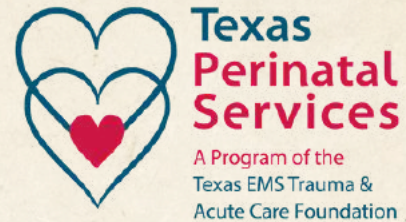


# TETAF Advocacy Report

89TH TEXAS  
LEGISLATIVE  
SESSION







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## A MESSAGE FROM THE PRESIDENT/CEO AND LEAD ADVOCATE

With each legislative session, history is made in Texas. Legislation is passed that implements change and once again there was a surplus budget, this session at nearly \$24 billion. The number of bills filed also continues to set records. During the 89<sup>th</sup> Texas Legislature, 8,719 bills were filed, compared to 8,046 filed during the 88<sup>th</sup> Texas Legislature in 2023. This session not only had a focus on vying for funding, but it brought on a tremendous challenge of highlighting significant legislation with so many bills filed. For a voice to be heard, this makes face-to-face meetings at the Capitol with legislators and their staff members critical.

This session, TETAF monitored more than 100 bills and advocated in support of, or advocated for change, on dozens of those bills. While the TETAF advocacy team focuses on the TETAF Legislative Priorities, the team scours through anything that can have an impact to the Regional Advisory Councils (RACs), trauma, stroke, maternal, neonatal, and acute care, as well as EMS. Additionally, the team also monitors the state budget to see how the dollars are allocated and what opportunities there may be for funding for the RACs, trauma, rural health, perinatal, EMTF, and whole blood. As part of its advocacy efforts, the team also submitted letters to legislators at the state and federal levels, as well as widely distributing a one-pager to advocate for change in proposed legislation.

Also, during these 140 days, the TETAF Advocacy Committee met every other week to discuss legislative priorities and actions. Many of the committee members regularly attended the TETAF Legislative Work Group meetings, also held bi-weekly, that keep our stakeholders informed and engaged. We are grateful to our committee members and all our stakeholders who supported these advocacy efforts.

Among the wins that you will read about in this report are the \$6.6 million in funding for the RACs that was appropriated during the 88<sup>th</sup> Texas Legislative Session is part of the base budget and should continue to be part of the budget, increasing funding generated for the designated trauma facility and emergency medical services Account 5111, and advocating to support legislation that provides perinatal bereavement care and perinatal bereavement devices.

Thank you to our entire advocacy team and to our stakeholders who were engaged in advocating on priorities this session. It is a privilege to collaborate with you and represent trauma, emergency, and perinatal care at the Capitol. I look forward to working with all of you more during the interim and the 90<sup>th</sup> Texas Legislature in 2027.

A handwritten signature in black ink, appearing to read 'Dinah Welsh'.

**Dinah Welsh**

TETAF President and Chief Executive Officer



# TETAF LEGISLATIVE PRIORITIES

The TETAF Legislative Priorities were developed by the TETAF Advocacy Committee and approved by the TETAF Board of Directors prior to the start of the 89th Texas Legislative Session.

## **Acknowledgement of the Critical Role of the Regional Advisory Councils**

RACs are vital and complex entities that coordinate and integrate trauma, prehospital, perinatal, stroke, cardiac and disaster readiness into the emergency health care system. Proportional funding increases are integral for the RACs to meet the demands of the fastest growing state and the expanding scope of regional health care responsibilities.

## **Increase Funding to the Texas Trauma System**

Trauma care funding established more than 20 years ago has played a crucial role in supporting the Texas Trauma System. Uncompensated trauma care has increased at a substantial pace while reimbursements to these facilities have decreased, outpacing the dollars available. Increasing trauma funding is paramount to sustaining the Texas Trauma System.

## **Establish a Statewide Perinatal Database**

While it is believed that levels of care designations for neonatal and maternal care have improved care for mothers and babies, Texas still lacks the granular, patient-level perinatal data to assess and improve care. Texas should fund the establishment of a statewide perinatal database to assess, implement, and evaluate best practices for better outcomes.

## **Improve and Fund Regional Health Care Data Collection Efforts**

RACs' access to statewide data has lacked robust, timely value to truly impact responses and improve patient outcomes. Therefore, RACs have initiated regional data collection to improve trauma, cardiac and stroke outcomes. Funding should be allocated for regional registries that can align to a common statewide data set.



