

Insurance expansion under the ACA provides patients with greater hospital choice

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During the first year of Medicaid expansion under the Affordable Care Act (ACA), researchers have seen a meaningful shift in the location and type of emergency department services used by patients. These changes suggest that expansion provides patients with a greater choice of hospital facilities. The findings are published in *Annals of Internal Medicine*.

So far, 31 states have implemented Medicaid expansion to households making less than 138 percent of the [federal poverty level](#). The percentage of uninsured in these states is about half of that in nonexpansion states, which has sparked an ongoing debate over the effect of insurance expansion on low-income populations. Little is known about whether insurance expansion affects the location and type of [emergency department](#) use. Understanding these changes can inform state-level decisions about Medicaid expansion under the ACA.

Researchers compared changes in the number of ED visits overall, type of visit, and [average travel time](#) to the emergency department from the end of 2013 to the end of 2014 for patients from Medicaid expansion versus nonexpansion states from a large sample of U.S. hospitals. The data showed shifts in insurance status, location of emergency department visited, and type of services associated with emergency department visits with the first year of full implementation of the ACA's coverage expansion. In addition, the number of uninsured emergency visits in Medicaid expansion states decreased across all visit types. According to the authors, these findings provide an important new context for the ongoing debate over the ACA's effect on access to hospital care.

More information: *Annals of Internal Medicine*, <http://annals.org/aim/article/doi/10.7326/M16-0086>

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