Expanding Medicare would reduce racial and ethnic health disparities

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When Americans become eligible for Medicare coverage at age 65, research has shown, there are substantial reductions in racial and ethnic disparities in health insurance, access to care, and self-reported health.

Lowering the eligibility age to age 60 would further reduce disparities, new research led by the Yale School of Public Health finds. The findings were published in the journal *JAMA Internal Medicine* on July 26.

"Our findings suggest that reducing the Medicare eligibility age—a policy currently being debated in the U.S. Congress—would be a significant step in the direction of improved equity," said Jacob Wallace, an assistant professor of public health and the study's lead author. "Racial and ethnic disparities in our health care system are a reflection of longstanding structural racism in the United States. Identifying policies that reduce these disparities is key to advancing health equity."

Currently, Medicare provides coverage to nearly all U.S. adults when they turn 65, but Congress is debating whether to lower the eligibility age to 60. To assess the potential effects of lowering the Medicare eligibility age on racial and ethnic disparities, the team compared coverage, access to care, and health for U.S. adults above and below 65 using a study design known as regression discontinuity.

The disparity reductions found by Wallace and his team among Medicare recipients 65 and over were large, suggesting an expansion of Medicare would substantially reduce disparities among those over 60. For example, the study found that racial and ethnic disparities in insurance coverage fell by more than 50% at age 65. Narrowing the coverage gap translated into meaningful reductions in both access and health disparities.

For example, entry to Medicare reduced disparities that exist between white and Hispanic people under 65 by 29% among people who have practitioners they consider their regular health care providers, 39% for the share of people unable to see a physician because of cost, and 59% for flu vaccinations. Finally, disparities between white respondents and racial and ethnic minorities among respondents in poor self-reported health narrowed by more than 40%. This is an important finding as self-reported health has been found to be a strong predictor of mortality, researchers say.

For the study, the researchers also investigated whether Medicare's impact on racial and ethnic disparities persisted after passage of the Affordable Care Act (ACA), a national insurance expansion introduced in 2010. While it is well documented that the ACA reduced racial and ethnic disparities in health coverage, the research team found that in the post-ACA period eligibility for Medicare once recipients turned 65 further reduced these disparities substantially.

One of the novel features of the study was its examination of Medicare's impact by state. The

researchers were surprised to find that Medicare's impact on racial and ethnic disparities wasn't limited to any particular region of the country.

"Instead, Medicare led to substantial reductions in racial and ethnic disparities in an economically, politically, and geographically diverse set of states," Wallace said.

More information: Jacob Wallace et al, Changes in Racial and Ethnic Disparities in Access to Care and Health Among US Adults at Age 65 Years, *JAMA Internal Medicine* (2021). DOI: 10.1001/jamainternmed.2021.3922

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