

REQUEST:

Have the states that implemented the optional Medicaid expansion under the Affordable Care Act (ACA) seen a decrease in emergency department utilization for populations that are newly covered under this expansion?

RESPONSE:

The most recent research on Medicaid expansion and emergency department (ED) use finds that there is either no significant effect or an increase in use among those newly covered by Medicaid. Much of the current research related to ACA Medicaid expansion and ED utilization is in progress and unpublished; however, extensive studies were performed in Massachusetts and in Oregon, when they expanded Medicaid coverage.

Massachusetts researchers (Chen et al. 2011) studied five years of data, two prior to the passage of the 2006 Health Reform Law and three after. They found ED utilization neither significantly increased nor decreased. However, they did caution that the results for Massachusetts might not be the same as those for other states.

In 2008, Oregon initiated a "limited" expansion of their Medicaid program by drawing about 30,000 names from a Medicaid waiting list of approximately 90,000, by lottery. This created an opportunity to study a cohort of similar people, one group newly enrolled in Medicaid and the other without coverage (Taubman et al. 2014). This cohort was studied over a period of 18 months. Over this period, the researchers found that ED visits increased by 40% for those newly covered versus those not covered.

A recent online survey by the American College of Emergency Physicians (ACEP, 2014) suggests that there is a rise in ED visits in states that expanded Medicaid as part of the ACA. However, research is ongoing, and more rigorous surveys are being conducted.

Researchers generally cite four reasons why ED use can increase after Medicaid expansion

1. A long-standing shortage of primary-care doctors leaves too few to handle all the newly insured patients.
2. Many doctors will not accept new Medicaid patients.
3. Many, if not most, of the newly covered are the "working poor", who will not or cannot take time from work, when most primary care offices are open.
4. Patients who have been uninsured for years do not have regular doctors and are accustomed to using the ED.

SOURCES and REFERENCES:

American College of Emergency Physicians. (2014). April 2014 poll.

Brief online: <http://newsroom.acep.org/2014-05-21-ER-Visits-Up-Since-Implementation-of-Affordable-Care-Act#Closed>

To see the complete poll results, contact Mike Baldyga at mbaldyga@acep.org or 202-370-9288.

Chen C, Scheffler G, & Chandra A. (2011). Massachusetts's health care reform and emergency department utilization. *NEJM* 10.1056, e25(1)-e25(3).

Taubman SL, Allen HL, Wright BJ, Baicker K, & Finkelstein AN. (2014). Medicaid increase emergency-department use: evidence from Oregon's health insurance experiment. *Science* 343, 263-268.