



April 2019

## Budget, Supplemental Appropriations Bills Go to Conference Committees

**House Bill 1** by Rep. John Zerwas (R-Richmond), the budget for the 2020-21 biennium, was approved by the Texas House of Representatives on March 28, and an amended version of the bill was approved April 9 by the Texas Senate. After the House refused to concur with the Senate amendments, the bill was sent to conference committee on April 11 to resolve the differences.

The House appropriates some \$251.09 billion in all funds, while the Senate spends \$247.698 billion in all funds. Both bills provide mechanisms to maintain 2019 funding levels for each year of the next biennium for Trauma Regional Advisory Councils and EMS providers. The House appropriates some \$350,000 in unbudgeted EMS/RAC tobacco funds to provide the level funding, while the Senate does not appropriate any of the remaining funds in the tobacco permanent account and uses general revenue only. A rider in Article XI of the House version of the budget would allow for an additional appropriation of up to \$3.75 million per year for RAC improvement.

TETAF sent a Voter Voice alert on April 24 urging trauma and emergency health care advocates to contact the conferees as well as their own representative and senator to urge

more adequate funding for the Texas Trauma System, especially for Trauma Regional Advisory Councils and EMS providers.

House Bill 1 conferees and their contact information are listed below:

- Rep. John Zerwas, M.D. (R-Richmond), chair: 512-463-0657; [john.zerwas@house.texas.gov](mailto:john.zerwas@house.texas.gov)
- Rep. Greg Bonnen, M.D. (R-Friendswood): 512-463-0729; [greg.bonnen@house.texas.gov](mailto:greg.bonnen@house.texas.gov)
- Rep. Sarah Davis (R-Houston): 512-463-0389; [sarah.davis@house.texas.gov](mailto:sarah.davis@house.texas.gov)
- Rep. Oscar Longoria (D-Mission): 512-463-0645; [oscar.longoria@house.texas.gov](mailto:oscar.longoria@house.texas.gov)
- Rep. Armando Walle (D-Houston): 512-463-0924; [armando.walle@house.texas.gov](mailto:armando.walle@house.texas.gov)
- Sen. Jane Nelson (R-Flower Mound), chair: 512-463-0112; [jane.nelson@senate.texas.gov](mailto:jane.nelson@senate.texas.gov)
- Sen. Joan Huffman (R-Houston): 512-463-0117; [joan.huffman@senate.texas.gov](mailto:joan.huffman@senate.texas.gov)
- Sen. Lois Kolkhorst (R-Brenham): 512-463-0118; [lois.kolkhorst@senate.texas.gov](mailto:lois.kolkhorst@senate.texas.gov)
- Sen. Robert Nichols (R-Jacksonville): 512-463-0103; [robert.nichols@senate.texas.gov](mailto:robert.nichols@senate.texas.gov)
- Sen. Larry Taylor (R-Friendswood): 512-463-0111; [larry.taylor@senate.texas.gov](mailto:larry.taylor@senate.texas.gov)

The supplemental appropriation bill, **Senate Bill 500** by Sen. Jane Nelson (R-Flower Mound), also is in conference committee. The main difference of interest to trauma system advocates is the House of Representatives' appropriation of \$30 million from the Economic Stabilization Fund to the Texas Department of State Health Services for trauma capacity and response infrastructure, including \$5 million for RACs. The remaining \$25 million goes to hospitals, with 35 percent going to establish a teaching hospital in the Rio Grande Valley, 35 percent going to hospitals in areas affected by hurricanes and 30 percent designated for rural hospitals. The Senate version of the supplemental appropriation bill does not contain these provisions.

Conferees for the supplemental appropriation bill and their contact information are provided below. Please contact each conferee and request the trauma grants in SB 500 be

funded.

- Sen. Jane Nelson (R-Flower Mound), chair: 512-463-0112; [jane.nelson@senate.texas.gov](mailto:jane.nelson@senate.texas.gov)
- Sen. Juan Hinojosa (D-McAllen): 512-463-0120; [juan.hinojosa@senate.texas.gov](mailto:juan.hinojosa@senate.texas.gov)
- Sen. Joan Huffman (R-Houston): 512-463-0117; [joan.huffman@senate.texas.gov](mailto:joan.huffman@senate.texas.gov)
- Sen. Lois Kolkhorst (R-Brenham): 512-463-0118; [lois.kolkhorst@senate.texas.gov](mailto:lois.kolkhorst@senate.texas.gov)
- Sen. Larry Taylor (R-Friendswood): 512-463-0111; [larry.taylor@senate.texas.gov](mailto:larry.taylor@senate.texas.gov)
- Rep. John Zerwas, M.D. (R-Richmond), chair: 512-463-0657; [john.zerwas@house.texas.gov](mailto:john.zerwas@house.texas.gov)
- Rep. Giovanni Capriglione (R-Southlake): 512-463-0690; [giovanni.capriglione@house.texas.gov](mailto:giovanni.capriglione@house.texas.gov)
- Rep. Mary Gonzalez (D-Clint): 512-463-0613; [mary.gonzalez@house.texas.gov](mailto:mary.gonzalez@house.texas.gov)
- Rep. Rick Miller (R-Sugar Land): 512-463-0710; [rick.miller@house.texas.gov](mailto:rick.miller@house.texas.gov)
- Rep. Toni Rose (D-Dallas): 512-463-0664; [toni.rose@house.texas.gov](mailto:toni.rose@house.texas.gov)

