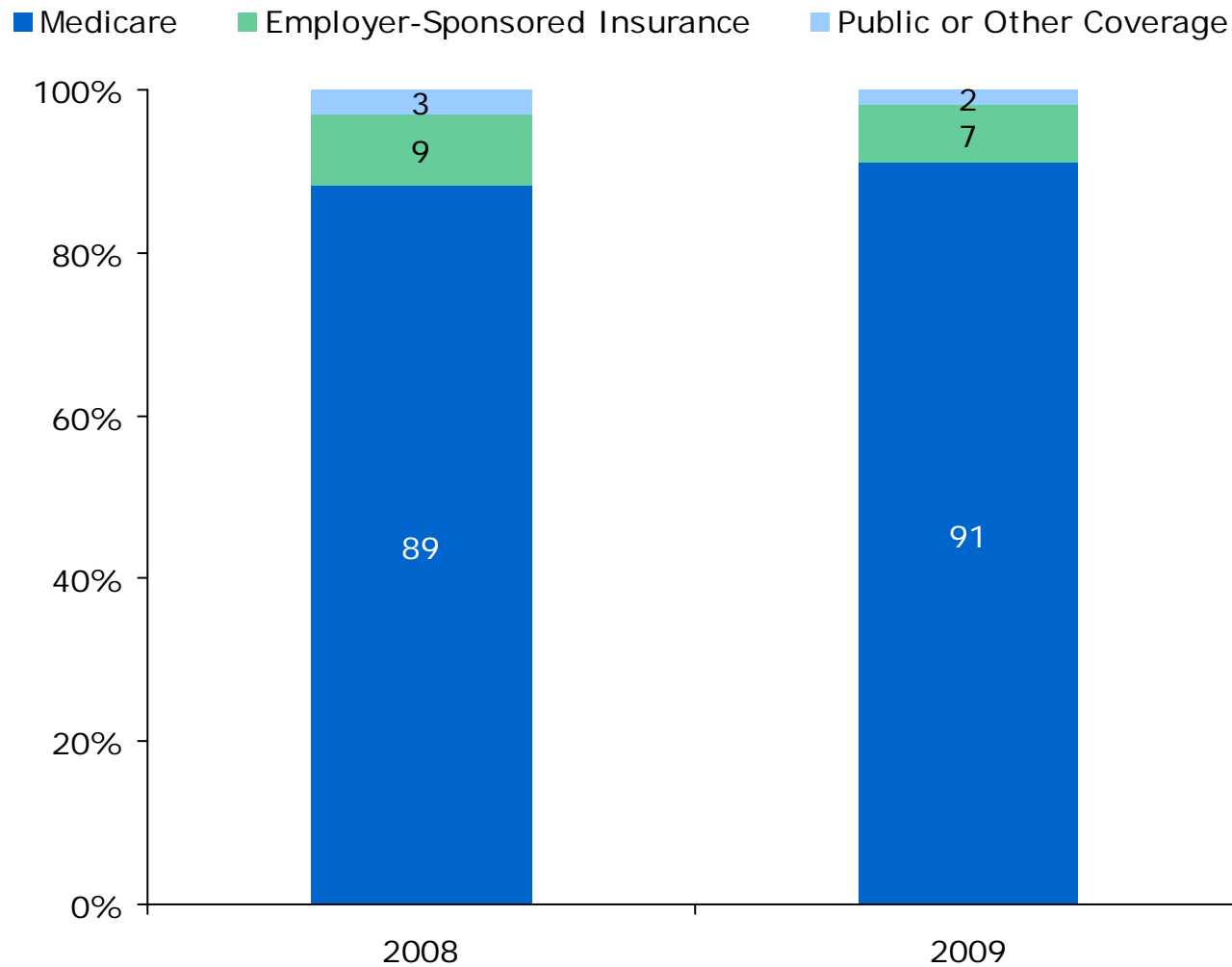


Employer-sponsored health insurance was, by far, the most common type of coverage for non-elderly adults in Massachusetts. Roughly 80% of those with insurance had coverage through an employer. The 2009 estimates are not significantly different from the estimates for 2008.

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

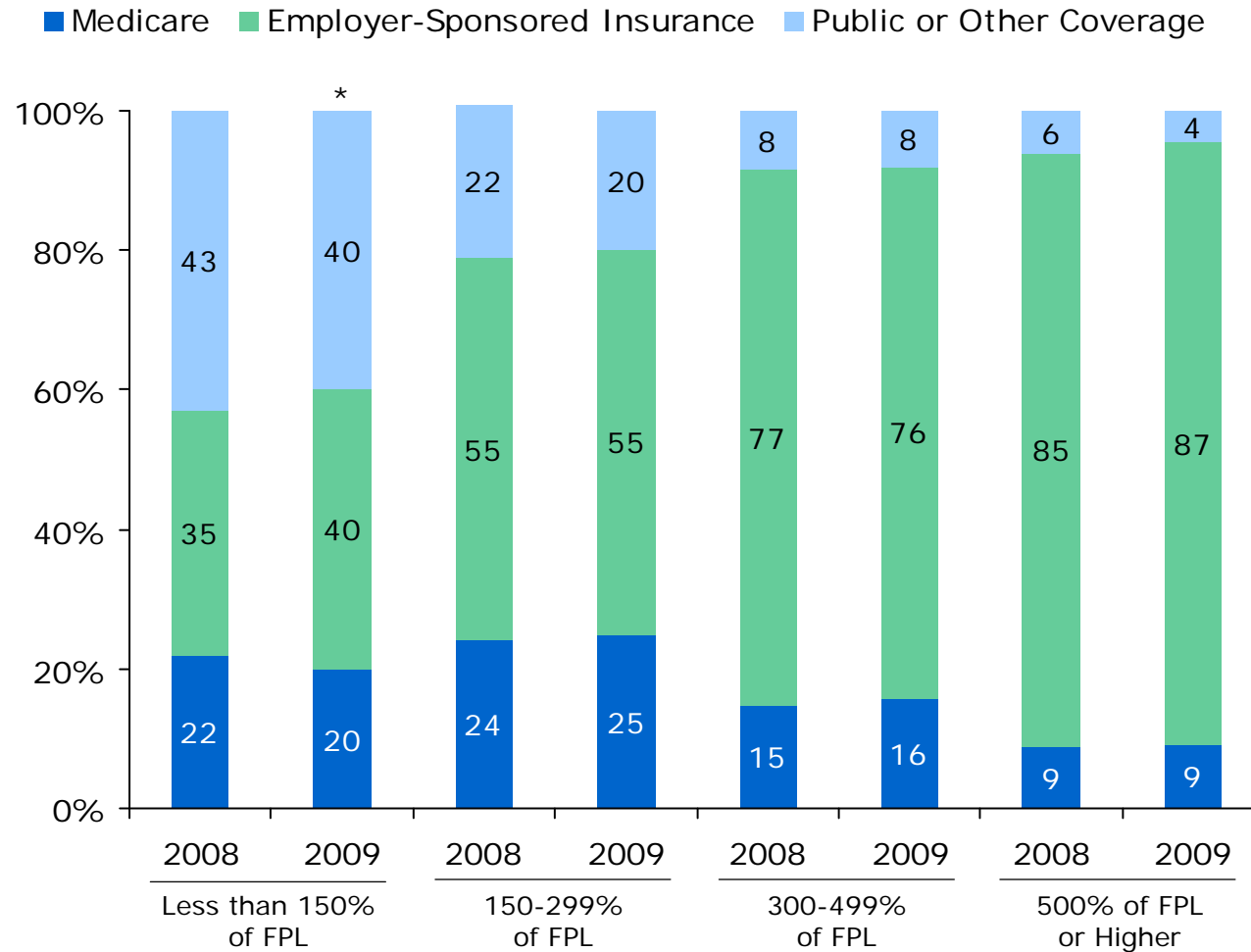


Medicare was, by far, the most common type of coverage for elderly adults in Massachusetts, covering nearly all elderly adults. The 2009 estimates are not significantly different from the estimates for 2008.

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.

