



March 2019

## **RAC, Trauma Funding Included in Budget, Supplemental Appropriations**

Although it is still early, lawmakers are attempting to respond to TETAF's and trauma/emergency healthcare system advocates' pleas for increased funding for 2020-21 as well as provide additional supplemental funds in the current fiscal year to help recover from Hurricane Harvey and other situations that have strained existing resources. **The House budget will be debated on the floor of the Texas House of Representatives on Wednesday, March 27.**

Rep. Sarah Davis (R-Houston) has filed riders in Article II to **level RAC funding up to 2018 levels** as well as allow for the **distribution of any remaining tobacco funds to RACs**. Some \$200,000 may be available in tobacco money.

Rep. Joe Deshotel (D-Beaumont) has filed a rider to Article XI (essentially the wish list article) for an **additional \$3.75 million in funding each year of the biennium for the RAC Performance Improvement Initiative**. This would be monies appropriated above the current \$3.7 million yearly average appropriated to RACs from current funding sources. The new dollars would allow RACs to add staff and resources to meet current RAC responsibilities, enhance their data collection efforts and focus on improving the emergency and perinatal healthcare systems using data. Be sure to communicate your thanks to Reps.

Davis and Deshotel.

Rep. Philip Cortez (D-San Antonio) secured a **\$10 million Emergency Medical Task Force rider in Article XI**. While Rep. J.D. Sheffield's (R-Gatesville) \$7 million EMS local project grant rider was not adopted, Rep. Four Price's (R-Amarillo) [House Bill 1477 contingency rider](#) was placed into Article XI (the wish list article).

On March 7, Rep. John Zerwas (R-Richmond), chair of the House Appropriations Committee, laid out a committee substitute for [House Bill 4](#), the supplemental appropriations bill. The bill includes \$30 million for trauma grants, of which \$5 million would be distributed to RACs and \$25 million to hospitals. The hospital money is separated into three areas: 1) monies for a Level I trauma center in the Rio Grande Valley, 2) Hurricane Harvey-affected areas, and 3) the rest of the state with a priority for rural areas. This new appropriation would supplement the funds already allocated for the current biennium, meaning the money would be distributed before Oct. 1, 2019.

The budget situation is fluid and remains so until the final budget agreement is passed by both chambers. It is critical that trauma and emergency healthcare system advocates continue to communicate the need for enhanced funding, especially emphasizing increased funding for RACs.

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## Several Bills Filed to Repeal DRP

Again this session, a number of bills have been filed to repeal the Driver Responsibility Program, and some of the bills propose alternative sources of funds to replace the dollars lost by repealing surcharges on traffic violations. TETAF has been working with and is supportive of the legislative approach taken in companion legislation, [House Bill 2048](#) by Rep. John Zerwas (R-Richmond) and **Senate Bill 918** by Sen. Joan Huffman (R-Houston).

A hearing on **HB 2048** could be set as early as **April 3** by the House Homeland Security and Public Safety Committee. A Senate Finance Committee hearing has been requested, but has not been scheduled.

In the past, bills repealing DRP have been viewed as transportation issues, but in fact, DRP is a major finance issue given the amount of general revenue it generates. Rep. Zerwas is chair of the House Appropriations Committee, and Sen. Huffman is a member of the Senate Finance Committee and chair of the Senate State Affairs Committee. Their involvement with DRP has elevated the issue, and they have the ability to involve key legislative leaders in the discussion. While repealing DRP, their legislation addresses several areas of financing. Their approach replaces both trauma and general revenue funding.

### **State Traffic Fine Increase (\$30 to \$50)**

*Currently:*

Account 5111 (trauma) receives \$50 million

General Revenue receives \$100 million

*Proposed projected:*

Account 5111 would receive \$75 million

General Revenue would receive \$175 million

### **DWI/DUI Fine Increases**

The proposed increases are projected to add \$36 million to Account 5111 and \$86 million to General Revenue.

