

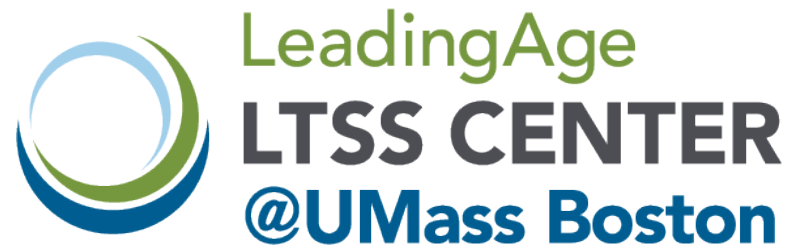


# Impacts of Medicaid Expansion on Older Adults Age 50-64 from 2012 to 2020

Jane Tavares, PhD

Marc Cohen, PhD

LeadingAge LTSS Center @UMass Boston



*Research bridging policy and practice*

April 2025

# Citation for Analytic Work and Support

---

Tavares, J. and Cohen, M. (2025). Impacts of Medicaid Expansion on Older Adults Age 50-64 from 2012 to 2020. Analytic Brief, LeadingAge LTSS Center @UMass Boston, April. Web link: [Impacts of Medicaid Expansion on Adults Age 50-64 April 2025](#)

**This project was funded in part by a grant from the RRF  
Foundation for Aging**

---

What Longitudinal Impacts did obtaining  
Medicaid through the ACA Expansion  
Program have on Individuals age 50 to 64  
from 2012 to 2020?

# Data and Method

---

- Data:
  - Health and Retirement [Study](#) for the years 2012 - 2020
- Analyses focused on community-dwelling Medicaid Beneficiaries age 50 to 64 whose self-reported health status and service utilization was tracked over the 8-year period.
- Comparisons across two groups age 50 to 64:
  - Individuals who obtained Medicaid Coverage through the Medication Expansion brought about by the Affordable Care Act (between 100% to 138% of the FPL)
  - Individuals with incomes between 100% to 138% of the FPL who are not accessing Medicaid.

# No significant age and gender differences between Medicaid Expansion beneficiaries and those who do not access Medicaid (2012)

Socio-Demographic Characteristic	Those Accessing Medicaid through Expansion (100% to 138% FPL)	Those not Accessing Medicaid (100% to 138% FPL)
<b><u>Age (Mean)</u></b>	59.1	58.7
50 to 54	3.0%	3.9%
55 to 59	54.2%	45.4%
60 to 64	42.8%	50.7%
<b><u>Gender</u></b>		
Female	56.7%	56.3%
Male	43.3%	43.7%

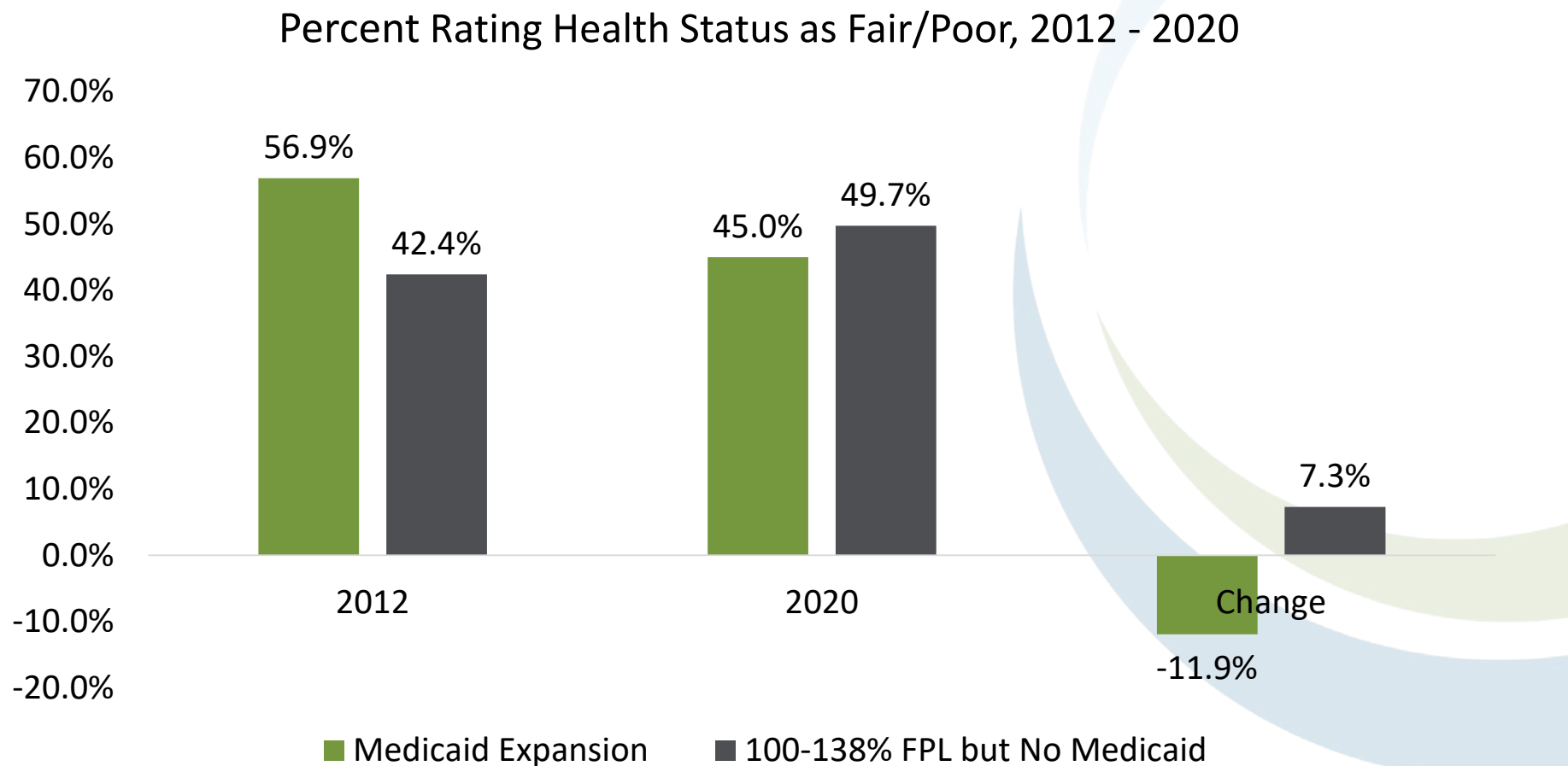
# Those not accessing Medicaid are more likely to be Hispanic, have more net wealth, higher out-of-pocket medical costs and nearly four-in-five cannot meet basic living expenses (pre-expansion 2012)