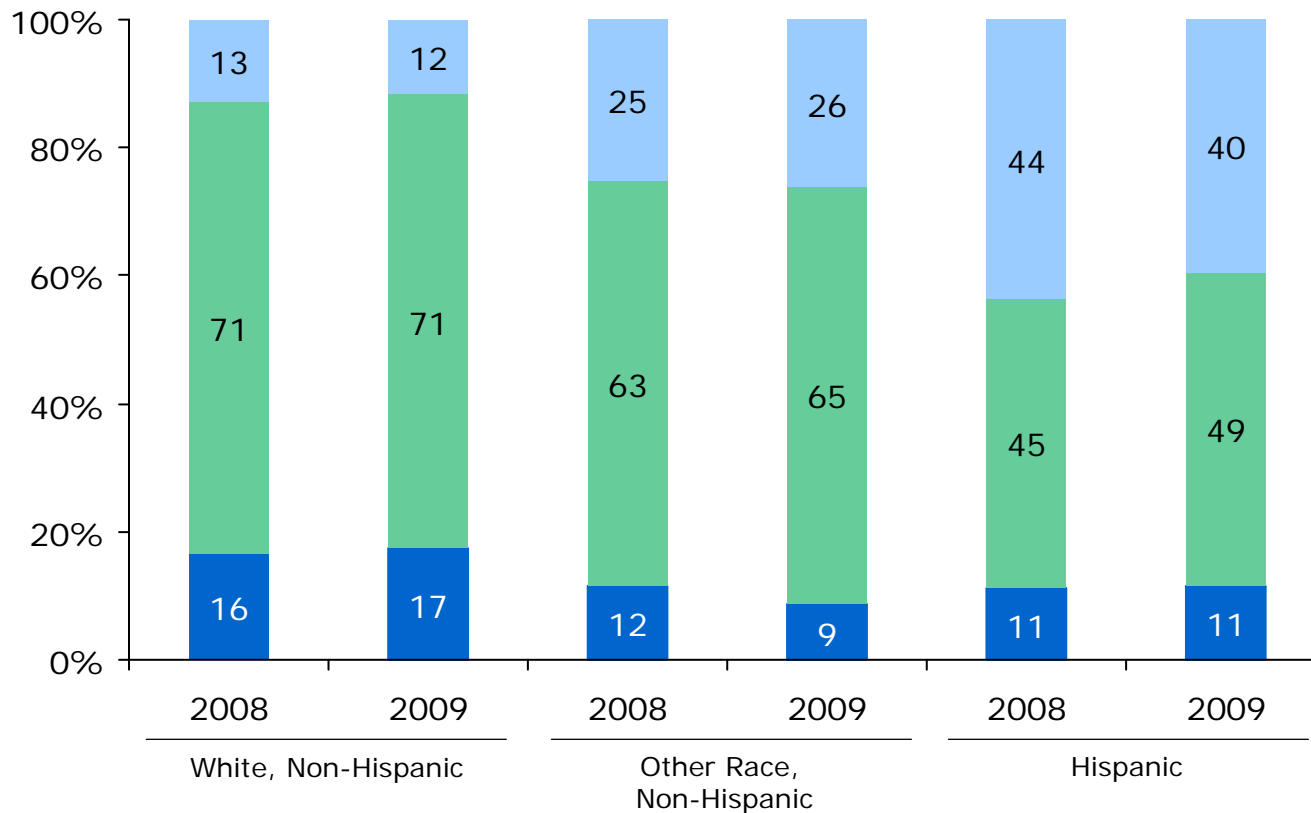
† Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth 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



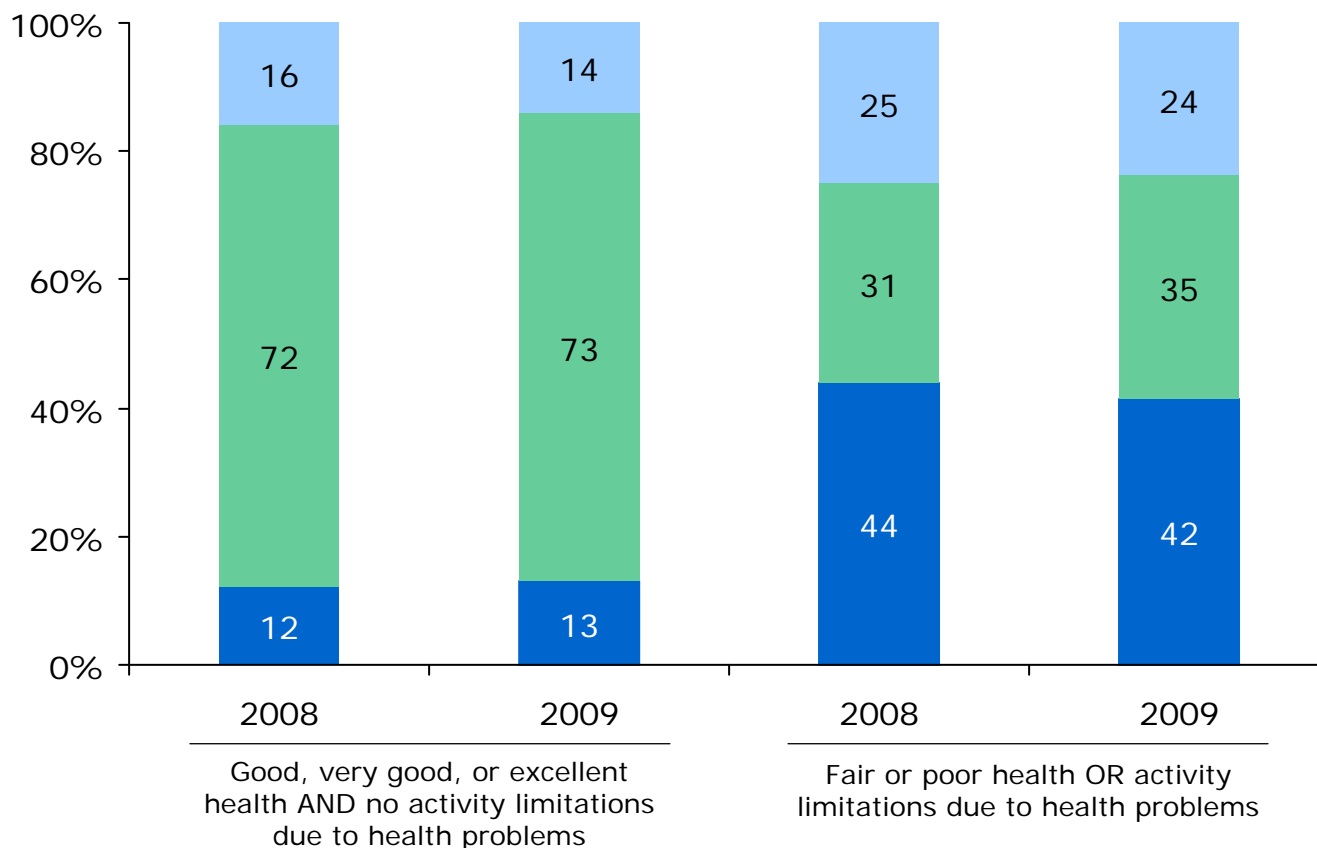
Employer-sponsored insurance was more common among white, non-Hispanic residents of Massachusetts than among residents in other racial/ethnic groups. The 2009 estimates are not significantly different from the estimates for 2008.

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

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



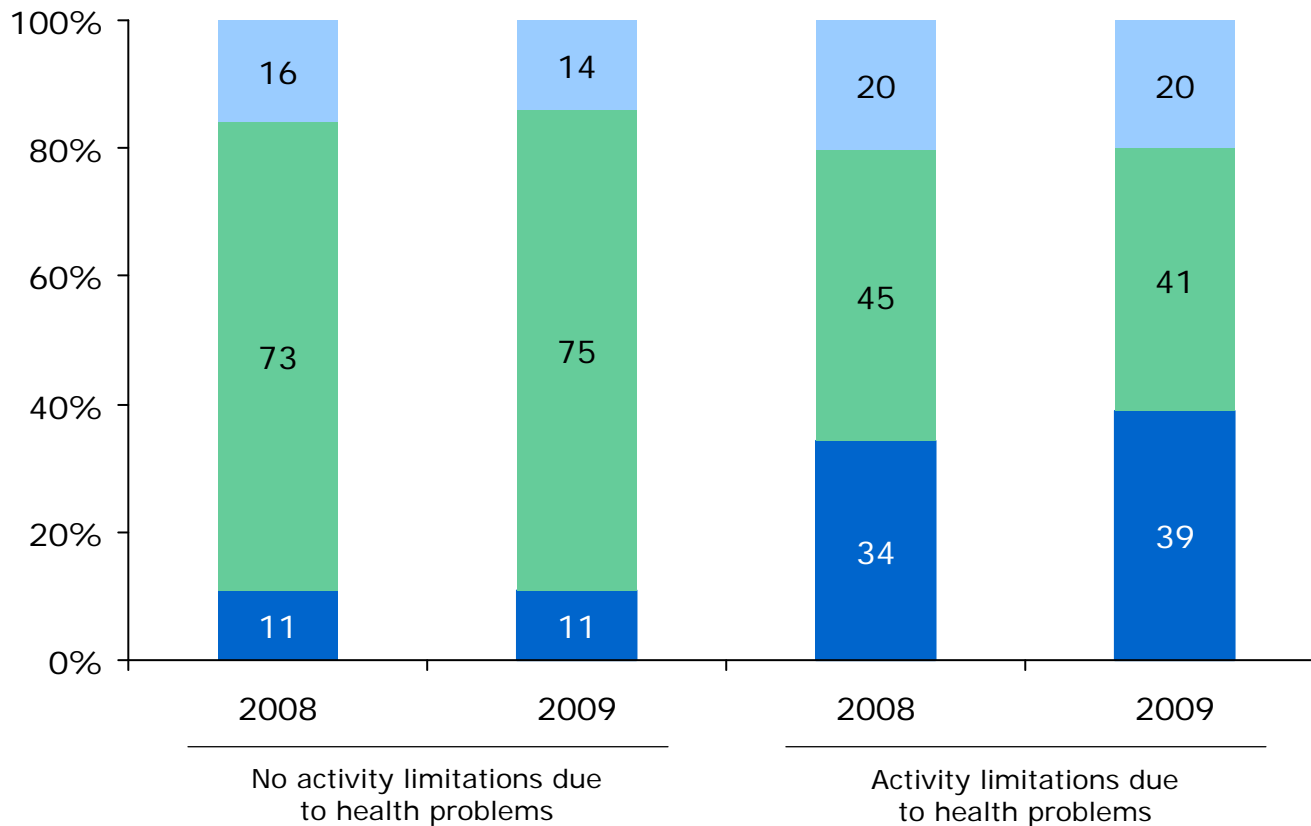
Residents in better health were more than twice as likely as those in fair or poor health to have coverage through an employer. Residents in fair or poor health were more likely to rely on Medicare, public, or other coverage. The 2009 estimates are not significantly different from the estimates for 2008.