### **Additional (\$2) Assessment Fee on Auto Insurance Policies – Automobile Burglary and Theft Prevention Authority (ABTPA)**

*Currently \$2 Fee Provides:*

ABTPA receives \$30 million

General Revenue receives \$70 million

*Proposed projected \$2 fee increase to \$4:*

ABTPA would receive \$40 million

Account 5111 would receive approximately \$120 million

General Revenue share reduced to \$40 million

The House Homeland Security and Public Safety Committee took testimony on [House Bill 1145](#) by Rep. Matt Krause (R-Fort Worth) on March 13. His bill is almost identical to legislation that passed the House in 2017. Krause's bill

continues the one-time extra fines for those convicted of driving while intoxicated or without insurance, and adds \$30 to state fines. However, opponents believe the \$750 surcharge for driving without a license disproportionately affects low-income Texans. Krause wants to repeal the DRP but maintain trauma funding. His bill does not address the loss of general revenue. The bill was left pending by the committee.

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## Changes to Maternal/Neonatal Designation Requirements, Processes Move Forward

On March 5, the Senate Health and Human Services Committee had a public hearing on a committee substitute for **Senate Bill 749** by Sen. Lois Kolkhorst (R-Brenham), committee chair. Although left pending after the hearing, the [substitute](#) was favorably reported on March 21. However, Sen. Kolkhorst has indicated that the bill is a work-in-progress, and wants to continue to work with TETAF to perfect it. She noted that the substitute pushes the compliance date for hospitals to obtain maternal designation until Sept. 1, 2021, but she plans to amend the bill back to its original compliance date of Sept. 1, 2020.

The bill makes modifications to the scope and requirements for various levels of maternal and neonatal unit designation. Jennifer Desireddi, M.D., an Austin neonatologist, testified on behalf of TETAF at the hearing. Dr. Desireddi is a physician surveyor for TETAF's Texas Perinatal Services. She reported on the unintended consequences of the initial legislation that is resulting in hospitals not being allowed to determine their own scope of practice by requiring them to care for all gestational ages and birth weights regardless of resources and capabilities. She noted that Level 3 facilities that had routinely provided quality care to infants at 28 weeks of gestation and above were downgraded to a Level 2, which prevents Mom and baby from remaining in their own communities for care.

Additionally, she pointed out that the administrative code for Level 3 NICUs dictates the requirement to care for all gestational ages resulting in facilities implementing policy changes to manage and keep extremely low birth weights and low gestational ages previously transferred to a higher level of care. Prior

to the designation level rules, Level 3s provided quality stabilization care and transferred these babies to the appropriate tertiary care facility based on diagnosis, which is appropriate for a Level 3. She recommended that a Level 3 hospital be allowed to care for infants with a gestational age of 28 weeks and above which is consistent with previous American Academy of Pediatrics guidelines. She noted that as the rule is currently written, there is limited difference in the requirements for a Level 4 and a Level 3 as it pertains to patient population.

Sen. Kolkhorst's office notified TETAF that a floor amendment will be offered to clarify that the rules regarding which designation requirements can be satisfied via telemedicine must be made in consultation with physicians, hospital associations, DSHS and other appropriate stakeholders.

Another issue of concern has been implementation of an appeals process for hospitals whose surveys show deficiencies. TETAF was successful in working with Sen. Kolkhorst to implement a model similar to the one used with trauma where hospitals can be designated with contingencies and the Texas Department of State Health Services works with the facility to address the issues.

## **Legislation Would Change Oversight Of State Emergency Management**

The House Homeland Security and Public Safety Committee heard [House Bill 2794](#) by Rep. Geanie Morrison (R-Victoria) on March 20. The bill **moves the state's Division of Emergency Management from the Texas Department of Public Safety to Texas A & M University System as a distinct state agency** similar to the Texas A&M Forest Service, Texas A&M AgriLife Extension, Texas A&M Engineering Experiment Station and the Texas A&M Engineering Extension Service. These agencies exist in support of the land grant missions assigned to the Texas A & M system.

TETAF registered support for the bill, which was left pending. TheTDEM move will consolidate and unify disaster response and recovery efforts for Texas.

Moving TDEM was the top recommendation in the “Eye of the Storm” report that was issued by the Governor’s Commission to Rebuild Texas following Hurricane Harvey. Texas A&M University System Chancellor John Sharp oversaw the commission that authored the report. The chief of the TDEM division at Texas A&M would be appointed by the governor. **The division will manage and staff the state operation center under contract.** The CEO will continue to be accountable to the public, and will prepare an annual financial report and a legislative appropriations request for review by the governor and Legislature.

## **Stop the Bleed Resolution Being Developed**

Sen. Beverly Powell (D-Burleson) will introduce a resolution designating **March 31, 2019 and March 31, 2020** as “**Stop the Bleed Day in Texas.**” TETAF will announce when the resolution will be read as soon as a date is set.

