

Fact Sheet

Medicaid in Midlife: A Profile of Enrollees Ages 50 to 64

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Key Takeaways

- ✓ Adults ages 50 to 64 (“midlife adults”) make up 12 percent of the Medicaid population.
- ✓ Midlife adult Medicaid enrollees are racially and ethnically diverse, although this age group is more homogeneous than the total Medicaid population.
- ✓ States that expanded Medicaid as part of the Affordable Care Act enrolled an average of 22 percent of the midlife adult population in Medicaid, whereas states that did not expand Medicaid enrolled an average of only 10 percent.
- ✓ Nearly three-quarters of midlife adult Medicaid enrollees live in urban areas, although variation exists in expansion and nonexpansion states.
- ✓ Midlife adults who are dually enrolled in Medicaid and Medicare, most often due to a disability or chronic disease, make up nearly half of midlife Medicaid enrollees in nonexpansion states. As a result, midlife Medicaid enrollees in nonexpansion states may be sicker and require more care than midlife enrollees in expansion states.

The Medicaid program provides health insurance coverage for millions of low-income Americans. The program is funded jointly by states and the federal government; states manage all aspects of the program—within federal parameters—for their eligible residents. In 2019, more than 11 million adults ages 50 to 64 (hereafter referred to as “midlife adults”) depended on Medicaid coverage for health care. This represents 18 percent of the total population ages 50 to 64.¹ Despite the sizeable number of midlife Medicaid enrollees, research to date on this population has been sparse.^{2,3}

AARP contracted with the independent research organization NORC at the University of Chicago to help fill this gap in knowledge and to shine a light on midlife Medicaid enrollees in all 50 states and the District of Columbia. NORC examined data from both state-reported data from the Centers for

Medicare & Medicaid Services’ Transformed Medicaid Statistical Information System (T-MSIS) and the Census Bureau’s American Community Survey (ACS) and uncovered a unique profile of older Medicaid enrollees across the states.⁴

This *Fact Sheet* establishes a profile of midlife Medicaid enrollees. It explores how Medicaid eligibility rules impact midlife adults, noting enrollment trends and calling specific attention to the differences between states that have and have not expanded Medicaid to cover previously ineligible adults—an option created by the federal Affordable Care Act (ACA).⁵ Additionally, it highlights how midlife Medicaid enrollees differ in important ways from the broader Medicaid-enrolled population as well as from those midlife Americans who are not enrolled in the program.

Medicaid eligibility for older Americans

Whether an adult 50 to 64 years of age is eligible for Medicaid depends on where they live. Typically, adults must fall into an eligibility group—either one of the federally required covered groups (e.g., individuals with a disability) or a group that the state optionally elects to cover—have incomes below a certain threshold (e.g., 133 percent of the federal poverty level) and possess limited assets. In 2019, states enrolled half of midlife Medicaid enrollees as individuals with disabilities, over one-third as newly (due to expansion) eligible adults, and the remainder as other eligible adults. Comparatively, among all Medicaid enrollees in the same year, individuals with disabilities and newly (due to expansion) eligible adults made up a much smaller share of enrollees (table 1).⁶ These enrollment data show that more than half of individuals with disabilities within the Medicaid population are midlife adults.

States that chose to expand Medicaid raised the income cap to 138 percent of the federal poverty level, thus making coverage available to significant numbers of low-income adults, most of whom were previously ineligible. As of 2019, 33 states and the District of Columbia had expanded Medicaid; 17 states had not.⁷ Of the 12.3 million adults (ages 18+) whom expansion states enrolled into Medicaid between 2013 and 2020, 81 percent were newly eligible.⁸ Because

Example of State Variation in Medicaid Eligibility

A 55-year-old woman earning 130 percent of the federal poverty level with assets totaling less than \$2,000 could qualify for Medicaid in New Jersey but not in Wyoming.

older nondisabled adults in nonexpansion states are still subject to pre-ACA Medicaid eligibility requirements, state of residence is a pivotal Medicaid enrollment differentiator for midlife adults.

