The American College Of Emergency Physicians

The National Report Card on the State of Emergency Medicine

Evaluating the Environment of Emergency Care Systems State by State

2006

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JANUARY 2006

American College of Emergency Physicians®

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ACEP acknowledges with gratitude the organizations that have published data used in this report, including the American Board of Medical Specialties, the American Hospital Association, the American Medical Association (including the Online Fellowship and Residency Electronic Interactive Database), the American Nurses Association, the American Osteopathic Association, the American Trauma Society, the Henry J. Kaiser Family Foundation, and the *Medical Liability Monitor.*

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Printed in the USA

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ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Emergency medicine needs to be there "where you need it, when you need it." It's something that few people think about until the moment an emergency occurs – and then their lives may depend on it. The recent Hurricane Katrina disaster shows just how important it is to have effective emergency medicine systems in place at all times. An effective system, however, requires more than the dedicated work of highly trained medical professionals – it needs the support of government to function.

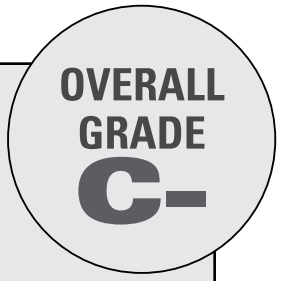
The National Report Card on the State of Emergency Medicine is an assessment of the support that each state provides for its emergency medicine system. The American College of Emergency Physicians (ACEP) prepared this report to underscore the challenges facing patients who need emergency care, as well as to recognize efforts being made to address these needs. The objective of this report is to motivate state and national policy support for improving emergency care. This effort is the first in a series of report cards, which will serve as a baseline to show progress in the future.*

ACEP began this intensive effort more than a year ago, with the appointment of a task force with research and policy expertise to oversee the project. The task force developed 50 objective and quantifiable criteria that were used to measure the performance of each state and the District of Columbia. These measurements were weighted and aggregated, and grades were assigned based on a comparison to the best state's performance.

Each state has an overall grade, plus grades in four categories – *Access to Emergency Care, Quality and Patient Safety, Public Health and Injury Prevention,* and *Medical Liability Environment.* These grades are not evaluations of physicians or hospital emergency departments, but they show the overall effort of states to support effective emergency medicine systems.

The results are sobering. The national emergency health care system is in serious condition, with many states in a critical situation. While no state receives an overall failing grade, many have serious deficiencies, and almost all have areas in which there is substantial room for improvement. State and national policymakers should take the results to heart and support efforts to improve emergency care.

*This report is posted on the ACEP Web site (www.acep.org), and significant developments will be added to the site as they become available.



NATIONAL GRADE

The emergency medicine system of the United States as a whole has earned a grade of C- – barely above a D. This represents an average of the overall grades for all states and the District of Columbia, as well as data received from ACEP's Government Services and Puerto Rico chapters. No state scored either an A or F for its overall grade. California, Massachusetts, Connecticut, and the District of Columbia led the nation with overall grades of B. Rating worst in the nation with overall grades of D+ or D were Alabama, Arizona, Arkansas, Idaho, Indiana, New Mexico, Oklahoma, South Dakota, Utah, Virginia, Washington and Wyoming. More than 80 percent of states earned poor or near-failing overall grades (C+ to D).

Facts Behind the National Grade

Despite the life-saving importance of emergency care, the emergency medicine systems in many states are under extreme stress. The number of people coming to emergency departments continues to increase, with nearly 114 million patient visits in 2003, the highest number ever, according to the Centers for Disease Control and Prevention (CDC). At the same time, the overall capacity of the nation's emergency systems has decreased, with hundreds of emergency departments closing in the past 10 years. The number of emergency departments has decreased by 14 percent since 1993, according to the CDC, and hospitals are operating far fewer inpatient beds than they did a decade ago. During the 1990s, hospitals lost 103,000 staffed inpatient medical-surgical beds and 7,800 intensive care unit beds nationwide.

In addition, hospital emergency departments have a federal mandate to medically screen and stabilize all patients, regardless of their ability to pay. As a result, increasing numbers of uninsured patients with nowhere else to go for medical care are coming to emergency departments. Thus, a large number of people pay nothing for their care. Soaring amounts of uncompensated care means fewer resources for everyone. At the same time, all health insurance payers, including private insurance companies, Medicare, and Medicaid, are paying less for services, and state governments are cutting health budgets.

Local emergency departments are at the front line of this national health care crisis. They are increasingly crowded, often to the point that ambulances must be diverted to another hospital. A key cause is the lack of staffed inpatient beds. Often, when emergency patients need to be moved into hospital beds, they must wait in emergency department hallways for hours and sometimes days. Another cause is the high cost of medical liability insurance, which has led some specialty doctors to leave medicine or to be less willing to be "on call" for emergency situations, aggravating hospitals' ability to provide emergency care.

Federal medical liability reform would help states prevent medical specialists from leaving the practice of medicine and end the ongoing battles against the reforms in place. For example, Wisconsin last year lost its battle and rescinded its reforms. Federal policymakers also could increase the number of physicians available in emergency departments by supporting liability protections for physicians who provide EMTALA- (Emergency Medical Treatment and Labor Act) related care.

Ambulance Diversion Survey

The report cards include the first-ever national survey of state government emergency medicine services officials on ambulance diversion. The *Quality and Patient Safety* category included the question, "Does the state require hospitals to submit data on diversions?" The survey sought to determine which states, on a statewide basis, require reporting on the frequency of diversions. State government emergency medical services (EMS) offices were contacted by telephone to obtain this information.

The survey found that only 10 states currently collect this data. Only with adequate data about the extent of the diversion problem will the country begin to confront this serious problem. ACEP is calling on all states, as well as the federal government, to begin systematic monitoring of ambulance diversion. Gathering this data will allow the nation to know the true dimensions of this rapidly growing symptom of the gridlock in emergency departments. Understanding the scope of the issue is the logical first step in confronting a complex and critical issue.

Hurricane Katrina

The Hurricane Katrina disaster demonstrated the critical role of emergency medicine in times of natural or man-made disasters. It also showed the need for "surge capacity" in the critical time between when a disaster occurs and when state or federal resources can be mobilized to respond.

The report card statistics from Louisiana and Mississippi are effective as of September 1, 2005, prior to the hurricane. Clearly, the loss of additional resources, particularly in New Orleans and the Gulf Coast areas, indicates even greater need for infrastructure, capacity, and local resources. At the same time, the report card offers some insights into how these areas can be rebuilt effectively.

Understanding the Four Categories

The states' overall grades are an average of their grades in four categories.

Access to Emergency Care

Evaluating patients' access to care is fundamental to evaluating the overall delivery of emergency care. Emergency departments play a vital role in providing care and access to the health care system in every community; however, their ability is limited by the system's capacity and the number of trained professionals in the state. Hospital emergency departments also play a key role in the health care safety net, treating patients regardless of whether they can pay or have health insurance.

The access category measures the availability of emergency care resources in the state, as well as certain kinds of state health care spending, including public funding of health insurance. This category also measures what percentage of a state's population is uninsured. It also measures the number of hospital-staffed beds, because a larger bed capacity reduces overcrowding and preserves everyone's access to emergency care. This category was weighted most heavily because patient access is a critical measure of how a state is meeting the emergency care needs of its residents.

Quality and Patient Safety

This category measures state support for training emergency physicians and EMS personnel, patient access to ambulances and 911 services, and state commitment to measure the extent of ambulance diversion.

Research shows emergency medicine residents usually stay to practice in the states where they trained, or nearby. This suggests that support for emergency medicine residency programs will help increase the number of qualified emergency physicians in an area.

Public Health and Injury Prevention

This category measures state support for health and safety programs, such as seat belt, helmet, and drunk driving laws. Emergency physicians see firsthand the tragic consequences of traumatic injuries in states where injury prevention laws are weak or nonexistent. Nearly 40 percent of all emergency visits are attributable to traumatic injuries. Trauma is the leading cause of death for persons younger than age 34.

This category also examines the percentage of the population that is immunized, the availability of emergency preparedness programs, and the presence of public health programs that promote safer environments. These are programs through which governments help reduce preventable injuries and diseases. This is relevant to emergency medicine because emergency physicians and nurses are on the "frontlines" of caring for patients with preventable injuries and diseases.

Medical Liability Environment

This category assesses increases in state medical liability rates and support for medical liability reforms, including caps on non-economic damages and legal protections for physicians who provide emergency care. A problem with a state's medical liability climate can lead to physician shortages, delays in patient care, and increased patient transfers, all of which have a direct bearing on the emergency medical care system.

In some areas of the country, emergency departments have closed because medical specialists, such as neurosurgeons, obstetricians, and orthopedists, could not obtain medical liability insurance. In almost all states, some areas do not have critical on-call specialists. Many of these specialists no longer provide services because they fear lawsuits. The problem could worsen as liability concerns drive medical students away from high-risk specialties, such as emergency medicine, surgery, neurosurgery, orthopedics, and obstetrics.

States that have addressed the problem by enacting caps on non-economic damages – often at $250,000 – have protected patients and maintained an environment in which good physicians are not forced out of practice. In the absence of federal legislation, states must act to preserve access to life-saving medical care, while also protecting patients from malpractice.

Methodology

The report card was assembled in four steps. First, a task force of experts carefully considered

the available data and developed 50 appropriate evaluation criteria. The most difficult constraint was finding data collected consistently in all the states. In some cases, important measurements were available in some states, but not all, which would not allow for comparison. Preparing this report makes it clear that federal and state governments could help improve emergency care through better, more frequent, and more consistent data collection. Overall, there were fewer than 20 pieces of data missing in the final document, out of a total of thousands of pieces of data, a gap that did not have a significant effect on the final grades.

Second, the task force divided the criteria into the four broad categories. The task force recognized that not all categories or criteria were equal, and assigned percentage weightings to reflect this. The four categories and their percentages of the final grade are as follows:

- access – 40 percent;
- quality and patient safety – 25 percent;
- public health and injury prevention – 10 percent;
- and medical liability environment – 25 percent.

The task force also assigned each of the 50 criteria percentage weightings that were used to develop a score within each category. These percentages are shown in the list of criteria in the next section.

Third, the performance of each state in each of the 50 criteria was compared and points awarded. In most cases, the states and the District of Columbia were ranked from top to bottom, with the top state receiving 51 points. For criteria requiring a yes or no answer, 51 points were awarded for a "yes" answer. The points for each criterion were then multiplied by the weighting factors. Those totals were added to determine each state's point total for each of the four categories.

Fourth, the states' point totals were compared using a modified curve scoring system. Each state's total was compared with the total of the state with the highest grade in that category. This means that no state has been judged on the basis of an abstract "ideal," but rather on the basis of what has been achieved by the best state.

This scale, which was applied across all four categories, offered a generous range in which states could earn a good grade. For example, a state that scored at least 50 percent of the highest state score still received a C, both overall and within each category. States in the top or bottom third of each letter grade range received a "+" or "–" grade accordingly. A state's overall grade is the average of its grades in the four categories.

The grades then were allocated as follows:

- States that reached at least 80% of the top state score received an **A**
- States that reached at least 70% of the top state score received a **B**
- States that reached at least 50% of the top state score received a **C**
- States that reached at least 30% of the top state score received a **D**
- States that fell below 30% of the top state score received an **F**

In summary, the report card methodology is an objective evaluation using data collected consistently in all states from governments and major medical associations. The grades are based strictly on how a state's support compares to the highest scoring state. All the data used in the evaluation are included in the state's report card, and all sources for this data are listed in the table at the end of this report.

ACEP gathered the best data available, but there were shortcomings. In a few cases, the most recent data were several years old. To maintain consistency, the report cards use data published in official government reports, even though a state-by-state review might have generated some updated data points.

Finally, all states have unique circumstances worthy of consideration when grading the four categories. The narrative sections of the report cards discuss the most significant of these circumstances.

Understanding the Criteria and Weightings

The criteria were assigned percentage allocations, as follows:

Access to Emergency Care — 40%

- Number of emergency departments per 1 million people: 5%
- Annual emergency department visits per board-certified emergency physician: 5%
- Board-certified emergency physicians per 100,000 people: 5%
- Number of registered nurses per 1,000 people: 3%
- Number of hospital-staffed beds per 1,000 people: 3%
- Annual per capita expenditure on hospital care: 2%
- Percentage of population that does not have health insurance: 5%
- Annual payments per fee-for-service enrollee in Medicare: 3%
- Annual state Medicaid expenditures per population under 65: 3%
- Annual SCHIP state contribution per 100 population under 18: 3%
- Trauma centers per 1 million population: 3%

Quality and Patient Safety — 25%

- Emergency medicine residents per 1 million people: 5%
- Emergency medicine residency programs: 1%
- Percentage of population with access to advanced life support ambulance services: 3%
- Percentage of pre-hospital personnel with access to online medical direction: 3%
- Percentage of population with access to Enhanced 911 services (location identification from where the call is placed) : 3%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: 3%
- Training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks: 5%
- State requirements for hospitals to submit data on diversions: 2%

Public Health and Injury Prevention — 10%

Traffic Safety and Drunk Driving (4%)

- Primary seat belt law: 1%
- Traffic fatalities per 100,000 licensed drivers: 0.5%
- Percentage of fatalities in which no restraint was used: 0.5%
- Total killed in alcohol-related crashes per 100,000 population: 0.5%
- Alcohol-related fatalities as a percentage of all traffic fatalities: 0.5%
- Helmet use required for all motorcycle riders: 0.5%
- Substance abuse clients in specialty treatment units (per 100,000 population): 0.5%

Immunization (1.5%)

- Percent of children aged 19-35 months who are immunized: 0.5%
- Percent of adults aged 65 and older who received an influenza vaccine in the last 12 months (2002): 0.5%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 0.5%

Early Prenatal Care (0.5%)

- Percent of live births with early prenatal care (beginning in the first trimester): 0.5%

Injury Rates (0.5%)

- Fatal occupational injuries per 1 million population: 0.5%

Injury Prevention Programs: (3.5%)

- Unintentional injury prevention programs:
  (a) Fall prevention program: 0.5%
  (b) Fire-related injury prevention program: 0.5%
  (c) Child safety seat non-users intervention program: 0.5%
- Intentional injury prevention programs:
  - State law enforcement special unit or designated personnel to address:
    (a) Domestic violence: 0.5%
    (b) Child abuse: 0.5%
    (c) Intimate partner violence and sexual violence prevention program: 0.5 %

(D) Violence prevention program for high-risk youth: 0.5%

Medical Liability Environment — 25%

- Caps on non-economic damages: maximum 14%.

  Breakdown:

  - $250,000 "hard" cap on non-economic damages: 14%
  - $250,001 - $350,000 "hard" cap on non-economic damages: 10%
  - $350,001- $500,000 "hard" cap on non-economic damages: 3%
  - Any other kind of cap on non-economic damages: 1%
- Liability protection for emergency care: 3%
- Pretrial screening panels: 1%
- Expert witness rules: 1%
- Joint liability reform: 1%
- Collateral source reform: 1%
- Patient compensation fund: 1% (extra credit amount)
- Increase in physicians' medical liability insurance rates 2001-2004: 2%
- Increase in specialists' medical liability insurance rates 2001-2004: 2%

Notes on the criteria

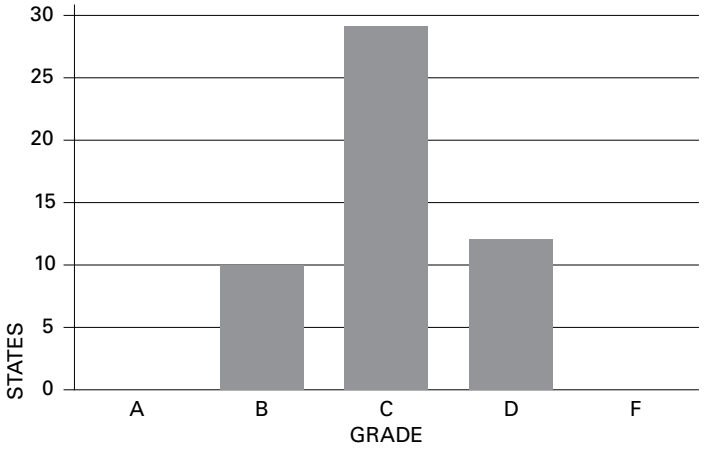
- "Emergency physicians" are defined as emergency physicians who are board certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.
- "SCHIP" is the State Children's Health Insurance Program.
- "Trauma centers" are defined as Level 1 and 2 trauma centers, as designated by the American Trauma Society.
- "Caps on non-economic damages" are damages awarded in a medical liability lawsuit, other than for quantifiable costs, such as medical bills and lost wages – also called "pain and suffering." Only "hard" caps are counted, which means that caps with exceptions are not included. When state statutes allow a judge or jury to waive the cap in severe cases, this is considered a "soft" cap, and thus is not included in the "hard" cap category. Also, caps in states that require physicians to contribute to patients' compensation funds are not counted as "hard" caps, since these often expensive contributions are, in effect, insurance for claims payments that exceed the caps. States with these funds do receive credit for having "any other kind of cap," plus an extra credit point.
- "Expert witness rules" are defined as a legal requirement that says any expert testimony against a board-certified physician must only come from another physician who is board certified in the same area.
- "Increases in medical liability insurance rates" are defined as the unweighted average of all insurance companies' rates for that type of physician, for all regions for a given year. The "specialists" rate is the unweighted average of rates for general surgeons and obstetricians. "Increase in physicians' medical liability insurance rates" means the rate of increase for physicians practicing internal medicine.
- In many cases, there currently are legal challenges to statutes creating caps. Where laws are under review, the states were given credit for the existence of the law. If a state Supreme Court declared a given statute unconstitutional, the state was not given credit for having a statute providing for caps.

Government Services and Puerto Rico – In addition to the report cards for the 50 states and the District of Columbia, this report includes report cards for *Government Services* and *Puerto Rico.* In these two cases, it was not possible to obtain data that were comparable to that in the other report cards. Thus, these two report cards have no letter grades, but a narrative evaluation that is based on information provided by ACEP representatives who have extensive experience and expertise in these areas.

FINDINGS — OVERALL GRADES

The states' overall grades are an average of their four category grades.* These grades have a marked bell-shaped distribution. No state earned an overall A. This demonstrates the fundamental finding that while no state is having catastrophic failures to support emergency medicine, there is a lot of work to be done across the board. Some states are doing significantly better than others, but all have room to improve.

Figure 1: State Overall Grades



The states' overall rankings** were as follows:

1	CALIFORNIA	B
2	MASSACHUSETTS	B
3	CONNECTICUT	B
4	DISTRICT OF COLUMBIA	B
5	SOUTH CAROLINA	B-
6	MICHIGAN	B-
7	PENNSYLVANIA	B-
8	MAINE	B-
9	RHODE ISLAND	B-
10	MARYLAND	B-
11	OHIO	C+
12	NEW JERSEY	C+
13	GEORGIA	C+
14	MISSOURI	C+
15	NEW YORK	C+
16	DELAWARE	C+
17	WEST VIRGINIA	C+
18	ALASKA	C+
19	IOWA	C+
20	MINNESOTA	C+
21	TEXAS	C
22	ILLINOIS	C
23	MONTANA	C
24	VERMONT	C
25	COLORADO	C
26	NEW HAMPSHIRE	C
27	NEBRASKA	C-
28	LOUISIANA	C-
29	WISCONSIN	C-
30	FLORIDA	C-
31	KENTUCKY	C-
32	MISSISSIPPI	C-
33	NORTH DAKOTA	C-
34	HAWAII	C-
35	OREGON	C-
36	NORTH CAROLINA	C-
37	NEVADA	C-
38	TENNESSEE	C-
39	KANSAS	C-
40	WASHINGTON	D+
41	ALABAMA	D+
42	ARIZONA	D+
43	NEW MEXICO	D+
44	INDIANA	D+
45	WYOMING	D+
46	VIRGINIA	D+
47	SOUTH DAKOTA	D+
48	OKLAHOMA	D+
49	UTAH	D
50	IDAHO	D
51	ARKANSAS	D

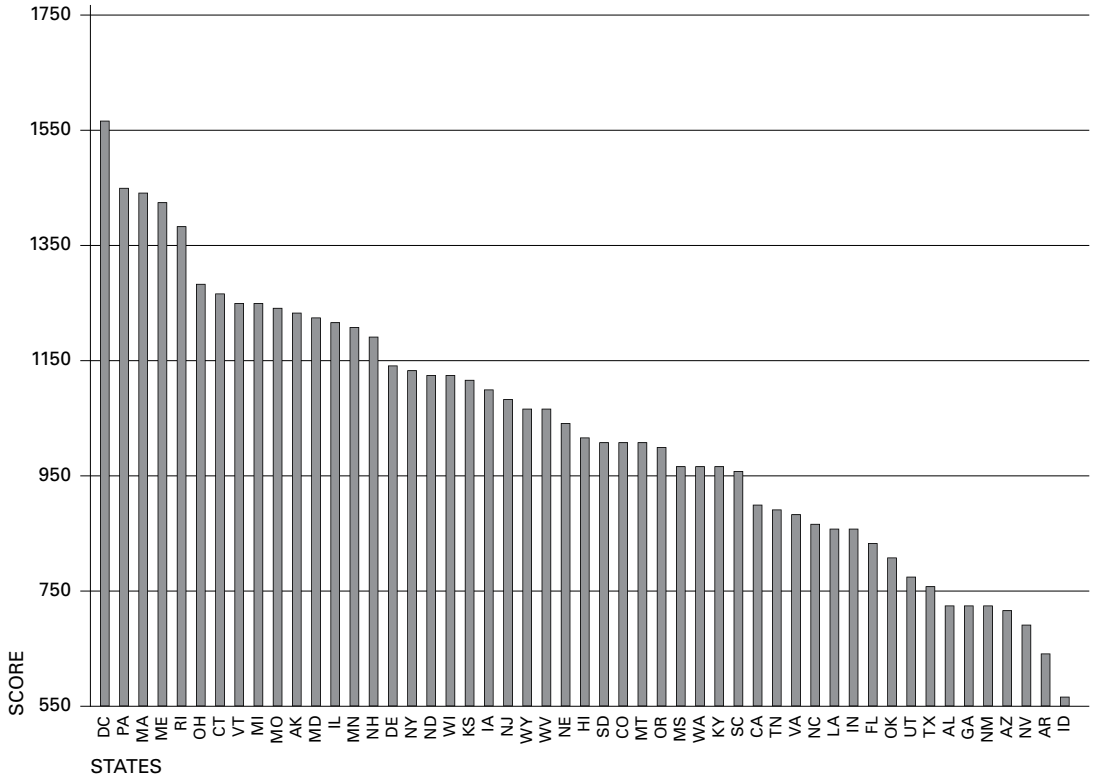
*Basing overall grades on the average of the four category grades helps to "smooth out" a particularly high or low grade within a grade band. This rounding effect means that a state's overall grade relative to other states may be slightly different than its raw total score rank as shown in the above chart.

**Like the overall grades, the states' overall rankings were determined based on the average of their grades in the four categories. Grade averages were calculated to two decimal places, and ties were broken based on total points. There were two cases in which a pair of states tied with identical grades and identical point totals.

FINDINGS — ACCESS TO EMERGENCY CARE

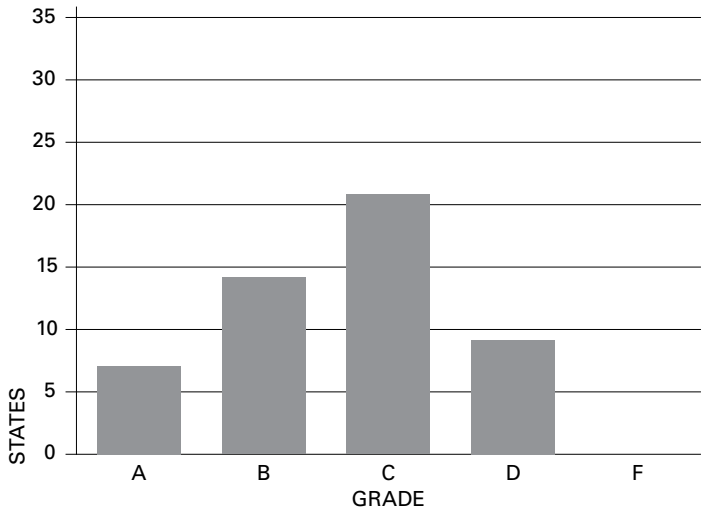
The *Access to Emergency Care* category produced a generally consistent level of performance across most states. The District of Columbia scored significantly higher than many states, while 17 states scored below 950 points. Most of the other states fell into a relatively narrow band between 950 and 1,350.

Figure 2: Access to Emergency Care by State



The grading method described above was then applied to these totals. The resulting *Access* grades had a bell-shaped distribution with a large number of C's:

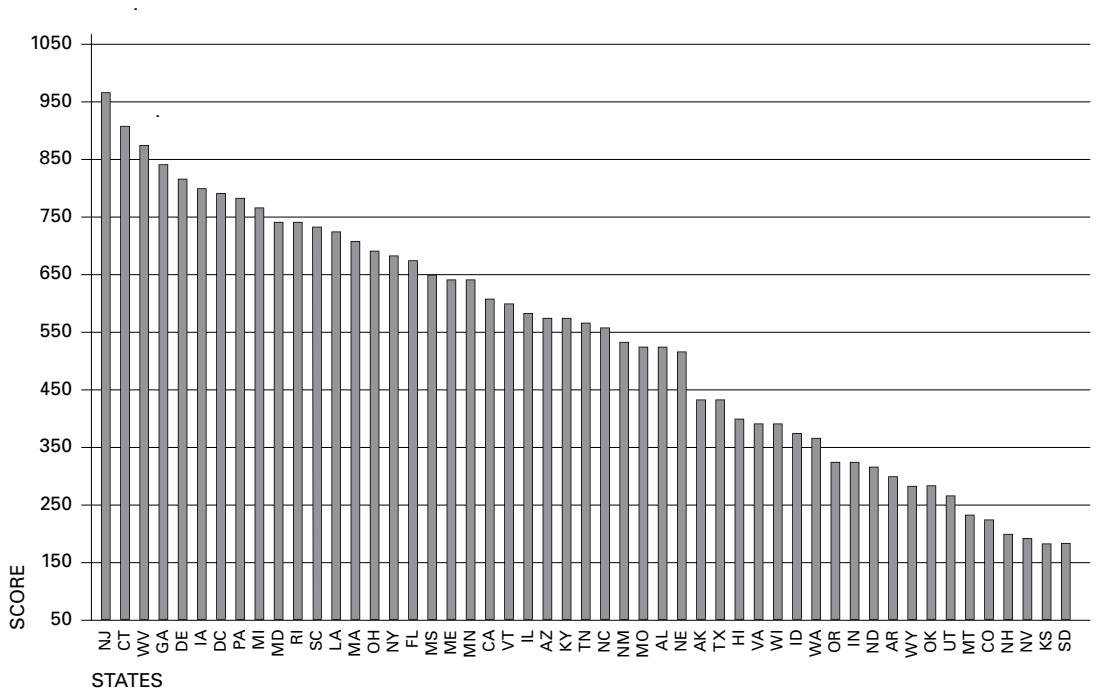
Figure 3: Access to Emergency Care: Grade Distribution



FINDINGS — QUALITY AND PATIENT SAFETY

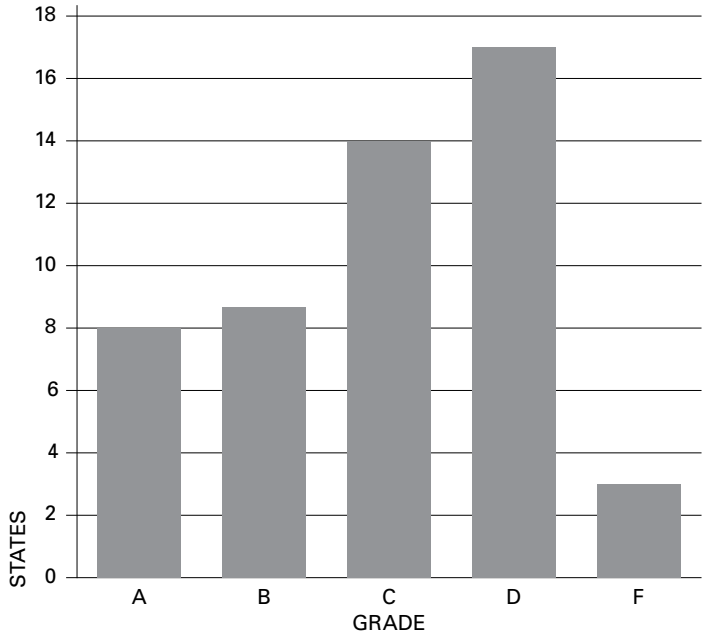
For the *Quality and Patient Safety* category, the results had a much more "sloping line" character. There were wide differences among states, and the differences were evenly spread. New Jersey earned the highest score with 968 points, and the other states' totals gradually declined to the lowest score of 181 points for South Dakota:

Figure 4: Quality and Patient Safety by State



This category had a fairly even distribution of grades. Given the distribution of points, it is not surprising that 20 states earned D's or F's, meaning they scored fewer than half the total points of the highest-ranking state:

Figure 5: Quality and Patient Safety: Grade Distribution



FINDINGS — PUBLIC HEALTH AND INJURY PREVENTION

For the *Public Health and Injury Prevention* category, the points earned again showed a wide spread, but the slope was steeper and the differences more pronounced. New York had the highest total with 384.5 points, and South Dakota had the lowest total with 65.5 points.

Figure 6: Public Health and Injury Prevention by State

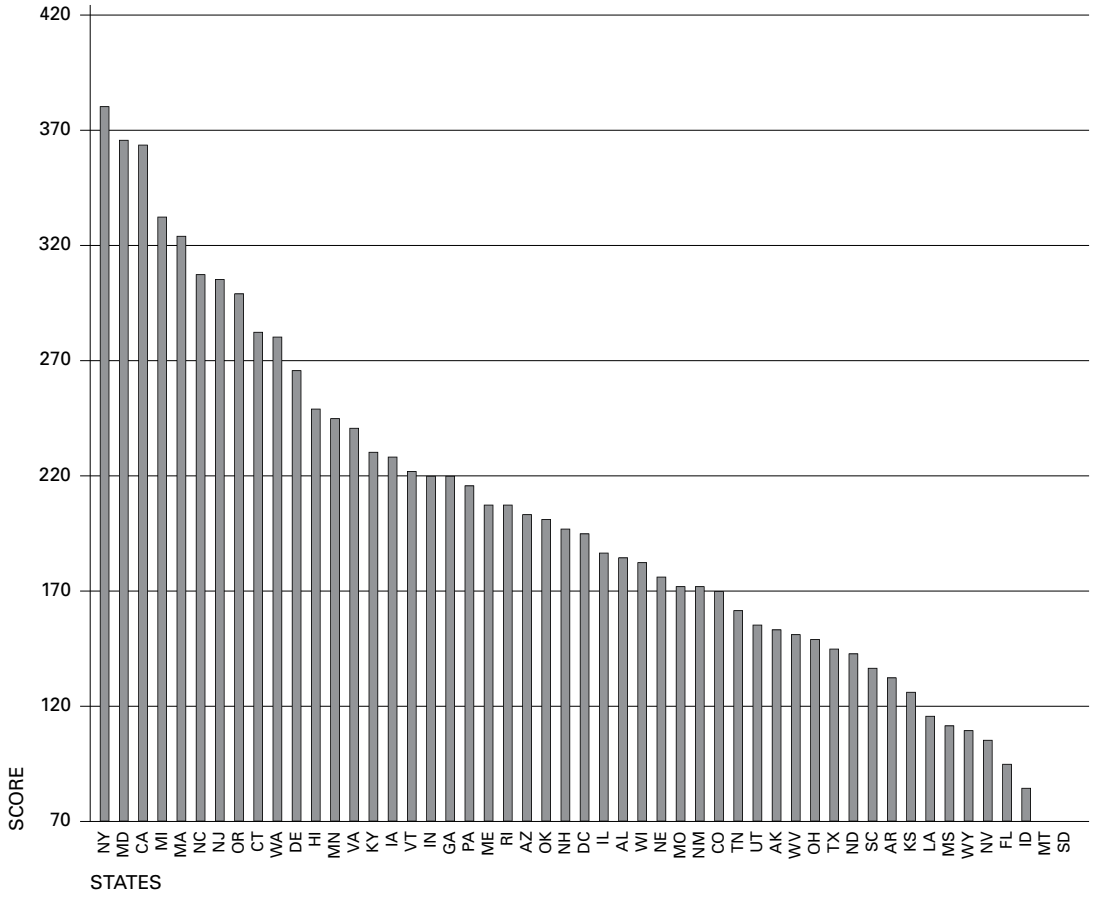
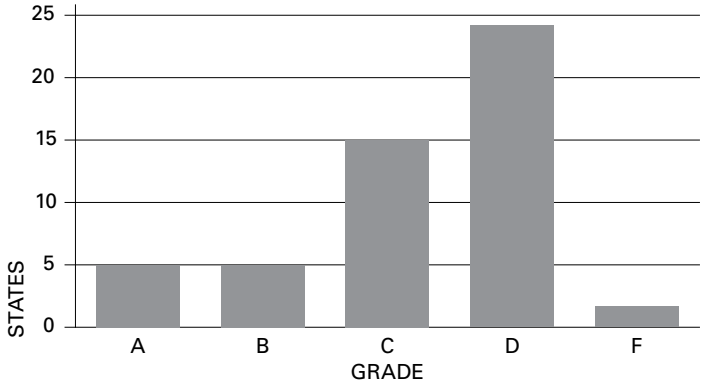


Figure 7: Public Health and Injury Prevention: Grade Distribution

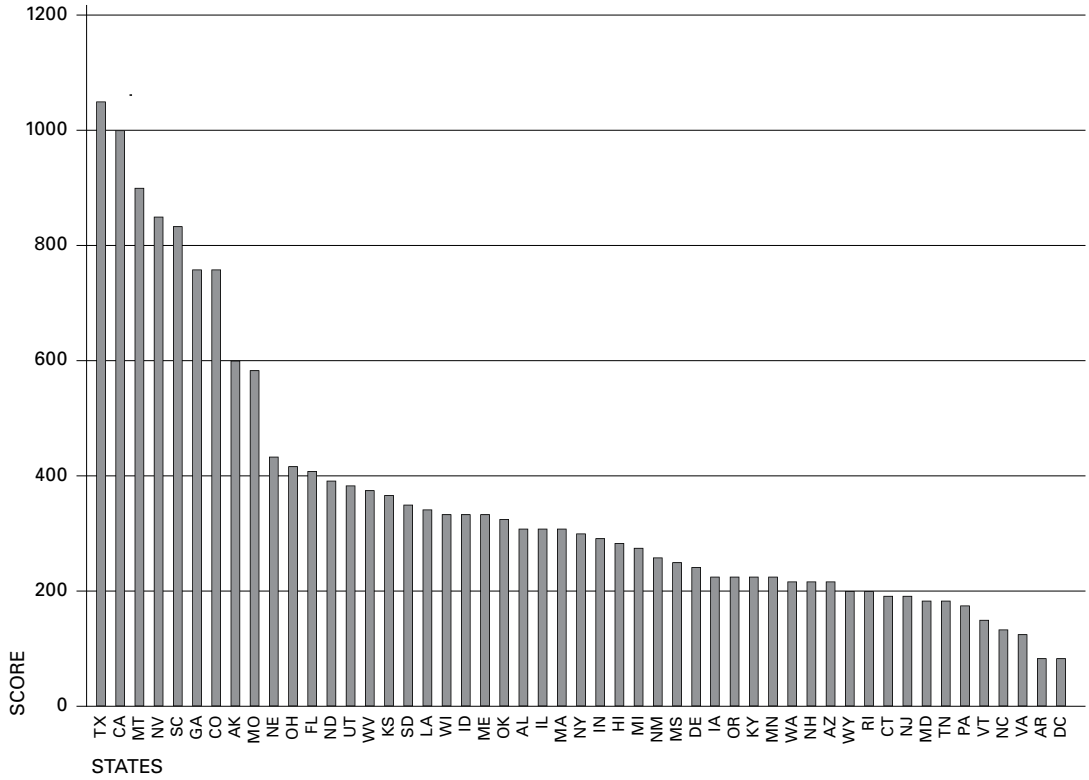
Ten states earned A's or B's in this category. (There were two C+ grades.) All the other states scored C or lower because they were well below the top-scoring group.