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



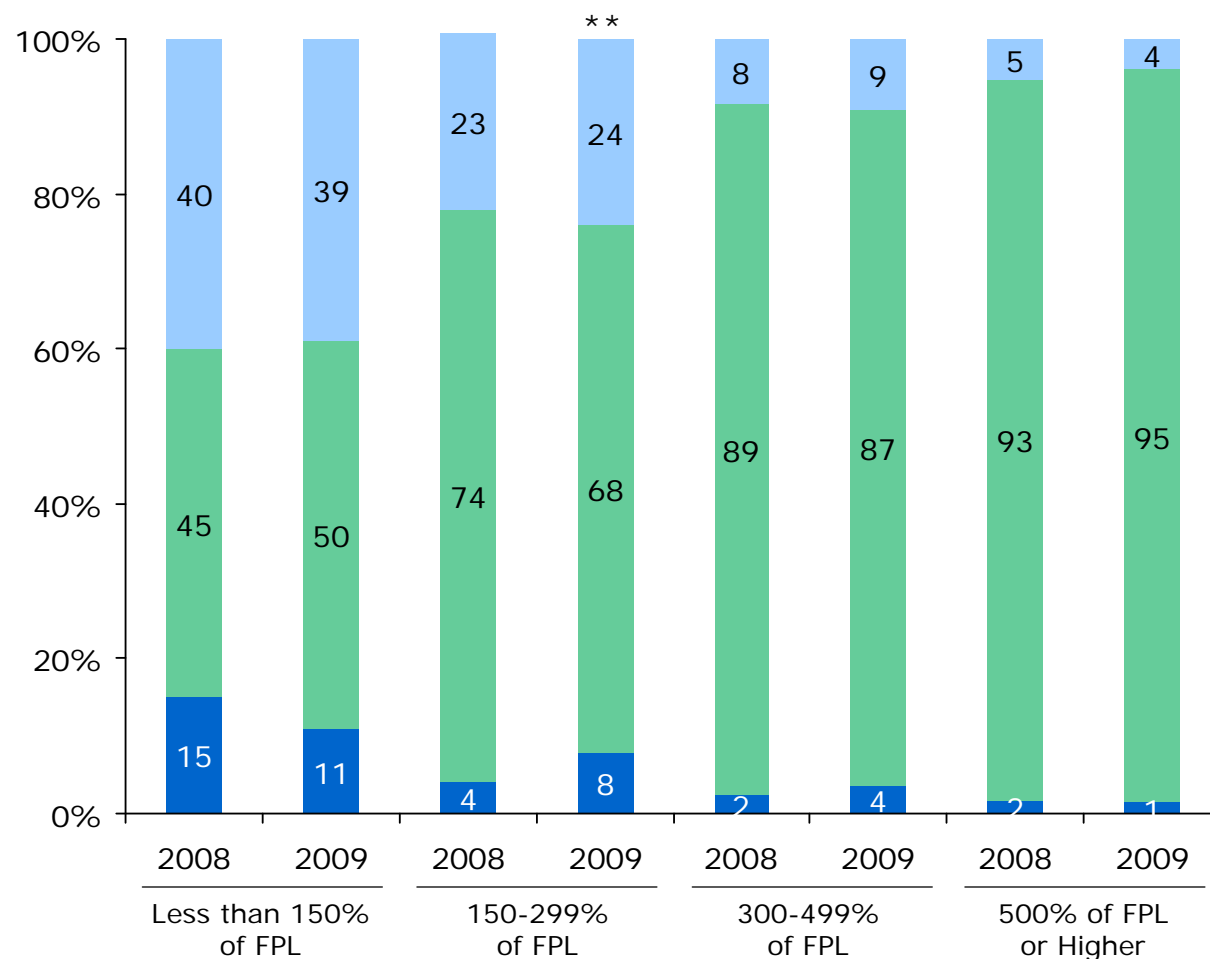
Residents without a disability were more likely than those with a disability to have coverage through an employer. Residents with a disability were more likely to rely on Medicare, public, or other coverage. The 2009 estimates are not significantly different from the estimates for 2008.

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.

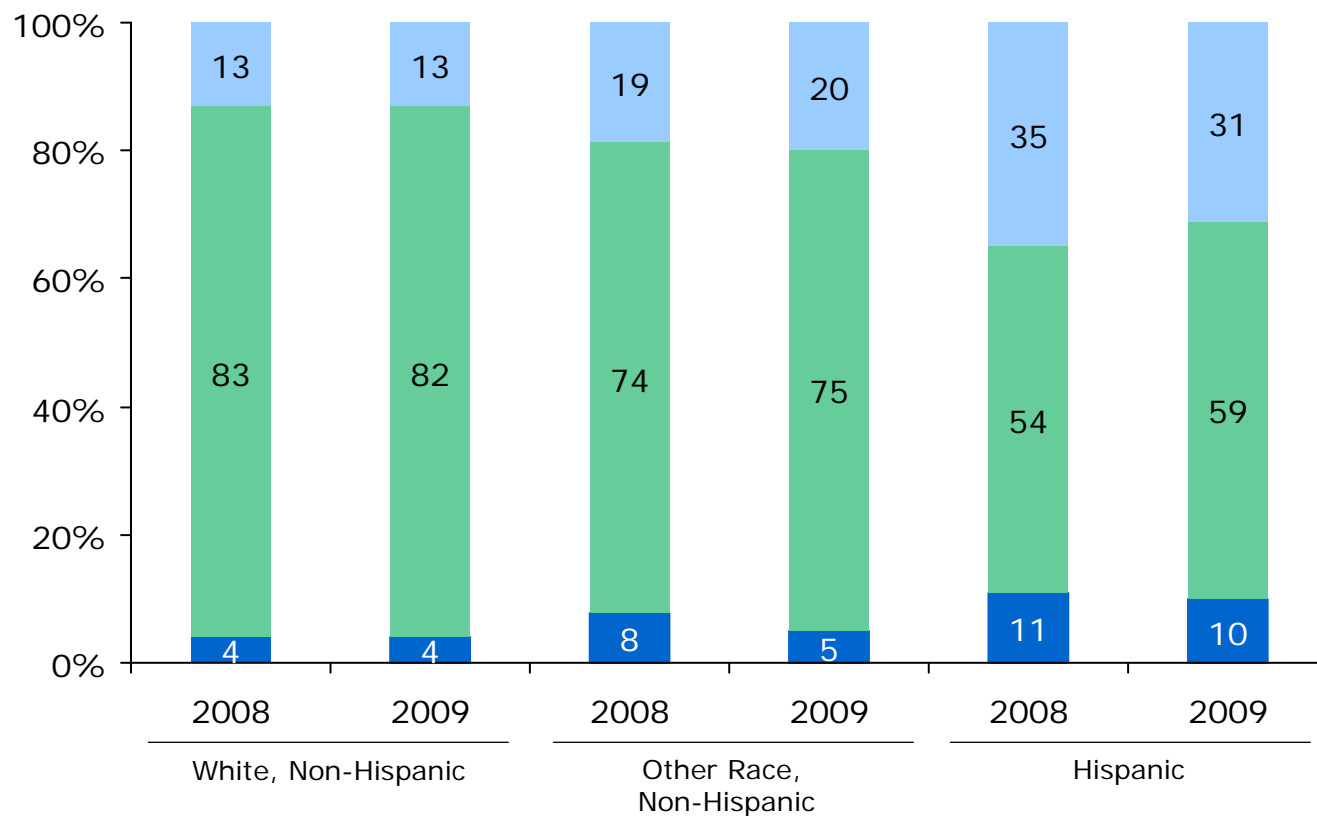
† Insurance coverage is based on the hierarchy: Medicare, employer-sponsored insurance, public or other coverage. Public and other coverage are combined because of the survey respondents' difficulties in reporting type of coverage. For lower-income residents, public or other coverage is mostly MassHealth 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



