

Fact Sheet

Medical Debt Among Midlife Adults: *Who Owes and How Much*

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Having medical debt—that is, owing money for your own or a family member’s health care bills—is common for many adults ages 50 to 64, hereafter referred to as midlife adults. Even though the vast majority of adults in this age group have health insurance—most often through an employer—millions of midlife adults still face unpaid medical bills resulting from routine medical care or from a health emergency requiring immediate medical attention. In addition to placing a substantial financial burden on many individuals and limiting access to financial services, medical debt can negatively affect both physical and mental health.¹

Despite the various factors that put midlife adults at high risk for accruing medical debt, including high rates of chronic illness and associated large medical bills, little of the research on medical debt has focused on midlife adults.² This *Fact Sheet* takes a first step toward better understanding medical debt in midlife. After examining the prevalence of medical debt among adults ages 50 to 64 and how it has changed over time, the report highlights key characteristics of people in this age group with medical debt, how much they owe and, for what types of services.

This analysis is based primarily on nationally representative data from the US Census Bureau’s 2024 Survey of Income and Program Participation (SIPP).³ The 2024 SIPP, which is the most recent available SIPP data at the time of publication, collected information on respondents’ medical debt in 2023. The survey defines medical debt as any medical bills not paid in full or that are being paid off over time. This is current debt owed and does not include unsecured credit card debt or unpaid bills unrelated to medical expenses. All reported estimates of subgroup differences in proportions are statistically significant at the 95 percent confidence level.

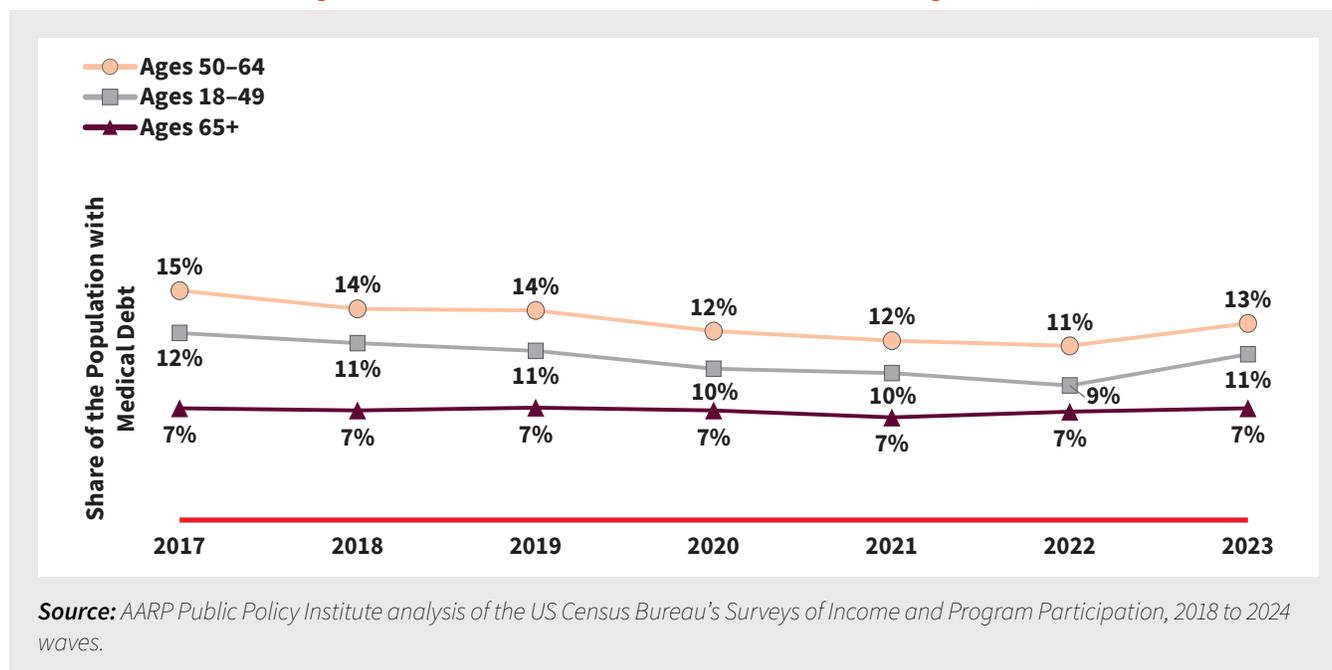
Prevalence of medical debt in midlife

In 2023, 8 million people ages 50 to 64, or about one in eight midlife adults (13 percent), had unpaid medical bills (figure 1). Midlife adults had the highest prevalence of medical debt among all age categories. The share of midlife adults with unpaid medical bills was almost twice as high as among adults

