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How Will the Affordable Care Act Affect the Use of Health Care Services?

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Abstract In January 2014, the Affordable Care Act extended access to health insurance coverage to an estimated 30 million previously uninsured people. This issue brief provides state-level estimates of the increased demand for physician and hospital services that is expected to result from expanded access and assesses the sufficiency of the existing supply of providers to accommodate the anticipated increase in demand. We project that primary care providers will see, on average, 1.34 additional office visits per week, accounting for a 3.8 percent increase in visits nationally. Hospital outpatient departments will see, on average, 1.2 to 11.0 additional visits per week, or an average increase of about 2.6 percent nationally. Increases of the magnitude likely to be generated by the Affordable Care Act will have modest effects on the demand for health services, and the existing supply of providers should be sufficient to accommodate this increased demand.

OVERVIEW

Since January 2014, some 11 million formerly uninsured Americans have gained health insurance coverage under the Affordable Care Act (ACA).¹ In addition to providing financial protection against high health care costs, the law should improve access to care, though this will depend partly on the availability of health services. This issue brief examines the expected new demand for health services in each state as a result of the ACA's coverage expansion and draws inferences about the capacity of the health care workforce to meet the new demand.

Most analysts anticipate that the insurance expansions will not lead, in the aggregate, to substantial strains on the health care delivery system. The Centers for Medicare and Medicaid Services' Office of the Actuary projects an increase of about 2.1 percent in aggregate health spending, with larger increases in prescription drug spending and smaller increases in inpatient care spending.² Studies of the impact on use of certain services, mainly primary care, indicate that the coverage expansions are likely to lead to between 15 million and 26 million additional primary care visits annually and these studies project that between 4,300 and 7,200 additional primary care physicians will be needed to meet these new demands.^{3,4,5} The health law's effects on demand will likely vary substantially by state, as the number of people gaining health coverage and the supply of physicians both vary by state.

Most earlier analyses assumed that the primary care physician supply is currently fully utilized, so that new demand would require new resources to maintain access to care. But newer research demonstrates that the intensity of health service use varies considerably across the United States. The Dartmouth Atlas of Health Care shows, for example, that only 60 percent of Medicare beneficiaries in the Bronx, N.Y., saw a primary care physician in the preceding year, compared with about 90 percent of beneficiaries in Florence, S.C.⁶ Moreover, provider supply is not correlated with consumers' access to care, as evidenced by the large and persistent variations in waiting times for physician appointments among U.S. cities.⁷

Part of the reason for this disconnect between supply and access is that differences in how health care systems are organized across localities and regions substantially mediate variations in physician supply. For example, compared with a solo practitioner, a physician working in a group practice can see 12.2 percent more patients, in part by utilizing nonphysician health professionals on staff or electronic health record–enabled communication.^{8,9} Patient-centered medical homes and nurse-managed health centers also can offer expanded access to care, holding physician supply constant.¹⁰

Our study, which draws from the Medical Expenditure Panel Survey and findings from previously published studies, provides new estimates of the ACA's likely impact on utilization of health services, including primary care, medical and surgical specialty services, pharmaceuticals, and inpatient and outpatient hospital services. We then compare these demand estimates with measures of supply and compute the likely rates of new patient visits per provider. Finally, we assess the relationship between the supply of physicians and access to care. (For more about the study's design, see the box on the opposite page and "Appendix. Study Methodology in Detail" on page 7.)

FINDINGS

Impact on Utilization Will Be Nominal

Our analysis indicates that the ACA is expected to result in roughly 20.3 million additional primary care visits nationally, with people newly insured through the marketplaces accounting for more than a third of these visits, or about 3.8 percent above base (Table A). Emergency room visits by the newly insured are predicted to increase by 1.1 million, with those gaining Medicaid coverage accounting for more than two-thirds of these visits (Table C).

Overall, our projected increases in health care utilization are small. Only 17 states are expected to experience increases in primary care visits that exceed 4 percent, and only seven states are expected to see increases of greater than 5 percent; the U.S. average is expected to be 3.8 percent (Table A). The ACA's impact on medical and surgical specialty services is projected to be even more modest, with increases in medical and surgical specialty use projected to range from less than one-half of 1 percent in Massachusetts to just under 2 percent in New Mexico (Table B). Projected increases in outpatient service use are similar to those for primary care services. With the exception of six states, the vast majority of the country is expected to experience increases in outpatient care utilization of no more than 4 percent (Table C).

The ACA is also expected to bring about very modest increases in prescription drug use. In all but two states (New Mexico and Oregon) increases in prescription drug use are expected to be below 2.5 percent. Increases in inpatient service use will likely vary considerably across states, with the West experiencing a 4 percent average increase, compared with a 3.4 percent increase in the South and a 2 percent increase in the Northeast (Table C).

HOW WE DESIGNED THIS STUDY

Our findings on the impact of the ACA expansion on health care use and resource supply are best understood in light of how we structured our study. We conducted separate analyses for the newly insured who gained coverage under the ACA's Medicaid expansion and those who gained coverage in the ACA's health insurance marketplaces, as these populations differ demographically and in their use of care. (We assumed that all states participate in the Medicaid expansion, even though several states have not moved forward with this expansion. Therefore, our estimates incorporate a larger increase in service utilization than is currently likely.) Our projections are based on analyses of the experience of previously uninsured people who obtained coverage at some point between 2006 and 2010.

We also account for the likely difference in utilization between people who moved from uninsurance to insurance in the past and those who gain eligibility under the ACA. Many people who formerly gained access to Medicaid did so because they were already ill and had been admitted to a hospital that then enrolled them in coverage; many women gained coverage because of pregnancy. The population gaining coverage under the Affordable Care Act is likely to be relatively healthier and to use less inpatient care than previously. To account for this potential bias, we calibrated our estimates against the estimates of Finkelstein et al. from the Oregon Medicaid experiment.¹¹ It is less clear how the marketplace population differs from those who gained coverage in the past. Historically, some people who gained access to group insurance may have done so in anticipation of future health needs, resulting in a less healthy population of newly insured individuals compared with those enrolled under the ACA because of the mandate to enroll and subsidies provided. At the same time, some of those who will be eligible under the ACA for nongroup coverage would have been denied such coverage in the prior unregulated market, making the new nongroup risk pool sicker than in the past.

Additionally, our projections of increased visits are aggregated by type of services and settings: primary care, including internal medicine, family practice, and pediatric care (Table A); specialty care, including ob/gyn, psychiatric, medical specialty, and surgical services (Table B); and other services (emergency room, outpatient, inpatient, and prescription drugs) (Table C).

Projected Additional Visits per Doctor Will Vary Across States

Exhibit 1 illustrates how the ACA will affect the average number of primary care visits per primary care physician (including doctors in community health centers) across the states. The map on the left shows these ratios in 2010 before ACA's implementation, while the map on the right, which combines pre-ACA figures with figures for the projected visit increase, shows the ratios following ACA implementation.

