

TO: Members of Congress and their Staffs

FROM: Ron Pollack, Executive Director of Families USA

RE: Ground-Breaking Report about Uninsured Children

DATE: February 27, 2007

As Congress starts its deliberations about the reauthorization of the State Children's Health Insurance Program (SCHIP) and decides whether to extend health coverage to the approximately 9 million children who are uninsured, it is critical to understand the consequences of children being uninsured. The attached Families USA report provides ground-breaking data about those consequences.

The report focuses on the disparate consequences that uninsured children experience compared to insured children when each are hospitalized for common health problems. It shows that uninsured children receive different treatment that too often results in harmful, even tragic, outcomes.

Hospitals play a critical role in caring for the uninsured. In fact, they are the primary locus of (often uncompensated) care for the uninsured, especially hospital emergency rooms. Moreover, the key associations representing hospitals—groups like the American Hospital Association, the Catholic Health Association, the Federation of American Hospitals, the National Association of Children's Hospitals, and the National Association of Public Hospitals—are working energetically in support of proposals that would expand health coverage to the uninsured.

There are, however, differences in care and outcomes experienced by uninsured children compared to insured children. Although neither parents nor physicians want cost concerns to influence decisions about what kinds of treatment a child will receive, the reality is that uninsured children are less likely to receive some of the more aggressive treatments, which also happen to be more expensive.

Our study analyzes those differences for four common health problems: (1) traumatic brain injury (brain damage often caused by car, bicycle, or pedestrian accidents); (2) general injury (all injuries, including those to the brain as well as other parts of the body); (3) appendicitis; and (4) middle ear infections (often referred to as otitis media).

In comparing outcomes and treatments for uninsured versus insured children, the data for each condition were adjusted to control for differences in the severity of a child's condition, as well as differences in age, health status (presence of other unrelated health conditions), and other factors that can affect health outcomes. These adjustments allow for the best possible comparisons between uninsured and insured children, thereby eliminating how factors other than insurance status drive the results.

The differences we found are enormous, including the following:

Traumatic Brain Injury (TBI)

- Among children admitted to a hospital with TBI, *uninsured children were 2.3 times as likely to die while in the hospital* as insured children.
- Among children admitted to a hospital with TBI, uninsured children were *nearly a third less likely (32 percent) to receive intracranial pressure monitoring* (a medical procedure indicative of aggressive treatment) than insured children.
- Among children admitted to a hospital with TBI who survived, uninsured children were *46 percent less likely to be discharged to rehabilitative care* than insured children.
- Uninsured children admitted to a hospital with TBI were *discharged from the hospital, on average, almost three days (2 days, 21 hours) earlier* than insured children.

General Injury

- Uninsured children admitted to a hospital due to injuries were *twice as likely to die* while in the hospital as their insured counterparts.
- Uninsured children admitted to a hospital due to injuries were *44 percent less likely to be discharged to rehabilitative care* than insured children.

Appendicitis

- Among children admitted to a hospital with appendicitis, uninsured children were *18 percent less likely to receive a laparoscopic appendectomy*, a less invasive and less painful way to remove the appendix than regular, open surgery.

Ear Infections

- Among children admitted to a hospital with otitis media (middle ear infections), uninsured children were *less than half as likely to get ear tubes inserted* than insured children.

The clear implication of this ground-breaking data is that, when kids get sick or hurt, insurance matters. Children without health insurance receive less and inferior care, and, for those uninsured children with severe illnesses or injuries, this can lead to most severe and tragic consequences.