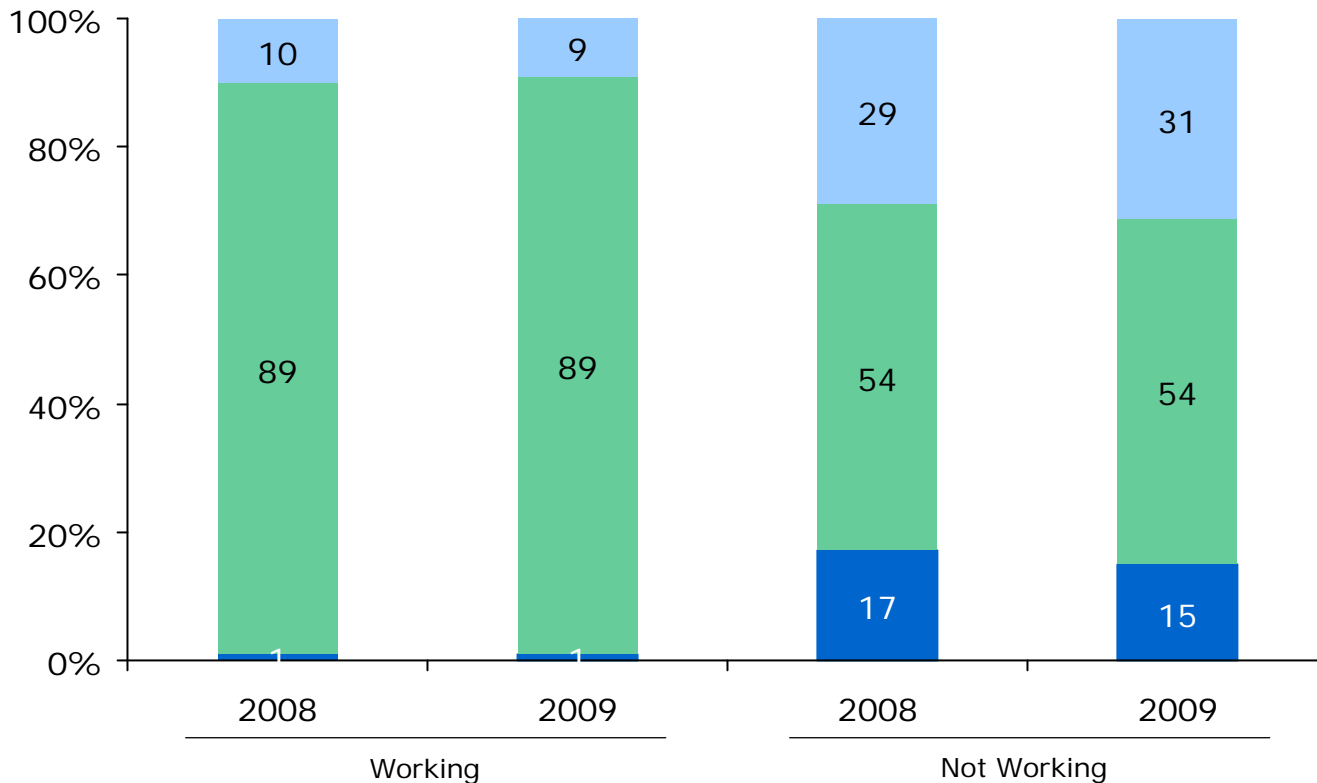
Among non-elderly adults, employer-sponsored insurance coverage was more common among non-Hispanic adults than Hispanic adults. The 2009 estimates are not significantly different from the estimates for 2008.

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

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



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.

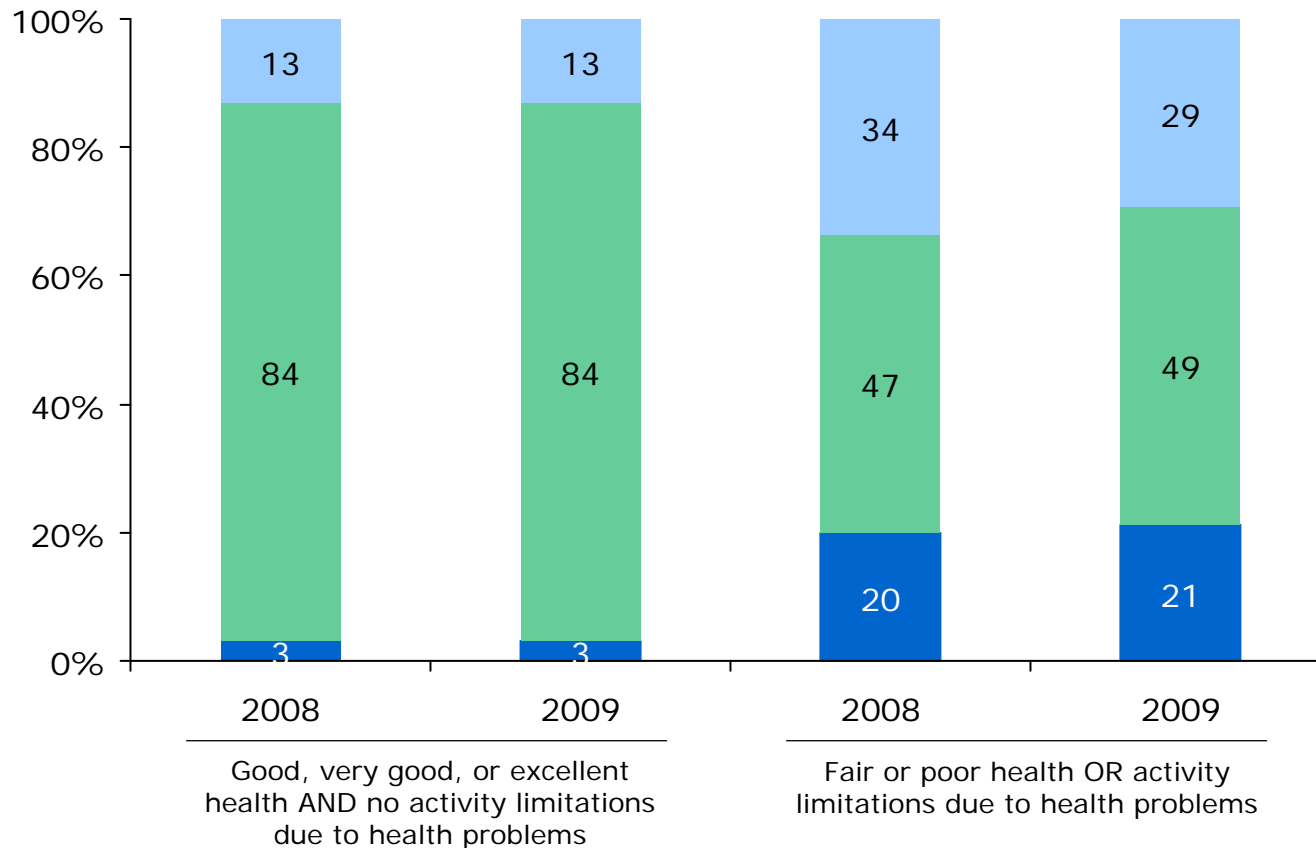
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

† 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

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



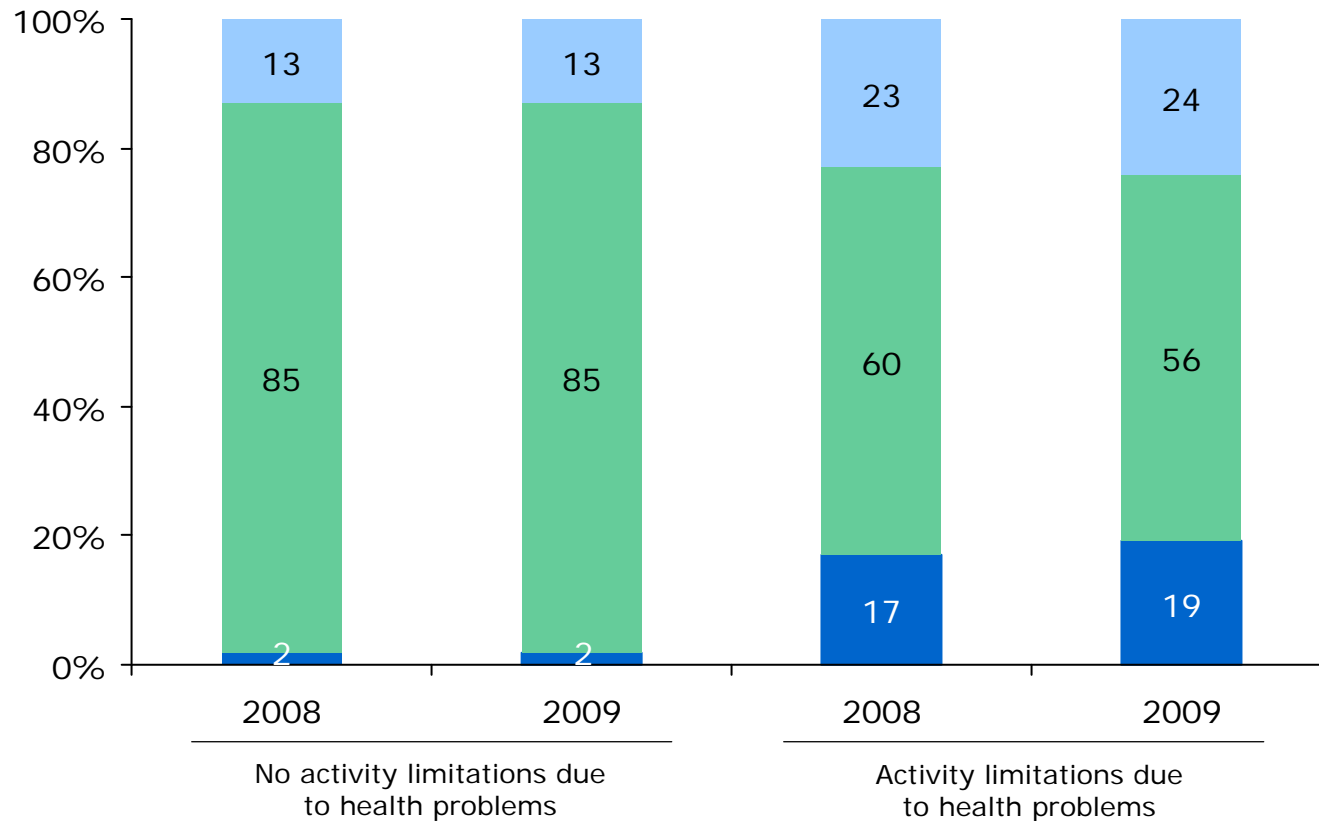
Non-elderly adults in fair or poor health were most likely to be covered by Medicare, public, or other coverage, while those in good to excellent health were more likely to be covered through an employer. The 2009 estimates are not significantly different from the estimates for 2008.

