**Medicare and Elderly Psychological Well-Being during the COVID-19 Pandemic**

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The COVID-19 pandemic has radically changed the daily lives of Americans. The direct health risks of the disease and the disruptions caused by measures to slow its spread will likely have profound effects on individual health and psychological well-being. Given this context, the goal of our paper is threefold: (1) document how self-reported health, mental health, subjective well-being, and cognition changed for seniors with the pandemic, (2) explore whether Medicare helps mitigate the presumably negative effects of the pandemic using the age 65 eligibility threshold for Medicare and (3) investigate which subpopulations are most affected by the pandemic and most protected by Medicare.

To do this, we present results from two waves of a large internet panel survey measuring self-reported health, mental health, subjective well-being, and cognition among respondents between the ages of 60 and 68 at the time of the first wave. Our baseline, conducted between November 2019 and February 2020 interviewed over 27,000 respondents in this age group. It had the original goal to document how Medicare affects psychological health and cognition in a regression discontinuity framework. In addition to our main outcomes, we measured exact date of birth, socio-economic and labor force status, perceptions related to medical financial risk exposure and access to care, health care utilization and a number of relevant retrospective measures at age 55 such as health insurance status and diagnosed health conditions. The pre-registered analysis plan for that work is here <https://osf.io/5guzv/>. Preliminary analysis of the baseline data shows that Medicare significantly increases confidence in being able to afford high medical bills and access quality health care. There is also suggestive evidence that Medicare improves psychological well-being among those who did not have insurance at age 55.

We are currently re-contacting all participants from our baseline and conducting a follow-up survey. In the follow-up survey, we are re-administering all our measures of self-reported health, mental health, subjective well-being and cognitive functioning. We have also included measures of risk and time preferences, psychological measures of intolerance to uncertainty and big 5 personality traits, retirement plans and savings, and direct measures about COVID-19 diagnosis, local infection rate perceptions and expectations, and changes in behavior due to the pandemic.

With these data, we will document how self-reported health, mental health, subjective well-being, and cognition changed with the pandemic. Using the age 65 discontinuity in eligibility for Medicare, we will also analyze whether access to Medicare mitigates any negative effects of the pandemic and the response to containing it on well-being. We then explore the relationship between these changes, overall as well as for those with and without Medicare access, and a host of other “pre-determined” characteristics including whether respondents (1) had versus did not have health insurance at age 55, a measure of those who may benefit most from access to Medicare, (2) have pre-existing conditions and thus are at higher risk of adverse outcomes from Covid-19, (3) have most of their retirement savings in the stock market and thus were hit hard by the economic shutdowns, (4) have loved ones in institutional settings, such as nursing homes, which are at high risk for adverse outcomes from Covid-19, (5) have a spouse or other family members at home that may help during times of quarantine, and (6) live in the hardest hit geographic areas and thus are at higher risk of contracting the virus. Together these data will enable us to better understand both the effects of COVID-19 on Americans in their 60s and how, if at all, these effects are moderated by access to Medicare.