

FINAL BILL REPORT

2SSB 5127

PARTIAL VETO

C 331 L 97

Synopsis as Enacted

Brief Description: Providing additional funding for trauma care services.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Wojahn, Deccio, Thibaudeau, Wood, Oke, Loveland, Sellar, Snyder, Fairley, Spanel, Sheldon, McCaslin, West, Bauer, Winsley, Goings and Schow).

Senate Committee on Health & Long-Term Care

Senate Committee on Ways & Means

House Committee on Finance

Background: In 1990, the Legislature passed the Trauma Care Act which set in place a new system for the referral and treatment of traumatically injured patients in the state. The system, which is now operating statewide, was designed to assure that no matter where an injury occurs, nor how serious it is, the patient will get the best possible care in the shortest amount of time. In this state, trauma is the leading cause of death from birth to age 44 and the third leading cause of death for all categories. Nearly 40 percent of all traumatic injuries involve motor vehicle accidents.

The trauma system depends on the cooperation and performance of three key providers in the field: hospitals, physicians, and emergency personnel. One of the key elements of the system is the voluntary participation of hospitals around the state to be designated—trauma care services. This means they are recognized as the only facilities equipped to treat trauma victims and thus the only places where emergency medical personnel may legally bring the severely wounded. There are currently 77 designated trauma care services around the state.

One of the problems identified at the time of enactment of the 1990 legislation was the financial burden assumed by designated trauma services in providing this extremely expensive care for patients who have no insurance. Currently, about 16 percent of trauma patients statewide are uninsured, and 18 percent bill Medicaid. There has been growing concern that designated trauma care facilities will not be able to manage the financial burden of uncompensated care.

The 1990 legislation paid for a study to analyze the potential financial shortfall for all players in the trauma care system. The study concluded that for the 1993-95 biennium, reimbursement for uncompensated and under-compensated care for hospitals, emergency services and physicians would be about \$38 million for the biennium.

The 1996 Legislature appropriated \$4.6 million from the state's general fund to reimburse designated trauma care services for the cost of severe trauma to medically indigent patients.

Summary: A funding source for the state's trauma care system is established. Revenue for uncompensated trauma care is generated through a \$6.50 fee collected from consumers at the time of title transactions on motor vehicles. Car dealers keep \$2.50 of the fee; the remainder is forwarded to the emergency medical services and trauma care system trust account. A \$5 surcharge is assessed on all traffic infractions. This fee cannot be waived or reduced. Money collected from this fee is transmitted to the emergency medical services and trauma care system trust account.

A committee of House and Senate members reviews the funding mechanisms in the act. The Department of Health and the Department of Social and Health Services report to the Legislature in December 1998 on the adequacy of this funding for uncompensated care.

All fees collected under the terms of this act, which are forwarded to the emergency medical services and trauma care system trust account, are disbursed based on a regional/state match of 25/75 percent.

Votes on Final Passage:

Senate	37	11	
House	97	0	(House amended)
Senate			(Senate refused to concur)
House			(House refused to recede)

Conference Committee

House	70	28
Senate	45	3

Effective: July 27, 1997
January 1, 1998 (Sections 1-8)

Partial Veto Summary: Language authorizing a joint legislative committee to study the adequacy of trauma care funding was deleted from the bill.