FINDINGS — MEDICAL LIABILITY ENVIRONMENT

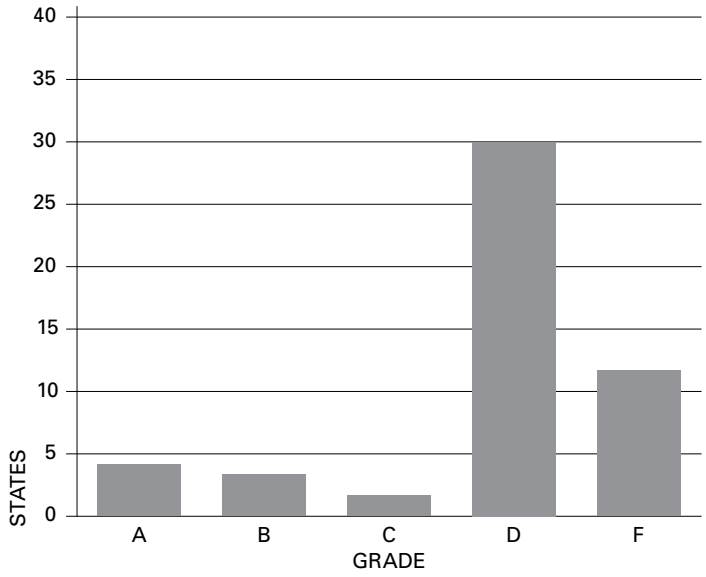
The *Medical Liability Environment* category had the most dramatic spread among states' scores. States with low and "hard" caps on non-economic damages scored well.

Figure 8: Medical Liability Environment by State



This category had a lopsided distribution of grades.

Figure 9: Medical Liability Environment: Grade Distribution



ANALYSIS — OVERALL GRADES

An analysis of the report cards reveals national trends. For each category and the overall grades, we have compared the point totals with state wealth* and population density.** The District of Columbia was excluded because its wealth and population density data are out of line with other states, and including them would have distorted the analysis.

In preparing this analysis, the point totals were compared with urban share population densities. Urban share densities are the populations of the states' cities divided by the land areas of those cities — in effect, measuring a state's urban sprawl. Areas with the most urban sprawl were expected to be experiencing more strain in providing emergency medicine care. Surprisingly, no correlation was found.

For the overall grades, there was some correlation between better grades and wealth in a state, although two of the poorest states (South Carolina and West Virginia) earned better-than-average grades, reflecting their commitments to high-quality emergency care and demonstrating that support for emergency care can be a priority in any state. There are many exceptions, but a correlation was found between the overall grades and population density.

Figure 10: Overall Grades: Correlation to Wealth

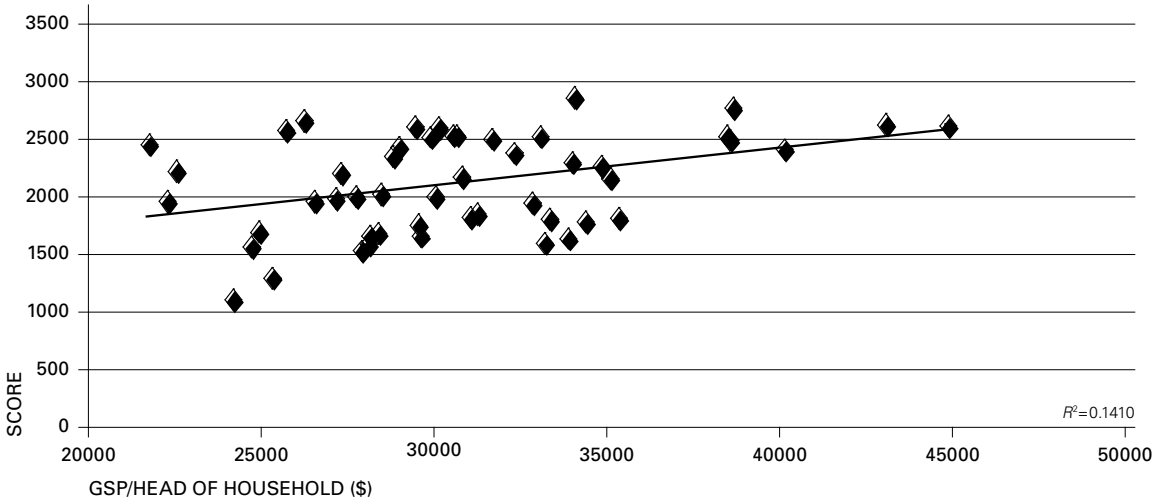
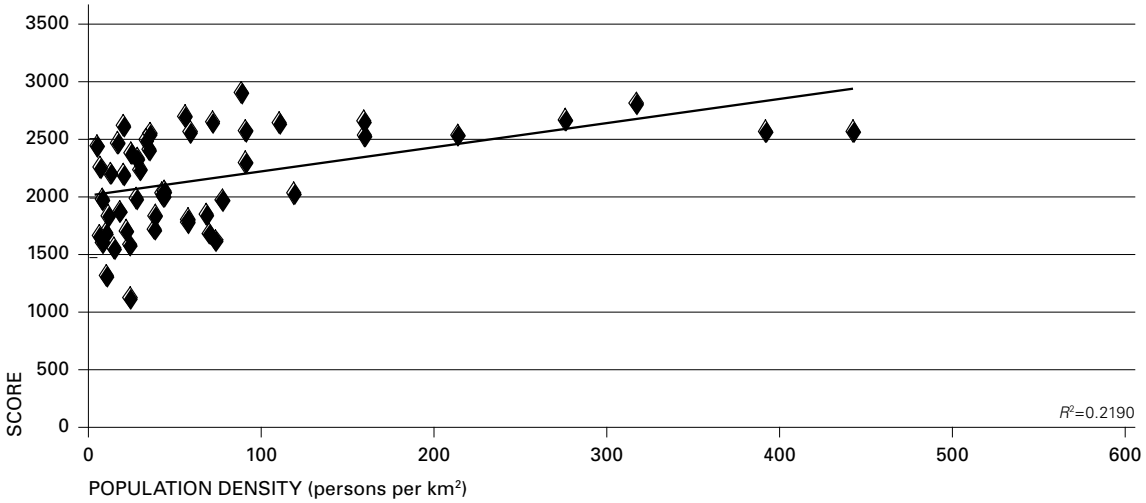


Figure 11: Overall Grades: Correlation to Population Density



*State wealth is the Gross State Product (GSP) divided by the number of heads of households.

**Each chart has a trend line and R^2 values, which show how well the numbers correlate. For a trend line, an ideal R^2 value is 1.00. For some of the charts, a logarithmic line was more appropriate. Because many states' grades do not fit the trend lines, none of the R^2 values are very high. However, any value over 0.1 can be said to show some correlation. If the number is over 0.2 or even 0.3, there is certainly some correlation, especially given the number of outlier states.

ANALYSIS — ACCESS TO EMERGENCY CARE

The *Access* score correlates somewhat with wealth and population density, although several of the less wealthy and/or low population density states did well.

Figure 12: Access to Emergency Care: Correlation with Household Disposable Income

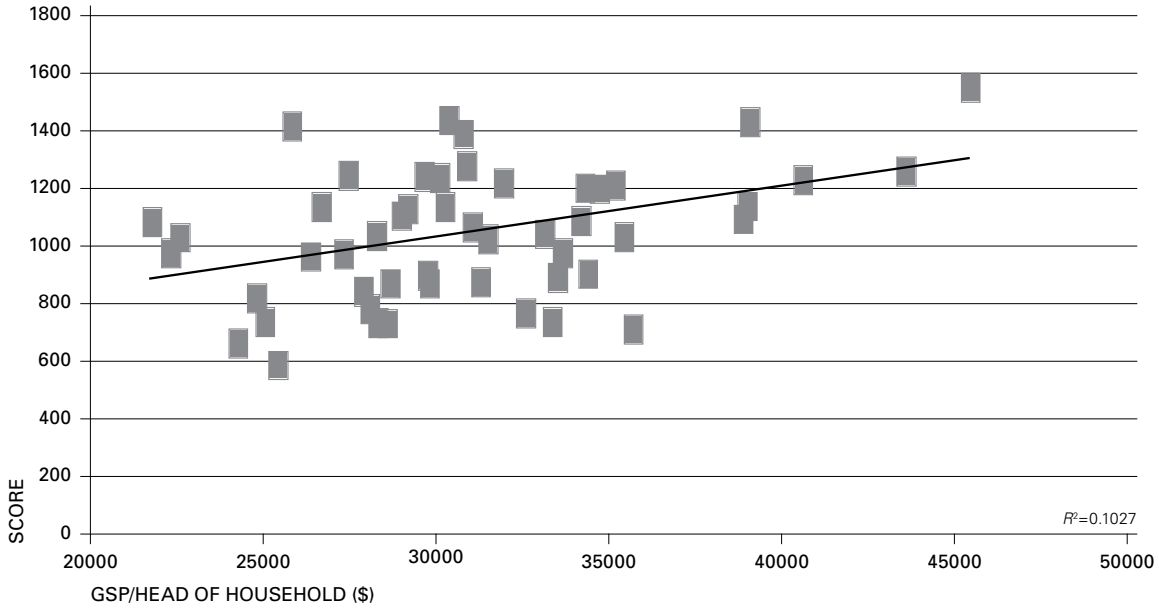
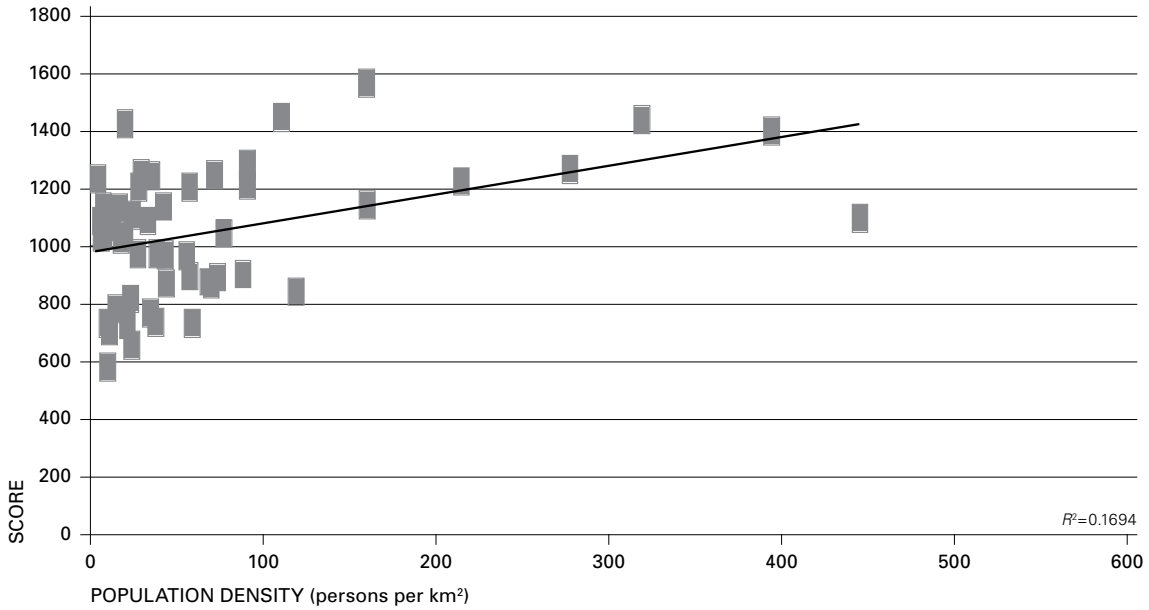


Figure 13: Access to Emergency Care: Correlation with Population Density



ANALYSIS — QUALITY AND PATIENT SAFETY

The *Quality and Patient Safety* scores did not correlate with wealth, but are reasonably consistent with population density. A logarithmic trend line was used for this category because the grades improved as the population density increased, but the grades did not increase at the same rate. Rather, the benefits of higher population density on the grades tend to taper off at the highest density values.

Figure 14: Quality and Patient Safety: Correlation with Gross Household Disposable Income

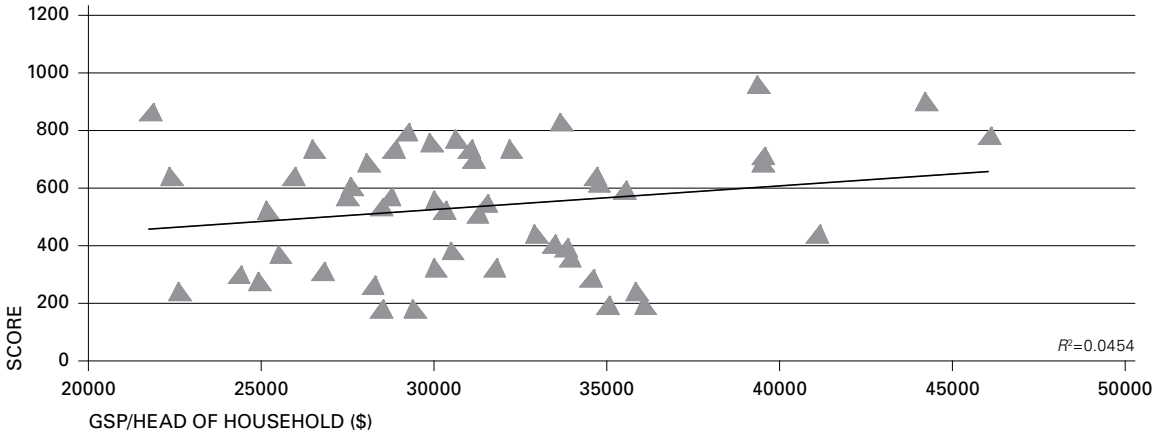
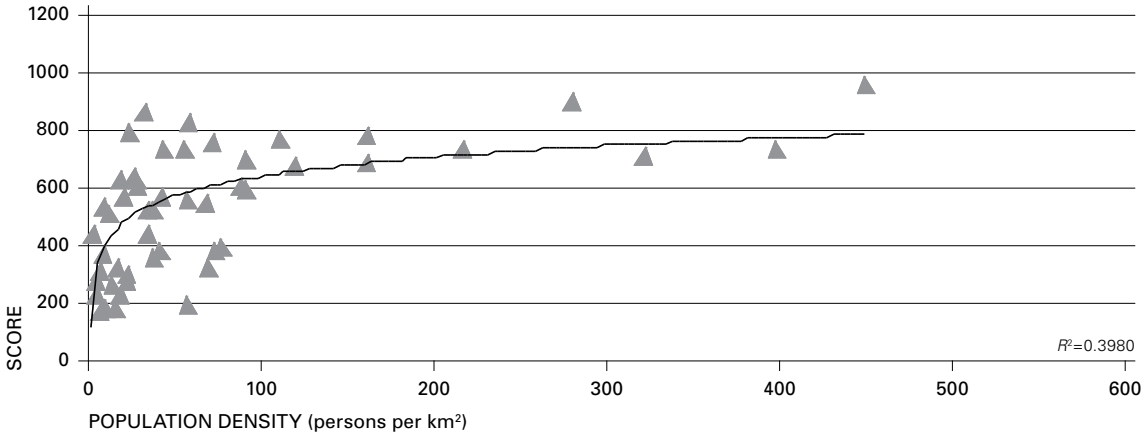


Figure 15: Quality and Patient Safety: Correlation with Population Density



ANALYSIS — PUBLIC HEALTH AND INJURY PREVENTION

Public Health and Injury Prevention correlated somewhat with wealth and reasonably well with density. Again, a logarithmic trend line was used because the benefits of higher population density on the grades tend to taper off at the highest density values.

Figure 16: Public Health and Injury Prevention: Correlation with Gross Household Disposable Income

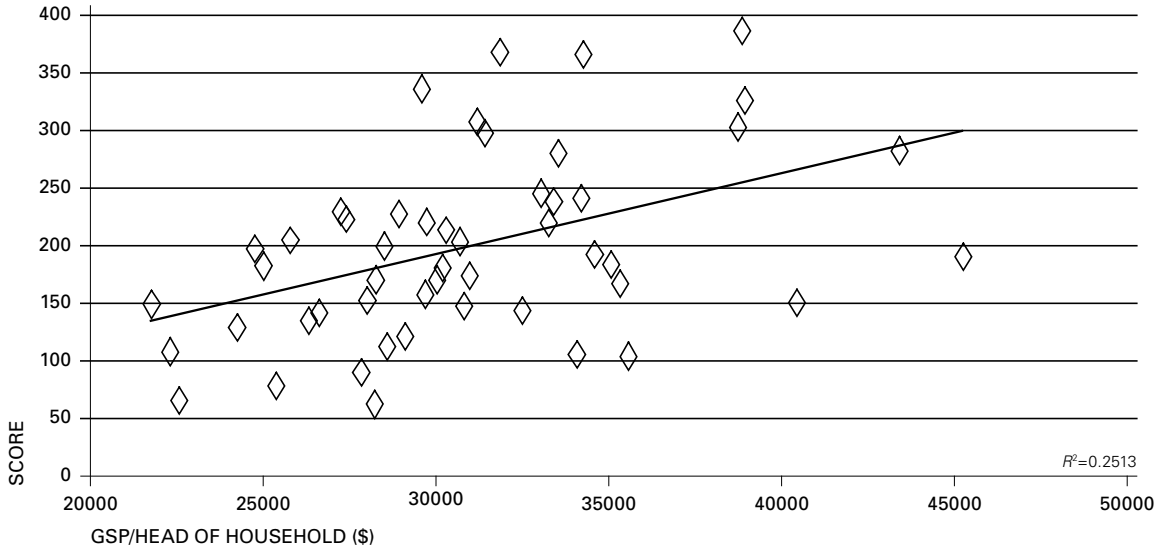
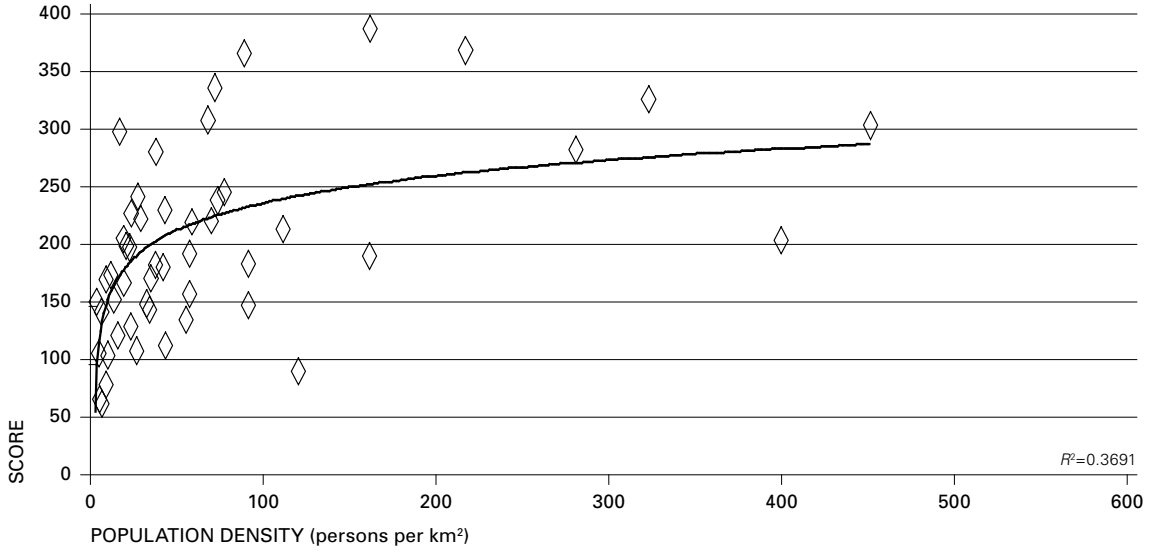


Figure 17: Public Health and Injury Prevention: Correlation with Population Density



ANALYSIS — MEDICAL LIABILITY ENVIRONMENT

Perhaps predictably, *Medical Liability Environment* did not track with wealth or density. This shows clearly that solving the medical liability crisis does not depend on a state's circumstances; it is entirely a matter of political will.

Figure 18: Medical Liability Environment: Correlation with Gross Household Disposable Income

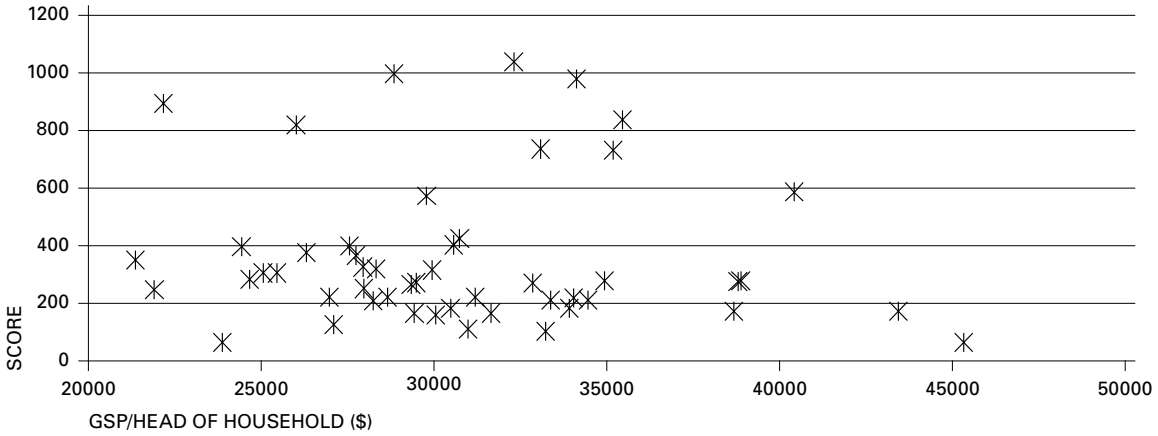
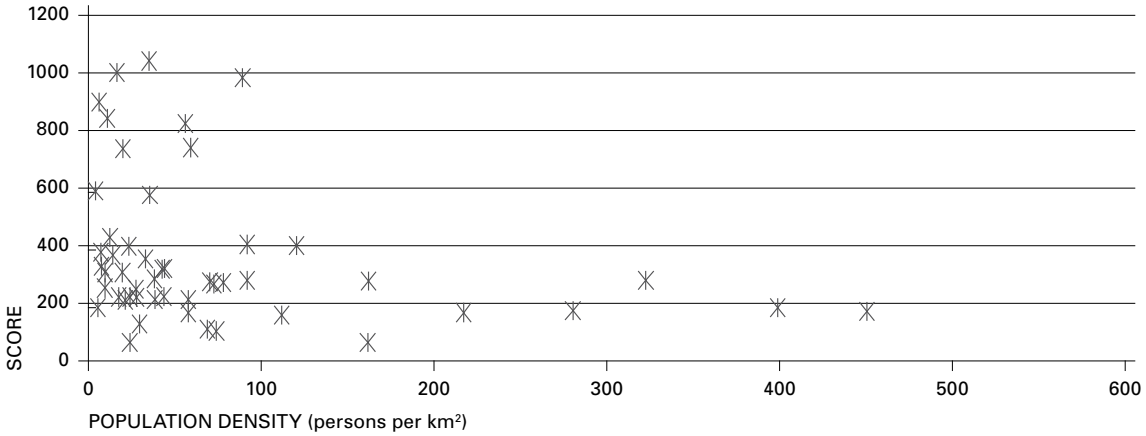


Figure 19: Medical Liability Environment: Correlation with Population Density



CONCLUSIONS

The results of this report card make it clear that the national emergency health care system needs urgent attention. Policymakers, physicians, and the general public should take note and take steps to address the shortcomings identified here.

Not surprisingly, wealthier states have some advantages in providing emergency care, but the advantage is not as large as one might assume. Several lower income states showed strong policy support for emergency care and earned high grades. All states have ample room for improvement.

ALABAMA

OVERALL GRADE D+

Overall Grade: D+

Access to Emergency Care: D+

Quality and Patient Safety: C-

Public Health and Injury Prevention: D+

Medical Liability Environment: D-

ALABAMA COMPARED WITH THE NATION: With an overall D+ grade, Alabama ranked in the bottom quarter of all states, showing a lack of support for an emergency care system to meet the needs of its residents. The state had near failing grades in *Access to Emergency Care, Public Health and Injury Prevention,* and *Medical Liability Environment.* Its *Quality and Patient Safety* score was mediocre.

PROBLEMS: Alabama ranked 7th from last in the nation in *Access to Emergency Care.* It scored poorly in staffing emergency departments with board-certified emergency physicians and ranked last for annual emergency visits per board-certified emergency physician. It also ranked 49th for both board-certified emergency physicians per 100,000 people and for trauma centers per 1 million people. Alabama also fell near the bottom in annual state Medicaid expenditures per population younger than 65 (43rd).

Alabama's D- in *Medical Liability Environment* is due to its lack of caps on non-economic damage awards in liability suits against medical professionals.

In *Quality and Patient Safety,* Alabama performed far below average in several areas:

- Emergency medicine residents per 1 million people (38th)
- Emergency medicine residency programs (40th)
- Percentage of population with access to advanced life support ambulance services (37th)

In *Public Health and Injury Prevention,* the state's low rankings included:

- Total killed in alcohol-related crashes per 100,000 people (44th)
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months (42nd)
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine (42nd)

GOOD NEWS: Alabama ranked 3rd and 4th (respectively) in increases for physicians' and specialists' medical liability insurance rates from

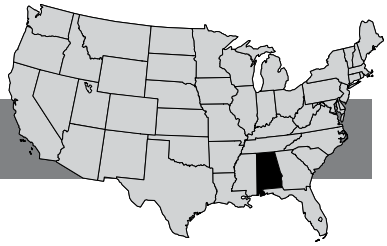
ACCESS TO EMERGENCY CARE — D+

- Number of EDs per 1 million people: 17.66
- Annual ED visits per board-certified emergency physician: 14,402
- Board-certified emergency physicians per 100,000 people: 3.29
- Number of registered nurses per 1,000 people: 9.16
- Number of hospital-staffed beds per 1,000 people: 3.27
- Annual per capita expenditure on hospital care: $1,432
- Percent of population that does not have health insurance: 14.21%
- Annual payments per fee-for-service enrollee in Medicare: $5,530
- Annual state Medicaid expenditures per population younger than 65: $254
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,309.92
- Trauma centers per 1 million people: 0.44

QUALITY AND PATIENT SAFETY — C-

- Emergency medicine residents per 1 million people: 3.97
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 73.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 90.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

ALABAMA



2001-2004. The state ranked 8th in number of hospital-staffed beds per 1,000 people and 23rd in its number of emergency departments per 1 million people.

RECOMMENDATIONS: State policymakers need to work on attracting more board-certified emergency physicians. Reforming the medical education system would help with this goal. Otherwise, Alabama could face greater problems due to its small number of emergency medicine residents and lack of emergency medicine residency programs. Enacting a cap on non-economic damages would improve its medical liability score.

PUBLIC HEALTH & INJURY PREVENTION — D+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 27.82
- Percent of fatalities in which no restraint was used: 55.0%
- Total fatalities in alcohol-related crashes per 100,000 people: 9.16
- Alcohol-related fatalities as a percentage of all traffic fatalities: 41%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 238.8

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 79%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 64.8%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 58.5%
- Percent of live births with early prenatal care (beginning in the first trimester): 82.8%
- Fatal occupational injuries per 1 million people: 26.71

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: Yes

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: Yes
- Joint liability reform: No
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 16.49%
- Increase in specialists' medical liability insurance rates (2001-2004): 16.94%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

ALASKA

OVERALL GRADE C+

Overall Grade: C+

Access to Emergency Care: B+

Quality and Patient Safety: D+

Public Health and Injury Prevention: D

Medical Liability Environment: C

ALASKA COMPARED WITH THE NATION: With a C+ overall grade, Alaska is the 18th ranked state in the nation for its support of an emergency care system to meet the needs of its residents. The state earned a good grade in the *Access to Emergency Care* category, an average grade for its *Medical Liability Environment*, and near-failing grades for *Public Health and Injury Prevention* and *Quality and Patient Safety.*

PROBLEMS: Alaska had many below-average ratings, including:

- Percent of children aged 19-35 months who are immunized (39th)
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine (38th)
- Percent of live births with early prenatal care (39th)
- Fatal occupational injuries per 1 million people (50th)
- Number of hospital-staffed beds per 1,000 people (44th)
- Number of registered nurses per 1,000 people (33rd)

GOOD NEWS: Alaska had the 11th best rating in the nation in the *Access to Emergency Care* category, ranking 3rd in its annual emergency visits per board-certified emergency physician, in its board-certified emergency physicians per 100,000 people, and its annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18.

Alaska had the 8th best rating for its *Medical Liability Environment* due to its cap on non-economic damage awards, which has helped rein in drastic increases in liability insurance rates for emergency care professionals. However, this cap did not earn the maximum points because it is not a "hard" $250,000 cap. Alaska ranked among the top five states in the nation for restraining increases for physicians' and specialists' medical liability insurance rates from 2001 to 2004 (2nd and 5th respectively).

RECOMMENDATIONS: Alaska's grade was hurt by

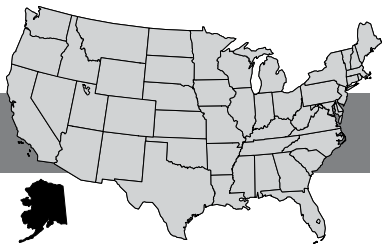
ACCESS TO EMERGENCY CARE — B+

- Number of EDs per 1 million people: 19.83
- Annual ED visits per board-certified emergency physician: 3,048
- Board-certified emergency physicians per 100,000 people: 10.68
- Number of registered nurses per 1,000 people: 9.00
- Number of hospital-staffed beds per 1,000 people: 1.93
- Annual per capita expenditure on hospital care: $1,496
- Percent of population that does not have health insurance: 18.91%
- Annual payments per fee-for-service enrollee in Medicare: $5,563
- Annual state Medicaid expenditures per population younger than age 65: $34
- Annual SCHIP State contribution per 100 children younger than age 18: $4,745.40
- Trauma centers per 1 million people: 1.53

QUALITY AND PATIENT SAFETY — D+

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 90.0%
- Percent of pre-hospital personnel with access to online medical direction: 90.00%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 80.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

ALASKA



its low per capita number of emergency medicine residents and lack of emergency medical education programs. Without a local medical school, the state must focus on new ways of attracting medical school graduates from other states.

Alaska needs broad reform in everything from immunization strategies to prevention programs for occupational injuries. State policymakers should consider enacting intentional injury prevention programs. Furthermore, Alaska could place near 1st in the nation in *Medical Liability Environment* if it had an even lower cap on non-economic damage awards. That would help improve the state's overall grade for supporting emergency care.

PUBLIC HEALTH & INJURY PREVENTION — D

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 19.73
- Percent of fatalities in which no restraint was used: 43.8%
- Total fatalities in alcohol-related crashes per 100,000 people: 5.34
- Alcohol-related fatalities as a percentage of all traffic fatalities: 37%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 population): 503.2

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 75%
- Percent of adults aged 65 and over who received a flu vaccine in the last 12 months: 69.5%
- Percent of adults aged 65 and over who have ever received a pneumococcal vaccine: 59.8%
- Percent of live births with early prenatal care (beginning in the first trimester): 80.3%
- Fatal occupational injuries per 1 million people: 42.72

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child Safety Seat Non-Users Intervention Program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — C

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: Yes
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert Witness Rules: Yes
- Joint Liability Reform: Yes
- Collateral source reform: Yes
- Patient Compensation Fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 16.20%
- Increase in specialists' medical liability insurance rates (2001-2004): 21.20%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

ARIZONA

OVERALL GRADE D+

Overall Grade: D+

Access to Emergency Care: D+

Quality and Patient Safety: C

Public Health and Injury Prevention: C-

Medical Liability Environment: D-

ARIZONA COMPARED WITH THE NATION: Arizona earned one of the worst grades in the nation, ranking 42nd for its lack of support of an emergency care system to meet the needs of its residents. The state's grade was influenced by its near-failing grades in *Access to Emergency Care* and *Medical Liability Environment.* Arizona ranked near the national median in the other categories.

PROBLEMS: Shortages of physicians, nurses, funds, and facilities contributed to low rankings in the following areas:

- Number of emergency departments per 1 million people (43rd)
- Number of registered nurses per 1,000 people (45th)
- Number of hospital-staffed beds per 1,000 people (47th)
- Annual per capita expenditure on hospital care (49th)
- Annual state Medicaid expenditures per population younger than 65 (2003) (46th)

These findings are consistent with recent private studies pointing to a decreasing supply of physicians in the state. The number one problem for Arizona emergency departments is too few specialists on call. A recent Johns Hopkins University study found that 94 percent – the highest percent in the nation – of Arizona emergency medical directors reported inadequate on-call specialist coverage, compared with 63 percent nationwide. More than half of the state's emergency departments have unmet needs for neurosurgeons; hand surgeons; vascular surgeons; plastic surgeons; ear, nose and throat specialists; and gastroenterologists.

In the *Public Health and Injury Prevention* category, Arizona ranked 40th in both traffic fatalities per 100,000 licensed drivers and fatalities in alcohol-related crashes per 100,000 people. It fared only slightly better in the percent of immunized children, aged 19-35 months (39th).