Many RACs and trauma centers are participating in the national campaign to empower individuals to intervene when someone is bleeding. Because a person who is bleeding can die from blood loss in as little as five minutes, bystander intervention can be crucial to saving a life. The "Stop the Bleed" campaign teaches individuals how to act quickly and save lives.

## **Trauma/EMS Advocates Converged on Capitol**

More than 150 trauma and emergency healthcare advocates gathered in Austin on Feb. 26 for Trauma and Emergency Healthcare Day at the Capitol to raise awareness of key issues and emphasize the need for additional funding to meet the needs of a growing state. Following a briefing, attendees went to the Capitol where they were recognized from the floors of the Texas House of Representatives and Texas Senate.

Sen. Joan Huffman (R-Houston) shared facts about the Texas Trauma System with her Senate colleagues as she recognized the TETAF group in the gallery. She pointed out that:

- Texas Trauma System health care professionals stand ready to assist the citizens of Texas at a moment's notice.
- These dedicated men and women respond to emergency situations from

motor vehicle accidents and natural disasters (like Hurricane Harvey) to the sudden onset of heart attacks and strokes with speed, compassion and professionalism.

- The Texas Trauma System has:
  - 290 designated trauma facilities
  - supported by 22 Trauma Service Area Regional Advisory Councils, and
  - includes more than 64,000 EMS personnel,
  - 42,000 nurses, and
  - 2,000 trauma and emergency physicians who work in cooperation to provide lifesaving care and vital rehabilitation services to this state's large and diverse population.

She commended the “brave men and women who provide vital assistance” and acknowledged “their outstanding contributions to the Lone Star State – making us all safer.”

Rep. John Zerwas (R-Richmond) made similar comments as he recognized the group in the Texas House of Representatives.

During one-on-one visits with legislators and their staff members, trauma and emergency healthcare advocates distributed a [brochure](#) about trauma Regional Advisory Councils and the important roles they play. In addition, they presented lawmakers and their staff members with “lifesaver” candies branded with the TETAF logo and “I’m a Life Saver” tag.

## Texas Perinatal Forum Set for March 26

The next **Texas Perinatal Forum** is **March 26 at 11 a.m.** Dr. Nathan Drever, a Texas Perinatal Services physician surveyor, will share tips for preparing for a maternal survey and what to expect during the survey. The forum is available free-of-charge to all TPS-contracted hospitals. Contact [Carla Rider](#) for the meeting registration link.

[Learn more](#) about Dr. Drever and his insights on the maternal surveys in TPS’ recent conversation with him. [Click here](#) to review the conversation.

## **TPS Scheduling NICU/Maternal Care Surveys**

TETAF's Texas Perinatal Services Program, an approved surveying entity by the Texas Department of State Health Services, is taking requests for both NICU and maternal care surveys for the remainder of the year. With a large team of surveyors available, TPS will work with hospitals to accommodate preferred dates.

TPS offers low, nonprofit pricing, and hospitals booking their first maternal care survey may be eligible for a \$500 discount. Contact [TETAF](#) for details.

## **TETAF Hospital Data Management Course Success in Corpus Christi**

Coastal Bend Regional Advisory Council hosted TETAF's Hospital Data Management Course at Driscoll Children's Hospital Feb. 20-21 in Corpus Christi. Some 39 trauma nurses and registrars, mostly local, but from all over Texas as well, attended.

The venue was spacious, bright and well equipped, and the hospital catering was delicious. TETAF's special thanks go to Hilary Watt for coordinating with the hospital.

The Hospital Data Management Course continues to be popular because it helps hospitals keep up with recent changes in trauma data reporting. The latest course included a great discussion related to the rise of electric scooters throughout Texas cities.

TETAF thanks course faculty members Anne Feeler, Garrett Hall, Andrew Hiriart and Stephen Mora for sharing their time and expertise.

Partnership with the RACs for educational opportunities is important to TETAF and will continue with additional presentations throughout the year.



Driscoll Children's Hospital in Corpus Christi provided an excellent venue for TETAF's Hospital Data Management Course. Special thanks go to Driscoll Children's!

### **Legislative Workgroup Calls**

TETAF's weekly Legislative Workgroup Zoom meetings are scheduled most Fridays at 10 a.m. To join the Legislative Workgroup, send an email to [Kathy Clayton](mailto:kathy@tetaf.org). She will provide dial-in information.



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