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States with Medical Malpractice Damage Caps Have Less Access to Trauma Care

The American Medical Association has compiled pages of anecdotes and news articles reporting the closings of emergency rooms or lack of access to trauma care in its so-called “crisis” states. But statistics show no relationship between medical malpractice laws and access to trauma centers. It is clear that limiting the rights of malpractice victims is no panacea for problems in delivering emergency care. Instead, the systemic problems of American health care —too many uninsured, declining reimbursements, lack of doctors in rural and inner-city areas, and the defection of surgeons to doctor-owned specialty hospitals—must be addressed.

According to a recent inventory of hospital trauma centers, reported in the *Journal of the American Medical Association*, having a cap on non-economic damages does not guarantee ready access to a level I and II trauma center. In fact, seven of the top ten states with the recommended number of level I and II trauma centers per million populations do not cap non-economic damages. What’s more, the AMA calls five of the top ten “crisis” states!

Top Ten States in Level I and II Trauma Centers per Million Population

State	No. of Centers Level I and II	Centers Per Million Population	Damages Available
North Dakota	5	7.79	\$500,000 cap
Dist. of Columbia	3	5.24	No Cap
Illinois*	61	4.91	No Cap
Iowa	12	4.10	No Cap
New Hampshire	5	4.05	No Cap
Wyoming*	2	4.05	No Cap
Connecticut*	13	3.82	No Cap
Missouri*	19	3.40	\$557,000 cap
Colorado	11	2.56	\$250,000 cap
New York*	45	2.37	No Cap

Source: Journal of the American Medical Association, National Inventory of Hospital Trauma Centers, March 26, 2003, Vol. 289, No. 12, page 1515. 2003 National Association of Insurance Commissioners, Non-Economic Damage Caps, By State. Asterisk denotes AMA “crisis state” designation.

In contrast, only one of the six states the AMA says is “doing OK” ranks in the top ten (Colorado). Four of these six “OK” states—Indiana, Louisiana, New Mexico, and Wisconsin—actually have *fewer* than the recommended number of trauma centers. Indiana and Wisconsin have no formal trauma systems at all. Clearly when the AMA judges the presence of a crisis, it has its members’ interests in mind, not patients’.

April 2, 2004