GOOD NEWS: Arizona scored well in annual emergency department visits per board-certified emergency physician (11th) and its annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (9th). Arizona's uninsured population has fallen by almost half since 2000 — from a high of 27 percent. The drop is due largely

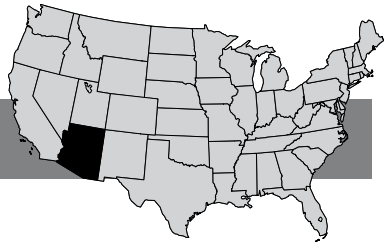
ACCESS TO EMERGENCY CARE — D+

- Number of EDs per 1 million people: 8.53
- Annual ED visits per board certified emergency physician: 4,335
- Board-certified emergency physicians per 100,000 people: 7.16
- Number of registered nurses per 1,000 people: 7.43
- Number of hospital-staffed beds per 1,000 people: 1.84
- Annual per capita expenditure on hospital care: $1,085
- Percent of population that does not have health insurance: 17.06%
- Annual payments per fee-for-service enrollee in Medicare: $5,077
- Annual state Medicaid expenditures per population younger than age 65: $247
- Annual SCHIP state contribution per 100 children younger than age 18: $2,661.15
- Trauma centers per 1 million people: 1.05

QUALITY AND PATIENT SAFETY — C

- Emergency medicine residents per 1 million people: 13.06
- Emergency medicine residency programs: 3
- Percent of population with access to advanced life support ambulance services: 80.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 95.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? - Yes, Yes, No
- Are hospitals required to submit data on diversions: No

ARIZONA



to expanding Medicaid eligibility to people at 100 percent of the federal poverty level.

Trauma centers are a critical need for the state, but more than $1 billion in hospital infrastructure is planned or under construction in Phoenix and Tucson. More than 14 new Arizona hospitals are planned, under construction, or have been built since 2003. Still, the state will lag behind national averages for hospital beds. Nursing and physician shortages perpetuate emergency department crowding.

Arizona has made some progress since the most recent federal reporting about these issues. For example, police officers are teaching violence prevention to at-risk youth in some Phoenix high schools. These recent efforts suggest that future report cards will be better.

RECOMMENDATIONS: Arizona needs more emergency physicians, emergency departments, on-call specialists, and trauma centers to meet the needs of its growing population. State policymakers should consider even more hospital expansion. Arizona also could improve its grade by increasing general expenditures on hospital care and its annual state Medicaid expenditures per capita under age 65. Arizona's *Medical Liability Environment* grade would improve if the state passed a law or constitutional amendment capping non-economic damages in medical liability lawsuits.

PUBLIC HEALTH & INJURY PREVENTION — C-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 29.32
- Percent of fatalities in which no restraint was used: 51.6%
- Total fatalities in alcohol-related crashes per 100,000 people: 8.18
- Alcohol-related fatalities as a percentage of all traffic fatalities: 42%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 population): 422.8

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 75%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 69.7%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 68.0%
- Percent of live births with early prenatal care (beginning in the first trimester): 76.6%
- Fatal occupational injuries per 1 million people: 13.93

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: Yes
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 76.58%
- Increase in specialists' medical liability insurance rates (2001-2004): 82.55%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

ARKANSAS

OVERALL GRADE D

Overall Grade: D

Access to Emergency Care: D+

Quality and Patient Safety: D

Public Health and Injury Prevention: D

Medical Liability Environment: F

ARKANSAS COMPARED WITH THE NATION: Arkansas received the worst grade in the nation, ranking last in the nation due to its lack of support for an emergency care system to meet the needs of its residents. It nearly failed in all categories and failed for its *Medical Liability Environment.*

PROBLEMS: Arkansas ranked lowest in the nation for its annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18. The state also ranked near the bottom in trauma centers per 1 million people (50th), annual emergency visits per board-certified emergency physician (49th), and board-certified emergency physicians per 100,000 people (48th).

Arkansas failed in *Medical Liability Environment* because the state lacks an effective system to check fast-rising payouts in medical liability lawsuits, which contributes to increases in physicians' insurance premiums. It has no cap on non-economic damages for medical liability lawsuits. The state ranked poorly in increases in specialists' medical liability insurance rates from 2001 to 2004 (47th).

GOOD NEWS: Arkansas ranked well in the number of emergency departments per 1 million people (9th) and for the number of hospital-staffed beds per 1,000 people (7th).

The state recently expanded its emergency care facilities. The Central Arkansas Hospital, the Johnson Regional Medical Center in Clarksville, and the Northwest Medical Center of Benton County are building new emergency and trauma facilities.

RECOMMENDATIONS: Arkansas needs to increase the number of board-certified emergency physicians and improve its medical liability environment. The state should set a cap on non-economic damages — a step that would help attract more emergency physicians. Arkansas must continue to support and promote expansion of its emergency care facilities.

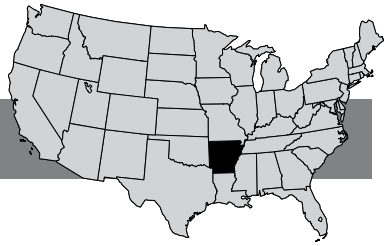
ACCESS TO EMERGENCY CARE — D+

- Number of EDs per 1 million people: 29.79
- Annual ED visits per board-certified emergency physician: 12,269
- Board-certified emergency physicians per 100,000 people: 3.71
- Number of registered nurses per 1,000 people: 8.46
- Number of hospital-staffed beds per 1,000 people: 3.39
- Annual per capita expenditure on hospital care: $1,430
- Percent of population that does not have health insurance: 17.41%
- Annual payments per fee-for-service enrollee in Medicare: $5,193
- Annual state Medicaid expenditures per population younger than 65: $272
- Annual SCHIP State contribution per 100 children younger than 18 years of age: $54.10
- Trauma centers per 1 million people: 0.36

QUALITY AND PATIENT SAFETY — D

- Emergency medicine residents per 1 million people: 8.72
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 90.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 60.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

ARKANSAS



PUBLIC HEALTH & INJURY PREVENTION — D

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 31.38
- Percent of fatalities in which no restraint was used: 62.3%
- Total fatalities in alcohol-related crashes per 100,000 people: 9.23
- Alcohol-related fatalities as a percentage of all traffic fatalities: 41%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 123.2

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 68%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 69.0%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 58.7%
- Percent of live births with early prenatal care (beginning in the first trimester): 79.7%
- Fatal occupational injuries per 1 million people: 31.61

Unintentional Injury Prevention Programs:

- Fall prevention program: Yes
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 111.91%
- Increase in specialists' medical liability insurance rates (2001-2004): 113.46%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

CALIFORNIA

OVERALL GRADE B

Overall Grade: B

Access to Emergency Care: C

Quality and Patient Safety: C+

Public Health and Injury Prevention: A+

Medical Liability Environment: A+

CALIFORNIA COMPARED WITH THE NATION: California earned the highest overall grade, ranking near the top in both *Public Health and Injury Prevention* and *Medical Liability Environment.* It did not do as well in *Access to Emergency Care* and *Quality and Patient Safety,* but those grades were still slightly better than average. California still faces serious challenges, however, as indicated by recent closings of emergency departments in Los Angeles.

PROBLEMS: California scored poorly in some key areas, including last among all states and the District of Columbia for its number of emergency departments per 1 million people (51st). Other problems include:

- Number of registered nurses per 1,000 people (50th)
- Number of hospital-staffed beds per 1,000 people (46th)
- Annual per capita expenditure on hospital care (46th)
- Percent of children aged 19-35 months who are immunized (34th)

GOOD NEWS: California did well in the *Public Health and Injury Prevention* category because relative to other states there were fewer fatalities where the passenger was not wearing a seat belt. It also ranked well against other states, having fewer alcohol-related fatalities. The state received high marks for its vaccination record: percent of adults 65 and older who have ever received a pneumococcal vaccine (10th) and percent of adults 65 and older who received a flu vaccine in the last year (16th). The state is near the top in occupational safety, ranking 6th for its low rate of fatal occupational injuries per 1 million people.

California scored well in the *Medical Liability Environment* category because of its model $250,000 cap on non-economic damages. The cap helped the state achieve lower increases in physicians' and specialists' medical liability insurance rates, ranking 4th and 11th, respectively. California received high marks for:

- Annual emergency visits per board-certified

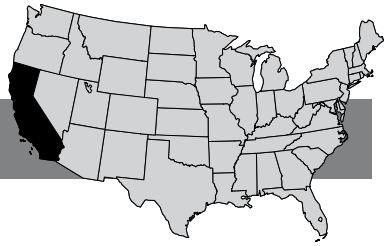
ACCESS TO EMERGENCY CARE — C

- Number of EDs per 1 million people: 6.16
- Annual ED visits per board-certified emergency physician: 3,310
- Board-certified emergency physicians per 100,000 people: 7.8
- Number of registered nurses per 1,000 people: 6.31
- Number of hospital-staffed beds per 1,000 people: 1.9
- Annual per capita expenditure on hospital care: $1,145
- Percent of population that does not have health insurance: 18.36%
- Annual payments per fee-for-service enrollee in Medicare: $6,679
- Annual state Medicaid expenditures per population younger than 65: $385
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $2,440.34
- Trauma centers per 1 million people: 1.50

QUALITY AND PATIENT SAFETY — C+

- Emergency medicine residents per 1 million people: 10.98
- Emergency medicine residency programs: 14
- Percent of population with access to advanced life support ambulance services: 98.0%
- Percent of pre-hospital personnel with access to online medical direction: 98.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 98.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? Yes

CALIFORNIA



emergency physician (5th)

- Annual payments per fee-for-service enrollee in Medicare (8th)
- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than 18 (11th)
- Emergency medicine residency programs (4th)
- Percentage of people with access to advanced life support ambulance services (16th)

RECOMMENDATIONS: California needs new emergency departments, more hospital-staffed beds, and nurses. Such improvements are the key to maintaining and improving the state's future grades.

PUBLIC HEALTH & INJURY PREVENTION — A+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 18.6
- Percent of fatalities in which no restraint was used: 35.2%
- Total fatalities in alcohol-related crashes per 100,000 people: 4.53
- Alcohol-related fatalities as a percentage of all traffic fatalities: 39%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 423.1

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 77%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 71.5%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 66.7%
- Percent of live births with early prenatal care (beginning in the first trimester): 85.4%
- Fatal occupational injuries per 1 million people: 12.7

Unintentional Injury Prevention Programs:

- Fall prevention program: Yes
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: Yes

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: Yes

MEDICAL LIABILITY ENVIRONMENT — A+

Caps on non-economic damages:

- $250,000 cap on non-economic damages: Yes
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 18.69%
- Increase in specialists' medical liability insurance rates (2001-2004): 30.69%

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COLORADO

OVERALL GRADE C

Overall Grade: C

Access to Emergency Care: C+

Quality and Patient Safety: D-

Public Health and Injury Prevention: D+

Medical Liability Environment: B-

COLORADO COMPARED WITH THE NATION: With an overall grade of C, Colorado was near the national median for its support of an emergency care system to meet the needs of its residents. It received poor scores in *Quality and Patient Safety* and *Public Health and Injury Prevention,* balanced by above-average scores in *Access to Emergency Care* and *Medical Liability Environment.*

PROBLEMS: Colorado ranked low in:

- Percent of population with access to advanced life support ambulance services (43rd)
- Emergency medicine residency programs (40th)
- Percentage of population with access to Enhanced 911 services (38th)
- Percentage of children aged 19-35 months who are immunized (51st)
- Percent of live births with early prenatal care (42nd)
- Annual per capita expenditure on hospital care (45th)
- Number of hospital-staffed beds per 1,000 people (45th)

GOOD NEWS: Colorado scored well in:

- Annual emergency visits per board-certified emergency physician (2nd)
- Board-certified emergency physicians per 100,000 people (4th)
- Trauma centers per 1 million people (6th)
- Substance abuse clients in specialty treatment units (3rd)

Colorado's *Medical Liability Environment* grade was above the national average due largely to its cap on non-economic damages in medical liability lawsuits. State policymakers also have implemented joint liability reform and collateral source reform. In addition, Colorado has seen only moderate increases in both physicians' and specialists' liability insurance rates.

RECOMMENDATIONS: Colorado needs to provide access to certain safety services for its residents

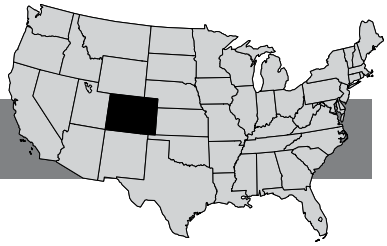
ACCESS TO EMERGENCY CARE — C+

- Number of EDs per 1 million people: 11.3
- Annual ED visits per board-certified emergency physician: 2,831
- Board-certified emergency physicians per 100,000 people: 10.63
- Number of registered nurses per 1,000 people: 8.71
- Number of hospital-staffed beds per 1,000 people: 1.92
- Annual per capita expenditure on hospital care: $1,147
- Percent of population that does not have health insurance: 17.23%
- Annual payments per fee-for-service enrollee in Medicare: $4,961
- Annual state Medicaid expenditures per population younger than 65: $278
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,424.22
- Trauma centers per 1 million people: 13.47

QUALITY AND PATIENT SAFETY — D-

- Emergency medicine residents per 1 million people: 11.95
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 56.0%
- Percent of pre-hospital personnel with access to online medical direction: 0.0%
- Percentage of population with access to Enhanced 911 services (location identification from where the call is placed): 70.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

COLORADO



and reinforce educational programs about immunization and prenatal care. The state also should reverse the dramatic revenue decreases for emergency medical services, emergency departments, and hospitals providing trauma services. If Colorado continues to lose revenue for hospital and trauma funding, patients will be harmed as health care services are reduced. Declining revenues in these areas could also further erode the state's *Quality and Patient Safety* score.

PUBLIC HEALTH & INJURY PREVENTION — D+

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 21.24
- Percent of fatalities in which no restraint was used: 58.8%
- Total fatalities in alcohol-related crashes per 100,000 people: 5.35
- Alcohol-related fatalities as a percentage of all traffic fatalities: 39%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 683.3

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 63%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 73.3%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 68.1%
- Percent of live births with early prenatal care (beginning in the first trimester): 79.8%
- Fatal occupational injuries per 1 million people: 22.17

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: Yes

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — B-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: Yes
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 38.77%
- Increase in specialists' medical liability insurance rates (2001-2004): 57.25%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

CONNECTICUT

OVERALL GRADE B

Overall Grade: B

Access to Emergency Care: A-

Quality and Patient Safety: A+

Public Health and Injury Prevention: B

Medical Liability Environment: F

CONNECTICUT COMPARED WITH THE NATION: Connecticut received one of the top scores in the nation, ranking 3rd for its support of an emergency care system to meet the needs of its residents. It received excellent grades in *Access to Emergency Care* and *Quality and Patient Safety.* It received a good grade in *Public Health and Injury Prevention,* and a failing grade for its *Medical Liability Environment.*

PROBLEMS: Connecticut ranked low in:

- Number of emergency departments per 1 million people (42nd)
- Number of hospital-staffed beds per 1,000 people (41st)

The Connecticut Hospital Association recently reported emergency visits statewide have grown steadily since the mid-1990s because of the loss of several hospitals with emergency departments and a large uninsured population that has nowhere else to get medical care. Without action, all emergency patients will suffer, and Connecticut's *Access to Emergency Care* grade may fall.

Connecticut received a failing grade for its *Medical Liability Environment* because state policymakers have passed insufficient laws in support of its medical community, resulting in massive increases in physicians' medical liability insurance rates compared with other states.

GOOD NEWS: Connecticut scored far above the national average in *Quality and Patient Safety,* ranking 11th in both the number of emergency medicine residents per 1 million people and the percentage of people with access to Enhanced 911 services. The state did well in the *Access* category, where it ranked 8th in the number of registered nurses per 1,000 people. It also ranked among the top five states in the nation in:

- Percent of children aged 19-35 months who are immunized (1st)
- Traffic fatalities per 100,000 licensed drivers (2nd)
- Fatal occupational injuries per 1 million people (3rd)

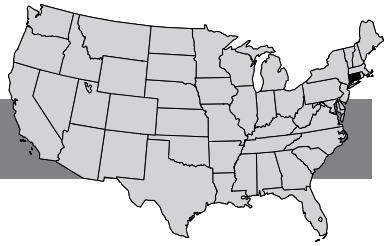
ACCESS TO EMERGENCY CARE — A-

- Number of EDs per 1 million people: 8.56
- Annual ED visits per board-certified emergency physician: 4,831
- Board-certified emergency physicians per 100,000 people: 8.11
- Number of registered nurses per 1,000 people: 11.92
- Number of hospital-staffed beds per 1,000 people: 1.97
- Annual per capita expenditure on hospital care: $1,478
- Percent of population that does not have health insurance: 10.44%
- Annual payments per fee-for-service enrollee in Medicare: $6,525
- Annual state Medicaid expenditures per population younger than 65: $1124
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,037.91
- Trauma centers per 1 million people: 4.57

QUALITY AND PATIENT SAFETY — A+

- Emergency medicine residents per 1 million people: 21.69
- Emergency medicine residency programs: 2
- Percent of population with access to advanced life support ambulance services: 90.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

CONNECTICUT



- Percent of live births with early prenatal care (5th)
- Annual state Medicaid expenditures per population younger than age 65 (2nd)

RECOMMENDATIONS: Connecticut needs to help all its residents find affordable health insurance, and new emergency departments ideally should replace those that recently closed. Connecticut should enact a $250,000 cap on non-economic damage awards in medical liability cases, before the state loses physicians.

PUBLIC HEALTH & INJURY PREVENTION — B

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 11.05
- Percent of fatalities in which no restraint was used: 45.5%
- Total fatalities in alcohol-related crashes per 100,000 people: 3.74
- Alcohol-related fatalities as a percentage of all traffic fatalities: 45%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 602.3

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 91%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 71.4%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 64.5%
- Percent of live births with early prenatal care (beginning in the first trimester): 88.8%
- Fatal occupational injuries per 1 million people: 10.28

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: Yes
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 156.42%
- Increase in specialists' medical liability insurance rates (2001-2004): 82.58%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

DELAWARE

OVERALL GRADE C+

Overall Grade: C+

Access to Emergency Care: B-

Quality and Patient Safety: A-

Public Health and Injury Prevention: C+

Medical Liability Environment: D-

DELAWARE COMPARED WITH THE NATION: With an overall grade of C+, Delaware scored above the national median for its support of an emergency care system to meet the needs of its residents. The state received excellent ratings in *Quality and Patient Safety,* moderately high marks in *Public Health and Injury Prevention* and *Access to Emergency Care,* and a near-failing grade for its *Medical Liability Environment.*

PROBLEMS: Delaware received poor scores in:

- Number of emergency departments per 1 million people (45th)
- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than 18 years of age (42nd)
- Number of hospital-staffed beds per 1,000 people (38th)

Emergency visits in the state recently increased by 4 percent, and hospitals increasingly are diverting ambulances to other facilities because their emergency departments are full.

The state has done little to make its liability climate supportive of effective emergency care systems. The state's pretrial screening panels and collateral source reform have kept it from receiving the lowest score in the medical liability category.

GOOD NEWS: Delaware ranked 4th out of all states in the number of emergency medicine residents per 1 million people and 9th in the percentage of population with access to advanced life support ambulance services. The state also scored well in fatal occupational injuries per 1 million people (2nd) and in the percentage of live births with early prenatal care (12th). Delaware ranked 9th in annual per capita expenditure on hospital care and 10th in trauma centers per 1 million people. The state has made progress in its injury prevention policies since the most recent federal reporting. For example, Delaware now has both a fire-related injury prevention program and a child safety seat intervention program. Future report cards likely will show improvement.

RECOMMENDATIONS: The state must step up its efforts to expand emergency departments

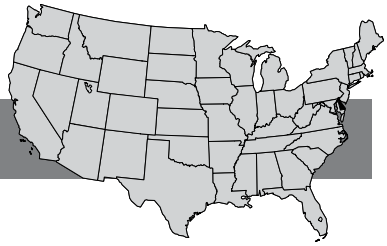
ACCESS TO EMERGENCY CARE — B-

- Number of EDs per 1 million people: 8.43
- Annual ED visits per board-certified emergency physician: 4,846
- Board-certified emergency physicians per 100,000 people: 7.47
- Number of registered nurses per 1,000 people: 10.36
- Number of hospital-staffed beds per 1,000 people: 2.07
- Annual per capita expenditure on hospital care: $1,581
- Percent of population that does not have health insurance: 11.10%
- Annual payments per fee-for-service enrollee in Medicare: $6,225
- Annual state Medicaid expenditures per population younger than 65: $474
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $726.34
- Trauma centers per 1 million people: 8.43

QUALITY AND PATIENT SAFETY — A-

- Emergency medicine residents per 1 million people: 43.35
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 100.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? Yes

DELAWARE



and enact legislation that supports an effective emergency care environment, such as placing a cap on non-economic damage awards in medical liability cases. Delaware may lose emergency physicians because of its poor medical liability environment.

PUBLIC HEALTH & INJURY PREVENTION — C+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 24.27
- Percent of fatalities in which no restraint was used: 51.8%
- Total fatalities in alcohol-related crashes per 100,000 people: 7.23
- Alcohol-related fatalities as a percentage of all traffic fatalities: 42%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 593.6

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 80%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 71.5%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 64.3%
- Percent of live births with early prenatal care (beginning in the first trimester): 86.5%
- Fatal occupational injuries per 1 million people: 7.23

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 71.86%
- Increase in specialists' medical liability insurance rates (2001-2004): 0.13%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

DISTRICT OF COLUMBIA

OVERALL GRADE B

Overall Grade: B

Access to Emergency Care: A+

Quality and Patient Safety: A-

Public Health and Injury Prevention: D+

Medical Liability Environment: F

DISTRICT OF COLUMBIA COMPARED WITH THE NATION: The District of Columbia received one of the top scores, ranking 4th in the nation for its support of an emergency care system to meet the needs of its residents. It received excellent marks in the categories of A*ccess to Emergency Care* and *Quality and Patient Safety,* but received a poor grade for *Public Health and Injury Prevention* and a failing grade for its *Medical Liability Environment.*

PROBLEMS: The District of Columbia earned poor grades in:

- Percent of live births with early prenatal care (50th)
- Alcohol-related fatalities as a percentage of all auto crash fatalities (49th)
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months (49th)
- Fatal occupational injuries per 1 million people (44th)
- Percent of children aged 19-35 months who are immunized (43rd)

The District of Columbia also ranked well below the national average for its *Medical Liability Environment,* receiving a failing grade. The District has failed to pass laws to support its medical community.

GOOD NEWS: The District has the staff and per capita spending to offer the best availability of emergency medical services in the nation. It ranked 1st in the nation in several areas: number of registered nurses per 1,000 people, board-certified emergency physicians per 100,000 people, annual per capita expenditure on hospital care, number of hospital-staffed beds per 1,000 people, annual state Medicaid expenditures per population younger than age 65, and number of emergency medicine residents per 1 million people. It also ranked 9th nationwide in percentage of people with access to advanced life support ambulance services.

RECOMMENDATIONS: The District of Columbia needs to improve its *Public Health and Injury Prevention* rating by reinforcing educational

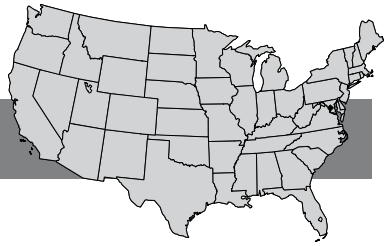
ACCESS TO EMERGENCY CARE — A+

- Number of EDs per 1 million people: 16.26
- Annual ED visits per board-certified emergency physician: 4,795
- Board-certified emergency physicians per 100,000 people: 13.55
- Number of registered nurses per 1,000 people: 18.62
- Number of hospital-staffed beds per 1,000 people: 5.97
- Annual per capita expenditure on hospital care: $3,467
- Percent of population that does not have health insurance: 14.26%
- Annual payments per fee-for-service enrollee in Medicare: $7,202
- Annual state Medicaid expenditures per population younger than 65: $2,572
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,327.26
- Trauma centers per 1 million people: 5.42

QUALITY AND PATIENT SAFETY — A-

- Emergency medicine residents per 1 million people: 52.39
- Emergency medicine residency programs: 2
- Percent of population with access to advanced life support ambulance services: 100.0%
- Percent of pre-hospital personnel with access to online medical direction: 0.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? Yes

DISTRICT OF COLUMBIA



programs about immunization, motor vehicle safety, and prenatal care. It risks losing its excellent standing in *Access to Emergency Care* because emergency departments are regularly reaching their capacity, and patients are frequently and increasingly diverted to other facilities. At the same time, four hospitals in the District have closed in the past 10 years. If these trends continue, patients will suffer, and the District's *Access to Emergency Care* grade will fall. District of Columbia officials need to act, perhaps by reopening or building new emergency care facilities. Enacting meaningful medical liability reform laws also would increase the District's overall grade significantly.

PUBLIC HEALTH & INJURY PREVENTION — D+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 21.4
- Percent of fatalities in which no restraint was used: 41.5%
- Total fatalities in alcohol-related crashes per 100,000 people: 6.14
- Alcohol-related fatalities as a percentage of all traffic fatalities: 50%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 914.5

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 72%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 58.7%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 48.0%
- Percent of live births with early prenatal care (beginning in the first trimester): 75.4%
- Fatal occupational injuries per 1 million people: 34.33

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 80.33%
- Increase in specialists' medical liability insurance rates (2001-2004): 62.51%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

FLORIDA

OVERALL GRADE C-

Overall Grade: C-

Access to Emergency Care: C-

Quality and Patient Safety: B-

Public Health and Injury Prevention: D-

Medical Liability Environment: D

FLORIDA COMPARED WITH THE NATION: With an overall C- grade, Florida fell below the national median for its poor support of an emergency care system to meet the needs of its residents. The state's grade was due in large part to poor scores in the categories of *Public Health and Injury Prevention, Medical Liability Environment*, and *Access to Emergency Care.*

PROBLEMS: Florida does not have enough emergency facilities for its residents. It ranked near the bottom for the number of emergency departments per 1 million people (47th) and in number of trauma centers per 1 million people (41st). Florida has a large elderly population, who tend to have more chronic and complex medical problems, and emergency departments in the state treat large numbers of seriously ill patients who must be admitted to the hospital. A recent study by the Florida Hospital Association found that 58 percent of all hospital admissions came through the emergency department, compared with 51 percent in 2000. Emergency visits rose to 6.9 million in 2003, up from 5.1 million in 1996. Also, the number of acute-care hospitals in Florida fell from 205 to 188 during that time.

Florida ranked last among all states and the District of Columbia for its percentage of adults aged 65 and older who have received a flu vaccine in the last 12 months. It ranked 45th for its percentage of adults aged 65 and older who have ever received a pneumococcal vaccine.

Florida also scored poorly in *Medical Liability Environment.* Medical liability insurance rates have risen substantially. In 2003, Florida adopted some significant medical liability reforms. The Florida limit on liability is not a "hard" cap on non-economic damages that applies to physicians in all cases. These reforms have not yet been fully tested in the courts, and it will take time before they affect insurance rates. Despite hopeful signs, it is not clear whether insurance rates will become more reasonable.

GOOD NEWS: Florida ranked 7th in both annual payments per fee-for-service enrollees in Medicare and in its annual state contributions to the State

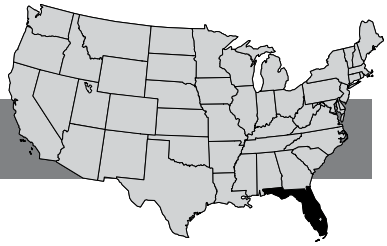
ACCESS TO EMERGENCY CARE — C-

- Number of EDs per 1 million people: 7.82
- Annual ED visits per board-certified emergency physician: 5,803
- Board-certified emergency physicians per 100,000 people: 6.6
- Number of registered nurses per 1,000 people: 9.12
- Number of hospital-staffed beds per 1,000 people: 2.85
- Annual per capita expenditure on hospital care: $1,371
- Percent of population that does not have health insurance: 18.15%
- Annual payments per fee-for-service enrollee in Medicare: $6,685
- Annual state Medicaid expenditures per population younger than 65: $305
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $2,959.62
- Trauma centers per 1 million people: 0.98

QUALITY AND PATIENT SAFETY — B-

- Emergency medicine residents per 1 million people: 7.24
- Emergency medicine residency programs: 4
- Percent of population with access to advanced life support ambulance services: 98.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 99.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

FLORIDA



Children's Health Insurance Program (SCHIP) per 100 children younger than age 18. It ranked 12th in both emergency medicine residency programs and in its percentage of people with access to Enhanced 911 services.

The University of South Florida in Tampa opened a new emergency medicine residency program in July 2003, bringing the total number of emergency medicine residencies to four, a step that will help ensure the state has enough emergency physicians to meet its growing and aging population. In addition, the legislature passed a series of reforms, including one that created additional trauma funding by adding fines to traffic violations. At the same time, police may now stop and ticket drivers if they or their passengers are not wearing a seat belt, and if they are younger than age 18.

RECOMMENDATIONS: Florida policymakers need to increase the number of emergency departments and trauma centers. The state should reinforce educational programs about immunization for older adults. Florida also needs to improve its legal climate to prevent further hikes in liability insurance premiums for emergency professionals. State lawmakers should enact a $250,000 cap on non-economic damages in medical liability lawsuits.

PUBLIC HEALTH & INJURY PREVENTION — D-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 24.55
- Percent of fatalities in which no restraint was used: 59.1%
- Total fatalities in alcohol-related crashes per 100,000 people: 7.32
- Alcohol-related fatalities as a percentage of all traffic fatalities: 40%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 252.8

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 78%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 57.0%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 57.2%
- Percent of live births with early prenatal care (beginning in the first trimester): 84.4%
- Fatal occupational injuries per 1 million people: 19.95

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related Injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: Yes
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 83.55%
- Increase in specialists' medical liability insurance rates (2001-2004): 86.90%

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GEORGIA

OVERALL GRADE C+

Overall Grade: C+

Access to Emergency Care: D+

Quality and Patient Safety: A

Public Health and Injury Prevention: C

Medical Liability Environment: B-

GEORGIA COMPARED WITH THE NATION: Georgia scored well in *Quality and Patient Safety* and *Medical Liability Environment.* The state earned a low grade for its *Access to Emergency Care* and a mediocre grade for *Public Health and Injury Prevention*. Georgia ranked 13th overall in the nation.

PROBLEMS: *Access to Emergency Care* problems are indicated by factors such as Georgia scoring poorly in the number of registered nurses per 1,000 people (43rd) and in annual state Medicaid expenditures per population younger than age 65 (49th). The problem of access to care is re-enforced by evidence such as a recent report by *The Atlanta Journal–Constitution* that many Atlanta hospitals lack needed equipment.

Public Health and Injury Prevention difficulties are indicated by the fact that Georgia trails in measures such as immunizations. The state was in the bottom 10th percentile of the nation in percentage of adults aged 65 and older who received a flu vaccine in the last 12 months (48th) and in percentage of adults aged 65 and older who have ever received a pneumococcal vaccine (44th). Georgia was 36th in traffic fatalities per 100,000 licensed drivers.

GOOD NEWS: Georgia ranked 4th in the nation in *Quality and Patient Safety.* It had few outstanding ratings within the category, but consistently scored better than average. Georgia ranked 11th in its percentage of people with access to advanced life support ambulance services and 3rd in alcohol-related fatalities as a percentage of all traffic fatalities. It ranked 15th in percent of live births with early prenatal care.

Georgia's overall grade was substantially improved by its being ranked 6th in *Medical Liability Environment* due to a recent law creating a cap on non-economic damage awards.

Georgia has worked to graduate more emergency medicine residents, graduating residents from two accredited programs. It also has increased training for emergency physicians. These efforts are not yet reflected in the most recent federal reporting, which suggests that future report cards may show improvement in these areas.

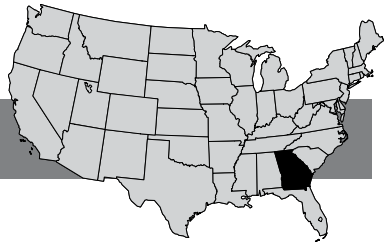
ACCESS TO EMERGENCY CARE — D+

- Number of EDs per 1 million people: 14.04
- Annual ED visits per board-certified emergency physician: 6,747
- Board-certified emergency physicians per 100,000 people: 5.95
- Number of registered nurses per 1,000 people: 7.70
- Number of hospital-staffed beds per 1,000 people: 2.26
- Annual per capita expenditure on hospital care: $1,329
- Percent of population that does not have health insurance: 16.44%
- Annual payments per fee-for-service enrollee in Medicare: $5,568
- Annual state Medicaid expenditures per population younger than 65: $202
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,827.65
- Trauma centers per 1 million people: 1.47

QUALITY AND PATIENT SAFETY — A

- Emergency medicine residents per 1 million people: 9.17
- Emergency medicine residency programs: 2
- Percent of population with access to advanced life support ambulance services: 99.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 93.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

GEORGIA



RECOMMENDATIONS: Georgia fared poorly in its per capita numbers of board-certified emergency physicians and registered nurses. It also scored below average in its number of hospital-staffed beds and trauma centers. Georgia needs to direct funding to increase these numbers by recruiting and retaining more quality emergency care professionals and by developing more emergency care facilities.

PUBLIC HEALTH & INJURY PREVENTION — C

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 27.84
- Percent of fatalities in which no restraint was used: 47.5%
- Total fatalities in alcohol-related crashes per 100,000 people: 5.53
- Alcohol-related fatalities as a percentage of all traffic fatalities: 30%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 178.3

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 80%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 59.3%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 57.3%
- Percent of live births with early prenatal care (beginning in the first trimester): 85.9%
- Fatal occupational injuries per 1 million people: 22.54

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: Yes

MEDICAL LIABILITY ENVIRONMENT — B-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: Yes
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: Yes
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 108.87%
- Increase in specialists' medical liability insurance rates (2001-2004): 100.07%

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HAWAII

OVERALL GRADE C-

Overall Grade: C-

Access to Emergency Care: C+

Quality and Patient Safety: D+

Public Health and Injury Prevention: C+

Medical Liability Environment: D-

HAWAII COMPARED WITH THE NATION: With an overall grade of C-, Hawaii ranked 34th in the nation due to its lack of support for an emergency care system to meet the needs of its residents. The state received an average grade in the category of *Access to Emergency Care* and nearly failing grades for its *Medical Liability Environment* and the *Quality and Patient Safety* category. Hawaii ranked 12th in the nation in *Public Health and Injury Prevention.*

PROBLEMS: Hawaii has a shortage of hospital space and trained professionals. The state was deficient in these areas:

- Number of registered nurses per 1,000 people (41st)
- Number of hospital-staffed beds per 1,000 people (37th)
- Trauma centers per 1 million people (45th)
- Annual payments per fee-for-service enrollee in Medicare (51st)

Hawaii finished next to last in the nation in alcohol-related fatalities as a percentage of all traffic fatalities (50th). The state scored well below average in its percentage of adults aged 65 and older who have ever received a pneumococcal vaccine (39th). Hawaii's grade was hurt by low implementation of both unintentional and intentional injury prevention programs. Although the state has a cap on non-economic damages for medical liability cases, the cap has exceptions, so the state did not receive full credit for a "hard" cap.

