

BILL ANALYSIS

Senate Research Center

C.S.H.B. 2446
By: Glaze (Madla)
Health & Human Services
5/4/2001
Committee Report (Substituted)

DIGEST AND PURPOSE

In its interim report to the 77th Texas Legislature, the House Committee on Public Health (committee) examined the requirements imposed on emergency medical service (EMS) providers in rural areas to determine whether individual requirements encourage or hinder the provision of services. The committee outlined several policy options including allowing an advisory council to advise the Texas Board of Health (board) on emergency medical services, allowing counties to reimburse EMS providers under the Indigent Health Care and Treatment Act at Medicaid rates, and considering the standardization and simplification of EMS terminology and classification of providers. The committee also met with the Texas Department of Health (TDH), which recommended establishing a peer assistance program and providing confidentiality for the regional advisory council's quality improvement and data process. C.S.H.B. 2446 addresses the recommendations outlined in the interim report along with recommendations by TDH.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the Texas Department of Health in SECTION 4 (Section 773.014, Health and Safety Code) of this bill.

Rulemaking authority previously granted to the Texas Board of Health is modified in SECTION 6 (Section 773.115(a), Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 771, Health and Safety Code, by adding Subchapter E, as follows:

SUBCHAPTER E. STATE EMERGENCY MEDICAL DISPATCH RESOURCE CENTER

Sec. 771.101. ESTABLISHMENT OF PILOT PROGRAM. (a) Requires the Texas Department of Health (department), with the assistance of the advisory council appointed under Section 773.012, to establish a pilot program to test the efficacy of using emergency medical dispatchers located in a regional emergency medical dispatch resource center to provide lifesaving and other emergency medical instructions to persons who need guidance while awaiting the arrival of emergency medical personnel. Provides that the purpose of a regional emergency medical dispatch resource center is not to dispatch personnel or equipment resources but to serve as a resource to provide pre-arrival instructions that may be accessed by selected public safety answering points that are not adequately staffed or funded to provide those services.

(b) Requires the Commission on State Emergency Communications (commission) to provide technical assistance to the department to facilitate the implementation of the pilot program.

(c) Requires the department, with the cooperation of the advisory council, to perform certain functions.

Sec. 771.102. PARTICIPATION IN PILOT PROGRAM. Requires the Texas Department of Health (department) to determine which public safety answering points are interested in participating in the pilot program. Requires the department to establish criteria for selecting qualified public safety answering points to participate in the pilot program. Requires participating public safety answering points to agree to participate in any required training and to provide regular reports required by the department for the pilot program.

Sec. 771.103. SELECTION OF REGIONAL EMERGENCY MEDICAL DISPATCH RESOURCE CENTER. Requires the Texas Department of Health (department), with the assistance of the advisory council, to select one public safety answering point to serve as the regional emergency medical dispatch resource center. Sets forth requirements for the public safety answering point selected as the resource center for the pilot program. Requires the department and the advisory council, in selecting an existing public safety answering point to act as the resource center, to consider a public safety answering point's ability to keep records and produce reports to measure the effectiveness of the pilot program.

Sec. 771.104. CRITERIA FOR EMERGENCY MEDICAL DISPATCH INTERVENTION. Requires the department and the advisory council to define criteria that establish the need for emergency medical dispatch intervention to be used by participating public safety answering points to determine which calls are to be transferred to the regional emergency medical dispatch resource center for emergency medical dispatch intervention.

Sec. 771.105. FUNDING OF PILOT PROGRAM. Authorizes money in the 9-1-1 services fee fund to be appropriated to the Texas Department of Health to fund the pilot program. Provides that the department is also authorized to seek grant funding for the pilot program. Provides that the provisions in this subchapter that require the department to establish, conduct, and evaluate the pilot program are contingent on the department receiving funding in accordance with this section.

Sec. 771.106. REPORT TO LEGISLATURE. Requires the department to report its findings to the presiding officer of each house of the legislature no later than December 1, 2002.

Sec. 771.107. LIABILITY. Provides that the operations of the regional emergency medical dispatch resource center are considered to be the provision of 9-1-1 services for purposes of Section 771.053. Provides that employees of and volunteers at the center have the same protection from liability as a member of the governing body of a public agency under Section 771.053.

Sec. 771.108. EXPIRATION. Provides that this subchapter expires September 1, 2003.

SECTION 2. Amends Section 773.012, Health and Safety Code, by amending Subsection (a) and adding Subsections (k) and (l), as follows:

(a) Requires the governor, in making appointments to the advisory council, to ensure that approximately one-half of the members of the advisory council are residents of rural areas of the state.

(k) Requires the advisory council to assess the need for emergency medical services in the rural areas of the state.

(l) Requires the advisory council to develop a strategic plan for refining the educational requirements for certification and maintaining certification as emergency medical services personnel; and developing emergency medical services and trauma care systems.