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



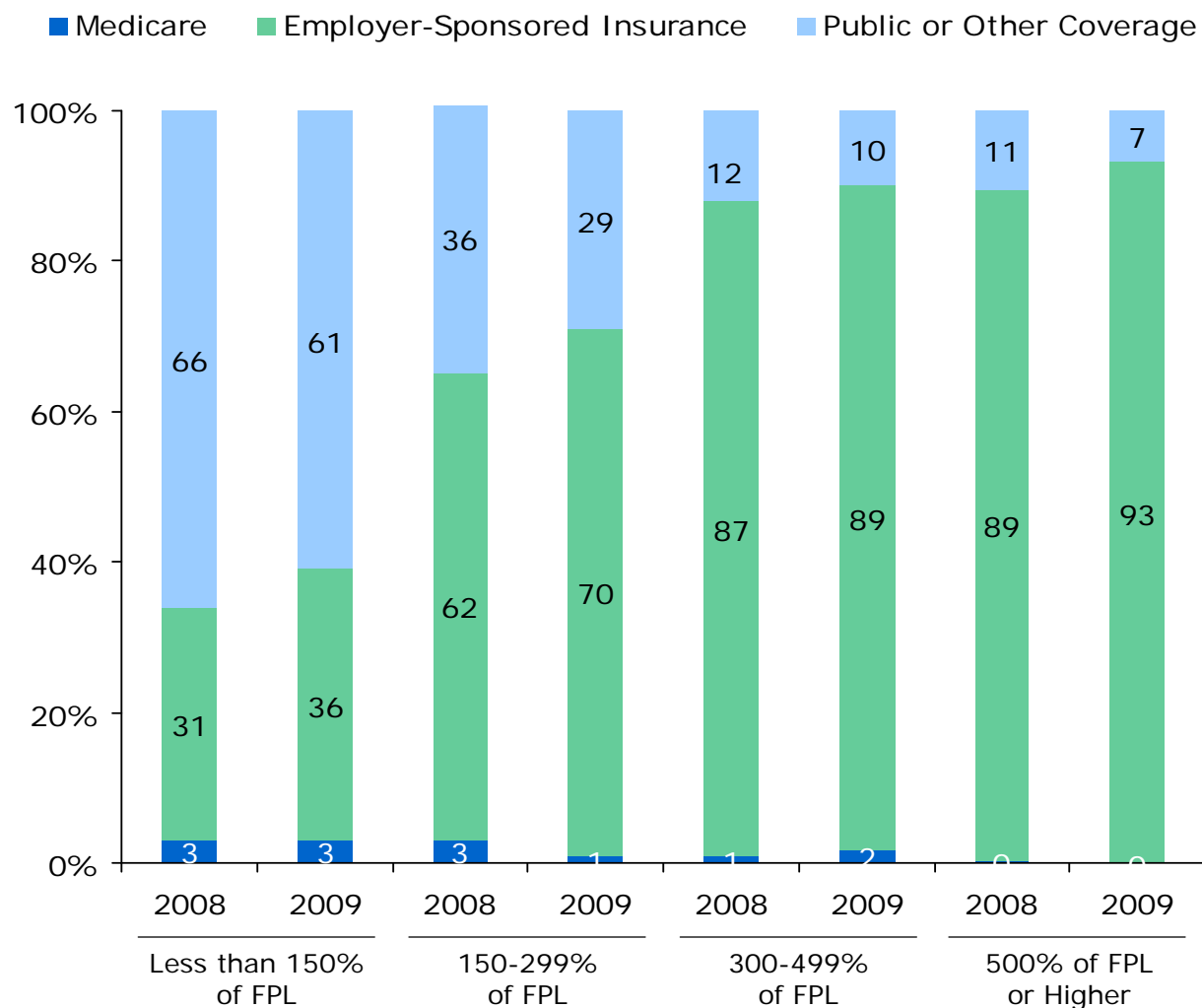
Non-elderly adults who were disabled were more likely to be covered by Medicare, public, or other coverage, while non-disabled adults were more likely to be covered through an employer. The 2009 estimates are not significantly different from the estimates for 2008.

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

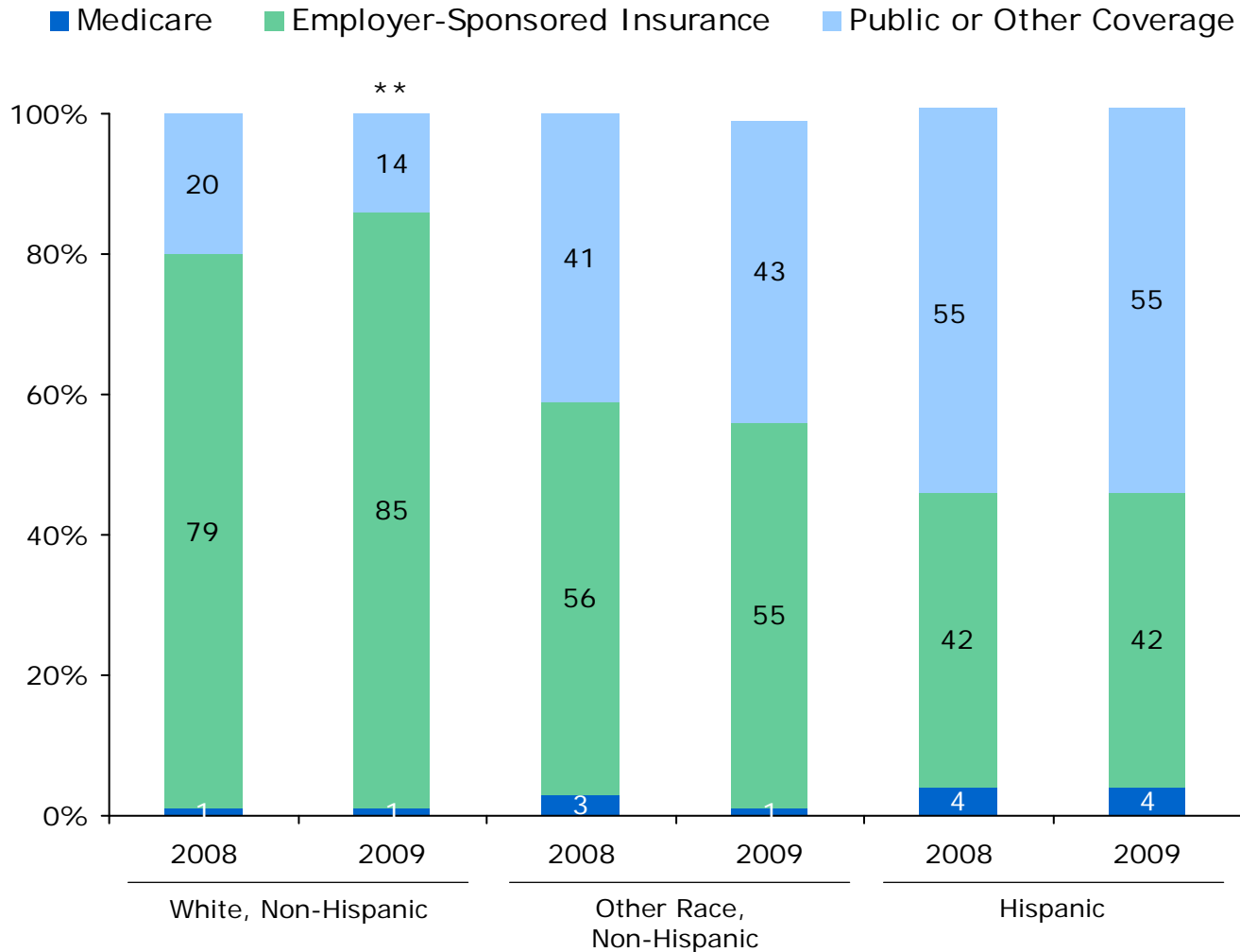


Nearly all children with family income at or above 300% of the federal poverty level (FPL) were covered by employer-sponsored insurance, as compared to about half of those with family income less than 300% of the FPL. The 2009 estimates are not significantly different from the estimates for 2008.

