



Testimony of Steven Steinberg, MD, FACS **House Bill 261—House Health and Aging Committee** **May 4th, 2016**

Chairwoman Gonzales, Vice Chair Huffman, Ranking Member Antonio, thank you for the opportunity to provide additional testimony on House Bill 261, sponsored by Representatives Grossman and Huffman. As you know, this legislation would strengthen Ohio's trauma system by establishing a state-level trauma board to oversee trauma centers, perform quality improvement work, and bring together trauma experts to improve outcomes and lower mortality rates.

HB 261 has now received seven hearings and has undergone a number of positive changes. As you have no doubt heard from the many proponents of this measure, the effort to reform Ohio's trauma system has been underway for over a decade. Conversations around this legislation began in 2012 and I am very excited to see the progress that has been made. We are definitely close to the finish line, and it is my hope that you will support this measure.

My testimony today will summarize some of the changes that have been made to HB 261 over the last couple of months and will also discuss our work to resolve the last major hurdle, which relates to funding for the trauma board. Most importantly, as someone who has been part of Ohio's trauma reform efforts, I want to answer questions that you might have. I greatly appreciate the attention that members have given this bill and the time you all have spent to learn more about trauma care.

As you know, at the last committee hearing on HB 261, a substitute bill was adopted that made a number of revisions requested by interested parties. The Ohio Chapter of the American College of Surgeons submitted a memo that provided a summary and rationale for each of these changes. I have included that memo as an attachment to my testimony. I want to briefly point out some of the key changes that were made to HB 261—

- The sub-bill clarified and strengthened the relationship between the state trauma board and regional trauma organizations. Hospitals would be required to participate in RTO's that are accredited by the trauma board and the board would establish trauma regions across the state to ensure that every Ohioan is served by an RTO;
- The sub-bill modified the membership and grant program for the existing Emergency Medical, Fire, and Transportation Services Board. Since trauma oversight is moving from the EMFATS board to the new trauma board, these changes will better align the board's membership and grant funding with its updated mission;
- The sub-bill provided greater detail on the role of the trauma board in developing a larger time-critical diagnosis system. The state trauma board will establish a committee that will prepare a report for the General Assembly regarding the establishment of a TCD system of care. This committee and report will set the stage for future work on time critical diagnosis;
- The sub-bill included a provision that ensured a trauma center's status would remain active while the trauma board is established. Further, the sub-bill refined portions of the revised code related to provision designation to ensure hospitals have the flexibility they need when undergoing verification by the American College of Surgeons.

Finally, the substitute bill adopted at the prior committee hearing included a funding proposal that would levy a supplemental fee on individuals who either plead or are found guilty of an automobile accident. This fee

would vary based on whether or not the accident resulted in a hospitalization or death. Our goal was to have the trauma system funded through users of that system. I understand that some stakeholders were concerned over this proposal, so let me offer some background.

Other states tend to fund their trauma system through three main sources—general revenue appropriations, cigarette and tobacco taxes, or fees on either motor vehicle violations or criminal penalties. We felt that relying on GRF funding was an irresponsible approach and that fees on trauma ‘users’ would be a fair and practical approach. We already fund our emergency medical services system and EMFATS board through seat belt violations. This seemed like the most logical approach.

Given that there are concerns with this funding proposal, it is my understanding that the sponsors of HB 261 are working on two different alternatives that would provide adequate funding for the trauma board and address concerns raised by stakeholders. In summary, the concerns raised by our allies in the judicial system were that the language in HB 261 gave judges no discretion in terms of setting or waiving the fee, which was also being treated as a court cost and not a fine.

There were also concerns over the administrative cost and burden associated with collecting this fee. And finally, opponents to this proposal generally do not support funding the executive agencies through court costs. Based on these concerns, we have proposed amending the funding proposal with the following changes—

- Clarify that this is an additional fine on a motor vehicle collision, not a court cost or fee and grant judges full discretion in terms of assessing the fine, which will not exceed \$100. Judges will also be able to waive the fine altogether if an individual cannot pay;
- Given that our initial estimate of revenue collected under this proposal was well above our need, we plan to seek language that would allow the court to keep half of all monies collected; this would help cover administrative costs.

These changes are being drafted by LSC and also vetted with stakeholders. While I am hopeful that these changes will alleviate concerns with this funding proposal, it is my understanding that other potential revenue sources are being reviewed. It is my goal that whatever funding source is developed will resemble the approach we’ve seen in other states where funding is derived from trauma users. Further, it should be a fair and common sense proposal.

Another amendment that is being prepared would remove the funding proposal related to moving violations altogether and instead add language that would indicate the General Assembly’s intent to provide funding the trauma system from users of that system in the operating budget. This would allow HB 261 to advance and for the pieces of this new lead trauma agency to begin being assembled while discussions over funding continue.

Finally, we have been reviewing some of the proposed expenditures as we continue to discuss funding the state trauma board. While we would like to see a grant program similar to the EMFATS board and funding for RTO’s, those are not necessary in order for the trauma board to be set up and to have the desired impact on trauma care in Ohio. The core components of the state trauma board could be funded for less than \$1 million per fiscal year, well below estimates outlined in the LSC fiscal analysis.

In closing, I want to thank the committee again for your continued interest and consideration of this important legislation. I would be happy to answer any questions regarding HB 261, the sub-bill adopted at the last hearing, or potential funding sources at this time.