

Lawmakers look for trauma fix

Traffic camera revenue a funding option, but no long-term solution near

By Brandon Larrabee | Morris News Service

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ATLANTA - As the legislative session began in January, one of the topics not far from the lips of representatives and senators was the status of Georgia's network of trauma care centers, the hospitals tasked with handling the most serious injuries.

Many of the centers faced a cash crunch. Drained of money by caring for some patients who can't or don't pay, some of the centers were considering closing shop even as state officials said the state might need 30 of the hospitals rather than the current 15.

"We have hospitals that are in crisis with respect to trauma care," said Sen. Cecil Staton, R-Macon, co-chairman of a legislative study committee that looked into the issue. "Some have even considered withdrawing from the trauma network. We can't allow that to happen."

With only a few working days left in the 2007 session, though, only two bills aimed at funding the trauma care network have passed either chamber. Neither is estimated to raise as much money as lawmakers said at the beginning of the year would be needed to help the network.

Neither bars lawmakers from using the revenue generated by the bills from being used for other purposes.

Legislative leaders who once talked about the urgency of the problem now say a long-term, comprehensive fix for the network's funding woes will have to wait until next year.

House Minority Leader DuBose Porter, D-Dublin, said he's disappointed at the Legislature's efforts on an issue which affects Atlanta, where some hospitals bear huge financial costs from being a trauma center, and other parts of the state, where there are often long distances between the centers.

"You get outside the metro area and into south Georgia, trauma care is a huge issue," Mr. Porter said. "That has yet to be addressed this session."

THE FIRST MEASURE to clear one of the two legislative chambers was House Bill 77, legislation that was originally intended to scale back traffic cameras used to catch motorists who drive through red lights.

As passed by the House, the measure would allow local governments, which control the cameras, to recoup their costs and take 25 percent of the remaining proceeds. The rest would go to the state with the intent that the money be used for the trauma care network.

Supporters said the measure would bring in funding for the network, encourage drivers to be more careful and provide other benefits.

"We believe that this would keep cities from just seeing the cameras as a revenue stream," said Rep. Barry Loudermilk, R-Cassville, who presented the bill to the House.

Critics contend there are two problems with the measure:

First, there is no requirement that the funds be used for the trauma care network. State funds can be designated for a particular use only through an amendment to the state constitution.

Second, about half of the local governments using the traffic cameras filed required reports with the state detailing how much money they raised from tickets issued using the machines in 2006. The total for existing cameras came to \$8.4 million, a tenth of what Mr. Staton's study committee said was needed to prop up the trauma care system and maybe expand it.

"You can't raise enough money with this for trauma centers," said Rep. David Lucas, D-Macon.

Lt. Gov. Casey Cagle said he's also uneasy about the cameras, casting into doubt the measure's chances in the Senate.

"I've been pretty candid that I'm not real keen ... on red-light cameras," said Mr. Cagle, a Republican. "And I really want to see more data because my fear is that it is less about safety and more about revenue."

Another approach was Senate Bill 125, which cleared the upper chamber easily.

Backed by Gov. Sonny Perdue, the measure would impose stiffer penalties for the most flagrant speeders on state highways, again with the money aimed at the trauma care system. That would encourage safer driving, said Sen. Ronnie Chance, R-Tyrone, who sponsored the measure for Mr. Perdue.

"At the same time, we need to do everything we can to fund the trauma care network, and the intent of this bill is to do both of those items," Mr. Chance said.

Mr. Perdue's office has estimated the measure would generate \$25-30 million a year, still short of the need.

AT THIS POINT, though, it is unlikely a constitutional amendment would pass that would prohibit the fines from being spent on anything other than trauma care. The Legislature's deadline has passed.

In any case, a constitutional amendment couldn't be approved by state voters until the 2008 elections.

House Appropriations Chairman Ben Harbin, R-Evans, said budget-writers are still looking at providing some temporary funding for the trauma care centers in the spending plan for the coming fiscal year, which begins July 1.

That budget is on hold because of a dispute between the House and the Senate over a separate spending plan for the fiscal year that ends June 30.

"We're losing trauma care centers across the state," Mr. Harbin said. "We don't want to lose them. Our rural parts of the state are in dire need. But we want to make sure whatever fix we put in is a proper fix that will last long-term."

That goes back to the constitutional amendment, he said.

"And so that's an issue that couldn't come up until next year, anyway, if we do a constitutional amendment on that to fund it," Mr. Harbin said.

Mr. Porter questioned whether that will come soon enough.

"Every year you wait," he said, "there's a human consequence."

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TRAUMA COSTS

What the system needs, and what the measures would provide:

- Estimated annual trauma care costs not paid by patients, insurance or the state: \$250 million
- State panel's suggested figure for funding to help trauma network: \$80-85 million
- Revenue reported by local governments using red-light cameras in 2006: \$8.4 million*
- Revenue that Gov. Sonny Perdue's office estimates will be raised by "super speeders" legislation: \$25-30 million

* Only half of the local governments using the cameras filed the required reports.

Sources: Final report of the Joint Comprehensive Trauma Services Study Committee; Rep. Barry Loudermilk, R-Cassville; Gov. Sonny Perdue's office

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