OBJECTIVES

- The Affordable Care Act (ACA) expanded Medicaid eligibility among non-elderly adults with incomes up to 138% of federal poverty level
- Several states have not implemented the measure
- Prior to Medicaid expansion, 1/5 of non-elderly adults diagnosed with end-stage renal disease (ESRD) were uninsured before qualifying for Medicare in the 4th month of dialysis
- Uninsured status associated with increased hemodialysis initiation using tunneled dialysis catheters (TDC), rather than arteriovenous (AV) access, potentially due to inadequate or delayed access to pre-dialysis care
- National Kidney Foundation recommends against TDC use due to higher risk of access-related infection and mortality and lower cost-effectiveness c/w AV access
- Among general population, Medicaid expansion associated with improved insurance coverage and health outcomes
- Among ESRD patients, Medicaid expansion associated with 1/5 of non-elderly adults diagnosed with end-stage renal disease (ESRD) being uninsured before qualifying for Medicare in the 4th month of dialysis
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- Among ESRD patients, Medicaid expansion associated with improved insurance coverage and health outcomes

RESULTS

- Patients undergoing initial AV access creation in Medicaid expansion states were less likely to have tunneled catheters
- Treatment in Medicaid expansion states did not appear to confer a survival advantage in this surgical cohort over 3 years
- Medicaid expansion associated with a shift in VQI payer mix toward Medicaid
- Hispanic patients experienced gains in insurance coverage
- Medicaid expansion has potential for improving quality metrics among patients with ESRD

CONCLUSIONS

- Patients undergoing initial AV access creation for hemodialysis in Medicaid expansion states were less likely to have tunneled catheters
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