

Emergency Response

Will Texas Be Ready When the Next Disaster Happens?

The foresight of the Texas Legislature in 1989 created the foundation of an emergency health system that has proved very effective in caring for patients when disasters strike. Thanks to the wisdom of Texas legislators, the Texas Trauma and Emergency Healthcare System is able to use all its emergency equipment and personnel resources to meet needs anywhere in the state. The medical response to recent disasters demonstrates that capability.

With Hurricane Harvey heading toward the Texas Gulf Coast, the Southwest Texas Regional Advisory Council (STRAC) in San Antonio began organizing ambulances and emergency response personnel across the state for deployment to coastal areas. STRAC also worked with hospitals to transfer patients in harm's way and keep track of them, while supporting the health needs of people who evacuated to shelters in San Antonio.



The Coastal Bend Regional Advisory Council (CBRAC) in Corpus Christi and the East Texas Gulf Coast Regional Advisory Council in Manvel coordinated the transfer of patients from hospitals in the potential landfall area with local and deployed EMS providers. The RACs' infrastructure provided the framework for otherwise competing healthcare entities to work together cooperatively to address the medical needs of the landfall area.

As flooding crippled many parts of Houston, the Southeast Texas Regional Advisory Council (SETRAC) in Houston leapt into action, working with the city's Emergency Response Operations Center to dispatch first responders while coordinating with hospitals able to accept patients across the area. SETRAC's involvement was critical to getting patients to the closest accessible hospital with the appropriate resources to treat the injury/illness.



When a gunman opened fire on church-goers in Sutherland Springs, STRAC immediately dispatched ambulances and EMTs to stabilize and transport the multiple victims to hospitals that had been alerted and were waiting to treat the injured. Having a mass fatality plan and resources standing ready enabled a timely, effective response to the disaster in a rural area with limited medical facilities/personnel.



RACs Lead Regional Emergency Response

While these devastating events are not frequent, the ability to respond timely and effectively must be ever-ready. The state's 22 Regional Advisory Councils unite competing healthcare providers to develop, implement, maintain and continuously improve a regional trauma and emergency healthcare system plan, which all support and follow. RACs bring all stakeholders together, developing regional protocols for EMS response, distribution of patients and use of hospital resources. The RACs work hand-in-hand with the Emergency Medical Task Force (EMTF) during large scale incidents to provide a well-coordinated response.

Eight of the RACs employ EMTF regional coordinators, and all RACs work with hospitals and emergency responders in their areas on disaster preparedness. The EMTF has created state-deployable medical teams, regionalized for rapid mobilization and readiness to respond to large scale incidents, and the RACs direct and support their activation.

Because of Texas legislators, Texas has a system that allows all its emergency equipment and personnel resources to be harnessed to meet needs anywhere in the state. TETAF commends the Texas Legislature on envisioning the RAC structure which so recently demonstrated its abilities and effectiveness in responding to 2017's disaster challenges.

These events also reflect the tremendous dedication of the state's entire Texas Trauma and Emergency Healthcare System and the countless "unsung heroes" who make it work.

Will Texas Be Ready When the Next Disaster Strikes?

Despite the clear need for, and effectiveness of, the Texas Trauma and Emergency Healthcare System and the EMTF, **state funding has been decreasing steadily and many EMTF resources are nearing depletion.** With significant cuts to federal Hospital Preparedness Program (HPP) funding, state-level funding for RACs is more critical than ever in ensuring our state is ready for the next natural disaster. State funding also is needed to ensure that the EMTF continues to be available and equipped when disaster strikes.

Financial Resources Are Lacking

In 2011, the \$100 million corpus of the **Permanent Tobacco Fund for EMS and Trauma Care** was opened to provide funding for the Cancer Prevention and Research Institute of Texas (CPRIT). **The Tobacco Fund for EMS and Trauma Care was intended to provide a permanent, stable funding source for the state's trauma system, but over the course of just a few years has been depleted completely.** The fund served as the primary source of state dollars for the RACs and their essential coordination of regional trauma and emergency healthcare throughout the state. Operating as a type of "air traffic controller," **RACs coordinate care within their region and allocate resources** daily, and are prepared to expand their focus immediately when disasters strike.

EMS and Trauma Care Tobacco Endowment

RACs have received a portion of the interest accrued from the tobacco endowment (actual amount based on Legislative Appropriation).

Appropriation
to RACs

FY 2018 - \$139K

FY 2019 - \$0

In FY 2018, \$3.1M from General Revenue was appropriated to RACs to "replace lost Tobacco Appropriation."

More importantly, **RACs ensure that competing healthcare entities work together under a plan that involves the state and its resources.** Through planning, relationship building, training and drills, RACs prepare medical resources to respond quickly and appropriately to disasters and mass casualty events in a coordinated, comprehensive way. This ensures that resources are used wisely and appropriately, that efforts are not duplicated and that all needs are addressed.

Although budget appropriators in 2017 indicated full funding would be allocated to the RACs this biennium, actual appropriations through the Texas Department of State Health Services have declined dramatically. Previously, approximately \$2.4 million was divided among these 22 entities annually. For fiscal year 2018, the appropriation declined by more than 25 percent, a significant \$640,000.00 cut. Even more alarming, DSHS has indicated that there may be no dollars appropriated for FY 2019.



The Driver Responsibility Program (DRP), intended to provide a stable source of funds for designated trauma hospitals, comes under attack each legislative session, with no viable proposal to provide adequate, alternate financial resources. **DRP provides significant financial resources to support designated trauma hospitals, as well as some funding for EMS providers and RACs.**

RACs, designated trauma hospitals and EMS providers are the key elements of the state's emergency medical response capability. Inadequate funding has placed these essential response entities in jeopardy.

Pattern Emerges

Texas needs a comprehensive trauma and emergency healthcare system which can support statewide disaster response. Our trauma and emergency healthcare providers and the Regional Advisory Councils that coordinate their efforts have performed impressively when the need has arisen. The population of Texas continues to grow, as do the number of incidents producing large numbers of people needing emergency care. Texas always will face the possibility of natural disasters, especially along the Gulf Coast.

Despite the obvious need for a strong trauma and emergency healthcare system and disaster response, state funding to maintain the system and make it work continues to be cut or even eliminated. That is a disturbing trend.

Bottom line: Texas legislators created a comprehensive, effective emergency medical response system, but more recently, have failed to provide the resources necessary to maintain it. Despite their dedication and commitment, emergency responders need financial support and resources to perform their life-saving work. **Effective emergency care and disaster response will deteriorate unless Texas lawmakers and regulators make needed funds available.** Equipment must be maintained and updated, and supplies must be replaced. Updating of plans based on new information obtained through experience and ongoing training are necessary to maximize preparedness. **Without an investment in maintaining the effective system that performed so well in 2017, future disaster response will have less satisfactory outcomes.**

Make trauma and emergency healthcare funding decisions carefully. The lives of Texans depend on the Legislature's decisions!