

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



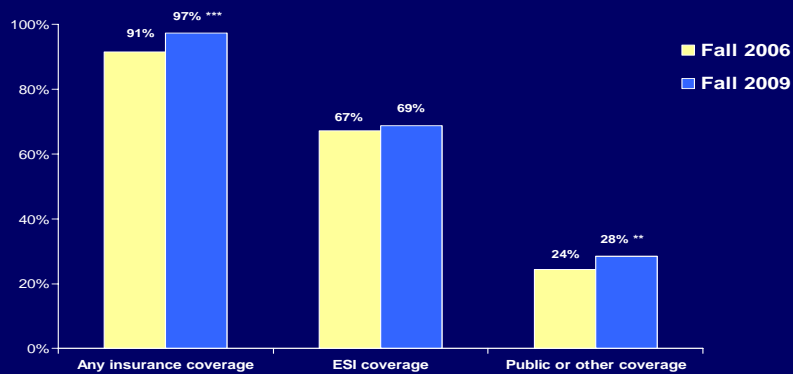
Methods

- 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

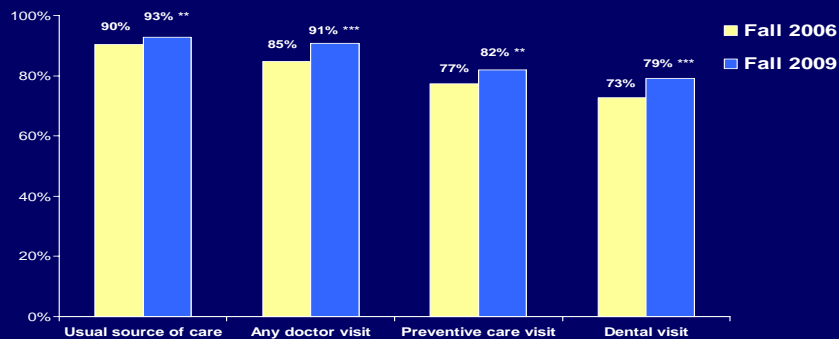


* (**) (***) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.



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

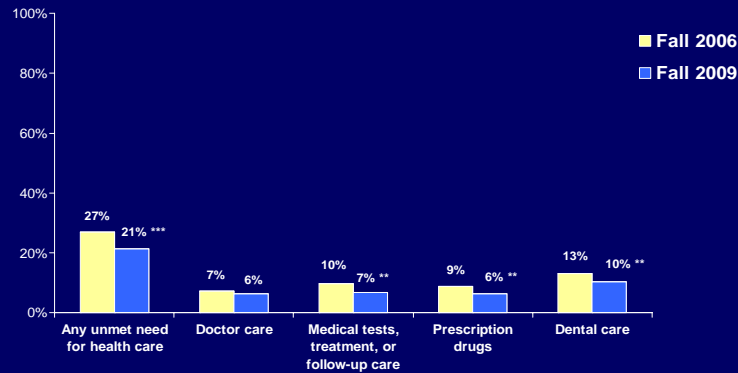


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Unmet need for care for any reason

- Unmet need for health care was lower for women under health reform

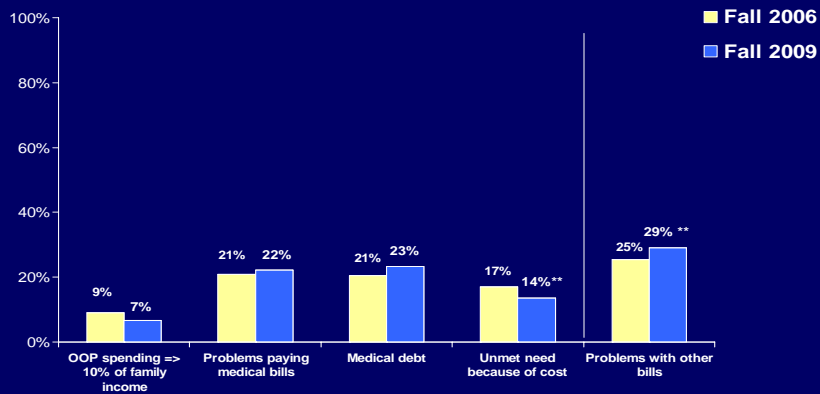


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Problems with affordability of health care

