

Congrats to all who have sent in letters to the editor!

Thirty of your letters have published so far!

Asheville Citizen Times (North Carolina)
Atlanta Journal Constitution
Augusta Chronicle
Bangor Daily News
Bucks County Courier Times (Pennsylvania)
Chattanooga Times Free Press
Chicago Tribune
Chicago Tribune — two letters
Colorado Springs Gazette
Daily Herald (Illinois)
Detroit Free Press
Hartford Courant
Las Vegas Sun
Los Angeles Times
Macon Journal Telegraph
Miami Herald

Modesto Bee (California)
News Tribune (Washington State)
Orlando Sentinel
Pittsburgh Post Gazette
Sacramento Bee
Seattle Times
Star Ledger (New Jersey)
State Journal Register (Illinois)
Sun Sentinel (Florida)
Tacoma News Tribune
The Gazette (Iowa)
The Oregonian
Tulsa World
Tuscaloosa News
Winston-Salem Journal

The Gazette

Emergency care has room to improve

<http://thegazette.com/2014/02/01/emergency-care-has-room-to-improve/>

I am the vice chairman for education in emergency medicine at the University of Iowa. Our job is to train physicians to work in Iowa's emergency departments. As evidenced by the state-by-state report card on emergency care released by the American College of Emergency Physicians, we have a long way to go. Iowa earned a C overall and moved from 19th place in 2009 to 11th place this year. This sounds promising, but the report also showed that Iowa has the lowest number of emergency physicians per capita in the country.

One of the reasons is that Iowa has few legal protections in place for physicians who provide emergency care to high-risk patients. Iowa's medical liability environment could be improved by the institution of pretrial screening panels to discourage frivolous lawsuits and a cap on non-economic damages.

However, Iowa earned a B in public health and injury prevention and has improved its grade in disaster preparedness. I would like to see Iowa demonstrate the same dedication to high-quality emergency care as it spends on injury preventions. Because sometimes accidents do happen.

Dr. Hans House
Professor of Emergency Medicine
University of Iowa

Asheville Citizen-Times

State Failing its Residents on Emergency Care Access

<http://www.citizen-times.com/apps/pbcs.dll/article?AID=2014140129011>

North Carolina is failing its residents with access to emergency care, according to the state-by-state report card on America's Emergency Care Environment just released by the American College of Emergency Physicians. Overall, North Carolina received a C and ranked 13th in the nation. The state received a D in the category of Access to Emergency Care. N.C. has lost ground in the number of staffed inpatient beds and emergency departments. The state also continues to have a high hospital occupancy rate and a low rate of psychiatric care beds. North Carolina must work with hospitals and mental health providers to increase the availability of psychiatric care beds and access to community mental health services in order to prevent boarding of mental health patients in the emergency department.

Chicago Tribune Emergency Care

http://www.chicagotribune.com/news/local/suburbs/palatine_rolling_meadows/ct-tl-letterslocalvoices-north-0206-20140206,0.4843666.story

Illinois ranked near the bottom of the country at 45th place with a D on the 2014 American College of Emergency Physicians' state-by-state report card on America's emergency-care environment, a striking decline from the 27th place showing and grade C it earned in 2009 on the same report.

Illinois earned a D in the category of Access to Emergency Care. The state has increased the number of emergency physicians, neurosurgeons, plastic surgeons and nurses since 2009, but dwindling Medicaid reimbursement rates threaten access to care for the state's Medicaid patients. To improve access to primary care for these patients, Illinois must increase Medicaid payments.

The state was ranked 50th in the nation for Medical Liability Environment, which is largely due to significant setbacks that left Illinois virtually without medical liability reforms in place to discourage frivolous lawsuits. Average insurance premiums for primary-care physicians are the second highest in the country.

I am proud to be an emergency physician in Illinois and the high quality of care we deliver. But our state infrastructure is broken. This report card is a call to action for the Illinois state legislature. Help your physicians and hospitals to continue to deliver top-notch care.

Dr. Rebecca Parker, Park Ridge, member, ACEP Board of Directors

Chattanooga Times Free Press State behind in health, safety

January 26, 2014

Letter to the Editor

<http://www.timesfreepress.com/news/2014/jan/26/letters-to-the-editor/>

Tennessee is failing its residents in the area of public health and injury prevention. According to the state-by-state report card on America's emergency care environment just released by the American College of Emergency Physicians, Tennessee received a D-minus in public health and injury prevention. Overall, it received a C-minus and was ranked 17th in the nation.

The state has high rates of traffic, fire and poisoning fatalities. It has the third highest infant mortality rate in the nation. To improve this grade, the state must explore the underlying causes of these deaths and implement outreach and evidence-based education efforts.

Emergency physicians save one life at a time, while investment in injury prevention and public health can save thousands.

