

**SUBJECT:** Emergency medical information by telephone

**COMMITTEE:** Public Safety — committee substitute recommended

**VOTE:** 7 ayes — Oakley, Allen, Carter, Driver, Luna, Madden, McCoulskey  
0 nays  
2 absent — Bailey, Edwards

**WITNESSES:** For — Mike Pedigo, Denco Area 911 District; Norman Hood, Independent Colleges and Universities of Texas; Lavergne Schwender, Greater Harris County 911 Emergency Network; Ann Muzalewski; Craig Hooser, Texas College of Emergency; Craig Pardue, Dallas County.  
  
Against — None  
  
On — Mary Boyd, Advisory Commission of State Emergency Communications; Gene Weatherall, Texas Department of Health.

**DIGEST:** CSHB 235 would allow state-trained staff at emergency communication centers to provide emergency medical information over the telephone and would grant them immunity from civil liability for damages resulting from giving, or failing to give, such information. Emergency communication centers would be defined to include poison control centers, 911 dispatch centers and other locations that receive emergency calls. The Texas Board of Health would determine which centers would provide emergency medical information, what the content of the information would be and how the information would be conveyed. Centers would be required to maintain a telephone record that would include the time, date and nature of each call and the substance of the information exchanged.  
  
Only center employees or volunteers who had received training under a program approved by the Texas Department of Health would be authorized to convey emergency medical information over the phone. The department could not charge a fee for approving a program, but could charge a fee if it tested the competence of the program's trainees. The department would be

required to develop a training program and materials that centers could purchase at cost.

Public emergency communication centers would be immune from liability for property damage, personal injury and death arising from providing or failing to provide emergency medical information. The same immunity would be granted to private centers under contract with the government and to the staffs of both public and private centers if they had received the training and followed the procedures required by the bill.

Local government and other entities could submit to the Texas Department of Health proposals for training programs and for methods for delivering emergency medical information, and make suggestions for emergency medical centers to be covered by this bill. Proposals submitted to the Department of Health on or after the effective date, September 1, 1995, but before January 1, 1996, would be approved on the date they were submitted, and their approval would continue until withdrawn by the department.

**SUPPORTERS  
SAY:**

Texans who dial 9-1-1 expect but often do not receive medical information to help them through an emergency until trained personnel arrive on the scene. In a statewide survey of 9-1-1 centers, 73 percent of 395 centers reported that personnel do not provide emergency information to callers, largely because of insufficient staff training and fear of lawsuits. CSHB 235 seeks to encourage centers to provide emergency information by providing support for staff training and granting the centers immunity from liability if they meet state standards.

By setting standards and training requirements, the bill would ensure that callers get sound information. The bill was devised with help from the Advisory Commission on State Emergency Communications and the Department of Health and has been carefully drafted to guard the public and the centers. The protections from civil liability would assure Texans that in an emergency they will get the help they need.

**OPPONENTS  
SAY:**

Private emergency medical information centers should not be immune from civil liability if they give erroneous medical information to callers, even if they do employ procedures and staff approved by the state. In the stress of

an emergency, mistaken information may be conveyed. Victims of such mistakes would lose their rights to seek damages under this bill.

Current standards for liability protect consumers from substandard practice. Imposing new minimum standards would produce vague regulations that could not cover all emergency situations.

NOTES:

The committee substitute increased the bill's scope from covering 9-1-1 dispatch centers to covering all emergency communication centers. The substitute also expanded the minimum standards centers must follow and the specific actions the Department of Health would be required to take with regard to the centers. The substitute provides that proposals submitted to the Department of Health on or after September 1, 1995, but before January 1, 1996, would be approved upon receipt and that their approval would continue until withdrawn by the department. The substitute added a provision excluding emergency information centers and their staffs covered by the bill from liability exemptions in the Charitable Immunity and Liability Act.