

## **BILL ANALYSIS**

S.B. 2133  
By: Miles  
Public Health  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Many dialysis patients depend on public transportation or contracted medical transportation services to get to a dialysis facility for treatment. During a declared disaster, transportation is limited for many, including dialysis patients. Currently, emergency medical service providers are not required to have alternative modes of transportation for dialysis patients during declared disasters, and declared disasters often require resources to be diverted to the emergency. This places dialysis patients at risk of missing lifesaving treatment, which is typically required three to five times a week. S.B. 2133 seeks to address this issue by requiring emergency medical service providers to have a plan for providing alternative modes of transportation for dialysis patients to and from an outpatient end stage renal disease facility if the patient's normal mode of transportation is unavailable.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

### **ANALYSIS**

S.B. 2133 amends the Health and Safety Code to require the executive commissioner of the Health and Human Services Commission, consistent with rules adopted regarding minimum standards and objectives to implement emergency medical services and trauma care systems, to require by rule that each applicable emergency medical services provider have a plan for providing a dialysis patient who places an emergency 9-1-1 telephone call during a declared disaster, defined by reference to the Texas Disaster Act of 1975 and including a disaster declared by the president of the United States or by the governor, an alternative mode of transportation directly to an outpatient end stage renal disease facility that provides dialysis treatment or dialysis training to individuals with end stage renal disease if the patient's normal and alternative modes of transportation cannot be used during the disaster. The bill authorizes such a plan to prioritize providing transportation for a patient suffering from an acute emergency condition over transportation for a dialysis patient.

S.B. 2133 repeals Section 773.112(d), Health and Safety Code, which requires the executive commissioner by rule to require that each applicable emergency medical services medical director approve protocols that give preference to the emergency transfer of a dialysis patient from the patient's location directly to an outpatient end stage renal disease facility during a declared disaster.

**EFFECTIVE DATE**

September 1, 2023.