Affordability of Health Care for People with

Medicaid

The Commonwealth Fund 2023 Health Care Affordability Survey[1] 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 837 respondents who were insured for the full year and had Medicaid coverage at the time of the survey.

An estimated 76 million people under age 65 have Medicaid in 2023, a little less than half of whom are children.[2] Medicaid enrollees' difficulties affording health care stem from patient cost sharing, which can be high for those with very low income, as well as from uncovered services like dental and vision, costs incurred prior to becoming eligible for coverage, high spending by people with disabilities or health problems, and the complexity of Medicaid benefits, which can make them difficult to use. Among survey respondents with Medicaid:

45% said it was **very or somewhat difficult to afford their health care.**

39% 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.**

60% of people who reported delaying or forgoing care because of cost said **a health problem got worse as a result.**

39% said health care costs had made it **harder to afford food.**

21% were **paying off debt** from medical or dental care.

31% 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**.

40% said their health costs had made it harder for them to pay for **common household expenses like electric or heating bills**.

47% spent **10 percent or more of their monthly household budget** on health care.

16% spent 25 percent or more.

Policy Options for Making Health Care More Affordable

States and the federal government could:

- Eliminate or limit cost sharing for high-value services.

- Ensure full Medicaid coverage through three-month retroactive eligibility to reduce uncovered medical costs.

- Expand the scope of Medicaid coverage by adding dental, vision, and other currently optional services.

- Broaden Medicaid managed care networks to increase access to providers and prevent uncovered costs.

- Increase the amount of personal income protected for people using long-term care services and supports to pay for their living expenses.

- Shorten the medically needy spend-down period to help lower costs for people with serious health problems.

- Protect consumers from financial ruin caused by medical debt.

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. Caroline Hanson et al., "Health Insurance for People Younger Than Age 65: Expiration of Temporary Policies Projected to Reshuffle Coverage, 2023–33," *Health Affairs* 42, no. 6 (June 2023): 742–52.

The Commonwealth Fund