## SENATE BILL 1 – STATE BUDGET



The state's budget is a priority focus for the TETAF advocacy team every legislative session. The state had a \$337 billion state budget that included a nearly \$24 billion surplus. The 89th Legislature focused on appropriating the additional dollars available to property tax relief and public school financing.

Among monitoring relevant budget items, TETAF had two critical priorities. Those priorities were to ensure that the \$6.6 million in funding for the RACs that was appropriated during the 88th Texas Legislative Session would be part of the base budget and continue

to be part of the state's budget moving forward. That funding was the largest increase since RAC funding was established. Similar to the previous legislative session, TETAF had conversations with leadership at the Texas Department of State Health Services (DSHS) to ensure the RAC funding was appropriated in its proposed budget for the biennium.

The TETAF advocacy team worked with Senator Joan Huffman (R-Houston) to ensure that trauma funding from all sources would be at or near levels from the previous legislative budget. Focusing on RAC funding and trauma funding are part of the TETAF Legislative Priorities for the 89th Legislative Session.

TETAF also closely followed budget discussions for the Texas Emergency Medical Task Force (EMTF) and appropriations for a whole blood pilot program. EMTF was funded at \$10 million for the biennium and the whole blood pilot program also received \$10 million. Other budget items include:

- \$5.5 million in general revenue to increase the Medicaid reimbursement rate for maternal fetal medicine radiological services by 10 percent.
- \$5 million for grants to organizations implementing maternal health outcome programs.
- An increase of \$1.5 million for Maternal Mortality and Morbidity and TexasAIM for a total appropriation of \$5 million.



## SENATE BILL 1018 – INCREASING REVENUE FOR TRAUMA FACILITIES AND EMERGENCY MEDICAL SERVICES

Senate Bill (SB) 1018 relates to the distribution of state traffic fine revenue received by the comptroller. The TETAF advocacy team had supportive conversations with the bill's author, Senator Joan Huffman (R-Houston), because this bill's purpose is to increase the percentage amount of the traffic fine revenue deposited to Account 5111. Account 5111 is the dedicated account to provide funding for the Texas Trauma System. TETAF registered its support in the Senate and House for SB 1018.

TETAF has an extensive history of advocating for funding to Account 5111. During the previous legislative session, TETAF advocated to ensure level funding due to a decrease in collections toward Account 5111. SB 1018 increases the percentage of traffic fine revenue allocated to Account 5111 from 30% to 50%. It is estimated that this will result in an additional \$16 million per year to the account that helps to fund trauma hospitals, EMS, and the Regional Advisory Councils (RACs).





## HOUSE BILL 37 – PERINATAL BEREAVEMENT CARE

As the TETAF advocacy team monitors bills filed during a legislative session, it focuses on specific areas related to TETAF and Texas Perinatal Services. It is common for legislation to be filed during the session that unexpectedly requires a significant focus. House Bill (HB) 37 is one of those bills and TETAF started advocating early in support of this legislation.

The TETAF advocacy team worked with Representative Mihaela Plesa (D-Plano) and her legislative staff to provide perspective and perinatal expertise. Rep. Plesa offered a committee substitute for the bill that resulted in a focus on perinatal bereavement care. Additionally, with all designated maternal facilities participating in the Regional Advisory Councils (RACs), TETAF discussed with Rep. Plesa about the RACs providing the perinatal bereavement education and distributing the perinatal bereavement devices mentioned in the bill.

Testimony had an important role in this legislation. Jessica Phillips, perinatal program director for TETAF/Texas Perinatal Services, testified before the House Public Health Committee in support of HB 37. Additionally, Dr. David Weisoly, a Houston-based neonatologist and TETAF Board of Directors member, testified in support of the legislation before the Senate Health and Human Services Committee. Dr. Weisoly shared how the RACs have a strong relationship with maternal hospitals in their regions and understand their specific maternal needs, making it ideal for the RACs to provide education and distribute the devices, as long as funding to the RACs is provided. Dr. Weisoly also requested that if smaller hospitals do not receive grant funding mentioned in the bill that the hospitals are not penalized on designations.

The bill, known as “Everly’s Law”, was signed by the governor and \$5 million was appropriated to implement the law with the distribution of perinatal bereavement devices to be made available for all maternal hospitals in the state. This will ultimately establish a standard for perinatal bereavement care in Texas through the creation of a perinatal bereavement initiative. TETAF will continue to monitor the implementation of this law.