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## Repeal, Replacement of DRP Bill Awaits House Action

The Committee Substitute for [House Bill 2048](#) by Rep. John Zerwas (R-Richmond) is scheduled for debate by the full Texas House of Representatives on April 29. The bill repeals the Driver Responsibility Program, and replaces the lost general revenue and designated trauma account funding through a combination of fees and traffic fine increases.

Rep. Zerwas has told TETAF that some floor amendments will be offered to ensure that EMS and RACs receive additional dollars from Account 5111; he currently is working on allocation percentages for hospitals, EMS and RACs. Because of his position on the budget conference committee, Rep. Zerwas can work with his colleagues from the broader perspective of overall RAC and EMS funding. TETAF is working to increase funding for all aspects of the trauma system.

The companion, [Senate Bill 918](#) by Sen. Joan Huffman (R-Houston) was heard April 11 by the Senate Finance Committee where it was left pending.

Sen. Huffman plans to leave her bill pending and substitute the House bill when it goes over to the Senate.

## **Use of Telemedicine by Level IV Trauma Centers Passes House**

On April 17, the Texas House of Representatives gave final approval to [House Bill 871](#) by Rep. Four Price (R-Amarillo). The bill allows a Level IV designated trauma facility to meet the requirement of having a trauma physician available by using telemedicine. The on-call physician with special expertise in the care of critically injured patients would be allowed to use telemedicine to provide patient assessment, diagnosis, consultation, treatment or transfer data to a physician, advance practice registered nurse or physician assistant located at the facility.

The current Level IV trauma designation criterion requires the physical presence or availability within 30 minutes of a physician who has special competence in the care of critically injured patients. This can be difficult in sparsely populated areas with a low volume of ER patients. The legislation is intended to preserve access to emergency care in critical areas and to prevent the loss of a Level IV trauma center for that service areas.

The bill is limited to Level IV trauma centers located in counties with a population of less than 30,000. According to 2017 U.S. Census data, Texas has 160 counties with a population of 30,000 or less. Many of these counties have Level IV designated trauma centers. While some of the facilities are located in remote areas of the state, many of these hospitals and counties are adjacent to urban and suburban areas. Because of the high population threshold, this legislation has the unintended consequence of potentially reducing the standard-of-care for many hospitals. While hopeful that hospitals would want to maintain the highest level of care, the economics of their situations might result in a downgrade of the on-site resources accessible to critically ill or injured patients.

TETAF has expressed concern with the overly broad reach of the legislation and wants to ensure that quality of care is maintained while offering an option for rural hospitals that have difficulty meeting the in-person requirement.

## **Modifications to NICU/Maternal Designations Clears Senate**

On April 1, [Senate Bill 749](#) by Sen. Lois Kolkhorst (R-Brenham) passed the Texas Senate and has been sent to the House where it was referred to the House Public Health Committee. Rep. Four Price (R-Amarillo) is the House sponsor of companion legislation, **House Bill 3269**. The bill establishes contingency surveys, a waiver process and an appeals process for maternal level of care certifications. The bill also clarifies that the rules regarding the use of telemedicine by Levels I, II and III facilities must be made in consultation with physicians, hospital associations, DSHS and other “appropriate interested persons.”

In a section of the bill added in the committee substitute as it was voted favorably from the Senate Health and Human Services Committee, the deadline for hospitals to have a designation level of maternal care was extended until Aug. 31, 2021. The requirement of a hospital having a maternal level of care designation to obtain Medicaid reimbursement was extended until Sept. 1, 2021. The bill allows hospitals to pursue designation before the deadlines, and to amend any application filed prior to the effective date of the bill, if necessary to comply with new provisions in the law. Texas Perinatal Services already has conducted several surveys and has many others scheduled.

