

# Missouri Department of Health and Senior Services

## Time Critical Diagnosis Project

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### Deliverable B: Funding Structures Recommendations

As outlined in the Missouri Time Critical Diagnosis (TCD) System Scope of Work, Havron & Associates conducted a comprehensive review of TCD funding structures in use by other states or otherwise documented in the literature. The intent of the review was to develop funding recommendations which could be implemented in full, or in part, by the State of Missouri. These recommendations do not include funding from the state's general revenue.

#### I. Summary of Findings

Of the 50 states reviewed, 26 states receive funding for one or all three programs (Stroke, STEMI, and Trauma). Funding is received through grants, legislative funds, and fees collected throughout various state programs.

*It is noteworthy, that the State of Idaho has implemented a Time Sensitive Emergency (TSE) Program, which includes their trauma, stroke, and STEMI programs. The Idaho Registry is operated by the Idaho Hospital Association and includes all three separate systems within the one (1) registry. The program funds two (2) FTEs and funds are received from charging hospitals for designation. The amount of the designation cost depends on the level of designation. The Idaho TSE Program is a mandatory program. The program also receives a small amount of money from the EMS General Fund. There is also a \$0.25 on vehicle registrations which goes to EMS Bureau. The state is divided by TSE Regions.*

A review of all 50 states regarding EMT/Paramedic Application Fees was also completed. Of the 50 states reviewed, 35 states collect some level of EMT/Paramedic Application Fees. The fees range from late renewal fees only to \$165 for initial application and are higher in some states for late renewals or reinstatement processing.

##### a) Stroke Funding Findings

Of the 50 states reviewed, eleven (11) receive funding for a stroke program. Of those, nine (9) receive funding from the Paul Coverdell Grant. The Paul Coverdell Grant is a five-year competitive grant administered through the CDC. Grants are awarded from \$700,000 - \$800,000. The new grant cycle was to begin in 2020, but the current grant cycle has been extended for another year. The new grant cycle is currently set to begin in 2021.

One (1) state receives state funding through the tele-stroke program provided through a state university. And one (1) state receives funding as a start-up for their Stroke and STEMI programs.

Individual state information regarding stroke program funding can be found in **Appendix A**.

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### b) STEMI Funding Findings

Of the states that responded, only one (1) state has funded a STEMI Program and the program was funded as an initial start-up for the STEMI and Stroke Programs. Individual state information regarding STEMI Program funding can be found in **Appendix B**.

### c) Trauma Funding Findings

Of the states that responded, twenty (20) states have funded Trauma Programs. Funding is provided through a variety of taxes, vehicle registrations, violations/fines, and limited legislative funding. In some states, funding includes payments to hospitals and administrative costs.

Individual state information regarding Trauma Program funding can be found in **Appendix C**.

### d) EMT / Paramedic Application Fees Findings

Of the states that responded, thirty-five (35) states collect some degree of EMT/Paramedic Application Fees. The fees range from late fee renewal only to \$126 for initial application.

Individual state information regarding EMT/Paramedic Licensure Fees can be found in **Appendix D**.

### e) Missouri Brain Injury Fund

Havron & Associates was also asked to specially look at the Missouri Brain Injury Fund. Per a November 2018 memo from Brenda Rackers, "...there is currently a brain injury fund where all criminal cases including violations of any county ordinance or any violation of criminal or traffic laws of this state, including an infraction shall be assessed a surcharge in the amount of two dollars. This money goes into a fund titled Brain Injury Fund for the use of DHSS."

## II. Recommendations

The Missouri Department of Health and Senior Services is encouraged to explore the following recommendations for funding for the Missouri TCD Program.

### a) EMT/Paramedic Application Fees

As seen in the completed review in Appendix D, 70% of the states collect some level of application fee. The fees range from late fees only to \$165 initial application fees, when applicable. Many states apply an escalated fee structure, based upon the level of license / certification. Many others, levy various fees for late renewal and recertification processing.

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*Example:*

*If the State of Missouri implemented a \$50.00 licensing fee for each of the approx. 18,600 EMTs/paramedics in the state, revenue generated would be approximately \$186,000 annually. This initial funding could be used to fund TCD advocates, specifically focused on TCD organizational structure and future funding.*

**Funding Recommendation 1a: Implement Emergency Medical Technician initial and renewal application fees.**

**Funding Recommendation 1b: Consider a 2 or 3-year application renewal period.**

### **b) Grants**

Several states receive grants to fund their trauma, stroke, and/or STEMI programs. Specifically, the Paul Coverdell Grant funded through the CDC is available for state stroke programs. The grant runs in a 5-year cycle and is available again in 2021. One state receives \$750,000 as a recipient of the Coverdell Grant. The awarded grant range is from \$700,000 to \$800,000.

