

SUBJECT: Allowing rural hospitals to use telemedicine to qualify as trauma facilities

COMMITTEE: Public Health — favorable, without amendment

VOTE: 9 ayes — S. Thompson, Wray, Allison, Frank, Guerra, Ortega, Price,
Sheffield, Zedler

0 nays

2 absent — Coleman, Lucio

WITNESSES: For — Mike Easley and John Ed Garner, Culberson Hospital; Cam Kleibrink, Frontera Healthcare Network; Nora Belcher, Texas e-Health Alliance; Don McBeath, Texas Organization of Rural and Community Hospitals; (*Registered, but did not testify*: Jo DePrang, Children's Defense Fund-Texas; Linda Townsend, CHRISTUS Health; Priscilla Camacho, Dallas Regional Chamber; Lindsay Lanagan, Legacy Community Health; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Will Francis, National Association of Social Workers-Texas Chapter; Adriana Kohler, Texans Care for Children; Jessica Boston, Texas Association of Business; Lance Lowry, Texas Association of Taxpayers; Elizabeth Lippincott, Texas Border Coalition; Ashley Morgan, Texas EMS Trauma and Acute Care Foundation; John Hawkins, Texas Hospital Association; Dan Finch, Texas Medical Association; John Henderson, Texas Organization of Rural and Community Hospitals; Khrystal Davis)

Against — None

On — (*Registered, but did not testify*: Stephen Pahl, Department of State Health Services Consumer Protection Division)

BACKGROUND: Occupations Code sec. 111.001 defines "telemedicine medical service" as a health care service delivered by a licensed physician in Texas, or a health professional under the supervision of a licensed physician, to remotely deliver a health care service within the scope of the physician's license to a patient using telecommunications or information technology.

Health and Safety Code sec. 773.115 allows the Department of State Health Services (DSHS) to designate certain facilities as trauma facilities. A level III or level IV trauma facility may be designated only in accordance with department rules. DSHS guidance on the designation of trauma facilities states that a facility must have a physician with special competence in the care of critically ill patients on-call and promptly available within 30 minutes of a request in order to be designated as a level IV trauma facility.

Some suggest that certain rural hospitals in the state are unable to meet the requirements necessary for designation as a level IV trauma facility due to the prohibitive costs of contracting with a temporary or visiting physician specializing in trauma care.

DIGEST:

HB 871 would allow a health care facility located in a county with a population of less than 30,000 to use telemedicine medical service to satisfy the requirements necessary to be designated as a level IV trauma facility.

The telemedicine medical service would be required to provide an on-call physician with special competence in the care of critically ill patients who would assess, diagnosis, consult, or treat patients, or transfer medical data to a physician, advanced practice registered nurse, or physician assistant physically located at the facility.

The executive commissioner of the Health and Human Services Commission could not adopt rules for the designation of a level IV trauma facility that required the physical presence or availability of a physician who specialized in the care of critically injured patients or that prohibited the use of telemedicine medical service for trauma care. The executive commissioner would adopt rules to implement the provisions of the bill by December 1, 2019.

A qualifying health care facility under the bill could use telemedicine medical service to satisfy a requirement for designation as a level IV

trauma facility only on or after January 1, 2020.

The bill would take effect September 1, 2019.