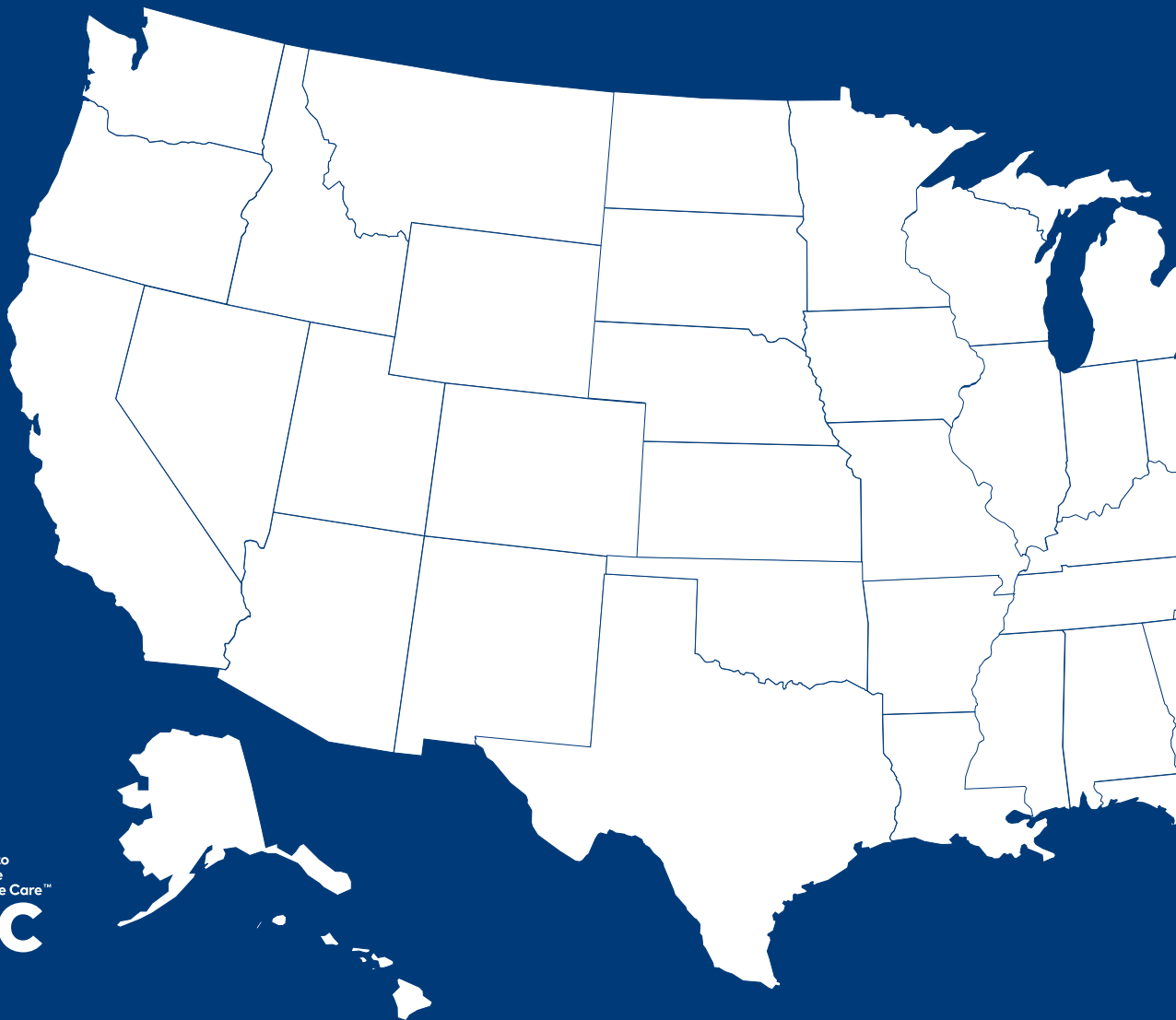


America's Readiness to Meet the Needs of People with Serious Illness

2024 SERIOUS ILLNESS SCORECARD

A State-by-State Look at Palliative Care Capacity



