



Designated Trauma Facility and EMS Account

(a.k.a. “HB3588 monies” or state account 5111)

WHAT? In 2003, the 78th Texas Legislature passed House Bill 3588 which provides reimbursement to designated trauma facilities for the cost of providing uncompensated trauma care. HB 3588 allocated 96% of the fund to designated trauma facilities and those in active pursuit of designation, 2% to emergency medical services, 1% to trauma regional advisory councils and 1% to the Texas Department of State Health Services. Funding is obtained through increased fines on motor vehicle violations and penalizing habitually bad drivers, thus linking a major cause of trauma with the funding of trauma care.

The money for Account 5111 is generated from two sources: one source is from a \$10 state traffic fine, while the primary source of funding is generated from the Driver Responsibility Program (DRP). THE DRP assesses “points” to drivers for certain driving offenses. Surcharges due every year for three years include convictions for:

- Failure to maintain insurance and driving while license invalid—\$250 per year
- Driving without a valid license—\$100 per year
- DWI-related offense
 - \$1,000 per year for first offense
 - \$2,000 per year if the court reports an alcohol concentration of .16 or more
 - \$1,500 per year for a subsequent conviction within the three-year period

All charges are cumulative.

THE CONCERN: There is strong public controversy with many aspects of the DRP structure, primarily the collection of funds. Those concerned with DRP do not necessarily object to trauma funding but funds could be diminished or disappear completely as collateral damage to any DRP changes. Public outcry focuses on no notification of the supplemental fines prior to billing; a lack of understanding of the overall program; and a perception that it targets the poor. Citizens have banded together to protest these concerns through the use of on-line petitions, testimonials from ticketed drivers on YouTube videos, and chat room (internet) discussions. There has been virtually no public education on what the funds are used for.

Court systems have also become “crowded” with required appearances from drivers who have had their licenses revoked or have not paid fines as expected. Because of this “administrative back-log,” many judges do not support the program and have spoken out against it. In addition, some politicians have publically spoken out against the bill following constituent outcry. By late 2008, there was an estimated 30 percent rate of payment compliance. Of the more than \$900 million in surcharges billed, less than \$300 million had actually been collected.

THE DOLLARS: Since its first distribution in 2004, the Designated Trauma Facility and EMS Account 5111 has provided significant resources, totaling more than \$309 million; however, during this same period, uncompensated trauma care costs reported by designated trauma facilities have totaled more than \$1.2 billion. This figure does not include uncompensated trauma care costs incurred by physicians and EMS providers nor costs associated with achieving and maintaining trauma designation status. While the 81st Texas Legislature appropriated some \$75 million to designated trauma facilities, EMS and trauma service area Regional Advisory Councils for each year of the current biennium from Account 5111, more than \$300 million remains unappropriated in the dedicated account. And with current budget cuts the total

distribution will actually reduce by \$5 million during the current fiscal year. The need for these funds has been well documented and yet they have not been appropriated and now direct attacks to abolish the Driver Responsibility Program jeopardize this entire fund. While Account 5111 is not the only source of funding for uncompensated trauma care, it is by far the most significant.

WHAT CAN WE DO? Talk to and educate your elected officials on the importance of Account 5111 to your hospital, agency, region, etc. TELL YOUR STORY! Dollar figures help to support the personal stories each one of us can tell. Also work with your local media stressing the importance of these funds to maintain a strong Texas Trauma System. Look to local regional partners that may not necessarily be health care related entities – local businesses, chambers of commerce, rotary clubs, etc. - but as a citizen of the community have a vested interest in the Texas Trauma System. Nobody ever anticipates utilizing the Texas Trauma System but they must understand the need to maintain in case they or a loved one ever has to utilize the system.

TETAF acknowledges the looming state budget crisis and hopes to work with state leaders to distribute all the funds collected for trauma care, which is critical to maintain a strong trauma system. With interested party support we can help determine what the Texas Trauma System of tomorrow should look like and how can it be adequately funded to ensure that all Texans receive quality, coordinated care when tragedy strikes.

Updates will be sent periodically and also posted at www.tetaf.org. For additional information you may contact Dinah Welsh at TETAF at dwelsh@tetaf.org or at 512/524-2892. You may also join “Preserve Texas Trauma Care” on Facebook.