**Funding Recommendation 2: Apply for the Paul Coverdell Grant.**

**Funding Recommendation 3: Research and apply for other grant funding (at all funding levels).**

### **c) Brain Injury Fund**

The Missouri Department of Health and Senior Services Time Critical Diagnosis Program should partner with the DHSS Brain Injury program to leverage funding mechanisms and patient care alignment for Stroke and Trauma Programs.

**Funding Recommendation 4: Align DHSS Brain Injury Program and TCD programs.**

### **d) Fees and Violations/Fines**

Several states have funded millions of dollars to trauma systems through various fees, taxes, and violations/fines.

*Example:*

*The State of Mississippi charges a point-of-sale fee of \$50.00 on ATV/Motorcycle purchases. Mississippi also receives funding from various violations such as speeding, traffic violations, and uninsured motorist penalties. The state also receives trauma funding from various fees related to license plates. Mississippi's current funding for trauma is \$28 million.*

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**Funding Recommendation 5: Work to pursue any and all funding mechanisms through fees and violations/fines.**

**Funding Recommendation 6: Identify a Time Critical Diagnosis Program legislative advocate and create a Funding Subcommittee tasked to identify violations/fines/fee mechanism to be recommended, including, but not limited to: speeding violations fine, recreational motor vehicle purchase surcharge, tobacco sur-charge, alcohol surcharge. The program advocate and subcommittee should be identified by January 31, 2020.**

Havron & Associates, LLP would like to thank you for the opportunity to participate in this portion of the project. Missouri's dedication to advancing their TCD program should be recognized, as it is unique and forward-thinking.

Sincerely,

Douglas Havron, RN, BSN, MS  
CEO and Senior Planner

## Appendix A: Stroke Funding Findings

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### A. Stroke Programs Funded

- Arkansas - \$9 million per year funded. The state has a tele-stroke program through the University of Arkansas. Funding for stroke carry over from trauma. Stroke is a voluntary program in the state.
- California – funded by Paul Coverdell Grant (\$700,000-\$800,000)
- Georgia – funded by Paul Coverdell Grant (\$700,000-\$800,000)
- Massachusetts – funded by Paul Coverdell Grant (\$700,000-\$800,000)
- Michigan – funded by Paul Coverdell Grant (\$700,000-\$800,000)
- Minnesota – funded by Paul Coverdell Grant (\$700,000-\$800,000)
- Mississippi - \$450,000 to start Stroke and STEMI programs
- New York – funded by Paul Coverdell Grant (\$700,000-\$800,000)
- Ohio – funded by Paul Coverdell Grant (\$700,000-\$800,000)
- Washington - \$750,000 per year. Stroke funded through the Paul Coverdell Grant. There are 4 staff members and they provide small grants to hospitals
- Wisconsin – funded by Paul Coverdell Grant (\$700,000-\$800,000)

### B. Stroke Programs Not Funded or Unknown

- Alabama – No funding currently and no registry. Possibility for NIH Grant Funding.
- Alaska – Pending response
- Arizona – No funding and no registry
- Colorado – Pending response
- Connecticut – No funding and no registry
- Delaware – Pending response
- Florida – No funding and no registry
- Hawaii – Pending response
- Idaho – Registry just started 1/2019
- Illinois – No funding
- Indiana – No funding and no registry
- Iowa - No funding. Get with the Guidelines registry
- Kansas – Pending response
- Kentucky – No funding
- Louisiana – Pending response
- Maine – Pending response
- Maryland – No funding
- Montana – Pending response

## Appendix A: Stroke Funding Findings

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- Nebraska – No funding. Adopting Get with the Guidelines registry
- Nevada – Pending response
- New Hampshire – Pending response
- New Jersey – Pending response
- New Mexico – No funding and no registry
- North Carolina – No funding
- North Dakota – Pending response
- Oklahoma - Pending response
- Oregon - Pending response
- Pennsylvania - Pending response
- Rhode Island - Pending response
- South Carolina - Pending response
- South Dakota – No funding and no registry
- Tennessee - No funding. State registry through university in Tennessee.
- Texas - Pending response
- Utah - Pending response
- Virginia – No funding and no registry
- West Virginia – No funding and no registry
- Wyoming - Pending response

## Appendix B: STEMI Funding Findings

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### A. STEMI Programs Funded