Baseline visit rates vary substantially across regions. States in the Northeast (including Maine, Massachusetts, New York, and Vermont) have the fewest visits per primary care doctor, with doctors averaging around 1,500 visits annually. Colorado and California, with about 1,800 visits a year, also have relatively low visit-per-doctor ratios. States in the South and Midwest and in the West and Southwest have higher visit-per-doctor ratios. Utah's visit-per-doctor ratio prior to ACA implementation was the highest, at 2,488; this is projected to rise to nearly 2,600, once the law is fully implemented.

A comparison of states pre- and post-ACA suggests that only a few will see noticeable increases in visits after the ACA expansions take full effect. The law's impact on primary care visits is projected to vary substantially by region, with states in the Northeast expected to experience the smallest rise. Seven states are projected to experience increases in primary care visits per doctor per year that exceed 100, or between 2.1 and 2.7 additional visits per week.

Table D details, by physician and service type, the anticipated number of new visits per provider per week across types of providers. On average, the expansion forecast is for roughly 70 additional visits annually for a primary care physician, or 1.34 visits a week.

Most specialties will see much smaller weekly increases in use by comparison. Some new utilization is expected to occur in hospital outpatient departments. The largest increases are expected in the South and West, where these regions' outpatient departments are expected to see growth of about 5.7 and 7.3 visits a week per outpatient department, respectively.



Exhibit 1. Visits per Primary Care Physician, Pre- and Post-Affordable Care Act

Notes: Ratios calculated by dividing the number of visits (pre-ACA and estimated post-ACA from MEPS) by the supply of doctors in each state (denominator reflects number of total primary care physicians, not full-time equivalents). Source: Physician supply data from AHRQ, "The Number of Practicing Primary Care Physicians in the United States," and primary care visit data calculated from the Medical Expenditure Panel Survey (MEPS).

Physician Supply Does Not Predict Primary Care Access

Increases in visits per provider, such as those projected above, may not lead to worse access to care. As Exhibit 1 shows, rates of primary care visits per physician varied considerably before implementation of the ACA. Across states, however, high rates of primary care visits per physician did not always reflect low physician supply, since utilization rates depend on both the supply of doctors and the rate at which people use their services (Exhibit 2). Visits per doctor are lowest in the Northeast, both because this region has the highest supply of primary care doctors (though many may be part-time) and because insured residents of these states make the fewest visits to primary care doctors annually.

The high ratios of visits per primary care doctor observed in Midwestern states, such as Indiana, by contrast, occur both because people in this region use more primary care and because primary care supply is relatively low.

Visits per primary care physician, in turn, do not translate directly into variations in access to care, because of differences in utilization patterns and in the organization of medical practice. Paradoxically, delays in gaining access to primary care are systematically greater, not fewer, in areas with more primary care doctors. The delay between seeking care and getting an appointment is generally shorter in the South than in the Northeast or West, and substantially shorter in Indiana than in New York (Exhibit 3). These results, drawn from a large dataset in 2003, are consistent with a more recent study examining waiting times and physician supply in 2012.¹²





Source: 2010 Medical Expenditure Panel Survey (MEPS); AHRQ "Number of Practicing Primary Care Physicians in the United States."



Exhibit 3. Variation in Mean Appointment Lag Times and the Supply of Primary Care Physicians per 100,000 Population, 2003

Notes: Analysis at the county level. Wait-time data are truncated at 21 days. Source: The 2003 Community Tracking Study's Household Survey, Physicians Characteristics and Distribution in the United States.

POLICY IMPLICATIONS

One of the principal reasons for extending health insurance coverage is to increase people's access to needed health services. Although analysts have expressed concern that greater access to care will strain the service delivery system, our projections suggest that increased use of health services by the newly insured will be relatively modest for most services. The greatest increases will be in primary care, followed by inpatient and outpatient care.

The U.S. health system is likely to be able to absorb these increases. Use of primary, emergency, inpatient, and outpatient care varies substantially across the country, and these variations do not appear to be correlated with delays in access to care. The variation in use patterns supports the idea that anticipated increases in doctor's visits by the newly insured can be accommodated through organizational changes and changes in practice patterns.¹³ Plausible structural changes, some of which have already occurred, include physician pooling and greater use of nonphysician health professionals, such as nurses and physician assistants, as part of a team-based approach.¹⁴ In addition, technological advances are also likely to play an important role in improving the efficiency of health care delivery. Notably, the use of telemedicine—the exchange of medical information via electronic communication—has already shown promising results in managing common chronic illnesses at home and reducing time spent at physician offices to manage these diseases.¹⁵

It is critical that the expansion of health insurance coverage leads to improved access to care for those who were previously uninsured and does not limit access for those who already have coverage. Our results suggest that the current supply of primary care physicians and physicians in most specialties is sufficient to ensure this result will hold.

APPENDIX. STUDY METHODOLOGY IN DETAIL

Overview

We used the Medical Expenditure Panel Survey (MEPS) to estimate current utilization rates of specific health services at the national and regional level. We allocated this utilization to states within each region.

Next, we used MEPS to project additional use of health services under the Affordable Care Act (ACA) by income eligibility group. Projected increases in service utilization were calculated by taking the number of projected additional visits and dividing it by the baseline current utilization rates. We then estimated the current supply of specific health service resources such as physicians and hospital beds by state. We combined these sources to calculate the number of current and additional visits per provider.

Current Annual Health Service Utilization

The 2010 MEPS data were used to estimate the total number of medically related visits made by the entire population in 2010 by geographic region for the following provider or service categories: internal medicine, family practice, pediatrics, all primary care, obstetrics and gynecology, psychiatric, medical specialties, surgical specialties, emergency room, outpatient services, and prescription drugs. The MEPS data include both visits to clinics and community health centers in their office-based visit calculation; thus, these types of visits are included in our estimates of increases in office visit demand.

We allocated regional health services to each state according to that state's population (from the U.S. Census Bureau) as a proportion of the region's total population.

Projected Health Service Utilization

To determine utilization patterns of individuals who will gain insurance under the ACA, we combined yearly data from MEPS for 2006 to 2010. We selected a sample of individuals who were uninsured for the first year they were in the sample. We divided this sample according to income eligibility for Medicaid or the health care marketplaces. We then examined the service use of these populations in the second year of the sample, when some of them had gained insurance. For each of these subsamples, we ran negative binomial regression to predict utilization patterns for each category of service or provider. To predict utilization patterns of the newly insured, we turned to two reports released by the PricewaterhouseCoopers Health Research Institute, *Medicaid Expansion: New Patients, New Challenges*¹⁶ and *Health Insurance Exchanges: Long on Options, Short on Time*,¹⁷ which report the predicted demographic makeup of the newly insured Medicaid and marketplace-eligible populations size to obtain projected additional visits under the ACA by state. Projected expansions in insurance coverage by state were taken from the reports *Health Reform Across the States: Increase Insurance Coverage and Federal Spending on the Exchanges and Medicaid*¹⁸ and *A Profile of Health Insurance Exchange Enrollees*.¹⁹ All regression analyses were conducted using STATA (version 12).