Socio-Demographic Characteristic	Those Accessing Medicaid through Expansion (100% to 138% FPL)	Those not Accessing Medicaid (100% to 138% FPL)
<b><u>Race/Ethnicity</u></b>		
Non-Hispanic White	46.9%	48.2%
Non-Hispanic Black	22.2%	20.6%
Non-Hispanic Other	11.1%	7.6%
Hispanic	19.8%	23.6%
<b><u>Financial Characteristics</u></b>		
Household Income (Median)	\$30,000	\$29,012
Net Wealth (Median)	\$14,830	\$24,000
Out-of-Pocket Medical Costs (Mean)	\$792	\$3796
<b><u>Below Elder Index</u></b>	63.3%	79.7%

## No Significant health differences between the groups pre-expansion, but those not accessing Medicaid were far more likely to be living in Rural Areas (2012)

Socio-Demographic Characteristic	Those Accessing Medicaid through Expansion (100% to 138% FPL)	Those not Accessing Medicaid (100% to 138% FPL)
<b><u>Health</u></b>		
Poor/Fair Health	45.0%	49.7%
Depression	34.9%	39.5%
3+ Chronic Conditions	54.5%	53.1%
3+ ADL Limitations	13.2%	14.0%
<b><u>Residence Type</u></b>		
Urban	62.9%	45.1%
Suburban	12.3%	22.0%
Rural	24.8%	32.5%

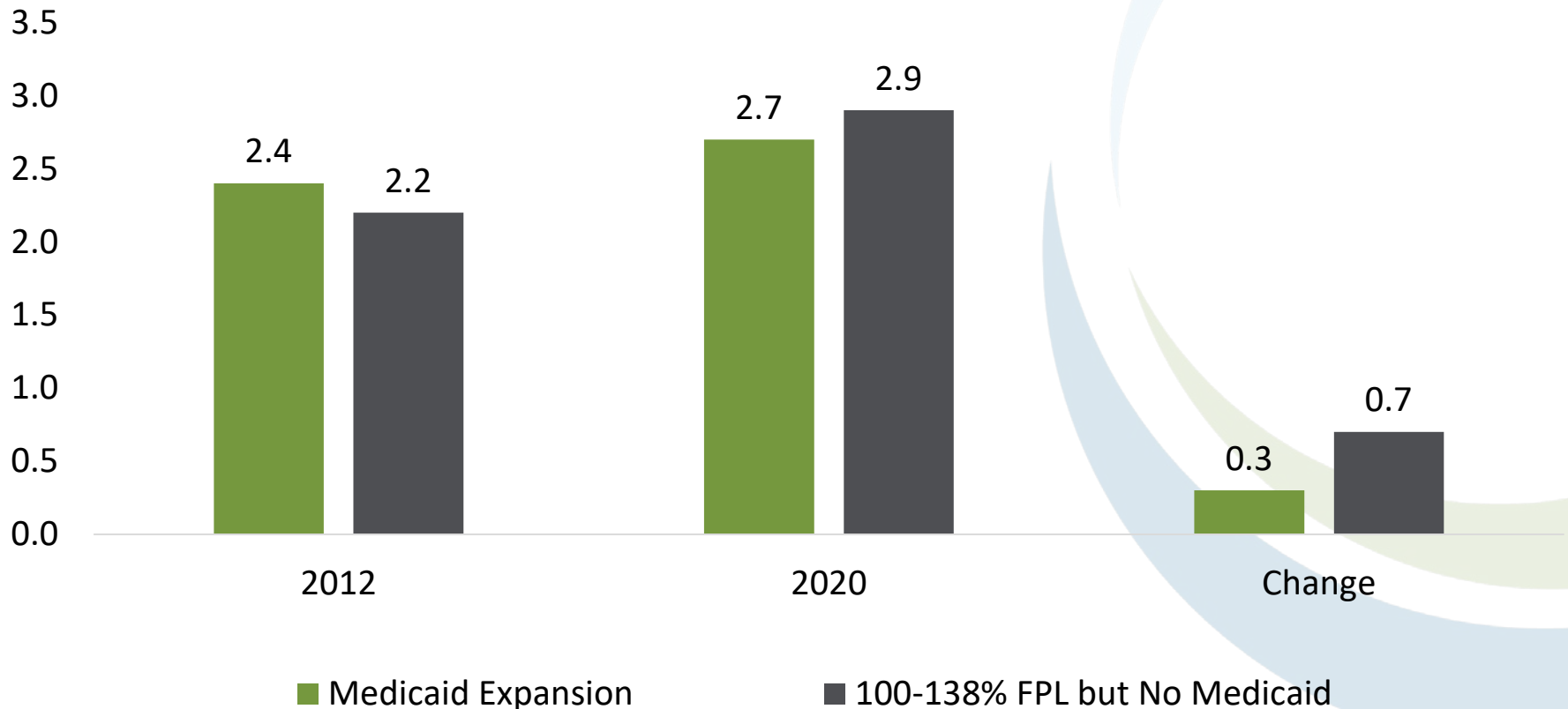
## Medicaid Expansion beneficiaries had a large decline in self-reported Fair/Poor Health over time versus an increase for those not accessing Medicaid



