

about their health insurance and health care. This session explores how adults age 50-64 are navigating these choices following implementation of the Affordable Care Act (ACA), presenting data from two nationally representative surveys: The University of Michigan's National Poll on Healthy Aging (NPHA) and the Health and Retirement Study (HRS). Erica Solway, Associate Director of the NPHA, will begin by presenting background information about the NPHA and an overview of critical health policy issues for adults age 50-64. Jamie Luster, Research Area Specialist at the University of Michigan, will then provide NPHA findings linking concerns about health insurance affordability with delayed/forgone health care. Next, Aaron Scherer, Associate of Internal Medicine at the University of Iowa Carver College of Medicine, will discuss NPHA findings on factors associated with adults' concern about affordability of health insurance in retirement but before Medicare eligibility begins at age 65. Finally, Renuka Tipirneni, Assistant Professor of Internal Medicine at the University of Michigan, will present findings based on the HRS on changes in health care utilization for adults age 55-64 since implementation of the ACA's Medicaid expansion. To conclude, Erica Solway will discuss current federal health care policy proposals for adults age 50-64, including the recent introduction of the Medicare at 50 bill, and how the perspectives and experiences of adults in this age group can help inform those policies.

CONFIDENCE IN HEALTH INSURANCE AFFORDABILITY AND DELAYED OR FORGONE HEALTH CARE AMONG ADULTS APPROACHING RETIREMENT

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Recent challenges to the ACA may add uncertainties to decision-making about health insurance. We sought to determine if health insurance affordability concerns were associated with delayed/forgone health care among adults approaching retirement age. In October 2018, the NPHA conducted an online survey of US adults age 50-64. 45% of respondents had little/no confidence in ability to afford health insurance when they retire, and 27% little/no confidence in this over the next year. In the past year, 13% had not gotten medical care and 12% had not filled a prescription because of cost concerns. Controlling for demographic and health characteristics, having little/no confidence in health insurance affordability in retirement/within the next year was associated with delaying/forgoing health care (aOR 2.80, p<0.001). Despite the ACA's coverage expansions and consumer protections, these findings suggest adults worry about the affordability of health insurance in retirement and may avoid needed health care for that reason.

HEALTH INSURANCE LITERACY, HEALTH STATUS, AND CONCERNS ABOUT AFFORDABILITY OF HEALTH INSURANCE NEAR RETIREMENT

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Results from the NPHA highlight the link between health insurance affordability concerns and delaying/forgoing health care near retirement. We sought to determine factors associated with health insurance affordability concerns for US adults age 50-64. We regressed little/no confidence in health insurance affordability in retirement/within the next year on health insurance literacy, age, gender, race/ethnicity, income, employment, education, and health status. Factors associated with greater health insurance affordability concerns included lower health insurance literacy—measured via confidence knowing health insurance terms (aOR=1.78, p=0.035), identifying covered services (aOR=1.81, p=0.038), and finding out service costs (aOR=2.69, p<0.001)—female gender (aOR=1.73, p=0.001), and fair/poor health (aOR=1.88, p=0.020). Factors associated with fewer health insurance affordability concerns included African-American race (aOR=0.55, p=0.038) and higher income (aOR=0.34, p<0.001). These results suggest that it may be possible to reduce health insurance affordability concerns and delayed/forgone care by improving adults' confidence in understanding and using health insurance.

CHANGES IN HEALTH CARE UTILIZATION FOR LOW-SES ADULTS NEAR RETIREMENT AFTER THE ACA MEDICAID EXPANSION

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Low-SES Americans approaching retirement are experiencing rising morbidity and mortality. We examined longitudinal changes in health care access, utilization, and health for low-SES adults age 55-64 before (2010-2012) and after (2014-2016) ACA Medicaid expansion using the HRS. With a longitudinal difference-in-differences (DID) approach adjusting for demographics and the complex survey design, we found that low-SES adults age 55-64 had increased rates of Medicaid coverage (+10.7 percentage points [pp] in expansion states, +3.4 pp in non-expansion states, DID +7.3 pp) and increased likelihood of hospitalizations (+9.9 pp in expansion states, -1.2 pp in non-expansion states, DID +11.1 pp) in Medicaid expansion compared with non-expansion states. There were no other significant differences in access, utilization or health trends between expansion and non-expansion states. After Medicaid expansion, low-SES adults age 55-64 were more likely to be hospitalized, suggesting poorer baseline access to chronic disease management and associated pent-up demand for health care services.