Key Takeaways

- ✓ In 2023, 8 million people ages 50 to 64—or about one in eight in this age group—had medical debt.
- ✓ Between 2017 and 2023, midlife adults were more likely to have medical debt than those in other age groups.
- ✓ The share of midlife adults with medical debt decreased between 2017 and 2023, likely due to increased rates of insurance coverage as the Affordable Care Act was implemented.
- ✓ Midlife adults with medical debt are more likely to identify as non-Hispanic Black, have lower incomes, live in rural areas, and live in the South.
- ✓ Over half of all midlife adults with medical debt owed at least \$2,000 in unpaid medical bills and one in four owed at least \$5,000 in 2023.
- ✓ Midlife adults with medical debt frequently cite unpaid medical bills from doctor visits or diagnostic tests as key sources of unpaid medical bills.

FIGURE 1
Midlife Adults Had a Higher Prevalence of Medical Debt Than Other Age Groups (2017–2023)



ages 65 and older (7 percent) and slightly larger than among adults ages 18 to 49 (11 percent).

Since 2017, the share of midlife adults with medical debt has remained relatively high compared to other age groups, while generally declining overall. The share of midlife adults with medical debt was 15 percent in 2017 and then reached a low of 11 percent in 2022, before ticking up to 13 percent in 2023 (figure 1). This long-term decline is likely attributable, at least in part, to recent Medicaid expansion in several states.⁴ The share of adults ages 65 and older with medical debt remained steady throughout the period, likely due to financial protections provided by Medicare.

Characteristics of midlife adults with medical debt

Compared to midlife adults without medical debt, midlife adults with medical debt tend to share certain characteristics (table 1). With respect to race and ethnicity, the share of midlife adults who identify as non-Hispanic Black is greater than among midlife adults without medical debt (19 percent compared

to 11 percent among midlife adults without medical debt).

There are also important differences in where midlife adults with and without medical debt live. A greater share of people ages 50 to 64 with medical debt live in rural areas (21 percent versus 14 percent among those without medical debt) and in southern states (47 percent versus 39 percent among those without medical debt).

Many midlife adults with medical debt have low to moderate incomes. In 2023, one in ten adults ages 50 to 64 with medical debt lived in households with incomes below 100 percent of the federal poverty line (FPL) (\$24,230), and one in four had incomes below 200 percent of the FPL (\$48,460).⁵ Compared to midlife adults without medical debt, a greater share of midlife adults who had medical debt (58 percent compared to 43 percent among those without medical debt) had incomes below 400 percent of the FPL (\$96,920).

Notably, having health insurance does not prevent midlife adults from accruing medical debt. Although health insurance provides

TABLE 1
Profile of Midlife Adults With and Without Medical Debt in 2023

Demographic		Distribution of People Ages 50–64	
		With medical debt	Without medical debt
Race and Ethnicity	Hispanic	15%	16%
	Non-Hispanic white	62%	64%
	Non-Hispanic Black	19%	11%
	Non-Hispanic Asian	2%	7%
	Other*	2%	2%
Urban/Rural	Rural	21%	14%
	Urban	79%	86%
Region	Northeast	15%	17%
	Midwest	23%	21%
	South	47%	39%
	West	15%	24%
Income (FPL)	<100% of FPL	10%	8%
	100%–199% of FPL	16%	12%
	200%–399% of FPL	32%	23%
	≥400% of FPL	42%	57%
Health Insurance Coverage	Employer-sponsored	56%	66%
	Other private insurance	14%	10%
	Medicaid	14%	7%
	Medicare	8%	10%
	Uninsured	8%	8%

Source: AARP Public Policy Institute analysis of the US Census Bureau’s 2024 Survey of Income and Program Participation. Differences in the distribution of characteristics for people with and without medical debt were significant at the 95 percent confidence level.