Medicaid enrollment trends among adults ages 50 to 64: expansion versus nonexpansion states

To fully appreciate the profile of midlife Medicaid adults, it is helpful to think about this population relative to two groups: all midlife adults ages 50 to 64 and other Medicaid enrollees. And because states' determinations of Medicaid eligibility impact midlife adult eligibility, we further stratified our analysis by state Medicaid expansion status.⁹

Midlife adults among all Medicaid enrollees

As summarized in table 2, 12 percent of all Medicaid enrollees nationally were midlife

TABLE 1
Medicaid Enrollee by Eligibility Category, 2019

Description	Medicaid Enrollees Ages 50–64		All Medicaid and CHIP Enrollees	
	%	Number of People	%	Number of People
Individuals with Disabilities	42%	4,672,000	11%	10,041,000
Medicaid Expansion Adults	45%	5,000,000	21%	19,959,000
Other Eligible Adults	12%	1,344,000	16%	15,145,000
Children and Seniors	0%	27,000	52%	48,769,000
Total Enrolled Population		11,043,000		93,914,000

Source: AARP and NORC at the University of Chicago analysis of T-MSIS enrollment data. Enrollment numbers are rounded to the nearest 1,000 and, as such, percentages may not equal 100.

TABLE 2
Comparative Enrollment of Midlife Adults in Medicaid

	Percent of Midlife Medicaid Enrollees	
	Among all Medicaid Enrollees	Among all Midlife Adults
Nationally	12%	18%
Expansion states	14%	22%
Nonexpansion states	9%	10%

Source: AARP and NORC at the University of Chicago analysis of T-MSIS enrollment data.

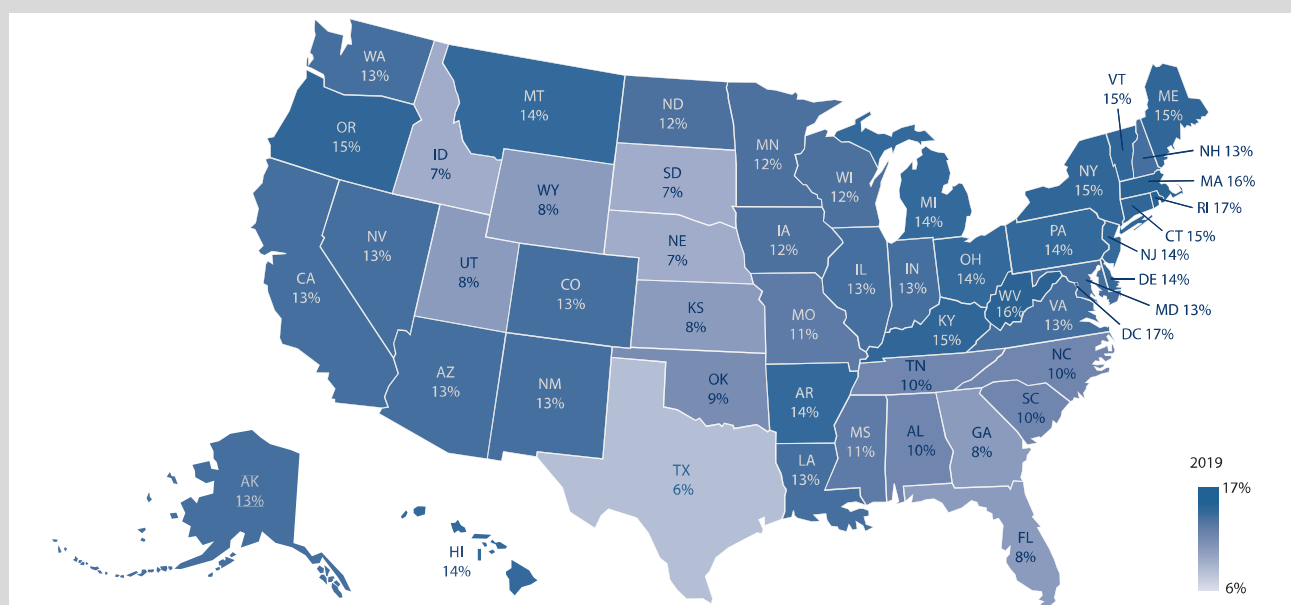
adults.¹⁰ Unsurprisingly, expansion states, which have adopted broader eligibility criteria, have a greater proportion of Medicaid enrollees who are midlife adults (14 percent) than nonexpansion states (9 percent).

