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DSHS Releases LAR, Advocates Respond to Funding Irregularity

The Texas Health & Human Services Commission (HHSC) and the Texas Department of State Health Services (DSHS) recently released their Legislative Appropriations Request (LAR) for next session. This is used as a base budget for each agency and reflects their funding needs to continue operations. As TETAF staff read through the document, they quickly came across some alarming numbers related to the DSHS EMS/Trauma budget. The base funding from account 5111 had been significantly reduced. This funding should amount to at least \$59.7 million per year but instead is listed as \$14.5 million per year for fiscal year (FY) 2018 and 2019.

TETAF staff quickly reached out to the department and, after some internal investigation, were told that a mistake had been made and this was not an intentional cut to trauma and emergency healthcare funding. DSHS staff are working to have this problem corrected, but as of now the lower request is in writing and has been made public.

A hearing of the Legislative Budget Board was held on Sept. 22 to review the LAR. Dinah Welsh, TETAF CEO, testified to the devastating impact these cuts would have if not corrected. In addition, both the HHSC Commissioner Charles Smith and the DSHS Commissioner John Hellerstedt, M.D. pointed out the error during their testimony and praised the work of the trauma and emergency healthcare system. Commissioner Hellerstedt also drew attention to the fact that the corpus of three of the health related permanent tobacco funds, including the Permanent Fund for Emergency Medical Services and Trauma Care (Account 5046), have been diminished and the impact on the system.

Because of the loss of Account 5046 funding, DSHS has requested in their exceptional items that a little over \$1 million in general revenue per year be used to replace the lost funds. "Exceptional items" are a list of funding priorities that were not included in the base budget request. Also included in the exceptional items is a request for \$750,000 per year in funding to continue the cardiovascular disease and stroke data collection conducted through the hospitals and the RACs.

All other funding for trauma and emergency healthcare is requested at similar levels to what was appropriated last year.

Both TETAF and the Texas Hospital Association have followed up with letters on this issue sent to lawmakers and visits with key lawmakers and staff. TETAF will continue to make this issue a priority and will push for a formal correction to the DSHS LAR.

The full LAR is available online [here](#) and an archive of the hearing is available [here](#).

TETAF Legislative Workgroup Prepares for 2017 Session

The TETAF Legislative Workgroup continues to meet regularly via conference call, with occasional in-person strategy sessions. The main mission of the workgroup is to prepare stakeholders to advocate for the three legislative priorities recommended by the workgroup and approved by the TETAF Board of Directors:

- **Increase and Preserve Funding for the Trauma System.**

The population of Texas has grown more than 63 percent in the past 25 years. At a time of growing demands on the system, state funding has been stagnant or declining. Rural and frontier communities already are experiencing a lack of access to timely emergency healthcare. Urban areas have more resources but still struggle to maintain services. If Texas wants to maintain its unique, highly effective trauma and emergency healthcare system, the Legislature

must ensure a more adequate, stable funding stream to support Emergency Medical Services, Regional Advisory Councils, designated hospitals and the Emergency Medical Task Force.

The majority of state funding for the trauma and emergency healthcare system is currently generated through the Driver Responsibility Program (DRP). Therefore, it would be irresponsible to repeal the DRP without enacting a program to generate comparable funding.

- **Dedicated Funding for Regional Advisory Councils.**

The twenty-two Regional Advisory Councils (RACs) have been hit hard by recent funding cuts. These unique entities unite competing healthcare providers to develop, implement, maintain and continuously improve regional trauma and emergency healthcare plans. This critical component of the system needs to be adequately financed and expanded to improve patient outcomes and save lives. The state-mandated responsibilities of the RACs have expanded, despite minimal state funding. The continued functions of the RACs are threatened without additional state funds. An additional, specific appropriation to the RACs would allow for increased regional coordination to ensure that all Texans are given the best chance of survival when facing an emergency healthcare situation.

- **Replace the Trauma & Emergency Healthcare Funds Appropriated from the Tobacco Fund (Fund 5046).**

In 2011, the \$100 million corpus of the Permanent Tobacco Fund for EMS and Trauma Care was raided to provide funding for the Cancer Prevention and Research Institute of Texas (CPRIT). This action has left Emergency Medical Services (EMS) and Regional Advisory Councils (RACs) without the funds they need to save lives in emergency situations. Previous appropriations of the interest from this tobacco fund provided several million per year for local

project grants to support EMS and coordination of regional trauma and emergency healthcare through the RACs. At the end of the 2016-17 biennium, approximately \$11.6 million will remain in Fund 5046. This fund no longer can produce the interest needed to provide a perpetual source of funds for EMS providers and the 22 RACs. The provision allowing the diversion of funds must be repealed, and the money restored, even if it takes several sessions to fully restore the \$100 million corpus.

