

SUBJECT: Establishing the emergency medical services assistance program

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Price, Sheffield, Burkett, Coleman, Cortez, Guerra, Klick, Oliverson, Zedler

0 nays

2 absent — Arévalo, Collier

WITNESSES: For — Anthony Marquardt, Association of Texas EMS Professionals; Jeffrey Mincy and Dudley Wait, Texas EMS Alliance; (*Registered, but did not testify*: Brittany Crandell and Jill Dodson, Association of Texas EMS Professionals; Gavin Massingill, Texas Ambulance Association; Rick Thompson, Texas Association of Counties; Dinah Welsh, Texas EMS, Trauma and Acute Care Foundation; Monty Wynn, Texas Municipal League; Aidan Utzman, United Ways of Texas; Daniel Owens; Jay Propes)

Against — None

On — (*Registered, but did not testify*: Jonathan Huss, Department of State Health Services)

BACKGROUND: Transportation Code, sec. 542.4031 requires 67 percent of the state traffic fines the comptroller receives to be deposited to the undedicated portion of the general revenue fund.

Some observers note that rural areas face shortages of emergency medical services (EMS) professionals and lack EMS training programs that offer flexible training hours or distance learning.

DIGEST: CSHB 1407 would require the Department of State Health Services (DSHS) to create the emergency medical services (EMS) assistance program to provide financial and educational assistance to eligible EMS

providers. The program would include grants to eligible EMS providers and an educational curriculum to provide training to rural EMS personnel.

Funding and issuance of grants. The bill would allow the DSHS commissioner to use money from the EMS and trauma care permanent fund under Government Code, sec. 403.106 to provide grants, in addition to funding available from other sources, to EMS provider applicants or to provide funding to a postsecondary educational institution offering the educational curriculum. The DSHS commissioner would have to ensure at least 60 percent of the grants were provided to EMS providers serving a rural area. DSHS would distribute grants subject to rules adopted by the Health and Human Services Commission (HHSC) executive commissioner.

The bill would require the comptroller to deposit 63.67 percent of the state traffic fines to the undedicated portion of the general revenue fund and 3.33 percent into the permanent fund for emergency medical services and trauma care. If 3.33 percent of state traffic fines received by the comptroller equals more than \$3 million, any additional amount would be deposited to the general revenue fund.

Other provisions. DSHS could provide administrative support to the program and could not contract with more than three qualified postsecondary educational institutions to develop and provide the educational curriculum.

Rules. The bill would require the HHSC executive commissioner to adopt rules to implement the bill's provisions, including rules for determining program eligibility and establishing requirements for the educational curriculum provided by a postsecondary educational institution.

Effective date. The bill would take effect September 1, 2017.

NOTES: According to the Legislative Budget Board's fiscal note, CSHB 1407 would have a negative impact of \$5.3 million to general revenue related funds in fiscal 2018-19 and would cost \$2.6 million each year thereafter.

HB 1407
House Research Organization
page 3

A companion bill, SB 1471 by Seliger, was referred to the Senate Committee on Health and Human Services on March 20.