

Health Outcomes Associated with Medicaid Expansion Among Adults Reaching Retirement Age

Executive Summary



South Carolina Institute of
Medicine & Public Health

OCTOBER 2021

Aging in South Carolina is a dream for many; the proximity to beaches, mountains and vibrant communities has encouraged countless people to choose to settle in the Palmetto state as they reach retirement age. This contributes to South Carolina being consistently ranked one of the most rapidly aging states in the country.¹ These aging adults, specifically those between 50 and 64, are more likely to have chronic conditions and more complex health care needs compared to younger populations.²

The most recent data suggests that half of older Americans suffer from at least one chronic condition, with 47% of men aged 45 to 64 and 54% of American women aged 45 to 64 reporting suffering from multiple chronic conditions.³ The South Carolina Department of Health and Environmental Control estimate that six in every ten adults across the state have a chronic disease.⁴

Many low-income older adults across the state struggle to access necessary health services to manage both chronic and acute illness. In 2019 nearly half of American adults aged 50 to 64 were faced with unaffordable health insurance coverage, defined by AARP as premium costs greater than 10% of their household income.⁵

In 2019 nearly 118,000 South Carolinians reaching retirement age were uninsured; nearly one quarter of all South Carolina's uninsured population is between the ages of 50 and 64.^{6,7,8}

Research indicates that older adults with hypertension, diabetes, heart disease and/or stroke who are uninsured prior to enrolling in Medicare have up to 51% higher medical costs compared to adults who have been consistently insured throughout middle age.⁹ **This figure suggests that investing in consistent health coverage is a cost-effective strategy to improve health outcomes among older Americans.**¹⁰

Medicaid is a joint federal-state program designed to offer health insurance coverage to qualifying low-income citizens and their dependents. Many states have chosen to expand Medicaid eligibility as allowed under the Affordable Care Act to adults without dependents living in poverty to decrease the number of uninsured people and improve access to care.

Eligibility for Medicaid in South Carolina is predicated on several factors including income, family composition and disability status. Because South Carolina has not expanded Medicaid as allowed under the Affordable Care Act to cover all adults up to 138% of the federal poverty level, this coverage is generally not available for adults without dependents in South Carolina unless they fall into a target population.

The burdens of chronic disease and associated uncompensated care costs have impacted states across the country. South Carolina has been similarly impacted by these factors, with chronic disease playing a substantial role in community and state health outcomes. Specifically, heart disease, cancer, chronic lower respiratory diseases, stroke, Alzheimer's disease and diabetes have been among the ten leading causes of death among older adults in South Carolina since 2013.¹¹

The full report (accessible at imph.org) surveys the health outcomes associated with Medicaid expansion among adults aged 50 to 64 and reviews trends in Kentucky, Louisiana, Montana and West Virginia – four states with similar cultural and demographic factors as South Carolina that have fully expanded Medicaid eligibility.



Key statistics in the report include:

- In South Carolina, the percent of uninsured adults aged 55 to 64 increased from 10.2% in 2015 to 11.8% in 2019.¹²
- According to the American Diabetes Association, Medicaid expansion results in significant improvements in self-reported diabetes management.¹³
- Counties in states that have expanded Medicaid have witnessed a significantly smaller increase in cardiovascular mortality rates after expansion compared to counties in states that did not expand Medicaid.¹⁴
- Medicaid expansion is associated with decreased mortality for breast, lung and colorectal cancers.^{15,16,17,18}
- Expanding Medicaid eligibility to older adults without dependents experiencing poverty has been shown to decrease hospitalizations and improve management of chronic heart disease, two of the factors reported by the Alzheimer's Association that can impact outcomes associated with early onset Alzheimer's disease.^{19,20,21}
- A report from the National Alliance on Mental Illness suggests that Medicaid is a lifeline for individuals suffering from behavioral health disorders. They report that states that have expanded Medicaid saw greater improvements in access to mental health services.²²
- Across the country, the number of low-income adults with an unmet need for substance use disorder treatment decreased approximately 18% following expansion.²³
- Researchers credit Medicaid expansion with reducing the number of residents experiencing unmet medical needs due to cost as well as a decrease in the number of residents without a regular source of primary care.²⁴

The South Carolina Institute of Medicine and Public Health (IMPH) is a nonpartisan, nonprofit organization working to collectively inform policy to improve health and health care in South Carolina. In conducting its work, IMPH takes a comprehensive approach to advancing health issues through data analysis and translation and collaborative engagement.