The percentage of Medicaid enrollees who were midlife adults varies by state, ranging from 6 percent (Texas) to 17 percent (Rhode Island and District of Columbia) (figure 1). The 30 states with the highest enrollment percentages were all expansion states. Conversely, midlife adults made up less than 10 percent of Medicaid enrollees in

Expansion States in 2019
AK, AR, AZ, CA, CO, CT, DC, DE, HI, IA, IL, IN, KY, LA, MA, MD, MI, MN, MT, ND, NH, NJ, NM, NY, OH, OR, PA, RI, VA, VT, WA, WV

Nonexpansion States in 2019
AL, FL, GA, ID, KS, MO, MS, NC, NE, OK, SC, SD, TN, TX, UT, WI, WY

FIGURE 1
Midlife Adults as a Proportion of Medicaid Enrollees, 2019



Source: AARP and NORC at the University of Chicago analysis of T-MSIS enrollment data.

nonexpansion states. Regionally, we see a smaller proportion of midlife adults enrolled in Medicaid in the Southeast and Plains states compared with the Northeast and West Coast, which mirrors Medicaid enrollment differences between states that expanded Medicaid and those that did not.

Midlife Medicaid enrollees among all midlife adults

In 2019, 18 percent of all midlife adults had Medicaid coverage (table 2). However, the distribution of these individuals is uneven across the US. Our analysis indicates that, in expansion states, an average of 22 percent of midlife adults were Medicaid enrollees, whereas only 10 percent of this age group living in nonexpansion states were enrollees.

More granularly, the percentage of midlife adults enrolled in Medicaid in 2019 varied widely by state—from 5 percent (Wyoming) to 46 percent (District of Columbia) (figure 2). Seven of these states and the District of Columbia enrolled more than one-quarter of

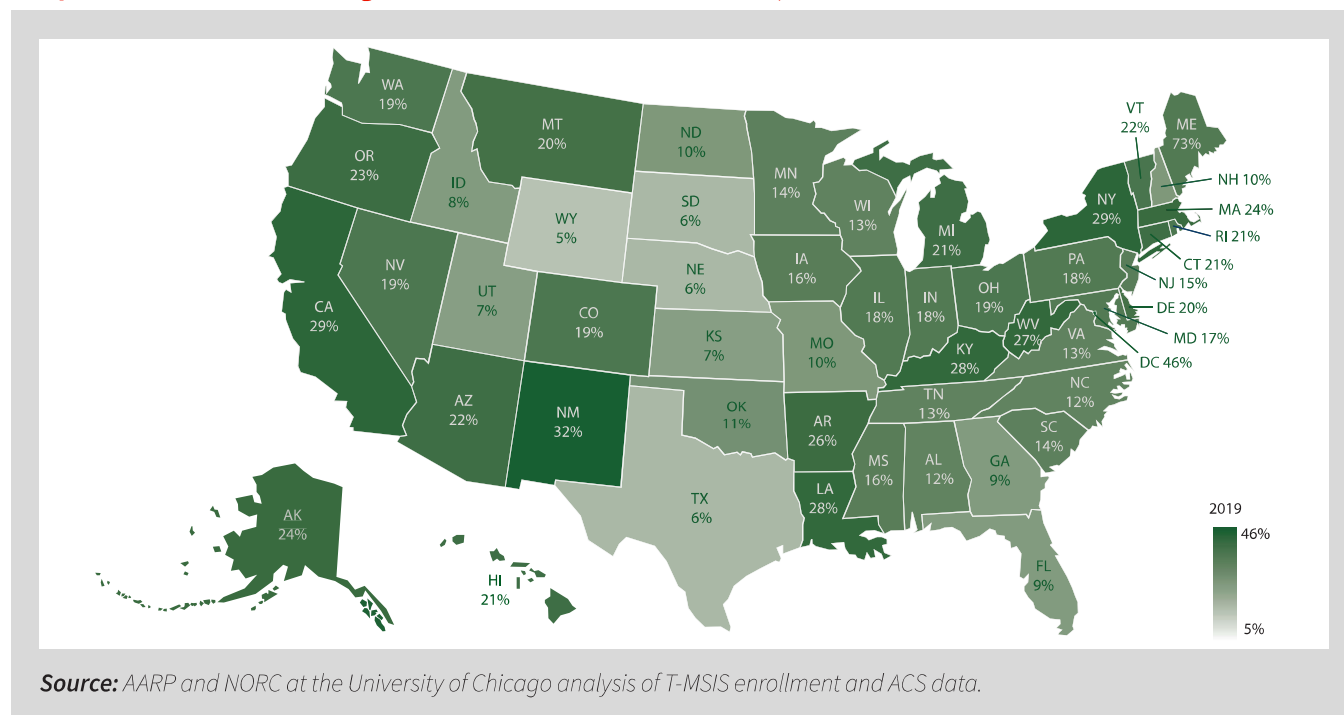
all midlife adult residents in Medicaid. Among nonexpansion states, more than half (nine) enrolled less than 10 percent of midlife adult residents.

