

Bureau of Emergency Management
EMS Regulation Program
(Excerpts from a FY2000 Internal Review Summary)

A. Program History and Purpose

1. When did the program begin?

1943 – Legislation was passed by the 48th Legislature regulating ambulance operation

1970 - In April 1970, a TDH division established a registry for EMS personnel and an AG’s opinion approved a list of minimal equipment for ambulances.

2. Name the original Federal and/or State Legislation, with dates, which enacted the program

1943 - Vernon’s Texas Civil Statutes (VTCS), Chapter 15, Article 4590b – 48th Legislature; under Article 4590b, applications for a permit to operate an ambulance were to be made to “any public health officer of any of the political sub-divisions of the state where said applicant’s principal place of business is located”, and the State Board of Health subsequently issued a two-year permit. In the late 1960s, the Board of Health delegated this responsibility to our program, known as Disaster Health and Medical Services Division (circa 1969), Civil Defense and Traffic Safety (early 1970’s), the Coordinated Emergency Medical Services Division, and the Division of Emergency Medical Services (mid 1970’s).

1973 - VTCS Article 4447o – 63rd Legislature 1973
Article 4447o addressed the development a state plan and directed state participation in federal EMS system development programs.

1973 - Article 6889-6, the Texas Disaster Act, was enacted and amended in 1975. The department assigned primary responsibility for disaster health services and disaster medical services to the EMS Division. Disaster medical services were comprised of medical care and treatment, and disaster health services was primarily concerned with preventative aspects of public health in disaster situations.

3. Describe the original purpose of the program.

1943-EMS regulation - Article 4590b called for the permitting of ambulances.

1973 - Systems development - SB 855, 63rd Legislature of 1973 called for the Coordinated EMS Division to: 1) develop a state plan, 2) divide the state into EMS delivery areas and designate at least one hospital in each area as a trauma center, 3) identify all public and private agencies which are or may be utilized for EMS, 4) plan for an interagency communications system, 5) include use of DPS, National Guard or armed forces helicopters in the state EMS plan and 6) for the division to serve as the single state agency to develop plans for federal EMS program participation (primarily categorical grants).

4. Name and describe any legislation since 1975 that substantially changed the purpose, scope, or activities of the program.

1983 - The EMS Act, VTCS Article 4447o, amended – 68th Legislature, 1983 - Article 4447o addressed state plan development and EMS regulation through personnel certification and vehicle permitting, and established the Bureau of Emergency Management.

1989 - The EMS Act was re-codified as Chapter 773 of the Health and Safety Code in 1989.

1997 – The licensed paramedic credential was established in the 75th Legislature, 1997.

5. Has this program ever been located at another state agency? No

6. If the program purpose has changed, please describe the current purpose of the program?

The purpose was expanded over the years to include:

- Basic and advanced life support EMS providers
- Specialized, air ambulance EMS providers
- Certification of ECAs, EMTs, EMT-Is, EMT-Ps, Coordinators, Instructors, Examiners
- Registration of first responder organizations
- Approval of EMS courses
- Licensed Paramedic

7. What specific public health risks, medical conditions or specific health service needs does the program address?

Morbidity and mortality due to emergency health situations

8. Define/describe the “target” population, which classically defined as the population at which the services or products of the program are aimed.

Target population: All the people of Texas and visitors to Texas

Eligibility requirements: None

Current size of the target population: ~ 20 million people

9. Is the definition of the target population based on any legislative mandate(s)?

HSC 773.002 The purpose . . . is to provide for the prompt and efficient transportation of sick and injured patients, after necessary stabilization, and to encourage public access to that transportation in each area of the state.

B. Essential Public Health Services

Essential Service 1: *Monitor the health status of individuals in the community to identify community health problems.*

EMS providers are in a unique position within each community to check the pulse of the overall health status of the individuals of that community. They are mobile, available and respond to all parts of the communities they serve. Because of that, as health care/public safety providers they are easily able to identify unsanitary, disease prone areas as well as provide early diagnoses of communicable illnesses.