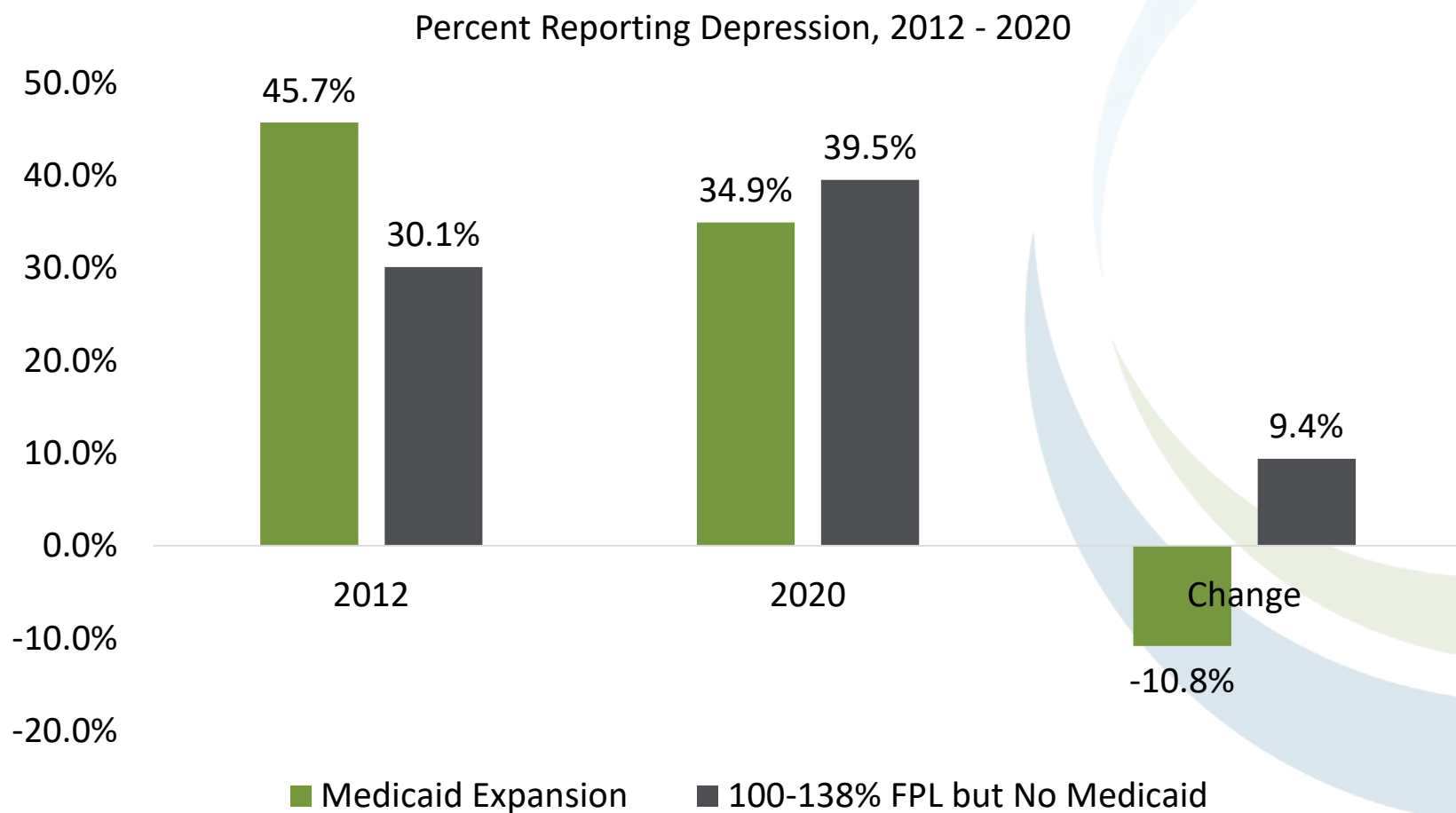


## Increases in reported chronic conditions over time was half that for Medicaid Expansion beneficiaries than for those not accessing Medicaid

Number of Chronic Conditions, 2012 - 2020

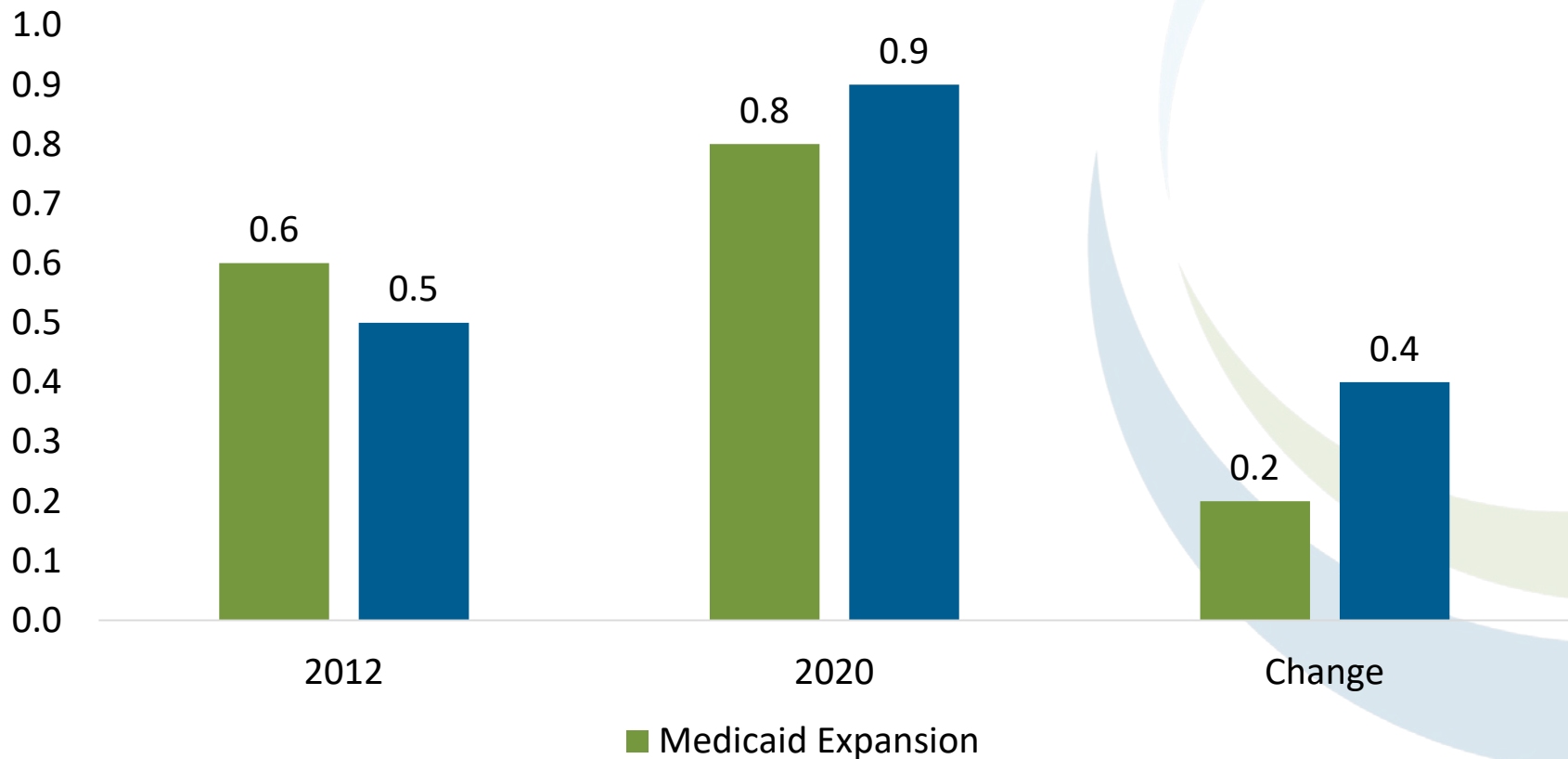


# Medicaid Expansion beneficiaries had a large decline in reported Depression versus a large increase for those not accessing Medicaid