SECTION 3. Amends Chapter 773A, Health and Safety Code, by adding Section 773.013, as follows:

Sec. 773.013. PEER ASSISTANCE PROGRAM. Authorizes the department to establish, approve, and fund a peer assistance program in accordance with Section 467.003 and board rules.

SECTION 4. Amends Chapter 773A, Health and Safety Code, by adding Section 773.014, as follows:

Sec. 773.014. ADMINISTRATION OF EPINEPHRINE. (a) Authorizes an emergency medical services provider (provider) and a first responder organization (organization) to acquire and possess epinephrine auto-injector devices (devices) in accordance with this section. Authorizes emergency medical services personnel certified as emergency medical technicians or at a higher level of training (EMTs) to carry and administer devices in accordance with this section.

(b) Requires the department to adopt rules designed to protect the public health and safety to implement this section. Sets forth certain requirements of the rules.

(c) Authorizes a provider or organization to acquire, possess, maintain, and dispose of devices, and EMTs to carry, maintain, administer, and dispose of devices, only in accordance with certain rules and practices.

(d) Requires emergency medical services personnel (personnel) who administer devices to others to immediately report the use to the physician supervising the activities of the personnel.

(e) Provides that the administration of a device to another under this section is considered to be the administration of emergency care for the purposes of any statute relating to liability for the provision of emergency care. Provides that the administration of a device to another in accordance with the requirements of this section does not constitute the unlawful practice of any health care profession.

(f) Authorizes a person otherwise authorized to sell or provide a device to another to sell or provide the devices to a provider or organization authorized to acquire and possess the devices under this section.

(g) Provides that this section does not permit personnel who are also licensed health care professionals under another health care licensing law and who are authorized to acquire, possess, and administer a device under the other health care licensing law from acting under the other law.

(h) Provides that this section does not impose a standard of care not otherwise required by law.

SECTION 5. Amends Section 773.025, Health and Safety Code, by adding Subsections (d) and (e), as follows:

(d) Authorizes certain governmental entities or nongovernmental organizations to request the department's bureau of emergency management (bureau) to provide or facilitate the provision of initial training for emergency care attendants, if the training is not available locally. Requires the bureau to ensure that the training is provided. Requires the bureau to provide the training without charge, or contract with qualified instructors to provide the training without charge, to certain students. Requires the

training to be provided at times and places that are convenient to the students. Requires the bureau to require that at least three students are scheduled to take any class offered under this subsection.

(e) Requires the bureau, in order to facilitate all levels of emergency medical services training, to consult with and solicit comment from certain entities.

SECTION 6. Amends Section 773.095(a), Health and Safety Code, to provide that the proceedings and records of trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services and trauma care system, are confidential and not subject to disclosure by court subpoena or otherwise. Makes a nonsubstantive change.

SECTION 7. Amends Section 773.115(a), Health and Safety Code, to make conforming changes. Requires a trauma facility to be designated by the level of trauma care and services provided in accordance with the American College of Surgeons guidelines for level I and II trauma facilities (rather than centers) and rules adopted by the Texas Board of Health (board) for level III and IV trauma facilities. Makes nonsubstantive changes. Deletes text regarding guidelines for level III trauma centers and rules adopted by the board for level V trauma centers.

SECTION 8. Amends Section 615.003, Government Code, to provide that this chapter applies only to eligible survivors of certain individuals. Makes a nonsubstantive change.

SECTION 9. Amends Section 61.0285(a), Health and Safety Code, to authorize a county, in addition to basic health care services provided under Section 61.028 and in accordance with department rules adopted under Section 61.006, to provide other medically necessary services or supplies that the county determines to be cost-effective, including emergency medical services. Makes nonsubstantive changes.

SECTION 10. Amends Section 106.043(b), Health and Safety Code, to provide that the advisory committee is composed of 13 (rather than 12) members appointed by the executive committee and requires the advisory committee to include an individual who provides emergency medical services in a rural area and who is certified or licensed as an emergency care attendant or at a higher level of training under Section 773.046, 773.047, 773.048, 773.049, or 773.0495. Makes nonsubstantive changes.

SECTION 11. (a) Effective date: September 1, 2001, except as provided by Subsection (b) of this section.

(b) Provides that Section 773.014, Health and Safety Code, as added by this Act, takes effect January 1, 2002, except that Section 773.014 takes effect September 1, 2001, for the limited purpose of allowing the department to adopt rules under that law that may take effect before January 1, 2002.

(c) Authorizes devices to be carried and administered by certain personnel before January 1, 2002, to the extent allowed under the law that exists before September 1, 2001.

SUMMARY OF COMMITTEE CHANGES

Amends Engrossed H.B. 2446 by adding new SECTION 4 and redesignating subsequent SECTIONS. Replaces redesignated SECTION 11 with new language relating to the effective date of this Act.