Number of Primary Care Physicians

The 2010 supply of primary care, internal medicine, family practice, general practice, and pediatric physicians were obtained from the Agency for Healthcare Research and Quality (AHRQ) publication, *The Number of Practicing Primary Care Physicians in the United States.*²⁰ The supply of active primary care physicians by state were taken from the Association of American Medical Colleges (AAMC) publication, *2011 State Physician Workforce Data Book.*²¹ We calculated the number of active primary care physicians in each state as a proportion of the nation's total supply of active primary care physicians. State-level estimates of physician supply were computed for each primary care category by taking each state's calculated proportion and multiplying this by the nation's total supply of physicians reported by AHRQ. Our supply estimates for primary care providers include physician assistants and nurse practitioners. The number of Nurse

Practitioners and Physician Assistants Practicing Primary Care in the United States,"²² and is included to supplement our primary care visits to clinics and community health centers. Likewise, psychologists were included with physicians in our supply estimates of mental health. Using AAMC's *2012 Physician Specialty Data Book*,²³ the supply of medical and surgical specialty physicians, as well as the supply of physicians specializing in psychiatry and obstetrics/gynecology, was obtained at the national level and state level estimates were calculated using similar methods described above. It is important to note that all physician supply estimates indicate the number of all physicians, both full-time and part-time, and do not report the number of full-time-equivalent physicians.

Last, the existing supply for inpatient, outpatient, and emergency room services were calculated using data from the 2010 Area Resource File.²⁴ Inpatient values reflect the supply of inpatient beds in each state; emergency room and outpatient estimates reflect the number of hospitals with emergency departments or outpatient services in each state.

Number of Visits per Physician

We first took the current number of visits for each service category and divided the number of these visits by the current supply in each state. The same method was repeated using projected additional visits and total visits (current visits + projected additional visits) to obtain state averages of the number of visits per doctor annually.

Wait Times and Physicians per 100,000 People

We compared the average appointment wait times for primary care visits to the ratio of the local supply of primary care physicians per 100,000 people in 2003 and 2012 at the county, city, and state levels. Select wait-time data were obtained from three data sources: the 2003 Community Tracking Study (CTS) Household Survey,²⁵ the 2013 Merritt Hawkins Physician Appointment Wait Times Study,²⁶ and a 2012 simulated patient study conducted by Rhodes et al.²⁷ The 2003 county data from the CTS were supplemented by physician supply data from the Physicians Characteristics and Distribution in the U.S. and population data from the U.S. Census Bureau. The CTS data capture wait-time data for sick visits to primary care physicians by adult insured patients. The 2013 mean wait-time data for primary care conducted at the city level were supplemented with 2011 county physician supply data and population counts from the Area Resource File. The 2012 median wait-time data for primary care conducted at the state level were supplemented with 2012 supply figures of primary care physicians from AAMC's *State Physician Workforce Data Book*. All physician supply ratios were calculated by taking the supply of physicians at the city or county level and dividing by the population per 100,000 people.

NOTES

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Table A. Projected Number of Additional Primary Care Services Visits by the Newly Insured, by Insurance Coverage and Type of Doctor/Service

