

Texas EMS/Trauma System Advisory Councils
History
August 2001

- 1943 Texas regulates ambulances. A first aid kit and a “Red Cross” certificant is required.
- 1973 **SB 855** created the Coordinated EMS Division in TDH, which was charged with (1) developing a state plan to deliver EMS to high-risk neonatal infants and other acutely ill persons, and (2) establishing EMS delivery areas with at least one hospital designated as a trauma center
- 1983 **SB 385**, the EMS Act established a comprehensive regulatory program for EMS. SB 385 repealed the 1943 ambulance law and amended the 1973 law removing the neonatal care and trauma designation provisions.
- SB 385** established the 18 member **Emergency Medical Services Advisory Council** which was appointed by the Board of Health: 3 physicians (one board certified in emergency medicine); two municipal officials; two county officials; one hospital representative; one private EMS provider; one volunteer EMS provider; one local government EMS provider; one EMS educator; one paramedic EMT; one EMT; one emergency nurse; one fire department representative; and two consumers.
- 1989 **HB 18**, the Omnibus Rural Healthcare Act, established a program to designate trauma facilities and authorized a grant program. The Bureau of Emergency Management was required to develop and monitor a statewide EMS and trauma care system and develop and maintain a trauma reporting and analysis system.
- HB 18** established a 12 member **Trauma Technical Advisory Committee** that was appointed by the Board of Health. Appointees included hospital administrators from rural and urban facilities; emergency nurses; physicians who were board certified in neurosurgery, surgery, and anesthesiology; family practice physicians; and a trial lawyer who represented claimants.
- 1993 **HB 2385** established the EMS for children program and a seven member **Pediatric Emergency Medical Services Advisory Committee** appointed by the Commissioner of Health. Appointees included individuals who were clinical management, clinical education, and administration experts in the areas of prehospital care, emergency room care, acute care, children’s hospital care, and rehabilitation of pediatric patients.
- SB 383** abolished all advisory committees effective September 1, 1997 unless (1) the governing body established a different sunset date; or (2) the advisory committee’s duration was prescribed by law. Included new requirements for the composition, duration, and operation of advisory committees.

- 1994 TDH staff reviewed all advisory committees and recommended consolidating the three EMS-related committees. Board of Health proposed rules establishing the **Emergency Health Care Advisory Committee**.
- 1995 Board of Health adopted rules to establish a 14 member **Emergency Health Care Advisory Committee** composed of : one emergency physician; one provider of prehospital EMS; one EMT, EMT-I, or EMT-P; one emergency nurse; one pediatrician; one trauma surgeon; one trauma nurse; one facility administrator; one fire department provider; one EMS medical director; and four consumers. Sunset date was set at May 1, 1999.
- 1997 **SB 1517** repealed the advisory committee provisions in **SB 385, HB 18, and HB 2385** which were not in effect since the passage of **SB 383** in 1993.
- 1999 Board of Health adopted rules to continue the **Emergency Health Care Advisory Committee** until May 1, 2003. Committee was increased to add one additional consumer member.

HB 2085 abolished the **Emergency Health Care Advisory Committee** effective September 1, 1999 and established a 15 member **advisory council** to the Board of Health. Members are appointed by the Governor to include: one board certified emergency physician; one physician who is an EMS medical director; one fire chief for a municipality; one officer or employee of a private EMS provider that is involved in trauma system development; one EMS volunteer; one EMS educator; one member of an EMS air medical team; one fire department representative; one hospital representative who is affiliated with a designated trauma center in an urban area; one hospital representative who is affiliated with a designated trauma center in a rural area; one representative of a county EMS provider; one pediatrician with trauma or emergency medicine expertise; one trauma surgeon or registered nurse with trauma expertise; and two consumers. The provisions of SB 383 (Gov't Code ' 2110) concerning the size, composition, and duration of an advisory committee do not apply.