Exposing the Impact of Medicaid Expansion on Children and Young Adults in the Stanford ED

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Background
The Affordable Care Act aims to decrease the uninsured rate by allowing dependent young adults to stay on their parents’ insurance until age 26, as well as by making insurance more affordable through general Medicaid expansion. It is estimated that the dependent coverage provision added 3.1 million young adults to health insurance plans since September 2010 [1]. Since October 2013, the beginning of open enrollment, an additional 3.4 million young adults in the United States have gained insurance coverage through Medicaid expansion [2].

Predictions about the impact of these provisions on emergency care in the US are mixed. We examine how the Stanford ED, an urban Level I trauma center, has been impacted by the Affordable Care Act and Medicaid expansion.

Objective
Treating 2013 as a transition year, we examined the composition and characteristics of Stanford pediatric ED visits for all patients up to age 26 in 2012 compared to 2014 (the first full year of ACA Medicaid expansion).

Methods
- All Stanford ED visits for 2012-2014 (n = 66,588)
- 0-26 years of age
- Characteristics examined: date of birth, insurance status, chief complaint, triage acuity, ED disposition, patient visits per year
- Statistical significance for t-tests calculated at α = 0.05

Results
- Starting in July 2013, decrease in rate of uninsured patients (12% to 7%)
- Decrease largely in young adults, ages 18-26, enrolling in Medicaid rather than private insurance
- Insured status did not increase overall acuity
- Chief complaint, ESI triage acuity, and hospital admissions were similar
- Initial increase in acuity and frequency of use during the transition year (2013); during the first full year of Medicaid expansion, acuity of patients decreases

Conclusions
- After ACA, sizable decrease in uninsured patients, especially young adults
- Medicaid expansion is significant driver of increased insurance access among 18-26 year olds
- Severity patterns have not changed with more insured patients
- Overall patient load increased modestly, at the same time that this ED usage was compensated

Future Directions
- Examine the long-term effects of Medicaid expansion on ED patient presentation
- Compare EDs in other parts of the country with differing healthcare infrastructures

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References: