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# Unaffordable medical costs are widening the US rich/poor mortality gap: research

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This month, headlines carried [sobering findings](#) that health care costs are crowding out [Americans'](#) capacity to pay for life necessities including food, heat bills, and transportation -- particularly for low- and middle-income people.

These findings reflect a deeper, more disturbing, pattern. Emerging research reveals that the nation's expensive and unequitable health care system may be shortening the lives of millions whom it leaves uninsured, [priced out](#), and stressed out.

[Unaffordable medical care](#) and lack of health insurance, it turns out, are significant factors in a widening mortality gap between rich and poor Americans.

Researchers are probing how health policy influences how long people live. Last year, a University of Chicago [study](#) estimated that 5–20% of the mortality gap between low- and high-income Americans can be attributed to differences in health insurance coverage. Among the findings was that Medicaid expansions increased enrollment by 12 percentage points and reduced mortality by 2.5% among low-income adults, saving roughly 27,400 lives.

In 2021, the Congressional Research Service (CRS) [analyzed](#) a substantial research base showing that the gap in life expectancy by socio-economic status has grown in recent decades. One major study found “the gap in life expectancy at age 50 between men in the lowest and highest income quintiles

has risen from 5.1 years for the 1930 cohort to 12.7 years for the 1960 cohort.” Diverging mortality resulted primarily from longevity gains among top-income men, but also from a small decline among men in the bottom quintile.

The CRS study confirmed research that was central to my 2020 Society of Actuaries (SOA) [paper](#) (with a similar title), which concluded that raising the Social Security age would reduce lifetime benefits to a much greater degree for low earners than for high earners.

Evidence of a tight relationship between income and life span continued to pile up. Last year, Democrats on the Senate Energy & Commerce Committee issued a report titled [“Working-Class Americans Can Expect to Die at Least 7 Years Earlier than the Wealthy.”](#) The report found: “Among rural counties, a \$10,000 increase in median annual household income is associated with an additional 2.6 years of life expectancy. Among lower- and lower-middle income populations in urban and suburban counties, the same income increase is associated with a 2.1-year gain in life expectancy.” More money translates into more life.

A recent [paper](#) in the Annual Review of Public Health discusses several studies providing “credible evidence” that health insurance coverage reduces mortality. “The effects, which tend to be strongest for adults in middle age or older and for children, are generally evident shortly after coverage gains and grow over time. The evidence now unequivocally supports the conclusion that health insurance improves health,” it concluded.

More taxpayers at the bottom of the economic pyramid are dying before being eligible to collect Social Security and Medicare benefits. A [report](#) released last year by the National Council on Aging calculated that “those in the bottom 20% of wealth died on average nine years earlier than those in the top 20%.” Analyzing data from 2018 to 2022, researchers found mortality rates among older adults in the bottom 60% of wealth were nearly double those of older adults in the top 20%.

Work by Harvard and Brown University researchers is challenging the fairness of “universal” Medicare coverage. Published in [JAMA](#), it spotlights that a growing, and disproportionate, number of disadvantaged Americans are dying before age 65 against a backdrop of ebbing national life expectancy. “In 2022, the mean life expectancy in the US was 77.5 years, down from 78.9 years in 2014, partly due to rising mortality among working-age adults and widening disparities across racial and socioeconomic groups. As health declines begin earlier—especially for Black individuals—a growing number may not reach Medicare eligibility,” according to the study.

Focusing primarily on racial differences, the researchers found [black adults](#) had a 38% increase in premature deaths over the decade, compared with a 28% rise among white Americans. Mortality rates worsened in every state. States with the highest premature mortality -- West Virginia, New Mexico, and Mississippi -- rank among the poorest in the country.

While it’s too early to declare exactly how much lack of medical care and financing shortens lives, the subject certainly deserves further research.

National [policy changes](#) will soon make health care less accessible.

Congress and the Trump Administration have cut Medicaid spending and opted not to continue Biden-era ACA health [exchange subsidies](#) – decisions that will result in millions of people losing health coverage. How many of “them” will live shorter lives? Or is it “us” that we’re talking about?

More people soon may come to understand they might end up on the short end of stick. What the American oligarchy and political class now shroud in discussions about “affordability” could soon harden into national anxiety over which of us have the means to live into old age.

Karl Polzer is founder of the [Center on Capital & Social Equity](#), which explores inequality and advocates for the ‘bottom 50%’.

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