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.

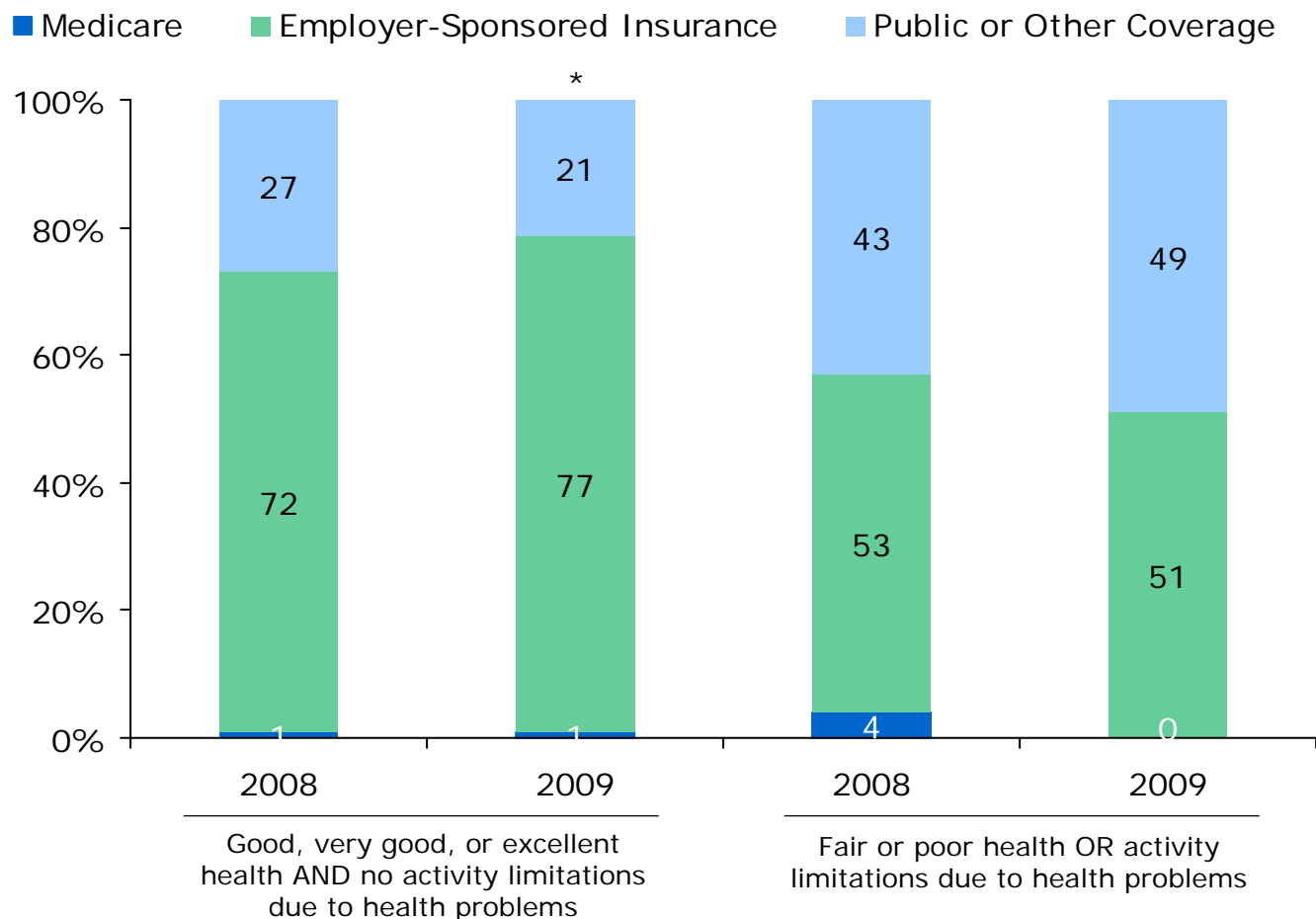
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

† 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.

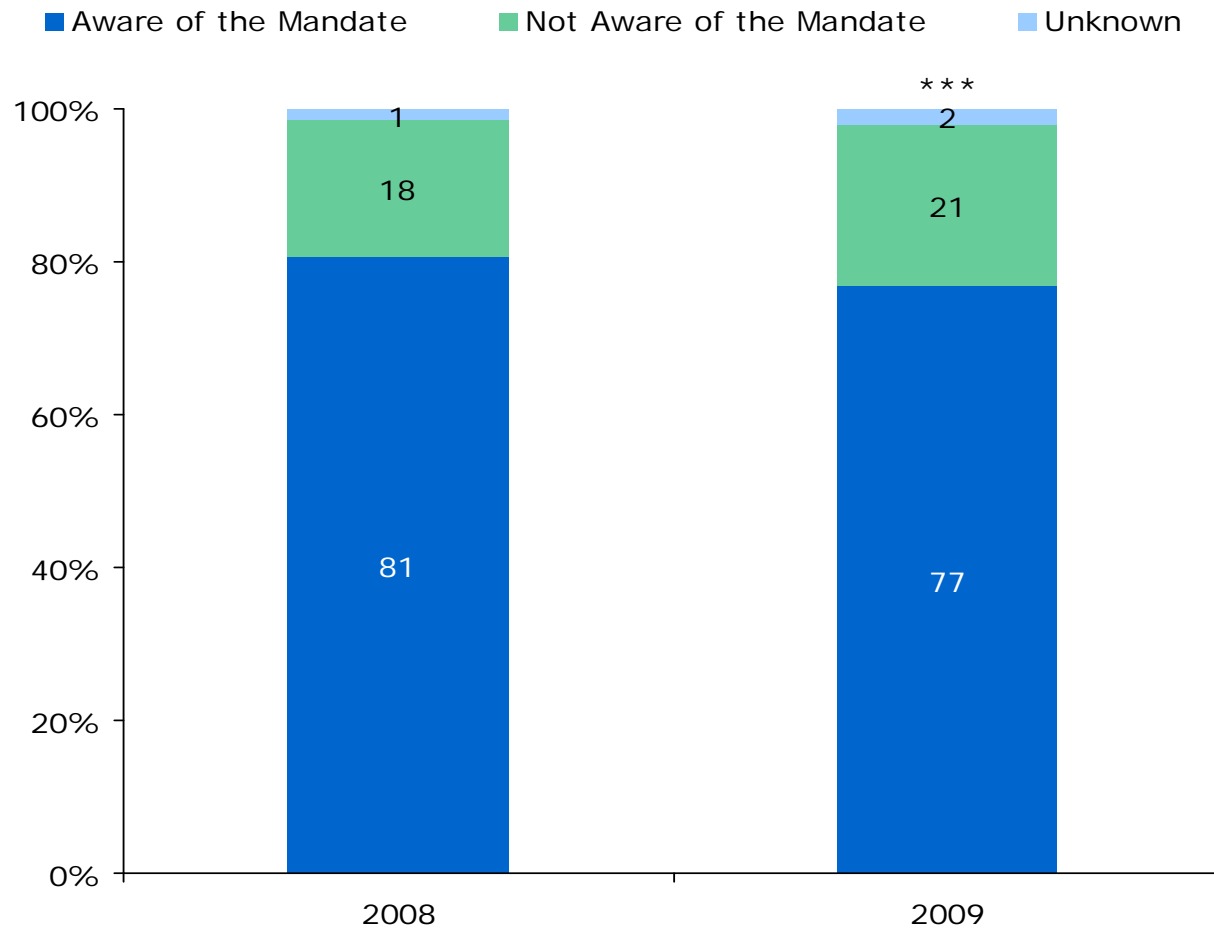
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

