

SENATE AMENDMENTS

2nd Printing

By: Bell, Metcalf

H.B. No. 479

A BILL TO BE ENTITLED

AN ACT

1
2 relating to transfer of the regional emergency medical dispatch
3 resource centers program to the Commission on State Emergency
4 Communications.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. Sections 771.102(a) and (c), Health and Safety
7 Code, are amended to read as follows:

8 (a) The commission [~~center~~], with the assistance of the
9 advisory council appointed under Section 773.012, shall administer
10 the program in which [~~establish a program to use~~] emergency medical
11 dispatchers located in regional emergency medical dispatch
12 resource centers are used to provide life-saving and other
13 emergency medical instructions to persons who need guidance while
14 awaiting the arrival of emergency medical personnel. The purpose
15 of a regional emergency medical dispatch resource center is not to
16 dispatch personnel or equipment resources but to serve as a
17 resource to provide pre-arrival instructions that may be accessed
18 by selected public safety answering points that are not adequately
19 staffed or funded to provide those services.

20 (c) The commission [~~center~~], with the assistance of the
21 advisory council, shall:

22 (1) design criteria and protocols and provide
23 oversight as needed to conduct the program;

24 (2) collect the necessary data to evaluate the

1 program; and

2 (3) report its findings to the legislature.

3 SECTION 2. Sections 771.103, 771.104, and 771.105, Health
4 and Safety Code, are amended to read as follows:

5 Sec. 771.103. PARTICIPATION IN PROGRAM. (a) The
6 commission [~~center~~] shall determine which public safety answering
7 points are interested in participating in the program.

8 (b) Participating public safety answering points must agree
9 to participate in any required training and to provide regular
10 reports required by the commission [~~center~~] for the program.

11 Sec. 771.104. SELECTION OF PROGRAM PARTICIPANTS AND
12 REGIONAL EMERGENCY MEDICAL DISPATCH RESOURCE CENTERS. (a) The
13 commission [~~center~~], with the assistance of the advisory council,
14 may select public safety answering points to participate in the
15 program or to serve as regional emergency medical dispatch resource
16 centers. A public safety answering point may participate in the
17 program and serve as a regional emergency medical dispatch resource
18 center. A public safety answering point selected for the program or
19 to serve as a resource center must:

20 (1) have a fully functional quality assurance program
21 that measures each emergency medical dispatcher's compliance with
22 the medical protocol;

23 (2) have dispatch personnel who meet the requirements
24 for emergency medical dispatcher certification or the equivalent as
25 determined by the Department of State Health Services;

26 (3) use emergency medical dispatch protocols approved
27 by a physician medical director knowledgeable in emergency medical

1 dispatch;

2 (4) have sufficient experience in providing
3 pre-arrival instructions; and

4 (5) have sufficient resources to handle the additional
5 workload and responsibilities of the program.

6 (b) In selecting an existing public safety answering point
7 to act as a resource center, the commission [~~center~~] shall consider
8 a public safety answering point's ability to keep records and
9 produce reports to measure the effectiveness of the program. The
10 commission [~~center~~] shall share information regarding a public
11 safety answering point's abilities with the advisory council.

12 Sec. 771.105. CRITERIA FOR EMERGENCY MEDICAL DISPATCH
13 INTERVENTION. The commission [~~center~~], with the assistance of the
14 advisory council, shall define criteria that establish the need for
15 emergency medical dispatch intervention to be used by participating
16 public safety answering points to determine which calls are to be
17 transferred to the regional emergency medical dispatch resource
18 center for emergency medical dispatch intervention.

19 SECTION 3. Sections 771.106(a), (b), and (d), Health and
20 Safety Code, are amended to read as follows:

21 (a) State [~~Money in the 9-1-1 services fee fund and other~~
22 ~~state~~] funds may be appropriated to [~~The University of Texas~~
23 ~~Medical Branch at Galveston on behalf of~~] the commission [~~center~~]
24 to fund the program.

25 (b) The commission may [~~University of Texas Medical Branch~~
26 ~~at Galveston on behalf of the center and the center are also~~
27 ~~authorized to~~] seek grant funding for the program.

1 (d) The provisions in this subchapter that require the
2 commission [~~center~~] to [~~establish,~~] conduct[~~,~~] and evaluate the
3 program are contingent on the commission [~~center~~] receiving funding
4 in accordance with this section. If a sufficient number of
5 political subdivisions in a region that could be served by a program
6 offer to pay the commission [~~center~~] an amount that in the
7 aggregate, together with any other funding received under this
8 section, is sufficient to fund the program for the region, [~~The~~
9 ~~University of Texas Medical Branch at Galveston, on behalf of]~~ the
10 commission [~~center~~]:

11 (1) shall enter into contracts with the offering
12 political subdivisions under which each will pay an appropriate
13 share of the cost; and

14 (2) when the amount under the signed contracts,
15 together with any other funding received under this section, is
16 sufficient to fund the program for the region, shall implement the
17 program for the region.