DAVID C. SEABERG, MD, Dean and Professor, University of Tennessee College of Medicine

Miami Herald

Letter to the Editor: Florida's healthcare crisis

January 21, 2014

<http://www.miamiherald.com/2014/01/21/3884470/floridas-healthcare-crisis.html>

Are we in Florida doing everything we can to address emergency-care issues? Not according to the state-by-state report card on America's Emergency Care Environment just released by the American College of Emergency Physicians (ACEP). It gave Florida a C- and ranked the state 27th overall.

Florida received an F for access to care and a D+ in public health and injury prevention, in part because of a lack of safe-driving laws that results in the highest rate of pedestrian fatalities in the country and a rate of bicyclist fatalities that is more than twice the national average. The state earned a C for medical-liability environment, which is because of the lack of insurers offering liability coverage and the lack of pretrial screening panels.

We need to recruit, train and retain all kinds of health professionals, especially those who work in our ERs. One way to do that would be to improve our medical-liability environment by encouraging additional insurers to write liability policies and implement pretrial screening panels.

Florida's Department of Health Workforce study 2013 shows that two-thirds of the practicing physicians are 50 or older with more than 20 percent planning to retire in five years in 16 of the 67 counties. If we do not act with urgency, we may find that there will be no one to take care of our families in the next five years.

Andrew I. Bern, national spokesperson, 2014 ACEP Report Card, Coral Springs

The Los Angeles Times

Re "State gets F in speedy ER care," Jan. 20

<http://www.latimes.com/opinion/la-le-0126-sunday-california-er-20140126.0.1724588.story#axzz2rp4E6Oat>

California is slowly improving in its support for emergency care but still ranks near the bottom of the country in access to such care. According to a just-released state-by-state report card on America's emergency care environment by the American College of Emergency Physicians, California earned an overall grade of C-, but it is still ranked 42nd in the country with an F for access to emergency care — the same grade it earned in 2009.

The biggest contributors to California's failing grade in emergency care access are hospital and workforce shortages. It has the lowest number of emergency departments per person and an inadequate number of hospital beds, as well as shortages of orthopedists, hand surgeons and registered nurses.

Our huge and diverse state has complex problems that create barriers to care. Our state legislators need to make access to emergency care a top priority.

Kathleen Clem, MD
Redland

The writer chairs the department of emergency medicine at the Loma Linda University School of Medicine.

State Journal-Register

Protect Access to Care for Illinois Medicaid Patients

<http://www.sj-r.com/article/20140202/OPINION/140209967/2014/OPINION>

Illinois ranked 45th in the country with a D on the 2014 American College of Emergency Physicians' state-by-state report card on America's emergency care environment, a striking decline from the 27th place showing and grade C it earned in 2009.

Illinois earned a D in the category of access to emergency care. The state has increased the number of emergency physicians, neurosurgeons, plastic surgeons and nurses since 2009, but dwindling Medicaid reimbursement rates threaten access to care for the state's Medicaid patients. To improve access to primary care for these patients, Illinois must increase Medicaid payments.

The state was ranked 50th for medical liability environment, which is largely due to significant setbacks that left Illinois virtually without medical liability reforms in place to discourage frivolous lawsuits. Average insurance premiums for primary care physicians are the second highest in the country. Our state continues to be a challenging place for medical professionals and runs the risk of our losing qualified physicians and medical professionals. This report is a call to action to change this environment to protect the safety net of emergency medicine.

Edward Ward
Chicago

The writer is president of the Illinois College of Emergency Physicians

Asheville Citizens-Times

State Failing its Residents on Emergency Care Access

<http://www.citizen-times.com/apps/pbcs.dll/article?AID=2014140129011>

North Carolina is failing its residents with access to emergency care, according to the state-by-state report card on America's Emergency Care Environment just released by the American College of Emergency Physicians. Overall, North Carolina received a C and ranked 13th in the nation. The state received a D in the category of Access to Emergency Care. N.C. has lost ground in the number of staffed inpatient beds and emergency departments. The state also continues to have a high hospital occupancy rate and a low rate of psychiatric care beds. North Carolina must work with hospitals and mental health providers to increase the availability of psychiatric care beds and access to community mental health services in order to prevent boarding of mental health patients in the emergency department.

E. Jackson Allison, Jr., MD/MPH, Asheville
Allison is past president, American College of Emergency Physicians.

Winston Salem Journal **We're Losing Ground**

http://www.journalnow.com/opinion/letters_to_the_editor/article_eba3081c-8776-11e3-803f-001a4bcf6878.html?mode=jqm

North Carolina is failing its residents with access to emergency care, according to the state-by-state report card on America's Emergency Care Environment just released by the American College of Emergency Physicians. Overall, North Carolina received a C and ranked 13th in the nation.

The state received a D in the category of access to emergency care. North Carolina has lost ground in the number of staffed inpatient beds and emergency departments per capita. The state also continues to have a high hospital occupancy rate and a low rate of psychiatric care beds both leading to patient care delays in the emergency department.

