

# Uninsured children more often transferred from ERs than those with private insurance

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New research shows children seen in emergency departments who don't have insurance, or who have public Medicaid coverage, are significantly more likely to be transferred to another facility than to be admitted for inpatient care within the same receiving hospital compared to children with private insurance.

The abstract, "Association between Insurance and Transfer of Children from Emergency Departments," will be presented at the American Academy of Pediatrics (AAP) 2016 National Conference & Exhibition in San Francisco on Oct. 24. The abstract authors, who published a related article in the August 2016 *Annals of Emergency Medicine*, said further analysis calls into question the effectiveness of the three-decade-old Emergency Medical Treatment and Active Labor Act (EMTALA). This law requires hospitals to make decisions on patient transfer and admission based on clinical factors or the need for specialty services, independent of insurance status.

The study included Healthcare Cost and Utilization Project 2012 Nationwide Emergency Department Sample data and analyzed two groups of children - those with injuries and those without injuries. Among non-injured children, 240,620 pediatric [emergency department](#) visits at 950 hospitals located in 30 U.S. states who were either admitted or transferred were analyzed.

The researchers determined that patients who were uninsured or identified as self-paying (also considered uninsured) had almost four

times the odds of being transferred to another facility for admission compared to patients with [private insurance](#). Among the injured children, which included data analyzed separately from 9,461 emergency department encounters at 386 non-trauma centers, researchers found patients had 1.25 times the odds of being transferred to another facility for admission compared to patients with private insurance, even after adjusting for injury severity and other variables.

"Our findings suggest a systematic bias toward admitting children with private medical insurance and transferring those who either don't have insurance or who have Medicaid," said abstract author Yunru Huang, a Ph.D. candidate in epidemiology at University of California, Davis. This reinforces ongoing concerns about inequities in the delivery of care and call into question the effectiveness of the EMTALA, she said.

"Not having health insurance or having Medicaid coverage unfortunately is still an important factor in the type and quality of care delivered to children," Huang said. She called for efforts to reduce the number of children without medical insurance as well as equity in payments between Medicare and private insurance with Medicaid. In the meantime, she said, further studies of hospitals and physicians are needed to identify when [children](#) are treated differently because of their insurance status.

**More information:** Dr. Huang will present the abstract, "Association between Insurance and Transfer of Children from Emergency Departments" on Monday, Oct. 24, at 9:15 am PT in Mascone Center West room 2018.

Provided by American Academy of Pediatrics

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