- Mississippi - \$450,000 to start Stroke and STEMI programs

### B. STEMI Programs Not Funded

- Alabama – No funding and no registry. Program just beginning October 2019
- Alaska - Pending response
- Arizona – No funding and no registry
- Arkansas – No funding. The STEMI registry was just developed and a recently formed STEMI Council. STEMI is a voluntary program in the state.
- California – No funding and no registry
- Colorado - Pending response
- Connecticut – No funding and no registry
- Delaware - Pending response
- Florida – No funding and no registry
- Georgia - Pending response
- Hawaii - Pending response
- Idaho – Registry just started 1/2019
- Illinois – No funding and no registry
- Indiana – No funding and no registry
- Iowa – No funding and no registry
- Kansas - Pending response
- Kentucky – No funding
- Louisiana - Pending response
- Maine - Pending response
- Maryland – No funding
- Massachusetts - Pending response
- Michigan – No funding and no registry
- Minnesota - Pending response
- Montana - Pending response
- Nebraska – No funding
- Nevada - Pending response
- New Hampshire - Pending response
- New Jersey - Pending response
- New Mexico – No funding and no registry
- New York - Pending response
- North Carolina – No funding
- North Dakota - Pending response
- Ohio – No funding and no registry
- Oklahoma - Pending response
- Oregon – Pending response

## Appendix B: STEMI Funding Findings

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- Pennsylvania – Pending response
- Rhode Island - Pending response
- South Carolina - Pending response
- South Dakota – No funding and no registry
- Tennessee – No funding and no registry
- Texas -
- Utah - Pending response
- Vermont - Pending response
- Virginia – No funding and no registry
- Washington – No funding. Working on funding through legislature for 2020.
- West Virginia – No funding and no registry
- Wisconsin - Pending response
- Wyoming - Pending response

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## Appendix C: Trauma Funding Findings

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### A. Trauma Programs Funded

- Arizona - \$23.5 million per year funded. 28% of tribal gaming tax goes to trauma hospitals/EMS. About \$18 million of the \$23.5 million goes to hospitals. 90% of the funding goes to Level 1 trauma centers. \$400,000 administrative fees from funding.
- Arkansas - \$20 million per year funded. Percentage of tobacco tax goes to the trauma fund. Some of the fund is allocated for administrative activities, but most of the fund goes back to the trauma centers.
- Colorado - \$7.2 million per year. There is a \$2 fee on car registrations. Almost all the \$7.2 million was distributed to EMS through grants. Funding does not support trauma patient services but does cover administrative costs.
- Florida – \$15.5 million per year. \$13 million is from a portion of traffic fines (specifically red-light camera). This money goes directly to hospitals. \$2.5 million of the \$15.5 million is for administrative costs including staff and costs of hospital surveys each year. Approximately half of the \$2.5 goes to survey costs. They are strongly considering ACS verification only.
- Georgia - \$22,565,420 per year. Total funding \$22,565.420 for FY19. Trauma funding from fireworks tax (\$805,214) and Super Speeder Collection (\$5,016,127). Legislative funding also. Funding includes EMS; allocations to hospitals/trauma centers; staffing and operations.
- Idaho - \$300,000 per year. Idaho has a TSE (time sensitive emergency) program which includes trauma, stroke, STEMI. The registry is through the Idaho Hospital Association. There is 1 registry which has 3 separate systems within the 1 registry. There are 2 FTEs for the program. Funds from charging facilities to designate, pay depending on level of designation. Mandatory to participate. Small amount of money from EMS general fund. \$0.25 on vehicle registrations goes to EMS Bureau. State is divided by TSE Regions.
- Illinois - \$3.5 - \$5 million per year. Trauma Center Fund comes from traffic violations in the state. Traffic fines stay in the region (11 regions) where fined. The Department of Human Services (Medicaid) provides extra funding. State only has Level 1 and 2 trauma centers. They are moving toward 1 record which includes 1 event and importing EMS data.
- Indiana - \$175,000 - \$750,000 per year. Trauma funding from NITSA grant - \$175,000. Spinal cord and brain injury fund - \$1.4 million and they are permitted to use up to 50% of that fund for trauma. They only use approximately \$200,000 of the \$750,000 available to them.
- Iowa - \$300,000 per year. 75% grant funded. \$250,000 funded from PHHS Block Grant. \$65,000 funded from the state for 2.35 employees. Department leverages other programs in the state (for example the Hospital Preparedness Program has provided almost \$800,000 over the past 2 years. They rely a lot on local partners.