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

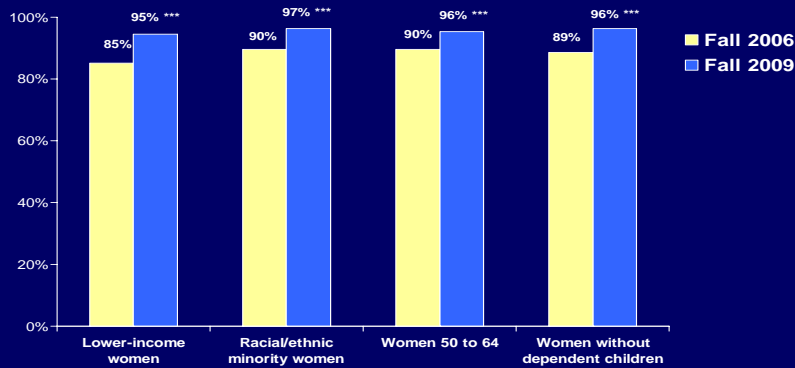


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Health insurance coverage for subgroups of women

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

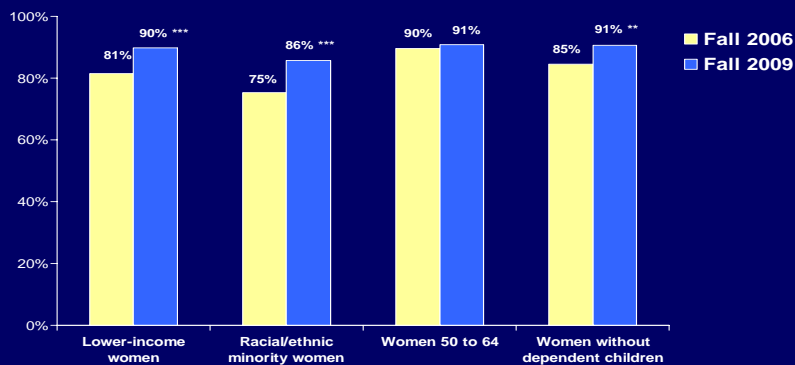


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Health care use for subgroups women: Doctor visits

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

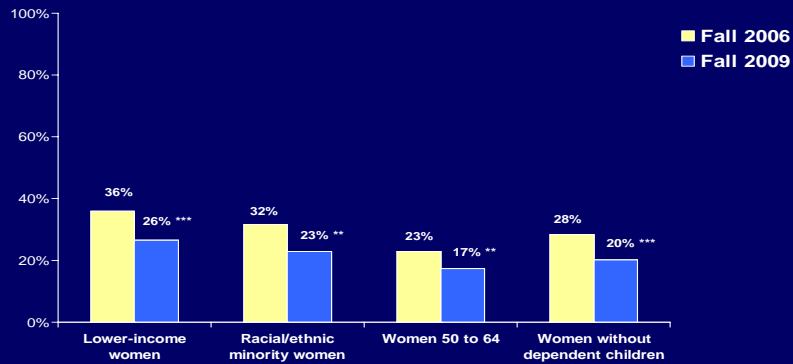


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Health care use for subgroups of women: Unmet need for care for any reason

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

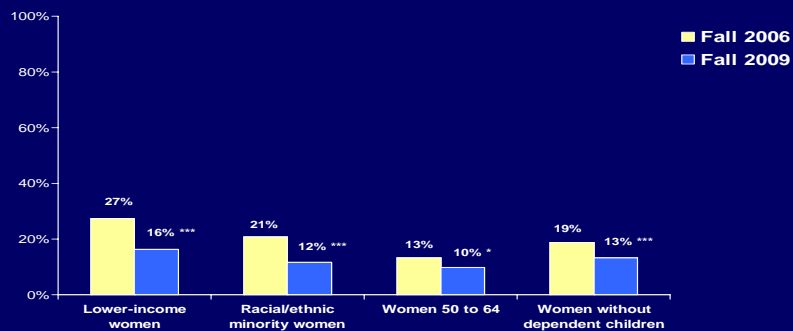


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Health care use for subgroups of women: Unmet need for care because of cost

- 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



* (**) (***) 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

