

BILL ANALYSIS

C.S.S.B. 1206
By: Deuell
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Recent legislation provided for the licensing of freestanding emergency medical care facilities by the Department of State Health Services (DSHS). These facilities help meet the emergency medical care needs of the state's growing population and are often capable of providing services to patients who may not seek care at a primary care physician's office or at a hospital.

Currently, such facilities are allowed to provide services that are defined as purely emergency services. Interested parties assert that this can keep facilities from providing important nonemergency services, such as administering various vaccinations and intravenous injections to cancer patients, that patients might not receive otherwise.

C.S.S.B. 1206 seeks to address this issue by amending current law relating to medical care and public health services provided by a health care professional in a licensed freestanding emergency medical care facility.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.S.B. 1206 amends Subchapter A, Chapter 254, Health and Safety Code, as added by Chapter 1273 (H.B. 1357), Acts of the 81st Legislature, Regular Session, 2009, to prohibit provisions of law relating to freestanding emergency medical care facilities from being construed as prohibiting a licensed health care professional from providing in a licensed freestanding emergency medical care facility medical care provided at the time emergency care is provided, or public health services, that are within the scope of the health care professional's license and that are not required to be provided in another facility under other law. The bill authorizes the health care professional to charge a facility fee for the medical care or public health service provided to a patient only if the care or service is provided as part of the emergency care provided to the patient or at the time nonrelated emergency care is provided to the patient. The bill prohibits the executive commissioner of the Health and Human Services Commission, in adopting rules relating to freestanding emergency medical care facilities, from adopting a rule that conflicts with the bill's provisions.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2011.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.S.B. 1206 contains a provision not included in the original authorizing a health care professional to charge a facility fee for the medical care or public health service provided to a

patient in a licensed freestanding emergency medical care facility only if the care or service is provided as part of the emergency care provided to the patient or at the time nonrelated emergency care is provided to the patient.