



Written by [Jack Kenny](#) on May 6, 2015

ObamaCare: ER Visits Up, Rate Hikes Coming

Contrary to promises and expectations about ObamaCare, Emergency Room visits are increasing, instead of dropping, under the Affordable Care Act, [a new survey](#) shows.

A poll released Monday by the American College of Emergency Physicians shows three-quarters of the 2,099 doctors surveyed said they have seen increases in the numbers of people coming to ER for care. Slight increases were seen by 47 percent of those responding to the ACEP poll, while 28 percent reported large increases.



When ObamaCare was passed by a Democratic Congress in 2010, supporters said it would reduce the number of Emergency Room visits for routine care, a widespread practice among patients who have no health insurance and can't afford a doctor. That adds to the burden of unremunerated care for the hospitals, which ultimately increases the cost of care for patients with health insurance.

ObamaCare was supposed to reduce the burden of ER care, since most patients would either have insurance under the Affordable Care Act or be covered by the law's expansion of Medicaid. One reason it hasn't worked out that way, said ACEP president Mike Gerardi is that there are not enough physicians to care for all the newly insured patients.

"They don't have anywhere to go but the emergency room," Girardi, an emergency physician in New Jersey, told *USA Today*. "This is what we predicted. We know people come because they have to."

The present shortage of primary care doctors is expected to get worse, with experts predicting a shortfall of 20,000 by the year 2020. In addition, some doctors won't accept Medicaid because of the low reimbursement rates, leaving many Medicaid patients with the Emergency Room as their only venue for treatment. According to the ACEP poll, 56 percent of doctors surveyed reported increases in the number of Medicaid patients.

Americans may also be in for significant hikes in health insurance premiums over the next several years despite the promise of "affordable" coverage under the Affordable Care Act. Since the law took effect last year, there have been "persistent rumors and reports that health insurers were knowingly underpricing their offerings, testing the waters and, perhaps, attempting to gain market share early on," notes Peter Suderman at [Reason.com](#), adding that premiums were necessarily set with little data about the flood of new patients entering the ranks of the insured. Additionally, the law contains risk mitigation factors for the early years of the program, including a three-year program of "risk corridors" to cover a portion of insurance company losses, with profitable companies paying into the program to make it, in theory, self-supporting. Like most government programs, however, the costs are rising faster than anticipated. A [Standard & Poor's analysis](#) released last Friday said S&P "expects the ACA risk-corridor pool to be significantly underfunded if the government enforces budget neutrality."

Some insurers have already submitted proposals for big rate hikes, in part writes Suderman, "because rates are negotiations with regulators and there's a general expectation that increases will be



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moderated through the rate regulation process.” But insurers also now have a year’s worth of claims data and may be finding that many beneficiaries are more costly to cover than had been expected.

There remains, Suderman concludes, “a lot we still don’t know about the law and how it will develop over the years.” That’s not what Nancy Pelosi, then the speaker of the House, said when the bill was before the Congress in 2010. “But we have to pass the bill” the San Francisco Democrat [explained](#), “so that you can find out what is in it, away from the fog of the controversy.”

They passed the bill and, five years later, we still don’t know all that is in it. One thing, we do know, however, is that there is still no shortage in Washington of the “fog of the controversy.”



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