The bill makes the Texas Perinatal Advisory Council subject to sunset review in conjunction with the evaluation of the Texas Department of State Health Services. In consultation with the PAC, the agency must conduct a strategic review of the practical implementation of the rules for NICU and maternal care designation, identifying barriers to a hospital obtaining its requested level of care designation. The review also must look at requirements for a level of care designation that relate to gestational age, and if

designation determination should consider the hospital's geographic location or the number of patients of a particular gestational age treated by the hospital and the hospital's capabilities in providing care to patients of a particular gestational age. Based on the findings, the review also would include recommendations for modification of the rules to improve the process and methodology of assigning levels of care designation.

A written report on the review of neonatal care must be submitted to the Legislature by Dec. 31, 2019, and one on the review of maternal care by Dec. 31, 2020.

TETAF and its Texas Perinatal Services program will continue to work with Sen. Kolkhorst and Rep. Price to improve the legislation and will recommend modifications that will achieve the goals of improved maternal and child care in Texas. Maternal and child health professionals should understand that the bill still must pass the Texas House of Representatives; if changes are made on the House side, then the Senate would have to concur with the changes or the bill would go to conference committee. A conference committee report would have to be approved by both chambers, which then would send the legislation to the governor for his consideration.

## **Maternal Data Registry Proposed**

On April 3, the House Public Health Committee took testimony on a committee substitute for **House Bill 2703** by Rep. Shawn Thierry (D-Houston). The legislation presented to the committee creates a workgroup of stakeholders to provide recommendations on the type of maternal mortality and morbidity data that should be collected by the state, and the time spans to be covered. The Texas Health and Human Services Commission is directed to compile a report on the findings and recommendations of the workgroup. The bill is pending in committee.

As filed, the bill would have established the registry by the end of 2019. TETAF/Texas Perinatal Services continue to monitor this issue.

## **Stop the Bleed Kits Bill**

# Sent to Calendars Committee

The House Public Education Committee favorably reported a committee substitute for **House Bill 496** by Rep. Barbara Gervin-Hawkins (D-San Antonio) on April 18, following an April 16 public hearing. The bill requires all public and charter schools to have stop the bleed kits and that staff be appropriately trained in their use.

Donald Jenkins, M.D., a San Antonio surgeon and TETAF board member, submitted written testimony in support of the bill on behalf of TETAF and the South Texas Chapter of the American College of Surgeons. He noted that bleeding is the number one cause of preventable death following injuries. More than 130,000 U.S. citizens die of injury every year, and as many as 25,000 of these deaths are preventable by stopping bleeding quickly. When someone is badly injured and bleeding, death can occur in less than 30 minutes, and it may take first responders 10 to 15 minutes to arrive on the scene. However, immediate responders, basically bystanders, can be trained and equipped to stop bleeding and the unnecessary loss of life. Placing the kits in schools will help save lives.

The substitute bill approved by the committee is less prescriptive about the content of the kits. The Texas Education Agency is directed to implement the program statewide, although no funds have been appropriated to finance the initiative.

Several other RAC representatives/injury prevention specialists testified in support of the bill.

## EMS Local Project Grants Bill Pending in Committee

[House Bill 1477](#) by Rep. Four Price (R-Amarillo) was heard by the House Public Health Committee on April 17 and was left pending. The bill would establish an Emergency Medical Services Scholarship Program within the emergency medical assistance program and would make grants available to EMS providers and Trauma Regional Advisory Councils as well as create an educational curriculum for rural EMS personnel. TETAF

registered support for the bill, and TETAF Board Member Dudley Wait testified on behalf of the Texas Emergency Medical Services Alliance.

Until an appropriate, dependable source of funding is identified, the legislation likely will not progress.

## **Bill Adds Second RN to GETAC**

[House Bill 1869](#) was reported favorably without amendments by the House Public Health Committee on April 17, and recommended for the Local and Consent Calendar. Authored by Rep. Stephanie Klick, RN (R-Fort Worth), the bill modifies the composition of the Governor's EMS and Trauma Advisory Council by adding a registered nurse, to be appointed from a list of names recommended by a statewide professional association of registered nurses. This would bring the total number of members to 17.

GETAC currently has one position for a registered nurse with trauma expertise.

## **Texas Perinatal Services Forum Scheduled for June 18**

The next Texas Perinatal Forum is scheduled for **June 18** at 1 p.m. Debra Bingham, DrPH, RN, FAAN, founder and executive director of the Institute of Perinatal Quality Improvement, will speak on perinatal QI. The forum is available free-of-charge to all TPS-contracted hospitals. Contact [Carla Rider](#) for the meeting registration link.

These well-attended forums are earning very high marks from participants for the content being shared and the caliber of speakers.

## **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.



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