## SENATE BILL 1233 – PERINATAL PALLIATIVE CARE

There was additional legislation this session on perinatal care as it relates to life-limiting conditions. Senate Bill (SB) 1233, authored by Senator Kelly Hancock (R-North Richland Hills), focused on providing information regarding perinatal palliative care and creating an administrative penalty. This was another unexpected bill filed that the TETAF advocacy team started working on early in the session. TETAF recognized the importance of representing providers who provide compassionate care for mothers and babies every day.

Perinatal palliative care is a specialized line of care provided when a “life-limiting” condition is diagnosed. The chief aim of providing perinatal palliative care is to alleviate the newborn’s suffering and honor the values of the mother and parents involved. TETAF and Texas Perinatal Services are supportive of perinatal palliative care and work to ensure that legislation is favorable to this care. However, this legislation did not improve or expand perinatal palliative care in Texas.

The TETAF advocacy team worked diligently to express its concerns. TETAF recommended using the term "fetus" instead of "preborn child" and discussed that the term "life threatening disability" would not be inclusive of all conditions. A committee substitute was offered with improvements to the language in the bill, but concerns lingered regarding who is the "health care provider" to provide information to a mother regarding perinatal palliative care. The requirement in SB 1233 is for a health care provider to provide palliative care informational materials, a provider list, and a form to acknowledge receipt of information to the mother during a time of profound shock and grief. TETAF also had concerns regarding health care providers facing punitive measures if the signed form is not on file.

Dr. Natalie Frost, an Austin-based neonatologist, offered expert testimony on behalf of TETAF during a Senate Health and Human Services Committee hearing. Additionally, TETAF also submitted a letter to Representative Gary VanDeaver (R-New Boston), chair of the House Public Health Committee, along with all committee members, to express concerns.

Despite TETAF’s concerted efforts, SB 1233 was signed by the governor and goes into effect on September 1, 2025. TETAF believes our advocacy brought much-needed attention to the importance of compassionate, coordinated support for families facing life-limiting diagnoses.



## HOUSE BILL 18 – RURAL HEALTH STABILIZATION AND INNOVATION ACT

Rural health care is a priority for TETAF and House Bill (HB) 18, authored by Representative Gary VanDeaver (R-New Boston), relates to the establishment and administration of certain programs and services providing health care services to rural counties. TETAF registered its support for this bill.

Funding associated with HB 18 is \$150 million for the biennium; however, \$51 million is associated with the prior Rural Hospital Grant Program. This provides \$100 million in new funding to improve health care in rural Texas. New funding includes \$15 million Medicaid add-on payment for rural hospitals that have a department of obstetrics and gynecology.

HB 18 was signed by the governor and went into effect immediately.

## HOUSE BILL 3000 – RURAL EMS FINANCIAL ASSISTANCE

Supporting emergency medical services is in TETAF's roots as it relates to trauma care and the work of the Regional Advisory Councils (RACs). House Bill (HB) 3000, authored by Representative Ken King (R-Canadian) relates to a grant program to provide financial assistance to qualified ambulance service providers in certain rural counties. TETAF registered its support for HB 3000.

This bill established the Rural Ambulance Service Grant Program to ensure that adequate ground ambulance services are available to qualified rural ambulance service providers in counties with populations of 68,750 or less. \$90 million is appropriated to create the grant program.

The bill was sent to the governor and goes into effect September 1, 2025.

## SENATE BILL 672 – SUBMITTING EMERGENCY DEPARTMENT DIVERSION PLANS

Senate Bill (SB) 672, authored by Senator Bryan Hughes (R-Mineola), requires that certain hospitals submit a summary of parts of their emergency diversion plans to the Texas Health and Human Services Commission (HHSC).

Wanda Helgesen, chair of the TETAF Board of Directors, and Dinah Welsh, TETAF president and CEO, met with Sen. Hughes' staff to discuss the proposed legislation. The initial question TETAF had about this bill was what involvement, if any, would the Regional Advisory Councils (RACs) be required to take. Ultimately, it was clarified that the legislation would primarily focus on cyber-attacks at hospitals and for the hospitals to develop a plan and submit it to HHSC. The RACs are involved with a hospital's diversion plans, that are actionable plans, in their regions. However, this legislation focuses on a report that is not actionable.