GOOD NEWS: Hawaii had some bright spots. It ranked best in the nation for annual emergency visits per board-certified emergency physician. It ranked 2nd in the nation for board-certified emergency physicians per 100,000 people. It scored well in percentage of population with access to advanced life support ambulance services (9th) and in percentage of population with access to Enhanced 911 services (11th).

Hawaii received high marks for traffic fatalities per 100,000 licensed drivers (9th) and percentage of fatalities in which no restraint was used (12th). The

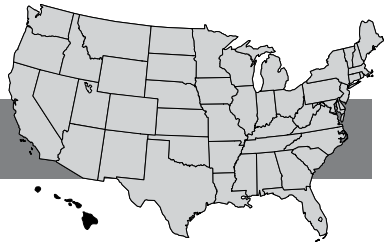
ACCESS TO EMERGENCY CARE — C+

- Number of EDs per 1 million people: 11.09
- Annual ED visits per board-certified emergency physician: 2,357
- Board-certified emergency physicians per 100,000 people: 11.09
- Number of registered nurses per 1,000 people: 8.10
- Number of hospital-staffed beds per 1,000 people: 2.13
- Annual per capita expenditure on hospital care: $1,391
- Percent of population that does not have health insurance: 10.14%
- Annual payments per fee-for-service enrollee in Medicare: $4,017
- Annual state Medicaid expenditures per population younger than 65: $304
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $574.69
- Trauma centers per 1 million people: 0.79

QUALITY AND PATIENT SAFETY — D+

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 100.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, No, No
- Are hospitals required to submit data on diversions? No

HAWAII



state is also in the top 10th percentile for percentage of adults aged 65 and older who received a flu vaccine in the last 12 months (5th). The state has a low incidence of fatal occupational injuries per 1 million people (14th).

RECOMMENDATIONS: Hawaii needs additional registered nurses and emergency departments. The state should raise new funds for new trauma centers and increase its contribution to the SCHIP program. Hawaii should also strengthen its cap on non-economic damages to address its poor medical liability environment.

PUBLIC HEALTH & INJURY PREVENTION — C+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 16.18
- Percent of fatalities in which no restraint was used: 45.9%
- Total fatalities in alcohol-related crashes per 100,000 people: 5.7
- Alcohol-related fatalities as a percentage of all traffic fatalities: 53%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 295.1

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 79%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 73.9%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 59.5%
- Percent of live births with early prenatal care (beginning in the first trimester): 84.5%
- Fatal occupational injuries per 1 million people: 16.63

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 50.88%
- Increase in specialists' medical liability insurance rates (2001-2004): 50.89%

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IDAHO

OVERALL GRADE D

Overall Grade: D

Access to Emergency Care: D

Quality and Patient Safety: D

Public Health and Injury Prevention: D-

Medical Liability Environment: D

IDAHO COMPARED WITH THE NATION: Idaho earned one of the worst grades in the nation, ranking 50th out of all the states and the District of Columbia, earning near failing marks across the board for its lack of support for an emergency care system to meet the needs of its residents.

PROBLEMS: In *Access to Emergency Care,* Idaho fell near the bottom in its support for:

- Number of registered nurses per 1,000 people (46th)
- Annual per capita expenditure on hospital care (44th)
- Annual payments per fee-for-service enrollee in Medicare (2001) (45th)
- Annual state Medicaid expenditures per people younger than age 65 (48th)
- Trauma centers per 1 million people (46th)

In *Public Health and Injury Prevention,* the state received poor marks in:

- Traffic fatalities per 100,000 licensed drivers (44th)
- Percentage of adults aged 65 and older who received a flu vaccine in the last 12 months (41st)
- Percentage of adults aged 65 and older who have ever received a pneumococcal vaccine (43rd)
- Fatal occupational injuries per 1 million people (42nd)

Idaho's grade also was hurt by its lack of unintentional and intentional injury prevention programs.

GOOD NEWS: Idaho ranked 20th in the nation in its number of emergency departments per 1 million people. It ranked 16th in alcohol-related fatalities as a percentage of all traffic fatalities.

RECOMMENDATIONS: Idaho could improve in almost any of the 50 criteria tracked by the report card. The state needs to increase its annual per capita expenditure on hospital care and annual state Medicaid expenditures. Increased spending could attract more emergency physicians and registered nurses. Building new trauma centers also could provide more advanced rapid response emergency services for residents.

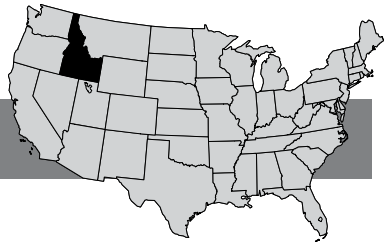
ACCESS TO EMERGENCY CARE — D

- Number of EDs per 1 million people: 19.38
- Annual ED visits per board-certified emergency physician: 5,516
- Board-certified emergency physicians per 100,000 people: 6.1
- Number of registered nurses per 1,000 people: 7.23
- Number of hospital-staffed beds per 1,000 people: 2.13
- Annual per capita expenditure on hospital care: $1,163
- Percent of population that does not have health insurance: 18.60%
- Annual payments per fee-for-service enrollee in Medicare: $4,696
- Annual state Medicaid expenditures per population younger than 65: $230
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $980.84
- Trauma centers per 1 million people: 0.72

QUALITY AND PATIENT SAFETY — D

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 70.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 30.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

IDAHO



PUBLIC HEALTH & INJURY PREVENTION — D-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 31.8
- Percent of fatalities in which no restraint was used: 58.2%
- Total fatalities in alcohol-related crashes per 100,000 people: 7.68
- Alcohol-related fatalities as a percentage of all traffic fatalities: 37%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 244.7

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 79%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 65.1%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 57.5%
- Percent of live births with early prenatal care (beginning in the first trimester): 81.6%
- Fatal occupational injuries per 1 million people: 30.86

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 61.46%
- Increase in specialists' medical liability insurance rates (2001-2004): 59.17%

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ILLINOIS

OVERALL GRADE C

Overall Grade: C

Access to Emergency Care: B+

Quality and Patient Safety: C

Public Health and Injury Prevention: D+

Medical Liability Environment: D-

ILLINOIS COMPARED WITH THE NATION: With an overall C grade, Illinois ranked 22nd in the nation, better than the national mean, for its support of an emergency care system to meet the needs of its residents. The state received good grades in *Access to Emergency Care,* mediocre grades in *Quality and Patient Safety* and *Public Health and Injury Prevention,* and a nearly failing grade for its *Medical Liability Environment.*

PROBLEMS: Illinois ranked poorly in:

- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children (47th)
- Number of emergency departments per 1 million people (31st)
- Percentage of population with access to Enhanced 911 services (45th)

A relatively low record of vaccinations for Illinois residents held down the state's overall *Public Health and Injury Prevention* (27th) grade. The state ranked 45th among all states in percentage of adults aged 65 and older who received a flu vaccine in the last 12 months and 48th in percentage of adults aged 65 and older who have ever received a pneumococcal vaccine.

GOOD NEWS: Illinois recently passed a law providing health insurance to all of the state's children, a move which should have a positive impact on its ranking in the future. The state ranked 13th in *Access to Emergency Care,* including scoring 11th in annual per capita expenditure on hospital care, and 13th in board-certified emergency physicians per 100,000 people. Support for the state's medical schools scored well, as evidenced by strong showings in emergency medicine residents per 1 million people (9th) and emergency medicine residency programs (7th).

In *Public Health and Injury Prevention,* Illinois has a good record in accidental deaths for both traffic fatalities per 100,000 licensed drivers (11th) and in fatal occupational injuries per 1 million people (12th). The state recently passed a $500,000 cap on non-economic damages in medical liability cases. While the cap would be more effective if set

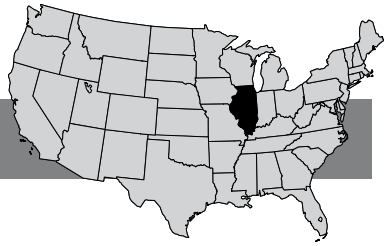
ACCESS TO EMERGENCY CARE — B+

- Number of EDs per 1 million people: 13.76
- Annual ED visits per board-certified emergency physician: 4,334
- Board-certified emergency physicians per 100,000 people: 8.83
- Number of registered nurses per 1,000 people: 9.92
- Number of hospital-staffed beds per 1,000 people: 2.54
- Annual per capita expenditure on hospital care: $1,558
- Percent of population that does not have health insurance: 14.40%
- Annual payments per fee-for-service enrollee in Medicare: $5,884
- Annual state Medicaid expenditures per population younger than 65: $450
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $603.81
- Trauma centers per 1 million people: 4.80

QUALITY AND PATIENT SAFETY — C

- Emergency medicine residents per 1 million people: 26.51
- Emergency medicine residency programs: 8
- Percent of population with access to advanced life support ambulance services: 0.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 48.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? Yes

ILLINOIS



at a lower level, this is a positive step. Illinois also has worked to improve its ambulance services, use of CDC block grants, and injury prevention programs since the most recent federal reporting. For example, the state Department of Public Health has created a domestic partner injury prevention program. Future report cards may show improvement in these areas.

RECOMMENDATIONS: Illinois needs to expand access to ambulances and Enhanced 911 services for all its residents. The state must increase access to health insurance for its uninsured population. Illinois should improve its immunization levels and take steps to reduce accidents. The state should create even lower caps on non-economic damages in medical liability cases.

PUBLIC HEALTH & INJURY PREVENTION — D+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 18.04
- Percent of fatalities in which no restraint was used: 47.9%
- Total fatalities in alcohol-related crashes per 100,000 people: 5.03
- Alcohol-related fatalities as a percentage of all traffic fatalities: 44%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 365.1

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 81%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 61.1%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 56.7%
- Percent of live births with early prenatal care (beginning in the first trimester): 83.7%
- Fatal occupational injuries per 1 million people: 15.73

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: Yes

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: Yes
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 112.59%
- Increase in specialists' medical liability insurance rates (2001-2004): 91.17%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

INDIANA

OVERALL GRADE D+

Overall Grade: D+

Access to Emergency Care: C-

Quality and Patient Safety: D

Public Health and Injury Prevention: C

Medical Liability Environment: D-

INDIANA COMPARED WITH THE NATION: Indiana earned one of the worst grades in the nation, ranking 44th for its lack of support for an emergency care system to meet the needs of its residents. The state's grade was hurt by a mediocre grade in *Access to Emergency Care* and by near-failing grades in the *Quality and Patient Safety* and *Medical Liability Environment* categories.

PROBLEMS: Indiana's grade in *Access to Emergency Care* was the 12th worst in the nation. The state scored above the national average in one area of *Access to Emergency Care* and scored substantially below average in:

- Trauma centers per 1 million people (47th)
- Annual emergency visits per board-certified emergency physician (36th)
- Board-certified emergency physicians per 100,000 people (34th)

Indiana ranked low in emergency medicine residency programs (40th). The state's other scores in *Quality and Patient Safety* are below the national average. Indiana earned its D- in *Medical Liability Environment,* as its $250,000 cap is not considered a "hard" cap because the state mandates contributions to a patient compensation fund and this fund pays damages in excess of the $250,000 limit.

GOOD NEWS: Indiana performed above average in its number of hospital-staffed beds per 1,000 people (18th). The state also had impressive low scores in total fatalities in alcohol-related crashes per 100,000 people (9th) and in alcohol-related fatalities as a percentage of all traffic fatalities (4th). Indiana's *Medical Liability Environment* (27th) is at about the national average.

RECOMMENDATIONS: Indiana needs to attract more board-certified emergency physicians and increase its number of emergency departments. The state also needs to build more trauma centers and recruit more nurses. It also needs to improve immunization rates, which are currently in the lower two-thirds of all states. Additional medical liability reforms would help to attract and retain needed emergency physicians.

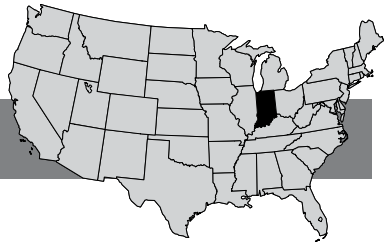
ACCESS TO EMERGENCY CARE — C-

- Number of EDs per 1 million people: 13.95
- Annual ED visits per board-certified emergency physician: 6,491
- Board-certified emergency physicians per 100,000 people: 6.16
- Number of registered nurses per 1,000 people: 9.76
- Number of hospital-staffed beds per 1,000 people: 2.87
- Annual per capita expenditure on hospital care: $1,413
- Percent of population that does not have health insurance: 13.87%
- Annual payments per fee-for-service enrollee in Medicare: $5,352
- Annual state Medicaid expenditures per population younger than 65: $276
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,365.80
- Trauma centers per 1 million people: 0.48

QUALITY AND PATIENT SAFETY — D

- Emergency medicine residents per 1 million people: 8.18
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 85.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 85.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

INDIANA



PUBLIC HEALTH & INJURY PREVENTION — C

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 18.39
- Percent of fatalities in which no restraint was used: 46.0%
- Total fatalities in alcohol-related crashes per 100,000 people: 4.2
- Alcohol-related fatalities as a percentage of all traffic fatalities: 31%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 367

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 76%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 66.3%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 61.2%
- Percent of live births with early prenatal care (beginning in the first trimester): 80.9%
- Fatal occupational injuries per 1 million people: 21.16

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: Yes
- Patient compensation fund: Yes
- Increase in physicians' medical liability insurance rates (2001-2004): 83.35%
- Increase in specialists' medical liability insurance rates (2001-2004): 61.23%

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IOWA

OVERALL GRADE C+

Overall Grade: C+

Access to Emergency Care: B-

Quality and Patient Safety: A-

Public Health and Injury Prevention: C

Medical Liability Environment: D-

IOWA COMPARED WITH THE NATION: Iowa earned a C+ overall for its support of an emergency care system to meet the needs of its residents. Although it achieved excellent ratings for *Quality and Patient Safety* and above-average ratings in *Access to Emergency Care,* it received a mediocre score in the *Public Health and Injury Prevention* category and a near-failing grade for its *Medical Liability Environment.*

PROBLEMS: Iowa had some of the lowest scores in the nation, ranking next to last in the number of board-certified emergency physicians per 100,000 people (50th). Other low marks included annual emergency visits per board-certified emergency physician (48th) and annual payments per fee-for-service enrollee in Medicare (43rd).

Iowa received substandard ratings in *Medical Liability Environment.* Compared with other states, Iowa has taken few steps to ensure that its liability climate supports effective emergency care systems. Only the state's joint liability reform and collateral source reform scores kept it from receiving a failing grade in this category.

GOOD NEWS: Iowa's grade in *Quality and Patient Safety* was well above the national average. The state ranked 9th in the percentage of its population with access to advanced life support ambulance services. Iowa's grade also was raised due to its disaster response training for hospital personnel. Another positive for Iowa was its use of CDC Preventive Health and Health Services Block Grants for emergency medical services.

Iowa ranked 2nd among all states in trauma centers per 1 million people, 7th in number of emergency departments per 1 million people, and 9th in number of registered nurses per 1,000 people.

RECOMMENDATIONS: Iowa has the facilities for a first-rate emergency health care system, but the state needs more board-certified emergency physicians and a cap on the amount of non-economic damages that can be awarded in medical liability lawsuits. Such a cap would help recruit and retain board-certified emergency physicians.

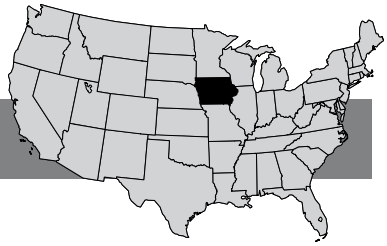
ACCESS TO EMERGENCY CARE — B-

- Number of EDs per 1 million people: 39.94
- Annual ED visits per board-certified emergency physician: 11,224
- Board-certified emergency physicians per 100,000 people: 3.22
- Number of registered nurses per 1,000 people: 11.88
- Number of hospital-staffed beds per 1,000 people: 2.97
- Annual per capita expenditure on hospital care: $1,520
- Percent of population that does not have health insurance: 11.26%
- Annual payments per fee-for-service enrollee in Medicare: $4,762
- Annual state Medicaid expenditures per population younger than 65: $372
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,483.27
- Trauma centers per 1 million people: 39.26

QUALITY AND PATIENT SAFETY — A-

- Emergency medicine residents per 1 million people: 6.09
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 100.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 95.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

IOWA



PUBLIC HEALTH & INJURY PREVENTION — C

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 22.3
- Percent of fatalities in which no restraint was used: 42.4%
- Total fatalities in alcohol-related crashes per 100,000 people: 4.91
- Alcohol-related fatalities as a percentage of all traffic fatalities: 33%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 248.3

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 83%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 73.5%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 66.2%
- Percent of live births with early prenatal care (beginning in the first trimester): 88.5%
- Fatal occupational injuries per 1 million people: 25.72

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention Program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 47.99%
- Increase in specialists' medical liability insurance rates (2001-2004): 54.00%

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KANSAS

OVERALL GRADE C–

Overall Grade: C-

Access to Emergency Care: B-

Quality and Patient Safety: F

Public Health and Injury Prevention: D

Medical Liability Environment: D

KANSAS COMPARED WITH THE NATION: With an overall grade of C-, Kansas demonstrated below-average support for an emergency care system to meet the needs of its residents. The state received poor grades in both *Quality and Patient Safety* and *Public Health and Injury Prevention.* The state did receive a good grade in *Access to Emergency Care.*

PROBLEMS: Kansas' poor grade in *Quality and Patient Safety* was due to a lack of emergency medicine residents and residency programs. The state also ranked well below average in the percentage of its population with access to Enhanced 911 services (39th).

Kansas earned credit for its cap on non-economic damage awards, but its required patient compensation fund contribution prevented this from being counted as a "hard" cap. The state did receive separate credit for this fund.

In *Public Health and Injury Prevention*, the state earned poor scores in:

- Percentage of children aged 19-35 months who are immunized (47th)
- Percentage of fatalities in which no restraint was used (42nd)
- Fatal occupational injuries per 1 million people (40th)
- Alcohol-related fatalities as a percentage of all traffic fatalities (37th)

In *Access to Emergency Care,* Kansas had an above average grade overall, but several measures within the category were scored very low:

- Annual state Medicaid expenditures per population younger than age 65 (43rd)
- Trauma centers per 1 million people (39th)
- Board-certified emergency physicians per 100,000 people (38th)

GOOD NEWS: Kansas ranked well in several areas, including 5th in the number of emergency departments per 1 million people, 11th in the number of hospital-staffed beds per 1,000 people, and 14th in the number of registered nurses per

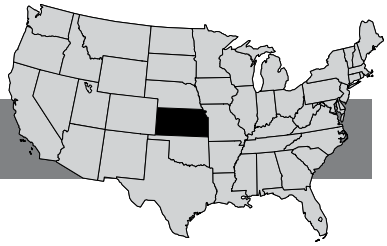
ACCESS TO EMERGENCY CARE — B-

- Number of EDs per 1 million people: 45.7
- Annual ED visits per board-certified emergency physician: 5,763
- Board-certified emergency physicians per 100,000 people: 6
- Number of registered nurses per 1,000 people: 10.65
- Number of hospital-staffed beds per 1,000 people: 3.21
- Annual per capita expenditure on hospital care: $1,428
- Percent of population that does not have health insurance: 10.96%
- Annual payments per fee-for-service enrollee in Medicare: $5,129
- Annual state Medicaid expenditures per population younger than 65: $254
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $2,030.49
- Trauma centers per 1 million people: 1.10

QUALITY AND PATIENT SAFETY — F

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 86.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 66.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

KANSAS



1,000 people.

RECOMMENDATIONS: Kansas needs to attract and train more board-certified emergency physicians. The state also needs to improve its D grade in *Public Health and Injury Prevention* by reinforcing educational programs about both immunization and motor vehicle safety. State policymakers also should bolster enforcement programs that target intoxicated drivers.

PUBLIC HEALTH & INJURY PREVENTION — D

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 23.7
- Percent of fatalities in which no restraint was used: 63.9%
- Total fatalities in alcohol-related crashes per 100,000 people: 7.53
- Alcohol-related fatalities as a percentage of all traffic fatalities: 44%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 342.6

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 69%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 68.6%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 62.1%
- Percent of live births with early prenatal care (beginning in the first trimester): 86.8%
- Fatal occupational injuries per 1 million people: 28.51

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention Program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: Yes
- Increase in physicians' medical liability insurance rates (2001-2004): 53.64%
- Increase in specialists' medical liability insurance rates (2001-2004): 33.42%

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KENTUCKY

OVERALL GRADE C-

Overall Grade: C-

Access to Emergency Care: C

Quality and Patient Safety: C

Public Health and Injury Prevention: C

Medical Liability Environment: D-

KENTUCKY COMPARED WITH THE NATION: With an overall grade of C-, Kentucky fell somewhat below the national median in its support of an emergency care system to meet the needs of its residents. Across the board, the state earned average ratings and a near-failing grade for its *Medical Liability Environment.*

PROBLEMS: Kentucky received many substandard scores in the category of *Access to Emergency Care.* It ranked 42nd in both board-certified emergency physicians per 100,000 people and trauma centers per 1 million people. It also ranked 46th in annual emergency visits per board-certified emergency physician. These ratings are consistent with recent state figures showing that emergency department visits have increased 27 percent over the last few years.

Kentucky earned a few below-average marks in *Public Health and Injury Prevention.* It ranked near the bottom of the nation in percentage of adults aged 65 and older who have ever received a pneumococcal vaccine (49th) and in percentage of traffic fatalities in which no restraint was used (48th).

Kentucky had substandard ratings for its *Medical Liability Environment.* The state has taken few steps to ensure that its liability climate supports effective emergency care systems. Kentucky's pretrial screening panels and joint liability reform kept it from receiving a failing grade in this category. One challenge is that Kentucky requires a state constitutional amendment to create caps on medical liability non-economic damages.

GOOD NEWS: Kentucky earned one of the top scores in the nation for its low number of alcohol-related fatalities as a percentage of all traffic fatalities (3rd). It also received a high score for its low percentage of live births with early prenatal care (11th).

Kentucky received a few noteworthy rankings in *Access to Emergency Care* and *Medical Liability Environment*. It ranked 10th in the number of hospital-staffed beds per 1,000 people. It ranked 14th in the annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18. It ranked 10th in the increase in physicians' medical liability

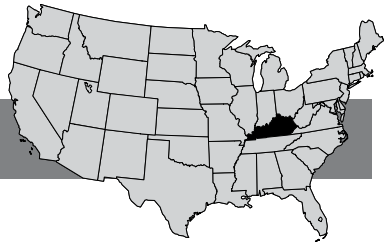
ACCESS TO EMERGENCY CARE — C

- Number of EDs per 1 million people: 21.95
- Annual ED visits per board-certified emergency physician: 10,083
- Board-certified emergency physicians per 100,000 people: 5.11
- Number of registered nurses per 1,000 people: 9.52
- Number of hospital-staffed beds per 1,000 people: 3.23
- Annual per capita expenditure on hospital care: $1,479
- Percent of population that does not have health insurance: 13.97%
- Annual payments per fee-for-service enrollee in Medicare: $5,492
- Annual state Medicaid expenditures per population younger than 65: $310
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,956.97
- Trauma centers per 1 million people: 0.96

QUALITY AND PATIENT SAFETY — C

- Emergency medicine residents per 1 million people: 11.34
- Emergency medicine residency programs: 2
- Percent of population with access to advanced life support ambulance services: 90.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 0.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

KENTUCKY



insurance rates, 2nd in the increase in specialists' medical liability insurance rates.

RECOMMENDATIONS: Kentucky needs to increase its number of board-certified emergency physicians to protect patient care and address the growth in visits to emergency departments. The state also needs to maintain certain standards of safety, such as access to Enhanced 911 services or reinforcing educational programs about immunization and motor vehicle safety. In addition, Kentucky should invest in new trauma centers for better coverage of its population. The state's lack of physicians may be due partly to the state's poor ratings in *Medical Liability Environment.* Despite its constitutional challenge in creating caps on liability, it could pass a variety of more modest reforms.

PUBLIC HEALTH & INJURY PREVENTION — C

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 33.15
- Percent of fatalities in which no restraint was used: 67.8%
- Total fatalities in alcohol-related crashes per 100,000 people: 6.66
- Alcohol-related fatalities as a percentage of all traffic fatalities: 30%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 517.8

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 78%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 65.7%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 56.6%
- Percent of live births with early prenatal care (beginning in the first trimester): 86.8%
- Fatal occupational injuries per 1 million people: 34.97

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: Yes

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 29.87%
- Increase in specialists' medical liability insurance rates (2001-2004): 6.44%

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LOUISIANA

OVERALL GRADE C-

NOTE: *The following data for Louisiana reflect the state's support of its emergency care system before the devastation by Hurricane Katrina.*

Overall Grade: C-

Access to Emergency Care: C-

Quality and Patient Safety: B

Public Health and Injury Prevention: D

Medical Liability Environment: D

LOUISIANA COMPARED WITH THE NATION: Louisiana earned an overall grade of C- for its support of an emergency care system to meet the needs of its residents, reflecting its good grade in *Quality and Patient Safety,* a below-average rating in *Access to Emergency Care,* and near-failing grades in *Medical Liability Environment* and *Public Health and Injury Prevention.*

PROBLEMS: Louisiana's poor scores in *Access to Emergency Care* included:

- Trauma centers per 1 million people (49th)
- Annual emergency visits per board-certified emergency physician (45th)
- Board-certified emergency physicians per 100,000 people (40th)

Louisiana also ranked near the bottom in several *Public Health and Injury Prevention* criteria:

- Percentage of adults aged 65 and older who have received a flu vaccine in the last year (50th)
- Percentage of adults aged 65 and older who have ever received a pneumococcal vaccine (50th)
- Percent of children aged 19-35 months who are immunized (49th)
- Total fatalities in alcohol-related crashes per 100,000 people (43rd)

Louisiana earned near-failing marks in *Medical Liability Environment.* The state has implemented certain liability measures favorable to the medical community, including pretrial screening panels and joint liability reform. Louisiana earned credit for its cap on non-economic damage awards, but its required patient compensation fund contribution prevented this from being counted as a $500,000 "hard" cap. The state did receive separate credit for this fund.

GOOD NEWS: Louisiana ranked 10th in the nation in emergency medical residents per 1 million people and 16th in emergency medicine residency programs.

The state earned several excellent rankings in some of its *Access to Emergency Care* criteria. It ranked

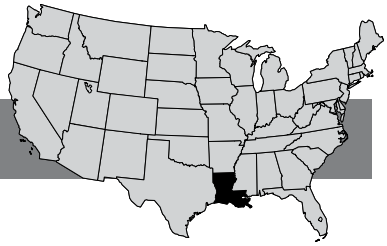
ACCESS TO EMERGENCY CARE — C-

- Number of EDs per 1 million people: 18.82
- Annual ED visits per board-certified emergency physician: 9,538
- Board-certified emergency physicians per 100,000 people: 5.8
- Number of registered nurses per 1,000 people: 9.00
- Number of hospital-staffed beds per 1,000 people: 3.86
- Annual per capita expenditure on hospital care: $1,601
- Percent of population that does not have health insurance: 20.59%
- Annual payments per fee-for-service enrollee in Medicare: $7,083
- Annual state Medicaid expenditures per population younger than 65: $303
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,466.31
- Trauma centers per 1 million people: 0.44

QUALITY AND PATIENT SAFETY — B

- Emergency medicine residents per 1 million people: 22.37
- Emergency medicine residency programs: 3
- Percent of population with access to advanced life support ambulance services: 80.0%
- Percent of pre-hospital personnel with access to online medical direction: 0.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 65.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

LOUISIANA



4th for its number of hospital-staffed beds per 1,000 people and 7th for its annual per capita expenditure on hospital care.

To ensure uniformity, all of the states' report cards were based on the most recent federal government reports. Several of the Louisiana criteria appear to have improved since the publication of the federal data. For example, Louisiana has promoted access to advanced life support ambulance services, and some 95 percent of the people now have access to these services. All pre-hospital personnel have access to online medical direction. Louisiana also has promoted injury prevention programs since the most recent federal reporting. Future report cards are likely to show improvement in these areas.

RECOMMENDATIONS: Louisiana has a shortage of board-certified emergency physicians. This shortage prevents the state from earning a higher score in *Access to Emergency Care.* The shortage may be due partly to its medical liability environment. Louisiana also needs to improve safety efforts, such as access to Enhanced 911 services and educational programs about immunization and motor vehicle safety.

PUBLIC HEALTH & INJURY PREVENTION — D

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 28.65
- Percent of fatalities in which no restraint was used: 60.0%
- Total fatalities in alcohol-related crashes per 100,000 people: 8.99
- Alcohol-related fatalities as a percentage of all traffic fatalities: 45%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 282.8

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 68%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 57.3%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 56.3%
- Percent of live births with early prenatal care (beginning in the first trimester): 83.5%
- Fatal occupational injuries per 1 million people: 21.04

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: Yes
- Increase in physicians' medical liability insurance rates (2001-2004): 53.66%
- Increase in specialists' medical liability insurance rates (2001-2004): 46.02%

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MAINE

OVERALL GRADE B–

Overall Grade: B-

Access to Emergency Care: A

Quality and Patient Safety: C+

Public Health and Injury Prevention: C-

Medical Liability Environment: D

MAINE COMPARED WITH THE NATION: Maine earned one of the top scores in the nation, ranking 8th for its support of an emergency care system to meet the needs of its residents. It received an excellent score in *Access to Emergency Care*, mediocre grades in *Public Health and Injury Prevention* and *Quality and Patient Safety,* and a near-failing grade for its *Medical Liability Environment.*

PROBLEMS: Maine's disappointing rankings were:

- Annual emergency visits per board-certified emergency physician (31st)
- Percentage of population with access to advanced life support ambulance services (35th)
- Percentage of children aged 19-35 months who are immunized (32nd)

Maine's *Medical Liability Environment* hurt its overall grade. The state has taken few steps to ensure its liability climate is supportive of effective emergency care systems. Its cap that applies only to non-economic damages in wrongful death actions, pretrial screening panels, and collateral source reform were all that kept it from receiving a failing grade in this category.

GOOD NEWS: In the *Access to Emergency Care* category, Maine ranked 6th in both board-certified emergency physicians per 100,000 people and in the percentage of adults aged 65 and older who received a flu vaccine in the last 12 months. It ranked 7th in both the number of registered nurses per 1,000 people and in the percent of live births with early prenatal care. It ranked 9th in the percentage of adults aged 65 and older who received a pneumococcal vaccine.

Maine earned several above-average scores in some *Quality and Patient Safety* criteria, ranking 18th in emergency medical residents per 1 million people and 21st for its percentage of population with access to Enhanced 911 services.

RECOMMENDATIONS: Maine needs to improve its residents' access to emergency care by increasing the number of board-certified emergency physicians and trauma centers. Maine could improve its *Medical Liability Environment* by imposing a

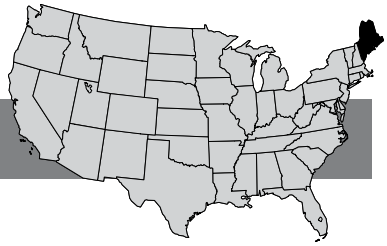
ACCESS TO EMERGENCY CARE — A

- Number of EDs per 1 million people: 25.81
- Annual ED visits per board-certified emergency physician: 5,592
- Board-certified emergency physicians per 100,000 people: 9.64
- Number of registered nurses per 1,000 people: 11.99
- Number of hospital-staffed beds per 1,000 people: 2.54
- Annual per capita expenditure on hospital care: $1,501
- Percent of population that does not have health insurance: 10.37%
- Annual payments per fee-for-service enrollee in Medicare: $4,861
- Annual state Medicaid expenditures per population younger than 65: $475
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,926.22
- Trauma centers per 1 million people: 2.28

QUALITY AND PATIENT SAFETY — C+

- Emergency medicine residents per 1 million people: 13.66
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 80.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 91.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

MAINE



$250,000 cap on non-economic damages in medical liability lawsuits.

PUBLIC HEALTH & INJURY PREVENTION — C-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 22.2
- Percent of fatalities in which no restraint was used: 51.8%
- Total fatalities in alcohol-related crashes per 100,000 people: 5.69
- Alcohol-related fatalities as a percentage of all traffic fatalities: 36%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 540.9

Immunization:

- Percent of children age 19-35 months who are immunized (2002-2003): 78%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 73.8%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 66.8%
- Percent of live births with early prenatal care (beginning in the first trimester): 88.3%
- Fatal occupational injuries per 1 million people: 17.46

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 29.92%
- Increase in specialists' medical liability insurance rates (2001-2004): 30.55%

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MARYLAND

OVERALL GRADE B–

Overall Grade: B-

Access to Emergency Care: B+

Quality and Patient Safety: B+

Public Health and Injury Prevention: A+

Medical Liability Environment: F

MARYLAND COMPARED WITH THE NATION: With an overall B- grade, Maryland ranked 10th in its support of an emergency care system to meet the needs of its residents. The state shared the top grade for *Public Health and Injury Prevention* with California and New York. Maryland was also well above average in the categories of *Access to Emergency Care* and *Quality and Patient Safety.* The state's failing grade in the *Medical Liability Environment* category tempered its otherwise high grades.

PROBLEMS: Maryland received poor scores in two key areas. It was 44th in the number of emergency departments per 1 million people and 42nd in the number of hospital-staffed beds per 1,000 people. Maryland's failing grade in *Medical Liability Environment* was due to its failure to enact a strict cap on non-economic damages in medical liability lawsuits.

GOOD NEWS: Maryland received several above-average scores, including:

- Annual emergency visits per board-certified emergency physician (8th)
- Annual payments per fee-for-service enrollee in Medicare (5th)
- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (4th)
- Traffic fatalities per 100,000 licensed drivers (13th)
- Fatal occupational injuries per 1 million people (13th)

In *Quality and Patient Safety,* Maryland ranked 9th among all states in the percentage of its population with access to advanced life support ambulance services and 11th in the percentage of its population with access to Enhanced 911 services. The state also offers disaster response training for hospital personnel.

RECOMMENDATIONS: Maryland needs to improve its *Access to Emergency Care* by taking steps to attract more board-certified emergency physicians to the state. For example, Maryland should invest in new or expanded emergency care facilities. Most

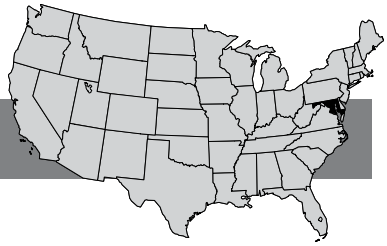
ACCESS TO EMERGENCY CARE — B+

- Number of EDs per 1 million people: 8.46
- Annual ED visits per board-certified emergency physician: 4,236
- Board-certified emergency physicians per 100,000 people: 8.83
- Number of registered nurses per 1,000 people: 9.26
- Number of hospital-staffed beds per 1,000 people: 1.94
- Annual per capita expenditure on hospital care: $1,486
- Percent of population that does not have health insurance: 13.87%
- Annual payments per fee-for-service enrollee in Medicare: $6,804
- Annual state Medicaid expenditures per population younger than 65: $403
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $4,601.61
- Trauma centers per 1 million people: 1.62

QUALITY AND PATIENT SAFETY — B+

- Emergency medicine residents per 1 million people: 11.87
- Emergency medicine residency programs: 2
- Percent of population with access to advanced life support ambulance services: 100.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? Yes

MARYLAND



importantly, doctors would be attracted to the state, and Maryland's *Medical Liability Environment* would be improved substantially by creating a $250,000 cap on non-economic damages.