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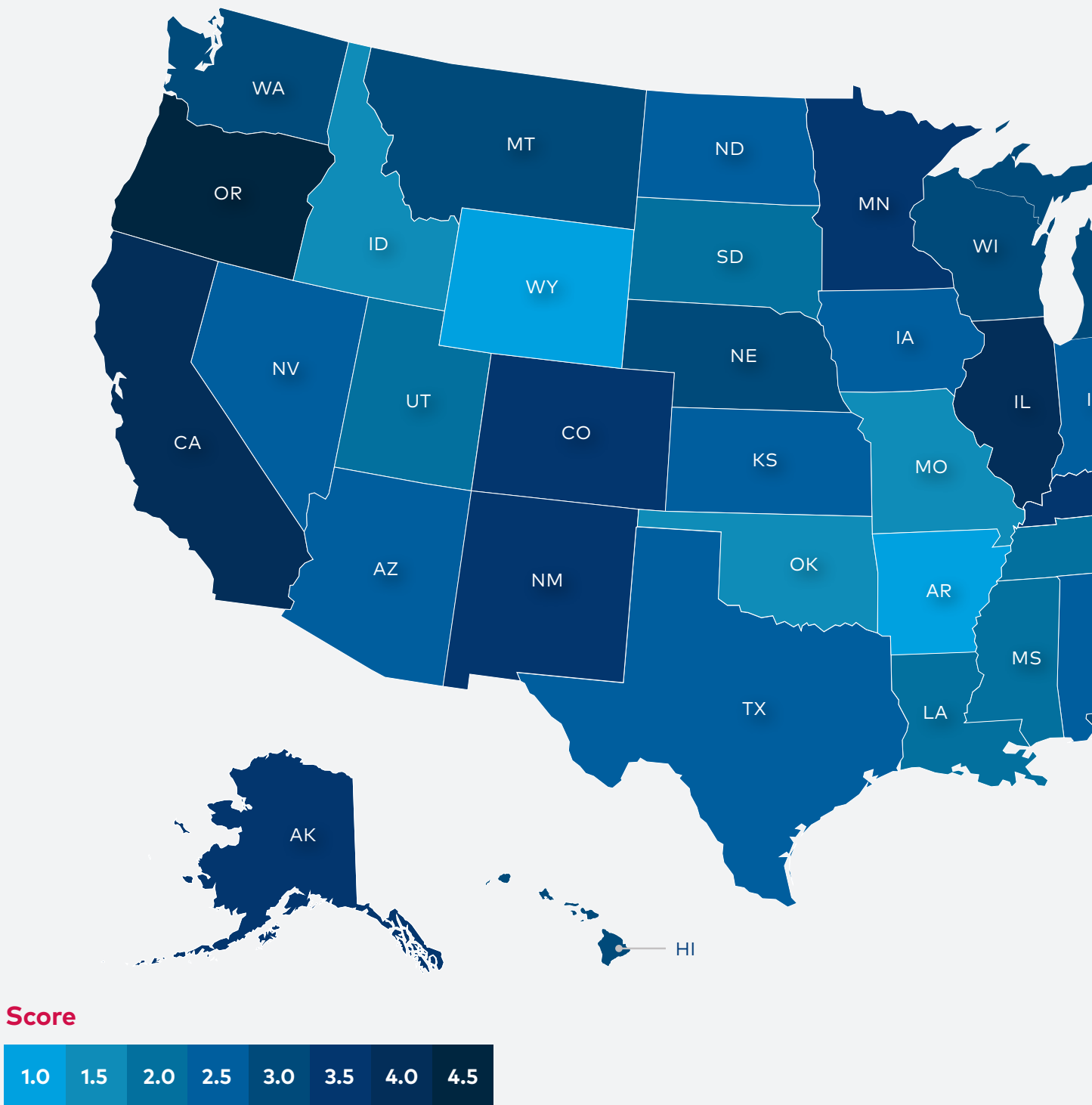
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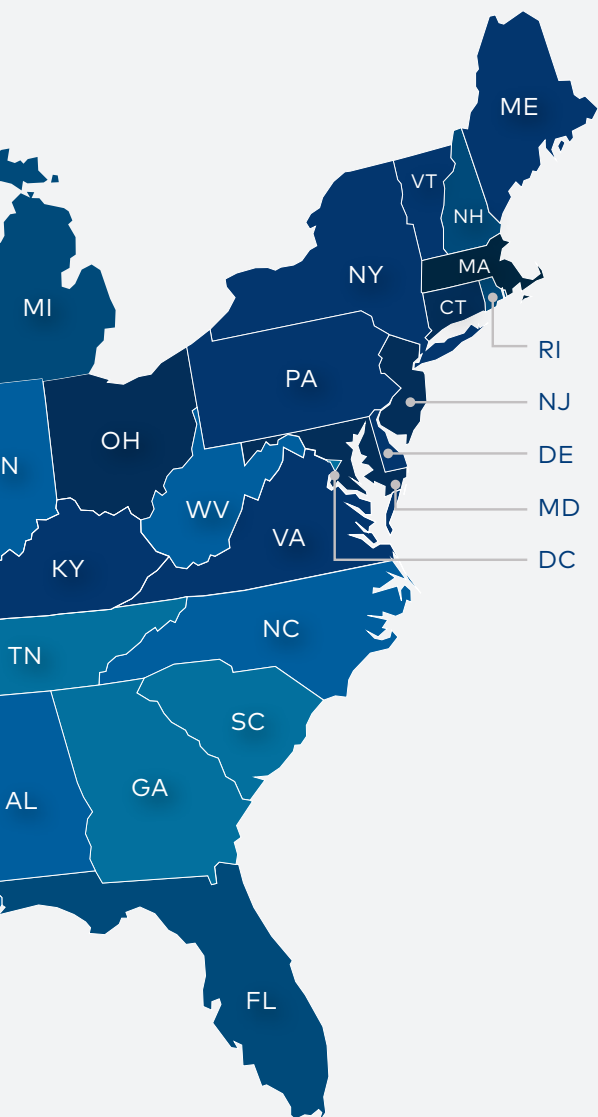
2024 Serious Illness Scorecard