	All Primary Care					Internal I	Medicine			Family	Practice		Pediatrics			
	Ne	wly insured v	isits	%	Ne	wly insured vi	sits	%	Ne	wly insured v	isits	%	Newly insured visits		%	
Chatta	Medicaid*	Exchange*	Total	Increase from base	Medicaid	Exchange	Total	Increase from base	Medicaid	Exchange	Total	Increase from base	Medicaid	Exchange	Total	Increase from base
Northeast	1.704.794	801.581	2.506.375	2.59	11.378	49.984	61.362	0.43	407.066	547,920	954,986	2.03	5.660	3,288	8.947	0.04
CT	123.878	50.458	174.335	2.79	827	3.146	3.973	0.44	29.579	34,490	64.070	2.11	411	207	618	0.05
ME	37.079	20.101	57.180	2.46	247	1.253	1.501	0.44	8.854	13.740	22.594	2.00	123	82	206	0.04
MA	80.900	60.713	141.613	1.24	540	3.786	4.326	0.26	19.317	41.501	60.818	1.09	269	249	518	0.02
NH	42.135	19.486	61.621	2.67	281	1.215	1.496	0.44	10.061	13.319	23.380	2.09	140	80	220	0.04
NI	347.195	122.452	469.647	3.05	2.317	7.636	9.953	0.44	82.902	83.702	166.604	2.23	1.153	502	1.655	0.05
NY	478.657	290.235	768.891	2.27	3.195	18.098	21.293	0.43	114.292	198.390	312.682	1.90	1.589	1.190	2.780	0.04
PA	546,916	211,266	758,182	3.41	3,650	13,174	16,824	0.52	130,591	144,411	275,002	2.55	1,816	867	2,682	0.06
RI	38,764	17,024	55,789	3.03	259	1,062	1,320	0.49	9,256	11,637	20,893	2.34	129	70	199	0.05
VT	9,270	9,845	19,115	1.75	62	614	676	0.42	2,213	6,730	8,943	1.68	31	40	71	0.03
Midwest	4,661,820	2,190,914	6,852,734	5.19	19,899	67,852	87,751	0.73	711,912	743,786	1,455,699	1.97	9,898	4,463	14,361	0.09
IL	868,327	395,232	1,263,558	4.99	3,706	12,240	15,947	0.69	132,603	134,176	266,779	1.88	1,844	805	2,649	0.09
IN	552,092	167,674	719,766	5.62	2,357	5,193	7,549	0.65	84,311	56,923	141,234	1.97	1,172	342	1,514	0.10
IA	135,717	104,074	239,791	3.99	579	3,223	3,802	0.69	20,726	35,332	56,057	1.67	288	212	500	0.07
KS	204,235	102,422	306,656	5.45	872	3,172	4,044	0.79	31,189	34,771	65,960	2.09	434	209	642	0.09
MI	623,245	327,088	950,333	4.87	2,660	10,130	12,790	0.72	95,177	111,042	206,219	1.89	1,323	666	1,990	0.08
MN	209,505	175,934	385,439	3.68	894	5,449	6,343	0.66	31,994	59,727	91,721	1.57	445	358	803	0.06
мо	523,104	218,059	741,163	6.27	2,233	6,753	8,986	0.83	79,884	74,028	153,912	2.33	1,111	444	1,555	0.11
NE	118,588	71,860	190,448	5.28	506	2,225	2,732	0.83	18,110	24,396	42,505	2.11	252	146	398	0.09
ND	39,529	31,387	70,917	5.34	169	972	1,141	0.94	6,037	10,656	16,692	2.25	84	64	148	0.09
ОН	943,432	388,624	1,332,056	5.85	4,027	12,036	16,063	0.77	144,073	131,933	276,005	2.17	2,003	792	2,795	0.10
SD	63,247	33,865	97,112	6.04	270	1,049	1,319	0.90	9,659	11,497	21,155	2.35	134	69	203	0.10
WI	380,799	174,695	555,494	4.95	1,625	5,410	7,036	0.69	58,152	59,307	117,459	1.87	809	356	1,164	0.08
South	4,357,881	2,648,348	7,006,229	3.81	43,471	105,302	148,773	0.64	1,555,221	1,154,306	2,709,527	2.68	21,623	6,927	28,549	0.09
AL	161,257	88,461	249,717	3.25	1,609	3,517	5,126	0.53	57,549	38,556	96,105	2.28	800	231	1,031	0.08
AR	124,608	69,482	194,089	4.15	1,243	2,763	4,006	0.67	44,469	30,284	74,754	2.91	618	182	800	0.10
DE	15,224	19,622	34,846	2.42	152	780	932	0.51	5,433	8,552	13,985	1.77	76	51	127	0.05
DC	11,841	15,762	27,603	2.86	118	627	745	0.61	4,226	6,870	11,096	2.09	59	41	100	0.06
FL	761,177	487,659	1,248,836	4.14	7,593	19,390	26,983	0.70	271,646	212,550	484,196	2.92	3,777	1,275	5,052	0.09
GA	405,961	202,655	608,616	3.91	4,050	8,058	12,107	0.61	144,878	88,329	233,207	2.73	2,014	530	2,544	0.09
KY	173,097	98,432	271,530	3.90	1,727	3,914	5,640	0.64	61,774	42,903	104,677	2.74	859	257	1,116	0.09
LA	219,896	101,971	321,867	4.42	2,194	4,054	6,248	0.68	78,475	44,445	122,920	3.08	1,091	267	1,358	0.11
MD	123,480	130,278	253,758	2.74	1,232	5,180	6,412	0.55	44,067	56,783	100,850	1.98	613	341	953	0.06
MS	128,554	65,300	193,854	4.07	1,282	2,596	3,879	0.64	45,878	28,462	74,339	2.84	638	171	809	0.10
NC	333,790	205,872	539,662	3.52	3,330	8,186	11,515	0.59	119,122	89,731	208,853	2.49	1,656	538	2,195	0.08
OK	103,746	83,314	187,059	3.11	1,035	3,313	4,348	0.57	37,024	36,313	73,337	2.22	515	218	733	0.07
SC	182,119	99,397	281,516	3.79	1,817	3,952	5,769	0.61	64,994	43,323	108,317	2.66	904	260	1,164	0.09
TN	211,438	137,355	348,793	3.42	2,109	5,461	7,571	0.59	75,457	59,867	135,325	2.42	1,049	359	1,408	0.08
TX	1,155,298	637,238	1,792,536	4.44	11,524	25,337	36,862	0.72	412,298	277,746	690,043	3.11	5,732	1,667	7,399	0.10
VA	175,353	175,634	350,987	2.73	1,749	6,983	8,733	0.54	62,579	76,552	139,131	1.97	870	459	1,329	0.06
WV	71,043	29,916	100,959	3.39	709	1,189	1,898	0.50	25,354	13,039	38,393	2.35	352	78	431	0.08
West	2,272,203	1,643,705	3,915,908	3.17	21,885	81,717	103,601	0.79	782,943	895,768	1,678,711	2.56	10,885	5,375	16,261	0.08
AK	24,526	15,694	40,220	3.30	236	780	1,016	0.79	8,451	8,552	17,004	2.63	117	51	169	0.09
AZ	136,648	129,407	266,055	2.45	1,316	6,433	7,750	0.67	47,085	70,523	117,608	2.04	655	423	1,078	0.06
CA	1,253,186	883,726	2,136,912	3.34	12,070	43,934	56,004	0.82	431,816	481,603	913,419	2.69	6,004	2,890	8,894	0.09
CO	140,151	124,005	264,156	3.06	1,350	6,165	7,515	0.82	48,293	67,579	115,871	2.53	671	406	1,077	0.08
HI	31,534	16,465	47,999	2.06	304	819	1,122	0.45	10,866	8,973	19,839	1.60	151	54	205	0.06
ID	54,893	43,736	98,629	3.66	529	2,174	2,703	0.95	18,915	23,835	42,749	2.99	263	143	406	0.10
MT	35,622	28,557	64,179	3.78	343	1,420	1,763	0.98	12,274	15,563	27,837	3.09	171	93	264	0.10
NV	84,675	50,940	135,614	2.92	816	2,532	3,348	0.68	29,177	27,761	56,937	2.31	406	167	572	0.08
NM	107,449	45,537	152,986	4.33	1,035	2,264	3,299	0.88	37,024	24,816	61,841	3.30	515	149	664	0.12
OR	175,773	87,987	263,760	4.01	1,693	4,374	6,067	0.87	60,567	47,950	108,517	3.11	842	288	1,130	0.11
UT	82,923	64,318	147,241	3.10	799	3,198	3,996	0.79	28,573	35,051	63,624	2.53	397	210	608	0.08
WA	129,640	138,412	268,052	2.32	1,249	6,881	8,130	0.66	44,671	75,430	120,101	1.96	621	453	1,074	0.06
WY	15,183	14,922	30,105	3.11	146	742	888	0.86	5,232	8,132	13,364	2.60	73	49	122	0.08
Total	12,996,697	7,284,548	20,281,245	3.78	96,633	304,854	401,487	0.64	3,457,142	3,341,781	6,798,923	2.37	48,066	20,053	68,118	0.08

Notes: The Medicaid and Exchange columns show the projected number of additional visits by the population expected to gain insurance coverage under the Affordable Care Act. The Total column calculates the number of projected visits as a percentage of the baseline number of visits made by the entire population in 2010. * Regression analyses carried out at the regional level, not national. Source: 2006-2010 Medical Expenditure Panel Survey (MEPS): PricewaterhouseCoopers, "Medicaid Expansion: New Patients, New Challenges" and "Health Insurance Exchanges: Long on Options, Short on Time."

