

Trauma and EMS Legislation  
79<sup>th</sup> Texas Legislature

HB 162, by McCall (Effective 9/1/05)

Relating to notifying certain providers of emergency care of possible exposure to certain reportable diseases.

A hospital or local health authority must notify anybody who was exposed during emergency care to someone with a reportable disease. These individuals include detention officers, jailers and other individuals that they may have contracted a reportable disease from an injured person. A hospital must take reasonable steps to test the deceased person for communicable disease if an individual comes into contact with the deceased person's blood or body fluids. The hospital must provide the results to DSHS or local health authority, to inform the exposed person and the next of kin of the deceased if applicable.

HB 183, Brown, F. (Effective 9/1/05)

Relating to safety belts and child passenger safety seat systems.

This raises the age from 4 years to 5 years for the requirement of using a child safety seat.

HB 677, by Thompson (Effective 9/1/05)

Relating to emergency services for sexual assault survivors.

HB 677 ensures that sexual assault victims receive a minimum standard of care in the emergency room. It allows DSHS to request a treatment plan from a hospital that indicates whether the facility intends to provide care or stabilize and transfer the sexual assault victim to the designated rape treatment facility in the same community. If that facility treats the patient a forensic exam approved by law enforcement must be provided. DSHS is required to develop an information form for survivors that include certain explanations regarding the exam and treatment. Establishment of minimum standards of care for a facility shall be developed by DSHS. Additionally, there is a provision that allows a hospital employee to object on ethical or religious grounds to delivering the DSHS information to the patient. The information may include information about prevention of pregnancy after sexual assault. If one employee objects, another employee must deliver the form. \*

HB 1126, by Uresti (Effective 9/1/05)

Relating to exemption from the law governing emergency medical services for certain transfer vehicles and staff to the minimum qualifications for obtaining an emergency medical services provider.

This bill requires that any vehicle transferring a patient confined to a stretcher must be licensed as an emergency services provider. A similar bill passed in the Senate.

HB 2470, by Delisi (Effective 9/1/05)

Relating to the operation of and the funding mechanisms for emergency medical services and trauma facility care in this state.

This is the HB 3588 clean up bill. One key provision allows the funding stream to trauma to continue past the current repeal date of Sept. 1, 2007. It also allows for the carry-over of the extraordinary emergencies fund from one year to the next. The bill also clarifies that hospitals “in active pursuit of designation” will be eligible for future trauma funds.\*

SB 330, by Deuell (Effective 9/1/05)

Relating to the designation of certain hospitals as primary stroke centers.

This bill creates a stroke committee within the Governor’s EMS and Trauma Advisory Council. The committee will assist GETAC in the development of a statewide stroke emergency transport plan and identification of stroke facility capabilities. This bill serves as a first step in coordinated stroke care in Texas with first responders and medical providers.\*

SB 1188, by Nelson (Effective 9/1/05)

Relating to the medical assistance and children’s health insurance programs.

This is an omnibus bill with multiple provisions. Rep. Delisi added amendments to address ER utilization. These include: directing the Health and Human Services Commission to implement a pilot program to reduce the use of hospital emergency room services by Medicaid recipients and includes financial incentives to non-hospital providers for treating Medicaid clients outside normal business hours and a nominal referral fee to hospital ER’s that perform an initial medical evaluation and refer medically stable recipients to an appropriate level of care. \*

HB 14, by Corte (Did not pass)

Relating to persons authorized to draw a blood specimen from a vehicle operator to test for alcohol concentration or other intoxicating substances.

This bill would have added EMT’s and paramedics to the list of those authorized to draw blood from a driver suspected of driving under the influence of drugs or alcohol. It died in House Calendars. A similar bill by Riddle was never heard in committee.

HB 949, by Eiland (Did not pass)

Relating to certain limitations in health benefit plans and health insurance policies.

This bill would have prevented an insurer from denying coverage and payment for an insured person who receives medically necessary treatment for injuries that are the result of being intoxicated or under the influence of narcotics.\*

HB 3177, by Truitt (Did not pass)

Relating to the allocation of money in the designated trauma facility and emergency medical services account.

This bill sought to divide the trauma funds between general revenue, Medicaid and trauma hospitals. It was never heard in committee.

HB 3368, by Solis (Did not pass)

Relating to establishing a State Emergency Medical Services Commission.

This bill would have moved all the functions dealing with EMS, including designation of trauma facilities and the Governor's Emergency Medical Services and Trauma Advisory Council, to the EMS commission. This bill was never heard in committee.\*

HB 3454, by Naishtat (Did not pass)

Relating to requiring hospitals to report the percentage of emergency room patients who are uninsured to the Department of State Health Services.

This bill was left pending in committee. It was added as an amendment to SB 872, but taken out in conference committee.

\*THA Summary