North Carolina must work with hospitals and mental-health providers to increase the timely availability of psychiatric-care beds and access to community mental-health services in order to prevent boarding of mental-health patients in the emergency department, which has unfortunately become the clearinghouse for most psychiatric inpatient care. North Carolina, we can do better.

Dr. Nicks is an associate professor of emergency medicine at Wake Forest Baptist Medical Center.

Detroit Free Press **Michigan Must Do More on Access to Emergency Care**

<http://www.freep.com/article/20140124/OPINION04/301240107/Feedback-Michigan-must-increase-efforts-fight-invasive-species>

Michigan is failing its residents in access to emergency care, according to a report card on America's Emergency Care Environment released by the American College of Emergency Physicians. Michigan received a D, ranking 46th in the nation. This report does not judge the quality of care provided, but rather the support for emergency care within each state.

Patients are not getting the health care they need and deserve in Michigan. A high proportion of adults report they delayed or declined care because of cost. Michigan's Medicaid fee levels for office visits are among the lowest in the nation. Physicians look forward to more people obtaining insurance but are concerned about patients obtaining timely primary care. The state must work to improve access to emergency care by reducing financial barriers and increasing capacity to care for high-risk patients.

Michael Nauss

Board member, Michigan College of Emergency Physicians

Senior staff physician, Henry Ford Hospital Department of Emergency Medicine

Daily Herald

Illinois looking less appealing for physicians

January, 25 2014

<http://m.dailyherald.com/article.html#!/66342/e9c49adfc33919c8d26b69dd85c5596a>

Illinois ranked near the bottom of the country at 45th place with a D on the 2014 American College of Emergency Physicians' state-by-state report card on America's emergency care environment, a striking decline from the 27th place showing and grade C it earned in 2009 on the same report.

Illinois earned a D in the category of Access to Emergency Care. The state has increased the number of emergency physicians, neurosurgeons, plastic surgeons and nurses since 2009, but dwindling Medicaid reimbursement rates threaten access to care for the state's Medicaid patients. To improve access to primary care for these patients, Illinois must increase Medicaid payments.

The state was ranked 50th in the nation for Medical Liability Environment, which is largely due to significant setbacks that left Illinois virtually without medical liability reforms in place to discourage frivolous lawsuits. Average insurance premiums for primary care physicians are the second highest in the country.

Our state has become a sort of judicial hellhole for medical professionals and runs the risk of our losing qualified physicians and medical professionals.

Sudip Bose, M.D. Chicago

Las Vegas Sun

State Needs More Health Care Pros

<http://www.lasvegassun.com/news/2014/feb/02/state-needs-more-health-care-pros/>

Feb. 2, 2014 | 2:02 a.m.

Nevada faces a crisis in access to emergency care. The closure of the Rawson-Neal mental health drop-in clinic is another symptom of this problem. The state-by-state report card on America's emergency care environment was just released by the American College of Emergency Physicians. Nevada received a D-plus and is ranked 36th in the nation.

The state's poor grade in access to emergency care is due to a severe shortage of specialists and other resources such as mental health services. Nevada also has high rates of children and adults without

insurance or who are underinsured, ranking last for children without insurance (21 percent). Nevada also has only 8.7 emergency departments per 1 million people, compared with an average of 18.9 per million nationally.

Nevada must take immediate steps to address the crisis to ensure that quality care is available as the Affordable Care Act takes full effect.

By Mike Barnum M.D., Las Vegas

Bucks County Courier Times

We can and must do better

January 26, 2014 6:00 am

http://www.buckscountycouriertimes.com/opinion/letters/we-can-and-must-do-better/article_5ac19b42-a3a3-5be5-8196-a66edfd1a17d.html

While a recent article addresses the need to upgrade 911 systems, Pennsylvania should strengthen its support for emergency care broadly.

Our state ranked sixth in the nation and received a C-plus in its support for emergency care, according to the American College of Emergency Physicians' just-released state-by-state report card on America's Emergency Care Environment.

[need subscription to obtain the rest]

Dr. Marilyn Heine

Pittsburgh Post Gazette

Pa. emergency care can improve with sound policy

January 27, 2014

In the 2014 American College of Emergency Physicians report card, Pennsylvania ranked sixth in the nation receiving a grade of C+ for its support of emergency care, identical to the 2009 grade.

Pennsylvania made dramatic improvements in access to emergency care, moving from 23rd to second, scoring a B+. However, we still have concerns. An aging workforce and poor medical liability environment could exacerbate physician shortages in the future. Boarding and crowding continues to be a major problem in our emergency departments and is defined by when admitted patients remain in the emergency department for longer than two hours because admission beds are full and not available. Additionally, finding placement for patients who require

inpatient psychiatric care is difficult and time-consuming. The state should adopt a statewide psychiatric bed registry to decrease the boarding of these patients.

