Background

Although research demonstrates that alcohol screening and interventions in trauma centers reduce subsequent alcohol use, repeat injuries, hospital readmissions and health care costs, most trauma centers do not routinely test patients for the presence of alcohol, drugs or other intoxicants. A major barrier to screening patients for alcohol use in trauma centers is the Uniform Accident and Sickness Policy Provision Law, which permits insurance companies to deny payment for injury claims if alcohol or drug use was involved.

In the article entitled “Effect of the Uniform Accident and Sickness Policy Provision Law on Alcohol Screening and Intervention in Trauma Centers,” Larry M. Gentilello, M.D., and colleagues conducted surveys to investigate trauma surgeons’ and legislators’ knowledge of, and attitudes towards, alcohol screening in trauma patients and the Uniform Accident and Sickness Policy Provision Law. Ninety-eight trauma surgeons and 56 legislators responded to questionnaires on the topic.

Findings

- Surgeons and legislators view alcohol-related injuries as a problem. A majority of surgeons reported that alcohol use disorders (89%) and drug abuse among patients (76%) are major burdens on their trauma centers. Sixty-three percent of surgeons thought that, if uniform testing were performed, more than 30 percent of trauma patients would test positive for alcohol while 23 percent believed that more than 30 percent of patients would test positive for drugs. Legislators had similar views on the magnitude of substance use problems in trauma center patients, with 80 percent reporting a belief that 20 percent or more of trauma patients are injured while under the influence.

- Surgeons and legislators are unaware that the Uniform Accident and Sickness Policy Provision Law is active in their state, and the majority do not support the law. One in four surgeons (24%) had experienced an alcohol-related insurance denial in the past six months. However, many were not familiar with the Uniform Accident and Sickness Policy Provision Law. In fact, only one in 10 (13%) thought they practiced in a Uniform Accident and Sickness Policy Provision Law state when in actuality, seven in 10 did. In other words, many surgeons experience denials, but are not aware that their state has passed a law.
that gives insurance companies explicit permission to refuse to pay them and their hospital for their services if they treat a patient who was injured while under the influence of alcohol.

Many legislators were not familiar with the Uniform Accident and Sickness Policy Provision Law. Nearly two-thirds (64%) of those who thought the Uniform Accident and Sickness Policy Provision Law did not exist in their state were incorrect. However, about two-thirds of legislators (62%) believe the Uniform Accident and Sickness Policy Provision Law should be repealed in states that have it. Overall, a majority of legislators from both parties favored repealing the law.

- **Surgeons and legislators are supportive of screening and alcohol counseling, but many trauma centers and surgeons currently are not screening or providing interventions.** Nearly all surgeons surveyed (91%) believed it is important to measure blood alcohol levels, and about three-quarters (76%) of surgeons believed it is the physician’s responsibility to screen for alcohol use disorders. Eighty percent of legislators also believed that it is a good idea to offer alcohol counseling to intoxicated motor vehicle crash patients who are admitted to a trauma center. Although both surgeons and legislators support alcohol screening and intervention programs in trauma centers, less than half of surgeons (48.5%) currently screen patients for alcohol use. This low screening rate is at least, in part, a result of the potential financial impact the Uniform Accident and Sickness Policy Provision Law has had on trauma centers. In fact, about four out of five surgeons (82%) indicated that they would be willing to start an alcohol screening and intervention program in their trauma center if legal barriers that penalize them for doing so were removed.

—Deanna Lewis

*Deanna Lewis is a Robert Wood Johnson Foundation/Rutgers Policy Fellow.*

---