



June 25, 2014

The Honorable Jane Nelson  
 Chair, Sunset Advisory Commission  
 Texas Senate  
 P.O. Box 12068  
 Austin, Texas 78711

Dear Madame Chair Nelson:

The Texas Sunset Commission staff faced a daunting task in evaluating the health and human services agencies, and has identified a number of challenges faced by the Texas Department of State Health Services. The Texas EMS, Trauma & Acute Care Foundation and its Regional Advisory Council, EMS and trauma stakeholders would like to comment on specific recommendations related to EMS and trauma, and highlight some areas not adequately addressed in the report.

#### Eliminate Fraud in EMS

In the section on emergency medical services, the report identifies that "TDSHS needs additional tools to better combat fraud in the EMS industry." TETAF firmly supports this extremely important recommendation. While the vast majority of ambulance/EMS providers abide by the law, fraud does occur and should be prosecuted and eliminated.

Based on its knowledge of EMS providers in the state, TETAF members believe the problem is caused by the state's very minimal standards for getting into the business. In addition to more stringent requirements to establish an ambulance service and obtain a license, TDSHS needs a more thorough application and review process with initial and follow-up unannounced on-site inspections. The report's recommendations would deter unscrupulous individuals who currently meet the very minimal state standards and then purposefully violate federal and state reimbursement laws/regulations.

TETAF endorses and supports the sunset report's recommendations that the state:

- Require an EMS provider to have a physical business location to obtain a license; a Post Office Box number or private residence address should not suffice. An actual physical business location would deter some individuals seeking a quick profit before discontinuing the business.
- Require an EMS provider to provide proof of ownership or a long-term lease agreement for all equipment necessary for safe operation of an EMS company.
- TETAF suggests that TDSHS be required to verify the accuracy of information provided by new applicants. However, this will not solve the problem of previous violators that incorporate under a new name/identity to obtain a license, unless TDSHS conducts thorough background checks on applicants. Even then, only civil or criminal conviction information would be available.
- Additionally, TETAF recommends a more thorough application and review process. TDSHS has a responsibility to protect the public from unscrupulous, dangerous ambulance/transport providers. Random, unannounced on-site inspections would help deter unsafe practices and ensure compliance with state ambulance requirements.

The report notes that TDSHS lacks adequate regulatory tools needed to most effectively regulate the EMS industry. Additionally, the commission found that TDSHS' complaints procedures for EMS regulation do not ensure appropriate follow-up or adhere to model licensing practices. TETAF supports the Sunset Commission's recommendations to:

- Authorize TDSHS to require jurisprudence examinations for all EMS licensees. TETAF encourages strict enforcement.

- Clearly authorize TDSHS to take disciplinary action against EMS providers or personnel based on findings by a governmental entity with delegated authority to conduct inspections. Currently, TDSHS does not have the legal authority to take action if another governmental entity finds a violation during enforcement of its city/county ambulance ordinance. For example, if the City of Houston finds an entity with no automated external defibrillator on an ambulance transporting a patient and reports that to TDSHS, the state agency must go out and find the violation first-hand or it cannot suspend or revoke the license. This legislative change would allow TDSHS to issue a notice of violation immediately upon learning of the violation from the other governmental entity.
- Require TDSHS to develop a formal process to refer non-jurisdictional complaints relating to EMS to appropriate organizations. This would help protect the public and improve quality of care.
- Require TDSHS to collect, maintain and make publicly available detailed statistical information on complaints regarding EMS licensees. TETAF believes that consumers as well as health care facilities should be informed of the availability of this information and encouraged to use it.
- TETAF suggests the legislature investigate methods to control a new industry that has developed as a result of the fraudulent providers and recent legislative attempts to control them. This new industry of “consultants” promises state EMS provider licenses for anyone wanting to enter the business. These consultants serve as the bonding agent, provide a medical director and provide the needed equipment necessary to pass inspections. Currently, there is no oversight or regulation of those who facilitate ambulance providers becoming licensed by the state.

#### Recognize the current and expanding role of Trauma Regional Advisory Councils

Trauma generates the highest costs in health care, and traumatic injury is the prime reason for long-term absence from work. Prevention and prompt appropriate treatment are essential to minimize the impact of trauma on the state financially and in terms of workforce. As the state’s population ages, stroke and cardiac events have become more prevalent. Timely appropriate response and intervention impact patient outcomes and the length and cost of episodic treatment.