† 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†

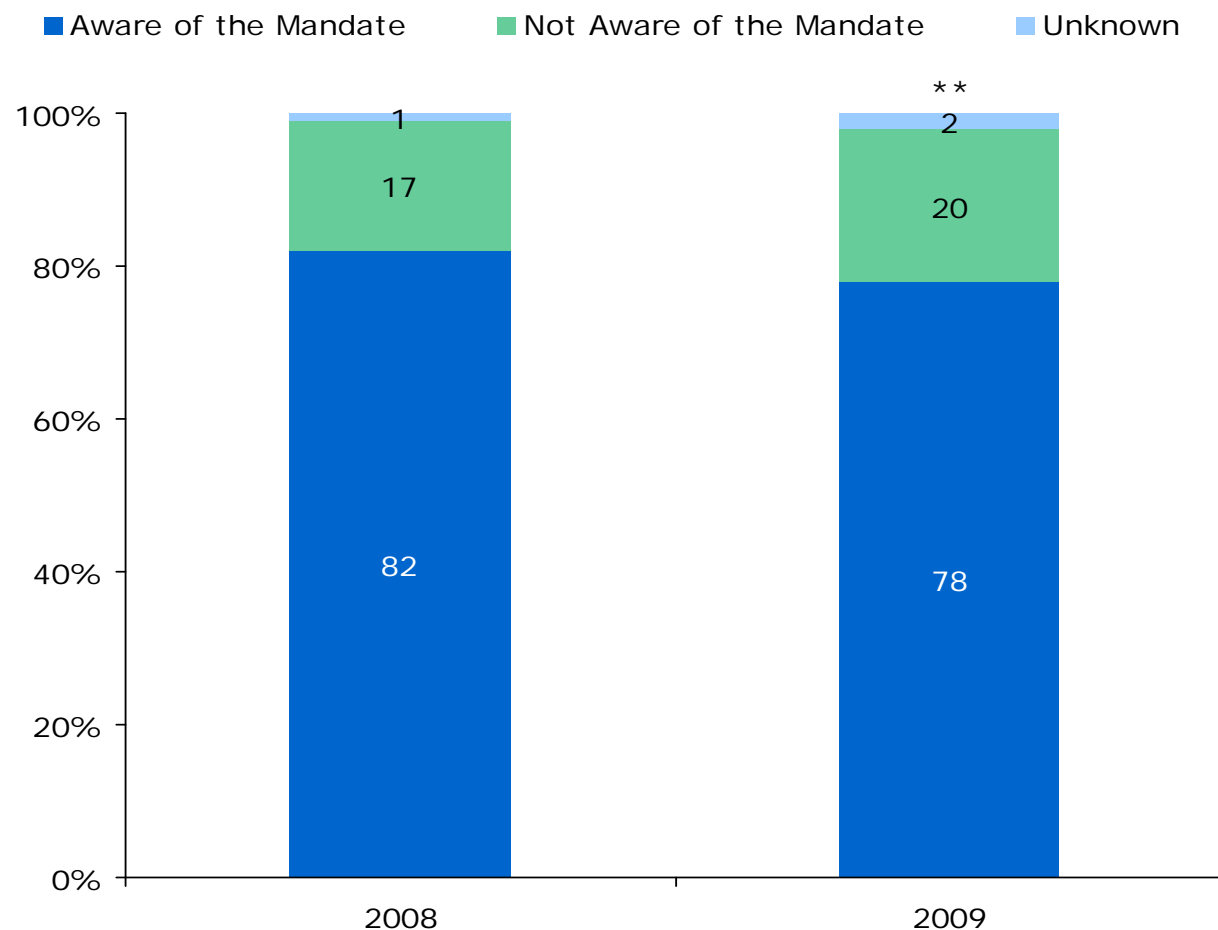


Most households in Massachusetts were aware of the individual mandate at the time of the survey in both 2008 and 2009; however, reported awareness was somewhat lower in 2009 than 2008 (77% versus 81%).

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%).

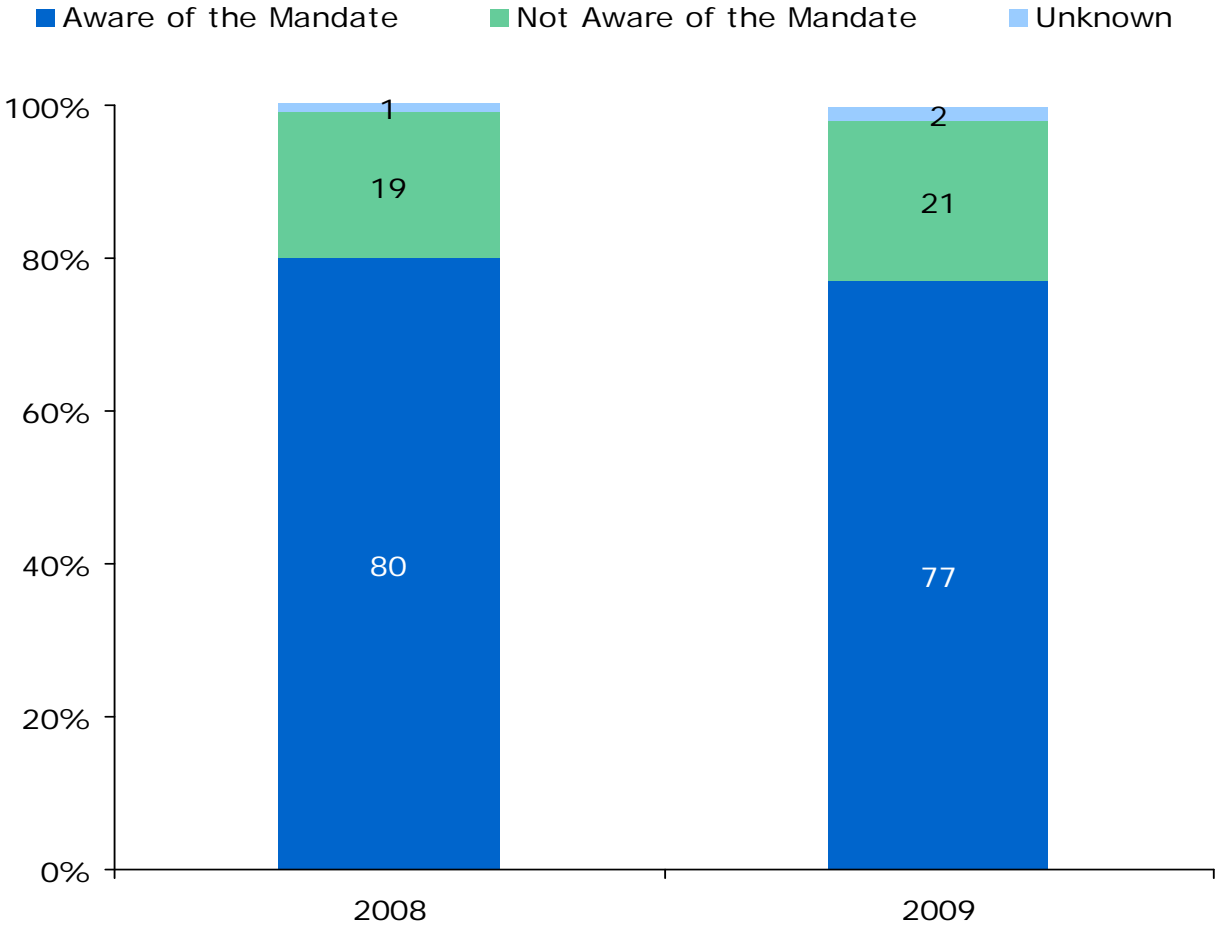
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