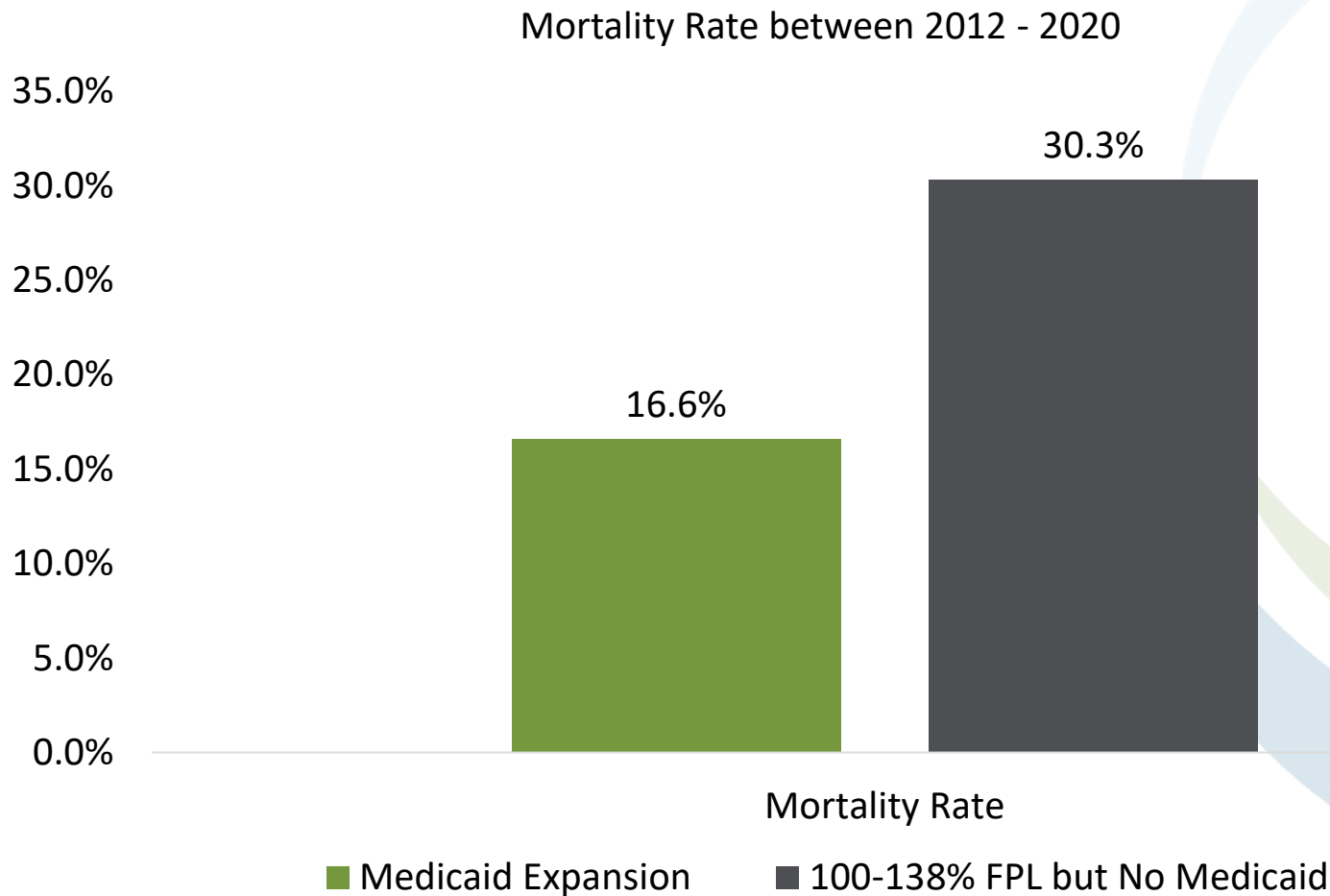


## Medicaid Expansion beneficiaries had half the rate of functional impairment over time compared to those not receiving Medicaid

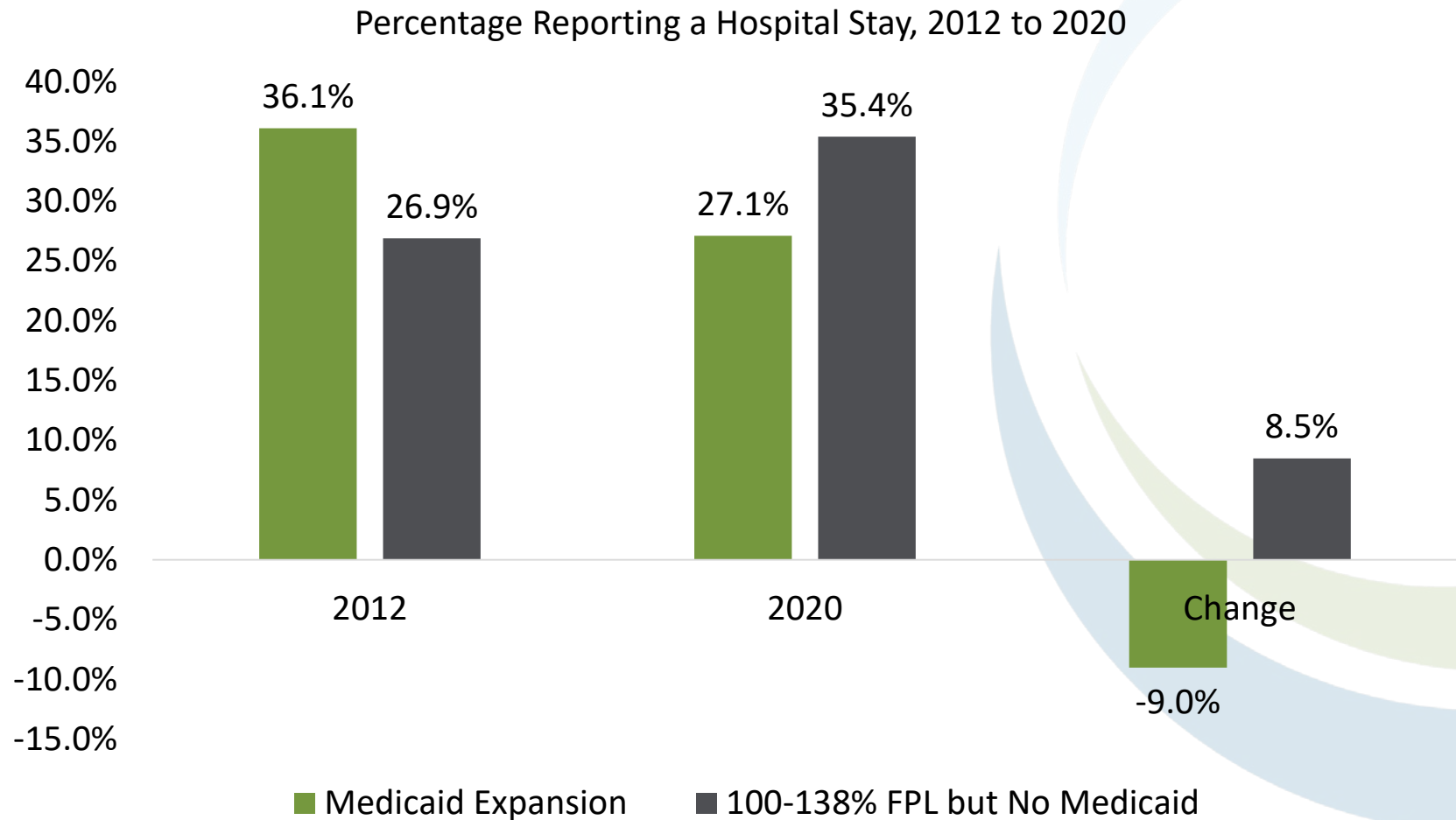
Average Limitations in Activities of Daily Living (ADLS), 2012 -2020