SB 672 was signed by the governor and goes into effect September 1, 2025.



# THE REALITIES OF EVERY LEGISLATIVE SESSION – NOT ALL BILLS SURVIVE

There is a reality faced in every legislative session and that is most bills that are filed do not survive. In fact, most of the bills filed are never heard before a committee. Other bills move along during the session and do not meet deadlines. Some bills die earlier than others, possibly being referred to a committee but never heard due to other bills considered as a higher priority. The work is not always lost as it either brings important issues to the forefront or the bill could be brought up again in the next legislative session.

Among the bills that TETAF followed that did not survive are:

**House Bill 637** – (Rep. Barbara Gervin-Hawkins, D-San Antonio) *Relating to the regulation of bleeding control stations in public schools.* This would have lowered the age for educating children to 4th grade. Parents could opt out of the education.

**Senate Bill 722** – (Sen. Carol Alvarado, D-Houston) *Relating to a mobile stroke unit grant program.* The grant funding would be tied to comprehensive stroke centers. While the bill did not pass, \$5 million was appropriated in the budget for mobile stroke units. TETAF believes these units would be more beneficial in areas not currently served by higher levels of stroke centers.

**House Bill 2991** – (Rep. Helen Kerwin, R-Glen Rose) *Relating to the donation of blood by persons younger than 18 years of age; authorizing a civil penalty.* TETAF visited with Rep. Kerwin regarding concerns that this legislation could curtail some blood donors.

**Senate Bill 504** – (Sen. Lois Kolkhorst, R-Brenham) *Relating to the disclosure of certain financial information by certain nonprofit organizations that enter into sizeable contracts with political subdivisions.* It required nonprofits with a state contract of \$500K or more to report if an employee has a pay scale higher than the state average. The 990 filed by the RACs and other nonprofits addresses this.





## SUPPORTING THE REGIONAL ADVISORY COUNCILS THROUGH ADVOCACY

Advocating for the needs of the 22 Regional Advisory Councils (RACs) across Texas is always a top priority for the TETAF advocacy team, not only during the legislative session but at all times. Whether it is working with the Texas Department of State Health Services (DSHS) on rule changes for the RACs and providing virtual meetings to discuss proposed rule changes, or it is focusing on funding needs, TETAF supports the RACs through advocacy efforts at the Capitol and beyond.

This legislative session, TETAF worked to ensure that the \$6.6 million in funding for the RACs that was appropriated during the 88th Texas Legislative Session would be part of the base budget and continue to be part of the state's budget moving forward. That funding was the largest increase since RAC funding was established.

Additionally, TETAF advocated for the RACs to provide perinatal bereavement education and distributing the perinatal bereavement devices as mentioned in House Bill (HB) 37. TETAF continues to monitor the implementation of this legislation to ensure the RACs are designated as the entity to provide these services, and they receive funding for these efforts.

TETAF also worked on legislation regarding the RACs' access to the EMS Trauma Registry (EMSTR). Data provided to the RACs is currently very limited. TETAF met with and continues to work with leadership at the Texas Department of State Health Services on ways to improve data access.

Additionally, TETAF continues to advocate at the federal level. A federal budget proposal includes elimination of the Hospital Preparedness Program (HPP) in the Centers for Disease Control and Prevention's (CDC) 2026 budget. The HPP is a vital federal initiative that strengthens our health care system's readiness to emergency response and disasters across the country — and from hurricanes to mass casualty events, this emergency response is critical in Texas.

TETAF submitted a letter to all Texas Congressional members plus Texas' U.S. Senators Cornyn and Cruz. TETAF will continue to monitor and advocate, urging that HPP not be eliminated, as these discussions continue.



## A TEAM OF ADVOCATES

It takes a team to have a strong and respected voice heard at the Capitol. This team is led by TETAF president and CEO, Dinah Welsh, who serves as the lead advocate and brings more than two decades of experience advocating for trauma, emergency, and perinatal care issues.

Working cohesively with Welsh is the team at Erben & Yarbrough in Austin. Brian Yarbrough, Ashley Morgan, and Janiece Williams, work strategically with TETAF extensively during the legislative session and on needs throughout the year with positive results.

