

# Proposed changes to Medicare, Medicaid could cost thousands of lives, study finds

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Proposed changes to the United States' Medicare and Medicaid programs could lead to thousands of additional deaths each year, a new Yale study reveals. The [study was published](#) April 22 in the *Proceedings of the National Academy of Sciences*.

Recent proposals to reduce program costs include a recommendation to raise the eligibility age for Medicare from 65 to 67—put forward by a 2022 report from the House of Representatives' Republican Study Committee—and a proposed work requirement for Medicaid coverage—a recurring Congressional consideration during federal budget negotiations.

While neither of those have yet been adopted, one major change to Medicaid is already underway: A provision authorized at the start of the COVID-19 pandemic that required states to keep existing Medicaid recipients enrolled in the program expired last year. Since then, states have begun disenrolling Medicaid recipients who no longer qualify or are unable to complete the renewal process.

Such changes will drive up the number of uninsured people in the U.S., said Alison Galvani, the Burnett and Stender Families Professor of Epidemiology (Microbial Diseases) at Yale School of Public Health (YSPH) and senior author of the study.

That, she said, will have significant ramifications on individual and [public health](#).

"Without insurance people might forgo health care when they need it or ration prescription medications," said Galvani, who is also director of the Center for Infectious Disease Modeling and Analysis at YSPH. "That can cause a condition to become both more serious and ultimately more

costly. In the case of infectious diseases, forgoing health care can lead to transmission to other people that may have been prevented."

Medicare is a federal health insurance program that currently provides coverage for people aged 65 and older. While Medicaid eligibility varies by state, it provides health insurance for individuals with limited income. Together, these programs covered over 160 million people in 2023.

For the new study, the researchers calculated how raising the Medicare eligibility age would affect uninsurance rates. Taking into account the increased risk of death that comes with being uninsured in the United States, they estimated that 9,646 additional lives would be lost each year if the Medicare age is increased.

The Congressional Budget Office has assessed two strategies for raising the eligibility age over time—by two months or three months each year until the eligibility age reaches 67—reporting how each approach would affect uninsurance rates. According to the new study, the approaches would result in an additional 17,244 deaths or 25,847 deaths, respectively, during the transition.

"The elderly are those who need health care the most and any delay to receiving health care at 65 will have a disproportionate impact on lives lost," said Galvani.

A separate proposal to institute work requirements for Medicaid recipients, meanwhile, would lead to an additional 613 deaths per year among U.S. adults, the researchers report.

Further, the ending of continuous Medicaid enrollment in 2023 could lead to 7,900 additional deaths each year.

Losing health insurance would also affect individuals' health, beyond

risk of death, particularly those with chronic illnesses like diabetes and heart disease that require consistent care. To assess these potential repercussions, the researchers specifically evaluated the effect proposed policy changes would have on people with diabetes.

They found 456,966 people with diabetes under the age of 65 could lose access to health care following the end of continuous Medicaid enrollment and 325,613 seniors would lose care if the Medicare age were raised. Many of these individuals would also be dependent on insulin and losing [health insurance](#) would exacerbate the already pervasive problem of insulin affordability in the U.S, the researchers said.

"And these changes would have effects that ripple throughout the health care system and society, shifting costs from the federal government to state governments and employers," said Galvani. "Working in the field of public health, it can be frustrating to see policymakers propose strategies that ignore evidence-based solutions capable of saving lives, booting prosperity, and reducing [health care costs](#)."

The findings, researchers say, should be considered by policymakers alongside alternative health care models.

In a [previous study](#), Galvani and her colleagues found that a single-payer universal health care model would save more than 68,000 lives and \$450 billion annually, while the current proposal to raise the Medicare eligibility age would save a maximum of \$25.5 billion across five years and cost thousands of lives.

"It's disheartening to see people in positions of power who have access to all of this information argue that retractions in health care are for the benefit of the country," she said. "If policymakers want to save lives and costs, our analyses have shown single-payer universal health care is the

solution."

**More information:** Abhishek Pandey et al, Mortality and morbidity ramifications of proposed retractions in healthcare coverage for the United States, *Proceedings of the National Academy of Sciences* (2024). DOI: [10.1073/pnas.2321494121](https://doi.org/10.1073/pnas.2321494121)

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