Pennsylvania's medical liability reform grade decreased from a D- to an F. Without meaningful reform Pennsylvania runs the risk of losing additional physicians. House Bill 804 will be a first step in achieving meaningful reform. This bill changes the standard of evidence in liability claims from a "preponderance of evidence" to "clear and convincing evidence" in cases involving emergency care.

Pennsylvania's quality and patient safety grade remained an A, citing statewide policies/systems for the care of stroke, heart attack and trauma patients. In addition, to maintain excellent quality and patient safety, the state should develop an operational prescription drug-monitoring program to decrease narcotic addiction and abuse.

Disaster preparedness decreased from an A to a C+ due to decreased funding and decreased bed surge capacity. Public health and injury prevention decreased from a B- to a C- due to high infant mortality rates, unintentional poisoning related deaths, the lack of a helmet law and failure to pass smoking bans in bars.

Emergency medicine is the safety net that our health care system is built upon. We are available 24 hours a day, seven days a week, 365 days a year to care for the sick and injured. We need sensible policies to help us continue this mission and improve care for our patients. Additional information may be found at www.emreportcard.org/.

TODD FIJEWSKI, M.D.

Coraopolis

The writer is treasurer, Pennsylvania American College of Emergency Physicians.

Sacramento Bee

State Needs to Increase Access to ERs

Jan. 17, 2014

<http://www.sacbee.com/2014/01/17/6080578/insufficient-resources-leaves.html>

Re "Flu creates space crunch" (Our Region, Jan. 12) : California is slowly improving in its support for emergency care, but still ranks near the bottom of the country in a Access to Emergency Care. According to the just-released, state-by-

state report card “America’s Emergency Care Environment” by the American College of Emergency Physicians, California earned an overall grade of C-minus, but is still ranked 42nd in the country, with an F for access to emergency care, the same grade it earned in 2009. The biggest contributors to California’s failing grade are hospital and workforce shortages. The state has the lowest number of emergency departments per person and an inadequate number of hospital beds, as well as shortages of orthopedists, hand surgeons and registered nurses. Our huge and diverse state has complex problems that create barriers to care. Our state legislators need to make access to emergency care a top priority.

Douglas Brosnan, Roseville, M.D.

Augusta Chronicle State's emergency care lacking

Georgia is not doing everything it can to address issues concerning public health, injury protection and disaster preparedness. Georgia received a grade of D-plus these categories in a report card on America’s Emergency Care Environment by the American College of Emergency Physicians.

Georgia has some of the lowest U.S. immunization rates for influenza and pneumonia, and a high rate of bicyclist and pedestrian fatalities. Georgia’s ability to respond to disasters is seriously compromised; it is nearly last in the nation for physicians, nurses and behavioral health professionals being registered in the Emergency System for Advance Registration of Volunteer Health Professionals.

Georgia’s racial and ethnic disparities for cardiovascular disease, HIV diagnoses and infant mortality are unacceptable. All of our residents should have adequate access to preventive health care, education, treatment and support.

John J. Rogers, M.D.

Macon

(The writer is president of the Georgia College of Emergency Physicians, and on the Board of Directors of the American College of Emergency Physicians.)

The News Tribune Disaster: State Falls Behind in Preparedness

<http://blog.thenewstribune.com/letters/2014/01/22/failing-grade-for-disaster/>

Is Washington prepared for a disaster? Not according to a recently released state-by-state report card on America's Emergency Care Environment from the American College of Emergency Physicians. The state received an F in disaster preparedness. Overall, the state received a D+ and ranked 35th in the nation.

Washington's failing grade in disaster preparedness is attributed to its failure to implement improvements made by other states, as well as a drop in per capita spending on disaster preparedness from \$7.09 to \$5.31.

Washington could improve this grade by creating a statewide medical communication system with redundancy and by recruiting more physicians, nurses and behavioral health professionals to register in the Emergency System for Advance Registration of Volunteer Health Professionals before disaster strikes.

Washington's failing grade for disaster preparedness is, frankly, a disaster. Our policymakers must focus on raising our disaster preparedness to the gold standard set by Boston after the marathon bombing.

(Husainy is an osteopath at St. Joseph Medical Center in Tacoma and a physician adviser to Central Pierce Fire & Rescue.)

Dr. Harnard Husainy

Colorado Springs Gazette

Emergency care in Colorado

<http://gazette.com/letters-emergency-care-in-colorado-manitou-pot/article/1513043#JQuOrKxJpOmKLyXI.99>

Letters • Published: January 21, 2014 | 12:00 am

Are we in Colorado doing everything we can to address access to emergency care in our state? Yes and no. According to the state-by-state report card on America's Emergency Care Environment just released by the American College of Emergency Physicians, the state ranked fifth in the country, but received only a D+ in Access to Emergency Care. By contrast, the state was first in the nation in the Medical Liability Environment, with a grade of A.