† 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†

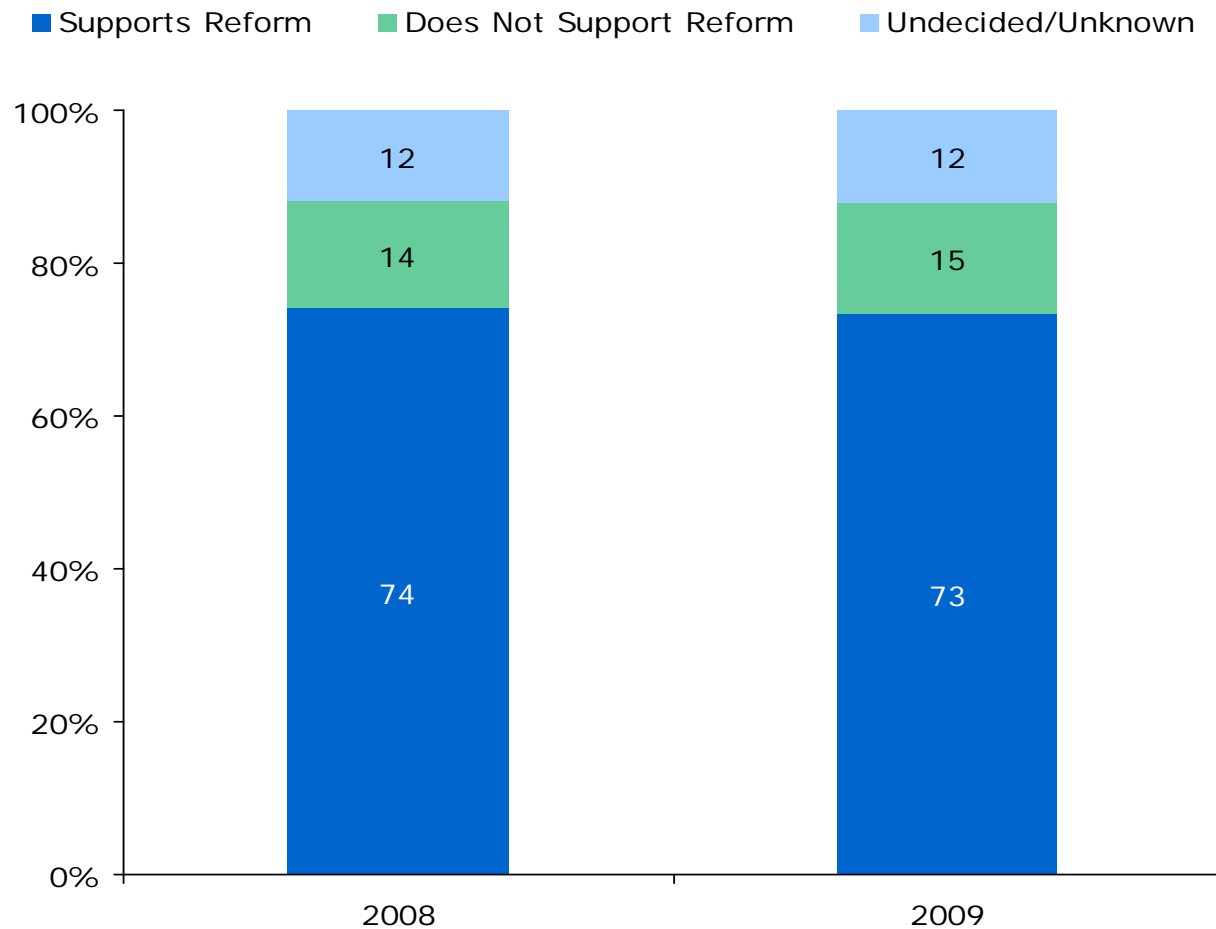


Most households in Massachusetts that included children were aware of the individual mandate at the time of the survey in 2008 and 2009. The 2009 responses are not significantly different from the responses in 2008.

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†

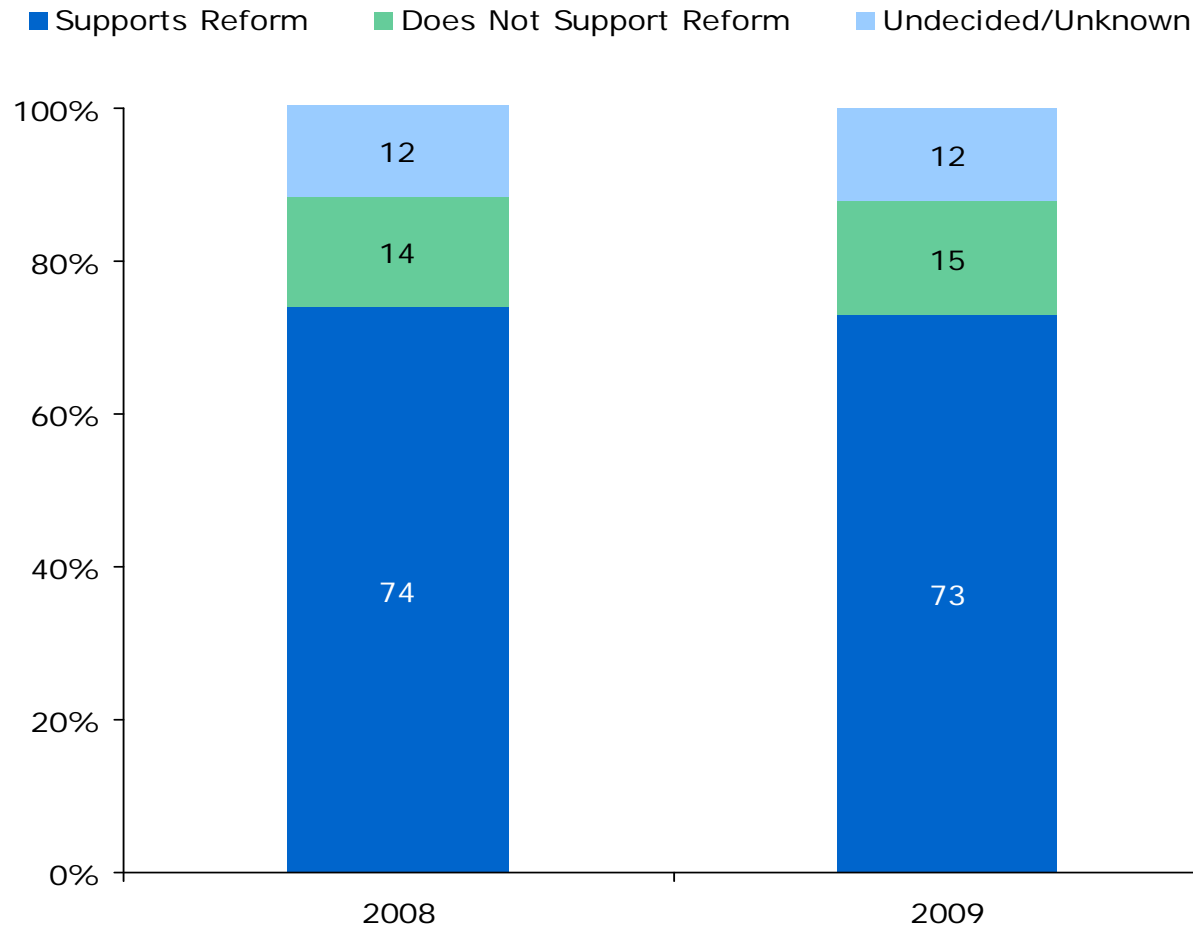


Almost three out of every four households in Massachusetts supported health reform at the time of the survey in 2008 and 2009. The 2009 responses are not significantly different from the responses in 2008.

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.

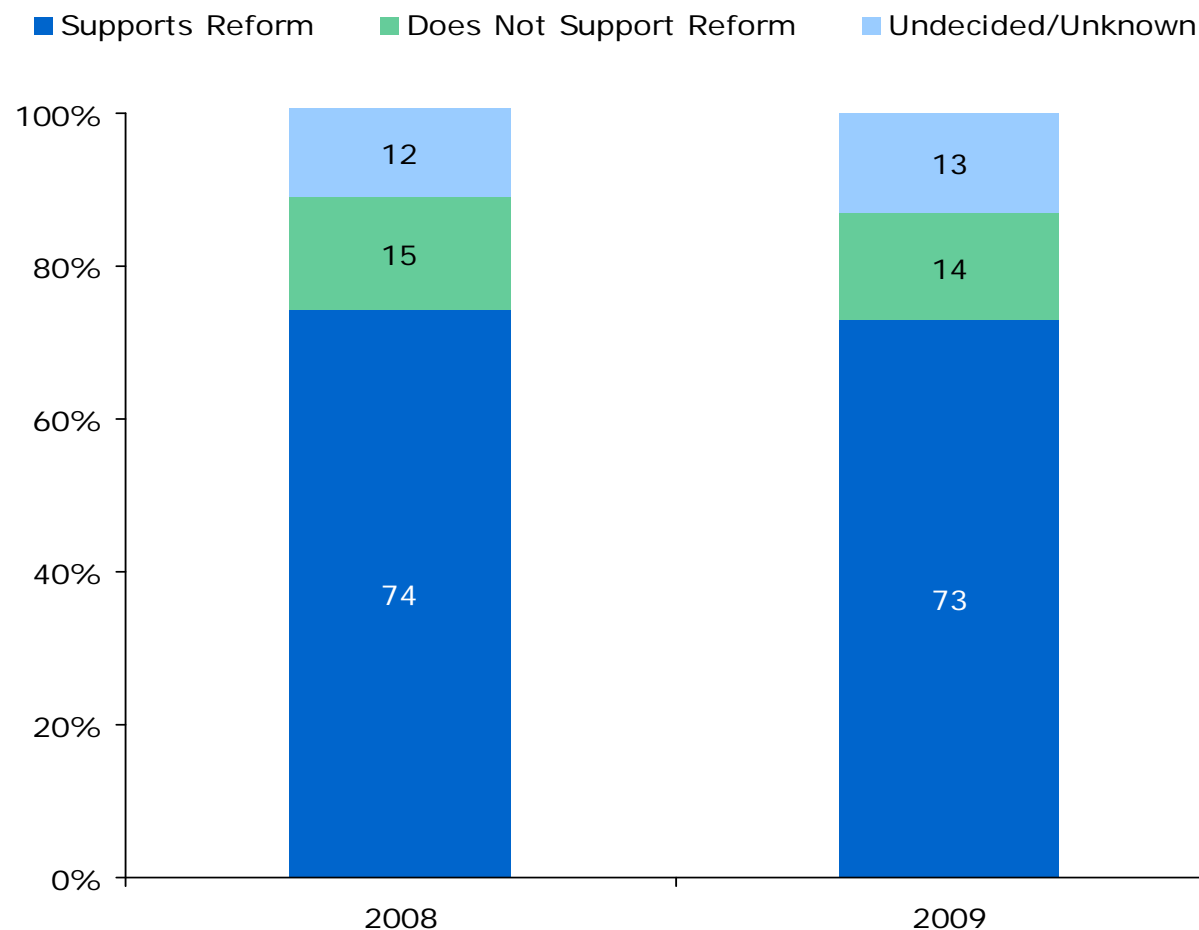
Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

† 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

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Phone: (627) 988-3100
Fax: (617) 727-7662
Website: www.mass.gov/dhcfp

Publication Number: 10-287-HCF-01