

TCD funding

Alabama

Trauma system- limited fund general revenue salaries. Unfunded things that the hospitals pick up.

Stroke system just getting started limited fund general revenue salaries. Unfunded things that the hospitals pick up.

Alaska

Trauma system - grants

Arizona

Trauma system- voter gaming initiative for level I trauma centers. GR money for FTEs and lower level trauma centers

Stroke system

STEMI system

Arkansas

Trauma system- Public health fund mainly funded by the tobacco settlement money. Cigarette taxes .56 cigarette pack tax passed in February 2009.

California

Trauma - General funds, proposal that raises property by 0.03 per square foot, traffic fines and forfeiture.

Colorado

Trauma- money from Motor vehicle registrations

Stroke- Motor vehicle registrations small portion and specific appropriation from legislature

STEMI- Motor vehicle registrations small portion and specific appropriation from legislature

Connecticut

Trauma

Stroke

Delaware

Trauma- general revenue only pays for 1 full time staff and 1 part time staff.

Florida

Trauma – receive money from criminal statute (disposition of traffic infractions) for motor vehicles.

Georgia

Trauma- Created a super speeder law whereby anyone going 20 miles over the speed limit has to pay an extra \$200 fee. This generates approximately \$24-26 million a year. They have a trauma commission that disperses the fees. They use the money to give back to the hospitals by incentivizing the hospitals in trauma surgeon response times, complete entries into the registries etc.... The commission also disperses money to EMS for equipment and training and for the state registries. Lessons learned- they do not have the money from the super speeder law going directly to the fund. Instead it goes to general revenue and there is an appropriation made to the trauma commission which then disperses the money. Also, they should have put in the law that some money goes back to law enforcement to incentivize law enforcement to issue these tickets.

Stroke- They received the Coverdell grant that Missouri also applied for and did not receive. They also get additional Coverdell money because Paul Coverdell was from Georgia.

Hawaii

Trauma- cigarette tax

Idaho

Trauma, Stroke and STEMI- all of these designations, the Idaho Department of Health charges fees to the hospitals. See the attached sheet.

Indiana

Trauma- The ISDH has successfully acquired and used federal funding to development and implementation of a statewide trauma system. Trauma system development is currently funded by grants from the Indiana Criminal Justice Institute (ICJI), which administers the NHTSA 408 traffic records grant, monies from the federal Preventive Health and Health Services block grant, National Violent Death Reporting System (NVDRS) grant and Prescription Drug Overdose: Prevention for States (PfS) grant.

Stroke centers

Iowa

Trauma- The staff are funded through the public health block grant. They also use some money from the Flex grant for verification of critical access hospitals.

Kansas

Trauma- Kansas charges \$500 application fee for level I, II, III and \$250 for level IV. Reviews by department shall not exceed \$15,000.

Kentucky

Trauma- The Kentucky trauma care system fund is created as a restricted account that shall consist of state general fund appropriations and other grants, contributions, donations, or other moneys made available for the purposes of KRS 211.490 to 211.496. Moneys in the fund are hereby appropriated for the purposes set forth in KRS 211.490 to 211.496.

Louisiana

\$200 licensing fee for trauma centers

Maine

Maryland

Trauma- Motor vehicle registration, surcharge fee imposed for EMS operations, surcharge on moving violations, and general obligation bonds.

Massachusetts-

Michigan-

Trauma- In 2012 legislation directing that the trauma system funding allocation come from the Crime Victim's Rights Services fund was passed.

Minnesota-

Federal law allows hospitals to recover certain costs related to the response to and care of a trauma patient. In Minnesota, eligibility for this revenue is limited to trauma hospitals verified by the American College of Surgeons or designated as a trauma hospital by the state.

Legislation authorizing and funding a statewide trauma system went into effect August 2005.

Mississippi

The State Board of Health is authorized to receive any funds appropriated to the board from the Mississippi Trauma Care System Fund created in Section 41-59-75 (money is from traffic violations). It is further authorized, with the Emergency Medical Services Advisory Council and the Mississippi Trauma Advisory Committee acting in advisory capacities, to administer the disbursements of such funds according to adopted trauma care system regulations.

With the passage of House Bill 1405 during the 2008 legislative session, Section 41-59-5 was amended to make participation in the Trauma Care System mandatory for eligible

acute-care facilities, and to require the facilities that elect not to participate, or to participate at a level lower than they are capable of participating, in the Trauma Care System, to pay a non-participation fee to the Trauma Care Trust Fund. The mandatory Trauma Care System became effective on September 1, 2008.