PUBLIC HEALTH & INJURY PREVENTION — A+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 18.27
- Percent of fatalities in which no restraint was used: 46.6%
- Total fatalities in alcohol-related crashes per 100,000 people: 5.06
- Alcohol-related fatalities as a percentage of all traffic fatalities: 43%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 650.5

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 81%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 65.9%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 63.4%
- Percent of live births with early prenatal care (beginning in the first trimester): 84.7%
- Fatal occupational injuries per 1 million people: 16.55

Unintentional Injury Prevention Programs:

- Fall prevention program: Yes
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 71.36%
- Increase in specialists' medical liability insurance rates (2001-2004): 39.42%

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MASSACHUSETTS

OVERALL GRADE B

Overall Grade: B

Access to Emergency Care: A

Quality and Patient Safety: B

Public Health and Injury Prevention: A-

Medical Liability Environment: D-

MASSACHUSETTS COMPARED WITH THE NATION: Massachusetts earned one of the top scores in the nation, ranking 2nd for its support of an emergency care system to meet the needs of its residents. The state's scores in both *Access to Emergency Care* and *Public Health and Injury Prevention* were among the highest in the nation. It was 14th best in the nation in *Quality and Patient Safety.* But Massachusetts received a poor grade in *Medical Liability Environment.*

PROBLEMS: The state's high cap on non-economic damages in medical liability lawsuits contributed to its poor score in *Medical Liability Environment.* Besides its pretrial screening panels and collateral source reform, Massachusetts has failed to pass significant medical liability reform.

Massachusetts ranked 40th in both its number of emergency departments per 1 million people and in trauma centers per 1 million people.

GOOD NEWS: Massachusetts earned strong scores for board-certified emergency physicians per 100,000 people (5th), number of registered nurses per 1,000 people (2nd), and for annual payments per fee-for-service enrollee in Medicare (6th). The state's high rating for number of board-certified emergency physicians showcases its large number of academic emergency physicians.

Massachusetts finished best in the nation for traffic fatalities per 100,000 licensed drivers. It also ranked 7th for emergency medicine residents per 1 million people.

RECOMMENDATIONS: Massachusetts needs to invest in emergency departments and trauma centers. The state's *Medical Liability Environment* would be helped by lowering its cap on non-economic damages to $250,000.

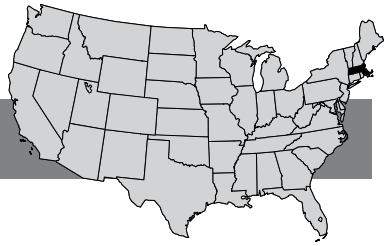
ACCESS TO EMERGENCY CARE — A

- Number of EDs per 1 million people: 10.13
- Annual ED visits per board-certified emergency physician: 4,528
- Board-certified emergency physicians per 100,000 people: 10.08
- Number of registered nurses per 1,000 people: 14.28
- Number of hospital-staffed beds per 1,000 people: 2.38
- Annual per capita expenditure on hospital care: $1,807
- Percent of population that does not have health insurance: 10.71%
- Annual payments per fee-for-service enrollee in Medicare: $6,779
- Annual state Medicaid expenditures per population younger than 65: $488
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $2,237.62
- Trauma centers per 1 million people: 1.09

QUALITY AND PATIENT SAFETY — B

- Emergency medicine residents per 1 million people: 30.23
- Emergency medicine residency programs: 5
- Percent of population with access to advanced life support ambulance services: 80.0%
- Percent of pre-hospital personnel with access to online medical direction: 90.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, No, No
- Are hospitals required to submit data on diversions? Yes

MASSACHUSETTS



PUBLIC HEALTH & INJURY PREVENTION — A-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 9.94
- Percent of fatalities in which no restraint was used: 54.5%
- Total fatalities in alcohol-related crashes per 100,000 people: 3.23
- Alcohol-related fatalities as a percentage of all traffic fatalities: 45%

- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 580.9

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 89%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 72.6%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 63.4%

- Percent of live births with early prenatal care (beginning in the first trimester): 89.6%
- Fatal occupational injuries per 1 million people: 12

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: Yes

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: Yes

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes

- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 53.16%
- Increase in specialists' medical liability insurance rates (2001-2004): 39.70%

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MICHIGAN

OVERALL GRADE
B-

Overall Grade: B-

Access to Emergency Care: B+

Quality and Patient Safety: B+

Public Health and Injury Prevention: A

Medical Liability Environment: D-

MICHIGAN COMPARED WITH THE NATION: Michigan earned one of the top grades in the nation, ranking 6th for its support of an emergency care system to meet the needs of its residents. Michigan ranked in the top 20 percent of the country in *Quality and Patient Safety* and had the fourth best rating in *Public Health and Injury Prevention.* Michigan received an above-average score in the *Access to Emergency Care* category and a poor grade for its *Medical Liability Environment.*

PROBLEMS: Michigan received below-average scores in:

- Number of emergency departments per 1 million people (34th)
- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (44th)

Michigan's high cap on non-economic damages in medical liability lawsuits contributed to its poor *Medical Liability Environment* score. The state would have earned more credit if its cap were lower than $500,000 in all cases.

GOOD NEWS: Michigan's impressive grade in *Public Health and Injury Prevention* was supported by ratings in its low percentage of fatalities in which no restraint was used (3rd), traffic fatalities per 100,000 licensed drivers (12th), and its percent of live births with early prenatal care (9th).

Michigan ranked 2nd in the nation for both emergency medicine residents per 1 million people and emergency medicine residency programs. A strong score in board-certified emergency physicians per 100,000 people (8th) boosted Michigan's grade in the *Access to Emergency Care* category.

Michigan has worked to improve its emergency preparedness and injury prevention programs since the most recent federal reporting. Future report cards may show improvement in these areas. Preventive safety advice is provided daily in Michigan's emergency departments.

RECOMMENDATIONS: Michigan needs to increase the number of emergency departments in the state.

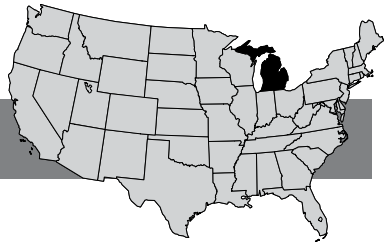
ACCESS TO EMERGENCY CARE — B+

- Number of EDs per 1 million people: 12.76
- Annual ED visits per board-certified emergency physician: 4,254
- Board-certified emergency physicians per 100,000 people: 9.28
- Number of registered nurses per 1,000 people: 9.96
- Number of hospital-staffed beds per 1,000 people: 2.37
- Annual per capita expenditure on hospital care: $1,489
- Percent of population that does not have health insurance: 10.89%
- Annual payments per fee-for-service enrollee in Medicare: $6,265
- Annual state Medicaid expenditures per population younger than 65: $383
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $687.04
- Trauma centers per 1 million people: 1.19

QUALITY AND PATIENT SAFETY — B+

- Emergency medicine residents per 1 million people: 52.31
- Emergency medicine residency programs: 21
- Percent of population with access to advanced life support ambulance services: 90.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 90.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, No, No
- Are hospitals required to submit data on diversions? No

MICHIGAN



Access to Emergency Care would also be improved by increasing the annual state contributions to SCHIP per 100 children younger than age 18. State lawmakers need to enact a $250,000 cap on non-economic damages and implement other measures to improve the medical liability environment.

PUBLIC HEALTH & INJURY PREVENTION — A

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 18.16
- Percent of fatalities in which no restraint was used: 36.3%
- Total fatalities in alcohol-related crashes per 100,000 people: 4.76
- Alcohol-related fatalities as a percentage of all traffic fatalities: 37%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 453.7

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 81%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 67.7%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 63.0%
- Percent of live births with early prenatal care (beginning in the first trimester): 87.2%
- Fatal occupational injuries per 1 million people: 14.93

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: Yes
- Joint liability reform: No
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 22.05%
- Increase in specialists' medical liability insurance rates (2001-2004): 27.46

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

MINNESOTA

OVERALL GRADE C+

Overall Grade: C+

Access to Emergency Care: B+

Quality and Patient Safety: C+

Public Health and Injury Prevention: C

Medical Liability Environment: D-

MINNESOTA COMPARED WITH THE NATION: Minnesota ranked 20th in the nation and received an average grade of a C+ overall for its support of an emergency care system to meet the needs of its residents. The state ranked first in the nation for having the lowest rates of uninsured residents. Minnesota's good grade in *Access to Emergency Care* was offset by average to poor grades for the other categories.

PROBLEMS: Minnesota ranked low in:

- Board-certified emergency physicians per 100,000 people (35th)
- Annual payments per fee-for-service enrollee in Medicare (44th)
- Substance abuse clients in specialty treatment units (49th)

While Minnesota ranked 37th in the nation for trauma centers per 1 million people, the state in July 2005 passed legislation enacting a statewide trauma care system, which will greatly help improve the state's grade in the next report card.

Minnesota's poor grade for its *Medical Liability Environment* was due to the lack of any cap on non-economic damages in medical liability lawsuits. Besides its joint liability reform and collateral source reform, Minnesota failed to pass significant medical liability reforms. Emergency physicians in Minnesota say they have experienced insurance rate hikes between 25 to 200 percent from 2001-2004, noting they have had great difficulty in securing coverage by any insurance company in the state.

GOOD NEWS: Minnesota ranked 1st in the nation for its low rate of uninsured residents, bolstering its grade in *Access to Emergency Care*. It also ranked high in:

- Emergency medicine residents per 1 million people (15th)
- Emergency medicine residency programs (16th)
- Percentage of adults aged 65 and older who received a flu vaccine in the last 12 months (1st)

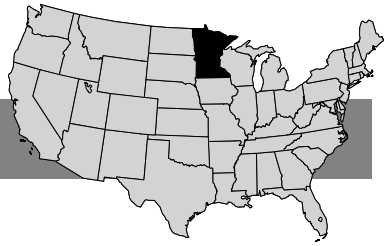
ACCESS TO EMERGENCY CARE — B+

- Number of EDs per 1 million people: 21.37
- Annual ED visits per board-certified emergency physician: 5,053
- Board-certified emergency physicians per 100,000 people: 6.14
- Number of registered nurses per 1,000 people: 10.77
- Number of hospital-staffed beds per 1,000 people: 2.41
- Annual per capita expenditure on hospital care: $1,254
- Percent of population that does not have health insurance: 8.75%
- Annual payments per fee-for-service enrollee in Medicare: $4,756
- Annual state Medicaid expenditures per population younger than 65: $519
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $2,805.60
- Trauma centers per 1 million people: 1.18

QUALITY AND PATIENT SAFETY — C+

- Emergency medicine residents per 1 million people: 15.29
- Emergency medicine residency programs: 3
- Percent of population with access to advanced life support ambulance services: 80.0%
- Percent of pre-hospital personnel with access to online medical direction: 90.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 85.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

MINNESOTA



- Percentage of adults aged 65 and older who have ever received a pneumococcal vaccine (3rd)

RECOMMENDATIONS: Minnesota needs to attract more board-certified emergency physicians and build more trauma centers. The state would improve its *Medical Liability Environment* by imposing a $250,000 cap on non-economic damages in medical liability lawsuits.

PUBLIC HEALTH & INJURY PREVENTION — C

Automobile safety:

- Does the state have primary seat belt law enforcement?: No
- Traffic fatalities per 100,000 licensed drivers: 21.64
- Percent of fatalities in which no restraint was used: 54.6%
- Total fatalities in alcohol-related crashes per 100,000 people: 5.23
- Alcohol-related fatalities as a percentage of all traffic fatalities: 41%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 171.8

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 83%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 76.6%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 70.4%
- Percent of live births with early prenatal care (beginning in the first trimester): 84.9%
- Fatal occupational injuries per 1 million people: 14.11

Unintentional Injury Prevention Programs:

- Fall prevention program: Yes
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 22.14%
- Increase in specialists' medical liability insurance rates (2001-2004): 62.77%

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MISSISSIPPI

OVERALL GRADE C-

NOTE: *The following data for Mississippi reflect the state's support of its emergency care system before the devastation by Hurricane Katrina.*

Overall Grade: C-

Access to Emergency Care: C

Quality and Patient Safety: C+

Public Health and Injury Prevention: D-

Medical Liability Environment: D-

MISSISSIPPI COMPARED WITH THE NATION: Mississippi received a C- overall grade, ranking below the national median, for its support of an emergency care system to meet the needs of its residents. The state received low marks in *Public Health and Injury Prevention* and *Medical Liability Environment,* and average marks in *Access to Emergency Care* and *Quality and Patient Safety.*

PROBLEMS: Mississippi ranked 50th for its number of annual emergency visits per board-certified emergency physician and 46th for its number of board-certified emergency physicians per 100,000 people.

Mississippi's lack of seat belt law enforcement contributed to its poor grade in *Public Health and Injury Prevention.* The state ranked last in traffic fatalities per 100,000 licensed drivers, and in the bottom 10 percent for its percentage of fatalities in which no restraint was used (47th) and for its total fatalities in alcohol-related crashes per 100,000 people (47th). Mississippi also scored poorly in its immunization rates.

Mississippi received credit for its $500,000 cap on non-economic damages in medical liability lawsuits, but it ranked very poorly compared with other states for past increases in medical liability insurance rates. The new cap likely will temper future increases, leading to a better future score.

GOOD NEWS: Mississippi appears to have adequate facilities for a first-class health care system. The state ranked 3rd in the nation for its number of hospital-staffed beds per 1,000 people, 4th for its trauma centers per 1 million people, and 10th in the number of emergency departments per 1 million people.

RECOMMENDATIONS: Mississippi needs to attract more board-certified emergency physicians, enact a primary seat belt law, and improve its immunization rates. Lowering its cap on non-economic damages would not only improve its *Medical Liability Environment* score, but also would help attract new physicians needed to improve *Access to Emergency Care.*

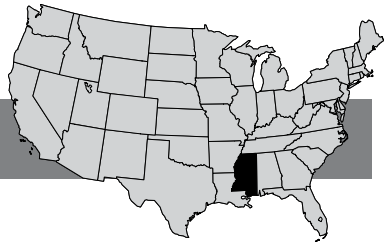
ACCESS TO EMERGENCY CARE — C

- Number of EDs per 1 million people: 29.62
- Annual ED visits per board-certified emergency physician: 12,679
- Board-certified emergency physicians per 100,000 people: 4.34
- Number of registered nurses per 1,000 people: 8.57
- Number of hospital-staffed beds per 1,000 people: 3.96
- Annual per capita expenditure on hospital care: $1,551
- Percent of population that does not have health insurance: 17.90%
- Annual payments per fee-for-service enrollee in Medicare: $5,896
- Annual state Medicaid expenditures per population younger than 65: $264
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,870.50
- Trauma centers per 1 million people: 22.05

QUALITY AND PATIENT SAFETY — C+

- Emergency medicine residents per 1 million people: 9.65
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 98.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 90.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

MISSISSIPPI



PUBLIC HEALTH & INJURY PREVENTION — D-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 46.18
- Percent of fatalities in which no restraint was used: 67.2%
- Total fatalities in alcohol-related crashes per 100,000 people: 11.02
- Alcohol-related fatalities as a percentage of all traffic fatalities: 37%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 234.5

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 78%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 63.0%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 58.9%
- Percent of live births with early prenatal care (beginning in the first trimester): 82.6%
- Fatal occupational injuries per 1 million people: 34.45

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: Yes
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 197.58%
- Increase in specialists' medical liability insurance rates (2001-2004): 149.27%

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MISSOURI

OVERALL GRADE C+

Overall Grade: C+

Access to Emergency Care: B+

Quality and Patient Safety: C-

Public Health and Injury Prevention: D+

Medical Liability Environment: C-

MISSOURI COMPARED WITH THE NATION: Missouri earned a C+ overall, with a good grade in *Access to Emergency Care*, combined with mediocre grades in the other categories.

PROBLEMS: Missouri ranked last in the nation in providing residents access to Enhanced 911 services. It also earned below-average rankings in:

- Annual emergency visits per board-certified emergency physician (38th)
- Board-certified emergency physicians per 100,000 people (36th)
- Traffic fatalities per 100,000 licensed drivers (42nd)
- Total fatalities in alcohol-related crashes per 100,000 people (42nd)
- Percentage of fatalities in which no restraint was used (40th)

Missouri's new medical liability caps significantly improved its *Medical Liability Environment,* but past increases in physicians' medical liability insurance rates lowered the grade. The new caps likely will temper future rate increases. The Missouri Chapter of the American College of Emergency Physicians recently reported that both escalating professional liability premiums and greater patient volumes hurt the number of emergency physicians available to provide care in the state.

GOOD NEWS: Missouri earned several commendable scores, including 10th in annual per capita expenditures on hospital care and 11th for its number of registered nurses per 1,000 people. The state also ranked 8th in percentage of live births with early prenatal care and 17th in emergency medicine residents per 1 million people.

RECOMMENDATIONS: Missouri's shortage of emergency physicians prevents it from earning a better grade in *Access to Emergency Care.* The state needs to promote certain standards of safety, such as access to Enhanced 911 services and reinforcing educational programs about immunization and motor vehicle safety.

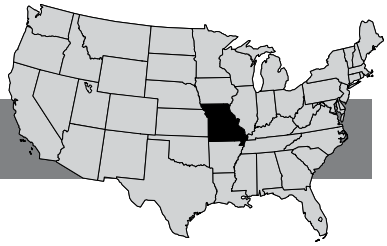
ACCESS TO EMERGENCY CARE — B+

- Number of EDs per 1 million people: 20.85
- Annual ED visits per board-certified emergency physician: 7,457
- Board-certified emergency physicians per 100,000 people: 6.12
- Number of registered nurses per 1,000 people: 10.84
- Number of hospital-staffed beds per 1,000 people: 3.11
- Annual per capita expenditure on hospital care: $1,566
- Percent of population that does not have health insurance: 11.03%
- Annual payments per fee-for-service enrollee in Medicare: $5,549
- Annual state Medicaid expenditures per population younger than 65: $434
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,683.25
- Trauma centers per 1 million people: 5.04

QUALITY AND PATIENT SAFETY — C-

- Emergency medicine residents per 1 million people: 14.08
- Emergency medicine residency programs: 3
- Percent of population with access to advanced life support ambulance services: 95.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 0.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

MISSOURI



PUBLIC HEALTH & INJURY PREVENTION — D+

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 31.07
- Percent of fatalities in which no restraint was used: 62.5%
- Total fatalities in alcohol-related crashes per 100,000 people: 8.76
- Alcohol-related fatalities as a percentage of all traffic fatalities: 41%

- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 300.1

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 76%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 68.7%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 60.8%

- Percent of live births with early prenatal care (beginning in the first trimester): 87.8%
- Fatal occupational injuries per 1 million people: 26.76

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — C-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: Yes
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No

- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 146.54%
- Increase in specialists' medical liability insurance rates (2001-2004): 103.05%

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MONTANA

OVERALL GRADE C

Overall Grade: C

Access to Emergency Care: C+

Quality and Patient Safety: D-

Public Health and Injury Prevention: F

Medical Liability Environment: A-

MONTANA COMPARED WITH THE NATION: With an overall C grade for its support of an emergency care system to meet the needs of its residents, Montana ranked 23rd in the nation. It received a very good score for its *Medical Liability Environment* and an average score for *Access to Emergency Care,* but a poor grade in *Quality and Patient Safety* and a failing grade in *Public Health and Injury Prevention.*

PROBLEMS: In *Quality and Patient Safety,* Montana's grade suffered due to its lack of emergency medicine residents and emergency medicine residency programs. The state also scored poorly for its percentage of population with access to advanced life support ambulance services (45th) and for its percentage of population with access to Enhanced 911 services (44th).

Montana had problems in *Public Health and Injury Prevention,* ranking 49th in both traffic fatalities per 100,000 licensed drivers and in fatal occupational injuries per 1 million people. The state also ranked 45th in both its percentage of fatalities in which no restraint was used and in alcohol-related fatalities as a percentage of all traffic fatalities.

GOOD NEWS: Montana ranked 2nd in the number of emergency departments per 1 million people. The state's grades in *Access to Emergency Care* were near the national median. Montana was one of only a few states to receive an A- for its *Medical Liability Environment.* The state has passed several laws supporting its medical community. Not only has the state enacted a $250,000 cap on non-economic damages in medical liability lawsuits, but it also has implemented pretrial screening panels, joint liability reform, and collateral source reform.

RECOMMENDATIONS: Montana needs to address its high number of uninsured residents, increase its number of board-certified emergency physicians, promote access to safety services, and reinforce educational programs about immunization and motor vehicle safety.

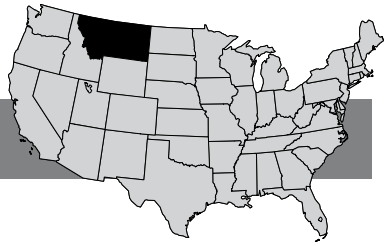
ACCESS TO EMERGENCY CARE — C+

- Number of EDs per 1 million people: 55.02
- Annual ED visits per board-certified emergency physician: 4,572
- Board-certified emergency physicians per 100,000 people: 7.12
- Number of registered nurses per 1,000 people: 10.03
- Number of hospital-staffed beds per 1,000 people: 2.6
- Annual per capita expenditure on hospital care: $1,440
- Percent of population that does not have health insurance: 19.30%
- Annual payments per fee-for-service enrollee in Medicare: $4,572
- Annual state Medicaid expenditures per population younger than 65: $169
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,364.94
- Trauma centers per 1 million people: 3.24

QUALITY AND PATIENT SAFETY — D-

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 50.0%
- Percent of pre-hospital personnel with access to online medical direction: 75.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 50.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

MONTANA



PUBLIC HEALTH & INJURY PREVENTION — F

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 37.19
- Percent of fatalities in which no restraint was used: 66.7%
- Total fatalities in alcohol-related crashes per 100,000 people: 13.81
- Alcohol-related fatalities as a percentage of all traffic fatalities: 49%

- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 282.6

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 75%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 67.6%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 67.3%

- Percent of live births with early prenatal care (beginning in the first trimester): 83.2%
- Fatal occupational injuries per 1 million people: 42.08

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — A-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: Yes
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No

- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 83.67%
- Increase in specialists' medical liability insurance rates (2001-2004): 105.88%

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NEBRASKA

OVERALL GRADE C-

Overall Grade: C-

Access to Emergency Care: C+

Quality and Patient Safety: C-

Public Health and Injury Prevention: D+

Medical Liability Environment: D+

NEBRASKA COMPARED WITH THE NATION: Nebraska earned a C- overall for its support of an emergency care system to meet the needs of its residents, due largely to poor grades for *Medical Liability Environment* and *Public Health and Injury Prevention,* and a marginal grade for *Quality and Patient Safety.*

PROBLEMS: Nebraska earned below-average ratings in:

- Percentage of population with access to advanced life support ambulance services (41st)
- Fatal occupational injuries per 1 million people (41st)
- Percentage of pre-hospital personnel with access to online medical direction (40th)
- Emergency medicine residents per 1 million people (39th)
- Percentage of children aged 19-35 months who are immunized (32nd)

In the critical *Access to Emergency Care* category, Nebraska ranked near the national median. Problems included:

- Board-certified emergency physicians per 100,000 people (47th)
- Annual emergency visits per board-certified emergency physician (40th)

Nebraska's pretrial screening panels, joint liability reform, collateral source reform, and a patient compensation fund kept the state from receiving a failing grade for its *Medical Liability Environment.* The state's cap on non-economic damages was not counted as a "hard" cap because physicians are required to contribute to an excess coverage fund.

GOOD NEWS: Nebraska ranked 6th in the number of emergency departments per 1 million people and 10th in the number of hospital-staffed beds per 1,000 people. Nebraska earned high marks for tempering increases in both physicians' and specialists' medical liability insurance rates (5th and 6th, respectively).

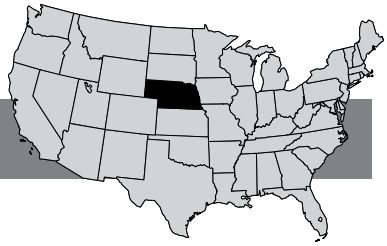
ACCESS TO EMERGENCY CARE — C+

- Number of EDs per 1 million people: 41.21
- Annual ED visits per board-certified emergency physician: 7,954
- Board-certified emergency physicians per 100,000 people: 3.83
- Number of registered nurses per 1,000 people: 10.62
- Number of hospital-staffed beds per 1,000 people: 3.23
- Annual per capita expenditure on hospital care: $1,507
- Percent of population that does not have health insurance: 11.29%
- Annual payments per fee-for-service enrollee in Medicare: $4,931
- Annual state Medicaid expenditures per population younger than 65: $308
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,108.06
- Trauma centers per 1 million people: 1.72

QUALITY AND PATIENT SAFETY — C-

- Emergency medicine residents per 1 million people: 3.43
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 70.0%
- Percent of pre-hospital personnel with access to online medical direction: 75.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 75.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, No
- Are hospitals required to submit data on diversions? No

NEBRASKA



RECOMMENDATIONS: Nebraska needs to increase its number of board-certified emergency physicians. This shortage prevented the state from earning a better score in *Access to Emergency Care.* The state also should promote better access to safety services and reinforce educational health and safety programs.

PUBLIC HEALTH & INJURY PREVENTION — D+

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 22.34
- Percent of fatalities in which no restraint was used: 60.4%
- Total fatalities in alcohol-related crashes per 100,000 people: 6.93
- Alcohol-related fatalities as a percentage of all traffic fatalities: 41%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 population): 262.9

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 78%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 68.2%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 61.3%
- Percent of live births with early prenatal care (beginning in the first trimester): 83.3%
- Fatal occupational injuries per 1 million people: 29.19

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D+

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: Yes
- Increase in physicians' medical liability insurance rates (2001-2004): 19.45%
- Increase in specialists' medical liability insurance rates (2001-2004): 25.83%

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NEVADA

OVERALL GRADE C-

Overall Grade: C-

Access to Emergency Care: D+

Quality and Patient Safety: F

Public Health and Injury Prevention: D-

Medical Liability Environment: A-

NEVADA COMPARED WITH THE NATION: With an overall grade of C-, Nevada fell below the national median in its support of an emergency care system to meet the needs of its residents. Recent reforms led to Nevada earning an excellent grade in *Medical Liability Environment.* This was offset by a failing grade in *Quality and Patient Safety,* and a near failing mark in *Public Health and Injury Prevention*. Nevada also earned a poor score in *Access to Emergency Care.*

PROBLEMS: Nevada lacks emergency medicine residency programs. It earned low scores in the percentage of live births with early prenatal care, alcohol-related fatalities as a percentage of all traffic fatalities, percentage of population with access to Enhanced 911 services, and percentage of all children aged 19-35 months who are immunized.

In the critical *Access to Emergency Care* category, Nevada nearly failed because it has the worst nursing shortage in the nation. It also received low marks in the number of hospital-staffed beds per 1,000 people (50th) and in the number of emergency departments per 1 million people (48th). The Nevada Hospital Association reports that hospital emergency departments in the state are extremely overcrowded with patients. Departments reach capacity regularly, and patients must be diverted to other emergency departments. One of the biggest threats to quality of care is overcrowding. The burden ties up ambulances and slows the emergency system's response.

GOOD NEWS: Nevada recently stregthened its $350,000 cap on non-economic damages, a major step toward medical liability reform. Its pretrial screening panels, joint liability reform, collateral source reform, and patient compensation fund also helped Nevada in this category.

The state earned commendable scores in other areas:

- Annual emergency visits per board-certified emergency physician (7th)
- Increase in specialists' medical liability insurance rates (3rd)
- Increase in physicians' medical liability

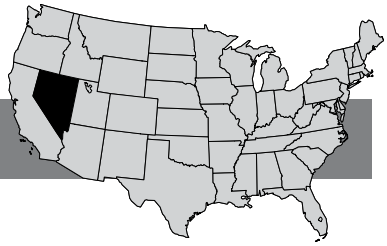
ACCESS TO EMERGENCY CARE — D+

- Number of EDs per 1 million people: 7.71
- Annual ED visits per board-certified emergency physician: 3,917
- Board-certified emergency physicians per 100,000 people: 6.85
- Number of registered nurses per 1,000 people: 5.54
- Number of hospital-staffed beds per 1,000 people: 1.77
- Annual per capita expenditure on hospital care: $1,033
- Percent of population that does not have health insurance: 18.93%
- Annual payments per fee-for-service enrollee in Medicare: $5,494
- Annual state Medicaid expenditures per population younger than 65: $289
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,822.73
- Trauma centers per 1 million people: 1.28

QUALITY AND PATIENT SAFETY — F

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 98.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 30.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

NEVADA



insurance rates (6th)

RECOMMENDATIONS: Nevada has the facilities in place for a first-rate health care system, but needs to promote *Quality and Patient Safety* and *Public Health and Injury Prevention.* The state should increase access to safety services for its residents and reinforce educational programs about immunization and motor vehicle safety.

Overcrowding and a nursing shortage in emergency departments threatens access to emergency care. State policymakers need to alleviate these problems, perhaps by enlarging the state's system of emergency departments.

PUBLIC HEALTH & INJURY PREVENTION — D-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 24.73
- Percent of fatalities in which no restraint was used: 56.9%
- Total fatalities in alcohol-related crashes per 100,000 people: 7.8
- Alcohol-related fatalities as a percentage of all traffic fatalities: 50%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 population): 325.4

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 74%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 60.3%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 65.0%
- Percent of live births with early prenatal care (beginning in the first trimester): 75.4%
- Fatal occupational injuries per 1 million people: 22.27

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — A-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: Yes
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 21.92%
- Increase in specialists' medical liability insurance rates (2001-2004): 16.65%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

NEW HAMPSHIRE

OVERALL GRADE C

Overall Grade: C

Access to Emergency Care: B+

Quality and Patient Safety: D-

Public Health and Injury Prevention: C-

Medical Liability Environment: D-

NEW HAMPSHIRE COMPARED WITH THE NATION: With a C grade overall, New Hampshire ranked 26th in the nation for its support of an emergency care system to meet the needs of its residents. This grade was due to a very good grade in *Access to Emergency Care*, combined with near failing scores in *Quality and Patient Safety* and *Medical Liability Environment,* as well as a below-average mark in *Public Health and Injury Prevention.*

PROBLEMS: New Hampshire earned low marks in:

- Annual per capita expenditure on hospital care (43rd)
- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (43rd)
- Number of hospital-staffed beds per 1,000 people (40th)

In the *Quality and Patient Safety* evaluation, New Hampshire earned below-average ratings for the number of emergency medicine residents per 1 million people, emergency medicine residency programs, and its percentage of population with access to advanced life support ambulance services. New Hampshire lacks any cap on non-economic damages in medical liability lawsuits. Only the state's pretrial screening panels and joint liability reform kept it from receiving a failing grade for its *Medical Liability Environment.*

GOOD NEWS: New Hampshire ranked 1st in the nation for its percent of live births with early prenatal care. It also performed well in:

- Percentage of children aged 19-35 months who are immunized (4th)
- Traffic fatalities per 100,000 licensed drivers (5th)
- Fatal occupational injuries per 1 million people (10th)
- Trauma centers per 1 million people (9th)
- Annual state Medicaid expenditures per population younger than age 65 (13th)

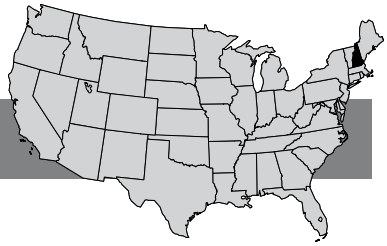
ACCESS TO EMERGENCY CARE — B+

- Number of EDs per 1 million people: 20.78
- Annual ED visits per board-certified emergency physician: 4,936
- Board-certified emergency physicians per 100,000 people: 8.54
- Number of registered nurses per 1,000 people: 10.22
- Number of hospital-staffed beds per 1,000 people: 2.01
- Annual per capita expenditure on hospital care: $1,234
- Percent of population that does not have health insurance: 10.36%
- Annual payments per fee-for-service enrollee in Medicare: $4,918
- Annual state Medicaid expenditures per population younger than 65: $467
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $691.47
- Trauma centers per 1 million people: 9.23

QUALITY AND PATIENT SAFETY — D-

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 0.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

NEW HAMPSHIRE



RECOMMENDATIONS: New Hampshire needs to attract more board-certified emergency physicians to the state and increase its number of hospital-staffed beds. State policymakers also should implement a $250,000 cap on non-economic damages in medical liability lawsuits.

PUBLIC HEALTH & INJURY PREVENTION — C-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 13.12
- Percent of fatalities in which no restraint was used: 69.2%
- Total fatalities in alcohol-related crashes per 100,000 people: 4
- Alcohol-related fatalities as a percentage of all traffic fatalities: 41%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 226.2

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 87%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 72.3%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 63.8%
- Percent of live births with early prenatal care (beginning in the first trimester): 91.1%
- Fatal occupational injuries per 1 million people: 14.62

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 63.25%
- Increase in specialists' medical liability insurance rates (2001-2004): 48.86%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

NEW JERSEY

OVERALL GRADE C+

Overall Grade: C+

Access to Emergency Care: C+

Quality and Patient Safety: A+

Public Health and Injury Prevention: B+

Medical Liability Environment: F

NEW JERSEY COMPARED WITH THE NATION: New Jersey earned a C+ for its support of an emergency care system to meet the needs of its residents, due to excellent ratings in *Quality and Patient Safety* and *Public Health and Injury Prevention.* The state received an average grade in the category of *Access to Emergency Care,* and a failing grade for its *Medical Liability Environment.*

PROBLEMS: In the critical *Access to Emergency Care* category, New Jersey ranked next to last in the number of emergency departments per 1 million people (50th). Other low scores included trauma centers per 1 million people (38th). The state also lagged in board-certified emergency physicians per 100,000 people (33rd) and in annual emergency visits per board-certified emergency physician (26th).

Compared with other states, New Jersey has taken few steps to ensure that its liability climate is supportive of effective emergency care systems. In the *Medical Liability Environment* category, the state earned few points, most importantly because it lacked any cap on non-economic damages. Some 80 percent of emergency physicians are unable to acquire liability insurance from standard markets and are covered through insurance captives or risk retention groups.

GOOD NEWS: New Jersey ranked 7th in emergency medicine residency programs, and 9th in percentage of population with access to advanced life support ambulance services. State regulations also require all patients at emergency departments to be seen within four hours, and for on-call specialists and pediatricians to be available within 30 minutes.