Colorado's poor showing in the Access to Emergency Care category is because of numerous barriers to health care overall, and substance abuse and psychiatric care specifically. The state also has the sixth lowest rate of staffed inpatient beds, which leads to serious crowding in emergency departments.

Colorado's first-place winning A in the category of Medical Liability Environment is due to legislation allowing health care providers to apologize to patients without those apologies being admissible as evidence of wrongdoing and \$300,000 caps on non-economic damages.

We do so many things right here, yet much remains to be done. Patients, policymakers, health care providers, business and hospitals need to work together to improve our weaknesses.

David W. Ross, Penrose-St. Francis Health Services, Colorado Springs

Chicago Tribune Improve Emergency Care

<http://www.chicagotribune.com/news/opinion/letters/chi-letter-illinois-emergency-care-grade-d-012214,0,4927597.story>

The American College of Emergency Physicians recently released its national Report Card on emergency care. Illinois, unfortunately, received a D. It ranked 45th of 50 states, down from 27th just three years ago. This pathetic grade does not reflect the care given by the state's emergency department providers. Rather, it is due to a lack of infrastructure support from state policymakers.

Some of Illinois' grades include:

- Access to Emergency Care Grade: D; State ranking: 24th
- Quality & Patient Safety Environment Grade: C+; Ranking: 22nd
- Medical Liability Environment Grade: F; Ranking: 50 (Illinois was described as a "judicial hellhole" by the American College of Emergency Physicians.)
- Public Health and Injury Prevention Grade: D+; Ranking: 29th
- Disaster Preparedness Grade: F; Ranking: 43rd

These unacceptable scores should serve as a catalyst for Illinois citizens to encourage — and demand — action from elected officials and policymakers. Frontline healthcare workers in emergency departments throughout the state urgently need additional state funding for trauma care and disaster preparedness.

We cannot afford to wait for this help. Every day we see evidence of the infrastructure breakdown in our mental health system, with mass shootings and injuries. How can emergency departments cope with a sudden surge of shooting victims, when their everyday battle is just to provide the safety net of care that is lacking for so many residents?

The men and women who staff emergency departments spend much time working around a system that is failing them. They must use duct-tape solutions to prevent their patients from falling through the system's cracks. It is time for emergency departments in our state to receive the critical support that will ensure our ability to care for patients 24 hours a day, 365 days a year.

Mark E. Cichon, medical director, Emergency Medicine, Loyola University Health System

Tacoma News Tribune ER: State Continues Failing its Citizens' Health

Washington state seems to be failing its citizens far too much. This week the state received a D+ and ranked 35th in the nation for its support of emergency care, according to a [national report card](#) issued by the American College of Emergency Physicians.

The state received an F for access to care due to lack of resources for inpatient mental health treatment and medical inpatient beds. The state got another F for disaster preparedness due to a lack of state support and surge capacity in a disaster. This plays out every day in emergency departments in our state. Where I practice, we have had as many as 38 patients boarding (admitted without a bed to go to in the hospital) in

our 33-bed emergency department. When you have nowhere to see patients other than a hallway on a regular day, one could argue we are already in a disaster.

We need leaders to step up and address these problems with real, tangible, significant solutions. The political game of kick the can must stop by both parties. The focus on insignificant changes and blaming others must stop. We must stop accepting the abject failure of the state to fund disaster preparedness, mental health and emergency care. The health of all of us depends upon it.

Nathan Schlicher, an emergency room doctor, is a former state senator.

Star-Ledger

Op-ED

Low Medicaid reimbursements hurting N.J. in the ER: Opinion

http://blog.nj.com/njv_guest_blog/2014/01/low_medicaid_reimbursements_hu.html

By David Adinaro, president of New Jersey Chapter

Anyone. Anytime. 24/7/365. This is the motto that emergency physicians embrace. It is also the basis of the federal Emergency Medical Treatment & Active Labor Act that requires hospitals to provide evaluation and stabilizing care to everyone who comes to the emergency department.

As president of the New Jersey Chapter of the American College of Emergency Physicians and an emergency physician for many years, I am proud to be part of the medical safety net that Americans rely on, and that more than 300,000 patients use every day.

Emergency physicians are, however, dependent on access to other medical specialists to properly care for our patients. These on-call specialists are a vital part of the safety net and often have responsibilities to the patient far beyond their time in the ER. Access to these specialists in New Jersey is endangered by low reimbursements from Medicaid and the disastrous state of medical liability. Every day the families of children with broken bones, for example, are unable to arrange follow-up care because so few orthopedists accept Medicaid.

This week, ACEP, the national organization focused on supporting quality emergency care, released the 2014 National Report Card on the State of Emergency Medicine. This report card assesses the support each state provides their emergency care systems. New Jersey received a D-plus — a significantly lower score than the C-plus the state received in the last report in 2009. That decline is due in large part to poor access to needed specialists.

