

Darryl Quigley



TESTIMONY BEFORE THE SUNSET COMMISSION ON DSHS ISSUE 4

By Darryl Quigley, TAA board Member

On June 25, 2014

My name is Darryl Quigley I am the chief operations officer of Texas LifeLine in Dallas and a board member of the Texas Ambulance Association. I'm testifying for TAA on DSHS recommendation 4.3. The Texas Ambulance Association is the oldest and largest association representing ambulance providers across the state. We appreciate the hard work of the Commission's staff in examining the function of the Department of State Health Services and suggesting changes in the statute to improve efficiency, protect the public, and reduce fraud in our industry. Our testimony will provide you with information on the impact of implementing the recommendations on businesses and suggestions for improving the changes.

TAA supports the concept of a jurisprudence examination for EMS personnel licensees similar to those used for other health care licensees, but we think that adding providers is unnecessary as they are already covered in a slightly different manner under current law.

Last year in SB 8 and HB 3556, the legislature established by statute that non-governmental ambulance providers had to have an administrator of record. DSHS could require this person to have an initial training covering "laws and department rules that affect emergency medical services providers". Each administrator of record would also be required to have at least 8 hours of continuing education every year which would include "changes in law and department rules that affect emergency medical services providers".



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The rules for this statutory change were adopted by DSHS in 2014. These rules require an initial course for new administrators of record which would include Federal, as well as, state laws affecting emergency medical services providers.

A change in statute requiring providers to be included along with personnel would duplicate the current statutory requirements and add an additional cost to EMS businesses. EMS businesses work hard to provide services to all members of the community including those with private insurance, Medicare, Medicaid and no insurance. Local jurisdictions require ambulances providing emergency services operating in their area to transport all patients in need of medical or trauma services regardless of ability to pay or insurance coverage. Medicare costs currently average around 70% of the cost of delivering services. Texas Medicaid costs were approximately 71% of Medicare costs prior to reductions in the 2011 legislative session. The Affordable Care Act also calls for providers to take additional cuts. We need to make a profit to stay in business.

Fraudulent providers not only cost the state money, they also cost legitimate providers business. TAA supports the state's efforts to reduce fraud, but in reducing fraud, the state should not penalize legitimate by increasing their costs.