Mississippi has enacted policies that are considered a model for trauma system development by other states. Much of the success of Mississippi’s system is derived from a stable funding structure established in statute. Recent statutory changes threaten to weaken this structure. This brief summarizes the impact of these changes and explores options for strengthening funding for the system.

In 2008, the Mississippi Legislature enacted HB 1405, providing a steady funding stream to support the state’s trauma care system. Key to the funding structure were assessments and fees targeting risky behaviors associated with trauma care.

In 2012, a study published by researchers in the *Journal of Trauma Care and Acute Care Surgery* lauded the policy provisions enacted by Mississippi policymakers as “foresighted” and a successful model for other states to consider. The researchers documented a statistically significant increase in hospital participation in the state trauma system following enactment of the law. Figure 1 compares hospitals’ participation in the trauma care system in 2007 to hospitals’ participation in 2015.

**FIGURE 1. MISSISSIPPI HOSPITAL PARTICIPATION IN THE TRAUMA CARE SYSTEM, 2007 VS. 2015**

Researchers have documented decreases in injury death rates after implementation of formal trauma care systems. Unintentional (accidental) injuries comprise the majority of Mississippi’s injury deaths at 67 percent and motor vehicle crash deaths are the leading cause of unintentional injury deaths statewide. Motor vehicle crash death rates have declined significantly (p<.01) faster in Mississippi when compared to the United States from 2008 to 2014 (see figure on the left).
At the time of enactment of the 2008 law, it was projected that the new assessments would generate over $30 million in additional revenue, which could be added to the $8 million already deposited annually in the Trauma Care Systems Fund. Collections, however, were less than estimated. As shown in Figure 2, the funding levels for the trauma care system have never reached the amount authorized for trauma care in the Mississippi State Department of Health’s appropriations bills, averaging about 60 percent of the authorized amount from 2009 to 2016. When the amounts are adjusted to account for medical inflation over the time period, the funding levels were even lower.

During the 2016 regular legislative session, the Mississippi Legislature amended some of the state funding mechanisms that affected the trauma and EMS systems (Mississippi Code § 99-19-73) by redirecting certain fees and assessments related to moving traffic violations, the Implied Consent Law, and speeding/reckless/careless driving violations into the State General Fund rather than to continue to deposit the assessments into the Trauma and EMS Funds.

Specifically, moving traffic violation penalties that designated $15.00 of every $20.00 assessed to go to the Trauma Care Systems Fund and the remaining $5.00 to the EMS Operating Fund now go into the State General Fund. Implied Consent Law violation penalties that designated $30.00 of every $45.00 assessed to go to the Trauma Care Systems Fund and the remaining $15.00 to the EMS Operating Fund now go into the State General Fund. All the assessments that were collected for speeding ($60.00), reckless driving ($10.00), and careless driving ($10.00) violations that had been designated for deposit into the Mississippi Trauma Care Systems Fund now also go into the State General Fund.

The results of these changes are that the EMS Operating Fund no longer has a designated state funding mechanism and the revenue designated to be deposited into the Trauma Care Systems Fund is reduced. In Fiscal Year 2016, the Mississippi State Department of Health reported the EMS Operating Fund had collected $1,790,736. Collections for the trauma system from moving traffic violations were $7,205,971 out of the total $22,763,620 collected, about one-third (32%) of the trauma fund collections. Unless the Legislature appropriates the money from the State General Fund, there is projected to be approximately $9 million less revenue supporting the state’s trauma and EMS systems.
There is no designated federal funding for trauma or emergency medical systems outside of occasional grants for specific purposes, and states vary in their funding sources for these systems. Most states employ a combination of funding sources to support trauma and EMS services on the state level. A majority of states fund the trauma and EMS systems separately, while a few states provide joint funding for these services.

Sources of state funding for trauma and emergency medical systems include general fund revenue appropriations by state legislatures; fees assessed on motor vehicle or other violations, vehicle registrations, driver’s licenses, and ambulance or emergency medical technician (EMT) operations; and tobacco taxes. Figure 3 illustrates the variety of sources of state trauma systems funding.

The State of Louisiana received approval from the Centers for Medicaid and Medicare (CMS) to implement a Medicaid Upper Payment Limit (UPL) program for EMS services. Under this program, Medicaid provides a supplemental payment for emergency medical transportation services rendered by land and air ambulance providers. Since the state match is paid by the ambulance providers, the program does not use state general funds. In the Mississippi State Department of Health’s appropriations bill, the Legislature has authorized the use of trauma funds in Mississippi through collaborative efforts between the Division of Medicaid and the State Department of Health to obtain federal Medicaid matching dollars, but the program has not been implemented.

Collecting assessments and fees on sources related to the risky behaviors associated with the leading causes of unintentional injuries is a common method to fund trauma and EMS system operations. Motor vehicle crashes, drug poisonings, falls, drowning/suffocation, and fires were the top reasons for unintentional injury deaths in Mississippi from 2008 to 2014 (see figure on the left).
Policy Considerations

Research has documented the success of the trauma system in Mississippi as established by the State Legislature. Key to sustaining the system is maintaining a stable source of funding. Recent statutory changes have the potential of seriously reducing the revenue designated to support the system.

The Legislature has multiple options for ensuring adequate financial support of the state's trauma system, including the following:

- Appropriate funds from the State General Fund;
- Restore the revenue streams diverted to the General Fund in FY 2017;
- Consider new revenue streams from similar sources; and/or
- Implement the Medicaid EMS Upper Payment Limit Program (UPL) authorized in law using trauma funds for the state match.

Sources