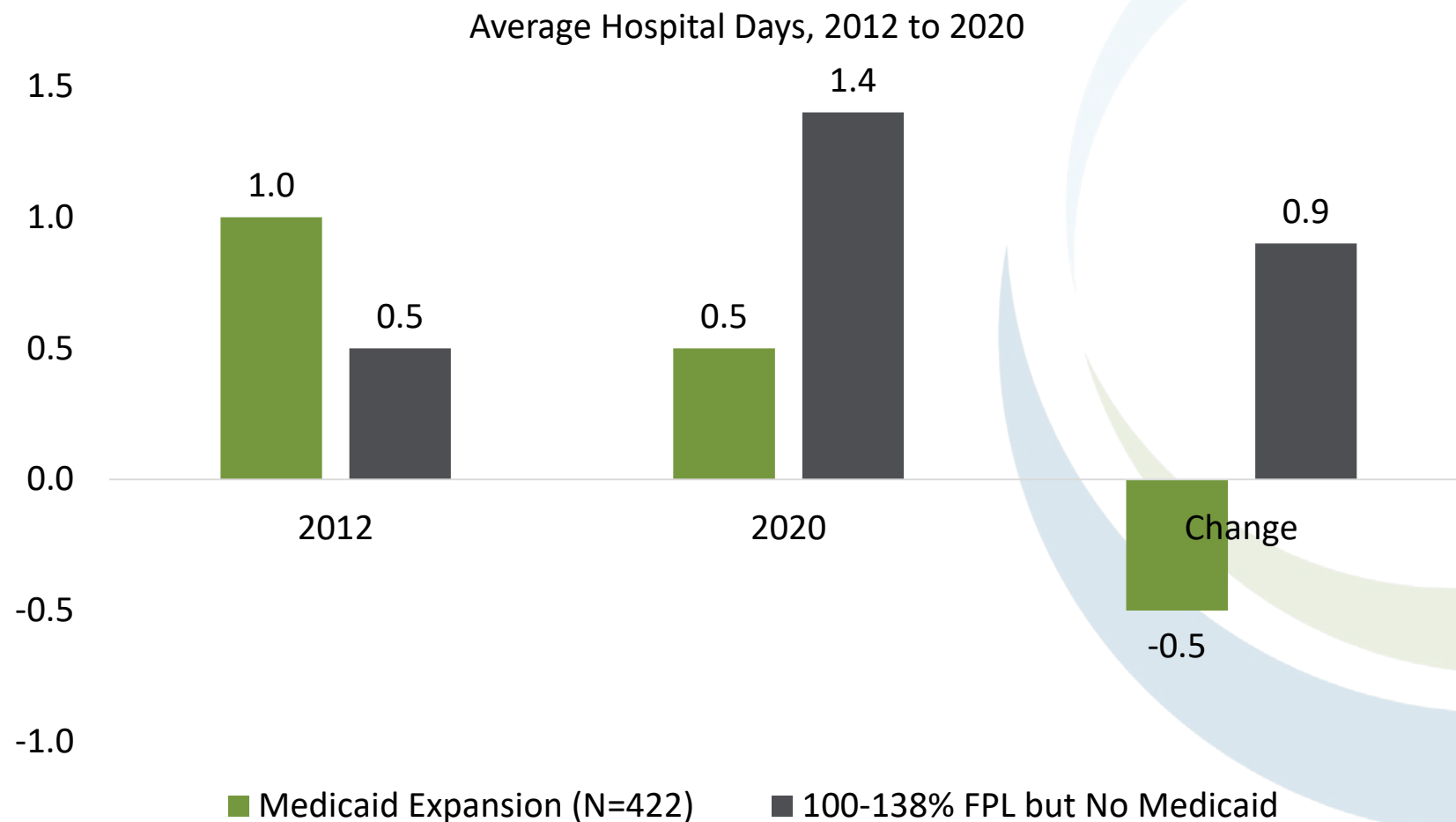
# Medicaid Expansion beneficiaries were half as likely to die over the eight year period (all-cause mortality)



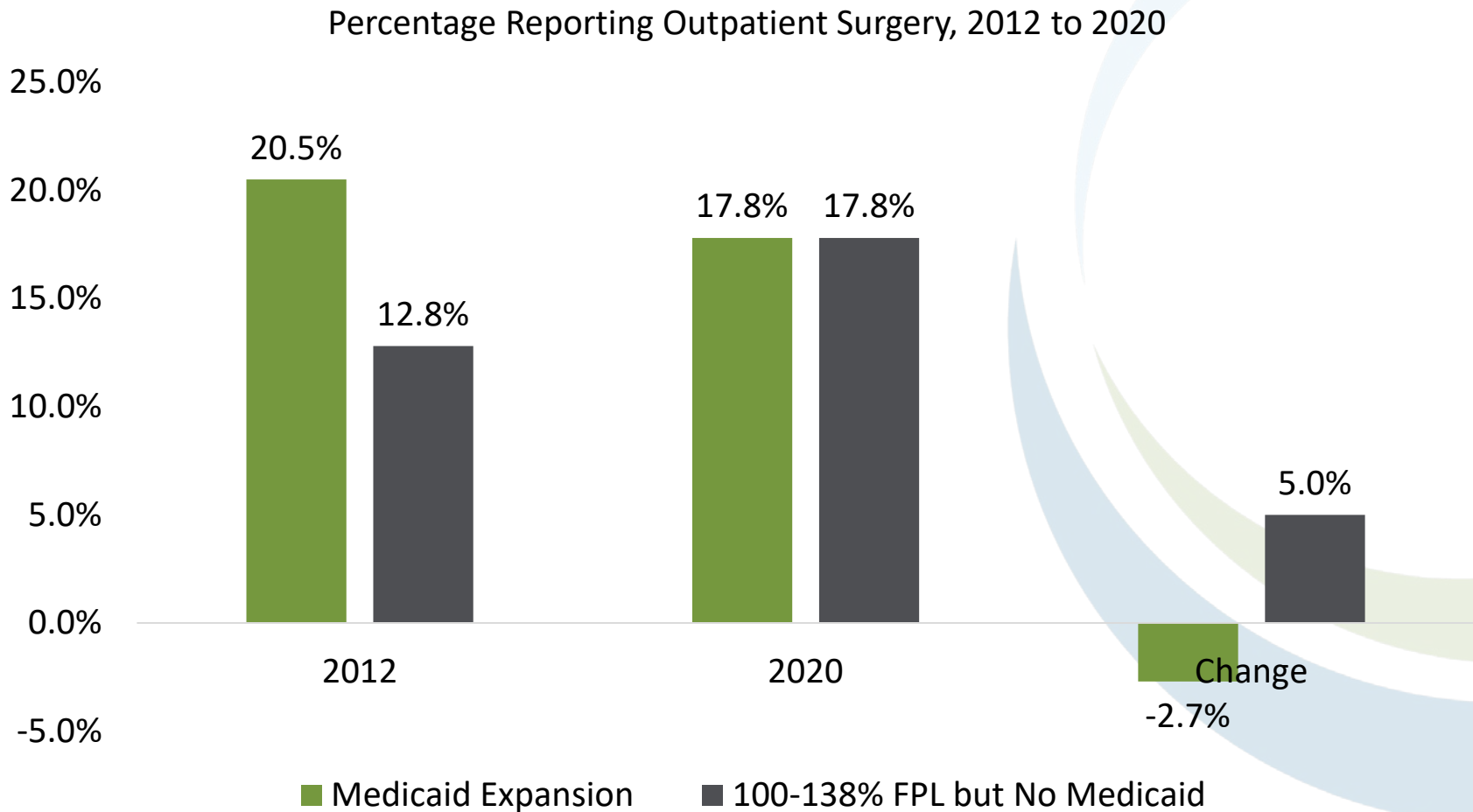
# Medicaid Expansion beneficiaries had significant declines over time in costlier health care services like Hospital use versus increased usage for their non-Medicaid counterparts



