

Summary Statistics for State Comparisons

Indicator†	U.S. Average (or potential responses)‡	BEST Value (or n/N)	WORST Value
Access to Emergency Care			
Access to providers			
Board-certified emergency physicians per 100,000 pop.	10.1*	18.2	4.3
Emergency physicians per 100,000 pop.	13.5*	35.4	6.8
Neurosurgeons per 100,000 pop.	2.1*	7.6	1.0
Orthopedists and hand surgeon specialists per 100,000 pop.	9.7*	17.9	6.1
Plastic surgeons per 100,000 pop.	2.2*	7.4	0.5
ENT specialists per 100,000 pop.	3.5*	10.1	2.0
Registered nurses per 100,000 pop.	941.9*	1725.3	605.5
Additional primary care FTEs needed per 100,000 pop.	2.5*	0.1	7.4
Additional mental health FTEs needed per 100,000 pop.	0.8*	0.0	3.4
% of children able to see provider	94.9	98.1	91.7
Access to treatment centers			
Level I or II trauma centers per 1M pop.	1.8*	8.6	0.4
% of population within 60 minutes of Level I or II trauma center	82.1*	100.0	17.9
Accredited chest pain centers per 1M pop.	2.5*	10.2	0.0
% of population with an unmet need for substance abuse treatment	8.9*	6.6	11.9
Pediatric specialty centers per 1M pop.	3.6*	10.0	0.7
Financial barriers			
Physicians accepting Medicare per 100 beneficiaries (fee-for-service)	3.1*	5.5	1.7
Medicaid fee levels for office visits as a % of the national average	100.0	229.1	39.9
% change in Medicaid fees for office visits (2007 to 2012)	24.2*	121.7	-20.5
% of adults with no health insurance	17.7	3.6	26.9
% of adults underinsured	9.0	4.6	10.2
% of children with no health insurance	9.4	2.5	21.0
% of children underinsured	18.0	11.8	23.2
% of adults with Medicaid	10.1*	20.3	3.6
Hospital capacity			
Emergency departments per 1M pop.	18.9*	58.8	6.7
Hospital closures in 2011	0.4*	0.0	3.0
Staffed inpatient beds per 100,000 pop.	329.5*	703.8	204.9
Hospital occupancy rate per 100 staffed beds	65.0*	52.6	80.3
Psychiatric care beds per 100,000 pop.	26.1*	52.7	5.5
Median minutes from ED arrival to ED departure for admitted patients	272*	176	452
State collects data on diversion	Yes or No	Yes (24/44)	—
Medical Liability Environment			
Legal atmosphere			
Lawyers per 10,000 pop.	24.5	9.1	458.8
Lawyers per physician	0.7	0.4	5.7
Lawyers per emergency physician	14.6	6.2	129.5
ATRA judicial hellholes (range 2 to -6)	-0.3*	2.0	-6.0
Malpractice award payments per 100,000 pop.	2.4*	0.7	6.1
Average malpractice award payment	\$311,088*	\$75,882	\$681,839
National Practitioner Databank reports per 1,000 physicians	26.4*	7.8	57.8
Provider apology is inadmissible as evidence	Yes or No	Yes (37/51)	—
State has implemented a patient compensation fund	Yes or No	Yes (9/51)	—
Insurance availability			
Number of insurers writing medical liability policies per 1,000 physicians	11.0*	54.5	1.1
Average medical liability insurance premiums for primary care physicians	\$13,338*	\$3,837	\$31,133
Average medical liability insurance premiums for specialists	\$57,459*	\$16,519	\$128,555