* The “Other” category includes American Indian or Alaska Native alone; Native Hawaiian or other Pacific Islander alone; and persons reporting two or more races.

FPL = federal poverty level

some protection against many health care costs, individuals may still incur burdensome out-of-pocket costs. This is particularly true for people with chronic conditions, those who have a major medical emergency, those with a high-deductible health plan, or those who need services that are not covered by insurance.⁶ In 2023, more than two-thirds (70 percent) of midlife adults with medical debt had private insurance coverage obtained through an employer or purchased in the individual (nongroup) market.

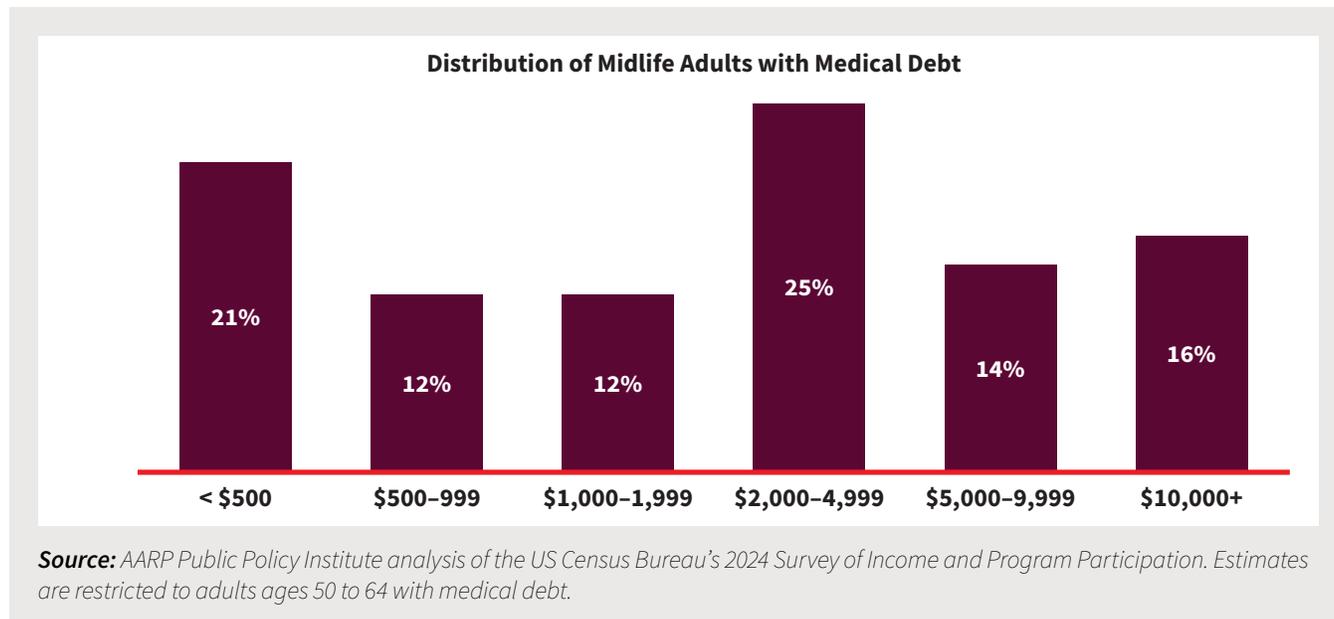
How much midlife adults with medical debt owe

The level of unpaid medical bills varies widely among midlife adults, with just over one-fifth (21 percent) owing less than \$500 and 16 percent owing \$10,000 or more (figure 2). Notably, over half (55 percent) of midlife adults with medical debt owe at least \$2,000, a level that creates a significant financial burden for low- to moderate-income individuals.

The share of midlife adults with high amounts of medical debt is greater than other age

FIGURE 2

More Than Half of Midlife Adults with Medical Debt Owed at Least \$2,000 in Unpaid Medical Bills in 2023



groups. Looking at debt over \$5,000, in 2023, 30 percent of midlife adults with medical debt owed \$5,000 or more, compared to 19 percent of adults ages 18 to 49 and 23 percent of adults ages 65 and older (figure 3).

