

BILL ANALYSIS

H.B. 365
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Urban Affairs
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Interested parties have raised concerns regarding the protections provided to firefighters and emergency medical technicians with regard to the risks that they face every day in the course and scope of their employment. The parties, as an example of their concerns, point to the requirement that, to make a claim for benefits or compensation relating to an acute myocardial infarction or stroke suffered while on duty that resulted in disability or death, the incident must have occurred while the individual was engaged in nonroutine stressful or strenuous physical activity.

H.B. 365 seeks to address these issues by modifying and establishing presumptions relating to certain diseases or illnesses suffered by firefighters and emergency medical technicians in the course and scope of their employment in order for them to make a claim for benefits or compensation.

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

H.B. 365 amends the Government Code to presume that a firefighter or emergency medical technician who suffers an acute myocardial infarction or stroke resulting in disability or death to have suffered the disability or death during the course and scope of employment as a firefighter or emergency medical technician if the acute myocardial infarction or stroke occurred while the firefighter or emergency medical technician was on duty, rather than if, while on duty, the firefighter or emergency medical technician was engaged in a situation that involved nonroutine stressful or strenuous physical activity involving fire suppression, rescue, hazardous material response, emergency medical services, or other emergency response activity or participated in a training exercise that involved nonroutine stressful or strenuous physical activity and the acute myocardial infarction or stroke occurred while the firefighter or emergency medical technician was engaging in such an activity.

H.B. 365 presumes a firefighter or emergency medical technician who suffers from acquired immune deficiency syndrome (AIDS), human immunodeficiency virus (HIV) infection, hepatitis B, or hepatitis C to have contracted the disease or illness during the course and scope of employment as a firefighter or emergency medical technician if while on duty the firefighter or emergency medical technician regularly responded on the scene to calls involving exposure to blood or other bodily fluids potentially containing blood-borne or fluid-borne pathogens, either directly or in connection with the use of or exposure to sharps, or responded to an event involving the documented release of blood or other bodily fluids known to contain HIV, hepatitis B virus, or hepatitis C virus. The bill presumes a firefighter or emergency medical technician who suffers from methicillin-resistant *Staphylococcus aureus* to have become infected with the bacterium during the course and scope of employment as a firefighter or emergency medical technician if while on duty the firefighter or emergency medical technician responded to an

event involving documented exposure to methicillin-resistant *Staphylococcus aureus*. The bill authorizes a presumption regarding the contraction of AIDS, HIV infection, hepatitis B, or hepatitis C or being infected with methicillin-resistant *Staphylococcus aureus* to be rebutted through a showing by a preponderance of the evidence that a risk factor, accident, hazard, or other cause not associated with the individual's service as a firefighter or emergency medical technician caused the individual's disease or illness.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2013.