

# Emergency and Trauma Care

## Emergency Care

In the event of a medical emergency, a hospital is typically the first place where assistance is sought. The Emergency Medical Treatment and Active Labor Act (EMTALA), a federal law passed in 1986, ensures that hospitals provide care to anyone needing emergency treatment, regardless of citizenship, legal status or ability to pay. EMTALA requires that anyone who comes to the hospital requesting emergency care must be given a medical screening examination to determine whether an emergency medical condition exists.

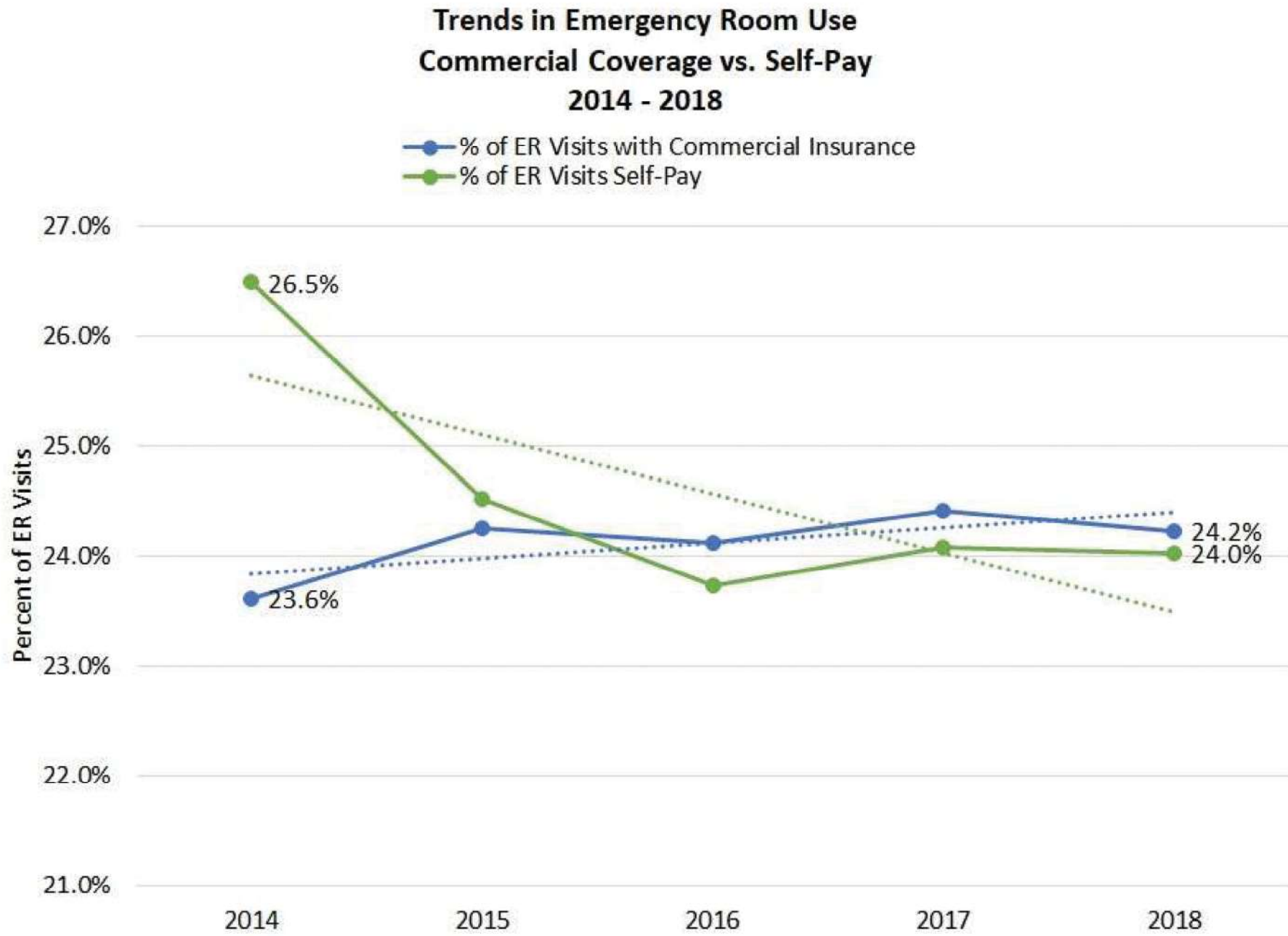
If an emergency does exist, the hospital must do everything within its capability to stabilize the patient. If the patient needs a specialized service that is not available at the hospital, such as the services of a burn unit, shock-trauma unit or neonatal intensive care unit, the hospital must arrange for the patient's transfer to another hospital that does have the needed specialized capability and capacity. EMTALA also requires hospitals with these types of specialized services to accept any requested transfer and to provide the services needed to stabilize the patient.



**In 2018, Georgia hospitals were conservatively estimated to have provided at least \$800 million in care to uninsured patients in their emergency departments.<sup>78</sup>**

**The number of emergency room (ER) visits by patients without insurance (also known as “self-pay”) has decreased by 6 percent since new commercial health insurance coverage is available through the Health Insurance Marketplace (see Figure 15 on page 53); however, these self-pay visits still account for almost a quarter of all visits to the ER.<sup>79</sup>**

Figure 15



## Trauma Care

Most hospitals are capable of providing some level of trauma care; however, only 29 of the state's 105 acute care hospitals are designated trauma centers. This small number is likely due to the significant ongoing financial investment necessary to be designated as a trauma center and insufficient funding levels available to offset the cost. Of Georgia's trauma centers, five are Level I centers, 10 are Level II centers, six are Level III centers and six are Level IV centers. There are two pediatric trauma centers and designated burn centers.<sup>80</sup> *See Figure 16 on page 55 for a map of the trauma centers.*

Georgia's Super Speeder law increases fines for dangerous drivers to discourage trauma-causing behavior. The law adds an additional \$200 fine for driving faster than 85 mph anywhere in the state and for driving 75 mph or more on a two-lane road. It also increases driver's license reinstatement fees for drivers committing a second and third offense for violations that result in a suspended license and for other negligent behaviors. The Georgia Trauma Network Commission received a total of \$22.6 million in state funds in the AFY 2019 budget and \$16.8 million in FY 2020.<sup>81</sup> The Super Speeder law has generated \$182.7 million in revenue since its inception in 2009. This is an average of approximately \$20 million per year after the full implementation.<sup>82</sup>

In 2016, Georgia voters overwhelmingly approved a constitutional amendment to dedicate funds from the excise tax for the sale of fireworks to the Georgia Trauma Commission, fire services and local public safety services. These excise tax collections totaled \$1.2 million in FY 2018 and \$1.5 million in FY 2019.<sup>83</sup>

## Trauma Commission

In 2007, the General Assembly passed Senate Bill (S.B.) 60. The bill established a nine-member Georgia Trauma Care Network Commission and authorized the Commission to create a trauma system for the State of Georgia and to act as the accountability mechanism for distribution of trauma system funds appropriated each fiscal year by the legislature.<sup>84</sup> Members of the Commission include representatives from the hospital, physician and emergency medical services (EMS) industries who are involved in trauma care throughout the state.

The Commission's FY 2020 budget is \$16.8 million.<sup>85</sup> The Commission utilizes its funding to pay trauma providers for their readiness costs, to provide grants for new trauma provider start-ups and to help offset uncompensated costs of providing trauma care.

Figure 16

