Access to Emergency Medical Care

Committee on Pediatric Emergency Medicine

More than 60,000 children seek emergency care each day in the United States. However, inequities in our present health care system often preclude the prompt and appropriate access to emergency care necessary to treat these infants, children, and young adolescents—hereafter referred to as children. Several important obstacles exist. (1) As of 1990, there were more than 12 million uninsured American children. (2) Many children are declared uninsurable because of chronic illnesses, disabling conditions, or other preexisting conditions. (3) Although emergency departments are required to evaluate all patients who seek care, it is well known that lack of insurance can serve as an obstacle to prompt access to, transport to, and treatment at appropriate-level emergency and critical care facilities. (4) There is not yet universal availability and appropriate use of the 911 access number. (5) The extent to which pediatrics is included in the educational and training content of paramedic and basic emergency medical technician programs has been shown to be less than adequate. (6) Finally, children have special needs, requiring services not always available in every hospital. Therefore, the obstacles to prompt access are magnified at a critical time for the child seeking emergency care.

Several recent developments have increased the recognition and understanding of the unique emergency medical care needs of children. These include: (1) the development of pediatric emergency medicine as a subspecialty of pediatrics (American Board of Pediatrics) and emergency medicine (American Board of Emergency Medicine); (2) the development of the American Academy of Pediatrics (AAP)/American College of Emergency Physicians Advanced Pediatric Life Support course and the AAP/American Heart Association Pediatric Advanced Life Support course; (3) the federal Emergency Medical Services for Children grants; (4) the development of guidelines for emergency medical services for children; and (5) Institute of Medicine studies under way to evaluate emergency care for children in the United States.

The American Academy of Pediatrics recommends that every child in need of emergency care deserves access to optimal emergency services, without regard to socioeconomic status. Efforts must be directed on local, state, and federal levels: (1) to increase public, professional, and governmental awareness about the magnitude of the problem of access to emergency care for children; (2) to fund, support, and promote the further development and improvement of emergency medical services for children; (3) to encourage all emergency departments to establish transfer agreements with tertiary care referral centers to ensure access to care for critically ill and injured children; and (4) to guarantee prompt and appropriate access to emergency care for all children regardless of socioeconomic status, ethnic origin, geographic location, or health status.

There must be a national commitment to ensure access to quality emergency health care for all children.

REFERENCES

### Access to Emergency Medical Care

*Pediatrics* 1992;90;648

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