

US regions with lax gun control laws bear brunt of firearm injury costs

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US regions with lax gun control laws are bearing the brunt of firearm injury costs, with tax- funded dollars providing almost half of the total, finds research published in the open access journal *Trauma Surgery &*

Acute Care Open.

Yet while [firearm injuries](#) and associated healthcare costs are highest in the poorer South, the federal state programs, Medicare and Medicaid, cover only a third of these expenses, a situation that is tantamount to an "anti-poor [policy](#)," insist the researchers.

Firearm injuries take a huge human and societal toll, amounting to an estimated US \$229 billion every year in direct and [indirect costs](#). Most (82%) of all those killed by firearms in [high-income countries](#) over the past decade lived in the United States.

Firearm [injury](#) costs are affected by gun control laws, with policies varying by state. The researchers therefore wanted to find out the impact of gun control policies on costs and what proportion of these were covered by Medicare and Medicaid across the US.

They drew on data from the Nationwide Inpatient Sample (NIS) from the Agency for Healthcare Research and Quality for the years 2005 to 2015, to identify people admitted to hospital with firearm injuries.

The data were reported by region: Northeast; Midwest; West; and South. The Brady Gun Law Score was used to assess the effect of gun control laws by state.

Between 2005 and 2015, 317,479 people were admitted to hospital with firearm injuries. Most (89%) were men; their average age was 31. Almost half of all those admitted were Black; more than 42% of admissions in the West were among people of Hispanic ethnicity.

The South had the highest proportion—more than 42%—of hospital admissions; the Northeast had the lowest (17%). Comparable figures for the Midwest and West were 21% and 20%, respectively.

Firearm injuries cost US\$7.77 billion in hospital admissions and readmissions between 2005 and 2015, with the US taxpayer stumping up a sizeable chunk (42%;US\$3 billion) of the these costs.

While just over a third of the US population lives in the South, this region generated over 41% (US\$3.21 billion) of the total. On the other hand, the Northeast, where just under 18% of the population lives, contributed around 14% (US\$1.98 billion) to the total.

Medicare and Medicaid coverage, however, was lowest in the South: 34% compared with 56% in the Northeast, 40.5% in the Midwest, and 42% in the West. The South also had the highest proportion of self-paying patients.

Southern states tend to be poorer and to have higher rates of cardiovascular and metabolic diseases, suggesting that the costs of firearm injuries disproportionately fall on those least able to pay for them, point out the researchers.

"The policy implications of this are readily apparent: regions with the least stringent firearm policies incur greater financial costs related to [firearm](#) injury," they insist.

The researchers acknowledge that it wasn't possible to allocate costs to specific states or account for [healthcare costs](#) beyond hospital admissions, but their figures are likely to underestimate the long term costs of care, drugs, and lost productivity, they say.

"Government insurance programs are fundamental lifelines for seniors and the poor while providing a safety net, although an inadequate one, for health costs," they write.

"Policies that enable higher levels of gun availability while

simultaneously rejecting expansion of healthcare coverage for poor, uninsured, or underinsured residents represent an anti-poor policy," they add.

Policy makers need to think again about the links between [gun control laws](#) and taxpayer funding, they conclude.

More information: A decade of hospital costs for firearm injuries in the United States by region, 2005–2015: government healthcare costs and firearm policies, *Trauma Surgery & Acute Care Open* (2022). [DOI: 10.1136/tsaco-2021-000854](#)

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