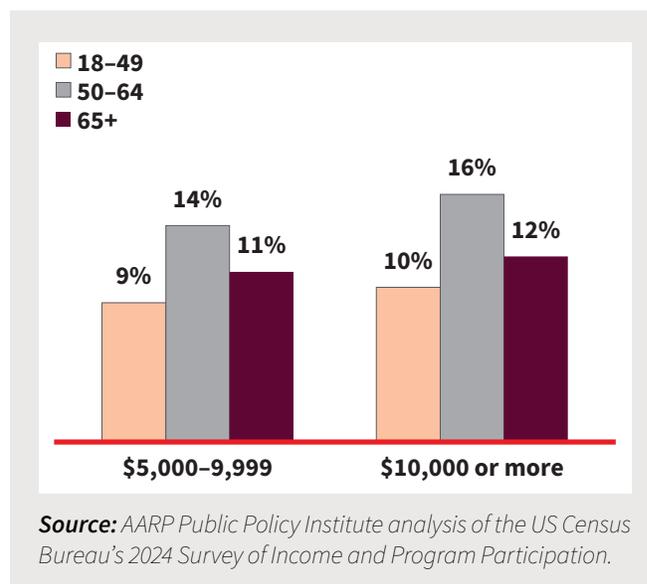
Sources of midlife adults' medical debt

Midlife adults most often incur medical debt from a few types of health care services, which are more routine (figure 4). In a 2022 survey, midlife adults most frequently reported the following three service types as contributing to their medical debt: lab fees or diagnostic tests (58 percent), doctor visits (55 percent), and dental care (48 percent).⁷

It is notable that despite the high cost of outpatient surgery and inpatient hospitalization, midlife adults less frequently reported these services as the source of their medical debt.⁸ Thirty-three percent of midlife adults identified outpatient surgery as a source of their medical debt and 31 percent cited hospitalization as a source. Research has consistently shown that inpatient care is a major source of medical debt across all age groups; however, respondents may not be identifying hospitalizations or outpatient surgery as