Demographic characteristics of midlife Medicaid enrollees

Race and ethnicity

Notably, state reporting of race and ethnic data for Medicaid enrollees is incomplete, missing, or of poor quality for over one-fifth of midlife adult Medicaid enrollees. While additional investigation is needed to further validate the findings of this analysis, existing data show that, nationally, midlife adult Medicaid enrollees are slightly less diverse than the overall Medicaid population and slightly more diverse than the overall 50-to-64 population. According to our analysis of state-reported aggregated T-MSIS data, midlife white adults make up the largest segment of enrollees (44 percent), followed by Black adults (17 percent) and Hispanic adults (15 percent).¹¹ That is only slightly different

FIGURE 2
Proportion of Residents Ages 50–64 Enrolled in Medicaid, 2019



Source: AARP and NORC at the University of Chicago analysis of T-MSIS enrollment and ACS data.

TABLE 3
Demographics of Midlife Medicaid Enrollees Compared to Other Groups, as Percentages

	All Midlife Adults	Midlife Medicaid Enrollees	All Medicaid Enrollees	Midlife Medicaid Enrollees (Expansion states)	Midlife Medicaid Enrollees (Nonexpansion states)	
Race and Ethnicity	White	68	44	36	45	40
	Black	12	18	18	16	24
	Hispanic	13	14	21	15	9
	Asian	5	5	4	6	1
	American Indian	1	1	1	1	1
	Other**	1	1	1	2	<1
	Unknown		17	19	15	25
Gender	Female	51	53	55	53	55
	Male	49	47	45	47	45
Age			57		57	57
Geography	Urban	85	84	85	86	75
	Rural	15	16	15	14	25
Disability/Dual Enrollment*		27	27	14	22	49

* "Disability/dual enrollment" for most columns refers to dual enrollment in Medicare and Medicaid, which requires a qualifying disability except for the "all midlife adults" column, which refers to the percentage of adults ages 45–64 with any disability.

** "Other" is multiracial and Pacific Islander individuals.

Source: AARP and NORC at the University of Chicago analysis of T-MSIS enrollment and ACS data.

from the overall Medicaid population where white adults make up just over one-third of enrollees, and Hispanic adults make up the next largest segment of enrollees (21 percent), followed by Black adults (18 percent). Among the entire midlife adult population, white adults constitute a larger segment (68 percent), followed by smaller segments of Hispanic, Black, and Asian adults.