Additionally, the TETAF Advocacy Committee, consisting of members of the TETAF Board of Directors, have trauma, emergency, disaster, perinatal, and regional health system expertise. That expertise, combined with Welsh's extensive advocacy background in health care and the legislative skills of Erben & Yarbrough, gives TETAF a sound voice that is respected by legislators.



**Dinah Welsh**  
TETAF President/CEO and  
Lead Advocate



**Wanda Helgesen**  
TETAF Advocacy Chair and  
TETAF Board of Directors Chair



**Brian Yarbrough**  
Co-Founder, Erben &  
Yarbrough



**Ashley Morgan**  
Erben & Yarbrough



**Janiece Williams**  
Erben & Yarbrough

### TETAF Advocacy Committee

Jeri Ames  
Dr. Jacqueline Brock  
Suzanne Curran  
Jordan Ghawi  
Paula Green  
Douglas Havron

Dr. Christopher Joyal  
Dr. Carlos Palacio  
Dr. Elizabeth Scherer  
Dudley Wait  
Dr. David Weisoly



## THE SUPPORT OF STAKEHOLDERS

TETAF stakeholders also have the opportunity to serve in the important role of amplifying TETAF's voice at the Capitol. It often takes more than an organization and government relations experts to ensure that messages of support and concern resonate with the 150 members of the Texas House and 31 members of the Texas Senate. These legislators are tasked with the enormous duty of reviewing thousands of bills, attending back-to-back meetings, and hearing from their own constituents and other advocates during the session.

Every other week, TETAF hosted a Zoom meeting for the TETAF Legislative Work Group, which consisted of more than 130 stakeholders across Texas who share their knowledge with the TETAF advocacy team. TETAF provided updates on its priorities and bills of note, along with providing documents to streamline the advocacy process as they contacted their legislators.

TETAF appreciates the ongoing support of our stakeholders who make the time to advocate for world-class trauma, stroke, maternal, neonatal, and emergency care for all Texans.







## BEYOND THE DOME

The legislative session is the busiest advocacy period for TETAF, but it is only part of TETAF's efforts to advocate for strengthening health care in Texas.

While focused on the 89th Texas Legislative Session, TETAF submitted a letter to all congressional members from Texas urging them to oppose a proposed elimination of the Hospital Preparedness Program (HPP) from the Centers for Disease Control and Prevention's (CDC) 2026 budget. The HPP is the only federal funding source for the Regional Advisory Councils (RACs) to ensure that hospitals and regional emergency operations can communicate effectively, manage surges in patient care, and maintain critical services under the most challenging conditions. TETAF continues to monitor this on the federal level.

Also at the federal level, Dinah Welsh, TETAF president and CEO and lead advocate, is active with the Trauma Center Association of America (TCAA) during its Advocacy and Lobby Day in Washington, D.C.

Additionally, TETAF and Texas Perinatal Services actively participate in statewide meetings throughout the year with the Texas Department of State Health Services (DSHS), the Governor's EMS and Trauma Advisory Council (GETAC), the Texas Trauma Coordinators Forum (TTCF), and the Perinatal Advisory Council (PAC), among many other organizations.

This collaboration ensures continued focus on quality trauma, emergency, and perinatal care for Texans.



## IN THE INTERIM

Following Sine Die, the final day of the 89th Texas Legislative Session, the TETAF Advocacy Committee reconvened to review its efforts and plan for the interim. While no trauma, emergency, or perinatal care issues are expected to be addressed in a special session, the committee will continue to closely monitor all developments.

Advocating goes beyond a 140-day session—it requires months of preparation, strategy, and collaboration for the next session and for any needs between sessions. Since 2009, TETAF has maintained a strong presence at the Capitol, advocating for improved trauma, emergency, maternal, and neonatal care. That commitment will continue for as long as Texans rely on these critical services to receive the high-quality care they deserve.





# TETAF BOARD OF DIRECTORS



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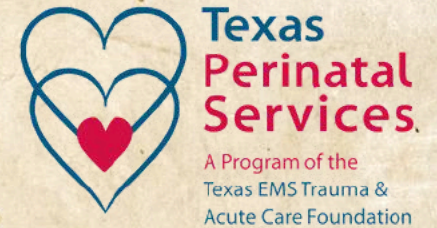


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## TEXAS EMS, TRAUMA & ACUTE CARE FOUNDATION

The Texas EMS Trauma & Acute Care Foundation's mission is to strengthen regional health care delivery systems through collaboration, advocacy, and education.

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