Texas has 22 trauma service areas that have developed and implement regional trauma system plans. However, resources vary widely among RACs and the counties they serve. Each trauma Regional Advisory Council is composed of health care entities – hospitals, ambulance services and rehabilitation facilities – and individuals – trauma surgeons and emergency medicine physicians, nurses with special training in trauma care, EMS providers, trauma registrars and others – who are experts in trauma care and injury prevention. Through periodic disaster drills, meetings and educational programs, they refine and enhance their trauma response plans. A “hub and spoke” mechanism is used to provide critical life-saving stabilization services immediately and then transfer the patient to a higher level of care if appropriate. Each RAC has at least one “anchor” Level III or higher designated trauma facility to which patients are transferred. Major metropolitan areas have several Level I trauma centers, while rural Texas RACs may have only one Level III or II designated facility. Ambulance services and EMS vary among counties, but each RAC and its local health care professionals have developed the best approach possible to treat and stabilize patients within the existing resources available.

Most of these same resources and personnel coordinate emergency treatment of stroke and cardiac patients (often referred to as STEMI). While there is some overlap, RACs already have most of the appropriate stakeholders involved, so directing RACs to perform this additional coordination of resources function for stroke and cardiac patients is appropriate and efficient.

Unfortunately, state funding of RACs is minimal. While federal disaster preparedness funds have helped support the infrastructure of RACs, this revenue source is declining. Texas needs a strong trauma and emergency health care system to protect its growing population and to improve patient outcomes for Texans who suffer traumatic injuries or cardiac/stroke events. While RACs often work behind-the-scenes, the regional planning and coordination of resources which they provide are unique and critical to the success of our trauma and emergency health care system. Texas currently is a full 1 percent below the national case fatality rate of 3.80 percent because the Texas trauma system works. However, without an additional investment in the RAC infrastructure, the ability to respond to natural disasters (like a hurricane along the Gulf Coast or an industrial accident like the explosion in West) will decline. Texans want and need fast

emergency medical response when required, but without effective, efficient coordination, a single trauma center or ambulance is ineffective. Trauma RACs make the system work, and need a base level of funding to perform their critical tasks.

TETAF is conducting a study of RAC operating costs, and will share its results in the fall with the commission and legislators. Obviously, RACs serving a major metropolitan area – like the Metroplex or Houston – have greater needs than one serving a large but sparsely populated area of the Panhandle or West Texas. Base-level funding probably should be tied to population served. The bottom line is that Texas needs its 22 Regional Advisory Councils to be strong and robust to respond to the growing number of trauma emergencies and increasing volume of cardiac and stroke events. Texas needs to invest in the real safety net – which are the RACs.

Texas has the opportunity to bring coordination of the medical response to trauma, cardiac, stroke and disaster into a single entity – the trauma Regional Advisory Council. TETAF believes this would provide the best results for patients and employers, and ultimately be the most cost efficient response.

#### Surveying for designation as trauma/stroke/cardiac centers

The Texas Department of State Health Services has established criteria for the designation of Level III and Level IV trauma facilities. However, TDSHS contracts for the actual surveys by clinical experts to determine compliance with the requirements. TETAF contracts with TDSHS to provide Level III and Level IV surveys, and surveyors are carefully vetted trauma surgeons and trauma nurses. These individuals have appropriate educational credentials plus front-line experience. They know and understand how the rules must be implemented, and they recognize whether performance is acceptable or not. Staff members at the TDSHS who review the designation survey reports are not experts in trauma care. TDSHS should follow the recommendations of those trauma professionals who conduct the surveys. Outsourcing the administration of the designation process – as well as actual program surveys – would be more efficient and effective, although the state should continue to be the designating authority.

Level I and II designations are awarded by the American College of Surgeons based on national criteria, and are recognized and accepted by Texas.

TETAF also surveys for TDSHS to determine if a hospital qualifies for stroke support center designation. An initiative is underway to secure a cardiac center designation at the state level to implement systems of care to more appropriately treat the cardiac patient quickly at the appropriate facility. TETAF supports this concept, and believes it has the expertise and resources to perform this function cost effectively for the state under a contractual relationship with TDSHS.