Table B. Projected Number of Additional Specialty Services Visits by the Newly Insured, by Insurance Coverage and Type of Doctor/Service

		Obstetrics ar	nd Gynecology	,		Psych	iatry			Medical S	Specialties			Specialties		
	Ne	wly insured v	risits	%	Ne	wly insured vi	sits	%	Ne	wly insured v	isits	%	Newly insured visits			%
State	Medicaid	Exchange	Total	Increase from base	Medicaid	Exchange	Total	Increase from base	Medicaid	Exchange	Total	Increase from base	Medicaid	Exchange	Total	Increase from base
Northeast	90,725	117,649	208,374	1.58	16,405	7,147	23,552	0.12	129,459	212,988	342,447	0.86	118,309	160,800	279,109	0.79
СТ	6,592	7,406	13,998	1.64	1,192	450	1,642	0.13	9,407	13,407	22,814	0.88	8,597	10,122	18,719	0.82
ME	1,973	2,950	4,924	1.55	357	179	536	0.11	2,816	5,341	8,157	0.85	2,573	4,032	6,606	0.78
MA	4,305	8,911	13,216	0.85	779	541	1,320	0.06	6,143	16,132	22,276	0.47	5,614	12,179	17,794	0.43
NH	2,242	2,860	5,102	1.63	405	174	579	0.12	3,200	5,178	8,377	0.88	2,924	3,909	6,833	0.82
NJ	18,477	17,973	36,449	1.74	3,341	1,092	4,433	0.14	26,365	32,537	58,902	0.93	24,095	24,564	48,659	0.87
NY	25,473	42,598	68,071	1.47	4,606	2,588	7,194	0.10	36,348	77,118	113,467	0.81	33,218	58,222	91,440	0.74
PA	29,106	31,008	60,113	1.99	5,263	1,884	7,147	0.16	41,532	56,136	97,667	1.07	37,955	42,381	80,335	1.00
RI	2,063	2,499	4,562	1.82	373	152	525	0.14	2,944	4,524	7,467	0.98	2,690	3,415	6,105	0.91
VT	493	1,445	1,938	1.30	89	88	177	0.08	704	2,616	3,320	0.74	643	1,975	2,618	0.66
Midwest	158,668	159,706	318,373	2.28	28,691	9,702	38,393	0.22	226,409	289,125	515,534	1.39	206,909	218,281	425,190	1.21
IL	29,554	28,810	58,364	2.18	5,344	1,750	7,094	0.21	42,172	52,157	94,329	1.33	38,540	39,377	77,917	1.16
IN	18,791	12,223	31,013	2.29	3,398	743	4,140	0.24	26,813	22,127	48,941	1.37	24,504	16,705	41,209	1.21
IA	4,619	7,586	12,206	1.92	835	461	1,296	0.16	6,591	13,734	20,325	1.21	6,024	10,369	16,393	1.02
KS	6,951	7,466	14,417	2.42	1,257	454	1,711	0.23	9,919	13,516	23,435	1.49	9,065	10,204	19,269	1.29
MI	21,212	23,843	45,055	2.18	3,836	1,448	5,284	0.20	30,269	43,164	73,433	1.35	27,662	32,588	60,250	1.16
MN	7,131	12,825	19,955	1.80	1,289	779	2,068	0.15	10,175	23,217	33,392	1.14	9,299	17,528	26,827	0.96
MO	17,804	15,895	33,699	2.69	3,219	966	4,185	0.27	25,405	28,776	54,182	1.64	23,217	21,725	44,943	1.43
NE	4,036	5,238	9,274	2.43	730	318	1,048	0.22	5,759	9,483	15,243	1.51	5,263	7,159	12,423	1.29
ND	1,345	2,288	3,633	2.58	243	139	382	0.22	1,920	4,142	6,062	1.63	1,754	3,127	4,882	1.38
OH	32,110	28,329	60,439	2.51	5,806	1,721	7,527	0.25	45,819	51,285	97,104	1.52	41,873	38,719	80,592	1.33
SD	2,153	2,469	4,621	2.72	389	150	539	0.25	3,072	4,469	7,541	1.68	2,807	3,374	6,181	1.45
VVI	12,961	12,/34	25,695	2.16	2,344	15.057	3,117	0.21	18,494	23,054	41,548	1.32	16,901	17,405	34,306	1.15
South	12 926	247,855	21 105	2.60	02,678	15,057	2 822	0.41	494,607	448,703	943,309	1.26	452,007	11 215	790,764	1.45
AL	0.011	6,279	21,105	2.21	1,519	205	2,022	0.36	14,142	14,900	35,290	1.07	10,720	11,313	20,041	1.21
AR	9,911	1 9 2 4	10,414	1.02	1,792	395	2,107	0.45	14,145	2 225	25,915	0.86	12,924	0,000	21,012	1.55
DC	942	1,030	2 417	2.01	170	90	260	0.22	1,720	2,525	4 014	1.02	1,379	2,510	3 244	112
FI	60 543	45 639	106 182	2.01	10.948	2 773	13 720	0.20	86 391	82 623	169 014	1.02	78 951	62 378	141 328	1.12
GA	32 290	18 966	51 256	2.05	5 839	1152	6 991	0.44	46.075	34 335	80 411	1.50	42 107	25 922	68 029	1.50
KY	13 768	9 212	22.980	2.65	2,490	560	3 049	0.47	19 646	16 677	36 323	1.27	17 9 5 4	12 591	30 545	1.46
IA	17 490	9 5 4 3	27,033	2.05	3 163	580	3 742	0.12	24 958	17 277	42 234	1.20	22 808	13 043	35 851	1.10
MD	9.821	12.192	22,014	1.91	1.776	741	2.517	0.26	14.015	22.073	36.087	0.96	12,808	16.664	29,472	1.06
MS	10.225	6.111	16.336	2.76	1.849	371	2.220	0.45	14.591	11.064	25.654	1.33	13.334	8.353	21.687	1.51
NC	26.549	19.267	45.816	2.41	4.801	1.170	5.971	0.38	37.884	34.880	72.765	1.17	34.621	26.334	60.955	1.32
OK	8.252	7.797	16.049	2.14	1.492	474	1.966	0.32	11.775	14.116	25.890	1.06	10.761	10.657	21.418	1.18
SC	14,485	9,302	23,788	2.58	2,619	565	3,184	0.42	20,670	16,841	37,511	1.24	18,890	12,714	31,604	1.41
TN	16,818	12,855	29,672	2.34	3,041	781	3,822	0.36	23,998	23,272	47,269	1.14	21,931	17,569	39,500	1.29
ΤХ	91,891	59,638	151,528	3.02	16,616	3,623	20,239	0.49	131,123	107,965	239,088	1.46	119,829	81,511	201,340	1.66
VA	13,947	16,437	30,385	1.90	2,522	999	3,521	0.27	19,902	29,757	49,659	0.95	18,188	22,466	40,654	1.05
WV	5,651	2,800	8,450	2.28	1,022	170	1,192	0.39	8,063	5,069	13,132	1.09	7,369	3,827	11,195	1.25
West	174,499	192,339	366,838	2.79	31,554	11,684	43,238	0.25	248,999	348,204	597,203	1.53	227,553	262,884	490,437	1.45
AK	1,884	1,836	3,720	2.87	341	112	452	0.27	2,688	3,325	6,012	1.56	2,456	2,510	4,966	1.48
AZ	10,494	15,143	25,637	2.22	1,898	920	2,818	0.19	14,975	27,414	42,388	1.23	13,685	20,697	34,381	1.15
CA	96,241	103,410	199,651	2.93	17,403	6,282	23,685	0.27	137,330	187,209	324,539	1.61	125,502	141,338	266,840	1.52
CO	10,763	14,510	25,274	2.75	1,946	882	2,828	0.24	15,358	26,269	41,628	1.53	14,036	19,833	33,868	1.43
HI	2,422	1,927	4,348	1.75	438	117	555	0.17	3,456	3,488	6,944	0.94	3,158	2,633	5,791	0.90
ID	4,216	5,118	9,333	3.26	762	311	1,073	0.29	6,015	9,265	15,280	1.80	5,497	6,995	12,492	1.69
MT	2,736	3,342	6,077	3.36	495	203	698	0.30	3,904	6,050	9,953	1.85	3,567	4,567	8,135	1.74
NV	6,503	5,961	12,464	2.53	1,176	362	1,538	0.24	9,279	10,791	20,070	1.37	8,480	8,147	16,627	1.31
NM	8,252	5,329	13,580	3.61	1,492	324	1,816	0.37	11,775	9,647	21,421	1.92	10,761	7,283	18,044	1.86
OR	13,499	10,296	23,795	3.40	2,441	625	3,066	0.34	19,262	18,639	37,901	1.82	17,603	14,072	31,675	1.75
UT	6,368	7,526	13,894	2.75	1,152	457	1,609	0.25	9,087	13,625	22,712	1.52	8,304	10,287	18,591	1.43
WA	9,956	16,196	26,152	2.13	1,800	984	2,784	0.17	14,207	29,321	43,528	1.19	12,983	22,137	35,120	1.11
WY	1,166	1,746	2,912	2.83	211	106	317	0.24	1,664	3,161	4,825	1.58	1,521	2,386	3,907	1.47
Total	770,511	717,547	1,488,058	2.36	139,328	43,590	182,918	0.25	1,099,474	1,299,019	2,398,493	1.26	1,004,778	980,723	1,985,501	1.24

