



TEACHING  
HOSPITALS  
*of* TEXAS

#### THOT MEMBERS

##### AUSTIN

Central Health  
Ascension Texas Ministry Seton

##### CORPUS CHRISTI

CHRISTUS Spohn Health System  
Nueces County Hospital District

##### DALLAS

Children's Health System of  
Texas  
Parkland Health & Hospital  
System  
The University of Texas  
Southwestern Medical Center

##### EL PASO

University Medical Center  
of El Paso

##### FORT WORTH

JPS Health Network

##### GALVESTON

The University of Texas  
Medical Branch

##### HOUSTON

Harris Health System  
The University of Texas MD  
Anderson Cancer Center

##### LUBBOCK

UMC Health System of Lubbock

##### MIDLAND

Midland Memorial Hospital

##### ODESSA

Medical Center Health System

##### SAN ANTONIO

University Health System

##### TYLER

UT Health Northeast

##### GME Affiliate

RIO GRANDE VALLEY - EDINBURG  
Doctors Hospital at Renaissance

## Testimony for House Homeland Security and Public Safety Tuesday, April 11, 2017

RE: House Bill 2068 by Larry Phillips

Good morning, Chair King and members of the committee.

I am writing on behalf of the Teaching Hospitals of Texas (THOT) on House Bill 2068. THOT's core commitments include providing trauma care and services. We support HB 2068, contingent upon its ability to maintain trauma funds at least at the current level. We would be concerned if collections for trauma are reduced. We would also be concerned if the transition to the new funding source results in reduced trauma funding during the transition timeframe.

THOT members operate nearly two-thirds of the state's level one regional trauma centers, and provide about one-half of the state's unfunded trauma care. Because an estimated 20 percent of trauma related hospitalizations are for patients without insurance, Texas' financial support of trauma care is critical – not only for care provided to uninsured Texans, but to maintain the trauma system as a whole.

We appreciate Rep. Phillips' work to identify trauma funding options that would allow the state to maintain critical trauma funding while addressing the unintended issues associated with the Drivers Responsibility Program (DRP). We also appreciate that HB 2068 continues to provide for fines and related trauma funding for those who drive while intoxicated and those who drive without insurance; but does so at the local level and provides a small retention of funding for local entities responsible for collecting the fines.

Because THOT's mission includes caring for vulnerable populations, we share concerns with other stakeholders about the unintended negative effects of the DRP program, particularly on low-income Texans. We've worked with the smart on crime coalition and others concerned about the DRP beginning last session to seek collaborative solutions to address concerns with DRP while maintaining critical trauma funding. We proposed and analyzed other financing options and worked with a broader hospital and county coalition to find common ground and present possible alternatives for trauma funding. We see HB 2068 as providing a good option to address problems with the DRP

while maintaining funding.

As we prepare these comments, there is no fiscal note available. While we believe the intent to be maintenance of trauma funding, we would be concerned if the approach as proposed is unable to support trauma funding at least at the current level. We would also be concerned if the transition from the current DRP program to its elimination and substitution of other funding results in a reduction in trauma support during a transition period. The current DRP requires payments over a course of three years. As we understand it, if the program terminates at the end of the current fiscal year; the anticipated flow of funds from payments related to surcharges assessed over the prior three years' would cease. We don't know at this point if the funds generated from the anticipated change in fines would compensate for cessation of prior year penalty payments. In addition, new processes would need to be implemented to assess new fine amounts and quarterly payments from local entities, and we'd be concerned if, during the transition, insufficient trauma funding was available.

Trauma funding supports care for all Texans who may need trauma services anywhere and at any time, including our first responders and law enforcement. We know that receiving care within the first hour makes a significant impact on saved lives and saved function. Your investment in trauma support is working.

- Texas' trauma investments have been successful: the 2014 trauma case fatality rate was lower than the 2013 rate; and Texans' trauma mortality rates are lower than the national average. However, because of our growing population and broad geographic expanse, our trauma system needs continue to grow.
- With a 20 percent uninsured rate for trauma admissions and an estimated \$300 million in unfunded trauma costs per year, by offsetting nearly 2/3 of these losses, state funding helps keep our trauma system in place.

THOT and its members appreciate the work behind HB 2068 in seeking to thread the very challenging trauma funding needle to protect critical trauma funding while addressing issues with the current DRP program. We support HB 2068, contingent on its ability to maintain trauma funding.

Thank you for your continued support of trauma funding. Please let me know if we can provide additional information.

Sincerely,



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