There are at least **13 million adults** and approximately **700,000 children** living with a serious illness in the United States. While significant progress has been made to advance palliative care access and delivery, there are still many parts of the U.S. where such holistic care is not well-integrated or supported—resulting in unnecessary suffering, avoidable expenses, overwhelmed caregivers, and clinician burnout.

The Center to Advance Palliative Care (CAPC) has assessed the readiness of each state to appropriately meet the needs of the population with serious illness.

Figure 1: Scorecard Ratings by State 2024





How does your state rate?

These ratings assess the readiness and capacity to deliver high-quality care to patients and families facing serious illness. CAPC evaluated each state on publicly available information across five domains:

- Availability of specialty palliative care teams and professionals
- Payment for specialty palliative care services
- Structures to support awareness and advocacy
- Broad clinical education targeted to the care of people with serious illness
- Strong structures to meet functional and caregiver support needs

With consideration of ten elements across these five domains: 2 states earned 4.5 stars, 6 states earned 4.0 stars, 11 states earned 3.5 stars, another 9 states earned 3.0 stars, 10 states earned 2.5 stars, and 13 states earned 2 or fewer stars. These ratings reflect that there is some palliative care capacity in every state, and that all states still have room for improvement.

The top-scoring states are:

- | | |
|-----------------|--------------|
| → Oregon | → Maryland |
| → Massachusetts | → New Jersey |
| → California | → Illinois |
| → Connecticut | → Ohio |

To learn how these ratings were calculated, see the [methodology page](https://scorecard.capc.org/methodology) at scorecard.capc.org. You can also find more [detailed reports on each state's](#) capabilities and structures.

Specialty Palliative Care Team Availability

Specialty palliative care teams are reported in

83.6%

of all U.S. acute care hospitals with more than 50 beds, but variation is significant.