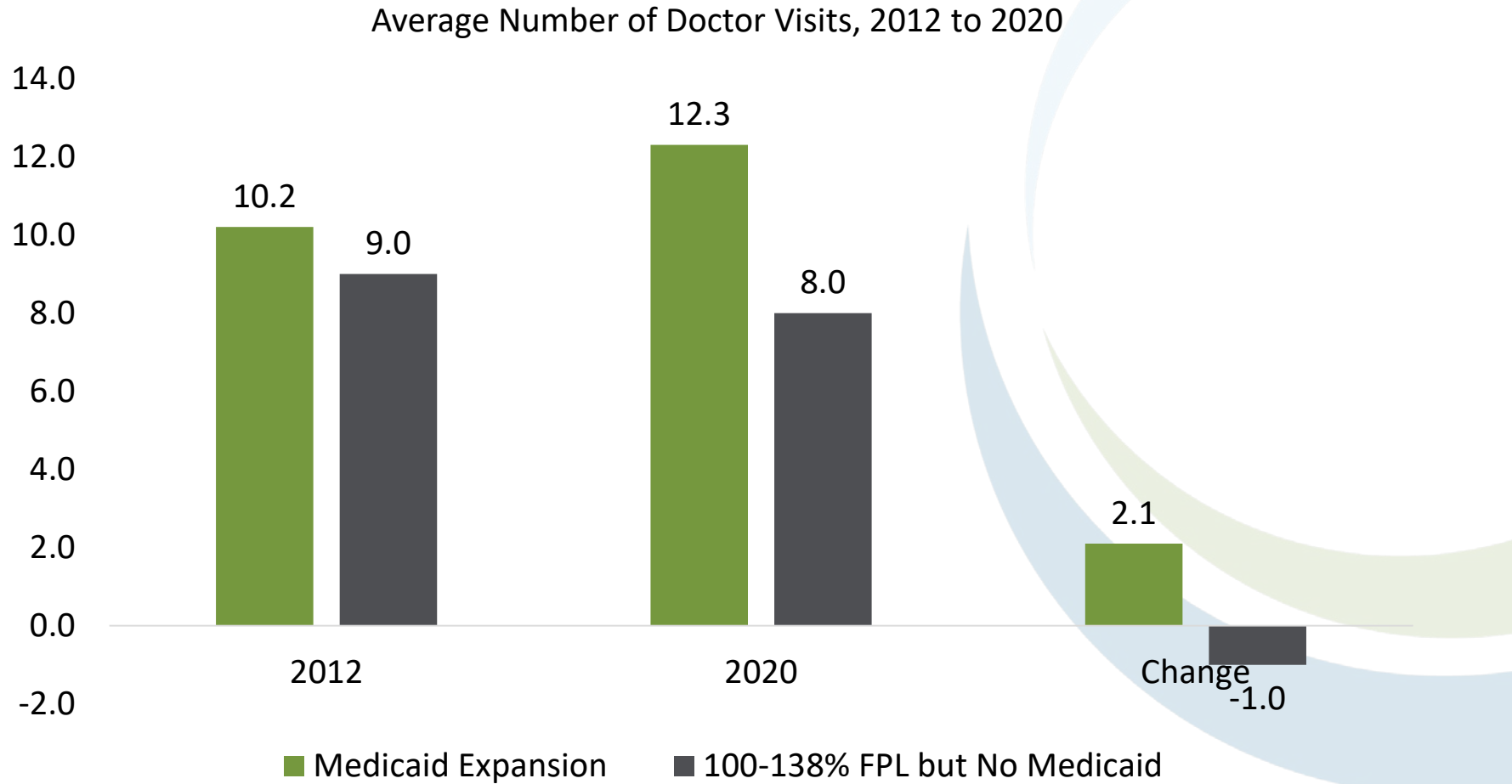
## Medicaid Expansion beneficiaries had significant declines in Hospital days over time versus increases for those not accessing Medicaid



## Medicaid Expansion beneficiaries had declines in Outpatient Surgery over time versus increases for those not accessing Medicaid



