

BILL ANALYSIS

C.S.H.B. 2792
By: Darby
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

In many of the more rural areas of Texas, residents must travel more than 60 miles to obtain care at a Level 1 Trauma Facility. For these Texans, remote delivery of services is the next generation of medical care and the best way to access critical care. A network of telehealth and telemedicine providers would give Texans living in rural communities accessible, high-level trauma services to meet their health care needs. C.S.H.B. 2792 seeks to expand access to care in these communities by reestablishing the next generation 9-1-1 telemedicine medical services pilot project, which expired January 1, 2021, as the next generation 9-1-1 telemedicine medical services and telehealth services pilot project.

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. 2792 amends the Health and Safety Code to provide for the reestablishment of the next generation 9-1-1 telemedicine medical services pilot project, which expired January 1, 2021, as the next generation 9-1-1 telemedicine medical services and telehealth services pilot project. The project is established by the Commission on State Emergency Communications (CSEC), with the assistance of the West Texas area health education center at the Texas Tech University Health Sciences Center, to provide emergency medical services instruction and emergency prehospital care instruction through a telemedicine medical service or telehealth service provided by regional trauma resource centers to health care providers in rural area trauma facilities and to emergency medical services providers in rural areas. Accordingly, the provisions governing the following with respect to the original pilot project are reestablished in substantially the same format:

- the CSEC's duty to provide technical assistance;
- the center's duty to develop certain criteria and protocols, provide oversight, and collect data to evaluate the project;
- the availability of resources for individuals who do not speak English;
- the personnel through which project services and related instruction are provided, which includes physicians, pharmacists, emergency medical personnel, and other health professionals;
- participation in the project by trauma facilities and emergency medical services providers;
- the selection of project participants and regional trauma resource centers;

- funding of the project using 9-1-1 equalization surcharge revenue, grants, and contributions from political subdivisions;
- liability protections; and
- the appointment of a work group.

The bill requires the center, in cooperation with the CSEC, to report its findings to the governor and the presiding officer of each house of the legislature not later than December 31, 2026. The provisions reestablishing and governing the pilot project expire September 1, 2027.

EFFECTIVE DATE

September 1, 2021.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2792 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute includes telehealth services among the services provided through the pilot project.

The substitute does not include its own definition of "telemedicine medical service" but instead assigns "telehealth service" and "telemedicine medical service" the meanings provided under applicable Occupations Code provisions.

The substitute does not include a requirement that certain health professionals through which services and instruction are provided be acting under physician delegation and supervision.

The substitute postpones the expiration of the pilot project from January 1, 2027, to September 1, 2027.