See legend on reverse

Indicator†	U.S. Average (or potential responses)‡	BEST Value (or n/N)	WORST Value
Tort reform			
Presence of pretrial screening panels	Mandatory	14 /51	—
	Voluntary	6 /51	—
	None	31 /51	—
Pretrial screening panel's findings admissible as evidence	Yes or No	Yes (9/20)	—
Periodic payments	Required by state	5 /51	—
	Upon request	19 /51	—
	At court's discretion	14 /51	—
Medical liability cap on non-economic damages	No	13 /51	—
	\$250,000	4 /51	—
	>\$250-350k	4 /51	—
	>\$350-500k	11 /51	—
>\$500,000	11 /51	—	—
	None	21 /51	—
Additional liability protection for EMTALA-mandated emergency care	Yes or No	Yes (8/51)	—
Joint and several liability abolished	Yes	27 /51	—
	Partially	9 /51	—
	No	15 /51	—
Collateral source rule enacted and provides for awards to be offset	Yes	24 /51	—
	Yes, no offset	9 /51	—
	No	18 /51	—
State provides for case certification	Yes or No	Yes (24/51)	—
Expert witness required to be of the same specialty as the defendant	Yes or No	Yes (21/51)	—
Expert witness must be licensed to practice medicine in the state	Yes or No	Yes (3/51)	—
Quality & Patient Safety Environment			
State systems			
Funding for quality improvement within the EMS system	Yes or No	Yes (23/49)	—
Funded state EMS medical director	Yes or No	Yes (33/51)	—
Emergency medicine residents per 1M pop.	18.3*	107.5	0.0
Adverse event reporting required	Yes or No	Yes (27/51)	—
% of counties with Enhanced 911 capability	96.9*	100	55.6
State has a uniform system for providing pre-arrival instructions	Yes or No	Yes (17/49)	—
State uses CDC guidelines as basis for state field triage protocols	Yes (2011 guidelines)	23/48	—
	Yes (2006 guidelines)	8/48	—
	No	7/48	—
	No protocols	10/48	—
State has or is working on a stroke system of care	Yes or No	Yes (44/50)	—
State has triage and destination policy in place for stroke patients	Yes or No	Yes (24/50)	—
State has or is working on a PCI network or a STEMI system of care	Yes or No	Yes (43/50)	—
State has triage and destination policy in place for STEMI patients	Yes or No	Yes (28/50)	—
State maintains statewide trauma registry	Yes or No	Yes (43/51)	—
State has triage and destination policy in place for trauma patients	Yes or No	Yes (41/50)	—
Prescription drug monitoring program (range 0-4)	2.4*	4	0
Institution			
% of hospitals with computerized practitioner order entry	77.1	100	56.2
% of hospitals with electronic medical records	92.0	100	75.4
% of patients with AMI given PCI within 90 minutes of arrival	93.1*	98	79
Median time to transfer to another facility for acute coronary intervention	72*	28	219
% of patients with AMI who received aspirin within 24 hours	99.1*	100	99
% of hospitals collecting data on race/ethnicity and primary language	58.6*	85.8	28
% of hospitals having or planning to develop a diversity strategy or plan	44.0*	62.5	18

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Indicator†	U.S. Average (or potential responses)♦	BEST Value (or n/N)	WORST Value
Public Health & Injury Prevention			
Traffic safety and drunk driving			
Traffic fatalities per 100,000 pop.	9.0	1.5	26.9
Bicyclist fatalities per 100,000 cyclists	4.8	0.0	14.1
Pedestrian fatalities per 100,000 pedestrians	5.2	0.9	17.0
% of traffic fatalities alcohol related	36.3	26.0	50.0
Front occupant restraint use (%)	84.0	97.5	73.2
Helmet use required for all motorcycle riders	Yes or No	Yes (20/51)	—
Child safety seat/seat belt legislation (range 0-10)	6.1*	9.0	1.0
Distracted driving legislation (range 0-4)	2.1*	4.0	0.0
Graduated drivers' license legislation (range 0-5)	0.4*	2.0	0.0
Immunization			
% of children immunized, aged 19-35 months	77.0	84.1	66.7
% of adults aged 65+ who received flu vaccine in the past year	61.0	70.2	51.8
% of adults aged 65+ who ever received pneumococcal vaccine	70.0	76.0	62.5
Fatal injury			
Fatal occupational injuries per 1M workers	39.2*	9.9	103.4
Homicides and suicides (non-motor vehicle) per 100,000 pop.	18.8*	11.2	29.9
Unintentional fall-related fatal injuries per 100,000 pop.	9.5*	4.5	21.4
Unintentional fire/burn-related fatal injuries per 100,000 pop.	1.1*	0.4	2.7
Unintentional firearm-related fatal injuries per 100,000 pop.	0.3*	0.0	0.9
Unintentional poisoning-related fatal injuries per 100,000 pop.	10.7	2.1	25.4
State health and injury prevention efforts			
Total injury prevention funds per 1,000 pop.	\$668.97*	\$9538.38	\$0.85
Dedicated child injury prevention funding	Yes or No	Yes (37/47)	—
Dedicated elderly injury prevention funding	Yes or No	Yes (15/47)	—
Dedicated occupational injury prevention funding	Yes or No	Yes (9/47)	—
Gun-purchasing legislation (range 0-6)	1.4*	5.5	0.0
Anti-smoking legislation (range 0-3)	1.8*	3.0	0.0
Health risk factors			
Infant mortality rate per 1,000 live births	6.2	3.8	9.7
Binge alcohol drinkers, % of adults	18.3	10.0	25.0
Current smokers, % of adults	21.1	11.8	29.0
% of adults with BMI >30	27.8	20.7	34.9
% of children obese	15.7	9.9	21.7
Cardiovascular disease disparity ratio	2.2*	1.1	4.6
HIV diagnoses disparity ratio	11.1*	1.1	56.0
Infant mortality disparity ratio	2.8	1.1	4.5
Disaster Preparedness			
Financial resources			
Per capita federal disaster preparedness funds	\$9.52*	\$107.37	\$4.05
State budget line item for funds specific to health care surge	Yes or No	Yes (11/47)	—