As of February 22, 2017, there are 86 designated and participating hospitals in the Mississippi Trauma System of Care: 4 Level I Trauma Centers, 3 Level II Trauma Centers, 16 Level III Trauma Centers, 62 Level IV Trauma Centers, and 1 Burn Center.

Montana-trauma-General revenue

Nebraska-
Trauma- "Health Care Cash Fund" from intergovernmental cash fund and tobacco taxes.

Nevada-

Trauma- General fund appropriation, criminal penalty, and EMS certifications fee.

New Hampshire-

Trauma- general revenue

New Jersey-

Trauma- A surcharge on motor vehicle violations.
Stroke – the legislature appropriated \$3,000,000 from the General Fund for the purpose of giving grants to upcoming stroke centers to help them to become accredited as a stroke center.

New Mexico-

Trauma- General fund appropriation.

New York-

Trauma-general revenue

Stroke- Paul Coverdell grant also a CDS grant

In July 2012, the NYSDOH was awarded a grant from the CDC to implement a quality improvement initiative to improve in-hospital care for acute stroke. New York now joins 10 other states in the Coverdell Registry: Arkansas, [California](#), [Georgia](#), [Iowa](#), [Massachusetts](#), [Michigan](#), [Minnesota](#), [North Carolina](#), [Ohio](#), and [Wisconsin](#). With this grant, NYSDOH proposes to engage in statewide quality improvement activities that expand and strengthen the existing Quality Improvement (QI) program for acute stroke, known as the New York State Stroke Designation Program. Two programs within the NYSDOH (the Division of Chronic Disease Prevention and the Stroke Designation Program) have collaborated and will develop and implement a focused QI program that will:

1. Increase the use and reporting of data on indicators of stroke care collected from the stroke designation hospitals;
2. Develop both aggregate and hospital-specific reports on stroke outcomes collected through SPARCS; and
3. Provide technical assistance to support both data quality assurance and in-hospital stroke care program quality assurance.

Forty-seven hospitals have chosen to participate in the DOH Stroke Quality Initiative.

North Carolina-

I contacted North Carolina about the funding. The state pays through general funding for a nurse to go out with a team to review trauma centers. The state also contracts with UNC to ensure that data is entered into the trauma database and for analysis of this data. This funding is also through general funds. The state charges honorariums/professional fees for the reviewers that the hospital pays back. The state does not charge an application fee. The state recognizes stroke centers with national accreditation. Annually the state sends out a list of the trauma centers and stroke centers to EMS. Their regulations require EMS to transport patients to these centers.

North Dakota-

Trauma- general funds.

Stroke-

Ohio-

Trauma-

Oklahoma-

Trauma-

F. Trauma Fund

The Trauma Care Assistance Revolving Fund (Trauma

Fund) provides for reimbursement of uncompensated costs associated with trauma care provided by recognized trauma facilities and emergency medical providers. In 2004, House Bill 1554 added physicians to the list of providers eligible for reimbursement from the Trauma Fund. Administrative rules to implement this statutory change became effective on July 11, 2005.

The Trauma Fund is a continuing fund that is available from year-to-year to support the public health safety net required to provide appropriate emergency medical care to the severely injured patient. Current sources of revenue for the Trauma Fund include renewal and reinstatement fees for driver licenses; fines for second/ subsequent convictions for driving without a license, convictions for driving under the influence, driving without a license, failure to maintain mandatory motor vehicle insurance, violating the open container law, speeding, drug-related convictions and the Tobacco Tax. Based upon budget projections, collections from all Trauma Fund revenue sources are anticipated to reach between \$14 million - \$20 million annually. Ninety percent of the funds collected will be distributed among the eligible participants during each future distribution period, with thirty percent of each distribution earmarked specifically for physicians.

Eligible EMS, hospital and physician disbursement entities may be qualified for reimbursement from the Trauma Fund for cases meeting required major trauma clinical criteria, and must be uncompensated after reasonable collection efforts are exhausted.

Major trauma cases meeting the clinical case definition are identified through required data reporting by Hospital Trauma Registrars to the State Trauma Registry.

Qualifying clinical case criteria includes those trauma cases reported to the Registry with ICD-9 codes of 800.0 to 959.9 and a defined severity of injury. The fund is distributed on a pro-rata basis after costs are established and ineligible cases are subtracted.

Oregon-

Pennsylvania-

Trauma- nonprofit created trauma systems foundation *The Foundation is a non-profit corporation under section 501(c)(3) of the Internal Revenue Service code. Primary funding is obtained through fees associated with the accreditation process.*

Rhode Island- Trauma- no funding.

South Carolina- general revenue funding.

South Dakota- General revenue funding.

Tennessee- general revenue funding.