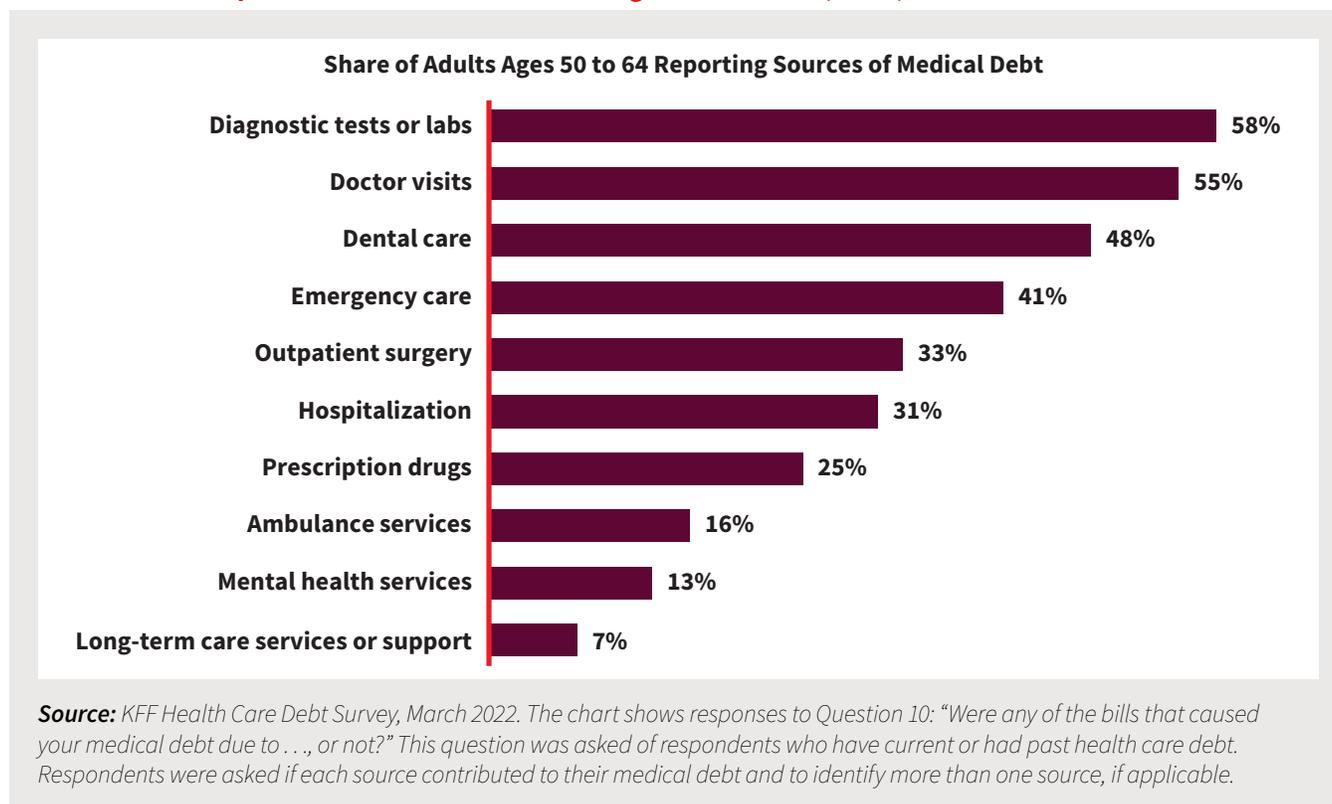
FIGURE 3

A Greater Share of Midlife Adults with Medical Debt Have High Dollar Debt, Compared to Other Age Groups in 2023



important drivers of medical debt because relatively few people utilize these services and may reflect less frequent utilization or greater insurance coverage of these services among midlife adults particularly.^{9,10}

FIGURE 4
Midlife Adults Report Medical Debt from a Range of Services (2022)



Addressing the problem of medical debt in midlife

Policymakers have begun to address the problem of medical debt. Recent public policies intended to curb high health care costs have the potential to help people with medical debt, including midlife adults. At the state level, where most policy reform on medical debt has occurred, new laws to limit interest rates placed on medical debt, remove medical debt from credit reports, and enforce financial assistance programs have begun to prevent medical debt and mitigate its negative effects.¹¹ At the federal level, a rule finalized in January 2025 by the Consumer Financial Protection Bureau would have removed medical debt of all amounts from consumer credit reports, going beyond the voluntary changes made

by major credit rating agencies in 2023.¹² However, a federal court vacated the rule six months later. While this rule would not have affected levels of medical debt, it would have reduced the negative consequences for people who incur it.

A better understanding of medical debt among midlife adults can help inform future policy solutions to reduce its burden on all Americans. Policies could prevent medical debt from accruing in the first place, minimize the amount of debt midlife adults accumulate over time, and help mitigate the negative impacts of existing medical debt already owed. A forthcoming AARP report will examine how state policies can directly address medical debt owed by midlife adults.