New Jersey received an F for its Medical Liability Environment, as it did in 2009. Malpractice insurance premiums in our state continue to be more than 30 percent higher than the national average. A small pool of insurers, a lack of pretrial screening, and no caps on awards for noneconomic damages are major contributors to this problem.

The report also noted that New Jersey's Medicaid fees for physicians were only 40 percent of the national average. This ranks our state among the lowest in the country for Medicaid physician reimbursement and is a major impediment to recruiting and retaining vital specialists to the state. While recent changes from the Affordable Care Act will temporarily increase Medicaid rates for primary care, it leaves reimbursement for specialty care unreasonably low.

This combination of low reimbursement and high liability cause needed specialists to decline to be on call for ER patients. ACEP proposes that New Jersey join Florida and other states in enacting legislation that provides liability protection for physicians who provide emergency care mandated under the Emergency Medical Treatment act.

This would encourage more specialists to provide on-call service to local hospital emergency departments, helping to ensure all patients get quality, timely care and appropriate follow-up. That would mean more orthopedists to reset broken bones. More ophthalmologists to tend to eye injuries. More cardiologists to treat life-threatening heart attacks.

We also call on Gov. Chris Christie and the state Legislature to take a serious look at the very low reimbursement that Medicaid offers physicians to take care of some of the sickest patients in our state. It has been many years since New Jersey has raised the Medicaid rates for physicians. Having insurance means nothing if patients cannot obtain the care they need because doctors are unavailable.

New Jersey emergency physicians are proud of the quality care we provide our neighbors, friends and family. Along with emergency nurses and many other dedicated professionals, we look forward to providing state-of-the-art care for more than 3 million ER patients in 2014.

We will be there for our patients 24/7/365.

David Adinaro, MD, FACEP (@PatersonER), is the chief of Adult Emergency Services at St. Joseph's Regional Medical Center in Paterson and president of New Jersey Chapter of the American College of Emergency Physicians (@NJACEP and NJEmergencyDocs.com).

Macon Telegraph **Bad grade for Georgia**

<http://www.macon.com/2014/01/23/2893543/this-is-viewpoints-for-thursday.html>

Georgia is not doing everything it can to address issues concerning public health, injury protection and disaster preparedness. Georgia received a grade of D-plus in these categories in a state-by-state report card on America's Emergency Care Environment recently released by the American College of Emergency Physicians.

Georgia has some of the lowest immunization rates in the country for influenza and pneumonia, and a very high rate of bicyclist and pedestrian fatalities. Georgia's ability to respond to disasters is seriously compromised because it is nearly last in the nation for physicians, nurses and behavioral health professionals registered in the Emergency System for Advance Registration of Volunteer Health Professionals.

Georgia's racial and ethnic disparities for cardiovascular disease, HIV diagnoses and infant mortality are unacceptable. We need to work to ensure that all of our residents have adequate access to preventive health care, education, treatment and support to reduce these disparities.

John J. Rogers, M.D.
President, Georgia College of Emergency Physicians

Tuscaloosa News

Emergency Care Issues a Call to Action

<http://www.tuscaloosaneews.com/article/20140122/NEWS/140129891/1028/opinion03?Title=LETTER-Emergency-care-issues-a-call-to-action#gsc.tab=0>

As we go about our affairs each day, it is likely we give little thought to the lighted red letters that spell “emergency” outside our hospitals. Perhaps we should. Recently, the American College of Emergency Physicians released its 2014 state-by-state report card on America’s emergency care environment. Alabama dropped from 38th place, held in the last report of 2009, to 44th place overall for the five categories graded, and received an average grade of D.

Alabama received failing grades in the categories for access to emergency care and for public health and injury prevention. Alabama ranked in the bottom 20th percentile in these two categories.

The failing grade for access to emergency care was due to the relatively low number of emergency physicians [ranking 50th in the nation] as well as low numbers for other specialties. This could be improved by enactment of meaningful liability reform. Our failing grade for public health was due in part to the high rate of traffic fatalities, chronic disease and smoking, all of which make the problem of access to emergency care even more critical. Stronger seat belt laws and smoke-free legislation could improve our public health and our grade.

The ACEP 2014 report card is a “call to action” for Alabama citizens and our legislators. Meanwhile, the “emergency” light remains on.

John Newcomb, MD

Orlando Sentinel

State gets bad grade in emergency care

<http://www.orlandosentinel.com/news/opinion/os-ed-letters-darden-stocks-012314-20140122,0,5751985.story>

Florida's emergency-care system is being strained to the breaking point, according to a just-released state-by-state report card on America's Emergency Care Environment by the American College of Emergency Physicians. Florida has received an F in access to emergency care, with a ranking of 49th in the nation. The report card does not evaluate individual hospitals or physicians, but rather the infrastructure support from the government.

