

Funding an EMS/Trauma System

In the last issue of Texas EMS Magazine, we ran a long interview with Kathy Perkins, assistant commissioner for Regulatory Services. Perkins had started with DSHS before landmark legislation was passed in Texas that ultimately created the Texas EMS/Trauma System. The interview covered the nitty-gritty of how that system began with legislation in 1989, to the first RACs and trauma facility designations a couple of years later, to the evolved EMS/trauma system we have today, but it left out one important component: Money.

So here is a short history of the EMS/Trauma System that traces how funding has grown the system into what it is today. All funds listed below are subject to appropriation each legislative session, which means that even if funds collect in an account, the Legislature has to specify how much of the funds are to given to DSHS for the EMS/Trauma System.



1989 Texas Legislature passes into law Chapter 773 of the Health and Safety Code, much of which is still in effect today. The governing body also passes the Omnibus Rural Health Care Rescue Act, which directed DSHS to develop a statewide trauma system, but no funding was provided. Trauma Technical Advisory Board is established. There was one staff member dedicated to the development of a trauma system.

1992 Rules pass the Texas Board of Health that divide state into 22 trauma service areas and the first RAC is established. There are still no dedicated funds for trauma system development; staffing funds come out of budget of the Bureau of Emergency Management (it became the Office of EMS/Trauma Systems Coordination when TDH became DSHS). There are two dedicated EMS/trauma system staff members at DSHS.

1997 Two million dollars is earmarked for the EMS and Trauma Care System Account from 9-1-1 Surcharge Equalization Funds to be used for EMS, RACs and hospitals. (The surcharge, which used to be imposed on intrastate long distance service, is now imposed at the rate of \$0.06 per line or connection, per month all voice-capable landline, wireless, and VoIP access lines that have 9-1-1 accessibility.)

1999 Texas lawmakers pass HB 1676, which establishes the Permanent EMS and Trauma Care Tobacco Endowment. The fund accumulates interest from a \$100 million dollar endowment from the state's tobacco lawsuit settlement. The funds now are used for the Emergency Care Attendant Training (ECAT) program, Local Projects Grants and Regional EMS/Trauma Systems Development grants.

2003 The 78th Texas Legislature passed SB 1131 to establish the EMS, Trauma Facilities and Trauma Systems Fund and HB 3588, which established the Designated Trauma Facilities and Emergency Medical Services Account. SB 1131 adds fees for drivers convicted of DWI. Like the 9-1-1 surcharge monies, these funds go to EMS providers (50 percent), RACs (20 percent), and trauma facilities for uncompensated care (27 percent). HB 3588 created the "Driver Responsibility" Program, which adds surcharges to certain driving violations to fund designated trauma facilities, county and regional emergency medical services and trauma care systems. The funds are distributed by the following statutory formula: EMS providers (2 percent), RACs (1 percent) and designated trauma facilities (96 percent). This fund is also used to keep a \$500,000 reserve in an Extraordinary Emergency Fund for communities who have suffered significant degradation to their emergency response system.