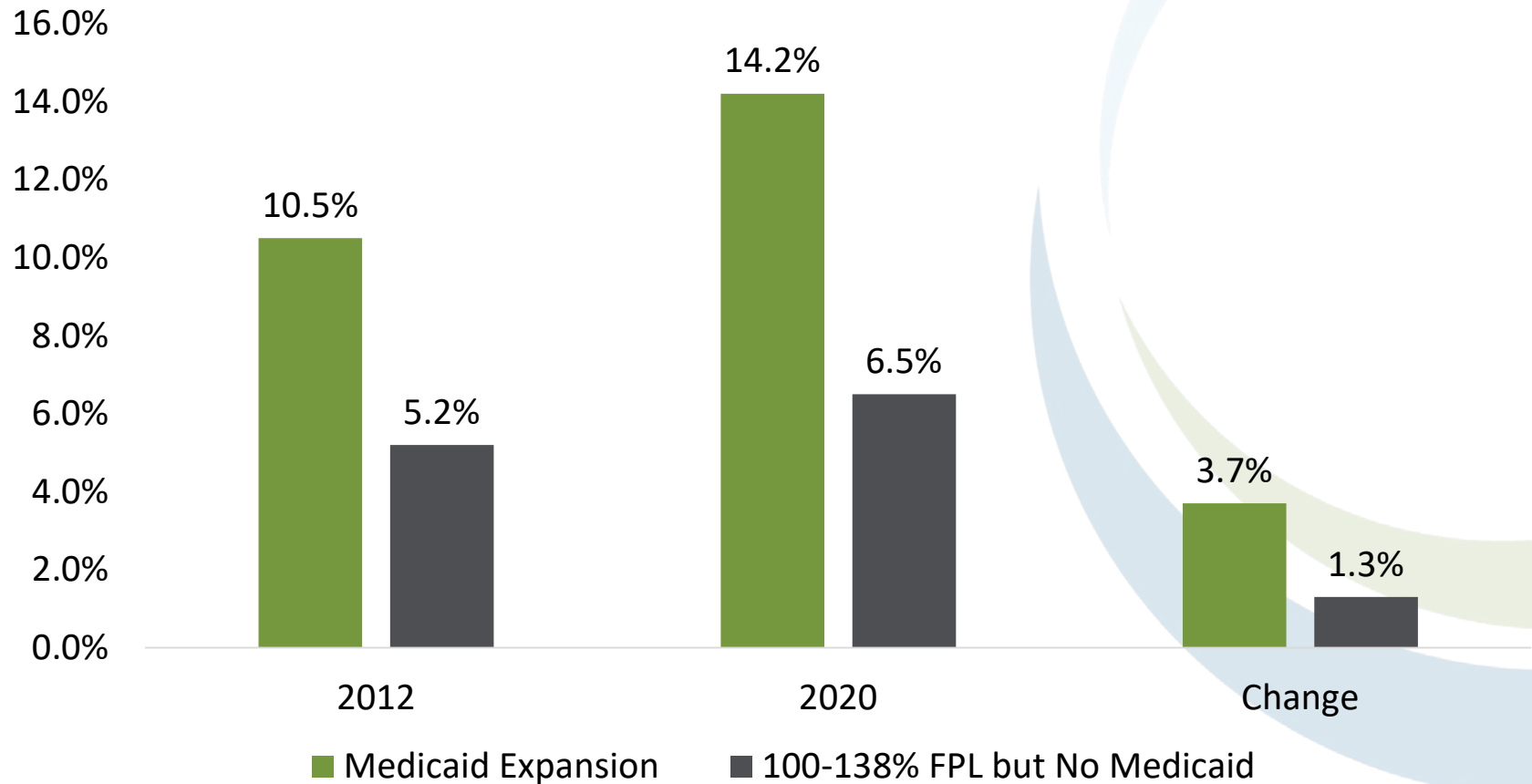
# Medicaid Expansion beneficiaries were more likely to utilize preventative/management based care services like routine physician visits over time than their non-Medicaid counterparts



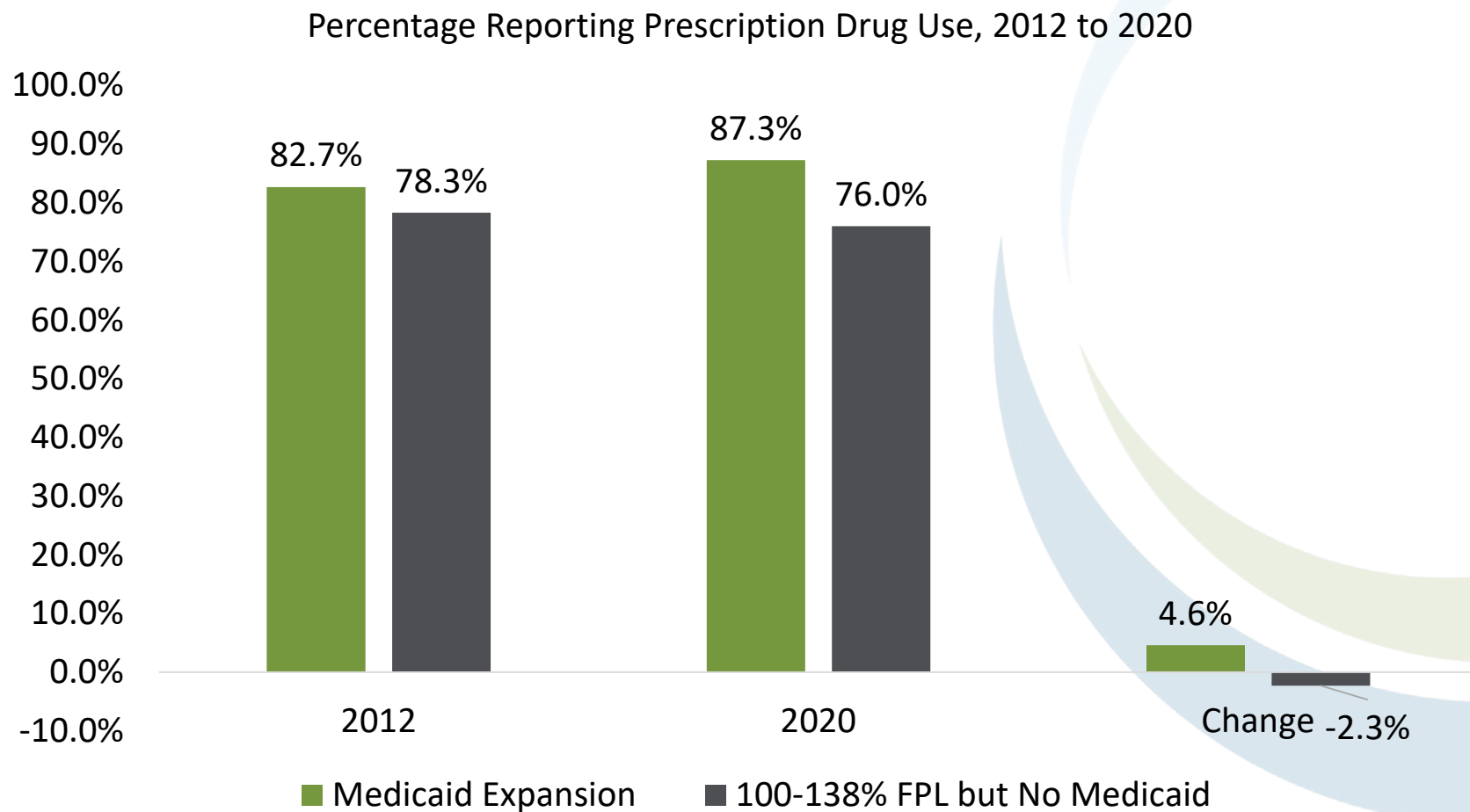


## Medicaid Expansion beneficiaries were more likely to be able to access home health care than those who did not access Medicaid

