

SUBJECT: Expanding the scope of certain paramedics' duties

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — Crownover, Naishtat, Blanco, Coleman, S. Davis, Guerra, R. Miller, Sheffield, Zedler, Zerwas

0 nays

1 absent — Collier

WITNESSES: For — Dudley Wait, City of Schertz Emergency Medical Services; Bryan Norris, San Antonio Professional Firefighters Association; Ryan Matthews; (*Registered, but did not testify*: Randy Moreno, Austin Firefighters Association; Wayne Delanghe, San Antonio Professional Firefighters Association; Courtney DeBower, Texas Emergency Medical Services, Trauma and Acute Care Foundation (TETAF); Dan Finch, Texas Medical Association; Mike Martinez; Joseph Palfini)

Against — Cindy Zolnierrek, Texas Nurses Association

On — (*Registered, but did not testify*: Joseph Schmider, Department of Safety and Health Services)

BACKGROUND: Health and Safety Code, ch. 773 governs Emergency Medical Services.

DIGEST: CSHB 2020 would allow a certified emergency medical technician-paramedic or licensed paramedic to provide advanced life support in a facility's emergency or urgent care clinical setting, including a hospital room and a freestanding emergency medical care facility, under certain conditions. The emergency medical technician-paramedic or licensed paramedic would have to be acting under the direct supervision of a licensed physician and would have to be authorized to provide advanced life support by the health care facility.

The bill would define “advanced life support” as health care provided to

sustain life in an emergency, life-threatening situation. It would include the initiation of intravenous therapy, endotracheal or esophageal intubation, electrical cardiac defibrillation or cardioversion, and drug therapy procedures.

As soon as practicable, the executive commissioner of the Health and Human Services Commission would be required to adopt any necessary rules to implement the bill.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2015.

**SUPPORTERS
SAY:**

CSHB 2020 would allow emergency medical technician-paramedics and licensed paramedics to work in emergency rooms under appropriate circumstances. Currently, paramedics or licensed paramedics who wish to work in an emergency room are permitted only to be paid and employed as orderlies, which deprives health care facilities of these individuals' specialized skills honed in an emergency setting.

Allowing these types of paramedics to be employed by medical facilities in a more appropriate role could benefit both the paramedic and the medical facility. Emergency rooms often are understaffed, particularly in rural communities. Working in a hospital alongside physicians could help alleviate staffing challenges, while also helping paramedics further develop their skills.

The bill would not require any additional training for paramedics. They would be performing procedures in emergency rooms that they are already allowed to perform when providing emergency services, so this bill would just extend the scope of where they could provide them.

The bill could extend the careers of paramedics who were injured or no longer wished to provide their services in the field by allowing them to put their skills to use in a hospital environment.

The bill would not attempt to substitute paramedics for nurses and would not affect nursing ratios in emergency rooms.

OPPONENTS
SAY:

CSHB 2020 would place paramedics in a field for which they were not trained. There are significant differences between the standard of care and the resources for paramedics in the field and in the hospital. Registered nurses also have a broader skill set than paramedics and are better qualified to help provide advanced life support in an emergency room.