

SUBJECT: Freestanding emergency medical care facilities

COMMITTEE: Public Health — committee substitute recommended

VOTE: 8 ayes — Kolkhorst, Naishtat, Alvarado, Coleman, S. Davis, V. Gonzales, Schwertner, Zerwas

0 nays

3 absent — S. King, Laubenberg, Truitt

SENATE VOTE: On final passage, May 2 — 31-0

WITNESSES: For — (*Registered, but did not testify:* Bill Pewitt, Texas Independent Emergency Room Association)

Against — None

On — (*Registered, but did not testify:* Amy Harper, DSHS)

BACKGROUND: The 81st Legislature in 2009 authorized the establishment of freestanding emergency medical facilities, regulated by the Department of State Health Services (DSHS), as an alternative care setting to a physician's office or hospital emergency room.

DIGEST: CSSB 1206 would specify that Health and Safety Code ch. 254 regulating freestanding emergency medical facilities could not be construed to prohibit a health care professional from providing care or services that were within the scope of his or her license and not required to be provided in another type of facility while he or she was providing emergency care.

The bill also would authorize health care professionals working in a freestanding emergency medical facility to charge a facility fee only for medical care rendered as a part of or during the course of providing emergency care.

The bill would take immediate effect if finally passed by a two-thirds

record vote of the membership of each house. Otherwise, it would take effect September 1, 2011.

**SUPPORTERS
SAY:**

CSSB 1206 is needed to allow patients to benefit from full medical attention when seeking help with an emergency situation. DSHS, in promulgating rules regulating freestanding emergency medical facilities, has strictly interpreted the law to mean that health care professionals can only deliver emergency care, not other services within their scope of practice, while working at these facilities. This interpretation was meant to protect patient safety by prohibiting the delivery of medical services inappropriate to the facilities' purpose, equipment, and structure, such as a routine use of the facilities for nonemergency or cosmetic surgeries.

The bill would protect against inappropriate use by specifying that the nonemergent medical or public health service would have to occur at the time the patient arrived for an emergency. Many people do not have a primary care provider, and thus do not benefit from ongoing medical oversight. This bill would allow them to receive a vaccine or have other medical issues addressed when being treated for emergency care.

**OPPONENTS
SAY:**

No apparent opposition.

NOTES:

The House committee substitute added a provision to the Senate-passed version specifying that a health care professional could charge a facility fee for the provision of medical care or public health services provided while treating an emergency situation.