

- SUBJECT:** Preparing for new accreditation standards for paramedic training
- COMMITTEE:** Public Health —favorable without amendment
- VOTE:** 7 ayes — Kolkhorst, Naishtat, Alvarado, Coleman, S. Davis, V. Gonzales, Zerwas
- 1 nay — Schwertner
- 3 absent — S. King, Laubenberg, Truitt
- SENATE VOTE:** On final passage, May 11 — 31-0
- WITNESSES:** For — Rachel Harracksingh, Texas Ambulance Association and Life Ambulance Service Inc.; Dudley Wait, City of Schertz EMS and Texas Ambulance Association; Edwin Walker, Life EMS Academy; (*Registered, but did not testify:* Jaime Rios; GK Sprinkle, Texas Ambulance Association)
- Against — Pat Haggerty, Life Ambulance
- BACKGROUND:** By January 1, 2013, the Department of State Health Services (DSHS) will require that all students who take the examination to become a paramedic have completed a nationally accredited paramedic training program.
- DIGEST:** SB 1265 would require the Department of State Health Services (DSHS) to post information on its website about the accreditation process for paramedic training programs, including a schedule of workshops and online seminars available to applicants.
- Local project grants issued to communities by DSHS would have to give priority to paramedic training programs that served rural or border regions of the state, were financially sound but demonstrated a need for financial assistance, or were unable to enter into a consortium agreement because of geographic location.
- The EMS advisory council would be required to coordinate with DSHS and the Texas Department of Rural Affairs to study the effect that a

national accreditation requirement would have on private paramedic training programs and the availability of paramedic training programs in rural and border areas of Texas. The study would have to evaluate the options for accrediting paramedic training program providers including examining the requirements in other states. The advisory council would have to report to the Legislature the findings and recommendations of the study by September 1, 2012.

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:**

SB 1265 would help paramedic training programs prepare for changes to the accreditation standards to be implemented by DSHS by the January 2013 deadline. These standards, which will require students taking the examination to become a paramedic to have completed a nationally accredited paramedic training program, will help ensure that paramedics trained in Texas are on par with programs in other states. Many programs that train paramedics within rural and border communities have found it difficult to meet these accreditation requirements. The requirements ultimately will benefit both the students enrolled in these programs and Texans in need of emergency medical care. SB 1265 would provide applicants to paramedic programs with clear information on where to study and allow training programs to apply for funding to prepare for the changes.

The bill would prioritize funding for training programs that served applicants in rural and border communities and could help alleviate a critical shortage of adequately trained emergency medical service professionals in these areas. Rural and border communities have found it particularly difficult to attract paramedics because individuals have to pay hundreds or thousands of dollars to complete the training requirements of a program only to serve as unpaid volunteer EMS responders. SB 1265 would help to reduce this burden by making funds available through the local program grants awarded by DSHS.

Since 2006, DSHS has worked hard to address many of the concerns associated with the change in accreditation standards and to increase stakeholder participation through town hall meetings and other forums. SB 1265 would help local communities to balance the need for better

paramedic training standards and address the shortage of trained EMS professionals operating within medically underserved areas of Texas.

OPPONENTS
SAY:

SB 1265 would unfairly prioritize local grant funds for emergency medical services for rural and border regions to prepare for the accreditation changes. The economic downturn has placed a heavy burden on communities all across the state, and these local grants should be available to all paramedic training programs that have a demonstrated financial need to adapt to the rule change, regardless of where they are located.

SB 1265 would place an unfunded mandate on both DSHS and the Texas Department of Rural Affairs by requiring the agencies to carry out an evaluation of the impact of the accreditation changes on rural and border communities. Given the current budget climate, it would be unfair and imprudent to place more work on these agencies without additional resources.

NOTES:

The House companion bill, HB 2369 by Quintanilla, passed the House by 143-1 on May 13 on the Local, Consent, and Resolutions Calendar and was referred to the Senate Health and Human Services Committee on May 16.