

- SUBJECT:** Modifying emergency medical services licenses, duties
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 8 ayes — Crownover, Naishtat, Blanco, Coleman, R. Miller, Sheffield, Zedler, Zerwas
- 0 nays
- 3 absent — Collier, S. Davis, Guerra
- SENATE VOTE:** On final passage, May 12 — 30-0
- WITNESSES:** (*On House companion bill, HB 2020*)  
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 Zolnierek, Texas Nurses Association
- On — (*Registered, but did not testify*: Joseph Schmider, Department of Safety and Health Services)
- BACKGROUND:** Health and Safety Code, ch. 773, also known as the Emergency Health Care Act, governs emergency medical services.
- Sec. 773.0571 establishes requirements for emergency medical service provider licenses.
- DIGEST:** SB 1899 would allow a certified emergency medical technician-paramedic or licensed paramedic to provide advanced life support under certain circumstances, make changes to requirements for emergency medical

services provider licenses, and require the Department of State Health Services (DSHS) to institute a system for tracking and reporting on complaints, investigations, and disciplinary actions related to emergency medical services.

**Advanced life support care.** A certified emergency medical technician-paramedic or licensed paramedic could 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 be authorized to provide advanced life support by a 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.

**Emergency medical services provider licenses.** The bill would authorize DSHS to develop and administer an examination for an emergency medical services (EMS) provider license applicant or EMS personnel certification applicant. The examination would be administered at least twice a year and would assess the applicant's knowledge of the Emergency Health Care Act, rules set by the Health and Human Services executive commissioner, and any other applicable laws. DSHS rules would be required to specify who must take the examination on behalf of an entity applying for an emergency medical services provider license.

The bill would add to the requirements for an EMS provider license that the applicant operated out of a physical location as the provider's primary place of business and that the applicant owned or leased all equipment necessary for safe operation of an emergency medical services provider as provided by the bill's provisions. The bill would outline criteria for what constitutes an applicable physical location and necessary equipment.

**Complaints, investigations, and inspections.** The bill would require DSHS to track and record any complaints the department received regarding EMS providers and EMS personnel as well as investigations and disciplinary actions initiated by the department under the Emergency Health Care Act. The bill would specify the process by which DSHS would track and refer complaints outside department jurisdiction to other agencies. It would also require DSHS to annually report on its findings related to complaints, investigations, and disciplinary actions and make that report public via the department's website and upon request.

The bill also would allow DSHS to use an inspection performed by an entity to which the department has delegated inspection authority as a basis for a disciplinary action that could result in the revocation, suspension or nonrenewal of a license.

As soon as practicable after the bill's effective date, the executive commissioner of the Health and Human Services Commission would be required to adopt any necessary rules to implement the bill, and DSHS would develop a formal process for referring complaints outside its jurisdiction.

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. Provisions establishing new license requirements for emergency medical services providers would apply to licenses applied for or renewed on or after September 1, 2015.

**SUPPORTERS  
SAY:**

SB 1899 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 expand 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.

Providing additional licensing requirements would help ensure that recipients of emergency medical services were given a high quality of care. The bill would not, as opponents say, expose complaints and allegations about EMS service providers and care before a final determination was made. Sufficient information would be included in a complaint report that a person would be able to evaluate whether the complaint had merit.

**OPPONENTS  
SAY:**

SB 1899 could 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.

The bill could expose complaints and allegations about EMS service providers and care before a final determination was made and the merit of the complaints was evaluated. The bill also would leave too much rulemaking discretion to the Health and Human Services executive commissioner and DSHS for implementing the bill's provisions.

NOTES: The House companion bill, HB 2020 by Martinez, was approved by the House on May 15 and referred to the Senate Administration Committee on May 19.