

BILL ANALYSIS

Senate Research Center
87R17250 MCF-F

H.B. 2792
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Texas still has a large area of the state where access to a Class I Trauma Facility is more than 60 miles away. For rural Texans, telemedicine and telehealth is the next generation of medical care and the best way to access critical care. A network of telehealth and telemedicine providers would give Texans living in rural communities accessible, high-level trauma services to meet their health care needs. H.B. 2792 seeks to expand access to care in these communities by reestablishing the next generation 9-1-1 telemedicine medical services pilot project, which expired January 1, 2021, as the next generation 9-1-1 telemedicine medical services and telehealth services pilot project.

H.B. 2792 would use existing surcharge funding to create a pilot project to provide for the next generation of trauma care by allowing the Commission on State Emergency Communications (CSEC) and the Texas Tech University Health Sciences Center (center) to implement a strategic telemedicine and telehealth network in energy-impacted areas like the Permian Basin. The bill would require the center, in cooperation with the CSEC, to report its findings no later than December 31, 2026. The provisions reestablishing and governing the pilot project would expire September 1, 2027.

H.B. 2792 was unanimously voted out of the House Public Health Committee and is supported by the Texas Medical Association, the Texas EMS Alliance, the Texas e-Health Alliance, the Texas Farm Bureau, and several other stakeholder organizations. There were no witnesses against the bill in the house.

H.B. 2792 amends current law relating to a pilot project to provide emergency telemedicine medical services and telehealth services in rural areas.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 771, Health and Safety Code, by adding Subchapter F, as follows:

SUBCHAPTER F. NEXT GENERATION 9-1-1 TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES PILOT PROJECT

Sec. 771.151. DEFINITIONS. Defines "center," "emergency medical services," "emergency medical services provider," "emergency prehospital care," "pilot project," "regional trauma resource center," "rural area," "telehealth service," "telemedicine medical service," and "trauma facility" in this subchapter.

Sec. 771.152. ESTABLISHMENT OF PILOT PROJECT. (a) Requires the Commission on State Emergency Communications (CSEC), with the assistance of the area health education center at the Texas Tech University Health Sciences Center (center), to establish a pilot project to provide emergency medical services instruction and

emergency prehospital care instruction through a telemedicine medical service or telehealth service provided by regional trauma resource centers to health care providers in rural area trauma facilities and to emergency medical services providers in rural areas.

(b) Requires CSEC to provide technical assistance to the center in implementing the pilot project.

(c) Requires the center, with the assistance of CSEC, to:

(1) design criteria and protocols for each telemedicine medical service or telehealth service offered and the related instruction and provide the oversight necessary to conduct the pilot project;

(2) define criteria to determine when a telemedicine medical service or telehealth service that provides instruction for emergency medical services, emergency prehospital care, and trauma care should be transferred to an emergency medical resource center for intervention; and

(3) collect the data necessary to evaluate the project.

(d) Authorizes the center to make available appropriate resources for individuals who do not speak English.

Sec. 771.153. PERSONNEL. Requires the center to provide the telemedicine medical service or telehealth service and related instruction for the pilot project through health care providers in regional trauma resource centers, including physicians, pharmacists, emergency medical personnel, and other health professionals.

Sec. 771.154. PARTICIPATION IN PILOT PROJECT. (a) Requires the center to determine the trauma facilities and emergency medical services providers interested in participating in the pilot project.

(b) Requires a trauma facility or emergency medical services provider participating in the pilot project to agree to successfully complete any required training and to provide all reports required by the center for the project.

Sec. 771.155. SELECTION OF PROJECT PARTICIPANTS AND REGIONAL TRAUMA RESOURCE CENTERS. (a) Authorizes the center, with the assistance of CSEC, to select trauma facilities and emergency medical services providers to participate in the pilot project and select trauma facilities to serve as regional trauma resource centers.

(b) Prohibits the center from selecting a trauma facility to participate in the pilot project or to serve as a regional trauma resource center unless the facility:

(1) has a quality assurance program that measures each health care provider's compliance with the medical protocol;

(2) uses emergency medical services and emergency prehospital care protocols approved by a physician medical director knowledgeable in emergency medical services and emergency prehospital care;

(3) has experience in providing emergency medical services and emergency prehospital care that the center determines is sufficient; and

(4) has resources sufficient to provide the additional telemedicine medical services or telehealth services and related instruction required for the project in addition to the health care services already provided by the facility.

(c) Requires the center, in selecting a trauma facility to serve as a regional trauma resource center, to consider the facility personnel's ability to maintain records and produce reports to measure the effectiveness of the pilot project. Requires the center to share information regarding that ability with CSEC.

Sec. 771.156. FUNDING OF PILOT PROJECT. (a) Authorizes money collected under Section 771.072(f) to be appropriated to CSEC to fund the pilot project.

(b) Authorizes the center to seek grants to fund the pilot project.

(c) Authorizes a political subdivision with a trauma facility that participates in the pilot project to pay part of the costs of the project.

(d) Requires the center, if a sufficient number of political subdivisions in a region that may be served by the pilot project agree to pay the center an amount that together with other funding received under this section is sufficient to fund the project for the region, to:

(1) contract with the political subdivisions for each to pay an appropriate share of the cost; and

(2) implement the project for the region when the amounts agreed to in the contracts and any other funding received under this section are sufficient to fund the project for the region.

Sec. 771.157. REPORT TO LEGISLATURE. Requires the center, in cooperation with CSEC, to report its findings to the governor and the presiding officer of each house of the legislature, not later than December 31, 2026.

Sec. 771.158. LIABILITY. Provides that the operations of the center and a regional trauma resource center are considered to be the provision of 9-1-1 services for purposes of Section 771.053 (Statewide Limitation on Liability of Service Providers and Certain Public Officers). Provides that employees of and volunteers at the regional trauma resource center have the same protection from liability as a member of the governing body of a public agency under Section 771.053.

Sec. 771.159. WORK GROUP. (a) Authorizes the center to appoint a project work group to assist the center in developing, implementing, and evaluating the pilot project and preparing a report on the center's findings.

(b) Provides that a member of the work group is not entitled to compensation for serving on the project work group and is prohibited from being reimbursed for travel or other expenses incurred while conducting the business of the project work group.

(c) Provides that the project work group is not subject to Chapter 2110 (State Agency Advisory Committees), Government Code.

Sec. 771.160. EXPIRATION. Provides that this subchapter expires September 1, 2027.

SECTION 2. Amends Section 771.072(g), Health and Safety Code, as follows:

(g) Authorizes revenue derived from the equalization surcharge imposed under Section 771.072 (Equalization Surcharge), notwithstanding any other law, to be appropriated to CSEC only for the purposes described by Section 771.156 and Sections 773.122 (Payments From the Accounts) through 773.124 (Loss of Funding Eligibility), rather than Sections 773.122 through 773.124.

SECTION 3. Effective date: September 1, 2021.