Essential Service 2: *Diagnose and investigate community health problems and community health hazards.* N/A

Essential Service 3: *Inform, educate, and empower the community with respect to health issues.*

The mission of the EMS Information and Injury Prevention Team is to improve the health of Texans by advocating injury prevention and providing 43,000 EMS personnel in Texas the educational and materials to teach injury prevention in communities across the state. The team also educated the public about the role of EMS and how EMS can save lives. The team does this through a number of outlets. *Texas EMS Magazine* frequently runs articles about injury prevention and how EMS can help educate the community and reduce preventable injury; the team regularly produces press releases about injury prevention that are sent out statewide and to EMS firms to distribute during EMS Week. The bimonthly magazine's circulation is 7300 (5100 paid; 1200 to EMS firms and first responders). In the last year, we've filled requests for more than 600,000 brochures, coloring books and stickers. EMS also provides rule writing, information and technical support for the Out-Of-Hospital Do-Not-Resuscitate (DNR) (Senate Bill 1260).

Essential Service 4: *Mobilize community partnerships in identifying and solving community health problems.*

EMS is in a unique position of having 45,000 potential volunteers (the number of people in Texas certified and licensed in EMS) to help identify the most commonly occurring injuries in communities and to develop plans to decrease the incidents. For instance, in many locations, EMS sponsors Prom Night education involving mock collisions to illustrate the dangers of drinking and driving. EMS Education Resources provides the 'how-to' in many cases, supplying materials, information and ideas in the form of magazine articles, brochures and coloring books. EMS mobilizes community partnerships in other ways as well. EMS helped create a plan to manage tuberculosis patients in East Texas. EMS regional personnel brokered an agreement between TDH and local EMS firms for the firms to do Directly Observed Therapy (DOT) for TB patients in their homes, at a fraction of the cost of using public health nurses. During an outbreak of meningitis, EMS regional personnel mobilized a team of EMS personnel to give immunizations. EMS staff participated directly in the immunization campaign, Shots Across Texas by organizing, coordinating and training EMS providers in the process.

Disaster planning, management, and liaison with local, county and other state agencies to coordinate the management, mitigation and recovery phases of actual catastrophic events.

One of the larger roles outside of response availability that EMS plays within each community is that of injury and illness prevention. Bicycle Safety, DWI awareness, Think Child Safety, Elderly Safety, Circle of Care and Shattered Dreams are just some of the ongoing preventative programs conducted by EMS. Additionally, in many areas, principally rural areas, EMS sponsored Blood Pressure, Cholesterol, PSA, and immunizations clinics are commonplace. EMS, by its nature, is closely aligned with community public health and has a distinct role in supporting all efforts to improve health, safety and the general well being of the individuals within each community it serves.

Essential Service 5: *Develop policies and plans that support individual and community efforts to improve health.*

EMS works closely with each community and county governments to assess and develop emergency health care plans to ensure the provision of quality emergency medical services. Also, to develop disaster response plans for the integration of health care services during a disaster situation for the management, recovery and mitigation. EMS staff works closely with local professional medical communities to develop treatment and transport protocols based on local medical preferences and state regional and local standards of care with emphasis on upgrading the levels of care provided to the citizens of the community. EMS staff works closely with the Regional Advisory Councils for Trauma System Development to assist with the development of plans and policies for the integration of trauma care services between communities and facilities.

Essential Service 6: *Enforce laws and rules that support individual and community efforts to improve health.*

EMS personnel certification – Law: Chapter 773, Health and Safety Code; Rules: TAC Title 25, Part I, Chapter 157; Subchapter A, §157.1 through §157.3 – purpose, definitions, processing applications; Subchapter D, §157.40 through §157.47 – general certification/licensure, certification for the R.N., certification for allied health personnel, certification of persons with criminal backgrounds, re-certification, certification by reciprocity, certification for the P.A. ; Subchapter E, certification of coordinator, instructor, examiner; Subchapter C, §157.31 through §157.35, §157.38 – approval of training for automated external defibrillators (AED), emergency care attendants (ECA), emergency medical technicians (EMT), EMT-Intermediate, EMT-Paramedic, continuing education for all levels; §157.51, §157.53 – investigations, disciplinary actions, denials.