The racial and ethnic profile of midlife Medicaid enrollees looks similar in expansion and nonexpansion states. White individuals made up the majority of midlife enrollees (54 percent in both expansion and nonexpansion states), followed by Black adults (15 percent in expansion states vs. 20 percent in nonexpansion states), and Hispanic adults (8 percent in expansion states vs. 6 percent in

nonexpansion states). The higher enrollment rates for Black adults are likely due in part to a larger population of Black adults in nonexpansion states.

Gender and age

The midlife Medicaid population splits somewhat evenly along gender lines. Slightly more midlife women (53 percent) than men (47 percent) are enrolled in Medicaid. Data show that this gender split was consistent across expansion and nonexpansion states. Furthermore, the split in the midlife Medicaid population largely mirrors the overall midlife population—51 percent women and 49 percent men.

The average age of midlife Medicaid enrollees in 2019 was 58.2 years. This was consistent

nationwide. All states had averages between 57.7 and 58.6 years with no significant differences between expansion and nonexpansion states.

Geographic location

Although midlife Medicaid enrollees live in nearly every county in the US, the vast majority (84 percent) live in urban areas.¹² In 2019, 84 percent lived in densely populated areas, with 50 percent residing in metropolitan counties with greater than 1 million residents. In contrast, just 16 percent lived in rural areas.

The geographical distribution of midlife Medicaid enrollees aligns with the national distribution of midlife adults. In 2019, 85 percent of all midlife adults lived in metropolitan areas and 15 percent lived in rural areas. The distribution of midlife Medicaid enrollees in nonexpansion states, however, is more rural than the overall midlife Medicaid adult population. Fully one-quarter of this population is rural.

Disability

Midlife Medicaid enrollees who have received Supplemental Security Disability Insurance for 24 months or who have a certain disability can qualify for Medicare.¹³ Once enrolled in both Medicaid and Medicare, midlife Medicaid enrollees are considered dually eligible enrollees (“duals”). In 2019, 2.1 million midlife Americans ages 50 to 64 were dually enrolled, representing nearly a quarter (24 percent) of dual enrollees of all ages.

The proportion of midlife duals in 2019, relative to the midlife adult population, was small across all states, ranging from 2 (Utah) to 10 percent (Mississippi). Dual enrollment among this age group tended to be higher in states in the South, although two-thirds of all dually enrolled midlife adults (65 percent) lived in expansion states. Available county residency information confirms the concentration of midlife duals in the South as well as in Maine, New Mexico, and northern California (figure 3).

The proportion of midlife duals, relative to the midlife Medicaid population, varied

significantly from state to state (figure 4). In 2019, this proportion ranged from 14 percent (California) to 64 percent (Mississippi). At the low end of the range are states that expanded Medicaid and opened eligibility to all qualifying adults; at the high end are nonexpansion states, which have more limited eligibility criteria and fewer midlife Medicaid enrollees. The average proportion of dual enrollees among expansion states was 24 percent. Meanwhile, the average for nonexpansion states was 50 percent.

Because most midlife dual enrollees qualify for Medicare based on a disability, Figure 4 points to a concentration of disabled midlife Medicaid enrollees in nonexpansion states. Medicare fee-for-service health data confirm this portrait. Enrollees in nonexpansion states have at least a 4-percentage point higher prevalence of hypertension, chronic kidney disease, hyperlipidemia, arthritis, and ischemic heart disease compared with enrollees in expansion states.¹⁴