#### RACs should coordinate neonatal/maternal care

In 2013, the Legislature passed a bill directing the Texas Health and Human Services Commission and the TDSHS to assign levels of care designations for neonatal and maternal services provided at hospitals, and hospitals' reimbursement will be linked to designation levels. Designation levels must be completed by Aug. 31, 2017, for neonatal services and by Aug. 31, 2019, for maternal services. The bill sunsets the existing neonatal advisory group and created a Perinatal Advisory Council to work with THHSC and TDSHS to create the process for developing the designated levels of care. TETAF suggests that the existing RAC structure would be the most efficient and effective way to coordinate neonatal and maternity services. Some of the same people already participate in emergency, cardiac and stroke response planning. RACs have the relationships and the infrastructure to assemble experts and know how to implement a designation level system, having done so with hospitals. While neonatal specialists would need to be brought into the process, the RAC structure would be the most efficient way to coordinate care and ensure high quality providers.

With its surveying expertise and processes, TETAF could contract with TDSHS to do the actual on-site assessments of programs – including facilities/equipment, personnel, processes, etc. – based on criteria set by the state. Texas should capitalize on existing resources rather than re-invent the wheel.

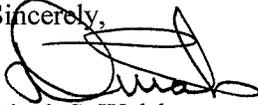
#### Standard of care

In 2013, the Legislature considered allowing Level IV designated trauma facilities located in counties with populations of 50,000 or less to use telemedicine services in place of physicians to meet the physician

requirement for designation. This would lower the standard of care for trauma patients in these areas, and TETAF and its stakeholders believe it is important that all trauma patients have the best chance for survival, regardless of their location. Texas has 275 designated trauma facilities, including 16 Level I, 17 Level II, 49 Level III and 193 Level IV centers. Lowering the standard of care for Level IV facilities would have a serious, negative impact on trauma care in Texas. Since Level IV facilities are such an important component of the “hub and spoke” concept, their integrity must be maintained.

The sunset review process provides an opportunity for the Legislature to study specific state regulatory agencies in-depth and assess their oversight capabilities and performance. TETAF welcomes a better understanding by legislators of the state’s oversight of trauma and EMS. TETAF and its stakeholders welcome the opportunity to work with the Sunset Advisory Commission staff to create a real understanding of trauma and emergency response in Texas.

Sincerely,



Dinah S. Welsh  
Chief Executive Officer

cc: Members, Sunset Advisory Commission  
Staff, Sunset Advisory Commission  
Members, TETAF Board of Directors  
Regional Advisory Council Executive Directors and Chairs

**From:** [Sunset Advisory Commission](#)  
**To:** [Janet Wood](#)  
**Subject:** FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Monday, June 30, 2014 4:36:53 PM

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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Monday, June 30, 2014 3:08 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Monday, June 30, 2014 - 15:08

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Dinah

Last Name: Welsh

Title: CEO

Organization you are affiliated with: Texas EMS, Trauma & Acute Care Foundation

Email: [dwelsh@tetaf.org](mailto:dwelsh@tetaf.org)

City: Austin

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

Eliminate Fraud in EMS

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#### Any Alternative or New Recommendations on This Agency:

Recognize the current and expanding role of Trauma Regional Advisory Councils Trauma generates the highest costs in health care, and traumatic injury is the prime reason for long-term absence from work. Prevention and prompt appropriate treatment are essential to minimize the impact of trauma on the state financially and in terms of workforce. As the state's population ages, stroke and cardiac events have become more prevalent. Timely appropriate response and intervention impact patient outcomes and the length and cost of episodic treatment. Texas has 22 trauma service areas that have developed and implement regional trauma system plans. However, resources vary widely among RACs and the counties they serve. Each trauma Regional Advisory Council is composed of health care entities – hospitals, ambulance services and rehabilitation facilities – and individuals – trauma surgeons and emergency medicine physicians, nurses with special training in trauma care, EMS providers, trauma registrars and others – who are experts in trauma care and injury prevention. Through periodic disaster drills, meetings and educational programs, they refine and enhance their trauma response plans. A "hub and spoke" mechanism is used to provide critical life-saving stabilization services immediately and then transfer the patient to a higher level of care if appropriate. Each RAC has at least one "anchor" Level III or higher designated trauma facility to which patients are transferred. Major metropolitan areas have several Level I trauma centers, while rural Texas RACs may have only one Level III or II designated facility. Ambulance services and EMS vary among counties, but each RAC and its local health care professionals have developed the best approach possible to treat and stabilize patients within the existing resources available.

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My Comment Will Be Made Public: I agree