The Impacts of Health Reform on Health Insurance Coverage and Health Care Access, Use, and Affordability for Women in Massachusetts

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Massachusetts Health Reform

• Legislation passed in April 2006
• Many parts, including:
  – Medicaid (MassHealth) expansions
  – CommCare--new program that provides income-related subsidies for private coverage
  – Commonwealth Choice-new purchasing arrangement
  – More restrictions on care under the safety net
  – Insurance market reforms
  – Requirements for employers
  – Individual mandate
Data

• Massachusetts Health Reform Survey
  – Pre-reform survey—fall 2006
  – Post-reform surveys—fall 2007, fall 2008, and fall 2009
  – Telephone interviews with samples of adults 18 to 64
    • Oversamples of lower-income and uninsured adults
  – Questions on insurance coverage and on access, use, and affordability of care
  – Sample sizes 3000+ in each year

Methods

• Estimate impact of health reform as change over time from fall 2006
  – Estimates will also capture recession and health care cost trends
• Multivariate regression models that control for demographic characteristics, health and disability status, socioeconomic status, and region of state
  – Estimate linear probability models, controlling for complex survey design
Health insurance coverage

Women are more likely to have health insurance coverage under health reform

Health care access and use

Women are more likely to have a regular health care provider and to have health care visits under health reform

* (**) (***): Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.
Unmet need for health care was lower for women under health reform

- Any unmet need for health care
- Doctor care
- Medical tests, treatment, or follow-up care
- Prescription drugs
- Dental care

* (***) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.

Problems with affordability of health care

- There were some gains in affordability of care for women under health reform in fall 2009, despite the recession and increasing health care costs

* (***) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.
Health insurance coverage for subgroups of women

- Gains in coverage under health reform were particularly strong for women who started out with lower levels of coverage prior to reform

![Bar chart showing health insurance coverage for different subgroups of women in Fall 2006 and Fall 2009.](chart)

*(* ) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.

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Health care use for subgroups women: Doctor visits

- Strong gains in health care use for subgroups of women under health reform

![Bar chart showing health care use for different subgroups of women in Fall 2006 and Fall 2009.](chart)

*(* ) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.
Health care use for subgroups of women: Unmet need for care for any reason

- Strong reductions in unmet need for health care under health reform for subgroups of women

Lower-income women
Racial/ethnic minority women
Women 50 to 64
Women without dependent children

Fall 2006
Fall 2009

Health care use for subgroups of women: Unmet need for care because of cost

- Strong reductions in unmet need for health care because of costs under health reform for subgroups of women, despite the recession and increasing health care costs

Lower-income women
Racial/ethnic minority women
Women 50 to 64
Women without dependent children

Fall 2006
Fall 2009

* (**) (***) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.
Despite the gains under health reform, challenges remain

- Estimate ~60,000 women uninsured in fall 2009
- Roughly 1 in 5 women reported:
  - Difficulties finding a provider who would see them
  - Going without needed health care
  - Problems paying medical bills
  - Medical debt

Who are the remaining uninsured women?

- Disproportionately young, Hispanic, and single
- More than 25% in fair or poor health
- More than 75% with family income <300% of the federal poverty level
- From American Community Survey:
  - More than 25% not a US citizen
  - Nearly 20% do not speak English well
Who are the women reporting barriers to obtaining care?

- Disproportionately younger, in poorer health, with more limited income, and uninsured
- However,
  - More than half of the women reporting difficulties had employer-sponsored coverage
  - Nearly half of the women reporting difficulties had family income >300% of the federal poverty level

Summary of Impacts of Health Reform on Women

- Strong gains in insurance coverage
  - No evidence of ESI crowd-out
  - Strongest gains among vulnerable women
- Strong gains in access to and use of health care
- Some improvements in affordability of care
  - Recession and continuing increase in health care costs appear to be factors as more women report financial problems
- Despite gains under reform, barriers to care persist for some women