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ObamaCare Shunts My Patients Into Medicaid

Knocked out of private insurance, they are forced to settle for longer waits and worse care.

By Jeffrey A. Singer
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Thirty years of experience in private medical practice uncovers many ironies. For example, recently several of my patients who had been paying for their own individual health insurance informed me that they were forced off private insurance and placed into Medicaid when they signed up for health care at Healthcare.gov. This unwanted change—built into ObamaCare with the intention of helping patients—has harmed them by taking away their freedom to choose a health-care plan that works best for them.

This is not an unusual phenomenon. A recent Boston University/Harvard Medical School [study](#) suggests that up to 80% of people participating in ObamaCare's Medicaid expansion have been shifted off their private insurance. These patients' plans—that they liked, and were told they could keep—did not meet Affordable Care Act requirements, and were wiped out. Healthcare.gov offered them Medicaid.

But the irony doesn't stop there. Even if my patients save money by no longer paying premiums, they suffer in the long run by being trapped in a subpar health-care system. A Medicaid card does not translate into quality medical care. In some cases, it does not translate into medical care at all.

Only 45% of doctors are now accepting new Medicaid patients, according to a recent [survey](#) by the health-care company Merritt Hawkins. This number has dropped from 55% in the past five years. In some cities—Dallas and Minneapolis, for example—as few as 23% of doctors are seeing new Medicaid patients. As ObamaCare vastly expands the number of patients on the Medicaid rolls—three million new patients, by last count—this threatens these patients' well-being.

Fewer doctors means long waits to see primary-care providers and even longer waits to see specialists. This invariably leads to worse health outcomes for those patients; that's why numerous studies have shown Medicaid patients have significantly worse outcomes than those with private insurance. Medicaid patients were twice as likely to die in the hospital after

undergoing major surgery than those on private insurance, according to a 2010 study from the University of Virginia published in the *Annals of Surgery*. The research also showed that patients who had no insurance at all were 25% less likely than those on Medicaid to have an “in-hospital death,” and that Medicaid patients have the longest stays and highest hospital costs.

It would be one thing if these patients previously had no insurance—subpar health care is after all better than no care. Yet up to 80% of these new Medicaid patients previously had private insurance. Thanks to ObamaCare, they have been shunted into a second-class health-care system.

My own practice experience validates this conclusion. For example, I recently treated a Medicaid patient for breast cancer. She needed a mastectomy.

Unfortunately, we couldn’t get her immediate reconstruction because there was only one reconstructive surgeon in the metropolitan area covered by her Medicaid plan, and his practice was too far away to allow for prompt scheduling. She will ultimately get the reconstructive procedure she needs, but she may have to wait six to nine months after her mastectomy to be reconstructed.

Compare her story with that of a patient who wasn’t on Medicaid. I recently treated an uninsured, 42-year-old single mother with a family history of breast cancer for a severe, unexplained breast infection. I saw her promptly for an affordable cash payment.

When the infection was resolved, I required a breast MRI scan to feel confident that she had no underlying cancer. We shopped for the best cash price and she got her MRI for \$300, which ruled out any suspicious lesions.

Lucky for her, she didn’t have Medicaid. If she had, it would have more than likely taken her much longer to get in to her primary-care physician and then get referred to my care. Even then, Medicaid might not have even authorized a breast MRI. And if it did, it might have taken weeks to get the test approved.

The millions of Americans who have been forced out of the private insurance market and dumped into Medicaid may find themselves in that exact situation. ObamaCare has shifted—and will continue to shift—people into substandard and often-delayed care, all in the name of increasing health-care “coverage.” That is the saddest irony of all.

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