

## **BILL ANALYSIS**

C.S.H.B. 2004  
By: Darby  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

For some areas of the state, the nearest Level I trauma facility is located too far away to effectively provide services. In light of this situation, interested parties note the importance of telemedicine as a great advancement in medical care for rural areas of the state in need of access to critical care. The parties explain that these areas do not always have the resources necessary to provide high-level trauma services and that a telemedicine network could provide such services by linking a trauma facility to local health care providers. C.S.H.B. 2004 seeks to provide for a higher level of expertise and consultation for trauma and emergency care in rural areas.

### **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 this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 2004 amends the Health and Safety Code to require the Commission on State Emergency Communications, with the assistance of the area health education center at the Texas Tech University Health Sciences Center, to establish a pilot project to provide emergency medical services instruction and emergency prehospital care instruction through a telemedicine medical service provided by a regional trauma resource center to health care providers in trauma facilities in a county with a population of 50,000 or less or in a large, isolated, and sparsely populated area of a county with a population of more than 50,000 and to emergency medical services providers in such areas.

C.S.H.B. 2004 requires the commission to provide technical assistance to the center in implementing the pilot project. The bill requires the center, with the assistance of the commission, to design criteria and protocols for the telemedicine medical service and related instruction and provide the oversight necessary to conduct the pilot project; 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 collect the data necessary to evaluate the pilot project. The bill authorizes the center to make appropriate resources available for individuals who do not speak English.

C.S.H.B. 2004 requires the center to provide the telemedicine medical service and related instruction for the pilot project through health care providers in regional trauma resource centers. The bill requires the center to determine the trauma facilities and emergency medical services

providers that are interested in participating in the pilot project. The bill requires a trauma facility or emergency medical services provider participating in the pilot project to agree to successfully complete any required training and to provide all reports required by the center for the pilot project.

C.S.H.B. 2004 authorizes the center, with the assistance of the commission, to select trauma facilities and emergency medical services providers to participate in the pilot project and to select trauma facilities to serve as regional trauma resource centers. The bill establishes trauma facility eligibility standards for participation in the pilot project or service as a regional trauma resource center. The bill requires the center, in selecting a trauma facility to serve as a regional trauma resource center, to consider the facility personnel's ability to maintain records and produce reports to measure the effectiveness of the pilot project and requires the center to share information regarding that ability with the commission.

C.S.H.B. 2004 authorizes the appropriation of money collected under statutory provisions relating to a 9-1-1 equalization surcharge to the commission to fund the pilot project and authorizes the center to seek grants to fund the pilot project. The bill authorizes a political subdivision with a trauma facility that participates in the pilot project to pay part of the costs of the pilot project. The bill requires the center, 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 the bill's provisions, is sufficient to fund the pilot project for the region, to contract with the political subdivisions for each to pay an appropriate share of the cost and implement the pilot project for the region when the amounts agreed to in the contracts and any other funding received under the bill's provisions are sufficient to fund the pilot project for the region.

C.S.H.B. 2004 requires the center, in cooperation with the commission, to report its findings to the governor and the presiding officer of each house of the legislature not later than December 31, 2020. The bill establishes that 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 the statewide limitation on liability of certain entities associated with providing 9-1-1 service. The bill establishes that employees of and volunteers at the regional trauma resource center have the same protection from liability for a claim, damage, or loss arising from providing 9-1-1 service as a member of the governing body of a public agency. The bill authorizes the center to appoint a project work group to assist in developing, implementing, and evaluating the pilot project and preparing a report on the center's findings. The bill establishes that 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. The bill exempts the project work group from Government Code provisions relating to state agency advisory committees. The bill's provisions expire January 1, 2021.

**EFFECTIVE DATE**

September 1, 2015.

**COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 2004 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

**INTRODUCED**

**HOUSE COMMITTEE SUBSTITUTE**

SECTION 1. Chapter 771, Health and Safety Code, is amended by adding

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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 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 a sick or injured individual before or during transportation to a medical facility, including any necessary stabilization of the individual 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;

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(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.

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

Sec. 771.152. ESTABLISHMENT OF PILOT PROJECT.

Sec. 771.153. STAFF.

Sec. 771.154. PARTICIPATION IN PILOT PROJECT.

Sec. 771.155. SELECTION OF PROJECT PARTICIPANTS AND REGIONAL TRAUMA RESOURCE CENTERS.

Sec. 771.156. FUNDING OF PILOT PROJECT.

Sec. 771.157. REPORT TO LEGISLATURE.

Sec. 771.158. LIABILITY.

Sec. 771.159. WORK GROUP.

Sec. 771.160. EXPIRATION.

SECTION 2. This Act takes effect September 1, 2015.

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Sec. 771.160. EXPIRATION

SECTION 2. Same as introduced version.