



THE TEXAS EMERGENCY MEDICAL SERVICES ALLIANCE

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## Enhancing EMS Service for All Texans: Texas EMS Assistance Program – HB 1407

It is a common misconception that 9-1-1 service is a free and essential public service in which the cost is completely covered by local taxes, like police and fire. The reality is that EMS agencies generally rely on four different revenue sources to cover operational costs (local taxes, patient/commercial insurance payments, government grants, and donations).

A past Texas Legislature created the Volunteer Fire Department Assistance Program, which provides funding to rural VFDs for the acquisition of firefighting vehicles, equipment, and training.

The Texas EMS Assistance Program (HB 1407) - which was introduced by Reps. J.D. Sheffield, Diego Bernal, Drew Darby, and Chris Paddie – would fill the same needs for the state’s EMS system. HB 1407 would return funding to Local Project Grants (LPGs) and develop a distance-learning paramedic education program to ensure that rural communities have EMS services.

Texas currently collects a \$30 fee on top of all moving violations. \$10 of this fee is part of the dollars already used to offset the cost of uncompensated trauma care. HB 1407 would offset the Texas EMS Assistance Program by dedicating a one-time allocation of 3.33 percent of the \$30 traffic fine (\$1) to fund a maximum of \$6 million over the biennium for LPGs and the rural paramedic education program.

### Preserving Local Project Grants

LPGs are a lifeline for many urban and rural EMS agencies in Texas through the resources that they provide to EMS agencies. LPGs fund equipment, injury-prevention projects, and continuing education for EMS professionals. As a result, they help ensure that Texas communities have access to 9-1-1 services. However, these grant dollars for EMS may not exist in the next biennium due to the depletion of the EMS and Trauma dedicated Tobacco Fund.

HB 1407 would send funding to an established EMS account – 5046 of the “tobacco endowment fund.” Parameters would be set in place to ensure that the LPGs are provided to EMS agencies that provide 9-1-1 services. In addition, 60 percent of the funds would go to rural EMS agencies. DSHS would use the Governor’s EMS and Trauma Advisory Council’s stakeholder process to determine annual funding priorities for these funds.

### Rural Education Training Program

EMS agencies are facing a shortage of paramedics in rural areas. Rural areas lack EMS training programs that offer flexible training hours or distance learning options. Many rural Texans who desire to serve in their local communities rely on their current “day jobs,” which they cannot quit in order to complete in-person paramedic training during normal business hours or travel extensive distances to a community college several days a week.

HB 1407 would direct the Department of State Health Services to create a distance-learning paramedic program aimed at individuals in rural areas. An advisory panel under GETAC would be responsible for setting the criteria and select no more than three universities or other accredited educational entities to administer the program. The program would consist of online distance learning and in-person skills training that would be performed in rural areas. In addition, the advisory panel would be directed to determine a ceiling for what percentage of the funding could be used for administrative costs. The funds would pay for the educational entities to acquire necessary training equipment for conducting the mandatory hands-on and clinical portions of the course in rural areas.