1301 Gervais Street
Suite 300
Columbia, SC 29201

imph.org

References

- 1 "The Silver Tsunami," South Carolina Department on Aging, accessed July 11, 2021, <https://aging.sc.gov/about>.
- 2 "Health Insurance Coverage for Americans with Pre-Existing Conditions: The Impact of the Affordable Care Act," ASPE, last modified January 5, 2017, <https://aspe.hhs.gov/system/files/pdf/255396/Pre-ExistingConditions.pdf>.
- 3 Buttorff, C., Ruder, T., & Bauman, M., "Multiple Chronic Conditions in the United States," Rand Corporation, 2017, https://www.rand.org/content/dam/rand/pubs/tools/TL200/TL221/RAND_TL221.pdf.
- 4 "Chronic Diseases in South Carolina," The South Carolina Department of Health and Environmental Control, accessed August 2nd, 2021, <https://scdhec.gov/sites/default/files/Library/CR-012864.pdf>.
- 5 "AARP Analysis Shows that Nongroup Health Insurance was Unaffordable for Nearly Half of Adults Aged 50-64 in 2019," Health, AARP, last modified April 1, 2021, <https://press.aarp.org/2021-4-1-AARP-Analysis-Shows-Nongroup-Health-Insurance-Unaffordable-Nearly-Half-Adults-Aged-50-64-2019>.
- 6 Sung, J., Dean, O., Saunders, R., Sherif, J., Unuigbo, A., "Affordability Challenges for Older Adults in the Nongroup Market," AARP Public Policy Institute, March 2021, <https://www.aarp.org/content/dam/aarp/ppi/2021/03/affordability-challenges-older-adults-nongroup-market.doi:10.26419-2Fppi.00099.008.pdf>.
- 7 "Poverty Status in the Past 12 Months - Table S1701," U.S. Census Bureau accessed May 20, 2021, <https://data.census.gov/>.
- 8 "ASPE Uninsured Estimates by State and Eligibility Group [Raw Data File]," ASPE, United States Department of Health and Human Services, accessed July 29th, 2021, <https://aspe.hhs.gov/reports/state-county-local-estimates-uninsured-population-prevalence-key-demographic-features>.
- 9 McWilliams, J., Meara, E., Zaslavsky, A., Ayanian, J., "Use of Health Services by Previously Uninsured Medicare Beneficiaries," The New England Journal of Medicine 357 (2007):143-153, accessed June 5, 2021, [Doi:10.1056/NEJMsa067712](https://doi.org/10.1056/NEJMsa067712).
- 10 Choi, Namkee G et al., "Unmet Healthcare Needs and Healthcare Access Gaps Among Uninsured U.S. Adults Aged 50-64," International journal of environmental research and public health vol. 17 no. 8 (2020): 1-12, [doi:10.3390/ijerph17082711](https://doi.org/10.3390/ijerph17082711).
- 11 "Leading Causes of Death Reports, National, Regional and State, 1999 - 2019," WISQARS, accessed June 10, 2021, <https://webappa.cdc.gov/cgi-bin/broker.exe>.
- 12 "Table S2701: Selected Characteristics of Health Insurance Coverage in the United States - 2019," American Community Survey, accessed May 20, 2020, <https://data.census.gov/>.
- 13 Lee, J., Callaghan, T., Ory, M., Zhao, H., Bolin, J., "The Impact of Medicaid Expansion on Diabetes Management," Journal of Diabetes Care 43, no. 5 (2020): 1094-1101, <https://doi.org/10.2337/dc19-1173>.
- 14 Khatana, S., Bhatla, A., Nathan, A., et al., "Association of Medicaid Expansion with Cardiovascular Mortality," JAMA Cardiology 4, no. 7 (2019): 671-679, [doi:10.1001/jamacardio.2019.1651](https://doi.org/10.1001/jamacardio.2019.1651).
- 15 Lam MB, Phelan J, Orav EJ, Jha AK, Keating NL. Medicaid Expansion and Mortality Among Patients With Breast, Lung, and Colorectal Cancer. JAMA Netw Open. 2020;3(11):e2024366. [doi:10.1001/jamanetworkopen.2020.24366](https://doi.org/10.1001/jamanetworkopen.2020.24366).
- 16 "Medicaid Expansion and Lung Cancer," American Lung Association, accessed July 7, 2021, [https://www.lung.org/getmedia/13a5c27f-c3de-4b57-af22-bee6e578831c/medicaid-expansion-and-lcs-one-pager-2020-final\(1\).pdf](https://www.lung.org/getmedia/13a5c27f-c3de-4b57-af22-bee6e578831c/medicaid-expansion-and-lcs-one-pager-2020-final(1).pdf).
- 17 Gan, T., Sinner, H., Walling, S., et al., "Impact of the Affordable Care Act on Colorectal Cancer Screening, Incidence and Survival in Kentucky," Journal of the American College of Surgeons 4, no. 1 (2019): 342-353.e1, <https://doi.org/10.1016/j.jamcollsurg.2018.12.035>.
- 18 Liu, Y., Colditz, G., Kozower, B., et al., "Association of Medicaid Expansion Under the Patient Protection and Affordable Care Act with Non-Small Cell Lung Cancer Survival," JAMA Oncology 6, no. 8 (2020):1289-1290, [doi:10.1001/jamaoncol.2020.1040](https://doi.org/10.1001/jamaoncol.2020.1040).
- 19 "Medicaid Expansion Beneficial for Adults with Hypertension in the US," PharmacoEcon Outcomes News 834, no. 24 (2019): <https://doi.org/10.1007/s40274-019-6124-y>.
- 20 Wen, H., Johnston, K., Allen, L., Waters, T., "Medicaid Expansion Associated with Reductions in Preventable Hospitalizations," Health Affairs 38, no. 11 (2019): <https://doi.org/10.1377/hlthaff.2019.00483>.
- 21 Khatana, S., Bhatla, A., Nathan, A., et al., "Association of Medicaid Expansion with Cardiovascular Mortality," JAMA Cardiology 4, no. 7 (2019): 671-679, [doi:10.1001/jamacardio.2019.1651](https://doi.org/10.1001/jamacardio.2019.1651).
- 22 Sommers BD, Blendon RJ, Orav EJ, Epstein AM., "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," JAMA Intern Med. 176, no. 10 (2016):1501-1509. [doi:10.1001/jamainternmed.2016.4419](https://doi.org/10.1001/jamainternmed.2016.4419).
- 23 "Continuing Progress on the Opioid Epidemic: The Role of the Affordable Care Act," ASPE, last modified January 11, 2017, <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>.
- 24 Benitez, J., Creel, L., Jennings, J., "Kentucky's Medicaid Expansion Showing Early Promise on Coverage and Access to Care," Health Affairs 35, no. 3 (2016): 528-534, <https://doi.org/10.1377/hlthaff.2015.1294>.