

House Bill 479
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION

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

(a) The commission [~~enter~~], with the assistance of the advisory council appointed under Section 773.012, shall administer the program in which [~~establish a program to use~~] emergency medical dispatchers located in regional emergency medical dispatch resource centers are used to provide life-saving and other emergency medical instructions to persons who need guidance while awaiting the arrival of emergency medical personnel. 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.

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

- (1) design criteria and protocols and provide oversight as needed to conduct the program;
- (2) collect the necessary data to evaluate the program; and
- (3) report its findings to the legislature.

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

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

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

SENATE VERSION (IE)

SECTION 1. Same as House version.

SECTION 2. Same as House version.

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

- (1) have a fully functional quality assurance program that measures each emergency medical dispatcher's compliance with the medical protocol;
- (2) have dispatch personnel who meet the requirements for emergency medical dispatcher certification or the equivalent as determined by the Department of State Health Services;
- (3) use emergency medical dispatch protocols approved by a physician medical director knowledgeable in emergency medical dispatch;
- (4) have sufficient experience in providing pre-arrival instructions; and
- (5) have sufficient resources to handle the additional workload and responsibilities of the program.

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

Sec. 771.105. CRITERIA FOR EMERGENCY MEDICAL

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DISPATCH INTERVENTION. The commission [~~center~~], with the assistance of the advisory council, shall 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.

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

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

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

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

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

(2) when the amount under the signed contracts, together with

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any other funding received under this section, is sufficient to fund the program for the region, shall implement the program for the region.

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

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

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

(a) The commission ~~[center]~~ may appoint a program work group to assist the commission ~~[center]~~ in ~~[developing,]~~ implementing[;] and evaluating the program and preparing a report on the commission's ~~[center's]~~ findings.

No equivalent provision.

SENATE VERSION (IE)

SECTION 4. Same as House version.

SECTION 5. Same as House version.

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

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

Sec. 771.151. DEFINITIONS. In this subchapter:

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

(2) "Emergency medical services" means services used to

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respond to an individual's perceived need for immediate medical care and to prevent death or aggravation of physiological or psychological illness or injury.

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

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

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

(6) "Rural area" means:

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

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

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

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

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

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

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

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

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

(2) emergency medical services providers in rural areas.

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

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

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

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

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

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

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

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

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

Sec. 771.155. SELECTION OF PROJECT PARTICIPANTS AND REGIONAL TRAUMA RESOURCE CENTERS. (a) The center, with the assistance of the commission, may select trauma facilities and emergency medical services providers to participate in the pilot project and select trauma facilities to serve as regional trauma resource centers.

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

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

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

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

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

(c) In selecting a trauma facility to serve as a regional trauma resource center, the center shall consider the facility

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personnel's ability to maintain records and produce reports to measure the effectiveness of the pilot project. The center shall share information regarding that ability with the commission.

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

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

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

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

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

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

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

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

Sec. 771.159. WORK GROUP. (a) The center may appoint a

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project work group to assist the center in developing, implementing, and evaluating the project and preparing a report on the center's findings.

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

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

Sec. 771.160. EXPIRATION. This subchapter expires January 1, 2021. [FA1]

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

SECTION 6. Same as House version.

SECTION 7. (a) In this section:

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

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

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

SECTION 7. Same as House version.

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commission.

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

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

SECTION 8. Same as House version.