

- SUBJECT:** Establishing a Next Gen 9-1-1 telemedicine pilot project for rural areas.
- COMMITTEE:** Health Care Reform, Select — favorable, without amendment
- VOTE:** 10 ayes — Harless, Howard, Bonnen, Bucy, Frank, Klick, E. Morales, Oliverson, Price, Rose
- 0 nays
- 1 absent — Walle
- WITNESSES:** For — James Beauchamp, Midland-Odessa Transportation Alliance; Steven Villela (*Registered, but did not testify*: Andrea Earl, AARP Texas; Christina Hoppe, Children’s Hospital Association of Texas; Rick Thompson, County Judges & Commissioners Association of Texas; Michael Dole, Driscoll Health System; Rebecca Fowler, Mental Health America of Greater Houston; Shannon Meroney, National Association of Benefits & Insurance Professionals; Michael D. Lozano, Permian Basin Petroleum Association; Charles Miller, Texas 2036; Glenn Hamer, Texas Association of Business; Jamie Dudensing, Texas Association of Health Plans; Nora Belcher, Texas e-Health Alliance; Craig Holzheuser, Texas EMS Alliance; Blake Roach, Texas Farm Bureau; Joshua Houston, Texas Impact; David Balat, Texas Public Policy Foundation; Erin Walter, Texas Unitarian Universalist Justice Ministry; John Henderson, Torch; Naomi Cruz, Young Invincibles; Ashlea Allsup; Ace Curry; Idona Griffith; Michelle Matula; Maria Person)
- Against — None
- On — Billy Philips, Texas Tech University Health Science Center
- BACKGROUND:** In 2015, HB 479 established a Next Generation 9-1-1 telemedicine medical services and telehealth services pilot program in rural areas, which expired in 2021.
- DIGEST:** HB 617 would re-establish the Next Generation 9-1-1 telemedicine

medical services and telehealth services pilot program in rural areas. Under the pilot project, regional trauma resource centers would provide instruction in emergency medical services and emergency prehospital care to health care providers in trauma facilities and emergency medical service providers in rural areas using telemedicine or telehealth services. A rural area would be defined as counties with less than 50,000 people or an area within a county that is large, isolated, and sparsely populated.

Establishment. The bill would require the Commission on State Emergency Communications to establish the pilot project with the assistance of the area health education center at the Texas Tech University Health Sciences Center.

With assistance from the commission, the area health education center would:

- develop criteria and protocols for telemedicine and telehealth services and related instruction;
- provide necessary oversight;
- define criteria for transferring a service to an emergency medical resource center; and
- collect data to evaluate the pilot project.

The bill would allow the area health education center to make resources available for individuals who do not speak English.

Personnel. Instruction would be provided by physicians, pharmacists, emergency medical personnel, and other health professionals in regional trauma resource centers.

Participation. The area health education center would be required to determine the trauma facilities and emergency medical services providers interested in participating in the pilot project. To participate in the project, a trauma facility or emergency medical services provider would have to agree to successfully complete any required training and provide all necessary reports.

Selection. The area health education center, with the assistance of the commission, could select trauma facilities and emergency medical service providers to participate in the pilot project and could select trauma facilities to serve as regional trauma resource centers. Participating trauma facilities would be required to:

- have a quality assurance program that measured each health care provider's compliance with the medical protocol;
- use emergency medical services and emergency prehospital care protocols approved by a physician medical director knowledgeable in those areas;
- have sufficient experience in providing emergency medical services and emergency prehospital care; and
- have 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 the facility already provided.

The area health education center would be required to consider the trauma facility's ability to maintain records and produce reports to measure the effectiveness of the pilot project and share this information with the commission.

Funding. HB 617 would allow certain existing surcharges from the state treasury to be allocated to the commission to fund the pilot project. The area health education center could also seek funding by applying for grants.

A political subdivision with a trauma facility participating in the pilot project could pay for a part of the project costs. If a sufficient number of political subdivisions agreed to pay together, the political subdivisions would be required to follow certain procedures.

Report to Legislature. The area health education center, in cooperation with the commission, would be required to report its findings to the

governor and each house of the Legislature before December 31, 2028.

Liability. Employees and volunteers at the regional trauma resource center would have the same protection from liability as regular 9-1-1 services.

Project Work Group. The area health education center would be able to appoint a project work group to assist in the development, implementation, and evaluation of the pilot project and in the preparation of a report on the area health education center's findings. Members of the project work group would not be entitled to compensation and reimbursement.

The bill would take effect September 1, 2023. The pilot project would expire on September 1, 2029.

SUPPORTERS
SAY:

HB 617 would help EMS units in rural areas save more lives by re-establishing a pilot project that allows these providers to communicate with physicians and other health care professionals while transporting a patient. This instruction would help EMS units to make critical prehospital care decisions, such as deciding to which is the most appropriate trauma facility to transport a patient. These emergency care decisions are especially critical in rural areas where trauma facilities and other health care facilities can be located far away and take a significant amount of time to reach. Transporting a patient to a facility that is not equipped to deal with a particular issue can put the life of the patient at risk and waste valuable time.

HB 617 also could help to address the financial burden of double charging patients in cases where a patient is taken to the incorrect healthcare facility and subjected to two separate hospital and EMS charges. HB 617 would help EMS units make more informed decisions about appropriate healthcare facilities, which could reduce patients incurring dual charges.

CRITICS
SAY:

No concerns identified.