May 2019

Celebrating EMS Week: May 19-25, 2019

Thank you to all emergency medical services personnel and agencies for the outstanding, life-saving work you do every day of the year!

Legislative Session Nears End

All eyes are on the floors of the Texas House of Representatives and the Texas Senate as this is the final week of the 2019 regular legislative session, which ends on Monday, May 27. May 22 was the last day for the House to pass all Senate bills and resolutions on third reading, and for Senate action on all bills and joint resolutions.

The remaining days of the session focus on amendments to legislation that has passed both chambers, and consideration of conference committee reports. On May 27, only corrections may be considered in both chambers.

At this point, it appears unlikely that there will be a special session.

DRP Program Repealed;
On May 15, the Texas Senate unanimously approved House Bill 2048 by Rep. John Zerwas (R-Richmond). Sen. Joan Huffman (R-Houston) laid out the bill on the Senate floor, and offered three amendments which were adopted. One amendment changed the blood alcohol content level referenced in the Driving While under the Influence section to match current law. Another amendment syncs the bill with current law regarding who qualifies as indigent. Given that the repeal of the red light camera program is moving forward, Sen. Huffman – with the full support of Rep. Zerwas – modified the allocation of the money from state traffic fines, changing 80% to general revenue to 70%, and directing 30% of traffic fines to Account 5111 for the trauma system instead of only 20%. The authors’ intent is to shore up dollars for the trauma system.

Under HB 2048, EMS providers and Trauma Regional Advisory Councils each will receive 1% more of the Account 5111 funding. Rep. Zerwas changed the allocation percentages of Account 5111 on the House floor on May 1. He directed that EMS providers receive 3% of the distribution; RACs, 2%; hospitals, 94%; and the Texas Department of State Health Services, 1%.

Rep. Zerwas has concurred with the Senate amendments, so now the bill moves to the Governor for his consideration.

The DRP vendor continues to work against the bill, and challenges the financial analysis and the fiscal note associated with HB 2048. TETAF will continue to work on the bill, and will ask emergency healthcare system advocates to communicate with the governor’s office to urge his approval.

“DRP has been a very unpopular program, despite the improvements in the trauma system that have been achieved with the funds it has generated,” said Dinah Welsh, chief executive officer of TETAF. “By repealing the program and replacing the lost general revenue and trauma dollars with a stable source of funding, HB 2048 creates an important marker moving forward,” she said. “Now our energy can be focused on talking about
trauma system needs at large,” she added.

The 2020-21 biennial budget appropriates the same amount to Account 5111 as for the last biennium. If more revenue is collected, it will sit in Account 5111 for future appropriation. With population increases, revenue is anticipated to grow over time.

Conference Committees Work to Resolve Differences in Budget, Supplemental Appropriations

Both House Bill 1 by Rep. John Zerwas (R-Richmond), the budget for the 2020-21 biennium, and Senate Bill 500 by Sen. Jane Nelson (R-Flower Mound) are in conference committees where lawmakers are crafting compromises to reconcile the differences in the bills. Conferees also are working to determine what to do with an additional $500 million for the next biennium after Comptroller Glenn Hegar raised his revenue estimate. While using some for property tax reform and public education funding, conferees are said to be considering additional items requested in Article XI, the “wish list.”

The House budget appropriates some $251.09 billion in all funds for the 2020-21 biennium, while the Senate spends $247.698 billion in all funds. Both bills provide mechanisms to maintain 2019 funding levels for each year of the next biennium for Trauma Regional Advisory Councils and EMS providers. A rider in Article XI of the House version of the budget would allow for an additional appropriation of up to $3.75 million per year for RAC improvement. Article XI proposes additional funding for the Emergency Medical Task Force program and for EMS grants.

TETAF encourages emergency healthcare system advocates to again contact conferees to urge more adequate funding for the Texas Trauma System, especially for RACs and EMS providers. House Bill 1 conferees and their contact information are listed below:

- Rep. John Zerwas, M.D. (R-Richmond), chair: 512-463-0657; john.zerwas@house.texas.gov
Of particular interest in the supplemental appropriations bill is the House provision of $30 million from the Economic Stabilization Fund to the Texas Department of State Health Services for trauma capacity and response infrastructure, including $5 million for grants to RACs to help them recover from recent disasters. Sen. Nelson and Rep. Zerwas reportedly have negotiated down to $17 million, with approximately $2 million for RACs and the remainder for hospitals. While some senators appear to not be supportive of this provision, the two co-chairs are driving the process. On May 20, TETAF sent an Action Alert urging emergency healthcare system advocates to contact conferees and request inclusion of the funding for RACs. Conferees for the supplemental appropriation bill and their contact information are provided below.
Telemedicine Use by Level IV Trauma Centers Sent to Governor

On May 16, the Texas Senate gave final approval to House Bill 871 by Rep. Four Price (R-Amarillo). The bill allows a Level IV designated trauma facility in a county with a population of less than 30,000 to meet the requirement of having a trauma physician available by using telemedicine. The on-call physician with special expertise in the care of critically injured patients would be allowed to provide patient assessment, diagnosis, consultation, treatment or transfer data via telemedicine to a physician, advance practice registered nurse or physician assistant located at the facility.

