

TABLE V  
REGRESSION DISCONTINUITY ESTIMATES OF CHANGES IN MORTALITY RATES

	Death rate in					
	7 days	14 days	28 days	90 days	180 days	365 days
	<i>Estimated discontinuity at age 65 (<math>\times 100</math>)</i>					
Fully interacted quadratic with no additional controls	-1.1 (0.2)	-1.0 (0.2)	-1.1 (0.3)	-1.1 (0.3)	-1.2 (0.4)	-1.0 (0.4)
Fully interacted quadratic plus additional controls	-1.0 (0.2)	-0.8 (0.2)	-0.9 (0.3)	-0.9 (0.3)	-0.8 (0.3)	-0.7 (0.4)
Fully interacted cubic plus additional controls	-0.7 (0.3)	-0.7 (0.2)	-0.6 (0.4)	-0.9 (0.4)	-0.9 (0.5)	-0.4 (0.5)
Local linear regression procedure fit separately to left and right with rule-of-thumb bandwidths	-0.8 (0.2)	-0.8 (0.2)	-0.8 (0.2)	-0.9 (0.2)	-1.1 (0.3)	-0.8 (0.3)
Mean of dependent variable (%)	5.1	7.1	9.8	14.7	18.4	23.0

*Notes.* Standard errors in parentheses. Dependent variable is indicator for death within interval indicated by column heading. Entries in rows (1)–(3) are estimated coefficients of dummy for age over 65 from models that include a quadratic polynomial in age (rows (1) and (2)) or a cubic polynomial in age (row (3)) fully interacted with a dummy for age over 65. Models in rows (2) and (3) include the following additional controls: a dummy for people who are within 1 month of their 65 birthdays, dummies for year, month, sex, race/ethnicity, and Saturday or Sunday admissions, and unrestricted fixed effects for each ICD-9 admission diagnosis. Entries in row (4) are estimated discontinuities from a local linear regression procedure, fit separately to the left and right, with independently selected bandwidths from a rule-of-thumb procedure suggested by Fan and Gijbels (1996). Sample includes 407,386 observations on patients between the ages of 60 and 70 admitted to California hospitals between January 1, 1992, and November 30, 2002, for unplanned admission through the ED who have nonmissing Social Security numbers. All coefficients and their SEs have been multiplied by 100.