## Appendix C: Trauma Funding Findings

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- They also receive a small amount from other departments who don't use all their grant money in a year (\$2,000-\$3,000).
- Louisiana - \$2.5 million per year. LERN trauma system includes stroke and STEMI. Funding includes trauma, stroke and STEMI. Funding from state general fund and federal LNCCA (low-income and needy care collaboration agreement) funds.
  - Maryland - \$12.7 million per year. \$5 on all car registrations every 2 years (\$2.50 per year). Fund pays for hospitals, physicians, follow-up care of trauma patients on Medicaid and \$200,000 administrative costs.
  - Michigan - \$3.5 million per year. Funded from Crime Victim Services fee.
  - Mississippi - \$28 million per year. Trauma Care Systems funding from the following fees: Speeding, Reckless, & Careless Driving Violations \$80.00; Point-of-sale Fee ATVs/Motorcycles \$50.00; Distinct License Tag Plate Fees \$44.00; Implied Consent Law Violations \$30.00; Special License Tag Fees (EMS Technicians) \$25.00; Special License Tag Fees (Trauma Care) \$24.00; Special License Tag Fees (EMS Supporter) \$24.00; Traffic Violations \$15.00; License Plate Tags/Decals \$4.00; Uninsured Motorist Liability Insurance Penalties Amount Varies; EMS Operating System - Implied Consent Law Violations \$15.00; EMS Operating System - Traffic Violations \$5.00.
  - New Mexico - \$50,000
  - Nebraska - \$1.2 million per year. Funding for trauma from motor vehicle registration tax. 2001 tax adopted but not increased since adoption. Small amount (\$20,000) from Preventative Health Block Grants for training/books.
  - Oklahoma - \$14 million - \$20 million per year. Funding from traffic fines, tobacco, criminal fines, and moving violations.
  - South Dakota - \$200,000 - Funding received from EMS, STEPP grant, HPP grant, FLEX grant. Money from grants pays for out of state reviewers for Level 4 & 5 designations completed by the state.
  - Tennessee - \$7.5 million per year. Funding through \$.02 per pack of cigarettes sold. Funding has decreased over the years. 1 staff paid through funding. They do both ACS and state verifications. No cost to state for verifications, hospital pays all costs.
  - Washington - \$20 million per year. Medicaid program matches funds (written into legislature). Fee on car sales and traffic tickets.
  - West Virginia - Funding for staff (5 FTEs) through legislation. They don't fund/reimburse hospitals.

### B. Trauma Programs Not Funded

- Alabama – No funding
- Alaska – No funding

## Appendix C: Trauma Funding Findings

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- California - MADDY funds for uncompensated care. No state funding. 33 local EMS agencies throughout the state and each agency manages own funding. L.A. and Alameda Counties receive a portion of property assessments for funding.
- Connecticut – No funding
- Delaware – No funding
- Hawaii – Pending response
- Kansas – Pending response
- Kentucky – No funding
- Maine – No funding
- Massachusetts – No funding
- Minnesota – No funding
- Montana – No funding
- Nevada - No funding
- New Hampshire – No funding
- New Jersey – No funding
- New York – No funding
- North Carolina – No funding
- North Dakota - Pending response
- Ohio – No funding
- Oregon – No funding
- Pennsylvania - Pending response
- Rhode Island – No funding
- South Carolina - Pending response
- Texas -
- Utah - No funding
- Vermont – No funding
- Virginia – No funding. 2018 trauma funding was \$8 - \$8.5 million from driver's license reinstatement fees. Old legislation revoked a driver's license when a Virginia resident didn't pay child support, jaywalking, etc. Legislation changed in 2019 to update the driver's license reinstatement to vehicle related incidents only. Due to an admin error, the fund was zeroed out and they now have no funding. They are working on funding for 2020, but don't know if they will be successful.
- Wisconsin - Pending response
- Wyoming - Pending response

## Appendix D: EMT Application Fee Findings

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### A. States Collecting Paramedic Licensing Fees

