

Trauma Funding Alternatives to Driver Responsibility Program Needed

Growing Population, Demand for Services Require Adequate Financial Resources

Created by the Texas Legislature in 2003, the Driver Responsibility Program established a system penalizing drivers for offenses like speeding or driving while intoxicated. DRP was intended to hold unsafe drivers responsible for their behavior because about one-third of trauma-related deaths in Texas result from motor vehicle accidents.

Some \$300 million per biennium is collected through the DRP, state traffic fines and local red light camera penalties, and ~\$112 million per year is deposited into Account 5111 for appropriation to the state trauma system. Using some hold-over funds, the state appropriated \$116 million from Account 5111 to trauma providers for 2018. Even with trauma funds received, designated Texas trauma hospitals report \$320 million plus in uncompensated trauma care annually. EMS providers and Trauma Regional Advisory Councils receive minimal state trauma funding despite their critical roles in responding to trauma care needs.

Reliable, more adequate sources of funding for the trauma system must be enacted simultaneously to repeal of DRP.

Some \$112 million in Account 5111 money goes to hospitals, including \$101.7 million used by the Texas Health and Human Services Commission to obtain federal Medicaid matching funds which are allocated to trauma and safety net hospitals. The remaining \$10.3 million goes directly to designated trauma hospitals that do not receive enhanced Medicaid reimbursement.

Accident victims requiring costly services for which hospitals receive inadequate reimbursement – or none – force hospitals to charge insured/private pay patients more. Public hospitals may have to raise local taxes.

Emergency medical services that transport accident victims to trauma centers receive less than \$2 million per year from Account 5111, despite an ever growing demand for services.

More than 500 EMS dispatches occur every hour of every day across Texas. Costs for emergency services – including equipment and highly trained paramedics and EMTs – continue to increase. Uncompensated emergency services are growing as the number of uninsured or underinsured Texans remains high.

The 22 Trauma Regional Advisory Councils, which coordinate a system of care across the state among networks of providers in response to medical emergencies, receive less than \$1 million from Account 5111.

All state funding for the 22 RACs has been stagnant at about \$2 million per year since 2006, even though the Texas population has grown by 22.6 percent (from 23.4 million in 2006 to 28.7 million in 2018). The state also has assigned RACs multiple new responsibilities in disaster preparation/response and regional coordination of maternal and infant care.

In the past two years, RACs coordinated response efforts to major hurricanes, mass victim shootings and fires. RAC-led planning and training allowed immediate, appropriate resource deployment that saved lives. This essential part of the emergency healthcare system must be preserved by realistic state funding.

Texas needs a strong, robust trauma and emergency healthcare infrastructure to help Texans when medical crisis occur. Time is critical when a health emergency or life-threatening injury happens. DRP funding has helped preserve the state's trauma and emergency healthcare safety net. However, a stable, more adequate source of revenue for the trauma system must be identified and implemented.



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