Notes: The Medicaid and Exchange columns show the projected number of additional visits by the population expected to gain insurance coverage under the Affordable Care Act. The Total column calculates the number of projected visits as a percentage of the baseline number of visits made by the entire population in 2010. Medical specialties = allergy and immunology, anesthesiology, cardiology, dermatology, endocrinology, diabetes and metabolism, gastroenterology, hematology and oncology, nephrology, neurology, physical medicine and rehabilitation, pulmonary, radiology, and rheumatology. Surgical specialties = general surgery, ophthalmology, orthopedics, otolaryngology, plastic surgery, thoracic surgery, and urology. Source: 2006–2010 Medical Expenditure Panel Survey (MEPS); PricewaterhouseCoopers, "Medicaid Expansion: New Patients, New Challenges" and "Health Insurance Exchanges: Long on Options, Short on Time."

Table C. Projected Number of Additional Visits for Other Health Services by the Newly Insured, by Insurance Coverage and Type of Doctor/Service

	Emergency Room				Outpatient Visits				Inpatient Stays				Prescription Drug Use			
	Nev	wly insured vi	sits	%	Nev	wly insured vi	sits	%	Ne	wly insured v	isits	%	Newly insured drug use/refills		%	
State	Medicaid	Exchange	Total	Increase from base	Medicaid	Exchange	Total	Increase from base	Medicaid	Exchange	Total	Increase from base	Medicaid	Exchange	Total	Increase from base
Northeast	89,147	61,340	150,487	1.50	262,008	151,799	413,807	1.43	76,390	72,452	148,842	2.00	4,043,659	2,949,871	6,993,530	1.21
СТ	6,478	3,861	10,339	1.59	19,039	9,555	28,594	1.53	5,551	4,561	10,112	2.10	293,830	185,688	479,518	1.28
ME	1,939	1,538	3,477	1.44	5,699	3,807	9,505	1.37	1,661	1,817	3,478	1.94	87,949	73,973	161,922	1.16
MA	4,230	4,646	8,876	0.75	12,433	11,498	23,931	0.70	3,625	5,488	9,113	1.03	191,889	223,429	415,318	0.60
NH	2,203	1,491	3,694	1.54	6,476	3,690	10,166	1.47	1,888	1,761	3,649	2.06	99,942	71,709	171,651	1.24
NJ	18,155	9,371	27,526	1.72	53,360	23,189	76,549	1.66	15,557	11,068	26,626	2.25	823,523	450,633	1,274,156	1.38
NY	25,030	22,210	47,240	1.34	73,564	54,963	128,527	1.27	21,448	26,233	47,682	1.83	1,135,343	1,068,083	2,203,426	1.08
PA	28,599	16,167	44,766	1.94	84,055	40,008	124,064	1.86	24,507	19,096	43,602	2.55	1,297,249	777,474	2,074,723	1.56
RI	2,027	1,303	3,330	1.74	5,958	3,224	9,182	1.66	1,737	1,539	3,276	2.31	91,947	62,651	154,598	1.40
VI	485	/53	1,238	1.09	1,425	1,864	3,289	1.00	415	890	1,305	1.55	21,987	36,232	58,219	0.89
Midwest	155,908	83,268	239,1/5	1.93	458,223	206,063	664,286	1.86	153,597	98,352	231,950	2.91	7,071,907	4,004,367	11,076,273	1.37
IL	18,464	6,373	24,837	1.86	54,267	37173	122 523	1.02	15,822	17742	12,349	3.02	837,515	306,460	1,143,976	1.46
	4 539	3 955	8 494	1.00	13 340	9788	23 128	1.70	3 889	4 672	42,027 8 561	2.7 9	205 881	190 217	396.098	1.52
KS	6.830	3 893	10 723	2.03	20.075	9.633	29,708	1.95	5 8 5 3	4 598	10 4 51	3.07	309.821	187 198	497 018	1.00
MI	20.844	12.431	33.275	1.82	61.261	30,764	92.024	1.74	17.861	14.683	32.544	2.76	945.453	597.824	1.543.277	1.29
MN	7.007	6.687	13.693	1.40	20.593	16.547	37.140	1.31	6.004	7.898	13.902	2.20	317.816	321.557	639.373	1.00
мо	17,494	8,288	25,782	2.33	51,417	20,509	71,927	2.24	14,991	9,789	24,780	3.47	793,541	398,550	1,192,090	1.65
NE	3,966	2,731	6,697	1.99	11,656	6,759	18,415	1.88	3,398	3,226	6,624	3.04	179,896	131,340	311,236	1.41
ND	1,322	1,193	2,515	2.02	3,885	2,952	6,838	1.90	1,133	1,409	2,542	3.17	59,965	57,367	117,332	1.45
ОН	31,552	14,770	46,322	2.17	92,733	36,551	129,284	2.09	27,037	17,446	44,482	3.24	1,431,172	710,294	2,141,465	1.54
SD	2,115	1,287	3,402	2.26	6,217	3,185	9,402	2.16	1,813	1,520	3,333	3.44	95,944	61,896	157,840	1.61
WI	12,735	6,639	19,375	1.84	37,430	16,431	53,860	1.77	10,913	7,842	18,755	2.77	577,666	319,293	896,958	1.31