The current Level IV trauma designation criterion requires the physical presence or availability within 30 minutes of a physician who has special competence in the care of critically injured patients. The legislation is intended to preserve access to emergency care in critical areas and to prevent the loss of a Level IV trauma center for a low-volume service area.

The bill has been sent to the Governor.

Modifications to NICU/Maternal Designations Amended in House

On May 21, the Texas House of Representatives gave final approval to Senate Bill 749 by Sen. Lois Kolkhorst (R-Brenham). The bill establishes contingency surveys, a waiver process and an appeals process for maternal level of care certifications. The bill also
extends the date for hospitals to complete maternal designation until Aug. 31, 2021. The bill also clarifies that the rules regarding the use of telemedicine by Levels I, II and III facilities must be made in consultation with physicians, hospital associations, DSHS and other “appropriate interested persons.”

House sponsor Rep. Four Price (R-Amarillo) offered two amendments on the House floor relating to the waiver process, which were approved. One amendment requires the hospital to give notice of its intent to seek a waiver to the hospital’s medical staff members who practice in a specialty service area affected by the waiver. The second clarified that the department can determine the waiver is justified after considering the expected impact on the accessibility of care in the geographic area served by the hospital if a waiver is not granted, and quality of care and patient safety. Sen. Kolkhorst concurred with the House amendments, and the bill now goes to Gov. Greg Abbott for his approval.

The deadline for hospitals to have a designation level of maternal care was extended until Aug. 31, 2021. The requirement of a hospital having a maternal level of care designation to obtain Medicaid reimbursement was extended until Sept. 1, 2021. The bill allows hospitals to pursue designation before the deadlines, and to amend any application filed prior to the effective date of the bill, if necessary to comply with new provisions in the law. Texas Perinatal Services already has conducted several surveys and has many others scheduled.

The bill makes the Texas Perinatal Advisory Council subject to sunset review in conjunction with the evaluation of the Texas Department of State Health Services. In consultation with the PAC, the agency must conduct a strategic review of the practical implementation of the rules for NICU and maternal care designation, identifying barriers to a hospital obtaining its requested level of care designation.

The review also must look at requirements for a level of care designation that relate to gestational age, and if designation determination should consider the hospital’s geographic location or the number of patients of a particular gestational age treated by the hospital and the hospital’s capabilities in providing care to patients of a particular gestational age.
Based on the findings, the review also would include recommendations for modification of the rules to improve the process and methodology of assigning levels of care designation.


TETAF and Texas Perinatal Services will be very involved in rulemaking resulting from the passage of SB 749 and will notify hospitals of its impact to providers and patients.

**Stop the Bleed Kits Bill Passes Senate with Amendments**

On May 21, the Texas Senate approved an amended House Bill 496 by Rep. Barbara Gervin-Hawkins (D-San Antonio). The bill requires all public and charter schools to have stop the bleed kits and that staff be appropriately trained in their use.

Due to concerns about the nomenclature of the bill, the Senate amended the caption to create a “traumatic injury response control program” which includes bleeding control kits. The amended Senate version addresses content of bleeding control kits, staff training and protocols for using bleeding control kits. The bill also provides liability protection for individuals acting in good faith.

The House has refused to concur with the Senate changes, and has requested a conference committee.

**Bill Adds Second RN to GETAC; Senate Adds EMS/Paramedic Reps**

An amended House Bill 1869 passed the Senate on May 22. Authored by Rep. Stephanie Klick, RN (R-Fort Worth) and sponsored by Sen. Eddie Lucio Jr. (D-Brownsville), the original bill modified the composition of the Governor’s EMS and Trauma Advisory Council by adding a trauma registered nurse, to be appointed from a list of names recommended
by a statewide professional association of registered nurses. This would bring the total number of members to 16. None of the current GETAC slots is for a nurse specifically.

The Senate added two additional positions, including one for a stand-alone EMS agency and another for a paramedic. This would bring the total GETAC membership to 18.

If the House sponsor fails to concur, the bill would go to conference committee, and time is running short for appointment of conferees and consideration of conference committee reports.

**Texas Perinatal Services Hosting Webinar Series Especially for TORCH Members**

Texas Organization of Rural & Community Hospitals (TORCH) members will have an opportunity to get professional insights and guidance on the maternal levels of care program and processes for Level I and II designation in two webinars this summer. Texas Perinatal Services Program Director Carla Rider, D.N.P., M.S.N., M.B.A., RNC-LRN, will be presenting webinars at noon on **July 8** and **July 26**. TORCH members should watch their **TORCHCast** newsletters in May and June for details and registration information.

**Texas Perinatal Services Forum Scheduled for June 16**

Texas Perinatal Services’ next Perinatal Forum, a service to customers, is at 1 p.m. on **June 16**. The topic is “Perinatal Quality Improvement” with guest speaker Debra Bingham, Dr.PH., RN, FAAN, founder and executive director of the Institute for Perinatal Quality Improvement. The forum is available free-of-charge to all TPS-contracted hospitals. Watch your email for login information or contact TPS Program Director Carla Rider for details at [crider@tetaf.org](mailto:crider@tetaf.org).
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