

## The Implications of Expanding Medicaid for Uninsured Low-Income Midlife Adults

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**Recent Supreme Court interpretation of the Affordable Care Act gives states the option to expand Medicaid for certain low-income uninsured adults. This would give midlife adults access to health insurance when they are likely to need it most.**

### Key Findings

- About 4 million uninsured midlife adults could gain access to Medicaid under the expansion. About 1.5 million are working. Those who are unemployed because of untreated health conditions might be able to rejoin the workforce if given access to needed health care through Medicaid.
- About 11 percent of the midlife adults who would gain access to Medicaid would be in fair to poor health. Access to Medicaid increases the likelihood that these individuals will receive care to effectively manage chronic conditions before their health deteriorates.
- States are the primary payer for long-term services and supports (LTSS) for low-income adults. Expanding access to Medicaid would give low-income midlife adults—who tend to have multiple chronic illnesses—access to care that can improve or maintain their health status, long before their conditions deteriorate to the point where they need costly Medicaid-financed LTSS in addition to their Medicare benefits.
- Because midlife adults are likely to have a “pent up” demand for health care, states that take up the Medicaid expansion early on are likely to experience the biggest savings. This is because the federal government will cover 100 percent of the cost of the expansion between 2014 and 2016.
- Expanding Medicaid will give uninsured midlife adults access to potentially lifesaving preventive and screening services and could help reduce coverage and health disparities.
- Hospitals are facing significant cuts to their disproportionate share hospital (DSH) payments—federal dollars that help fund uncompensated care for the uninsured. These hospitals stand to gain substantially if states expand Medicaid, thus reducing the burden of uncompensated care at a time when hospitals’ funding for such care will be substantially reduced.

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