Figure 2: Hospital Palliative Care Prevalence by Bed Size and Tax Status

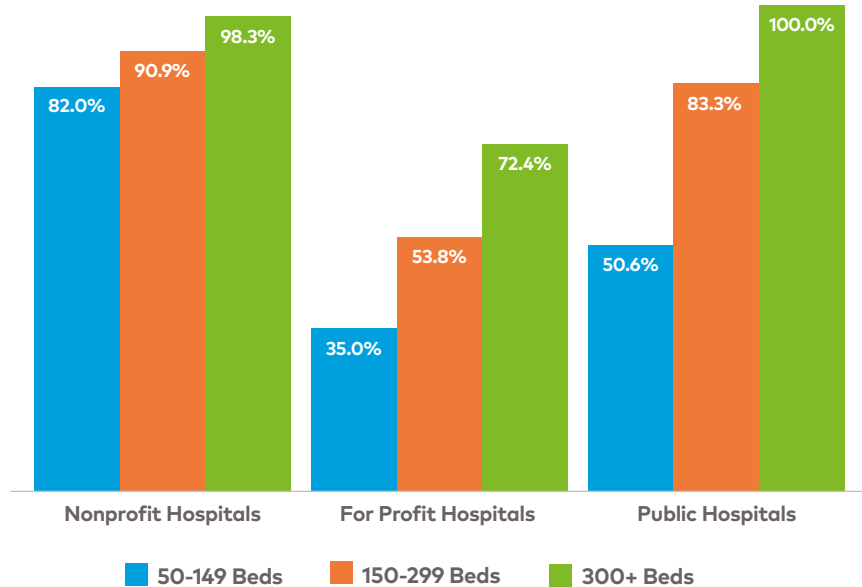
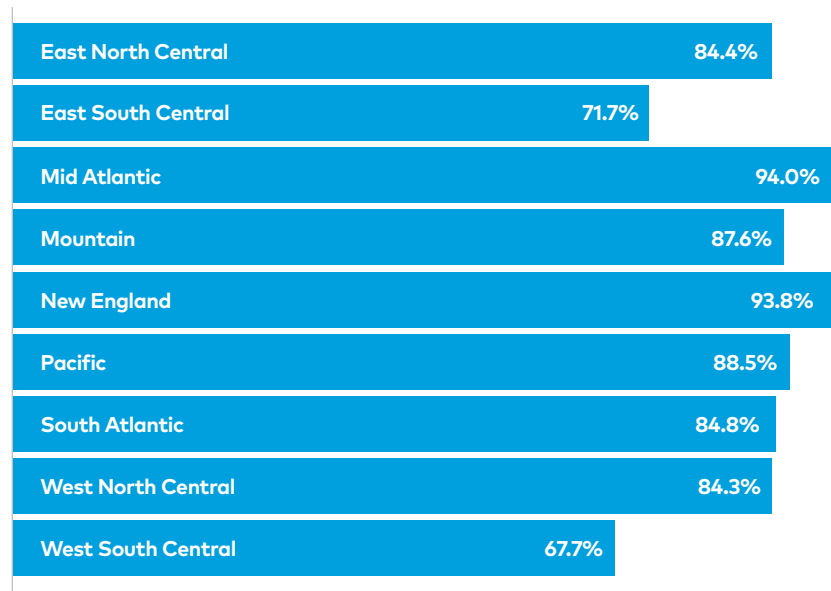


Figure 3: Hospital Palliative Care Prevalence (50+ Beds) by U.S. Census Division



Notably, 100% of the *U.S. News and World Report* Honor Roll Hospitals report having specialty palliative care services, and 91.2% of all hospital admissions in the U.S. happen in a hospital with a palliative care team.

In community settings (per self-report to CAPC's **Palliative Care Provider Directory**):

Palliative care teams have reported providing care in at least



994

medical offices and long-term care facilities,

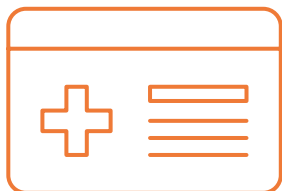
while access to home-based palliative care has been self-reported in



80.2%

of all U.S. counties.