We are blessed in Central Florida to have two excellent emergency-medicine-residency training programs at **Orlando Health** and **Florida Hospital** that have been supplying the area with excellent emergency-physician specialists. They work around the clock and care for all, irrespective of their ability to pay. Nonetheless, Florida is suffering from severe shortages of emergency physicians as well as specialists who take calls in the emergency department.

The emergency department is the hub of acute care because of its diagnostic and therapeutic capabilities that are unavailable in an office setting. Accordingly, insured as well as uninsured people and those without access

to primary care add to overcrowding. People are waiting on average more than five hours in Florida's emergency departments, which is unacceptable.

We must all respond to the wake-up call afforded by the ACEP report card and express our concerns to our elected officials before the safety net our emergency departments provide unravels.

Jay L. Falk secretary/treasurer, Florida College of Emergency Physicians

Sun-Sentinel

Florida Must Do Better in Emergency Health Arena

<http://www.sun-sentinel.com/news/opinion/letters/fl-letter-andrew-bern-20140122,0,3900102.story>

Are we in Florida doing everything we can to address emergency care issues? Not according to the state-by-state report card just released by the American College of Emergency Physicians, which gave Florida a C-minus and ranked the state 27th overall.

Florida received an F — 49th in the country — for access to care. Florida earned a D-plus in public health and injury prevention, in part because of a lack of safe driving laws that result in the highest rate of pedestrian fatalities in the country and a rate of bicyclist fatalities that is more than twice the national average.

The state earned a C for medical liability environment, due to the lack of insurers offering liability coverage and the lack of pre-trial screening panels.

Florida needs to recruit, train and retain all kinds of health professionals, especially those who work in our emergency rooms. One way to do that would be to improve our medical liability environment. Florida's Department of Health Workforce study 2013 shows that two-third of the practicing physicians are 50 or older, and more than 20 percent of them plan to retire in five years in 16 of 67 counties. If we do not act immediately, we may find there will be no one to take care of our families, our neighbors, or us in the next five years.

Dr. Andy Bern

Atlanta Journal Constitution

HEALTH CARE: ER study identifies state's shortcomings

<http://www.ajc.com/news/news/opinion/readers-write/ncr8S/>

Georgia's emergency rooms are facing a shortage of specialists, increasing patient need, and policies that create barriers to emergency medical care, according to a just-released report card, "America's Emergency Care Environment," by the American College of Emergency Physicians. Overall, Georgia earned a near-failing grade of D+ for support of emergency care and ranked 29th in the nation.

For "Access to Emergency Care" (part of the overall grade), Georgia ranked 46th in the nation, reflecting shortages of emergency physicians, neurosurgeons, orthopedists and registered nurses, among others. In addition, the state has too few physicians accepting Medicare patients, a high rate of pedestrian and

bicycle fatalities, poor access to mental health care, and a high uninsured rate: 22.2 percent of adults and 10.9 percent of children.

As an ER doctor, I continue to strive to give the highest level of care possible, despite the struggles with the system. However, weaknesses in our emergency care system are not something any of us can afford.

DR. DARRIA LONG GILLESPIE, Assistant Professor, Emory Department of Emergency Medicine

Modesto Bee

We Must Cure State's Medical Care Grade

<http://www.modbee.com/2014/01/20/3145123/kathryn-l-hall-boyer-md-we-must.html>

The American College of Emergency Physicians has issued its Report Card on emergency medicine. The good news is that California did better compared to 2009. The bad news is our grade is still C-, 23rd in the nation.

If any of you have been to an emergency department lately with influenza in full swing, you have experienced first-hand the complexities of caring for increased numbers of patients with fixed resources. The Sacramento Bee reported we still receive an F in access to care.

Should you or your loved ones experience mental health issues, access is even worse. Patients can wait for days in emergency departments for mental health care, especially if hospitalization is required. With a shortage of physicians in the Central Valley, California's Medical Injury Compensation Reform Act might be the only thing that keeps some of our physicians here.

Our C+ grade (20th in the nation) for medical liability was our best grade.

We await the results of Obamacare and its impact on Californians' health. Meanwhile, I work with a dedicated team of physicians, PAs, FNPs, RNs, technicians, social workers and clerks in my emergency department and worry that our dedication will only lead to burnout if things don't improve.

KATHRYN L. HALL-BOYER, M.D.

Hartford Courant

Connecticut Behind on Emergency Care

January 18, 2014

<http://www.courant.com/news/opinion/letters/hcrs-18338--20140117.0.2251122.story>

Are we doing everything we can to support emergency care in Connecticut? According to the updated 2014 state-by-state report card on America's emergency care environment just released by the American College of Emergency Physicians, Connecticut ranked 15th in the nation, rating only a C for our emergency care supporting environment -- which is down from our C-plus grade in 2009.

Connecticut earned a C-minus for access to emergency care. Although we have among the highest

rates of Level I or Level II trauma centers in the country, we have a low number of staffed hospital beds relative to our population, resulting in occupancy rates among the highest in the nation. At nearly six hours, our overall emergency department throughput times are the sixth longest in the country, due in part to overcrowding in our relatively small number of EDs, and insufficient specialty coverage due to our poor medical liability environment, rated a D. Our legislators must make emergency care a top priority. The best medicine in the world can't help you if you can't get to it.

