

## **BILL ANALYSIS**

C.S.S.B. 1397  
By: Hinojosa  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

It has been suggested that Trauma Service Area V lacks both tracking data and a centralized system for the dispatch, triage, transport, and transfer of patients and consequently does not have the most efficient utilization of trauma care and emergency medical service resources as evidenced by patients being unnecessarily transferred outside the region. There have been calls to establish a system to facilitate cooperation between emergency service providers and health care facilities in the area. C.S.S.B. 1397 seeks to address this issue by requiring certain regional advisory councils to collect data on patient transfers outside their geographic boundaries and to develop regional protocols and processes to assist the council in managing the dispatch, triage, transport, and transfer of patients within the geographic boundaries of the council.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

### **ANALYSIS**

C.S.S.B. 1397 amends the Health and Safety Code to require the executive commissioner of the Health and Human Services Commission (HHSC), for each trauma service area regional advisory council serving a geographic area that includes at least one county located on the international border of Texas and at least one county adjacent to the Gulf of Mexico, to require the following by rule:

- require the advisory council to create an advisory committee composed of equally represented designated trauma hospital system members located within the council's geographic boundaries or to direct an existing advisory committee of the council established for a purpose similar to ensuring that patients located in those boundaries receive health care at the closest and most appropriate facility to take the following actions:
  - develop guidelines for patient transfers; and
  - periodically review patient transfers to ensure compliance with applicable guidelines;
- require the advisory council, for the purpose of ensuring that patients located in the council's geographic boundaries receive health care at the facility closest to and most appropriate for the patients, to develop regional protocols and processes to assist the council in managing the dispatch, triage, transport, and transfer of patients; and

- require each hospital and emergency medical services provider operating within the advisory council's geographic boundaries to collect and report to the council data on patients transferred outside those boundaries.

The bill requires the executive commissioner, not later than April 1, 2022, to adopt the rules required under the bill's provisions.

### **EFFECTIVE DATE**

On passage, or, if the bill does not receive the necessary vote, September 1, 2021.

### **COMPARISON OF SENATE ENGROSSED AND SUBSTITUTE**

While C.S.S.B. 1397 may differ from the engrossed in minor or nonsubstantive ways, the following summarizes the substantial differences between the engrossed and committee substitute versions of the bill.

The substitute changes from the Department of State Health Services, as indicated in the engrossed, to the executive commissioner of HHSC the entity required to establish certain requirements by rule for each applicable trauma service area regional advisory council.

The substitute revises the requirements in the engrossed as follows:

- gives the executive commissioner the option of requiring the advisory council to direct an existing advisory committee of the council to develop guidelines for and review patient transfers as an alternative to requiring the council to create an advisory committee to develop the guidelines and review the transfers; and
- changes the nature of the requirement relating to ensuring that specified patients receive health care at the closest and most appropriate facility from providing for the advisory council's duty to implement a centralized system for assisting the council in the dispatch, triage, transport, and transfer of patients to providing for the council's duty to develop regional protocols and processes for assisting the council in managing the dispatch, triage, transport, and transfer of patients.

The substitute changes the deadline established by the engrossed for the applicable entity to adopt the rules from not later than January 1, 2022, to not later than April 1, 2022.