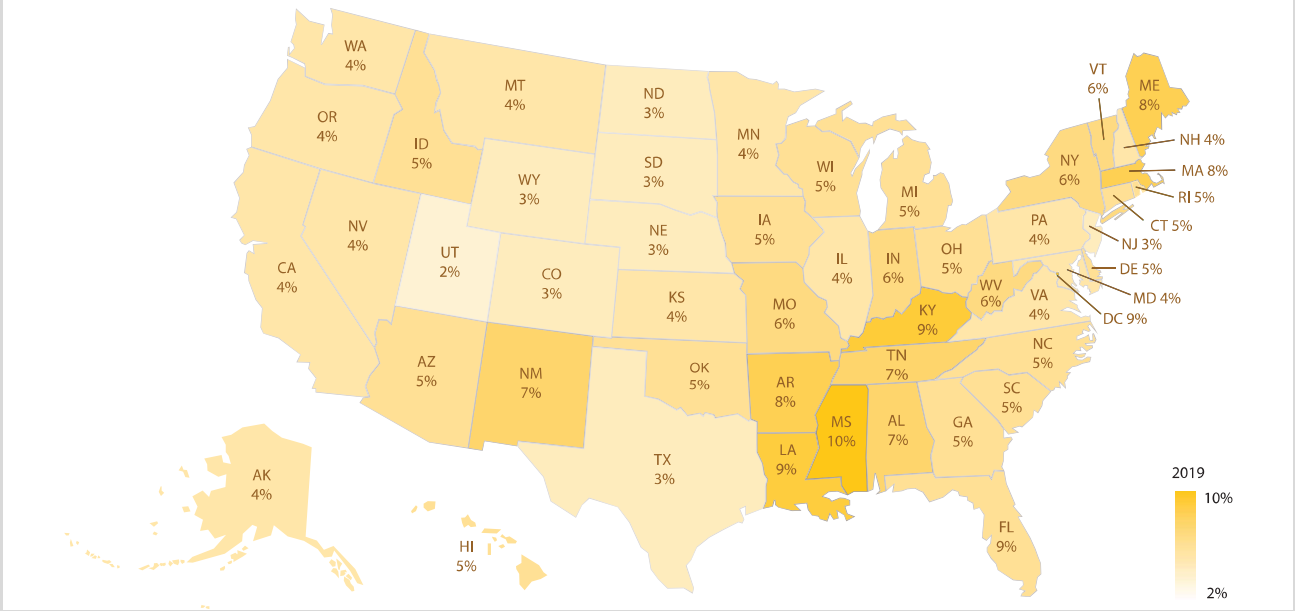
Conclusion

Nationally, the average midlife Medicaid enrollee is a 58-year-old white woman living in a metropolitan area. However, our analysis illustrates that this profile varies dramatically, depending on the state of residence and its Medicaid expansion status. For example, in California, the average midlife Medicaid enrollee is a 57-year-old urban-dwelling Hispanic woman, whereas in Mississippi, the average midlife Medicaid enrollee is a dually enrolled Black woman living in an urban area.

This *Fact Sheet* analyzes the most recent reliable Medicaid enrollment subpopulation data. However, Medicaid enrollment sharply increased across the US during the COVID-19 public health emergency (PHE) that began in 2020.¹⁵ Researchers estimate that 12.9 million adults enrolled in Medicaid during the PHE.¹⁶

The profile of midlife Medicaid enrollees has relevance in the spring of 2023. As the PHE expires on April 1, 2023, and its moratorium on Medicaid eligibility redeterminations draws