- Alabama - \$12/2yrs initial/renewal; \$62 expired renewal
- Alaska - \$25 application/renewal; \$50 expired renewal
- Arkansas - Initial \$20 recertification fee: EMT \$20.00, AEMT \$20.00, Paramedic \$25.00
- California - Multiple schedules - generally \$75 initial and renewal
- Colorado - \$2.55 charge for all initial and renewal EMS provider applications. \$39.50 FBI + \$10 vendor fee payable to the fingerprint collection vendor you choose
- Delaware - \$10 fee
- Florida - Emergency Medical Technician Fees Certification Application Fee \$35; Exam Fee \$80 (payable to NREMT); Paramedic Fees Certification Application Fee \$45; Exam Fee \$125 (payable to the vendor); Refresher Equivalent Exam Fee \$80 (payable to NREMT)
- Georgia - EMT B is \$25, EMT I is \$50, and Paramedic is \$75
- Hawaii - \$20 application fee
- Idaho - Advanced EMT and Paramedic candidates must include a \$35 application fee with their reciprocity application; \$100 for new nation registry application
- Illinois - \$45 initial fee; Applying for Reciprocity must submit the \$50 application fee as well as the amount of the initial license
- Indiana - \$50 reapplication fee
- Iowa - \$30 fee must be paid prior to license issuance; Renewals FR/EMR/EMT-B/EMT No Fee; EMT-I/AEMT \$10; EMT-PS/PARAMEDIC \$25
- Kansas - EMR \$20; EMT \$30; AEMT \$30; Paramedic \$50; Double fees for late renewal
- Kentucky - "EMT Initial \$40 Fee (\$30 Certification Fee + \$10 Application Fee)/\$25 Renewal Fee; EMT Reciprocity \$165 Fee (\$125 Reciprocity Fee + \$30.00 Certification Fee + \$10 Application Fee); EMT Reinstatement \$240 Fee (\$150 Reinstatement Fee + \$30 Certification Fee + \$10 Application Fee + \$50 Late Fee); EMT Temporary Cert - \$165 Fee (\$125 Temporary Fee + \$30 Certification Fee + \$10 Application Fee)
- Louisiana - Many variations (municipal, private, military, etc.); Initial - EMR \$10 / EMT \$15 / AEMT \$40 / Paramedic \$50; Renewal - EMR \$5 / EMT \$10 / AEMT \$35 / Paramedic \$45
- Maine - \$80 fee; Reciprocity EMT \$25 / AEMT \$50 + \$21 background check
- Massachusetts - \$150

## Appendix D: EMT Application Fee Findings

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- Michigan - \$40 initial fee; Renewal fee \$25; \$50 late renewal fee
- Minnesota - National Registry fee - \$70; No charge for state, initial or renewal.
- Mississippi - Generally \$40; Extensive grid of pricing
- Montana – Application fees: \$30 EMR / \$50 EMT / \$70 AEMT / \$100 Paramedic. Paid to the Dept. of Labor every 2-years.
- Nebraska - \$45.25 background check fee
- Nevada - Certification renewal - \$24; Certification and Attendant License renewal - \$34; Instructor Endorsement Renewal is an additional - \$15; Late Renewal fee - \$50
- North Carolina – No application fee. Do collect \$38 for FBI background check processing.
- New Mexico - EMT \$30 / EMTI \$40 / EMTP \$50; Late 3x amount; Reinstatement 6x amount
- New York - Fee is \$25 for EMT, and \$50 for all advanced EMT levels
- Ohio - \$75
- Oklahoma - EMT \$85; AEMT \$160; Paramedic \$210
- Oregon - EMR - \$45; EMT - \$110; AEMT - \$125; Oregon EMT-Intermediate - \$125; Paramedic - \$290
- Rhode Island - EMT and AEMT-C Application Fee \$120; EMR, AEMT, and Paramedic Application Fee \$80
- Tennessee – Application Fees EMR \$24 / EMT/AEMT \$65 / Paramedic \$75 / Paramedic CC \$90 Late fee (<60 days) \$25 Reinstatement fee (late > 60-days) \$100
- Texas - Initial Fee ECA or EMT \$64; Advanced EMT or EMT-P \$96; Licensed EMT-P \$126; Reciprocity (all levels) \$126
- Utah – Initial application fee \$108 / Renewal \$60. Only certification is EMT.
- Wisconsin – No initial application fee; however, does charge \$50 later recertification fee.

### B. States Not Collecting or Unknown EMT Application Fees

- **No application fees**
  - Arizona – No application fee
  - Maryland – No application fee
  - New Hampshire - No application fee

## Appendix D: EMT Application Fee Findings

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- New Jersey – No application fee
- North Dakota – No application fee
- Pennsylvania – No application fee
- South Dakota – No application fee
- Vermont – No application fee
- Virginia – No application fee
- Washington – No application fee
- West Virginia – Pending response
- Wyoming – No application fee
  
- **No inquiry response**
- Connecticut – No response/Unknown
- South Carolina – No response/Unknown