South	340,592	129,226	469,817	2.44	1,001,020	319,795	1,320,815	3.52	291,852	152,636	444,488	3.38	15,449,058	6,214,505	21,663,563	1.71
AL	12,603	4,316	16,919	2.11	37,041	10,682	47,723	3.05	10,800	5,098	15,898	2.90	571,669	207,578	779,247	1.47
AR	9,739	3,390	13,129	2.68	28,623	8,390	37,013	3.88	8,345	4,005	12,350	3.69	441,744	163,043	604,787	1.87
DE	1,190	957	2,147	1.42	3,497	2,369	5,866	2.00	1,020	1,131	2,150	2.09	53,969	46,045	100,013	1.01
DC	925	769	1,695	1.68	2,720	1,903	4,623	2.35	793	908	1,701	2.46	41,976	36,987	78,962	1.19
FL	59,490	23,795	83,285	2.64	1/4,845	58,886	233,/31	3.80	50,977	28,106	79,083	3.66	2,698,438	1,144,320	3,842,758	1.85
GA	31,728	9,889	41,61/	2.56	93,251	24,471	F1 (47	3./1	27,188	11,680	38,868	3.50	1,439,167	4/5,542	1,914,709	1.79
	13,320	4,605	10,331	2.51	59,761	12 212	51,647	3.04	14 7 27	5,675	17,200	2.47	770 5 40	230,976	1 019 920	1.76
MD	9 651	4,970	16 008	1.5	28 364	12,515	44 095	4.25	8 270	7 5 0 9	15 778	2 38	437 747	305 706	743 452	116
MS	10.047	3 186	13 234	2.65	29,501	7885	37 415	3.85	8 609	3 764	12 373	3.63	455 736	153 230	608 966	1.85
NC	26.087	10.045	36.133	2.26	76.673	24.860	101.532	3.25	22.354	11.865	34,220	3.13	1.183.315	483.090	1.666.405	1.58
OK	8,108	4,065	12,174	1.93	23,831	10,060	33,891	2.76	6,948	4,802	11,750	2.73	367,787	195,501	563,288	1.36
SC	14,234	4,850	19,084	2.46	41,833	12,003	53,836	3.56	12,197	5,729	17,925	3.38	645,626	233,242	878,868	1.72
TN	16,525	6,702	23,227	2.18	48,568	16,586	65,154	3.14	14,160	7,916	22,077	3.03	749,566	322,312	1,071,878	1.53
TX	90,293	31,094	121,387	2.87	265,376	76,948	342,324	4.16	77,372	36,727	114,098	3.95	4,095,629	1,495,316	5,590,945	2.01
VA	13,705	8,570	22,275	1.66	40,279	21,208	61,487	2.35	11,744	10,123	21,866	2.38	621,640	412,137	1,033,777	1.17
WV	5,552	1,460	7,012	2.25	16,319	3,612	19,931	3.29	4,758	1,724	6,482	3.05	251,854	70,199	322,053	1.57
West	171,464	100,282	271,746	2.79	503,942	248,169	752,111	3.65	146,927	118,449	265,376	4.08	7,777,498	4,822,601	12,600,099	2.10
AK	1,851	957	2,808	2.92	5,440	2,369	7,809	3.84	1,586	1,131	2,717	4.23	83,951	46,045	129,996	2.19
AZ	10,312	7,895	18,207	2.13	30,306	19,538	49,845	2.75	8,836	9,325	18,161	3.17	467,729	379,679	847,408	1.60
CA	94,567	53,916	148,483	2.94	277,939	133,426	411,365	3.85	81,034	63,683	144,718	4.30	4,289,517	2,592,837	6,882,354	2.21
CO	10,576	7,565	18,142	2.67	31,084	18,722	49,806	3.46	9,063	8,936	17,999	3.96	479,722	363,827	843,550	2.01
HI	2,380	1,005	3,384	1.84	6,994	2,486	9,480	2.43	2,039	1,187	3,226	2.62	107,938	48,309	156,247	1.38
ID	4,142	2,668	6,811	3.21	12,174	6,603	18,778	4.18	3,550	3,152	6,701	4.73	187,891	128,321	316,212	2.42
MI	2,688	1,/42	4,430	3.31	/,900	4,312	12,212	4.31	2,303	2,058	4,361	4.88	121,929	83,786	205,715	2.49
NV	6,390	3,108	9,497	2.60	18,780	7,691	26,4/1	3.42	5,475	3,6/1	9,146	3./5	289,832	149,456	439,288	1.95
	8,108	L,//8	19,686	3.91	23,831	0,0/5	50,706	5.20	6,948	5,281	17.704	5.5U	367,787	133,605	501,392	2.92
UT	6 257	3,368	10,632	5.59 2.72	18 301	9 711	28 102	4.76	5 362	0,341	9 997	5.11	283 834	188 707	472 542	2.69
W/A	9783	9,724 8 <u>4</u> /4	18 227	2.72	28 752	2,711	49.650	2.55	2,30Z	9 974	18 357	3.02	443 743	406.098	472,343 849 841	1.03
WY	1.146	910	2.056	2.70	3.367	2,253	5.620	3.48	982	1.075	2.057	4.04	51.970	43.780	95.750	2.03
Total	757.110	374,115	1,131,225	2.20	2,225,194	925,826	3,151,019	2.56	648,767	441,890	1,090,656	3.11	34,342,122	17,991,344	52,333,466	1.61

Notes: The Medicaid and Exchange columns show the projected number of additional visits by the population expected to gain insurance coverage under the Affordable Care Act. The Total column calculates the number of projected visits as a percentage of the baseline number of visits made by the entire population in 2010. Source: 2006–2010 Medical Expenditure Panel Survey (MEPS); PricewaterhouseCoopers, "Medicaid Expansion: New Patients, New Challenges" and "Health Insurance Exchanges: Long on Options, Short on Time."