* = Based on the average across the states.

† = For continuous indicators the mean and the "best" and "worst" state values are provided; for categorical indicators the response category sample size (n) and the total sample size (N) have been provided.

♦ = Response categories have been ordered "best" to "worst", where applicable.

Indicator†	U.S. Average (or potential responses)♦	BEST Value (or n/N)	WORST Value
State coordination			
ESF-8 plan shared with all EMS and essential hospital personnel	Yes	41/49	—
	No	5/49	—
	No plan	3/49	—
Emergency physician input into the state planning process	Yes or No	Yes (43/50)	—
Public health and emergency physician input during an ESF-8 response	Yes (both)	38/49	—
	No, Yes	8/49	—
	No	3/49	—
Drills, exercises conducted with hospital personnel, equipment, facilities per hospital	3.3*	19	0
Accredited by the Emergency Management Accreditation Program	Yes, accredited	28/51	—
	Conditionally	1/51	—
	No	22/51	—
Special needs patients in medical response plan	Yes or No	Yes (44/48)	—
Patients on medication for chronic conditions in medical response plan	Yes or No	Yes (25/48)	—
Medical response plan for supplying dialysis	Yes or No	Yes (27/48)	—
Mental health patients in medical response plan	Yes or No	Yes (35/48)	—
Medical response plan for supplying psychotropic medication	Yes or No	Yes (18/48)	—
Mutual aid agreements with behavioral health providers	Statewide	37/51	—
	Local	8/51	—
	None	6/51	—
Long-term care and nursing home facilities must have written disaster plan	Yes or No	Yes (46/51)	—
State able to report number of exercises with long-term care or nursing home facilities	Yes or No	Yes (29/49)	—
"Just-in-time" training systems in place	Statewide	36/49	—
	City- or County-wide	8/49	—
	Across coalitions	2/49	—
	None	3/49	—
Statewide medical communication system with one layer of redundancy	Yes or No	Yes (45/51)	—
Statewide patient tracking system	Yes or No	Yes (26/51)	—
Statewide real-time or near real-time syndromic surveillance system	Yes or No	Yes (36/48)	—
Real-time surveillance system in place for common ED presentations	Statewide	28/47	—
	Metro areas	5/47	—
	No	14/47	—
Hospital capacity			
Bed surge capacity per 1M pop.	933.8*	6968.7	176.9
ICU beds per 1M pop.	290.6*	687.9	117.8
Burn unit beds per 1M pop.	5.9*	31.6	0.0
Verified burn centers per 1M pop.	0.2*	1.6	0.0
Personnel			
Physicians registered in ESAR-VHP per 1M pop.	61.0*	656.8	0.0
Nurses registered in ESAR-VHP per 1M pop.	279.6*	1069.1	0.0
Behavioral health professionals registered in ESAR-VHP per 1M pop.	21.5*	81.9	0.0
State or regional strike teams or medical assistance teams	Yes or No	Yes (38/50)	—
Disaster training required for essential hospital, EMS personnel	Yes (both)	5/43	—
	Yes, No	1/43	—
	No, Yes	9/43	—
	No (neither)	28/43	—
Liability protections for health care workers during a disaster (range 0-4)	2.9*	4	0
% of RNs that received disaster training	39.9*	57.2	28.8