

SUBJECT: A pilot project to provide rural emergency telemedicine medical services

COMMITTEE: Public Health — committee substitute recommended

VOTE: 11 ayes — Crossover, Naishtat, Blanco, Coleman, Collier, S. Davis, Guerra, R. Miller, Sheffield, Zedler, Zerwas

0 nays

WITNESSES: For — James Beauchamp, MOTRAN Alliance and Permian Basin Coalition; Amanda Martin, Texas Association of Business; (*Registered, but did not testify*: Chris Frandsen, League of Women Voters of Texas; Greg Hansch, National Alliance on Mental Illness Texas; Mark Gipson, Pioneer Natural Resources; Lee Johnson, Texas Council of Community Centers; Nora Belcher, Texas e-Health Alliance; Marissa Patton, Texas Farm Bureau; Dan Finch, Texas Medical Association; John Davidson, Texas Public Policy Foundation)

Against — None

On — Dinah Welsh, Texas EMS, Trauma and Acute Care Foundation; Billy Philips, Texas Tech University Health Sciences Center; (*Registered, but did not testify*: Kelli Merriweather, Commission on State Emergency Communications)

BACKGROUND: Certain parts of the state are located far from a Level I trauma facility and have limited access to high-level trauma services. Some have called for the creation of a telemedicine network to provide such services by linking a trauma facility to local health care providers in rural areas.

DIGEST: CSHB 2004 would require the Commission on State Emergency Communications to establish a “next generation 9-1-1 telemedicine medical services” pilot project. The project would provide emergency medical services instruction and emergency pre-hospital care instruction through a telemedicine medical service provided by regional trauma resource centers to health care providers in rural area trauma facilities and

emergency medical services providers in rural areas. Rural areas would include counties with populations of 50,000 or less or a large, isolated, and sparsely populated area of a county with a population of more than 50,000.

A “telemedicine medical service” provided under the pilot project would mean a health care service that was initiated by a physician or provided by a health professional acting under physician delegation and supervision that required the use of advanced telecommunications technology and which was provided for purposes of:

- patient assessment by a health professional;
- diagnosis or consultation by a physician;
- treatment; or
- transfer of medical data.

The pilot project would be established with the assistance of the area health education center at the Texas Tech University Health Sciences Center (TTUHSC), and the commission would provide technical assistance to the center in implementing the pilot. The bill would set policies for selecting trauma facilities and emergency medical services providers to participate in the pilot project. A trauma facility that TTUHSC selected to participate in the pilot project would be known as a “regional trauma resource center.”

The bill would require TTUHSC, with the assistance of the commission, to design criteria and protocols for the telemedicine medical service and related instruction and to provide the oversight necessary to conduct the pilot project. The commission and TTUHSC also would collect the data necessary to evaluate the project, and would define criteria to determine when telemedicine medical services should be transferred to an emergency medical resource center for intervention. The bill would allow TTUHSC to make available appropriate resources for individuals who did not speak English.

The bill would specify how the pilot project could be funded. The bill

would allow money collected under a 9-1-1 equalization surcharge imposed by the Commission on State Emergency Communications to be appropriated to the commission to fund the pilot project. TTUHSC also could seek grants to fund the pilot project. A political subdivision with a trauma facility that participated in the pilot project could pay part of the costs of the pilot project. If a sufficient number of political subdivisions in a region that could be served by the pilot project agreed to pay TTUHSC an amount that together with other funding was sufficient to fund the pilot project for the region, TTUHSC would:

- contract with the political subdivisions for each to pay an appropriate share of the cost; and
- implement the project for the region when the funding agreed to in the contracts and any other funding received was sufficient to fund the project for the region.

The bill would require TTUHSC, in cooperation with the commission, to report its findings to the governor and the presiding officers of the House and Senate by December 31, 2020. The bill would allow TTUHSC to appoint a project work group to assist the center in developing, implementing, and evaluating the project and preparing a report on the findings. A member of the work group would not be entitled to compensation or reimbursement for serving on the work group. The work group would not be subject to Government Code, ch. 2110 governing state agency advisory committees.

The operations of TTUHSC and a regional trauma resource center would be considered to be the provision of 9-1-1 services for purposes of Health and Safety Code, sec. 771.053, related to limitation of liability for 9-1-1 service providers. Employees and volunteers at the regional trauma resource center would be protected from liability under Health and Safety Code, sec. 771.053 for any claim, damage, or loss arising from the provision of 9-1-1 service.

The bill's provisions would expire January 1, 2021. The bill would take effect September 1, 2015.

NOTES:

According to the Legislative Budget Board's fiscal note, the bill would have a negative fiscal impact of \$618,379 in fiscal year 2016 and \$638,330 in fiscal year 2017, with recurring costs of \$638,330 per year through fiscal year 2020 to account for the creation of three full-time equivalent state employees to implement the pilot project.