New Jersey's *Public Health and Injury Prevention* grade was well above average due to ranking 3rd in total fatalities in alcohol-related crashes per 100,000 people, and 4th in both traffic fatalities per 100,000 licensed drivers and fatal occupational injuries per 1 million people.

The state ranked 1st in annual payments per fee-for-service enrollee in Medicare, 2nd in annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18, and 8th in annual state

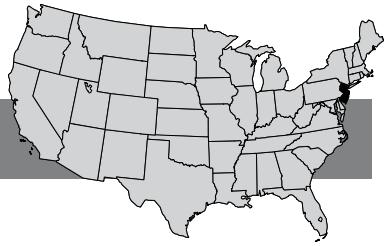
ACCESS TO EMERGENCY CARE — C+

- Number of EDs per 1 million people: 7.01
- Annual ED visits per board-certified emergency physician: 5,127
- Board-certified emergency physicians per 100,000 people: 6.55
- Number of registered nurses per 1,000 people: 10.11
- Number of hospital-staffed beds per 1,000 people: 2.57
- Annual per capita expenditure on hospital care: $1,481
- Percent of population that does not have health insurance: 14.00%
- Annual payments per fee-for-service enrollee in Medicare: $7,560
- Annual state Medicaid expenditures per population younger than 65: $495
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $6,306.21
- Trauma centers per 1 million people: 1.15

QUALITY AND PATIENT SAFETY — A+

- Emergency medicine residents per 1 million people: 20.46
- Emergency medicine residency programs: 8
- Percent of population with access to advanced life support ambulance services: 100.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? Yes

NEW JERSEY



Medicaid expenditures per population younger than age 65. New Jersey achieved these high ratings, even though it has the second highest percentage of Medicare patients in the nation, which increases demand for emergency medical services.

New Jersey has several unique emergency medicine programs that are not reflected in national data. The New Jersey State Police operate a helicopter response program that provides rapid emergency transport and care for trauma patients. It is funded by a dedicated funding source from a $1 surcharge on all state motor vehicle registrations.

RECOMMENDATIONS: While it is clear that New Jersey has the facilities for a top-rated health care system, the state needs to increase its number of emergency care providers. The lack of emergency physicians may be due partly to the state's poor *Medical Liability Environment.* A $250,000 cap on non-economic damages would improve the state's score in this category and may bolster physician recruitment, alleviating the physician shortage.

PUBLIC HEALTH & INJURY PREVENTION — B+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 13.04
- Percent of fatalities in which no restraint was used: 46.9%
- Total fatalities in alcohol-related crashes per 100,000 people: 3.16
- Alcohol-related fatalities as a percentage of all traffic fatalities: 37%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 367.2

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 81%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 69.1%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 63.1%
- Percent of live births with early prenatal care (beginning in the first trimester): 80.2%
- Fatal occupational injuries per 1 million people: 11.96

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 72.30%
- Increase in specialists' medical liability insurance rates (2001-2004): 72.32%

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NEW MEXICO

OVERALL GRADE D+

Overall Grade: D+

Access to Emergency Care: D+

Quality and Patient Safety: C-

Public Health and Injury Prevention: D+

Medical Liability Environment: D-

NEW MEXICO COMPARED WITH THE NATION: New Mexico earned a D+ overall, ranking in the bottom 20 percent of the nation for its support of an emergency care system to meet the needs of its residents. This grade was largely due to poor ratings in *Medical Liability Environment, Public Health and Injury Prevention,* and *Access to Emergency Care.* It also received a mediocre grade in *Quality and Patient Safety.*

PROBLEMS: New Mexico earned poor marks for:

- Annual payments per fee-for-service enrollee in Medicare (49th)
- Number of registered nurses per 1,000 people (47th)
- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (46th)
- Number of hospital-staffed beds per 1,000 people (44th)
- Percentage of population with access to advanced life support ambulance services (41st)
- Emergency medicine residency programs (40th)

New Mexico also received substandard ratings in the *Public Health and Injury Prevention* section, including:

- Traffic fatalities per 100,000 licensed drivers (47th)
- Percentage of fatalities in which no restraint was used (46th)
- Total fatalities in alcohol-related crashes per 100,000 people (46th)
- Percentage of children age 19-35 months who are immunized (44th)
- Alcohol-related fatalities as a percentage of all traffic fatalities (41st)

New Mexico's substandard rating for its *Medical Liability Environment* hurt its overall grade. The state did not receive credit for a "hard" cap on physicians' liability because the state requires physician participation in a patient compensation fund. New Mexico also has had substantial increases in medical liability insurance rates. It

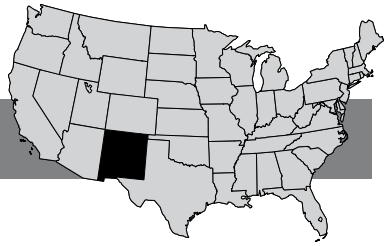
ACCESS TO EMERGENCY CARE — D+

- Number of EDs per 1 million people: 14.19
- Annual ED visits per board-certified emergency physician: 4,441
- Board-certified emergency physicians per 100,000 people: 7.99
- Number of registered nurses per 1,000 people: 7.21
- Number of hospital-staffed beds per 1,000 people: 1.93
- Annual per capita expenditure on hospital care: $1,389
- Percent of population that does not have health insurance: 22.13%
- Annual payments per fee-for-service enrollee in Medicare: $4,362
- Annual state Medicaid expenditures per population younger than 65: $292
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $656.44
- Trauma centers per 1 million people: 1.58

QUALITY AND PATIENT SAFETY — C-

- Emergency medicine residents per 1 million people: 14.19
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 70.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 95.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

NEW MEXICO



ranked 40th for its increase in medical liability rates for specialists and 33rd for its increase for physicians' medical liability rates. The state's pretrial screening panels, joint liability reform, patient compensation fund, and cap on non-economic damages prevented it from receiving the lowest possible grade in this category.

GOOD NEWS: New Mexico ranked 13th in the nation for its annual emergency visits per board-certified emergency physician. The state also ranked above average in emergency medicine residents per 1 million people (16th), and in the percentage of its population with access to Enhanced 911 services (19th). The state ranked 10th in substance abuse clients in specialty treatment units.

RECOMMENDATIONS: New Mexico needs to provide enhanced access to certain safety services for its residents, and reinforce educational programs about immunization and motor vehicle safety. While the state has taken steps to create a legal environment supportive of its medical community, it needs to do more. Enacting a $250,000 "hard" cap on non-economic damages would vastly improve the state's *Medical Liability Environment.*

PUBLIC HEALTH & INJURY PREVENTION — D+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 35.5
- Percent of fatalities in which no restraint was used: 67.1%
- Total fatalities in alcohol-related crashes per 100,000 people: 10.4
- Alcohol-related fatalities as a percentage of all traffic fatalities: 45%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 580.2

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 71%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 66.6%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 62.7%
- Percent of live births with early prenatal care (beginning in the first trimester): 68.9%
- Fatal occupational injuries per 1 million people: 24.17

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: Yes
- Increase in physicians' medical liability insurance rates (2001-2004): 79.32%
- Increase in specialists' medical liability insurance rates (2001-2004): 86.97%

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NEW YORK

OVERALL GRADE C+

Overall Grade: C+

Access to Emergency Care: B-

Quality and Patient Safety: B-

Public Health and Injury Prevention: A+

Medical Liability Environment: D-

NEW YORK COMPARED WITH THE NATION: New York ranked above the national average with its overall C+ grade for its support of an emergency care system to meet the needs of its residents. Contributing to this rating was an excellent grade in *Public Health and Injury Prevention,* and good scores in *Access to Emergency Care* and *Quality and Patient Safety.* The state scored poorly for its *Medical Liability Environment.*

PROBLEMS: Compared with other states, New York has taken few steps to ensure that its liability climate is supportive of effective emergency care systems. The state's pretrial screening panels, joint liability reform, and collateral source reform prevented it from failing the *Medical Liability Environment* category.

While New York scored well in *Access to Emergency Care, Quality and Patient Safety,* and *Public Health and Injury Prevention,* the state performed poorly in some areas:

- Number of emergency departments per 1 million people (49th)
- Percentage of population with access to Enhanced 911 services (43rd)
- Percentage of adults aged 65 and older who received a flu vaccine in the last 12 months (43rd)
- Annual emergency visits per board-certified emergency physician (35th)
- Board-certified emergency physicians per 100,000 people (30th)

GOOD NEWS: New York received excellent scores all around in the *Public Health and Injury Prevention* section. The state ranked 1st in the nation for its low incidence of fatal occupational injuries per 1 million people, and 2nd in the nation for total fatalities in alcohol-related crashes per 100,000 people. New York ranked 5th in its percentage of fatalities in which no restraint was used, and 6th in both traffic fatalities per 100,000 licensed drivers and alcohol-related fatalities as a percentage of all traffic fatalities.

New York scored among the top 10 in some *Access to Emergency Care* rankings:

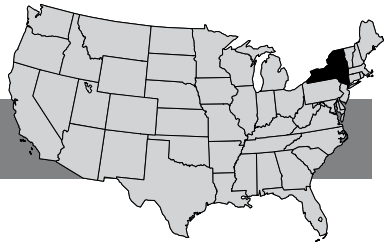
ACCESS TO EMERGENCY CARE — B-

- Number of EDs per 1 million people: 7.7
- Annual ED visits per board-certified emergency physician: 5,874
- Board-certified emergency physicians per 100,000 people: 6.63
- Number of registered nurses per 1,000 people: 10.27
- Number of hospital-staffed beds per 1,000 people: 3.01
- Annual per capita expenditure on hospital care: $1,769
- Percent of population that does not have health insurance: 15.11%
- Annual payments per fee-for-service enrollee in Medicare: $6,883
- Annual state Medicaid expenditures per population younger than 65: $503
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $4,375.68
- Trauma centers per 1 million people: 2.34

QUALITY AND PATIENT SAFETY — B-

- Emergency medicine residents per 1 million people: 38.02
- Emergency medicine residency programs: 22
- Percent of population with access to advanced life support ambulance services: 100.0%
- Percent of pre-hospital personnel with access to online medical direction: 0.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 60.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

NEW YORK



- Annual per capita expenditure on hospital care (3rd)
- Annual payments per fee-for-service enrollee in Medicare (4th)
- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (5th)
- Annual state Medicaid expenditures per population younger than age 65 (7th)

RECOMMENDATIONS: The state should improve its shortage of board-certified emergency physicians. The shortage prevents the state from earning a higher score in the critical *Access to Emergency Care* category. The shortage is due partly to the state's poor score for its *Medical Liability Environment.* A $250,000 cap on non-economic damages would help improve both the state's score and potentially alleviate the physician shortage.

PUBLIC HEALTH & INJURY PREVENTION — A+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 13.13
- Percent of fatalities in which no restraint was used: 39.3%
- Total fatalities in alcohol-related crashes per 100,000 people: 2.75
- Alcohol-related fatalities as a percentage of all traffic fatalities: 35%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 671.7

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 79%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 64.7%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 62.4%
- Percent of live births with early prenatal care (beginning in the first trimester): 81.0%
- Fatal occupational injuries per 1 million people: 6.92

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: Yes

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 3.82%
- Increase in specialists' medical liability insurance rates (2001-2004): 28.38%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

NORTH CAROLINA

OVERALL GRADE C-

Overall Grade: C-

Access to Emergency Care: C-

Quality and Patient Safety: C

Public Health and Injury Prevention: B+

Medical Liability Environment: F

NORTH CAROLINA COMPARED WITH THE NATION: North Carolina earned a C- overall for its support of emergency care, ranking 36th in the nation. This grade reflects a very good grade in *Public Health and Injury Prevention,* average marks in *Access to Emergency Care* and *Quality and Patient Safety,* and a failing grade for its *Medical Liability Environment.*

PROBLEMS: North Carolina ranked 33rd in percentage of pre-hospital personnel with access to online medical direction, 34th in trauma centers per 1 million people, 35th in annual per capita expenditure on hospital care, and 37th in number of emergency departments per 1 million people.

North Carolina's poor *Medical Liability Environment* rating hurt its overall grade. In particular, the state lacks any cap on non-economic damages.

GOOD NEWS: North Carolina received excellent scores in the *Public Health and Injury Prevention* section, including percent of children aged 19-35 months who are immunized (5th), alcohol-related fatalities as a percentage of all traffic fatalities (8th), and percentage of fatalities in which no restraint was used (9th).

Favorable marks in *Access to Emergency Care* and *Quality and Patient Safety* include:

- Emergency medicine residency programs (10th)
- Emergency medicine residents per 1 million people (13th)
- Percentage of population with access to advanced life support ambulance services (16th)

RECOMMENDATIONS: North Carolina needs to attract more board-certified emergency physicians to the state and to build more emergency medicine facilities. North Carolina also needs to provide residents with greater access to safety services. North Carolina needs to enact a $250,000 cap on non-economic damages for medical liability lawsuits, which will help in its efforts to attract more physicians.

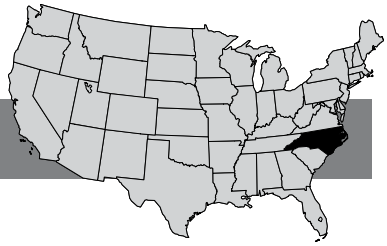
ACCESS TO EMERGENCY CARE C-

- Number of EDs per 1 million people: 11.47
- Annual ED visits per board-certified emergency physician: 5,520
- Board-certified emergency physicians per 100,000 people: 7.28
- Number of registered nurses per 1,000 people: 9.72
- Number of hospital-staffed beds per 1,000 people: 2.43
- Annual per capita expenditure on hospital care: $1,373
- Percent of population that does not have health insurance: 17.25%
- Annual payments per fee-for-service enrollee in Medicare: $5,230
- Annual state Medicaid expenditures per population younger than 65: $314
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,500.50
- Trauma centers per 1 million people: 1.29

QUALITY AND PATIENT SAFETY C

- Emergency medicine residents per 1 million people: 16.63
- Emergency medicine residency programs: 5
- Percent of population with access to advanced life support ambulance services: 98.0%
- Percent of pre-hospital personnel with access to online medical direction: 98.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 83.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, Yes, No
- Are hospitals required to submit data on diversions? No

NORTH CAROLINA



PUBLIC HEALTH & INJURY PREVENTION — B+

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 25.45
- Percent of fatalities in which no restraint was used: 43.3%
- Total fatalities in alcohol-related crashes per 100,000 people: 6.49
- Alcohol-related fatalities as a percentage of all traffic fatalities: 36%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 343.4

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 86%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 68.1%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 63.0%
- Percent of live births with early prenatal care (beginning in the first trimester): 84.4%
- Fatal occupational injuries per 1 million people: 21.31

Unintentional Injury Prevention Programs:

- Fall prevention program: Yes
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: Yes

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 74.83%
- Increase in specialists' medical liability insurance rates (2001-2004): 34.00%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

NORTH DAKOTA

OVERALL GRADE C-

Overall Grade: C-

Access to Emergency Care: B-

Quality and Patient Safety: D

Public Health and Injury Prevention: D

Medical Liability Environment: D

NORTH DAKOTA COMPARED WITH THE NATION: North Dakota earned a C- overall, below the national median, for its support of emergency care. This grade was due to poor ratings in *Medical Liability Environment, Public Health and Injury Prevention,* and *Quality and Patient Safety.* The state's score in *Access to Emergency Care* was above average and this raised the overall grade.

PROBLEMS: North Dakota performed near the bottom in:

- Alcohol-related fatalities as a percentage of all traffic fatalities (49th)
- Percentage of population with access to Enhanced 911 services (48th)
- Fatal occupational injuries per 1 million people (48th)
- Percentage of population with access to advanced life support ambulance services (46th)
- Total fatalities in alcohol-related crashes per 100,000 people (41st)
- Percentage of pre-hospital personnel with access to online medical direction (43rd)

North Dakota's grade was hurt by its poor rating in *Medical Liability Environment.* The state's joint liability reform, collateral source reform, and cap on non-economic damages prevented it from receiving the lowest possible grade in this category.

GOOD NEWS: North Dakota earned some excellent scores in *Access to Emergency Care.* The state ranked 1st in the nation in trauma centers per 1 million people. It also ranked 2nd in number of hospital-staffed beds per 1,000 people, and 4th in both number of emergency departments per 1 million people and annual per capita expenditure on hospital care.

North Dakota also earned notable marks in *Public Health and Injury Prevention.* It ranked 1st nationwide in percentage of adults aged 65 and older who have ever received a pneumococcal

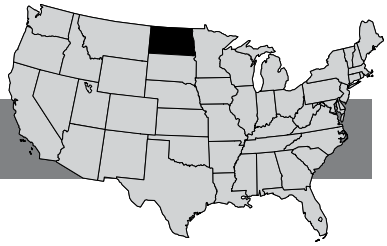
ACCESS TO EMERGENCY CARE — B-

- Number of EDs per 1 million people: 48.87
- Annual ED visits per board-certified emergency physician: 9,347
- Board-certified emergency physicians per 100,000 people: 4.41
- Number of registered nurses per 1,000 people: 12.08
- Number of hospital-staffed beds per 1,000 people: 4.19
- Annual per capita expenditure on hospital care: $1,741
- Percent of population that does not have health insurance: 10.94%
- Annual payments per fee-for-service enrollee in Medicare: $4,454
- Annual state Medicaid expenditures per population younger than 65: $261
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $735.74
- Trauma centers per 1 million people: 42.56

QUALITY AND PATIENT SAFETY — D

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 45.0%
- Percent of pre-hospital personnel with access to online medical direction: 55.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 10.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

NORTH DAKOTA



vaccine. It ranked 5th in percentage of adults aged 65 and older who received a flu vaccine in the last 12 months and 7th in percentage of children aged 19-35 months who are immunized.

RECOMMENDATIONS: North Dakota needs to increase the number of board-certified emergency physicians in the state. It also should provide enhanced access to safety services for its residents and reinforce educational programs about motor vehicle safety.

While North Dakota has taken steps to create a legal environment supportive of an effective emergency care system, the state still needs to enact a $250,000 cap on non-economic damages.

PUBLIC HEALTH & INJURY PREVENTION — D

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 22.84
- Percent of fatalities in which no restraint was used: 74.4%
- Total fatalities in alcohol-related crashes per 100,000 people: 8.2
- Alcohol-related fatalities as a percentage of all traffic fatalities: 50%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 255.4

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 84%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 73.9%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 72.5%
- Percent of live births with early prenatal care (beginning in the first trimester): 86.1%
- Fatal occupational injuries per 1 million people: 40.99

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: Yes
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 75.76%
- Increase in specialists' medical liability insurance rates (2001-2004): 65.51%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

OHIO

OVERALL GRADE C+

Overall Grade: C+

Access to Emergency Care: A-

Quality and Patient Safety: B-

Public Health and Injury Prevention: D

Medical Liability Environment: D

OHIO COMPARED WITH THE NATION: With an overall grade of C+, Ohio ranked 11th in the nation for its support of emergency care. The state scored well in the categories of *Access to Emergency Care* and *Quality and Patient Safety.* It did not fare well in the categories of *Medical Liability Environment* and *Public Health and Injury Prevention.*

PROBLEMS: Ohio did not rank well in number of emergency departments per 1 million people (35th) and in annual emergency visits per board-certified emergency physician (28th). Ohio's ratings in *Public Health and Injury Prevention* showed some below-average numbers in vaccines and traffic safety:

- Percentage of children aged 19-35 months who are immunized (32nd)
- Percentage of adults aged 65 and older who received a flu vaccine in the last 12 months (34th)
- Percentage of fatalities in which no restraint was used (34th)

GOOD NEWS: Ohio ranked highly in board-certified emergency physicians per 100,000 people (10th) and in number of registered nurses per 1,000 people (16th). An impressive score in annual state Medicaid expenditures per population younger than age 65 (3rd) contributed to Ohio's high *Access to Emergency Care* ranking. Moreover, some Ohio scores may have improved since the publication of the federal reports on which the grades are based. In particular, about 89 percent of residents are now covered by advanced life support ambulance service.

New emergency physician training is on the right track in Ohio. The state achieved high scores in emergency medicine residents per 1 million people (8th) and in emergency medicine residency programs (5th). Ohio also has put in place many training programs for emergency response to disasters, and biological and chemical attacks.

In *Public Health and Injury Prevention,* Ohio ranked below the national median, but scored well in traffic fatalities per 100,000 licensed drivers (10th) and in total fatalities in alcohol-related crashes per 100,000 people (7th).

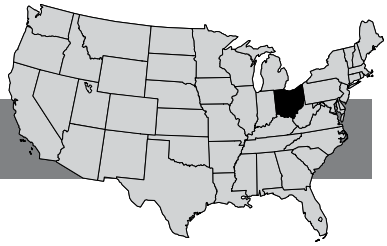
ACCESS TO EMERGENCY CARE — A-

- Number of EDs per 1 million people: 12.65
- Annual ED visits per board-certified emergency physician: 5,188
- Board-certified emergency physicians per 100,000 people: 9.01
- Number of registered nurses per 1,000 people: 10.62
- Number of hospital-staffed beds per 1,000 people: 2.73
- Annual per capita expenditure on hospital care: $1,437
- Percent of population that does not have health insurance: 12.11%
- Annual payments per fee-for-service enrollee in Medicare: $5,697
- Annual state Medicaid expenditures per population younger than 65: $926
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,882.43
- Trauma centers per 1 million people: 2.01

QUALITY AND PATIENT SAFETY — B-

- Emergency medicine residents per 1 million people: 29.06
- Emergency medicine residency programs: 11
- Percent of population with access to advanced life support ambulance services: 89.0%
- Percent of pre-hospital personnel with access to online medical direction: 0.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 95.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

OHIO



Ohio has a cap on non-economic damages in medical liability lawsuits and has passed several other laws to support the medical community. The report card gave credit for the cap, but only to the extent that the "hard" cap is $500,000 in cases of catastrophic injuries.

Ohio has worked on its injury prevention and safety programs since the most recent federal reporting. State expenditures on hospital care and Medicaid also may have increased during this time period. Future grades may improve in these areas.

RECOMMENDATIONS: Ohio policymakers need to promote expansion of emergency departments. The state should work to improve its *Public Health and Injury Prevention* score by enacting measures such as a seat belt enforcement law. Ohio would improve its *Medical Liability Environment* by creating a $250,000 cap, without exceptions, on non-economic damages in medical liability lawsuits.

PUBLIC HEALTH & INJURY PREVENTION — D

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 16.68
- Percent of fatalities in which no restraint was used: 59.5%
- Total fatalities in alcohol-related crashes per 100,000 people: 4.08
- Alcohol-related fatalities as a percentage of all traffic fatalities: 37%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 300.9

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 78%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 66.6%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 63.7%
- Percent of live births with early prenatal care (beginning in the first trimester): 84.8%
- Fatal occupational injuries per 1 million people: 17.98

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: Yes
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: Yes
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 94.28%
- Increase in specialists' medical liability insurance rates (2001-2004): 69.12%

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OKLAHOMA

OVERALL GRADE D+

Overall Grade: D+

Access to Emergency Care: C-

Quality and Patient Safety: D-

Public Health and Injury Prevention: C-

Medical Liability Environment: D-

OKLAHOMA COMPARED WITH THE NATION: Oklahoma earned one of the worst grades in the nation, ranking 4th from the bottom for its lack of support of an emergency care system to meet the needs of its residents. This low overall score was due largely to very poor grades in *Access to Emergency Care* and *Medical Liability Environment.* The state's marks were not particularly strong in any category.

PROBLEMS: Oklahoma scored poorly in annual emergency visits per board-certified emergency physician (39th), board-certified emergency physicians per 100,000 people (41st), and number of registered nurses per 1,000 people (44th).

Oklahoma ranked 44th in the nation in the category of *Quality and Patient Safety,* including poor scores that indicate the state may be slow to adopt advances in emergency medicine, such as percentage of population with access to advanced life support ambulance services (41st), percentage of pre-hospital personnel with access to online medical direction (41st), and percentage of population with access to Enhanced 911 services (36th).

Within *Public Health and Injury Prevention,* Oklahoma's low scores indicate a traffic safety problem and inadequate early childhood care:

- Traffic fatalities per 100,000 licensed drivers (38th)
- Percentage of fatalities in which no restraint was used (43rd)
- Percentage of children aged 19-35 months who are immunized (50th)
- Percentage of live births with early prenatal care (47th)

GOOD NEWS: Within the *Access to Emergency Care* category, Oklahoma posted impressive rankings in number of emergency departments per 1 million people (12th) and number of hospital-staffed beds per 1,000 people (15th). The state was ranked 3rd in the nation in trauma centers per 1 million people.

In the *Public Health and Injury Prevention* category, Oklahoma scored well in its percentage of adults aged 65 and older who received a flu vaccine in the last 12 months (11th) and in its percentage of adults aged 65 and older who have ever received a

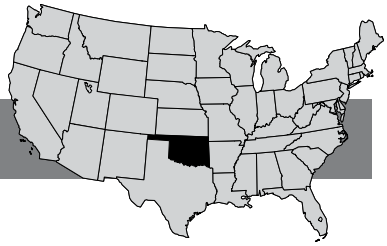
ACCESS TO EMERGENCY CARE — C-

- Number of EDs per 1 million people: 25.54
- Annual ED visits per board-certified emergency physician: 7,620
- Board-certified emergency physicians per 100,000 people: 5.17
- Number of registered nurses per 1,000 people: 7.69
- Number of hospital-staffed beds per 1,000 people: 3.03
- Annual per capita expenditure on hospital care: $1,307
- Percent of population that does not have health insurance: 20.39%
- Annual payments per fee-for-service enrollee in Medicare: $5,774
- Annual state Medicaid expenditures per population younger than 65: $232
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $914.90
- Trauma centers per 1 million people: 28.95

QUALITY AND PATIENT SAFETY — D-

- Emergency medicine residents per 1 million people: 11.07
- Emergency medicine residency programs: 2
- Percent of population with access to advanced life support ambulance services: 70.0%
- Percent of pre-hospital personnel with access to online medical direction: 70.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 75.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

OKLAHOMA



pneumococcal vaccine (13th).

Oklahoma has a cap on non-economic damages, but the cap has exceptions so the state did not earn credit for a "hard" cap.

RECOMMENDATIONS: Oklahoma needs to increase its number of board-certified emergency physicians and registered nurses. The state also needs to improve the adoption of advanced life support ambulance services, online medical direction, and Enhanced 911 services. In addition, it needs to promote disaster-response training and immunization. Oklahoma would improve its *Medical Liability Environment* by adopting a $250,000 cap on non-economic damages for medical liability lawsuits.

PUBLIC HEALTH & INJURY PREVENTION — C-

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 28.44
- Percent of fatalities in which no restraint was used: 64.0%
- Total fatalities in alcohol-related crashes per 100,000 people: 7.24
- Alcohol-related fatalities as a percentage of all traffic fatalities: 38%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 266.9

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 66%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 72.7%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 65.5%
- Percent of live births with early prenatal care (beginning in the first trimester): 77.7%
- Fatal occupational injuries per 1 million people: 28.38

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: Yes
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 189.32%
- Increase in specialists' medical liability insurance rates (2001-2004): 147.37%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

OREGON

OVERALL GRADE C-

Overall Grade: C-

Access to Emergency Care: C+

Quality and Patient Safety: D

Public Health and Injury Prevention: B+

Medical Liability Environment: D-

OREGON COMPARED WITH THE NATION: Oregon earned an overall grade of C-, placing it 35th in the nation for its support of an emergency care system to meet the needs of its residents. The state scored well in the *Public Health and Injury Prevention* category, but earned an average grade for its *Access to Emergency Care,* and a poor grade for *Quality and Patient Safety.* Oregon also had a poor grade in *Medical Liability Environment*.

PROBLEMS: Oregon posted poor marks in:

- Number of registered nurses per 1,000 people (40th)
- Number of hospital-staffed beds per 1,000 people (49th)
- Annual per capita expenditure on hospital care (48th)
- Annual payments per fee-for-service enrollee in Medicare (42nd)
- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (40th)

Quality and Patient Safety is a problem, with notably low rankings in emergency medicine residency programs (40th), and percentage of population with access to advanced life support ambulance services (49th).

Oregon's poor *Medical Liability Environment* is due to its lack of a cap on non-economic damages in medical liability lawsuits. A state constitutional amendment might be needed to create such a law.

GOOD NEWS: Oregon earned an impressive ranking of 8th among all states in *Public Health and Injury Prevention.* The state ranked 1st in the nation in percentage of fatalities in which no restraint was used. Oregon's other successes include:

- Annual emergency visits per board-certified emergency physician (4th)
- Board-certified emergency physicians per 100,000 people (7th)
- Trauma centers per 1 million people (8th)

The report card grades are based on the most recent federal reports that offer this data. Oregon

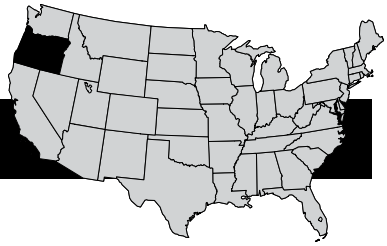
ACCESS TO EMERGENCY CARE — C+

- Number of EDs per 1 million people: 16.14
- Annual ED visits per board-certified emergency physician: 3,264
- Board-certified emergency physicians per 100,000 people: 9.49
- Number of registered nurses per 1,000 people: 8.45
- Number of hospital-staffed beds per 1,000 people: 1.8
- Annual per capita expenditure on hospital care: $1,112
- Percent of population that does not have health insurance: 17.18%
- Annual payments per fee-for-service enrollee in Medicare: $4,820
- Annual state Medicaid expenditures per population younger than 65: $375
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $763.87
- Trauma centers per 1 million people: 12.52

QUALITY AND PATIENT SAFETY — D

- Emergency medicine residents per 1 million people: 7.23
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 20.0%
- Percent of pre-hospital personnel with access to online medical direction: 0.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 80.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

OREGON



has made progress in promoting its advanced life support programs since the most recent federal reporting. Future report cards may show improvement in this area.

RECOMMENDATIONS: Oregon needs to improve in *Access to Emergency Care* by attracting more board-certified emergency physicians and increasing the number of registered nurses per 1,000 people, and number of hospital-staffed beds per 1,000 people. Oregon particularly needs to improve its rankings in *Quality and Patient Safety,* especially access to advanced life support ambulance services. Oregon can improve its *Medical Liability Environment* by enacting reforms, especially a $250,000 cap on non-economic damages. This would also help attract more physicians to the state.

PUBLIC HEALTH & INJURY PREVENTION — B+

Automobile Safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 19.77
- Percent of fatalities in which no restraint was used: 33.1%
- Total fatalities in alcohol-related crashes per 100,000 people: 5.76
- Alcohol-related fatalities as a percentage of all traffic fatalities: 40%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 546.4

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 69%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 68.0%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 65.0%
- Percent of live births with early prenatal care (beginning in the first trimester): 81.5%
- Fatal occupational injuries per 1 million people: 20.86

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 47.49%
- Increase in specialists' medical liability insurance rates (2001-2004): 54.81%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

PENNSYLVANIA

OVERALL GRADE B-

Overall Grade: B-

Access to Emergency Care: A

Quality and Patient Safety: A-

Public Health and Injury Prevention: C-

Medical Liability Environment: F

PENNSYLVANIA COMPARED WITH THE NATION: With an overall grade of B-, Pennsylvania ranked 7th best in the nation for its support of an emergency care system to meet the needs of its residents. Outstanding grades in *Access to Emergency Care* and *Quality and Patient Safety* boosted the state's overall grade. On the other hand, Pennsylvania received a mediocre grade for *Public Health and Injury Prevention*, and a failing grade for its *Medical Liability Environment.*

PROBLEMS: Even with its strong performance in the *Access to Emergency Care* and *Quality and Patient Safety* categories, Pennsylvania had some below-average scores, including:

- Number of emergency departments per 1 million people (33rd)
- Percentage of population with access to Enhanced 911 services (34th)
- Percentage of pre-hospital personnel with access to online medical direction (31st)

Pennsylvania is experiencing physicians leaving the state, especially newly trained residents, making emergency staffing difficult. Another serious problem is that the state's motorcycle helmet law was repealed in 2003. Also, proposed federal and state cuts in the Medicaid program threaten hospital finances and access for patients, especially the most vulnerable.

GOOD NEWS: Pennsylvania is on the right track in several areas:

- Number of registered nurses per 1,000 people (3rd)
- Number of hospital-staffed beds per 1,000 people (14th)
- Annual per capita expenditure on hospital care (8th)
- Annual payments per fee-for-service enrollee in Medicare (11th)
- Annual state Medicaid expenditures per population younger than age 65 (5th)
- Emergency medicine residents per 1 million people (5th)
- Emergency medicine residency programs (3rd)

ACCESS TO EMERGENCY CARE — A

- Number of EDs per 1 million people: 12.9
- Annual ED visits per board-certified emergency physician: 4,692
- Board-certified emergency physicians per 100,000 people: 8.87
- Number of registered nurses per 1,000 people: 13.38
- Number of hospital-staffed beds per 1,000 people: 3.08
- Annual per capita expenditure on hospital care: $1,599
- Percent of population that does not have health insurance: 11.39%
- Annual payments per fee-for-service enrollee in Medicare: $6,306
- Annual state Medicaid expenditures per population younger than 65: $591
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,704.72
- Trauma centers per 1 million people: 2.02

QUALITY AND PATIENT SAFETY — A-

- Emergency medicine residents per 1 million people: 40.30
- Emergency medicine residency programs: 18
- Percent of population with access to advanced life support ambulance services: 100.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 80.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? Yes

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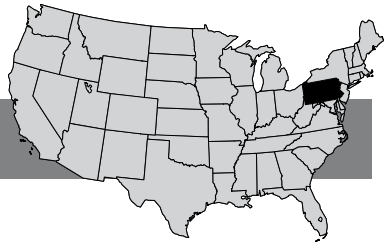
PENNSYLVANIA



- Percentage of population with access to advanced life support ambulance services (9th)

The state also has a wide range of training programs for responding to disasters and crises.

Pennsylvania also has worked to reduce its number of uninsured. The Pennsylvania Insurance Department released 2004 data showing that 8 percent of state residents are uninsured. The state has worked to improve safety programs since the most recent federal reporting on which the grades are based. Future report cards may show improvement in these areas.

RECOMMENDATIONS: Pennsylvania policymakers' biggest concern is the state's *Medical Liability Environment.* The state lacks any caps on non-economic damages for medical liability cases, and the state legislature has passed very few laws supporting its medical community. An amendment to the state constitution might be needed to create such a law. In addition, state policymakers should require Pennsylvania's expert witness rule to be absolute in requiring witnesses who testify against board-certified physicians to be board certified in that specialty themselves. Pennsylvania also needs to increase its number of board-certified emergency physicians.

Increasing the number of emergency departments per capita and decreasing the number of emergency department visits per board-certified emergency physician, along with medical liability reform, could boost Pennsylvania to the very top of the overall rankings.