The workgroup is also an excellent opportunity to brainstorm with other stakeholders about individual priorities. The TETAF Legislative Workgroup will continue to meet regularly over the next few months. To join the workgroup, contact [Courtney DeBower](#).

NICU Update

The Department of State Health Services recently posted their neonatal application packets [online](#). Please note that the NICU survey process differs from trauma or stroke. NICU facilities will need to be surveyed first (TETAF has posted the NICU Survey Request form [online](#)). Once the request for survey application form is received, the TETAF NICU survey coordinator will contact the requesting hospital regarding potential survey dates (starting in 2017).

Once the facility is surveyed, they will complete the state application and include their survey report to apply for designation. Please note that designation is determined by the state, based on the findings from the survey.

The Department of State Health Services will be traveling the state to offer 5 additional neonatal stakeholder Q&A opportunities this month. Department staff will visit San Antonio, Abilene, Lubbock, Amarillo and Wichita Falls. These Q&A sessions are free to attend and are open to all interested parties. More information is available on the [TETAF calendar](#).

The Texas Perinatal Services program has created an online forum for Texas NICU Coordinators to ask questions, share best practices and prepare for the NICU designation process. Join the forum online [here](#) to participate.

TETAF will continue to provide monthly NICU updates in the newsletter. If you would like to receive more frequent updates, subscribe to the TETAF NICU Distribution List [here](#).



Texas Perinatal Services

EDUCATION : INFORMATION : SURVEYS

A Program of the Texas EMS Trauma & Acute Care Foundation

FY17 Uncompensated Trauma Care Funding Application

The Texas Department of State Health Services Office of EMS and Trauma Systems recently announced that the application needed to apply for the fiscal year FY 2017 Designated Trauma Facilities and Emergency Medical Services (DTF/EMS) Account - Hospital Allocation may be accessed [online](#).

Additionally, the application information was emailed to all designated and “in active pursuit” hospitals with emailed copies provided to the Trauma Coordinator/Trauma Program Manager.

The final disbursement for the FY 2015 Uncompensated Trauma Care Fund distributions occurred the week of August 22, 2016. More details are available [online](#).

Lawmakers Introduce Bipartisan, Bicameral Bill to Improve Trauma Care with Military-Civilian Partnerships

Federal lawmakers have introduced the MISSION ZERO Act, S. 3407, as well as a companion bill in the House, to assist assigning Department of Defense trauma surgeons to civilian trauma centers. This bill will address variations in care methods that exist, while also providing military surgeons with additional training. The bill is co-sponsored by numerous lawmakers from Texas, including Sen. John Cornyn, Rep. Michael C. Burgess, M.D. and Rep. Gene Green.

The bill will establish a grant program for military-civilian partnerships in trauma care. It provides for the allocation of \$20 million dollars to trauma centers which would enable military trauma teams to provide trauma care and related acute care at such trauma centers. In addition, it provides for the allocation of another \$20 million dollars which would enable military trauma care providers to do the same.

This bill is a result of the National Academies of Sciences, Engineering, and Medicine report released in June entitled “A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury.” More information on the report is available on the [TETAF homepage](#).

ICYMI: Updates to Texas Trauma Center Application & Survey Process

TETAF and the Department of State Health Services have partnered to streamline the trauma center application and survey process for Texas trauma centers. Effective June 1, trauma centers should submit an abbreviated DSHS application for designation 12 months in advance of expiration. At the same time, the trauma center should go to www.tetaf.org/services/ and submit a "Request for Survey" (RFS) form. TETAF staff will then contact the trauma center directly to coordinate a survey date.

The new TETAF Pre-Survey Questionnaire (PSQ) should be submitted to TETAF six months prior to the survey date. During this transition year, if a trauma center has already completed the previous version of the DSHS application, that application will be accepted and utilized by the surveyors.

TETAF has created a [timeline](#) to assist you in the new process. We welcome your questions and recommendations as we quality assure this new process over the next several months. Contact [Brenda Putz](#) with any questions or suggestions.

Upcoming Meetings

A full list of educational opportunities and upcoming meetings can be found on the [TETAF website](#).

Nov. 19-21 – Governor’s EMS & Trauma Advisory Council (Dallas)

Nov. 20 – TETAF General Meeting (Dallas)

Nov. 20-23 – Texas EMS Conference (Dallas)

** Please submit any additional educational opportunities to [Courtney DeBower](#).*



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