

Like Long Medical Wait Times, Crowded Emergency Rooms? You'll Love ObamaCare.

Peter Suderman | May 4, 2011

In the final weeks before the passage of last year's health care overhaul, President Obama made his pitch to the nation. Part of that pitch was an argument that the alternative plan put forth by Republicans wouldn't do anything to address the problem of taxpayer subsidized emergency-room care. When you buy into the Republican plan, he said, "you...don't do anything about the fact that taxpayers currently end up subsidizing the uninsured when they're forced to go to the emergency room for care."



One complicating factor that went unmentioned: Obama's plan isn't going to do anything to lift the burden on emergency rooms either. Thanks to ObamaCare, we're going to end up subsidizing those folks anyway, through Medicaid. And Medicaid won't reduce the use of emergency room care, which tends to be far more expensive than regular visits to the doctor. Just the opposite. Expanding coverage, especially through Medicaid, will almost certainly increase the total number of visits to the emergency room. That's because Medicaid recipients use emergency room services more than any other class of individual. Here's NPR with yet another report making the implicit point the coverage expansion in the health reform signed into law by the president is expected to crowd our already overfull emergency rooms even further:

Hospital emergency rooms, the theory goes, get overcrowded because people without health insurance have no place else to go.

But that's not the view of the doctors who staff those emergency departments. The real problem, according to a new survey from the American College of Emergency Physicians, isn't caused by people who don't have insurance — it's caused by people who do, but still can't find a doctor to treat them.

A full 97 percent of ER doctors who responded to the ACEP survey said they treated patients "daily" who have Medicaid (the federal-state health plan for the low-income), but who can't find a doctors who will accept their insurance...."The results are significant," said ACEP President Sandra Schneider in prepared comments. "They confirm what we are witnessing in Massachusetts — that visits to emergency rooms are going to increase

across the country, despite the advent of health care reform, and that health insurance coverage does not guarantee access to medical care."

The Massachusetts story Schneider refers to is important because it shows exactly what we can expect under the new health care law. In the wake of the Bay State's 2006 health care overhaul, which provided the model for ObamaCare, emergency room visits soared. Backers of that overhaul made arguments similar to President Obama's, saying that they hoped that by expanding insurance coverage, they'd get people set up with primary care physicians and thus reduce the number of emergency room visits. Didn't happen. Lines to see doctors got longer. And as they did, emergency room visits rose 9 percent between 2004 and 2008, at which point the commissioner of the state's Health Care Finance and Policy division kind of shrugged his shoulders and admitted that the uninsured aren't really the cause of emergency room crowding. Too bad, I guess, and too late: Massachusetts passed the law anyway. And now the rest of us are stuck with it too.

What now? Well, as with much of the health care overhaul, we'll have to wait and see how bad the damage is. But John Goodman, the head of the National Center for Policy Analysis, did some rough calculations for the health policy journal *Health Affairs* last year, and he estimated that thanks to the law's coverage expansion, we can expect somewhere in the range of 848,000 to 901,000 additional emergency room visits each and every year. ObamaCare's backers are right that, as passed, the law will result in significantly greater health insurance coverage across the country. But all that coverage will come with a hefty price tag attached: about a trillion dollars over the next decade, and more like \$1.8 trillion in the first full decade of operation. In return we'll get longer wait times at the doctor, and even more crowded emergency rooms—but nothing like a guarantee of actual access to care.

Update: More on the Bay State's long wait times from *IBD's* David Hogberg.