PUBLIC HEALTH & INJURY PREVETION — C-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 18.84
- Percent of fatalities in which no restraint was used: 52.5%
- Total fatalities in alcohol-related crashes per 100,000 people: 4.98
- Alcohol-related fatalities as a percentage of all traffic fatalities: 39%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 303.9

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 82%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 70.5%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 63.5%
- Percent of live births with early prenatal care (beginning in the first trimester): 85.1%
- Fatal occupational injuries per 1 million people: 16.77

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 76.94%
- Increase in specialists' medical liability insurance rates (2001-2004): 77.37%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

RHODE ISLAND

OVERALL GRADE B-

Overall Grade: B-

Access to Emergency Care: A

Quality and Patient Safety: B+

Public Health and Injury Prevention: C-

Medical Liability Environment: F

RHODE ISLAND COMPARED WITH THE NATION: With an overall grade of B-, Rhode Island ranked 9th in the nation for its support of an emergency care system to meet the needs of its residents. Good scores in *Access to Emergency Care* and *Quality and Patient Safety* helped offset the state's mediocre score in *Public Health and Injury Prevention,* and its failing grade in *Medical Liability Environment.*

PROBLEMS: Rhode Island fared well below average in *Public Health and Injury Prevention*, including the percentage of fatalities in which no restraint was used (41st) and alcohol-related fatalities as a percentage of all traffic fatalities (51st). Rhode Island ranked 43rd in the number of trauma centers per 1 million people.

Rhode Island's biggest concern is its *Medical Liability Environment.* In this category, Rhode Island failed due to the lack of any sort of cap for non-economic damages for medical liability lawsuits.

GOOD NEWS: The state's impressive grade for *Access to Emergency Care* was earned by factors such as strong staffing numbers of board-certified emergency physicians per 100,000 people (9th) and of registered nurses per 1,000 people (4th). The state's well-funded hospitals are reflected by the state's strong rankings in annual per capita expenditure on hospital care (6th), annual state Medicaid expenditures per population younger than age 65 (4th), and annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (1st).

Rhode Island's good score in *Quality and Patient Safety* was due to its ranking in the top 10 percent of the nation in emergency medicine residents per 1 million people (3rd) and the state's good record of implementing disaster and crisis response training programs.

Despite disappointing traffic statistics, Rhode Island had a low incidence of fatal accidents. It also has a strong program of immunizations, including percentage of children aged 19-35 months who are immunized (4th), percentage of adults aged 65 and older who received a flu vaccine in the last 12

ACCESS TO EMERGENCY CARE — A

- Number of EDs per 1 million people: 8.33
- Annual ED visits per board-certified emergency physician: 4,640
- Board-certified emergency physicians per 100,000 people: 9.25
- Number of registered nurses per 1,000 people: 12.67
- Number of hospital-staffed beds per 1,000 people: 2.17
- Annual per capita expenditure on hospital care: $1,626
- Percent of population that does not have health insurance: 10.26%
- Annual payments per fee-for-service enrollee in Medicare: $6,274
- Annual state Medicaid expenditures per population younger than 65: $678
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $7,028.03
- Trauma centers per 1 million people: 0.93

QUALITY AND PATIENT SAFETY — B+

- Emergency medicine residents per 1 million people: 44.42
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 80.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? - Yes, Yes, Yes
- Are hospitals required to submit data on diversions? Yes

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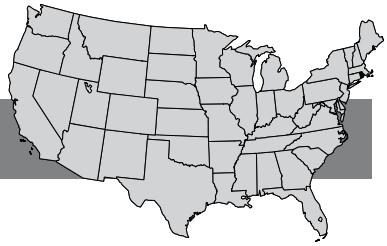
RHODE ISLAND



months (7th), and percentage of adults aged 65 and older who have ever received a pneumococcal vaccine (7th). The state also fared very well in percent of live births with early prenatal care (2nd).

Rhode Island has worked on its injury prevention programs since the most recent federal reporting. Future report cards may show improvement in this area.

RECOMMENDATIONS: Rhode Island's ranking in *Access to Emergency Care* could be even further improved if the state increased its number of emergency departments and trauma centers. The state should improve its *Public Health and Injury Prevention* score by enacting measures that encourage the use of seat belts. Rhode Island also should focus on improving its *Medical Liability Environment* score. The state legislature should pass laws supporting the medical community, particularly a $250,000 cap on non-economic damages in medical liability lawsuits.

PUBLIC HEALTH & INJURY PREVENTION — C-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 14.22
- Percent of fatalities in which no restraint was used: 63.5%
- Total fatalities in alcohol-related crashes per 100,000 people: 5.27
- Alcohol-related fatalities as a percentage of all traffic fatalities: 55%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 590.5

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 87%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 73.7%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 67.6%
- Percent of live births with early prenatal care (beginning in the first trimester): 90.6%
- Fatal occupational injuries per 1 million people: 16.66

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: Yes
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 39.20%
- Increase in specialists' medical liability insurance rates (2001-2004): 45.40%

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SOUTH CAROLINA

OVERALL GRADE B–

Overall Grade: B-

Access to Emergency Care: C

Quality and Patient Safety: B+

Public Health and Injury Prevention: D

Medical Liability Environment: B+

SOUTH CAROLINA COMPARED WITH THE NATION: South Carolina ranked 5th in the nation, earning a B- overall for its support of an emergency care system to meet the needs of its residents. This grade was due largely to good scores in *Quality and Patient Safety* and *Medical Liability Environment.* South Carolina's overall grade dropped, however, due to poor performance in *Public Health and Injury Prevention,* and a mediocre grade in *Access to Emergency Care.*

PROBLEMS: South Carolina does not have enough key medical personnel or facilities to serve its residents. In *Access to Emergency Care,* South Carolina was in the bottom 20 percent of the states for its number of registered nurses per 1,000 people. The state also ranked below average in the number of emergency departments per 1 million people (32nd) and in annual emergency visits per board-certified emergency physician (32nd).

Drinking and driving is a major problem in South Carolina. The state ranked 48th in people killed in alcohol-related crashes and 49th in alcohol-related fatalities as a percentage of all traffic fatalities.

South Carolina ranked 45th in percent of live births with early prenatal care. These scores led to South Carolina's poor grade in *Public Health and Injury Prevention.* Only above-average marks for immunization programs for children and seniors kept the state from receiving a failing grade in this category.

GOOD NEWS: South Carolina is working actively to address *Access to Emergency Care.* Last year, the state launched a government health program to provide more primary-health physicians in the state's poorest communities. The state Department of Health and Human Services hopes to expand the program statewide. This program should alleviate the financial burden on South Carolina's emergency departments, which often serve as the only source of health care for many low-income residents.

South Carolina ranked among the best states nationwide in *Medical Liability Environment* (5th). South Carolina's legislative environment has changed recently due to reforms enacted by lawmakers in April. The state now has a cap on non-economic damages in medical liability cases

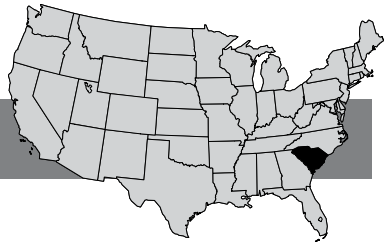
ACCESS TO EMERGENCY CARE — C

- Number of EDs per 1 million people: 13.58
- Annual ED visits per board-certified emergency physician: 5,720
- Board-certified emergency physicians per 100,000 people: 7.53
- Number of registered nurses per 1,000 people: 7.75
- Number of hospital-staffed beds per 1,000 people: 2.43
- Annual per capita expenditure on hospital care: $1,480
- Percent of population that does not have health insurance: 14.37%
- Annual payments per fee-for-service enrollee in Medicare: $5,651
- Annual state Medicaid expenditures per population younger than 65: $292
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,107.07
- Trauma centers per 1 million people: 5.48

QUALITY AND PATIENT SAFETY — B+

- Emergency medicine residents per 1 million people: 6.67
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 80.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 96.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

SOUTH CAROLINA



and offers protection for emergency care. These legislative efforts support the state's emergency physicians and improved South Carolina's *Medical Liability Environment* grade. The new cap will lower the rate of increases in insurance premiums, which likely will result in a better grade in the future.

South Carolina also ranked among the top 25 percent of all states in *Quality and Patient Safety.* This ranking was due largely to the state's above-average score in Enhanced 911 accessibility (14th), along with its statewide disaster response training. But below-average rankings in the number of emergency medicine residency programs kept it from being the best in the nation in *Quality and Patient Safety.*

RECOMMENDATIONS: South Carolina needs more registered nurses and expanded emergency departments to better serve residents' emergency medical needs. State lawmakers also should address vehicle safety. Stricter penalties for drunk driving and more substance abuse programs may help reduce alcohol-related fatalities.

PUBLIC HEALTH & INJURY PREVENTION — D

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 33.16
- Percent of fatalities in which no restraint was used: 65.1%
- Total fatalities in alcohol-related crashes per 100,000 people: 11.62
- Alcohol-related fatalities as a percentage of all traffic fatalities: 50%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 304.9

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 83%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 69.4%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 64.9%
- Percent of live births with early prenatal care (beginning in the first trimester): 79.0%
- Fatal occupational injuries per 1 million people: 27.16

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — B+

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: Yes
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: Yes
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: Yes
- Increase in physicians' medical liability insurance rates (2001-2004): 120.94%
- Increase in specialists' medical liability insurance rates (2001-2004): 142.50%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

SOUTH DAKOTA

OVERALL GRADE D+

Overall Grade: D+

Access to Emergency Care: C+

Quality and Patient Safety: F

Public Health and Injury Prevention: F

Medical Liability Environment: D

SOUTH DAKOTA COMPARED WITH THE NATION: South Dakota ranked in the bottom 10th percentile of the country, earning a D+ overall for its lack of support of an emergency care system to meet the needs of its residents. This was largely due to failing grades in *Quality and Patient Safety* and *Public Health and Injury Prevention,* coupled with a near-failing grade in *Medical Liability Environment.* The state earned an average grade for *Access to Emergency Care.*

PROBLEMS: South Dakota severely lacks emergency personnel. The state ranked last in the nation in the number of board-certified emergency physicians per 100,000 people. The state ranked in the bottom 20 percent in annual emergency visits per board-certified emergency physician (42nd). Limited Medicare and Medicaid offerings further undermine South Dakota's performance in *Access to Emergency Care.* The state also ranked near the bottom 20 percent in access to advanced life support ambulance services (44th) and access to Enhanced 911 services (38th).

South Dakota loses many lives to preventable accidents compared with other states. The state ranked near the bottom of the nation in traffic fatalities (48th), alcohol-related traffic fatalities (50th), and fatal occupational injuries (47th).

GOOD NEWS: On the bright side, South Dakota has the facilities necessary to become a first-class health care system. The state was ranked the best in the nation in the number of emergency departments per 1 million people. It was also near the very top in number of registered nurses (5th) and in the number of hospital-staffed beds per 1,000 people (6th). In addition, its number of trauma centers per 1 million people ranked above average (19th).

Though its score is low, South Dakota is better than many states in *Medical Liability Environment* due largely to legislative reforms to fix the medical liability insurance crisis. South Dakota now has caps on non-economic damages in malpractice lawsuits, as well as joint liability reform and collateral source reform.

ACCESS TO EMERGENCY CARE — C+

- Number of EDs per 1 million people: 72.64
- Annual ED visits per board-certified emergency physician: 8,951
- Board-certified emergency physicians per 100,000 people: 3.11
- Number of registered nurses per 1,000 people: 12.44
- Number of hospital-staffed beds per 1,000 people: 3.48
- Annual per capita expenditure on hospital care: $1,534
- Percent of population that does not have health insurance: 12.12%
- Annual payments per fee-for-service enrollee in Medicare: $4,356
- Annual state Medicaid expenditures per population younger than 65: $248
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,421.28
- Trauma centers per 1 million people: 2.59

QUALITY AND PATIENT SAFETY — F

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 55.0%
- Percent of pre-hospital personnel with access to online medical direction: 45.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 70.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, Yes, No
- Are hospitals required to submit data on diversions? No

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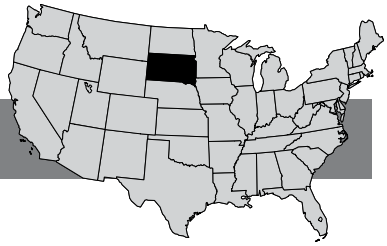
SOUTH DAKOTA



RECOMMENDATIONS: South Dakota must recruit more board-certified emergency physicians. The severe shortage of emergency physicians prevents South Dakota from receiving a higher grade in *Access to Emergency Care,* as well as a higher overall grade.

State lawmakers should pass laws to make South Dakota's roads and workplaces safer. Many fatal traffic and workplace deaths could have been prevented if lawmakers had imposed stricter penalties on speeding, drunk driving, and workplace hazards.

PUBLIC HEALTH & INJURY PREVENTION — F

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 36.61
- Percent of fatalities in which no restraint was used: 71.0%
- Total fatalities in alcohol-related crashes per 100,000 people: 12.71
- Alcohol-related fatalities as a percentage of all traffic fatalities: 48%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 272.5

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 81%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 74.2%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 56.7%
- Percent of live births with early prenatal care (beginning in the first trimester): 78.2%
- Fatal occupational injuries per 1 million people: 36.32

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: Yes
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 96.08%
- Increase in specialists' medical liability insurance rates (2001-2004): 108.88%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

TENNESSEE

OVERALL GRADE C-

Overall Grade: C-

Access to Emergency Care: C

Quality and Patient Safety: C

Public Health and Injury Prevention: D+

Medical Liability Environment: F

TENNESSEE COMPARED WITH THE NATION: Tennessee ranked in the bottom 25 percent of the country, earning a C- overall for its lack of support of an emergency care system to meet the needs of its residents. A near failing grade in *Public Health and Injury Prevention* and a failing grade in *Medical Liability Environment* hurt the state's overall grade. Tennessee posted average grades in *Access to Emergency Care* and *Quality and Patient Safety.*

PROBLEMS: Tennessee does not have enough board-certified emergency physicians to serve its population. The state's grade was hurt by poor numbers in annual emergency visits per board-certified emergency physician (47th) and in board-certified emergency physicians per 100,000 people (43rd). The Tennessee Hospital Association last year reported that hospital emergency departments experienced a 35 percent increase in patient volume in three years. In addition, recent changes to TennCare could negatively impact the state's ranking in the future.

Tennessee ranked 45th for its *Medical Liability Environment.* The F in this category pulled down the state's overall grade. The state has passed very few laws that support its medical community. Only Tennessee's joint liability reform and collateral source reform kept it from being the worst state in the nation in this category.

GOOD NEWS: Tennessee has statewide training programs to deal with biological and chemical attacks and other disasters. In addition, an increasing percentage of people have access to advanced life support ambulance services, making Tennessee 19th in this area. Other bright spots include:

- Number of hospital-staffed beds per 1,000 people (12th)
- Number of emergency departments per 1 million people (22nd)
- Trauma centers per 1 million people (22nd)
- Annual state Medicaid expenditures per population younger than age 65 (15th)

Tennessee ranked 34th in the category of *Public*

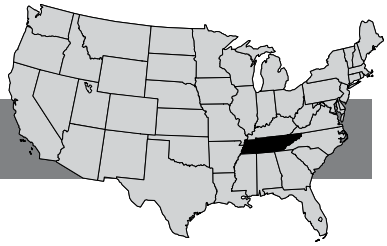
ACCESS TO EMERGENCY CARE — C

- Number of EDs per 1 million people: 18.13
- Annual ED visits per board-certified emergency physician: 10,955
- Board-certified emergency physicians per 100,000 people: 4.56
- Number of registered nurses per 1,000 people: 9.48
- Number of hospital-staffed beds per 1,000 people: 3.17
- Annual per capita expenditure on hospital care: $1,375
- Percent of population that does not have health insurance: 13.17%
- Annual payments per fee-for-service enrollee in Medicare: $5,511
- Annual state Medicaid expenditures per population younger than 65: $461
- Annual SCHIP state contribution per 100 children Younger than 18 years of age: $98.01
- Trauma centers per 1 million people: 2.20

QUALITY AND PATIENT SAFETY — C

- Emergency medicine residents per 1 million people: 4.41
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 95.0%
- Percent of pre-hospital personnel with access to online medical direction: 90.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 85.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

TENNESSEE



Health and Injury Prevention. The state earned an above-average score in alcohol-related fatalities as a percentage of all traffic fatalities (16th), and in the number of seniors who had received a flu vaccine in the last 12 months (14th). These scores balanced out below-average scores in traffic fatalities (37th) and fatal occupational injuries (32nd).

RECOMMENDATIONS: Tennessee has the facilities for a first-class health care system. The shortage of emergency physicians, however, holds Tennessee back from receiving a higher score in *Access to Emergency Care.* Tennessee should also take steps to improve traffic safety and to otherwise improve its *Public Health and Injury Prevention* efforts. The lack of emergency physicians is due partly to the state's poor score in *Medical Liability Environment.* A $250,000 cap on non-economic damages would both improve the state's score and help attract physicians to the state.

PUBLIC HEALTH & INJURY PREVENTION — D+

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 28.38
- Percent of fatalities in which no restraint was used: 61.8%
- Total fatalities in alcohol-related crashes per 100,000 people: 7.58
- Alcohol-related fatalities as a percentage of all traffic fatalities: 37%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 197.3

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 80%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 71.6%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 61.4%
- Percent of live births with early prenatal care (beginning in the first trimester): 82.9%
- Fatal occupational injuries per 1 million people: 23.05

Unintentional Injury Prevention Programs:

- Fall prevention program: Yes
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 90.63%
- Increase in specialists' medical liability insurance rates (2001-2004): 61.11%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

TEXAS

OVERALL GRADE C

Overall Grade: C

Access to Emergency Care: D+

Quality and Patient Safety: D+

Public Health and Injury Prevention: D

Medical Liability Environment: A+

TEXAS COMPARED WITH THE NATION: Texas ranked 21st in the nation with an overall C grade for its support of an emergency care system to meet the needs of its residents. Its score was helped by an outstanding grade for its *Medical Liability Environment.* No state performed better in that important category than the Lone Star State. But Texas' overall grade was hurt by a poor performance in *Access to Emergency Care.*

PROBLEMS: Texas has the highest rate of uninsured residents in the nation. Considering uninsured patients often wait until they are very sick before turning to emergency departments for care, the state's hospitals provide a great deal of uncompensated medical services, yet the state's spending on hospital care ranks near the bottom in the nation (41st). The lack of funding further reduces resources for already overcrowded emergency departments. This is evident in the state's shortage of board-certified emergency physicians (44th) and registered nurses (48th) available to meet the needs of its residents.

Texas also fell below average in the categories of *Quality and Patient Safety* and *Public Health and Injury Prevention.* The state fell short in its percentage of population with access to advanced life support ambulance services (47th) and its percentage of pre-hospital personnel with access to online medical direction (42nd). Texas also ranked in the bottom 10 in immunization of children and seniors.

GOOD NEWS: Texas is the paragon for medical liability reform due to its $250,000 cap on non-economic damages. In addition, state lawmakers have adopted helpful measures such as liability protection in emergency care and joint liability reform. The reforms are working. A year ago, Texas hospitals were hit with an average 54 percent hike in their liability costs. This year, with the new damage cap in place, these same hospitals are slashing their liability costs by 17 percent. All five of the state's largest physician insurers have announced rate cuts. The improved climate has helped, and should continue to help attract physicians, especially in emergency medicine, to Texas.

Texas has worked on its emergency preparedness

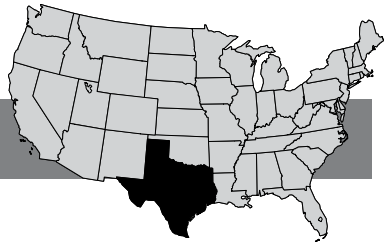
ACCESS TO EMERGENCY CARE — D+

- Number of EDs per 1 million people: 15.83
- Annual ED visits per board-certified emergency physician: 8,307
- Board-certified emergency physicians per 100,000 people: 4.45
- Number of registered nurses per 1,000 people: 6.68
- Number of hospital-staffed beds per 1,000 people: 2.46
- Annual per capita expenditure on hospital care: $1,274
- Percent of population that does not have health insurance: 24.59%
- Annual payments per fee-for-service enrollee in Medicare: $6,382
- Annual state Medicaid expenditures per population younger than 65: $249
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $3,304.20
- Trauma centers per 1 million people: 8.14

QUALITY AND PATIENT SAFETY — D+

- Emergency medicine residents per 1 million people: 8.80
- Emergency medicine residency programs: 6
- Percent of population with access to advanced life support ambulance services: 40.0%
- Percent of pre-hospital personnel with access to online medical direction: 60.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 90.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

TEXAS



and injury prevention programs since the most recent federal reporting on which the grades are based. Notably, a variety of agencies offer disaster response training, and several state agencies offer preventive programs in domestic violence, child abuse, and programs for high-risk youth. Future report cards may show improvement in these areas. It is also notable that Texas ranked 8th in emergency medicine residency programs.

RECOMMENDATIONS: Texas needs to increase its number of board-certified emergency physicians, and its improved medical liability environment should help. The state should expand advanced life support ambulance services and increase spending on hospital care.

Texas' *Public Health and Injury Prevention* grade would be bolstered significantly by an increased drive to immunize the state's most vulnerable citizens. The state also needs to make a concerted effort to curb the number of alcohol-related traffic fatalities.

PUBLIC HEALTH & INJURY PREVENTION — D

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 27.23
- Percent of fatalities in which no restraint was used: 48.3%
- Total fatalities in alcohol-related crashes per 100,000 people: 7.6
- Alcohol-related fatalities as a percentage of all traffic fatalities: 47%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 158.1

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 72%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 61.0%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 56.9%
- Percent of live births with early prenatal care (beginning in the first trimester): 79.9%
- Fatal occupational injuries per 1 million people: 21.83

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — A+

Caps on non-economic damages:

- $250,000 cap on non-economic damages: Yes
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: Yes
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 67.21%
- Increase in specialists' medical liability insurance rates (2001-2004): 35.83%

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UTAH

OVERALL GRADE D

Overall Grade: D

Access to Emergency Care: D+

Quality and Patient Safety: D-

Public Health and Injury Prevention: D

Medical Liability Environment: D

UTAH COMPARED WITH THE NATION: Utah ranked 49th in the nation. It was one of only three states to earn the worst grade, D, for its lack of support of an emergency care system to meet the needs of its residents. The state received nearly failing scores in every category. Its worst score was in the category of *Quality and Patient Safety,* but in *Access to Emergency Care,* Utah ranked 43rd in the nation. Utah also earned near failing grades for *Public Health and Injury Prevention* and *Medical Liability Environment.*

PROBLEMS: The state ranked last in the nation in annual per capita expenditure on hospital care. It ranked 49th in number of registered nurses per 1,000 people and 48th in number of hospital-staffed beds per 1,000 people. The state ranked 47th and 51st, respectively, in annual payments per fee-for-service enrollee in Medicare and annual state Medicaid expenditures per population under 65.

Utah has a cap on non-economic damages in medical liability lawsuits, which helps its *Medical Liability Environment* grade. The state Supreme Court recently upheld this law as constitutional.

But the state needs to do more. Utah specialist physicians have experienced higher liability insurance rate increases than their counterparts in most other states.

GOOD NEWS: Utah ranked 12th in the nation in annual emergency visits per board-certified emergency physician. The state fell in the middle of the pack (27th) in both board-certified emergency physicians per 100,000 people and number of emergency departments per 1 million people. It ranked 26th in trauma centers per 1 million people.

The state ranked 1st both for the small number of people killed in alcohol-related crashes per 100,000 people and for alcohol-related fatalities as a percentage of all traffic fatalities.

RECOMMENDATIONS: Utah needs to address key areas in the critical category of *Access to Emergency Care.* Utah needs more funding for hospital care, more registered nurses, and more hospital beds. Improving Utah's *Medical Liability Environment* would help attract more physicians to the state.

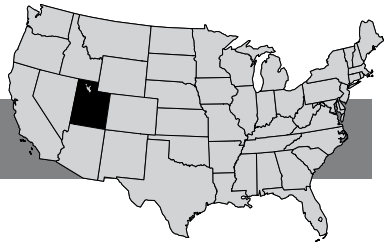
ACCESS TO EMERGENCY CARE — D+

- Number of EDs per 1 million people: 15.07
- Annual ED visits per board-certified emergency physician: 4,406
- Board-certified emergency physicians per 100,000 people: 7.03
- Number of registered nurses per 1,000 people: 6.55
- Number of hospital-staffed beds per 1,000 people: 1.81
- Annual per capita expenditure on hospital care: $1,016
- Percent of population that does not have health insurance: 12.67%
- Annual payments per fee-for-service enrollee in Medicare: $4,514
- Annual state Medicaid expenditures per population younger than 65: $152
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $928.01
- Trauma centers per 1 million people: 1.67

QUALITY AND PATIENT SAFETY — D–

- Emergency medicine residents per 1 million people: 3.35
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 86.5%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 80.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

UTAH



PUBLIC HEALTH & INJURY PREVENTION — D

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 19.96
- Percent of fatalities in which no restraint was used: 56.8%
- Total fatalities in alcohol-related crashes per 100,000 people: 1.93
- Alcohol-related fatalities as a percentage of all traffic fatalities: 15%

- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 417.3

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 77%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 71.1%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 65.0%

- Percent of live births with early prenatal care (beginning in the first trimester): 79.4%
- Fatal occupational injuries per 1 million people: 22.6

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: Yes
- Any cap on non-economic damages: No

- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 71.75%
- Increase in specialists' medical liability insurance rates (2001-2004): 93.21%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

VERMONT

OVERALL GRADE C

Overall Grade: C

Access to Emergency Care: B+

Quality and Patient Safety: C

Public Health and Injury Prevention: C

Medical Liability Environment: F

VERMONT COMPARED WITH THE NATION: With an overall grade of C, Vermont is 24th in the nation for its support of an emergency care system to meet the needs of its residents. This performance is due to an above-average grade in *Access to Emergency Care* that was offset by a failing grade for its *Medical Liability Environment.* Vermont had average grades in the categories of *Public Health and Injury Prevention* and *Quality and Patient Safety.*

PROBLEMS: Vermont earned several below-average scores, including:

- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (45th)
- Number of hospital-staffed beds per 1,000 people (39th)
- Annual per capita expenditure on hospital care (38th)

Vermont ranked as one of the worst states in *Medical Liability Environment.* Vermont has passed few laws supporting its medical community.

GOOD NEWS: Despite numerous below-average marks, the state earned a few commendable scores, ranking 10th for its number of registered nurses per 1,000 people, 13th for its number of emergency departments per 1 million people, and 18th in annual emergency visits per board-certified emergency physician.

In the *Public Health and Injury Prevention* evaluation, Vermont received other noteworthy scores, including:

- Traffic fatalities per 100,000 licensed drivers (3rd)
- Percentage of fatalities in which no restraint was used (4th)
- Percentage of live births with early prenatal care (4th)
- Percentage of children aged 19-35 months who are immunized (7th)
- Percent of adults aged 65 and older who

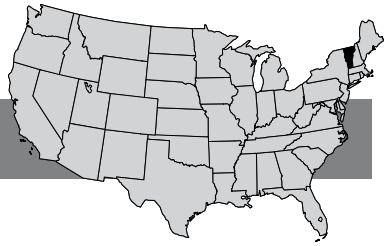
ACCESS TO EMERGENCY CARE — B+

- Number of EDs per 1 million people: 22.53
- Annual ED visits per board-certified emergency physician: 4,742
- Board-certified emergency physicians per 100,000 people: 8.53
- Number of registered nurses per 1,000 people: 11.11
- Number of hospital-staffed beds per 1,000 people: 2.02
- Annual per capita expenditure on hospital care: $1,328
- Percent of population that does not have health insurance: 9.49%
- Annual payments per fee-for-service enrollee in Medicare: $5,059
- Annual state Medicaid expenditures per population younger than 65: $466
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $660.14
- Trauma centers per 1 million people: 1.61

QUALITY AND PATIENT SAFETY — C

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 35.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? No

VERMONT



received a flu vaccine in the last 12 months (8th)

Vermont has worked on its injury prevention programs since the most recent federal reporting. Future report cards may show improvement in this area.

RECOMMENDATIONS: Vermont should take steps to improve its *Public Health and Injury Prevention* score. Most importantly, the state should address its very low ranking for *Medical Liability Environment.* A $250,000 cap on non-economic damages would not only improve the state's overall score, it would help attract more emergency physicians to the state.

PUBLIC HEALTH & INJURY PREVENTION — C

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 12.7
- Percent of fatalities in which no restraint was used: 38.2%
- Total fatalities in alcohol-related crashes per 100,000 people: 4.67
- Alcohol-related fatalities as a percentage of all traffic fatalities: 41%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 476

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 84%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 73.6%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 66.3%
- Percent of live births with early prenatal care (beginning in the first trimester): 88.9%
- Fatal occupational injuries per 1 million people: 22.53

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 49.49%
- Increase in specialists' medical liability insurance rates (2001-2004): 40.89%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

VIRGINIA

OVERALL GRADE D+

Overall Grade: D+

Access to Emergency Care: C-

Quality and Patient Safety: D+

Public Health and Injury Prevention: C

Medical Liability Environment: F

VIRGINIA COMPARED WITH THE NATION: Virginia earned one of the lowest grades in the nation, ranking 46th for its lack of support for an emergency care system to meet the needs of its residents. This near failing grade was due to low scores in the categories of *Access to Emergency Care, Quality and Patient Safety,* and *Public Health and Injury Prevention.* The state received a failing grade for its *Medical Liability Environment.*

PROBLEMS: Virginia received low marks in the number of emergency departments per 1 million people (41st), the annual per capita expenditure on hospital care (40th), and the number of hospital-staffed beds per 1,000 people (37th).

Virginia's overall grade was hurt severely by its F in *Medical Liability Environment.* The state ranked 48th in both increases in physicians' and specialists' medical liability insurance rates. Virginia's existing version of a cap on non-economic damages and its pretrial screening panels were not enough to balance its low rankings in other areas of *Medical Liability Environment.*

GOOD NEWS: In *Public Health and Injury Prevention,* Virginia ranked in the middle of the states, receiving several above-average scores, including:

- Alcohol-related fatalities as a percentage of all traffic fatalities (22nd)
- Fatal occupational injuries per 1 million people (21st)
- Total fatalities in alcohol-related crashes per 100,000 people (13th)
- Traffic fatalities per 100,000 licensed drivers (16th)

Virginia's good scores in those areas balanced its generally below-average marks in several immunization areas.

Virginia also earned favorable rankings for its percentage of people with access to advanced life support ambulance services (11th) and for its emergency medicine residency programs (12th).

ACCESS TO EMERGENCY CARE — C-

- Number of EDs per 1 million people: 9.38
- Annual ED visits per board-certified emergency physician: 4,791
- Board-certified emergency physicians per 100,000 people: 7.72
- Number of registered nurses per 1,000 people: 8.91
- Number of hospital-staffed beds per 1,000 people: 2.13
- Annual per capita expenditure on hospital care: $1,286
- Percent of population that does not have health insurance: 13.02%
- Annual payments per fee-for-service enrollee in Medicare: $5,028
- Annual state Medicaid expenditures per population younger than 65: $273
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,133.05
- Trauma centers per 1 million people: 1.61

QUALITY AND PATIENT SAFETY — D+

- Emergency medicine residents per 1 million people: 13.14
- Emergency medicine residency programs: 4
- Percent of population with access to advanced life support ambulance services: 99.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 0.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

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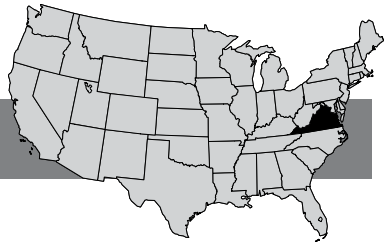
VIRGINIA



RECOMMENDATIONS: Virginia needs to increase its number of emergency departments and hospital-staffed beds. The state also needs to improve its *Quality and Patient Safety* and *Public Health and Injury Prevention* ratings by providing greater access to certain safety services such as Enhanced 911 services. State policymakers also should reinforce the importance of immunization to its residents. Virginia should enact a $250,000 cap on non-economic damages for medical liability lawsuits.

PUBLIC HEALTH & INJURY PREVENTION — C

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 18.69
- Percent of fatalities in which no restraint was used: 56.8%
- Total fatalities in alcohol-related crashes per 100,000 people: 4.88
- Alcohol-related fatalities as a percentage of all traffic fatalities: 39%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 277.8

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 81%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 65.3%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 60.8%
- Percent of live births with early prenatal care (beginning in the first trimester): 85.2%
- Fatal occupational injuries per 1 million people: 20.78

Unintentional Injury Prevention Programs:

- Fall prevention program: Yes
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: No
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 153.28%
- Increase in specialists' medical liability insurance rates (2001-2004): 141.79%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

WASHINGTON

OVERALL GRADE D+

Overall Grade: D+

Access to Emergency Care: C

Quality and Patient Safety: D

Public Health and Injury Prevention: B-

Medical Liability Environment: D-

WASHINGTON COMPARED WITH THE NATION: With an overall D+ grade, Washington ranked 40th in the nation due to its inadequate support of an emergency care system to meet the needs of its residents. This grade was due to poor scores for *Medical Liability Environment* and *Quality and Patient Safety*. However, Washington's grade was bolstered by its scores in *Public Health and Injury Prevention* and *Access to Emergency Care.*

PROBLEMS: In the critical *Access to Emergency Care* category, Washington's grade was near the national median. But the state earned several low rankings, including:

- Annual per capita expenditure on hospital care (47th)
- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (49th)
- Annual payments per fee-for-service enrollee in Medicare (40th)
- Number of emergency departments per 1 million people (36th)

Washington has more trauma centers per million people than emergency departments per million people because the state's trauma system "designates" clinics as Level V centers, in addition to the Level I – IV hospital trauma centers. But these clinics are in remote areas, such as the San Juan Islands.

Washington had a near-failing grade for *Medical Liability Environment.* The state has passed few laws supporting its medical community. Only its pretrial screening panels, joint liability reform, and collateral source reform prevented it from receiving the worst possible grade in this category.

In *Quality and Patient Safety,* Washington earned several below-average marks, ranking 40th in emergency medicine residency programs, 38th in the percentage of pre-hospital personnel with access to online medical direction, and 35th in emergency medicine residents per 1 million people.