In support of these services, at least



205

Medicare Advantage plans

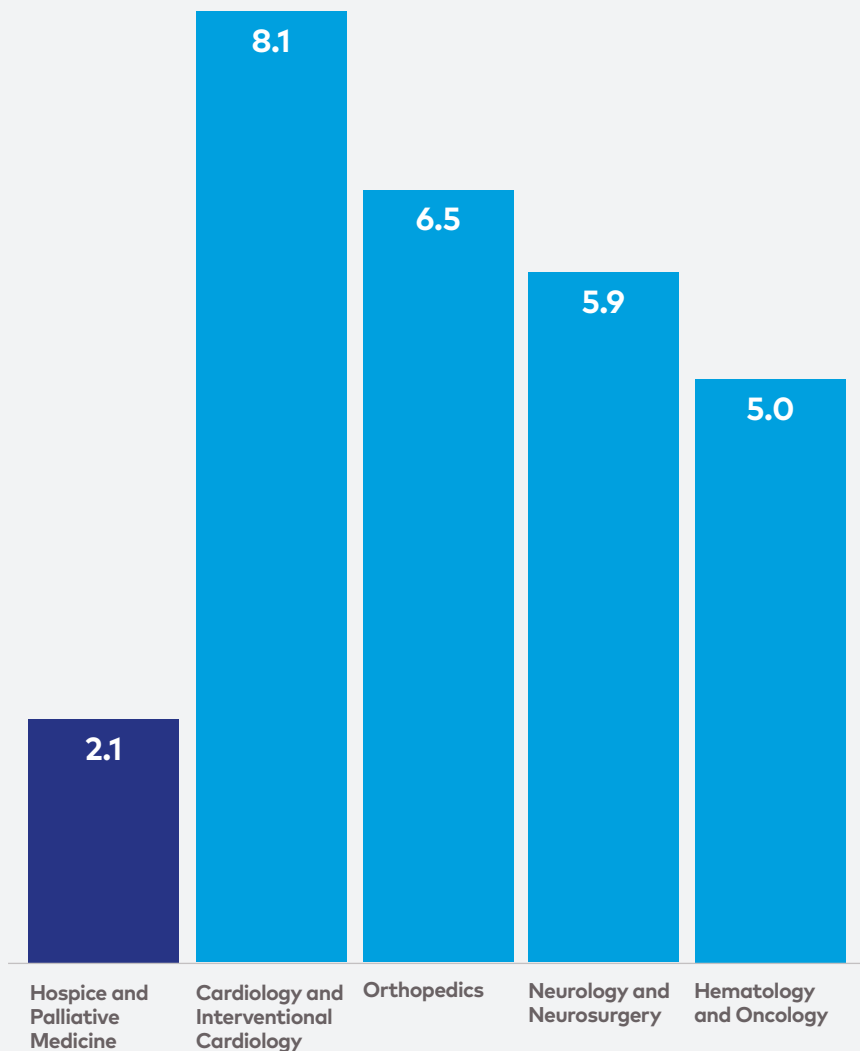
and other private payers provide explicit home-based palliative care benefits to their enrollees.

Workforce Capabilities

When comparing just physicians per 100,000 population, palliative care lags behind other specialties.

Across disciplines, there are **19,920** health care professionals (physicians, nurses of all levels, advanced practice providers, social workers, and chaplains) in the U.S. who hold certification or advanced qualification in hospice and palliative care.