EMS provider licensure – Law: Chapter 773, Health and Safety Code; Rules: TAC Title 25, Part I, Chapter 157; Subchapter A, §157.1 through §157.4 – purpose, definitions, processing applications; §157.11 - §157.24 – vehicle inspections, basic and advanced life support, rotor and fixed wing, subscription programs, investigations, denial, spot inspections, variances, first responder registration, out-of-hospital Do Not Resuscitate law (Chapter 674, Health and Safety Code), rules (§157.25) and policies.

Development of EMS rules – Rules are reviewed and written or rewritten, as appropriate, for adoption by the Board of Health. The rules are based on the law, HSC Chapter 773, and include input by key stakeholders, such as constituents, legal advisers, public, and those regulated within the EMS industry. Recently, new rules were written for regulation of automatic external defibrillator (AED) use and emergency medical dispatcher (EMD) instructor.

In more practical terms, enforcing a rule such as the one that requires EMS to answer all calls (or notify the community) means that citizens will have access to prompt emergency care when they need it, reducing death and disability.

Essential Service 7: *Link individuals who have a need for community and personal health services to appropriate community and private providers.*

EMS plays a leading role in filling that gap between the acute/chronically ill patients and those in need of short and long term assessments of preclusive symptoms. The REACT (Rapid Early Assessment for Cardiac Treatment) is one of the programs initiated by EMS in which EMS paramedics using portable EKG units evaluate citizens experiencing chest pain. Based on those assessments, the individual is referred to the appropriate health care professional for follow up treatment. In both rural and urban areas, EMS staff monitor the health and welfare of the elderly and indigent population on a regular basis and provide the referrals to appropriate facilities and agencies. This is particularly true for many non-diagnosed mental health situations in which the EMS staff has the unique opportunity to recognize the existence of mental/emotional/senility problems and actively link the individual with local mental health practitioners.

Essential Service 8: *Ensure a competent workforce for the provision of essential public health services.*

EMS certification – Evaluate applications for minimum requirements, enter data, generate and mail deficiency letters, grade exams, print and mail certificates, generate and mail renewal notices, verify certification, maintain and track records, develop and maintain application forms and instructional documents, conduct continuing education audits, develop and maintain rule interpretation policies, answer rule, law and policy inquiries, generate and mail reports and statistics.

EMS coordinator, instructor and examiner certification – Evaluate applications for minimum requirements, enter data, generate and mail deficiency letters, maintain and track records, answer rule, law and policy inquiries.

EMS certification examination and course approval – Reserve exam sites, schedule and proctor exams at all levels, answer rule, law and policy inquiries, receive fee payments, review and evaluate training course self studies, lead course site surveys and approve courses.

EMS Provider Licensure – Evaluate applications for minimum requirements, enter data, generate and mail deficiency letters, inspect ambulances, perform licensure survey, print and mail licenses, generate and mail renewal notices, verify licensure, maintain and track records, maintain application forms and instructional documents, ensure proper staffing, perform spot inspections, develop and maintain rule interpretation policies, answer rule, law and policy inquiries.

Texas EMS Conference, which draws more than 2,000 medics from around the state, ensures that continuing education will be available at an affordable price. Last year's conference offered attendees 120 classes and awarded about 30,000 hours of continuing education. Texas EMS Magazine offers a continuing education article in each issue of the magazine.

Essential Service 9: *Research new insights and innovative solutions to community health problems.* N/A

Essential Service 10: *Evaluate the effectiveness, accessibility, and quality of personal and population-based health services in a community.* N/A

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