18 SECTION 4. Section 771.107, Health and Safety Code, is
19 amended to read as follows:

20 Sec. 771.107. REPORT TO LEGISLATURE. The commission
21 [~~center~~] shall biennially report its findings to the governor, the
22 presiding officer of each house of the legislature, and the
23 advisory council no later than January 1 of each odd-numbered year.

24 SECTION 5. Section 771.109(a), Health and Safety Code, is
25 amended to read as follows:

26 (a) The commission [~~center~~] may appoint a program work group
27 to assist the commission [~~center~~] in [~~developing,~~] implementing[~~,~~]

1 and evaluating the program and preparing a report on the
2 commission's [~~center's~~] findings.

3 SECTION 6. Sections 771.101 and 771.102(b), Health and
4 Safety Code, are repealed.

5 SECTION 7. (a) In this section:

6 (1) "Center" means the area health education center at
7 The University of Texas Medical Branch at Galveston that meets the
8 requirements of 42 U.S.C. Section 294a and has received federal
9 funding as an area health education center.

10 (2) "Program" means the regional emergency medical
11 dispatch resource centers program established under Subchapter E,
12 Chapter 771, Health and Safety Code, as that subchapter existed
13 before amendment by this Act.

14 (b) On the effective date of this Act, the administration of
15 the program is transferred from the center to the Commission on
16 State Emergency Communications and all unspent and unobligated
17 funds appropriated by the legislature to The University of Texas
18 Medical Branch at Galveston on behalf of the center to fund the
19 program are transferred to the commission.

20 (c) The Commission on State Emergency Communications with
21 the agreement of the center may accept the transfer of any records,
22 employees, or real or personal property of the center relating to
23 the operation of the program.

24 SECTION 8. This Act takes effect September 1, 2015.

ADOPTED

MAY 21 2015

FLOOR AMENDMENT NO. 1

Atty. Gen. BY: Chris Perry
Secretary of the Senate

1 Amend H.B. No. 479 by adding the following appropriately
2 numbered SECTION to the bill and renumbering subsequent SECTIONS
3 of the bill accordingly:

4 SECTION . Chapter 771, Health and Safety Code, is
5 amended by adding Subchapter F to read as follows:

6 SUBCHAPTER F. NEXT GENERATION 9-1-1 TELEMEDICINE MEDICAL
7 SERVICES PILOT PROJECT

8 Sec. 771.151. DEFINITIONS. In this subchapter:

9 (1) "Center" means the area health education center
10 at the Texas Tech University Health Sciences Center that meets
11 the requirements of 42 U.S.C. Section 294a and has received
12 federal funding as an area health education center.

13 (2) "Emergency medical services" means services used
14 to respond to an individual's perceived need for immediate
15 medical care and to prevent death or aggravation of
16 physiological or psychological illness or injury.

17 (3) "Emergency medical services provider" means a
18 person who uses or maintains emergency medical services
19 vehicles, medical equipment, and emergency medical services
20 personnel to provide emergency medical services.

21 (4) "Emergency prehospital care" means care provided
22 to the sick or injured before or during transportation to a
23 medical facility, and includes any necessary stabilization of
24 the sick or injured in connection with that transportation.

25 (5) "Regional trauma resource center" means a trauma
26 facility that the center selects to participate in the project.

27 (6) "Rural area" means:

28 (A) a county with a population of 50,000 or
29 less; or

1 (B) a large, isolated, and sparsely populated
2 area of a county with a population of more than 50,000.

3 (7) "Telemedicine medical service" means a health
4 care service that is initiated by a physician or provided by a
5 health professional acting under physician delegation and
6 supervision, that is provided for purposes of patient assessment
7 by a health professional, diagnosis or consultation by a
8 physician, or treatment, or for the transfer of medical data,
9 and that requires the use of advanced telecommunications
10 technology, other than telephone or facsimile technology,
11 including:

12 (A) compressed digital interactive video, audio,
13 or data transmission;

14 (B) clinical data transmission using computer
15 imaging by way of still-image capture and store and forward; and

16 (C) other technology that facilitates access to
17 health care services or medical specialty expertise.

18 (8) "Trauma facility" means a health care facility
19 that is capable of comprehensive treatment of seriously injured
20 persons and is a part of an emergency medical services and
21 trauma care system.

22 Sec. 771.152. ESTABLISHMENT OF PILOT PROJECT. (a) The
23 commission, with the assistance of the center, shall establish a
24 pilot project to provide emergency medical services instruction
25 and emergency prehospital care instruction through a
26 telemedicine medical service provided by regional trauma
27 resource centers to:

28 (1) health care providers in rural area trauma
29 facilities; and

30 (2) emergency medical services providers in rural
31 areas.