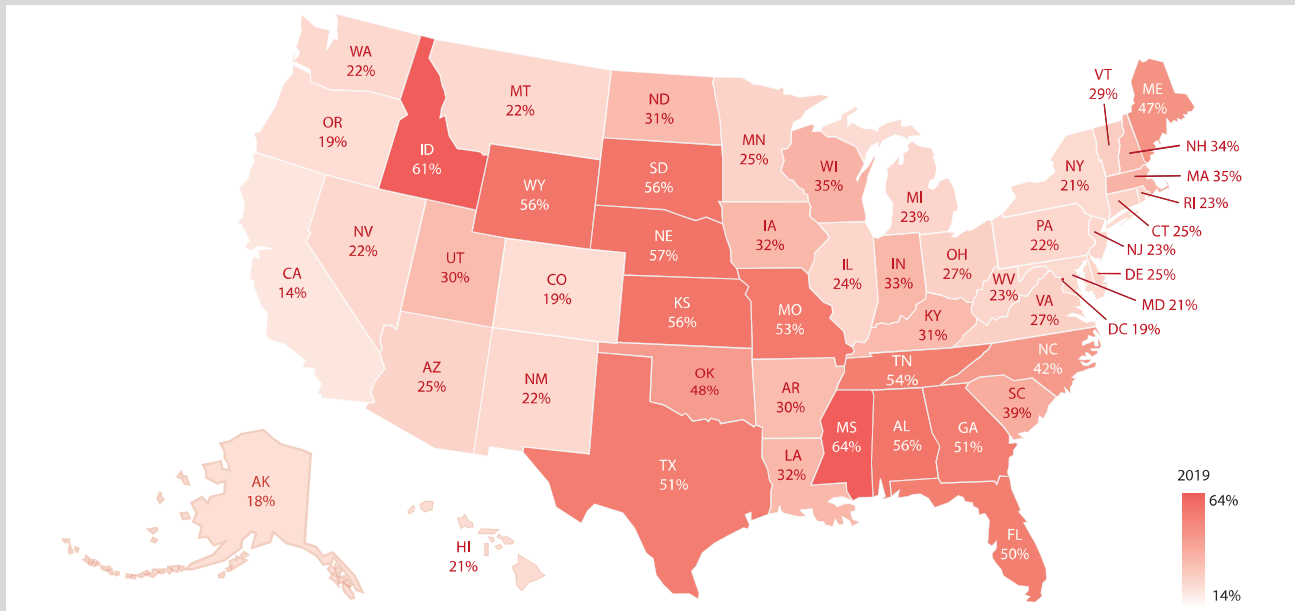
FIGURE 3
Proportion of Midlife Adults Dually Enrolled, 2019



NORC analysis of T-MSIS enrollment data

Source: AARP and NORC at the University of Chicago analysis of T-MSIS enrollment and ACS data..

FIGURE 4
Proportion of Midlife Medicaid Adults Dually Enrolled, 2019



Source: AARP and NORC at the University of Chicago analysis of T-MSIS enrollment and ACS data.

to a close, states will begin redetermining eligibility. Experts expect that significant numbers of enrollees will lose coverage.¹⁷ As the redetermination process unfolds, understanding the profile of midlife Medicaid enrollees in their state can help officials identify where the drop-off of midlife adults in Medicaid enrollment is likely to be more

significant. This, in turn, can inform efforts to retain eligible midlife adults in Medicaid beyond the PHE. Further, this can inform long-term efforts to enroll eligible midlife adults and help identify how certain policies can support the unique needs of midlife Medicaid enrollees.

