ABSTRACT. Hundreds of thousands of pediatric patients require some level of emergency care annually, and significant barriers limit access to appropriate services for large numbers of children. The American Academy of Pediatrics has a strong commitment to identify barriers to access to emergency care, work to surmount these obstacles, and encourage through education increased levels of emergency care available to all children. It is also crucial to involve and incorporate the child’s medical home into emergency care, both during acute presentation when the medical home is identified and by assisting in locating a medical home for follow-up when none previously exists.

ABBREVIATIONS. ED, emergency department; AAP, American Academy of Pediatrics; EMSC, Emergency Medical Services for Children; MCHB, Maternal and Child Health Bureau; NHTSA, National Highway Traffic Safety Administration.

Thousands of infants, children, adolescents, and young adults seek emergency care each day in the United States. Many of these individuals do not seek care in a timely fashion because of a variety of obstacles. Appropriate access to pediatric emergency medical care is especially important for children because substantial morbidity may occur if care is delayed.

The problems restricting access to pediatric emergency medical care exist in a rapidly changing climate of health care delivery. Long-standing issues include:

- lack of universal understanding and application of a definition of “emergency”;
- lack of third-party payment for care for large numbers of children;
- lack of third-party use of prudent layperson standard for definition of emergency;
- retroactive denial of third-party payment when diagnostic signs and/or symptoms suggest an emergent condition, but final diagnosis (often after treatment) is “nonemergent”;
- lack of reasonable access to alternative sources of health care until the emergency department (ED) is left as the only place that will see everyone;
- lack of universal access to enhanced or basic 911 service, with reliance in some areas on local 10-digit emergency telephone numbers;
- the misconception that freestanding urgent care centers provide comprehensive emergency services;
- variability in pediatric training and experience among physicians staffing EDs—in the past (and fortunately decreasingly) ED staff were trained in internal medicine or family medicine, or were moonlighting residents from other nonpediatric specialties;
- lack of pediatric training and experience for prehospital transport personnel;
- lack of access to pediatric emergency medical care in rural regions of the country;
- failure to identify the medical home initially or to return child to medical home on ED discharge; and
- lack of a government body empowered to solve these issues.

Obstacles arising more recently include:

- managed care protocols that bypass regional emergency services for children;
- managed care protocols designed to reduce use of emergency facilities without providing appropriate alternative care;
- denial of payment for service to insured patients because of preexisting or chronic conditions;
- increasing legislation and managed care initiatives related to emergency access for children that often require complex and time-consuming phone calls and documentation;
- ill or injured children in families who fear retribution because of immigration issues, child custody issues, fear of social service agency intervention, and legal or financial concerns; and
- language and education barriers to understanding appropriate utilization of less emergent sources of care.

Since publication of the first policy on access to emergency medical care by the American Academy of Pediatrics (AAP), substantial advances have occurred:

- significant increase in emergency medicine residency programs that include specific training and experience in pediatric emergencies;
- improvements in pediatric training and experience for ED residents, as more programs become affiliated with tertiary and quaternary level pediatric centers for the pediatric patient;
- substantial and ongoing increase in presence of Board-certified emergency medicine physicians in EDs throughout the country, although many more are needed;
- increasing dissemination of pediatric emergency courses, such as Pediatric Basic Life Support, Pediatric Advanced Life Support, and Advanced Pedia-
• recognition that not every ED can be staffed by a
full-time pediatrician; encourage 1) a schedule
of pediatricians on call to every ED; 2) pediatrician
input into training, equipping, and otherwise pre-
paring the ED for care of children; and 3) in-
creased education of primary care pediatricians in
management of emergency medicine practice (es-
pecially multiple trauma). Refresher courses such as
Advanced Pediatric Life Support would be
strongly encouraged;
• encourage all EDs to establish transfer agreements
with facilities with higher levels of pediatric care
to ensure timely access to pediatric emergency
medical care for critically ill and injured children.

Adoption of the AAP Model EMSC Legislation by
each state would remedy many of the problems en-
countered in access to pediatric emergency care.13
The AAP membership and leadership, as advocates
for children, can and should make a strong commit-
ment to assist pediatricians and families to make
decisions about seeking timely and appropriate
emergency care.

COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE,
1999–2000
Robert A. Wiebe, MD, Chairperson
Barbara A. Barlow, MD
Ronald A. Furnival, MD
Barry W. Heath, MD
Steven E. Krug, MD
Karina McCloskey, MD
Lee A. Pyles, MD
Deborah Mulligan-Smith, MD
Timothy S. Yeh, MD
LIAISONS
Marianne Gausche-Hill, MD
American College of Emergency Physicians
Dennis W. Vane, MD
American College of Surgeons
David Markenson, MD
National Association of EMS Physicians
SECTION LIAISONS
Joseph P. Cravero, MD
Section on Anesthesiology
M. Douglas Baker, MD
Section on Emergency Medicine
Michele Moss, MD
Section on Critical Care
Dennis W. Vane, MD
Section on Surgery

REFERENCES
1. American Academy of Pediatrics, Committee on Pediatric Emergency
2. American Academy of Pediatrics and American Heart Association Sub-
committee on Pediatric Resuscitation. Chameides L, Hazinski MF, eds. 
Pediatric Advanced Life Support. Dallas, TX: American Heart Association; 1997
3. American Heart Association. Pediatric Basic Life Support. Dallas, TX:
American Heart Association; 1997
Grove Village, IL/Dallas, TX: American Academy of Pediatrics/ 
American College of Emergency Physicians; 1998
Village, IL: American Academy of Pediatrics/American Heart
Association; 1994
6. US Department of Transportation, National Highway Traffic Safety
Administration. Module 6, Lesson 6.1. In: Paramedic: National Standard
Access to Pediatric Emergency Medical Care  
Committee on Pediatric Emergency Medicine  
*Pediatrics* 2000;105;647  
DOI: 10.1542/peds.105.3.647

| Updated Information & Services | including high resolution figures, can be found at:  
| References | http://pediatrics.aappublications.org/content/105/3/647  
| Subspecialty Collections | This article cites 2 articles, 2 of which you can access for free at:  
| | http://pediatrics.aappublications.org/content/105/3/647.full#ref-list-1  
| Subspecialty Collections | This article, along with others on similar topics, appears in the following collection(s):  
| Emergency Medicine | http://classic.pediatrics.aappublications.org/cgi/collection/emergency_medicine_sub  
| Administration/Practice Management | http://classic.pediatrics.aappublications.org/cgi/collection/administration_practice_management_sub  
| Standard of Care | http://classic.pediatrics.aappublications.org/cgi/collection/standard_of_care_sub  
| For Your Benefit | http://classic.pediatrics.aappublications.org/cgi/collection/for_your_benefit  
| Permissions & Licensing | Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:  
| | https://shop.aap.org/licensing-permissions/  
| Reprints | Information about ordering reprints can be found online:  
| | http://classic.pediatrics.aappublications.org/content/reprints  

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since . Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2000 by the American Academy of Pediatrics. All rights reserved. Print ISSN: .

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™  

Downloaded from http://pediatrics.aappublications.org/ by guest on November 7, 2017
Access to Pediatric Emergency Medical Care
Committee on Pediatric Emergency Medicine

Pediatrics 2000;105;647
DOI: 10.1542/peds.105.3.647

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/105/3/647