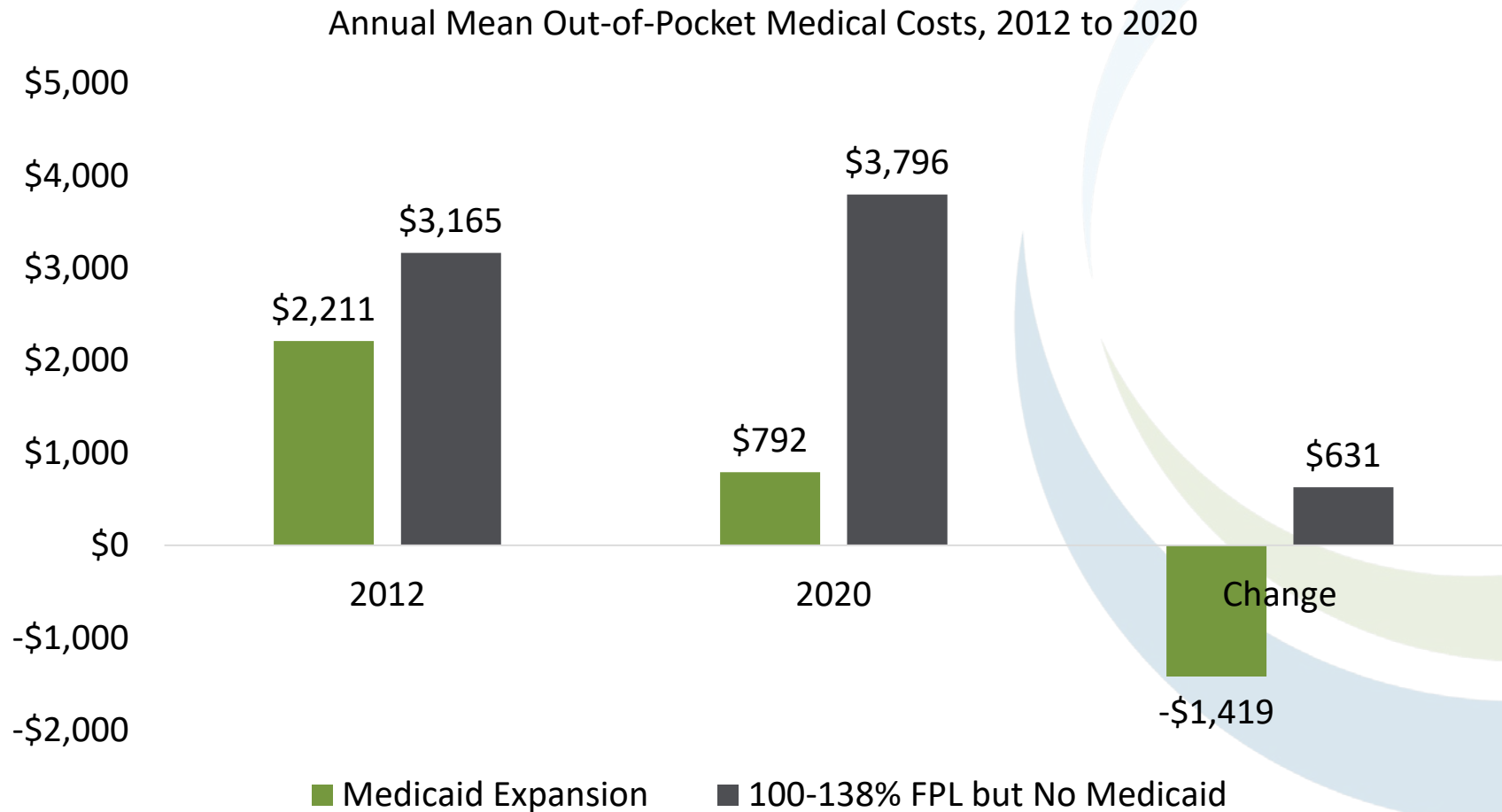
Percentage Reporting Using Home Care, 2012 to 2020



## Medicaid Expansion beneficiaries were more likely to access Prescription Drugs over time than their non-Medicaid counterparts who decreased in use



# Medicaid Expansion beneficiaries had significantly lower Out-of-Pocket Medical Costs over time than those who did not access Medicaid



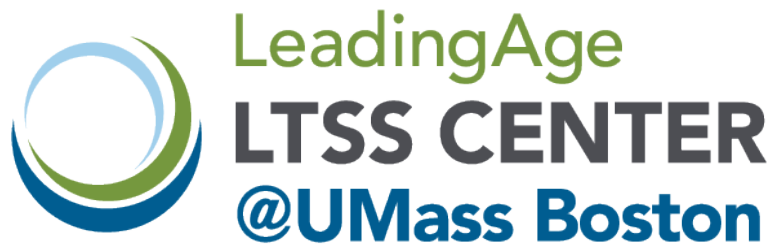
# Summary Observations (1)

- Individuals age 50 to 64 who access Medicaid through ACA expansion and those who fall under the same FPL threshold but did not access Medicaid have similar socio-demographic characteristics with the following exceptions:
  - Those without Medicaid have higher net wealth, are more likely to live in rural areas, be Hispanic, have higher out-of-pocket medical expenses and are less likely to be able to afford basic living needs.
- Medicaid Expansion beneficiaries and those who did not access Medicaid had substantially similar health profiles prior to any access of Medicaid through ACA expansion
- Individuals accessing Medicaid through the expansion are more likely to show improvements over the period in:
  - Lower rates of depression
  - Lower numbers of chronic conditions
  - Lower functional impairments
  - Half the mortality rate as those not accessing Medicaid through the expansion

## Summary Observations (2)

---

- Individuals accessing Medicaid through the expansion are more likely to show improvements over the period in:
  - Declines in hospital use
  - Declines in the average number of days in a hospital
  - Declines in outpatient surgery
  - Increases in routine physician visits
  - Increased access to home care
  - Increased use of regular prescription drugs
  - Significant declines in out-of-pocket medical costs



*Research bridging policy and practice*

## CONNECT WITH US

### WASHINGTON, DC OFFICE

[ltsscenter@leading.org](mailto:ltsscenter@leading.org)

202.508.1208

### BOSTON, MA OFFICE

[ltsscenter@umb.org](mailto:ltsscenter@umb.org)

617.287.7324

[www.ltsscenter.org](http://www.ltsscenter.org)