

SUBJECT: Assistance for EMS services in rural and underserved areas

COMMITTEE: Public Health — committee substitute recommended

VOTE: 8 ayes — Gray, Coleman, Capelo, Delisi, Glaze, Maxey, Uresti,  
Wohlgemuth

0 nays

1 present, not voting — Longoria

WITNESSES: *(On committee substitute:)*

For — Jorie Klein, Parkland Health Hospital System, TDA, North Central Texas Trauma Advisory Council; Ron Haussecker, EMS Association of Texas and Texas Ambulance Association; Don B. Woodhall; Craig Waller, Texas Ambulance Association; *Registered but did not testify*: Elizabeth Sjoberg, Texas Hospital Association

Against — None

On — *Registered but did not testify*: Kathryn Perkins and Bonnie Magers, Texas Department of Health; Mike Easley, Center for Rural Health; Michael van Doren, Texas Peer Assistance Program for Nurses

BACKGROUND: Texas' statewide trauma system comprises 22 regional service areas, each governed by a regional advisory council, and 60 designated hospital facilities providing emergency medical services (EMS) and trauma care. The Bureau of Emergency Management in the Texas Department of Health (TDH) is responsible for developing a statewide delivery plan for EMS, regulating EMS personnel and providers, designating trauma facilities, and assisting in the development of trauma systems.

In 1997, the 75th Legislature established an EMS and trauma care system fund in the state treasury with revenues received from an additional \$2 fee on the issuance or renewal of commercial driver's licenses and permits, motorcycle licenses, provisional licenses, instruction permits, occupational licenses, and other noncommercial licenses.

**DIGEST:** CSHB 2446 would require the governor's Emergency Medical Services Advisory Council to assess the need for EMS in rural areas and to develop a strategic plan to refine education requirements for EMS personnel and to develop EMS and trauma care systems. In making appointments, the governor would have to ensure that about half of the council members were residents of rural areas.

The bill would allow TDH to develop a peer assistance program in accordance with Health and Safety Code, sec. 467.003. (Such programs are designed to help professionals whose ability to perform a professional service is impaired by chemical dependency on drugs or alcohol or by mental illness.)

TDH's Bureau of Emergency Management would have to provide training for EMS professionals at no charge if requested by a governmental entity that sponsored an EMS provider or first-responder organization in a rural or underserved area. The bureau would have to train students who agreed to provide EMS services for at least one year after training. The training would have to occur at times and places convenient to the students. The bureau would have to require that at least three students were scheduled to take any class offered and would have to consult with all entities interested in EMS training programs.

The bill would amend Health and Safety Code, sec. 773.095 by adding meetings where EMS or trauma care systems are discussed to the list of confidential proceedings at certain health-care meetings. It would change the trauma levels that the bureau may designate as part of an EMS and trauma care system from Levels II through V to Levels I through IV. It also would allow counties to reimburse for EMS services if they choose to do so.

The bill would add survivors of EMS volunteers to those eligible to receive financial assistance through the Employees Retirement System of Texas (ERS). It also would add a person who provides EMS services in a rural area to the advisory committee for the rural scholar recognition and loan program through the Center for Rural Health Initiatives.

This bill would take effect September 1, 2001.

SUPPORTERS  
SAY:

CSHB 2446 would address many of rural Texas' EMS needs that the House Public Health Committee identified during the interim. The committee noted the challenges that rural areas face, including fewer resources and possible higher mortality from trauma. This bill would give rural Texas a voice on EMS advisory committees and would fund training programs to build out the EMS system in underserved areas.

Improving rural EMS would make Texas roads safer. Because many roads in the state run through rural areas, a more extensive network of immediate services administered by knowledgeable professionals would help save lives.

This bill would support the EMS system in all areas of the state by providing programs for EMS personnel. Survivors of EMS personnel would be eligible to receive assistance through ERS in the same manner as surviving family members of policemen or firefighters. EMS personnel also would have access to peer assistance programs, which help providers cope with the results of stress in this often traumatic line of work.

OPPONENTS  
SAY:

CSHB 2446 would not go far enough in improving EMS services in rural areas. Because the greatest problem facing EMS providers is funding, the legislature should focus on ways to provide more financial support. Making EMS services an optional reimbursement by counties is not enough.

NOTES:

The committee substitute added the provision for training EMS providers in rural or underserved areas.

The House-approved version of SB 1 by Ellis, the general appropriations bill for fiscal 2002-03, would appropriate \$4.2 million to TDH for EMS services. The Senate version of SB 1 includes the same amount.

The fiscal note for CSHB 2446 estimates a net loss of \$427,972 in general revenue-related funds in fiscal 2002-03. This estimate assumes the need for two more employees at TDH plus associated benefits, travel, and operating and contract expenses to implement the training program.