SUBJECT: Creating a pilot program for state medical emergency resource centers

COMMITTEE: Public Safety — committee substitute recommended

VOTE: 7 ayes — B. Turner, Keel, Driver, Gutierrez, Isett, P. King, Villarreal

0 nays

2 absent — Berman, Hupp

WITNESSES: For — Chris Lawrence; Greg Middleton, Austin/Travis County EMS; Edward Racht; Ernesto Rodriguez; Pete Wolf

Against — None

On — Carey Spence, Commission on State Emergency Communications

BACKGROUND: Health and Safety Code, ch. 771 establishes guidelines for state administration of 9-1-1 emergency communications. The Commission on State Emergency Communications oversees the activities of regional emergency plans, develops minimum performance standards, recommends minimum training standards, and provides grants or contracts for services that enhance effectiveness of the system. The Texas Department of Health (TDH) administers emergency medical services under chapter 773.

Certain parts of the state have trained emergency personnel who can offer pre-arrival instructions by phone to help the caller deal with the medical emergency while the caller awaits the arrival of the ambulance.

DIGEST: CSHB 3312 would require TDH to establish a pilot program to test the efficacy of using medical dispatchers in a regional emergency dispatch resource center to provide pre-arrival life-saving instructions to people who had called 9-1-1 with an emergency. These resource centers would serve solely as a resource to provide pre-arrival instructions that could be accessed by selected public-safety dispatch centers with inadequate staff or funding to provide those services to their regions. The pilot program would expire September 1, 2003.

The Commission on State Emergency Communications would have to provide technical assistance to TDH in setting up the pilot program. TDH would have to establish criteria and protocols for the program, collect data to evaluate the program, and report the findings to the Legislature by December 1, 2002.

TDH would have to establish criteria for choosing which public-safety dispatch centers could participate in the pilot program. Participating centers would have to agree to participate in any mandatory training and to provide regular progress reports to TDH.

TDH, assisted by its advisory council, would have to select one public-safety dispatch center to serve as the regional emergency medical dispatch resource center. This center would have to:

- have a fully functional quality-assurance program to evaluate each dispatcher's compliance with the medical protocol;
- have dispatch personnel who met the requirements for certification;
- use approved emergency medical dispatch protocols;
- have experience in providing pre-arrival instructions; and
- have sufficient resources to handle the additional workload and responsibilities of the program.

In choosing a dispatch center to serve as the regional resource center, TDH and the advisory council would have to consider a center's ability to keep records and to produce reports to measure the effectiveness of the pilot program. TDH also would have to establish criteria to determine which calls would be transferred to the regional center for emergency intervention.

Funding for the pilot program could be appropriated to TDH from the 9-1-1 services fee fund. Operations of the regional resource center would be considered a provision of 9-1-1 services for liability purposes. Employees of and volunteers at the center would have the same protection as a member of the governing body of a public agency providing 9-1-1 services.

The bill would take effect September 1, 2001.

SUPPORTERS SAY:

CSHB 3312 would provide needed assistance to areas that are underserved by emergency medical services. In big cities like Houston, Fort Worth, and Austin, dispatchers can send ambulances and provide pre-arrival instructions to callers in life-threatening situations. However, in most small communities in Texas, dispatchers are not authorized or trained to tell a caller how to respond to a medical emergency while awaiting an ambulance. This bill would set up a pilot program that would study the effectiveness of setting up a regional resource center that could help people in smaller cities and rural areas receive instructions that could save people's lives.

The first hour after a medical emergency occurs is often the most critical. Being able to give emergency instructions over the phone while someone is awaiting an ambulance is especially important in areas where it can take an hour or more for the ambulance to arrive on the scene.

The pilot program would be funded by unappropriated funds in the 9-1-1 services fee fund under TDH's budget.

OPPONENTS SAY:

Part of the current problem is that underserved areas do not have dispatchers trained to deliver pre-arrival instructions. Rather than creating a program that would consolidate trained people in regional resource centers, TDH should focus its resources on training dispatchers in underserved areas.

OTHER OPPONENTS SAY:

Because counties now pay for 9-1-1 services, it would be inappropriate to ask the state to pay this program. Counties in a region could pool their resources and come up with the money to pay for these programs.

The program could be funded better from private donations or from a combination of private and state money. This would take part of the burden off the state and help ensure community involvement in the effort.

NOTES:

HB 3312 as filed would have required TDH to establish one or more state emergency medical dispatch resource centers on an ongoing basis. The committee substitute would require only the establishment of a pilot program for which TDH would have to set guidelines for participation. The substitute also specified that employees of and volunteers at the regional center in the pilot program would have the same protection from liability as a board member of a public agency providing 9-1-1 services.

According to the fiscal note, the pilot program required by CSHB 3312 would have no significant fiscal impact on the state. However, a continuing program, as the filed version of the bill would have authorized, would cost $8.5 million in fiscal 2004-05 and $3.8 million per year thereafter.