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Transportation

Texas may consider revisions to Driver Responsibility Program, trauma care funding

[October 29](#) — Texas lawmakers in 2019 may again debate changes to the state's Driver Responsibility Program (DRP). Created in 2003 under [Transportation Code, ch. 708](#), the program requires the Department of Public Safety (DPS) to assess surcharges on drivers for certain traffic offenses on top of penalties and court fees. Drivers have 105 days to pay or enter into an installment plan before their license is suspended. Roughly half of program revenues are dedicated to an account that funds designated trauma facilities, county and regional emergency medical services, and trauma-care systems, while the other half goes to general revenue.

The program generated \$71.2 million in fiscal 2017 for trauma center funding through the Designated Trauma Facility and EMS Account 5111, [according to the Legislative Budget Board \(LBB\)](#). The funds help hospitals maintain staff and other resources needed for trauma center designation. However, critics of the program say it can lead to the suspension of licenses of low-income drivers who risk either losing a job due to lack of transportation or further fines by driving with a suspended license, creating a cycle of mounting debt. Critics also say the program has been ineffective at raising funds, with about half of total surcharges being collected.

Several proposals that emerged in 2017 during the regular session of the 85th Legislature that would have modified the program could re-emerge in 2019, including repealing the program, reducing surcharge rates, and replacing program surcharges with locally collected fines.

Repealing the DRP. Several bills considered in 2017 would have repealed the program, along with the dedicated trauma center funding. One was [SB 90](#) by Hall, which would have eliminated the DRP but would have continued to require payment of surcharges already assessed. The LBB [estimated](#) the bill would

have resulted in a loss of \$24.6 million from the trauma care account in fiscal 2018-19 and a loss of \$123.3 million from the account in fiscal 2020-21. SB 90 was left pending in the Senate Transportation Committee.

Supporters of fully repealing the program said it would quickly end the cycle of debt that has trapped low-income drivers who cannot pay the surcharges but must drive to work. They said that while trauma care needs funding, it should be considered in a separate legislative measure or appropriation. Opponents of repealing the program without designating a source for trauma center funding said hospitals in the state would not be able to maintain a trauma level designation, which would result in the loss of staff and resources necessary to care for almost 130,000 annual trauma victims. Losing trauma centers would especially hurt rural residents with fewer choices for local hospitals, they said.

Reducing surcharge rates. Other proposals would have maintained the program while reducing surcharge rates. [SB 266](#) by Watson would have reduced all surcharges by half and allocated 99 percent of program revenues to the trauma care fund. The bill would have applied only to surcharges assessed after the effective date. The LBB [estimated](#) the bill would have resulted in a loss of about \$149.4 million in general revenue in fiscal 2018-19. The bill was left pending in committee.

Supporters of reducing surcharge rates said it would be a fair approach that would provide some relief for drivers and keep trauma centers fully funded. Opponents said the reduced surcharges would still be burdensome and that low-income drivers would continue to lose their licenses. They said the program should be abolished and trauma centers should find an alternative funding source.

(continued on page 2)

Replacing surcharges with local fines. Another bill would have replaced program surcharges for certain traffic violations with additional fines collected at the local level. [HB 2068](#) by Phillips would have repealed the Driver Responsibility Program, waived previously owed surcharges, and eliminated automatic license suspension for unpaid surcharges. The bill would have established additional fines for driving while intoxicated or without insurance at the same rates as those under the program. State traffic fines would have been increased by \$20. Revenue from those fines would have been split between general revenue and the trauma care fund. Responsibility for fine collection would have been transferred from DPS to cities and counties. According to the [fiscal note](#), the bill would have increased general revenue by about \$13.9 million in fiscal 2018-19. HB 2068 was approved by the House but died on the Senate intent calendar.

Supporters of establishing local fine collection said a small increase in traffic fines across the board would maintain funding levels for trauma centers without penalizing low-income drivers by suspending licenses for unpaid surcharges. Local fine collection would give judges discretion to fairly structure payments or waive fines for indigent drivers, they said. Supporters also said local courts could collect fines more efficiently than DPS. Opponents of the measure said drivers would continue to face onerous charges, unfairly burdening low-income Texans who struggle to pay fines. They said the measure would not have maintained the current indigency waiver that automatically qualifies drivers under 125 percent of the federal poverty level to have surcharges waived. Judicial discretion would provide room for a judge to deny waiving surcharges for low-income drivers, they said.

— Casey Floren

Public Health

State and national policymakers respond to opioid crisis

[October 30](#) — Since the mid-1990s, opioid abuse and addiction have proliferated in communities across Texas and the nation, burdening individuals, families, first responders, hospitals, and the child welfare and criminal justice systems. In October 2017, the president declared the opioid crisis a national public health emergency in the United States and this month signed [H.R. 6](#), which includes various provisions to target the crisis.

H.R. 6, also known as the SUPPORT (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment) for Patients and Communities Act, includes several Medicare, Medicaid, and public health measures. The new law requires the U.S. Health and Human Services (HHS) secretary to publish hospital guidelines on pain management and prevention strategies for opioid use disorder for Medicare patients and to conduct a pilot program to recruit and train treatment providers participating under certain state Medicaid programs. It authorizes grants to state and local agencies for public health laboratories to detect fentanyl, its analogues, and other synthetic opioids. The law also requires all shipments into the United States from overseas to include advanced electronic data specifying the

sender and package contents, makes permanent a temporary authorization for physician assistants and nurse practitioners to prescribe certain addiction treatment medication, directs the HHS secretary to issue guidance on developing non-addictive treatments, and expands Medicaid coverage for infants with neonatal abstinence syndrome who receive care in residential pediatric recovery centers.

Both the Texas House of Representatives and the Texas Senate have been charged this interim with studying the impact of opioids on Texans. Committee hearings have focused on proposals to reduce opioid-related misuse, overdoses, and deaths, including establishing limits on first-time opioid prescriptions, enabling all pharmacies to dispense naloxone (a drug that reverses overdoses), and expanding access to addiction treatment.

For more on policy proposals to combat the opioid epidemic at the state level, see the recent House Research Organization focus report, [Texas considers policy responses to opioid crisis](#).

— Alison Hern