David E. Wilcox, M.D., Glastonbury

The writer is a member of the American College of Emergency Physicians.

Bangor Daily News

Report Card

<http://bangordailynews.com/2014/01/20/opinion/tuesday-jan-21-2014-health-care-privilege-climate-policy-emergency-room-care/?ref=search>

Maine would appear to have the third strongest overall emergency care environment in the nation with a B-, according to a state-by-state report card on America's emergency care environment issued recently by the American College of Emergency Physicians. However, the state's emergency departments continue to face challenges and uncertainties, including those brought by health care reform, which could shrink resources and increase demand.

Maine has dedicated funding for quality improvements within its emergency medical services system, as well as an EMS medical director. Access to emergency care fares somewhat well overall, but there are long waits for psychiatric hospital beds, especially for children. Sometimes these people have waited as many as eight days.

Given the uncertainties of health care reform, emergency care has never been more important than it is right now. Our state legislators need to make emergency care a priority.

Dr. Charles F. Pattavina

Chief, Department of Emergency Medicine

St. Joseph Hospital

Bangor

Seattle Times

Health care in Wash.: Stop failing emergency patients

<http://blogs.seattletimes.com/northwestvoices/2014/01/19/health-care-in-wash-stop-failing-emergency-patients/>

The news this week was bleak. Washington state received a D+ for the level of state support for emergency patients, ranking 35th in the nation according to the American College of Emergency Physicians ["Emergency doctors' report faults Washington state," Local News, Jan. 16]. Yet many policymakers remain unaware of the reality we live: a daily disaster.

Hospitals throughout the state are above bed capacity, with nowhere to see patients except hallway and chairs. What was once isolated to urban hospitals has crept out into community hospitals. There are days where patients will be seen, treated and discharged from a plastic chair. This helped earn the state an F in access to care.

What is more frightening is that we have no capacity for a true disaster. What happens if we have a major earthquake? The state got another F in disaster preparedness. When we have no capacity to start, it paints a bleak picture for our ability to handle a disaster.

This report card should be a wake-up call to every elected official. The status quo may be the easy route for Olympia, but it hurts our neighbors. Let's get to work and stop failing as a state. We can do better. We must for all of our health.

Former state Sen. Nathan Schlicher, Gig Harbor

The Oregonian

Action Needed to Improve Support for Emergency Care

http://blog.oregonlive.com/myoregon/2014/01/action_needed_to_improve_emerg.html

Oregon's ERs are facing increasing patient need, and policies that create barriers to emergency medical care, according to a just-released report card on America's Emergency Care Environment by the American College of Emergency Physicians. Overall, Oregon earned a near failing grade of D+ for support of emergency care and ranked 32th in the nation.

For "Access to Emergency Care" Oregon ranked 35th, reflecting shortages of specialty physicians, underinsurance for children and lack of inpatient bed capacity. In the area of "Disaster Preparedness" our state received a D- ranking. Oregon is vulnerable in the event of a major disaster, lacking many practices and policies other states have implemented.

As an emergency physician, I strive to provide the highest level of care possible, despite struggles with the system. However, weaknesses in our emergency care system must be addressed. I chaired the Emergency Health Care Task Force convened by the Oregon Health Authority in 2009. The Task Force developed many recommendations that would improve emergency care but they have not been adopted by the state legislature.

Oregon needs to take action in order to take better care of ER patients.

By John Moorhead, MD

Tulsa World

Failing health grades

http://www.tulsaworld.com/opinion/letters/letter-to-the-editor-failing-health-grades/article_f59162ba-85b4-11e3-8b0f-001a4bcf6878.html

January 25, 2014

Is Oklahoma meeting its residents' needs for public health and injury protection programs? Not according to the state-by-state report card on "America's Emergency Care Environment" just released by the American College of Emergency Physicians. Overall, Oklahoma received a D-plus and ranked 37th in the nation.

Oklahoma received a D-minus in public health and injury prevention. This grade reflects the state's failure to pass smoke-free bans for restaurants, bars or worksites, despite having the fourth highest rate of adult smokers (26.1 percent) in the country.

The state also has among the 10 highest rates of fire- and burn-related deaths, poisoning deaths and traffic fatalities. Oklahoma could reduce traffic fatalities by passing legislation that requires appropriate car seats and booster seats to be used by all children of relevant age, bans on handheld cell-phone use and texting for all drivers and requires helmets for all motorcycle and ATV riders.

Our state legislators need to make public health and injury protection a top priority.

Justin W. Fairless, DO, FAAEM,

Editor's note: Fairless is on the board of directors, Oklahoma College of Emergency Physicians, at Saint Francis Hospital