Table D. Average Additional Weekly Visits per Doctor by the Newly Insured

State	All primary care	Internal medicine	Family	Pediatrics	Ob/Gyn	Psychiatry	Medical	Surgical	Emergency room	Outpatient	Inpatient
Northeast	0.76	0.08	0.95	0.02	0.49	0.02	0.18	0.28	5.88	4.23	0.02
Connecticut	0.86	0.08	1.04	0.02	0.49	0.02	0.18	0.28	795	5.24	0.03
Maine	0.64	0.07	0.83	0.02	0.53	0.02	0.20	0.31	1 91	144	0.02
Massachusetts	0.30	0.04	0.42	0.01	0.23	0.01	0.09	0.13	3.22	2.28	0.01
New Hampshire	0.79	0.04	0.98	0.02	0.54	0.07	0.07	0.15	2.96	2.20	0.03
New Jersey	0.99	0.00	115	0.02	0.57	0.02	0.20	0.33	913	6.66	0.03
New York	0.65	0.07	0.86	0.02	0.37	0.01	0.21	0.35	6.40	4 37	0.02
Reprovilyania	110	0.07	1 21	0.02	0.45	0.01	0.17	0.20	6.47	4.02	0.02
Phodo Island	0.86	0.10	1.06	0.03	0.07	0.02	0.23	0.39	6.40	4.72	0.02
Vermont	0.00	0.00	0.70	0.02	0.37	0.02	0.22	0.35	1.02	4.20	0.03
Midwest	2.06	0.07	1.42	0.01	0.44	0.01	0.17	0.20	1.70	2.25	0.02
Illinois	1.00	0.10	1.45	0.03	0.01	0.03	0.30	0.47	5.72	3.25	0.02
Indiana	1.07	0.10	1.50	0.03	0.76	0.03	0.29	0.45	5.50	4.20	0.02
linuidina	1.05	0.11	1.07	0.04	0.05	0.03	0.31	0.49	1.27	4.20	0.03
lowa	1./5	0.12	1.55	0.02	0.00	0.03	0.35	0.50	1.57	1.10	0.02
Kansas	2.37	0.13	1.66	0.03	1.01	0.04	0.38	0.58	1.68	1./1	0.02
Michigan	1.82	0.10	1.29	0.02	0.73	0.03	0.27	0.42	5.20	3.85	0.03
Minnesota	1.29	0.09	1.01	0.02	0.60	0.02	0.23	0.35	2.80	2.38	0.02
Missouri	2./1	0.13	1.84	0.04	0.94	0.03	0.35	0.54	4.39	3.57	0.03
Nebraska	2.29	0.13	1.67	0.03	1.00	0.03	0.38	0.58	2.86	2.64	0.02
North Dakota	2.11	0.14	1.62	0.03	0.94	0.03	0.36	0.55	2.10	1.96	0.01
Ohio	2.33	0.11	1.57	0.03	0.85	0.03	0.31	0.49	6.85	5.25	0.03
South Dakota	2.49	0.14	1.77	0.03	1.04	0.04	0.39	0.60	1.56	1.67	0.01
Wisconsin	1.89	0.10	1.31	0.03	0.73	0.03	0.27	0.42	3.13	2.48	0.03
South	1.38	0.12	1.75	0.04	0.89	0.03	0.33	0.51	6.01	5.67	0.03
Alabama	1.35	0.11	1.69	0.04	0.88	0.03	0.32	0.50	3.62	3.61	0.02
Arkansas	1.61	0.14	2.02	0.04	1.26	0.05	0.46	0.72	3.77	3.77	0.03
Delaware	0.75	0.08	0.99	0.02	0.51	0.02	0.20	0.30	6.88	4.90	0.02
Dist. of Columbia	0.33	0.04	0.44	0.01	0.23	0.01	0.09	0.13	5.43	4.04	0.01
Florida	1.43	0.13	1.81	0.04	0.84	0.03	0.31	0.48	12.92	10.70	0.03
Georgia	1.53	0.12	1.91	0.04	1.01	0.04	0.37	0.58	7.48	6.70	0.03
Kentucky	1.48	0.13	1.86	0.04	0.96	0.04	0.35	0.55	4.35	3.93	0.02
Louisiana	1.68	0.13	2.09	0.05	1.00	0.04	0.36	0.58	6.00	5.81	0.03
Maryland	0.69	0.07	0.90	0.02	0.49	0.02	0.18	0.28	7.00	5.08	0.02
Mississippi	1.90	0.16	2.38	0.05	1.19	0.05	0.43	0.69	2.96	4.55	0.02
North Carolina	1.26	0.11	1.60	0.03	0.85	0.03	0.31	0.49	7.09	5.61	0.03
Oklahoma	1.22	0.12	1.57	0.03	0.87	0.03	0.32	0.50	2.52	2.61	0.02
South Carolina	1.46	0.12	1.83	0.04	0.92	0.04	0.33	0.53	6.55	5.78	0.03
Tennessee	1.18	0.10	1.49	0.03	0.78	0.03	0.29	0.45	5.88	5.62	0.02
Texas	1.87	0.16	2.35	0.05	1.17	0.05	0.43	0.67	6.24	6.44	0.04
Virginia	0.89	0.09	1.15	0.02	0.61	0.02	0.23	0.35	5.79	4.48	0.02
West Virginia	1.05	0.08	1.30	0.03	0.85	0.04	0.30	0.49	2.64	2.43	0.02
West	1.12	0.12	1.57	0.03	0.84	0.03	0.32	0.49	8.26	7.26	0.04
Alaska	1.03	0.11	1.42	0.03	0.90	0.03	0.33	0.52	6.00	5.36	0.03
Arizona	0.95	0.11	1.37	0.03	0.69	0.02	0.26	0.40	7.61	6.70	0.03
California	1.16	0.12	1.63	0.03	0.88	0.03	0.33	0.51	13.04	11.00	0.04
Colorado	1.04	0.12	1.48	0.03	0.75	0.03	0.29	0.44	5.63	5.07	0.04
Hawaii	0.58	0.06	0.78	0.02	0.47	0.02	0.17	0.27	5.01	5.36	0.02
Idaho	1.73	0.19	2.45	0.05	1.18	0.04	0.44	0.68	4.68	4.10	0.04
Montana	1.42	0.16	2.01	0.04	0.99	0.03	0.37	0.57	2.08	2.04	0.02
Nevada	1.32	0.13	1.81	0.04	0.91	0.03	0.34	0.52	10.15	8.93	0.03
New Mexico	1.50	0.13	1.99	0.04	1.33	0.05	0.48	0.77	7.75	6.79	0.05
Oregon	1.22	0.11	1.64	0.03	0.94	0.04	0.34	0.54	6.07	5.21	0.05
Utah	1.48	0.16	2.09	0.04	0.97	0.03	0.36	0.56	7.53	6.67	0.04
Washington	0.75	0.09	1.09	0.02	0.62	0.02	0.24	0.36	5.65	4.63	0.03
Wyoming	1.31	0.16	1.90	0.03	1.09	0.03	0.41	0.63	1.72	2.04	0.02
U.S. average	1.34	0.11	1.46	0.03	0.77	0.03	0.29	0.45	5.72	4.93	0.03

Source: 2006-2010 Medical Expenditure Panel Survey (MEPS); PricewaterhouseCoopers, "Medicaid Expansion: New Patients, New Challenges" and "Health Insurance Exchanges: Long on Options, Short on Time."

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