- 1 “Health Care Debt Often Forces Difficult Choices,” AARP Research, June 2025, <https://www.aarp.org/content/dam/aarp/research/topics/health/coverage-access/health-care-affordability-midlife-adults-debt-financial-instability.doi.10.26419-2fres.00876.005.pdf>.
- 2 James McSpadden and Jane Sung, “The Burden of High Health Care Costs for Midlife Adults with Private Insurance,” AARP Public Policy Institute, September 2024, <https://www.aarp.org/content/dam/aarp/ppi/topics/health/coverage-access/burden-high-health-care-costs-midlife-adults-with-private-insurance.doi.10.26419-2fppi.00338.001.pdf>.
- 3 The trend analysis relies on data from seven waves of the SIPP (2018 SIPP–2024 SIPP), which collected information on respondents’ unpaid medical bills during the 2017–2023 calendar years.
- 4 Seven states implemented Medicaid expansion between 2017 and 2022. See “Status of State Medicaid Expansion Decisions,” KFF, August 26, 2025, <https://www.kff.org/medicaid/status-of-state-medicaid-expansion-decisions>. For information on the association of Medicaid expansion to the decline in medical debt, see Luoja Hu, et al., “The Effect of the Patient Protection and Affordable Care Act Medicaid Expansions on Financial Wellbeing,” NBER Working Paper No. 22170, April 2016, Revised February 2018, https://www.nber.org/system/files/working_papers/w22170/w22170.pdf.
- 5 In 2023, \$24,230 was the federal poverty threshold for a household of three, the average household size for adults ages 50 to 64. See “Table AVG1. Average Number of People per Household, by Race and Hispanic Origin, Marital Status, Age, and Education of Householder: 2023,” US Census Bureau, November 2023, <https://www.census.gov/data/tables/2023/demo/families/cps-2023.html>. See also the US Census Bureau’s 2023 Federal Poverty Guidelines: “Poverty Thresholds,” accessed November 1, 2025, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>.
- 6 McSpadden and Sung, “The Burden of High Health Care Costs for Midlife Adults with Private Insurance.”
- 7 Lunna Lopes et al., “Health Care Debt in the U.S.: The Broad Consequences of Medical and Dental Bills,” KFF, June 16, 2022, <https://www.kff.org/health-costs/report/kff-health-care-debt-survey/>. A 2024 AARP survey echoed many of the earlier survey’s findings, although the rankings of the types of debt varied slightly, with doctor visits (37 percent) most often reported, followed by diagnostic tests and lab fees (33 percent), hospitalization (32 percent), dental care (24 percent), and emergency care (24 percent). See Teresa A. Keenan, “Health Care Affordability in 2024 Among Adults Ages 40-64,” AARP Research, December 2024, <https://www.aarp.org/content/dam/aarp/research/topics/health/coverage-access/health-care-affordability-midlife-adults.doi.10.26419-2fres.00876.001.pdf>.
- 8 The KFF survey does not tie specific medical debt amounts to the sources of that debt. So, while hospitalization may rank lower among the sources of debt, it could rank highest in the amount of debt from that source. Research detailing the connection between hospital care and medical debt includes “Bridging the Chasm: Closing the \$14 Billion Gap in Charity Care,” Dollar For, April 2024, https://dollarfor.org/wp-content/uploads/2024/04/Dollar_For.Bridging_the_Chasm.pdf and “Medical Debt and Non-Profit Hospital Billing Practices,” Consumer Financial Protection Bureau, October 1, 2024, <https://www.consumerfinance.gov/about-us/blog/medical-debt-and-non-profit-hospital-billing-practices/>.
- 9 Bianca Silva Gordon and Jessica Chang, “How do Pre-Medicare Adults Aged 55–64 Interact with the Health Care System?,” Health Care Cost Institute and West Health, May 2025, https://healthcostinstitute.org/images/pdfs/HCCI%20Brief%204_Final2.pdf.
- 10 Although debt from hospitalizations is not that common, it could account for a large share of total debt, because it could induce catastrophic debt levels. The KFF survey asked respondents to contextualize the bills that contributed to their medical debt and, across all age groups, more than three quarters (77 percent) cited one time or short-term medical expenses, such as a hospitalization or an accident, as the cause of current or past medical debt. Corresponding data for respondents ages 50–64 were not available. See “KFF Health Care Debt Survey: Topline and Methodology,” KFF, March 2022, <https://files.kff.org/attachment/TOPLINE-KFF-Health-Care-Debt-Survey-March-2022.pdf>.
- 11 Maanasa Kona and Vrudhi Raimugia, “State Protections Against Medical Debt: A Look at Policies Across the U.S. in 2025,” The Commonwealth Fund, July 2025, <https://www.commonwealthfund.org/publications/fund-reports/2025/jul/state-protections-against-medical-debt-look-policies-across-us>.
- 12 Consumer Financial Protection Bureau, “Prohibition on Creditors and Consumer Reporting Agencies Concerning Medical Information,” *Federal Register* 90, no. 8 (January 14, 2025): 3276–334, <https://www.govinfo.gov/content/pkg/FR-2025-01-14/pdf/2024-30824.pdf>.

Fact Sheet 2262604, January 2026

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