SB 529 5/23/2003 (McReynolds, et al.)

Madla

SUBJECT: Exempting EMS personnel in rural areas from certain requirements

COMMITTEE: Public Health — favorable, without amendment

VOTE: 5 ayes — Laubenberg, Truitt, Dawson, Taylor, Zedler

0 nays

4 absent — Capelo, Coleman, McReynolds, Naishtat

SENATE VOTE: On final passage, April 10 — 31-0, on Local and Uncontested Calendar

WITNESSES: None

BACKGROUND: Health and Safety Code, sec. 773.050 requires the Texas Department of

> Health (THD) to establish minimum standards for staffing emergency medical services (EMS) vehicles; EMS personnel certification and performance; approving courses and training; EMS personnel; medical supervision of basic and advanced life-support systems; licensing of EMS providers; and EMS vehicles. TDH also must establish continuing education programs for certified personnel. Sec. 773.055 sets requirements for certification and examinations,

including fees for issuance and renewal of certifications.

DIGEST: SB 529 would allow TDH to provide temporary exemptions for EMS

personnel practicing primarily in rural areas from requirements imposed by Health and Safety Code, sec. 773.050 or sec. 773.055, or by a rule adopted under those statutes. A rural area would mean a county with a population of 50,000 or less, or more than 50,000 if it was relatively large, isolated, and

sparsely populated. TDH could exempt EMS personnel from:

a rule adopted under sec. 773.050 or sec. 773.055 only if TDH found that imposing the rule would not be in the best interests of residents of the rural area; and

a statutory requirement in sec. 773.050 or sec. 773.055 only if TDH found that imposing the requirement could affect detrimentally the health or safety of residents or could hinder EMS personnel's ability to alleviate health or safety risks to residents.

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An exemption would have to be in writing, include TDH's findings supporting the exemption, expire at a specific time, and be accompanied by a statement describing the circumstances that supported TDH's findings. In granting an exemption, TDH would have to require a written plan under which the applicable requirement would be met as soon as possible. An exemption could allow EMS personnel applying for certification at a higher level of training to practice temporarily at the higher level.

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, 2003.

SUPPORTERS SAY:

SB 529 would allow TDH to provide temporary waivers from certification and other administrative requirements for EMS personnel in rural areas. Because it often is cost-prohibitive for hospitals or other local entities to provide training or continuing education for EMS personnel in these areas, EMS personnel often must travel to urban centers to comply with certification requirements. The Senate Intergovernmental Relations Committee studied the condition of EMS care in rural areas during the interim and recommended that TDH be allowed to grant exemptions on a case-by-case basis. This bill would implement the committee's recommendations.

The bill would provide some flexibility to TDH in certifying EMS personnel in rural areas. For example, TDH could allow an emergency medical technician who had completed all of his or her training requirements except clinical experience hours to begin providing care by allowing an additional six months to complete the requirements. Many rural EMS personnel are volunteers who train on their own time to become certified emergency medical technicians or paramedics. Unfortunately, EMS volunteerism is decreasing. It is difficult for these volunteers to leave the demands of a full-time job and other commitments to travel to a city to comply with certification requirements. SB 529 could help to alleviate the critical shortage of EMS care in rural areas by making compliance with certification requirements more practical for volunteer EMS personnel in those areas.

The bill would not weaken standards for EMS care. All EMS personnel still would have to meet the same requirements. Before TDH could grant a temporary waiver, an EMS caregiver would have to submit a plan for

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complying with the waived requirement as soon as possible. Moreover, TDH could grant waivers only on a case-by-case basis, ensuring that any waived requirement would not affect patient care adversely. Online courses may be beneficial, but they cannot substitute for hands-on training, such as drawing blood or putting a tube down a victim's throat. Granting temporary waivers would be more practical than providing mobile training facilities, which could be prohibitively expensive.

OPPONENTS SAY:

Standards for EMS personnel should be uniform across the state to prevent weakening of emergency care in certain areas. Other ways exist to alleviate the problems that face EMS providers in rural areas without granting exemptions from certification requirements. Such alternatives might include implementing online continuing education courses or providing mobile training facilities to visit rural or isolated areas of the state. These alternatives should be explored before authorizing TDH to exempt EMS personnel in rural areas from statutory requirements and department rules.