GOOD NEWS: Washington received several noteworthy scores in *Public Health and Injury Prevention*, ranking 6th in the percentage of fatalities in which no restraint was used, 7th in both traffic fatalities per 100,000 licensed drivers and in fatal occupational injuries per 1 million people, and

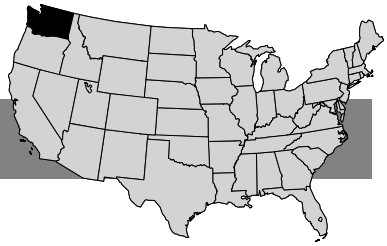
ACCESS TO EMERGENCY CARE — C

- Number of EDs per 1 million people: 11.77
- Annual ED visits per board-certified emergency physician: 3,809
- Board-certified emergency physicians per 100,000 people: 8.59
- Number of registered nurses per 1,000 people: 8.83
- Number of hospital-staffed beds per 1,000 people: 1.69
- Annual per capita expenditure on hospital care: $1,116
- Percent of population that does not have health insurance: 15.50%
- Annual payments per fee-for-service enrollee in Medicare: $4,858
- Annual state Medicaid expenditures per population younger than 65: $491
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $287.89
- Trauma centers per 1 million people: 12.73

QUALITY AND PATIENT SAFETY — D

- Emergency medicine residents per 1 million people: 5.80
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 97.0%
- Percent of pre-hospital personnel with access to online medical direction: 80.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 100.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: No
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

WASHINGTON



8th in total fatalities in alcohol-related crashes per 100,000 people.

In *Access to Emergency Care,* Washington ranked 6th in annual emergency visits per board-certified emergency physician, 7th in trauma centers per 1 million people, and 9th in annual state Medicaid expenditures per population younger than age 65.

This report card is based on the most recent government reports. Since the reports were published, Washington has increased its fall prevention programs, child safety seat enforcement, and disaster response training for hospital personnel. Washington may earn higher scores in these areas in future report cards.

RECOMMENDATIONS: Washington has the facilities in place for a top-rated health care system, but the state still needs to create a legal environment that supports its medical community. A $250,000 cap on non-economic damages would greatly improve the state's *Medical Liability Environment.* Washington's rankings in *Access to Emergency Care* may suffer if additional increases in physicians' and specialists' liability insurance rates make the state an unfavorable place to practice emergency medicine. Washington needs a regulatory environment that can contain insurance premium increases.

Washington also needs to improve its *Quality and Patient Safety* and *Public Health and Injury Prevention* ratings. The state should promote greater access to certain safety services. A recent report showed that a large number of Washington's emergency patients would benefit from treatment for alcohol and drug abuse. Washington policymakers also should reinforce the importance of immunization to residents.

PUBLIC HEALTH & INJURY PREVENTION — B-

Automobile safety:

- Does the state have primary seat belt law enforcement? Yes
- Traffic fatalities per 100,000 licensed drivers: 13.61
- Percent of fatalities in which no restraint was used: 39.8%
- Total fatalities in alcohol-related crashes per 100,000 people: 4.17
- Alcohol-related fatalities as a percentage of all traffic fatalities: 43%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 553.6

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 73%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 65.1%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 63.0%
- Percent of live births with early prenatal care (beginning in the first trimester): 83.1%
- Fatal occupational injuries per 1 million people: 13.22

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: Yes
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D-

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 79.69%
- Increase in specialists' medical liability insurance rates (2001-2004): 68.82%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

WEST VIRGINIA

OVERALL GRADE C+

Overall Grade: C+

Access to Emergency Care: C+

Quality and Patient Safety: A

Public Health and Injury Prevention: D

Medical Liability Environment: D

WEST VIRGINIA COMPARED WITH THE NATION: With an overall grade of C+, West Virginia ranked 17th in the nation because of its support for an emergency care system to meet the needs of its residents. The state received excellent marks in the *Quality and Patient Safety* category, average marks in the *Access to Emergency Care* category, and poor marks in the *Medical Liability Environment,* and *Public Health and Injury Prevention* categories.

PROBLEMS: West Virginia received low rankings in almost every area in *Public Health and Injury Prevention,* including:

- Traffic fatalities per 100,000 licensed drivers (41st)
- Total killed in alcohol-related crashes per 100,000 people (39th)
- Fatal occupational injuries per 1 million people (38th)
- Percentage of adults aged 65 and older who received a flu vaccine in the last 12 months (37th)
- Percentage of adults aged 65 and older who have ever received a pneumococcal vaccine (35th)

West Virginia also received a very low ranking in annual emergency visits per board-certified emergency physician (43rd).

GOOD NEWS: West Virginia earned an excellent grade in *Quality and Patient Safety.* The state ranked favorably in the percentage of its population with access to advanced life support ambulance services (9th).

In addition, West Virginia was one of only a few states to provide statewide training to hospital personnel for disasters, biological attacks, and chemical attacks. The state also requires its hospitals to submit data on ambulance diversion.

West Virginia received a good score in the critical *Access to Emergency Care* category, ranking 5th in both the number of hospital-staffed beds per 1,000 people and annual per capita expenditure on hospital care, and 8th in the number of emergency departments per 1 million people.

ACCESS TO EMERGENCY CARE — C+

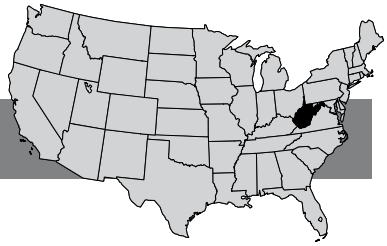
- Number of EDs per 1 million people: 30.3
- Annual ED visits per board-certified emergency physician: 9,271
- Board-certified emergency physicians per 100,000 people: 6.61
- Number of registered nurses per 1,000 people: 9.76
- Number of hospital-staffed beds per 1,000 people: 3.72
- Annual per capita expenditure on hospital care: $1,693
- Percent of population that does not have health insurance: 16.56%
- Annual payments per fee-for-service enrollee in Medicare: $5,344
- Annual state Medicaid expenditures per population younger than 65: $272
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $1,463.54
- Trauma centers per 1 million people: 7.71

QUALITY AND PATIENT SAFETY — A

- Emergency medicine residents per 1 million people: 16.53
- Emergency medicine residency programs: 2
- Percent of population with access to advanced life support ambulance services: 100.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 80.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? Yes, Yes, Yes
- Are hospitals required to submit data on diversions? Yes

American College of Emergency Physicians®

WEST VIRGINIA



West Virginia has passed several laws in support of its medical community, which should help the state to attract more doctors. The *Medical Liability Environment* grade was helped by the state's liability protection for emergency care, joint liability reform, and collateral source reform. The state enacted a cap on non-economic damages of up to $500,000 in 2003. However, the cap is adjusted annually for inflation and currently exceeds that level.

West Virginia has worked to improve its injury prevention and preparedness programs since the most recent federal reporting. Future report cards may show improvement in these areas.

RECOMMENDATIONS: West Virginia needs to increase its number of board-certified emergency physicians. It also needs to reinforce its educational programs about immunization and motor vehicle safety.

PUBLIC HEALTH & INJURY PREVENTION — D

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 30.97
- Percent of fatalities in which no restraint was used: 56.9%
- Total fatalities in alcohol-related crashes per 100,000 people: 8.15
- Alcohol-related fatalities as a percentage of all traffic fatalities: 37%
- Helmet use required for all motorcycle riders? Yes
- Substance abuse clients in specialty treatment units (per 100,000 people): 262

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 78%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 65.8%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 61.2%
- Percent of live births with early prenatal care (beginning in the first trimester): 86.1%
- Fatal occupational injuries per 1 million people: 28.09

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: Yes
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: Yes
- Liability protection for emergency care: Yes
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 117.31%
- Increase in specialists' medical liability insurance rates (2001-2004): 62.28%

For more information and media contacts about the *National Report Card on the State of Emergency Medicine,* go to www.acep.org.

WISCONSIN

OVERALL GRADE C–

Overall Grade: C-

Access to Emergency Care: B-

Quality and Patient Safety: D+

Public Health and Injury Prevention: D+

Medical Liability Environment: D

WISCONSIN COMPARED WITH THE NATION: With an overall C- grade, Wisconsin ranked 29th in the nation for its support of an emergency care system to meet the needs of its residents. This lackluster grade was due largely to poor scores in *Quality and Patient Safety, Public Health and Injury Prevention,* and *Medical Liability Environment.* Wisconsin earned an above-average mark in *Access to Emergency Care.*

PROBLEMS: Wisconsin earned several below-average rankings, including:

- Emergency medicine residency programs (40th)
- Emergency medicine residents per 1 million people (37th)
- Percentage of population with access to advanced life support ambulance services (36th)
- Trauma centers per 1 million people (44th)
- Annual payments per fee-for-service enrollee in Medicare (41st)

These poor ratings are consistent with recent findings from the Wisconsin Hospital Association, which show many emergency patients have long waiting times to see a physician.

The state Supreme Court recently ruled that Wisconsin's cap on non-economic damages was unconstitutional, which is the main reason for the state's poor grade in *Medical Liability Environment.*

GOOD NEWS: Wisconsin earned commendable scores in some areas, including the number of emergency departments per 1 million people (15th) and the number of registered nurses per 1,000 people (14th). Other notable scores included ranking 10th in annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18, 2nd in percentage of adults aged 65 and older who have ever received a pneumococcal vaccine, and 3rd in percentage of adults aged 65 and older who received a flu vaccine in the last 12 months.

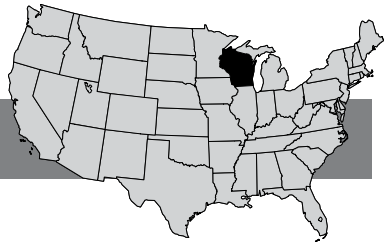
ACCESS TO EMERGENCY CARE — B–

- Number of EDs per 1 million people: 21.6
- Annual ED visits per board-certified emergency physician: 4,849
- Board-certified emergency physicians per 100,000 people: 6.79
- Number of registered nurses per 1,000 people: 10.65
- Number of hospital-staffed beds per 1,000 people: 2.29
- Annual per capita expenditure on hospital care: $1,377
- Percent of population that does not have health insurance: 10.92%
- Annual payments per fee-for-service enrollee in Medicare: $4,832
- Annual state Medicaid expenditures per population younger than 65: $315
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $2,506.78
- Trauma centers per 1 million people: 0.91

QUALITY AND PATIENT SAFETY — D+

- Emergency medicine residents per 1 million people: 4.36
- Emergency medicine residency programs: 1
- Percent of population with access to advanced life support ambulance services: 75.0%
- Percent of pre-hospital personnel with access to online medical direction: 0.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 95.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

WISCONSIN



RECOMMENDATIONS: Wisconsin needs to improve its *Quality and Patient Safety* score by increasing the number of emergency medicine residents and providing enhanced access to online medical direction. As Wisconsin's uninsured population continues to use emergency departments, the financial burden will lower the state's grade in *Access to Emergency Care* even more. The state has an average number of emergency physicians compared with the rest of the nation. This is due partly to the state's past reputation for having a good medical liability environment. However, if insurance rates jump for Wisconsin emergency physicians, then the state may lose physicians. State policymakers need to enact a $250,000 cap on non-economic damages.

PUBLIC HEALTH & INJURY PREVENTION — D+

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 22.52
- Percent of fatalities in which no restraint was used: 54.4%
- Total fatalities in alcohol-related crashes per 100,000 people: 7.02
- Alcohol-related fatalities as a percentage of all traffic fatalities: 46%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 331.5

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 83%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 74.0%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 70.6%
- Percent of live births with early prenatal care (beginning in the first trimester): 84.1%
- Fatal occupational injuries per 1 million people: 18.7

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: Yes
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — D

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: No
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: Yes
- Patient compensation fund: Yes
- Increase in physicians' medical liability insurance rates (2001-2004): 25.09%
- Increase in specialists' medical liability insurance rates (2001-2004): 26.73%

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WYOMING

OVERALL GRADE D+

Overall Grade: D+

Access to Emergency Care: C+

Quality and Patient Safety: D-

Public Health and Injury Prevention: D-

Medical Liability Environment: F

WYOMING COMPARED WITH THE NATION: With an overall grade of D+, Wyoming fell in the bottom 20 percent of all states due to its lack of support of an emergency care system to meet the needs of its residents. This was due to near failing scores in *Public Health and Injury Prevention* and *Quality and Patient Safety,* and a failing score in *Medical Liability Environment.* Wyoming's overall score was modestly elevated by a respectable grade in *Access to Emergency Care*.

PROBLEMS: In *Access to Emergency Care,* Wyoming earned poor marks in four areas:

- Number of registered nurses per 1,000 people (35th)
- Annual payment per fee-for-service enrollee in Medicare (38th)
- Annual state Medicaid expenditures per population younger than age 65 (39th)
- Annual state contributions to the State Children's Health Insurance Program (SCHIP) per 100 children younger than age 18 (37th)

In *Quality and Patient Safety,* Wyoming earned poor grades in almost every area. The state lacks emergency medicine residency programs and ranked 42nd in the percentage of population with access to advanced life support ambulance services and 41st in the percentage of population with access to Enhanced 911 services.

In *Public Health and Injury Prevention,* the state earned low marks in several areas, ranking 50th in traffic fatalities per 100,000 licensed drivers, 49th in total fatalities in alcohol-related crashes per 100,000 people, and 45th in percentage of children aged 19-35 months who are immunized.

Wyoming also received a failing grade in *Medical Liability Environment.* Although the state recently created medical review panels, it has taken few other steps to ensure that its liability climate supports physicians who provide essential medical services.

GOOD NEWS: Wyoming ranked 3rd nationwide in the number of emergency departments per 1 million

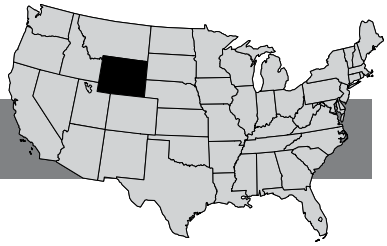
ACCESS TO EMERGENCY CARE — C+

- Number of EDs per 1 million people: 51.33
- Annual ED visits per board-certified emergency physician: 5,184
- Board-certified emergency physicians per 100,000 people: 8.09
- Number of registered nurses per 1,000 people: 8.90
- Number of hospital-staffed beds per 1,000 people: 2.44
- Annual per capita expenditure on hospital care: $1,439
- Percent of population that does not have health insurance: 15.98%
- Annual payments per fee-for-service enrollee in Medicare: $4,867
- Annual state Medicaid expenditures per population younger than 65: $272
- Annual SCHIP state contribution per 100 children younger than 18 years of age: $979.98
- Trauma centers per 1 million people: 13.82

QUALITY AND PATIENT SAFETY — D-

- Emergency medicine residents per 1 million people: 0.00
- Emergency medicine residency programs: 0
- Percent of population with access to advanced life support ambulance services: 69.0%
- Percent of pre-hospital personnel with access to online medical direction: 100.0%
- Percent of population with access to Enhanced 911 services (location identification from where the call is placed): 65.0%
- Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: Yes
- Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? No, No, No
- Are hospitals required to submit data on diversions? No

WYOMING



people and 5th in the number of trauma centers per 1 million people. The state also ranked 4th in its percentage of adults aged 65 and older who have ever received a pneumococcal vaccine. Wyoming ranked 2nd in the nation for substance abuse clients in specialty treatment units.

RECOMMENDATIONS: Wyoming needs more nurses, as well as additional funding for Medicaid and SCHIP. The state also needs to provide greater access to certain safety services, such as Enhanced 911 services and reinforce the importance of immunization to residents. While Wyoming has tried to create a legal environment supportive of effective emergency care systems, the state still needs a $250,000 cap on non-economic damages.

PUBLIC HEALTH & INJURY PREVENTION — D-

Automobile safety:

- Does the state have primary seat belt law enforcement? No
- Traffic fatalities per 100,000 licensed drivers: 43.65
- Percent of fatalities in which no restraint was used: 60.5%
- Total fatalities in alcohol-related crashes per 100,000 people: 12.24
- Alcohol-related fatalities as a percentage of all traffic fatalities: 38%
- Helmet use required for all motorcycle riders? No
- Substance abuse clients in specialty treatment units (per 100,000 people): 712.2

Immunization:

- Percent of children aged 19-35 months who are immunized (2002-2003): 70%
- Percent of adults aged 65 and older who received a flu vaccine in the last 12 months: 70.6%
- Percent of adults aged 65 and older who have ever received a pneumococcal vaccine: 68.2%
- Percent of live births with early prenatal care (beginning in the first trimester): 83.5%
- Fatal occupational injuries per 1 million people: 73.05

Unintentional Injury Prevention Programs:

- Fall prevention program: No
- Fire-related injury prevention program: No
- Child safety seat non-users intervention program: No

Intentional Injury Prevention Programs:

- State law enforcement special unit or designated personnel to address: (a) domestic violence: No
- State law enforcement special unit or designated personnel to address: (b) child abuse: No
- Intimate partner violence and sexual violence prevention program: No
- Violence prevention program for high-risk youth: No

MEDICAL LIABILITY ENVIRONMENT — F

Caps on non-economic damages:

- $250,000 cap on non-economic damages: No
- $250,001 - $350,000 cap on non-economic damages: No
- $350,001 - $500,000 cap on non-economic damages: No
- Any cap on non-economic damages: No
- Liability protection for emergency care: No
- Pretrial screening panels: Yes
- Expert witness rules: No
- Joint liability reform: Yes
- Collateral source reform: No
- Patient compensation fund: No
- Increase in physicians' medical liability insurance rates (2001-2004): 72.85%
- Increase in specialists' medical liability insurance rates (2001-2004): 62.06%

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ADDITIONALLY...

In addition to the report cards for the 50 states and the District of Columbia, this report includes report cards for Government Services and Puerto Rico. In these two cases, it was not possible to obtain data that was comparable to that in the other report cards. Thus, the following two report cards have no letter grades, but a narrative evaluation that is based on information provided by ACEP representatives who have long experience and expertise in these areas.

Government Services Report Card

This report card addresses the many emergency medicine services provided by the federal government, primarily to the military. Emergency departments at US military facilities offer health care to more than 9 million active duty service personnel, retirees, and their dependents. There are approximately 70 military hospitals with emergency departments in the United States.

This report card for the government's emergency medicine services does not use the same methodology as the report cards for the 50 states. The data available for the military health system and the different context of the services do not allow a direct comparison. Rather, this report card is based on the available data and on detailed interviews with experts in the field. The same four broad categories are used for this evaluation as with the report cards for the 50 states. The Veteran's Administration (VA) Health System is a large federal government provider of emergency care. However, because of the different nature, function, and geography of the VA mission, it is not included in this report card.

First, *Access to Emergency Care* is clearly in jeopardy and is approaching critical condition. Military emergency physicians are being deployed in defense of the nation as never before. They are deployed at one of the highest rates among medical specialists in all three military services, and are among the most highly sought specialists by the military. This underscores the value of military emergency physicians to the military medical mission, but also exposes the vulnerability of emergency medicine to potential adverse consequences.

Many of the Department of Defense's larger bases and posts have high-acuity emergency departments that are staffed by board-certified military emergency physicians. These emergency departments provide outstanding emergency care to hundreds of thousands of military beneficiaries, and often serve the emergency care needs of the surrounding civilian community. Six military hospitals directly sponsor emergency medicine residencies, and dozens of other military emergency departments contribute to teaching in other graduate medical education (GME) programs, both military and civilian.

In recent years, there have been dramatic increases in patient volume and subsequent overcrowding at some military hospitals. There are several reasons for this, including the increased crowding in all emergency departments, military deployments of regular emergency department staff, the decline in primary care access as clinical generalists and specialists deploy overseas, and the increase of the beneficiary population due to more reservists serving on active duty.

Cost-saving measures during the past several years to close several smaller military hospitals and emergency departments has resulted in decreased access to emergency care for selected base and post populations. The ability of the civilian emergency departments to meet beneficiary needs has not been systematically assessed. The Base Realignment and Closure (BRAC) process that is underway threatens to further reduce military hospitals and emergency departments.

There are trends in many bases and posts to close or contract out emergency medical services (EMS), with variable impact on pre-hospital patient care and access. A 2000 Government Accountability Office (GAO) report recommended this reduction and outsourcing as a cost-saving measure.

Second, *Quality and Patient Safety* is judged to be highly uneven, with excellent performance in some locations and serious problems in others. The men and women providing emergency care are well trained and extremely dedicated. High turnover, however, means emergency physicians and nurses may lack experience. Many military emergency physicians are recent residency graduates with just a few years' experience. Many smaller or isolated military emergency departments are staffed by general medical officers who have one year of "internship" GME, or they are staffed by non-emergency physicians. Fundamentally, this is because of the acute shortage of qualified emergency physicians in all three military services. Retention of qualified emergency physicians is declining in all three services and is approaching critical levels. As a result, five of six military emergency medicine residency programs have received increased scrutiny or negative reports from the official accrediting bodies. The most frequently cited factor is the availability and stability of qualified emergency medicine faculty. Many other military medicine specialists are having similar difficulties.

Third, *Public Health and Injury Prevention* is judged to be in good to excellent condition. The military maintains a strong focus on public health. Each medical treatment facility has dedicated public health staff. All military members are educated about public health issues. Immunizations are free for all military beneficiaries, and childhood

immunizations have a very high compliance rate. The military also maintains excellent safety practices. There is a mandatory seat belt law on all bases, and it is strictly enforced. There are similar stringent safety rules requiring the use of bicycle and motorcycle helmets.

The military also maintains intensive efforts to discourage alcohol- or drug-related accidents. Emergency department staff are required to report incidents of alcohol-related injuries of active duty personnel and to offer them counseling and evaluation services. The military also has strict reporting and enforcement of incidents of domestic violence and child abuse. The military maintains sexual assault response programs. It is commendable that in recent years these programs have increased their confidentiality for persons reporting assaults. One future goal should be to increase the availability of dedicated sexual assault teams. Probably less than 25 percent of military hospitals have these teams at present.

Fourth, *Medical Liability Environment* is not directly relevant to government emergency services physicians because, as government employees, they do not face personal liability lawsuits. Nevertheless, the medical liability crisis affects them indirectly because any claims paid by the government are reported to the military physician's National Practitioner Data Bank file.

Recommendations: The success of military emergency medicine services is due to the professionalism and bravery of the men and women who make great personal sacrifices for the national good. The highest priority for the future is to give these people the resources they need and to attract more people to the cause of providing emergency medicine to the nation's military branches.

Puerto Rico Report Card

The health system in Puerto Rico has changed dramatically in the past decade due to changes in government policy. Half of the 4 million people in Puerto Rico are enrolled in the "Health Card" system, in which physicians provide services and are paid by private carriers. The payment rates are based on the amount that the government reimburses the private carriers for these services, and the rates are ridiculously low. The rates range from $8 to $15 per patient evaluation, and an average of $60 dollars per month for each person's needs. Rarely does the government provide direct medical care, except in a few centers. Most of the remaining half of the population have private insurance, but about 5 percent of the population have no insurance at all.

Access to Emergency Care is judged to be in very good condition. Most of the population has ready access to the emergency care system. However, as noted above, there is a serious problem with poor physician reimbursement in Puerto Rico. Over time, this may undermine the ability of the system to provide appropriate access to care.

Quality and Patient Safety is judged to be in good condition. Although there has been a focus on improving quality during recent years, including benchmarking programs, there are still many minor adjustments that must be made in the system. Puerto Rico's emergency physicians abide by local and federal regulations that require an ongoing quality program in all institutions. There are problems, however. Some hospital emergency departments lack certain subspecialty coverage due to the medical liability crisis.

Third, *Public Health and Injury Prevention* is judged to be in poor condition. Public health and injury prevention programs have not been well addressed by the government or by insurance carriers. There has been little effort to reduce traffic crashes, and government focus on providing preventive medicine is insufficient.

Fourth, *Medical Liability Environment* is in very poor condition. Physicians in Puerto Rico face the same situation as those in the continental United States. There is an active community of lawyers filing litigation, and few tort reforms to protect physicians. It is estimated that less than 5 percent of the cases taken to court have a valid reason to be there. The growing uninsured and illegal immigrant populations have exacerbated this situation, as they have access to emergency departments and the care provided to them is often uncompensated, increasing the financial burden on physicians. The government has been slow to implement tort reforms or caps on non-economic damages.

Recommendations: Puerto Rico should take several steps to improve its emergency care system. First, the government should reverse its delegation of payment responsibilities to third-party payers. The current system benefits the insurance companies at the expense of patient care.

Second, Puerto Rico must address the need for improved preventive medicine. Puerto Rico has many people with diabeties, hypertension, and other chronic illnesses who lack basic medicine and care. Too often, these patients only seek care when their illnesses become emergencies.

Third, medical liability reform is needed immediately, especially so that emergency physicians and other specialists will be available to provide emergency care. The medical liability risks, combined with generally low compensation, have caused many trained emergency physicians to move to the mainland to practice. Medical liability reform would help to reverse this dangerous trend.

Overall, the state of emergency medicine in Puerto Rico is adequate at present. However, there are threats to the continued provision of quality emergency medical services, and steps should be taken immediately to address them.

DATA SOURCES AND NOTES

Access to Emergency Care

Number of emergency departments per 1 million people (2003): The number of emergency departments is published by the American Hospital Association, Hospital Statistics 2005, Table 7.

Annual ED visits per board-certified emergency physician (2003): The number of annual visits is published by the American Hospital Association, Hospital Statistics 2005, Table 6. The number of physicians is the next item below.

Board-certified emergency physicians per 100,000 people: The number of board-certified emergency physicians is from the American Board of Medical Specialties, http://www.abms.org/Downloads/Statistics/Table7.PDF. To this is added the number of doctors certified in emergency medicine by the American Osteopathic Board of Emergency Medicine, which was supplied by the American Osteopathic Association.

Number of registered nurses per 1,000 people: The number of registered nurses is from HRSA, The Registered Nurse Population, March 2000, http://www.hrsa.gov/data.htm.

Number of hospital-staffed beds per 1,000 people (2003): The number of hospital-staffed beds is from the American Hospital Association, Hospital Statistics 2005, Table 6.

Annual per capita expenditure on hospital care (1998): This number is the most recent data available and is from Health in the United States 2004, http://www.cdc.gov/nchs/data/hus/hus04.pdf page 371. This number is also available at http://www.cms.hhs.gov/statistics/nhe/state-estimates-residence/us-per-capita20.asp.

Percentage of population that does not have health insurance (2003): The percentage of people without health insurance is from the Annual Demographic Survey, Bureau of Labor Statistics and the Bureau of the Census, June 25, 2004, http://ferret.bls.census.gov/macro/032004/health/h06_000.htm. The percentages are calculated using 2004 Census Bureau data in order to be consistent with the population figures used for other criteria in this report.

Annual payments per fee-for-service enrollee in Medicare (2001): This number is from Health in the United States 2004, US Department of Health and Human Services, http://www.cdc.gov/nchs/data/hus/hus04.pdf, page 380.

Annual state Medicaid expenditures per population younger than age 65 (2003): This number is from the Henry J. Kaiser Family Foundation, http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=compare&category=Medicaid+%26+SCHIP&subcategory=State+Medicaid+Spending&topic=State+Medicaid+Spending%2c+SFY2003=State+Medicaid+Spending%2c+SFY2003. The number for the District of Columbia was determined through a telephone call to District health officials.

Annual SCHIP state contribution per 100 population younger than age 18: The amount of the SCHIP contributions is from The Henry J. Kaiser Family Foundation, 2002, http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=compare&category=Medicaid+%26+SCHIP&subcategory=SCHIP&topic=SCHIP+Expenditures.pdf

Trauma centers per 1 million people: The number of trauma centers is from MacKenzie EJ, et al. National Inventory of Hospital Trauma Centers, JAMA 2003; 289(12):1518. ©2003 American Medical Association. See also American Trauma Society http://www.amtrauma.org/tiep/reports/TCPopulation.html. The percentages are calculated using 2004 Census Bureau data, in order to be consistent with the population figures used for other criteria in this report. The figure for Arizona was supplied by emergency physician experts in the state.

Quality and Patient Safety

Emergency department residents per 1 million people: American Medical Association data determined through searches for emergency medicine residents at http://www.ama-assn.org/vapp/freida/srch/. Additional information obtained from the American Osteopathic Association, and through telephone calls to determine numbers of residents in institutions whose data are not included in the FREIDA database.

Emergency medicine residency programs: American Medical Association, http://www.ama-assn.org/vapp/freida/srch/ and American College of Emergency Physicians, http://www.acep.org/webportal/Education/GraduateMedicalEducation/OsteopathicResidencyProgramsinEmergencyMedicine.htm.

Percent of population with access to advanced life support ambulance services: FY 2002 State Trauma Project Abstracts and Funding Profiles, U.S. Department of Health and Human Services, http://www.hrsa.gov/trauma/survey/table5.htm. In some cases, the figures were determined by contacting appropriate state officials.

Percent of pre-hospital personnel with access to online medical direction: FY 2002 State Trauma Project Abstracts and Funding Profiles, U.S. Department of Health and Human Services, http://www.hrsa.gov/trauma/survey/table5.htm. In some cases, the figures were determined by contacting appropriate state officials.

Percent of population with access to Enhanced 911 services (location identification from where the call is placed): FY 2002 State Trauma Project Abstracts and Funding Profiles, U.S. Department of Health and Human Services, http://www.hrsa.gov/trauma/survey/table5.htm. In some cases, the figures were determined by contacting appropriate state officials.

Use of CDC Preventive Health and Health Services Block Grants for emergency medical services: CDC, Preventive Health and Health Services Block Grants, 2002, http://www.cdc.gov/nccdphp/blockgrant/stateselection.htm.

Is training offered statewide to hospital personnel for response to: (a) disasters, (b) biological attacks, and (c) chemical attacks? A 2002 National Assessment of State Trauma System Development, Emergency Medical Services Resources, and Disaster Readiness for Mass Casualty Events, US Department of Health and Human Services, http://www.hrsa.gov/trauma/survey/table8.htm. In some cases, the figures were determined by contacting appropriate state officials.

Does the state systematically collect data on diversions? Data determined through telephone interviews and correspondence with state government health officials.

Public Health and Injury Prevention

Does the state have primary seat belt law enforcement? US Department of Transportation, National Highway Traffic Safety Administration, 2003, http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSFAnn/2003HTMLTSF/tbl126.htm.

Traffic fatalities per 100,000 licensed drivers: US Department of Transportation, National Highway Traffic Safety Administration, 2003, http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSFAnn/2003HTMLTSF/TSF2003.HTM.

Percentage of fatalities in which no restraint was used: US Department of Transportation, National Highway Traffic Safety Administration, 2003, http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSFAnn/2003HTMLTSF/TSF2003.HTM.

Total fatalities in alcohol-related crashes per 100,000 people: US Department of Transportation, National Highway Traffic Safety Administration, 2003, http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSFAnn/2003HTMLTSF/TSF2003.HTM.

Alcohol-related fatalities as a percentage of all traffic fatalities: US Department of Transportation, National Highway Traffic Safety Administration, 2003, http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSFAnn/2003HTMLTSF/TSF2003.HTM.

Helmet use required for all motorcycle riders? US Department of Transportation, National Highway Traffic Safety Administration, 2003, http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSFAnn/2003HTMLTSF/TSF2003.HTM, Table 124. Louisiana has since reinstated a requirement for all riders, and Pennsylvania has repealed its requirement. The state grades reflect these changes.

Substance abuse clients in specialty treatment units (per 100,000 people): Health in the United States 2004, US Department of Health and Human Services, http://www.cdc.gov/nchs/data/hus/hus04.pdf, page 285.

Percent of children aged 19-35 months who are immunized (2002-2003): The Henry J. Kaiser Family Foundation, 2002-2003, http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=compare&category=Health+Status&subcategory=Childhood+Immunizations&topic=Percent+Who+Are+Immunized.

Percent of adults aged 65 and older who received a flu vaccine in the last 12 months (2002): The Henry J. Kaiser Family Foundation, 2002, http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=compare&category=Health+Status&subcategory=Adult+Immunizations&topic=Influenza+Vaccines.

Percent of adults aged 65 and older who have ever received a pneumococcal vaccine (2002): The Henry J. Kaiser Family Foundation, 2002, http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi?action=compare&category=Health+Status&subcategory=Adult+Immunizations&topic=Pneumococcal+Vaccines.

Percent of live births with early prenatal care (beginning in the first trimester) (2000-2002): Health in the United States, 2004, US Department of Health and Human Services, http://www.cdc.gov/nchs/data/hus/hus04.pdf, page 114.

Fatal occupational injuries per 1 million people (2003): Bureau of Labor Statistics, 2003, http://www.bls.gov/news.release/cfoi.t05.htm. Web site viewed May 2005.

Unintentional Injury Prevention Programs: Fall Prevention Program, Fire-related Injury Prevention Program; Child Safety Seat Non-Users Intervention Program: Centers for Disease Control and Injury Prevention, National Center for Injury Prevention and Control, 2001, http://www.cdc.gov/ncipc/StateProfiles/.

State law enforcement special unit or designated personnel to address: (a) domestic violence, (b) child abuse: Law Enforcement Management and Administrative Statistics, 2000, Bureau of Justice Statistics, http://www.ojp.usdoj.gov/bjs/pub/pdf/lema005b.pdf. District of Columbia and Hawaii responses were determined by contacting appropriate District and state officials.

Intentional Injury Prevention Programs: Violence Prevention Program for High-Risk Youth: Centers for Disease Control and Injury Prevention, National Center for Injury Prevention and Control, 2001, http://www.cdc.gov/ncipc/StateProfiles/.

Intentional Injury Prevention Programs: Intimate Partner Violence and Sexual Violence Prevention Programs: Credit was given to states if both types of programs were offered. Centers for Disease Control and Injury Prevention, National Center for Injury Prevention and Control, 2001, http://www.cdc.gov/ncipc/StateProfiles/.

Medical Liability Environment

Tort reform data: $250,000 cap on non-economic damages, $250,001-$350,000 cap on non-economic damages, $350,001-$500,000 cap on non-economic damage; Any cap on non-economic damages, Liability protection for emergency care; Pretrial screening panels, Expert witness rules, Joint liability reform, Collateral source reform; patient compensation fund: Information supplied by American Medical Association and through research conducted by the American College of Emergency Physicians.

For patient compensation funds – While Pennsylvania and New York have funds that are referred to as "Patient Compensation Funds," no credit was given because these funds function more as excess insurance funds. Wyoming is not given credit for having a patient compensation fund because, while the fund is allowed under state law, the state has not created such a fund.

For pretrial screening panels – Credit to states was given for pretrial screening panel liability reform if the state had a mandatory requirement that some form of pretrial process be used. Several states have pretrial screening panel provisions that apply only if both parties to a lawsuit agree to use the panel and these states were not given credit. Three states — Florida, South Carolina and Washington — have mandatory mediation processes and were given credit for this category because they each have a mandatory pretrial process.

For joint liability reform – The states' joint liability reform measures vary widely. It was decided to give credit to a state if it has any level of joint liability reform.

Increase in physicians' medical liability insurance rates (2001-2004) and Increase in specialists' medical liability insurance rates (2001-2004): The percentages are unweighted averages of rates for regions within states and companies providing rates, as listed in the 2005 Medical Liability Monitor. "Increase in physicians' medical liability insurance rates" means the rate of increase for physicians practicing internal medicine.

Population

Population figures used in calculations are 2004 estimates from the United States Census Bureau, http://www.census.gov/popest/states/NST-ann-est.html. Population younger than age 18 is at http://www.census.gov/popest/datasets.html.

NOTE: All Web data sources accessed June 2005.