1 (b) The commission shall provide technical assistance to
2 the center in implementing the pilot project.

3 (c) The center, with the assistance of the commission,
4 shall:

5 (1) design criteria and protocols for the
6 telemedicine medical service and related instruction and provide
7 the oversight necessary to conduct the pilot project;

8 (2) define criteria to determine when telemedicine
9 medical services that provide instructions for emergency medical
10 services, emergency prehospital care, and trauma care should be
11 transferred to an emergency medical resource center for
12 intervention; and

13 (3) collect the data necessary to evaluate the
14 project.

15 (d) The center may make available appropriate resources
16 for individuals who do not speak English.

17 Sec. 771.153. STAFF. The center shall provide the
18 telemedicine medical service and related instruction for the
19 pilot project through health care providers in regional trauma
20 resource centers, including physicians, pharmacists, emergency
21 medical personnel, and other health professionals acting under
22 physician delegation and supervision.

23 Sec. 771.154. PARTICIPATION IN PILOT PROJECT. (a) The
24 center shall determine the trauma facilities and emergency
25 medical services providers that are interested in participating
26 in the pilot project.

27 (b) A trauma facility or emergency medical services
28 provider participating in the pilot project must agree to
29 successfully complete any required training and to provide all
30 reports required by the center for the project.

31 Sec. 771.155. SELECTION OF PROJECT PARTICIPANTS AND

1 REGIONAL TRAUMA RESOURCE CENTERS. (a) The center, with the
2 assistance of the commission, may select trauma facilities and
3 emergency medical services providers to participate in the pilot
4 project and select trauma facilities to serve as regional trauma
5 resource centers.

6 (b) A trauma facility may not be selected to participate
7 in the project or to serve as a regional trauma resource center
8 unless the facility:

9 (1) has a quality assurance program that measures
10 each health care provider's compliance with the medical
11 protocol;

12 (2) uses emergency medical services and emergency
13 prehospital care protocols approved by a physician medical
14 director knowledgeable in emergency medical services and
15 emergency prehospital care;

16 (3) has experience in providing emergency medical
17 services and emergency prehospital care that the center
18 determines is sufficient; and

19 (4) has resources sufficient to provide the
20 additional telemedicine medical services and related instruction
21 required for the pilot project in addition to the health care
22 services already provided by the facility.

23 (c) In selecting a trauma facility to serve as a regional
24 trauma resource center, the center shall consider the facility
25 personnel's ability to maintain records and produce reports to
26 measure the effectiveness of the pilot project. The center shall
27 share information regarding that ability with the commission.

28 Sec. 771.156. FUNDING OF PILOT PROJECT. (a) Money
29 collected under Section 771.072(f) may be appropriated to the
30 commission to fund the pilot project.

31 (b) The center may seek grants to fund the pilot project.

1 (c) A political subdivision with a trauma facility that
2 participates in the pilot project may pay part of the costs of
3 the pilot project.

4 (d) If a sufficient number of political subdivisions in a
5 region that may be served by the pilot project agree to pay the
6 center an amount that together with other funding received under
7 this section is sufficient to fund the pilot project for the
8 region, the center shall:

9 (1) contract with the political subdivisions for each
10 to pay an appropriate share of the cost; and

11 (2) implement the project for the region when the
12 amounts agreed to in the contracts and any other funding
13 received under this section are sufficient to fund the project
14 for the region.

15 Sec. 771.157. REPORT TO LEGISLATURE. The center, in
16 cooperation with the commission, shall report its findings to
17 the governor and the presiding officer of each house of the
18 legislature, not later than December 31, 2020.

19 Sec. 771.158. LIABILITY. The operations of the center and
20 a regional trauma resource center are considered to be the
21 provision of 9-1-1 services for purposes of Section 771.053.
22 Employees of and volunteers at the regional trauma resource
23 center have the same protection from liability as a member of
24 the governing body of a public agency under Section 771.053.

25 Sec. 771.159. WORK GROUP. (a) The center may appoint a
26 project work group to assist the center in developing,
27 implementing, and evaluating the project and preparing a report
28 on the center's findings.

29 (b) A member of the work group is not entitled to
30 compensation for serving on the project work group and may not
31 be reimbursed for travel or other expenses incurred while

1 conducting the business of the project work group.

2 (c) The project work group is not subject to Chapter 2110,
3 Government Code.

