Medicaid Cutbacks May Push Uninsured Into EDs

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San Francisco Bureau

SAN FRANCISCO — Get ready to see more uninsured patients in emergency departments if states cut back Medicaid programs, Dr. Robert A. Lowe said at the annual meeting of the Society for Academic Emergency Medicine.

A study in Oregon confirmed the assumption that Medicaid cutbacks increase the proportion of patients without insurance among those seeking emergency care, said Dr. Lowe, director of the Center for Policy and Research in Emergency Medicine, Oregon Health and Science University, Portland.

The state's Medicaid program—the Oregon Health Plan—was "the crown jewel of Oregon health policy" in the early 1990s, but a state fiscal crisis led to cutbacks in

INDEX OF ADVERTISERS

Astellas Pharma US, Inc. Adenoscan	53-54
Bayer HealthCare LLC	
ALEVE	21
Biosite Incorporated Triage BNP	12
Boehringer Ingelheim Pharmaceuticals, Inc.	
Spiriva Flomax	24a-24b, 56 44a-44b
Cephalon, Inc.	
Provigil	57-58
Discovery Health Channel CME	19
Forest Laboratories, Inc.	
Lexapro Namenda	14a-14b 46a-46b
	462-460
LifeScan, Inc. OneTouch Ultra2	33
Merck & Co., Inc.	
Januvia	50a-50b
Zostavax	54a-54c
Novartis Pharmaceuticals Corporation Galvus	es ch
Corporate	6a-6t 61
Novo Nordisk Inc.	
NovoLog Mix 70/30	13-14
Levemir	65-66
P&G	
Prilosec OTC	26
Pfizer Inc.	
Lipitor	3-4
Chantix Aricept	29-32 41-42
Detrol	48-50
Rexall Sundown, Inc.	
Osteo Bi-Flex	5
Sanofi Aventis Apidra	58a-58b
Sanofi Pasteur Adacel	10a-10b
Santarus, Inc.	
Zegerid	17-18
Sepracor Inc. Lunesta	62a-62t
Takeda Pharmaceuticals North America, Inc.	
Amitiza	9-10
ACTOplus met Rozerem	22a-22b, 23 34-36
Wyeth Pharmaceuticals Inc. Effexor XR	26a-26d, 67-68
	ZUA-ZDQ, 07-68

2003, he said. Enrollees who missed a premium payment for 1 month were locked out of the plan for 6 months. A new copayment of \$50 for emergency department (ED) visits was added, and the scope of benefits shrank. Within 6 months of the policy changes, 50,000 people lost coverage.

An analysis of data from before and after the changes showed that the cutbacks produced an abrupt and sustained increase in the number of uninsured patients seeking emergency care, Dr. Lowe and his associates reported. In 10 urban EDs, the total number of visits remained relatively flat: 31,492 per month in 2002 and 31,910 per month in 2004. The number of patients covered by the Oregon Health Plan seen in the 10 EDs declined by 5,076 per year (from 7,964 per month in 2002 to 7,541 per month in 2004). The number of commercially insured patients seen fell by 12,144 per year (from 11,020 per month in 2002 to 10,008 per month in 2004). The number of uninsured patients seen in the

10 EDs rose by 18,348 per year (from 4,018 per month in 2002 to 5,547 per month in 2004).

Data from 25 of Oregon's 59 EDs, including 16 urban and 9 rural hospitals, showed increased numbers of uninsured patient visits in 2004 over those in 2003 differences that were statistically significant in 24 hospitals. The proportion of patients covered under the Oregon Health Plan or by commercial insurance fell significantly in 20 of the 25 EDs.





