

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

Overall Grade: C
Access to Emergency Care: D+
Quality and Patient Safety: D+
Public Health and Injury Prevention: D
Medical Liability Environment: A+

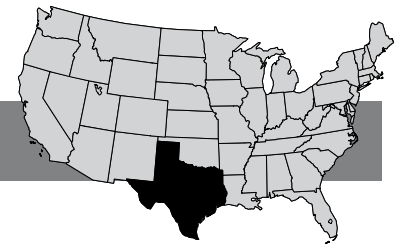
Quality and Patient Safety and Public Health and Injury Prevention. The state fell short in its percentage of population with access to advanced life support ambulance services (47th) and its percentage of pre-hospital personnel with access to online medical direction (42nd). Texas also ranked in the 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+
<ul style="list-style-type: none"> 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+
<ul style="list-style-type: none"> 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 	



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
<p>Automobile safety:</p> <ul style="list-style-type: none"> • 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 <p>Immunization:</p> <ul style="list-style-type: none"> • 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 <p>Unintentional Injury Prevention Programs:</p> <ul style="list-style-type: none"> • Fall prevention program: No • Fire-related injury prevention program: No • Child safety seat non-users intervention program: No <p>Intentional Injury Prevention Programs:</p> <ul style="list-style-type: none"> • 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+
<p>Caps on non-economic damages:</p> <ul style="list-style-type: none"> • \$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% 	

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