4 Sec. 771.160. EXPIRATION. This subchapter expires January
5 1, 2021.

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

May 21, 2015

TO: Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB479 by Bell (Relating to transfer of the regional emergency medical dispatch resource centers program to the Commission on State Emergency Communications.), **As Passed 2nd House**

Estimated Two-year Net Impact to General Revenue Related Funds for HB479, As Passed 2nd House: an impact of \$0 through the biennium ending August 31, 2017.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2016	\$0
2017	\$0
2018	\$0
2019	\$0
2020	\$0

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from <i>Comm State Emer Comm Acct 5007</i>	Change in Number of State Employees from FY 2015
2016	(\$618,379)	3.0
2017	(\$638,330)	3.0
2018	(\$638,330)	3.0
2019	(\$638,330)	3.0
2020	(\$638,330)	3.0

Fiscal Analysis

The bill would amend the Health and Safety Code to transfer the regional emergency medical dispatch resource centers program from the University of Texas Medical Branch at Galveston to the Commission on State Emergency Communications (CSEC).

The bill would amend the Health and Safety Code to add a subchapter requiring the CSEC and the Texas Tech University Health Sciences Center (TTUHSC) area health education center ("Center") to establish a pilot project to provide emergency medical services instruction and emergency pre-hospital care instruction through a telemedicine medical service provided by regional resource trauma centers to health care providers in rural trauma facilities and emergency medical services providers in rural areas.

Provisions of the bill would require the Center, with assistance of the CSEC, to design and define criteria and protocols for the telemedicine medical service, collect data necessary for project evaluation of the pilot program, and report findings to the Governor and presiding officer of each house of the Legislature no later than December 31, 2020. Provisions of the bill would require CSEC to provide technical assistance to the Center in the implementation of the pilot project. The bill would also require the Center to select trauma facilities and emergency medical service providers based on certain criteria to participate in the pilot project and provide the telemedicine medical service and related instruction through providers in regional trauma resource centers.

Provisions of the bill would allow funds collected in General Revenue - Dedicated Account No. 5007 from 9-1-1 equalization surcharges on each local exchange access line and each wireless telecommunications connections to be appropriated to CSEC to fund the pilot project. In addition, the Center may seek grants to fund the pilot project. Political subdivisions with a trauma facility participating in the project may pay part of the costs of the pilot project.

The provisions of this subchapter expire January 1, 2021.

Methodology

Based on information provided by Texas Tech University System, it is assumed that the Center would require \$618,379 in fiscal year 2016 and \$638,330 in fiscal year 2017 to establish and implement the pilot program. Recurring costs for the program would continue from fiscal years 2018 to 2020 at a cost of \$638,330 per year. These costs would be funded from General Revenue - Dedicated Account No. 5007 to CSEC and then transferred to the Center to fund the pilot program.

Based on information provided by Texas Tech University System, it is assumed the Center would implement the project with 5 counties in fiscal year 2016 and expand by another 6 counties in fiscal year 2017. It is estimated the Center would require 3 Full-Time-Equivalents (FTEs) to implement the pilot project. Salaries and benefits associated with the FTEs totals \$264,939 each fiscal year. Additional costs associated with supplies, travel, equipment, and administration total \$353,440 in fiscal year 2016 and \$373,391 in fiscal year 2017. It is assumed the pilot program would continue from fiscal years 2018 through fiscal year 2020 at the same funding level of \$638,330 per fiscal year. It is assumed the pilot project would conclude in fiscal year 2020 and the Center and CSEC would distribute the required report during fiscal year 2021.

It is assumed any costs to CSEC associated with the bill could be absorbed within the agency's existing resources.

Local Government Impact

There could be costs to a hospital district that chose to participate in the pilot program. However, it is assumed that a hospital district would participate only if sufficient funds were available or it would not result in a negative fiscal impact; therefore, no significant fiscal impact is anticipated.

Source Agencies: 477 Commission on State Emergency Communications, 529 Health and Human Services Commission, 739 Texas Tech University Health Sciences Center, 768 Texas Tech University System Administration

LBB Staff: UP, EH, NB, DEH, KPe, KVe

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

May 7, 2015

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB479 by Bell (Relating to transfer of the regional emergency medical dispatch resource centers program to the Commission on State Emergency Communications.), **As Engrossed**

No significant fiscal implication to the State is anticipated.

The bill would amend the Health and Safety Code to transfer the regional emergency medical dispatch resource centers program from the University of Texas Medical Branch at Galveston to the Commission on State Emergency Communications.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 477 Commission on State Emergency Communications, 720 The University of Texas System Administration

LBB Staff: UP, NB, ESi, EP, KPe, EH

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

February 23, 2015

TO: Honorable Larry Phillips, Chair, House Committee on Homeland Security & Public Safety

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB479 by Bell (Relating to transfer of the regional emergency medical dispatch resource centers program to the Commission on State Emergency Communications.), **As Introduced**

No significant fiscal implication to the State is anticipated.

The bill would amend the Health and Safety Code to transfer the regional emergency medical dispatch resource centers program from the University of Texas Medical Branch at Galveston to the Commission on State Emergency Communications.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 477 Commission on State Emergency Communications, 720 The University of Texas System Administration

LBB Staff: UP, ESi, EP, KPe, EH