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- 1 All figures in this *Fact Sheet*, unless otherwise noted, reflect AARP’s analysis of T-MSIS enrollment data and ACS geographic data as provided by NORC.
 - 2 “How Medicaid Work Requirements Will Harm Older Adults & Family Caregivers,” Justice in Aging, April 2018, <https://www.justiceinaging.org/wp-content/uploads/2018/04/How-Medicaid-Work-Requirements-Will-Harm-Older-Adults-Family-Caregivers.pdf>.
 - 3 Jamie Ryan and Melinda K. Abrams, “Medicaid Cuts Would Affect Older, Sicker Americans,” *To the Point* (blog), Commonwealth Fund, April 6, 2017, <https://doi.org/10.26099/zd6t-ej02>.
 - 4 T-MSIS data are state reported, and not all states submit data equally. The analyses in this *Fact Sheet* are based on available data.
 - 5 *National Federation of Independent Business (NFIB) v. Sebelius* effectively made Medicaid expansion a state decision. Under the ACA, if states chose to expand Medicaid, they received an enhanced Federal Medical Assistance Percentage (FMAP) for coverage of adults up to 138 percent of the federal poverty level. See “A Guide to the Supreme Court’s Decision on the ACA’s Medicaid Expansion,” Kaiser Family Foundation, August 2012, <https://www.kff.org/wp-content/uploads/2013/01/8347.pdf>.
 - 6 Categorical enrollment numbers may differ from other sources because of categorization. See “Medicaid Enrollees by Enrollment Group: 2019,” Kaiser Family Foundation, accessed March 1, 2023, <https://www.kff.org/medicaid/state-indicator/distribution-of-medicicaid-enrollees-by-enrollment-group/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.
 - 7 As of March 1, 2023, 39 states and the District of Columbia have expanded Medicaid. See “Status of State Medicaid Expansion Decisions: Interactive Map,” Kaiser Family Foundation, accessed March 1, 2023, <https://www.kff.org/medicaid/issue-brief/status-of-state-medicicaid-expansion-decisions-interactive-map/>.
 - 8 “Medicaid Enrollment Changes Following the ACA,” MACPAC, accessed March 1, 2023, <https://www.macpac.gov/subtopic/medicaid-enrollment-changes-following-the-aca/>.
 - 9 This *Fact Sheet* considers expansion states as those states that implemented expansion before January 1, 2019. Included in this group are 33 states and the District of Columbia. Seventeen states had not implemented Medicaid before January 1, 2019, including Idaho and Utah, which passed Medicaid expansion in 2019.
 - 10 The proportion of Medicaid midlife enrollees of all Medicaid enrollees has remained consistent over the past decade. In 2013, 12 percent of Medicaid enrollees were ages 45 to 64. See “Medicaid Charts,” Chronic Conditions Warehouse, accessed March 1, 2023, <https://www2.ccwdata.org/web/guest/medicaid-charts>.
 - 11 T-MSIS race and ethnicity data are subject to state reporting, and the quality of state data is varied. In 2019, race and ethnicity data were missing for 1.7 million midlife Medicaid enrollees, which is 15 percent of all midlife Medicaid enrollees. More than two-thirds of states provided race and ethnicity data for more than 80 percent of midlife Medicaid enrollees. However, a handful of states provided limited or no data.
 - 12 We derived our estimates of rural and urban midlife Medicaid enrollees from pairing ACS data with the most recent (2013) US Department of Agriculture (USDA) Rural-Urban Continuum Codes (RUCC). The USDA has nine RUCC. We considered any individual living in a county with a RUCC of 1, 2 or 3 (counties with more than 1 million residents, between 250,000 and 1 million residents, and fewer than 250,000 residents, respectively) as urban and anyone living in a county with a RUCC between 4 and 9 as rural.
 - 13 To qualify for Medicare before age 65 due to a disability, a person must have received Social Security Disability Insurance for 24 months, have end-stage renal disease, or have amyotrophic lateral sclerosis (ALS). For more about eligible populations, see “Dually Eligible Beneficiaries,” MACPAC, accessed March 1, 2023, <https://www.macpac.gov/topics/dually-eligible-beneficiaries/>.
 - 14 NORC at the University of Chicago analysis of Medicare enrollment and chronic condition data.

- 15 Rachel Dolan et al., “Medicaid Maintenance of Eligibility (MOE) Requirements: Issues to Watch,” Kaiser Family Foundation, December 17, 2020, <https://www.kff.org/medicaid/issue-brief/medicaid-maintenance-of-eligibility-moe-requirements-issues-to-watch/>.
- 16 This figure is based on the Kaiser Family Foundation’s estimate that Medicaid enrollment will increase by 22.2 million individuals because of the PHE and that 58 percent of these individuals are 18 years or older. Elizabeth Williams, Robin Rudowitz, and Bradley Corallo, “Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends,” Kaiser Family Foundation, May 10, 2022, <https://www.kff.org/medicaid/issue-brief/fiscal-and-enrollment-implications-of-medicaid-continuous-coverage-requirement-during-and-after-the-phe-ends/>.
- 17 Ibid. See also Matthew Buettgens and Andrew Green, “What Will Happen to Unprecedented High Medicaid Enrollment after the Public Health Emergency?,” Urban Institute, September 2021, https://www.urban.org/sites/default/files/publication/104785/what-will-happen-to-unprecedented-high-medicaid-enrollment-after-the-public-health-emergency_0.pdf.

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