

Affordability of Health Care for

Medicare Beneficiaries Under Age 65

The Commonwealth Fund 2023 Health Care Affordability Survey¹ asked a nationally representative sample of working-age U.S. adults (ages 19–64) about their ability to afford health insurance and health care and about the impact that health costs have on their household budget. This fact sheet presents results for the 379 respondents who were insured for the full year and had Medicare coverage at the time of the survey.

About one in seven people with Medicare are under age 65 and qualify for the program because of serious disabilities, end-stage renal disease, or amyotrophic lateral sclerosis.² They are among the poorest and sickest people interviewed for the survey. Because of their low incomes and few assets, about half of adults under age 65 with Medicare were dually eligible for Medicaid in 2019.³ Affordability problems stem from higher spending because of poor health or disability, cost sharing, uncovered services, and the complexity of some program benefits, which can make them difficult to use. Among survey respondents under 65 with Medicare:

Policy Options for Making Health Care More Affordable

The federal government could:

- Increase awareness of, and assist people with enrollment in, the Medicare Savings and Part D Low-Income Subsidy programs, which help beneficiaries pay premiums and out-of-pocket costs for health care and prescription drugs.
- Improve coordination of benefits between Medicare and Medicaid for people dually eligible for both programs.
- Help beneficiaries with disabilities enrolled in a Medicare Advantage plan understand how to effectively use the supplemental benefits available through these plans.
- Protect consumers from financial ruin caused by medical debt.

51%

said it was **very or somewhat difficult** to afford their health care.

42%

said they or a family member had delayed or skipped needed health care or prescription drugs in the past 12 months because **they couldn't afford the cost.**

63% of people who reported delaying or forgoing care because of cost said **a health problem got worse as a result.**

42%

said health care costs had made it **harder to afford food.**



33%

were **paying off debt** from medical or dental care.

32% of people with medical debt said it had led them or a family member **to delay or avoid getting needed health care or filling prescriptions.**

43%

said their health costs had made it harder for them to pay for **common household expenses like electric or heating bills.**



58%

spent **10 percent or more of their monthly household budget** on health care.

23% spent 25 percent or more.

1. Sara R. Collins, Shreya Roy, and Relebohile Masitha, *Paying for It: How Health Care Costs and Medical Debt Are Making Americans Sicker and Poorer* (Commonwealth Fund, Oct. 2023).

2. Centers for Medicare and Medicaid Services, *Medicare Beneficiaries at a Glance* (CMS, 2021).

3. Medicare-Medicaid Coordination Office, *Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 Through 2019* (Centers for Medicare and Medicaid Services, Nov. 2020).



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