Figure 4: Selected Physician (MD) Specialties per 100,000 U.S. Population

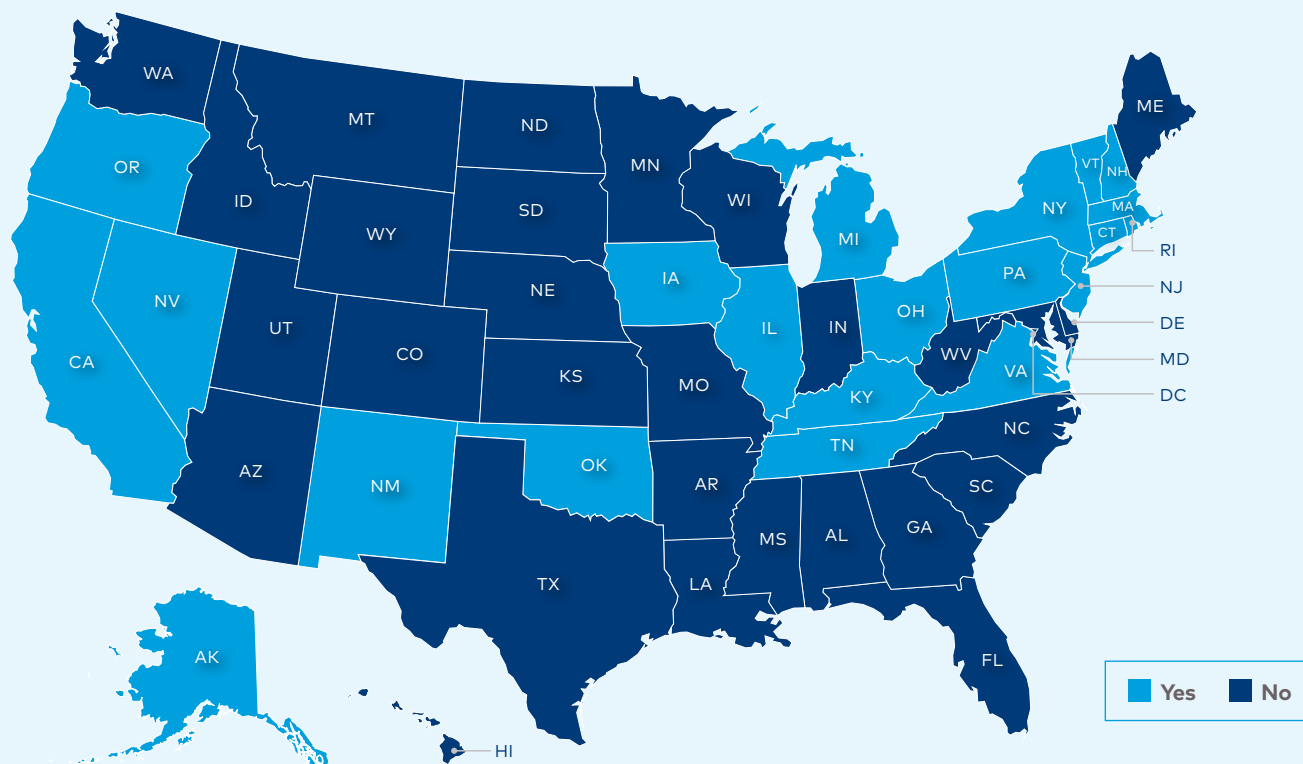


Further, to ensure basic competencies across **all clinicians** practicing in the state, some state medical and nursing boards have incorporated pain management, palliative care, geriatrics, dementia/Alzheimer's, and/or end-of-life care into their continuing education requirements for licensure for physicians and/or nurses. In other states, the boards have incorporated palliative care content into their opioid training standards.

Nearly 3,000 health care organizations have used or are using CAPC courses to educate clinicians in essential palliative care skills.

So far,
136,000
doctors, nurses,
social workers,
therapists, and others
have completed
courses, with
47,000
earning CAPC
Designation in at
least one subject.

Figure 5: States with Serious Illness-Relevant Continuing Education Requirements



State Supportive Structures

Driven by passionate champions across the country, many states have established Palliative Care Advisory Councils, serious illness coalitions, Medicaid benefits or managed care requirements, or some combination.

Active Legislatively Established Palliative Care Advisory Council	Local Coalition Specific to Palliative Care	Medicaid Benefits or Payer Requirement Activity
20 States	30 States	13 States
Combination of Two Structures 10 States		All Three Structures in Place 5 States

Taken together, the availability of inpatient and community-based specialty palliative care programs, sufficient specialists with a well-trained total clinical workforce, and key legislative and structural drivers can make meaningful improvements to both the quality of care delivered to people living with serious illness, and the quality of life of patients and families in a given geographic area.

States Meeting Functional Needs

Most people living with a serious illness experience impairment in daily function, and states have an essential role in ensuring access to high-quality long-term services and supports. The [AARP Long-Term Services and Supports Scorecard](#) assesses each state on these capabilities, while [KidsWaivers.org](#) aggregates state-by-state information on Medicaid waivers and programs for medically-fragile and other complex pediatric populations.



Find Out How Your State Rates

Visit scorecard.capc.org to learn more about the landscape for each state and key policy recommendations to drive further improvement.

The website also contains detailed information on data sources and methodology used to generate this report.

About the Center to Advance Palliative Care

capc.org

getpalliativecare.org

scorecard.capc.org

The Center to Advance Palliative Care (CAPC), established in 1999, is a national nonprofit organization dedicated to increasing the availability of quality, equitable health care for people living with a serious illness. As the nation's leading resource in its field, CAPC provides health care professionals and organizations with the training, tools, and technical assistance necessary to effectively redesign care systems that meet this need. CAPC is part of the Icahn School of Medicine at Mount Sinai in New York City.