



Testimony before the Sunset Commission on DSHS Issue 4

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My name is GK Sprinkle, I am representing the Texas Ambulance Association in support of Issues 4.1, 4.5 and 4.6 relating to tools for DSHS to better combat fraud in the EMS industry. We also are providing information on issue 4.3. as a concept and requesting a modification of this issue. 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.

In principle, TAA could support issue 4.4. However, TAA would like to clarify some aspects of this recommendation which authorizes DSHS to take disciplinary action against EMS providers or personnel based upon findings by governmental entities with delegated inspection authority.

First, TAA wants to know exactly which governmental authorities this issue references? Is it only cities? There are several cities that investigate complaints against ambulance providers and pass that information onto DSHS. They investigate complaints based upon their own



TAA, Sprinkle, page 2

authority. Are these the only entities whose investigations could lead to disciplinary actions by DSHS as referenced in issue 4.4?

Second, while we want DSHS to be efficient in processing complaints, we would want to ensure that the provider would still go through the full formal disciplinary process starting with receiving a notice from DSHS about the complaint investigation and going through all appeals offered by the state. It would only be the material from a governmental agency's initial investigation of a complaint that could be used by DSHS without the agency having to send a state employee to re-examine the company.

Third, we would want to ensure that a provider would not be disciplined for a complaint submitted by another governmental entity that went beyond the state's authority in its rules and regulations for ambulance providers.

Fourth, we would want to be assured that the only actions taken by DSHS on the basis of a governmental entity's investigation would be complaints. It is the TAA's position that all initial, renewal, and random inspections of ambulance providers needs to be done by the state to ensure an impartial person does the inspection.

TAA knows that the Sunset Commission does not make recommendations on budgets for licensing entities. However, we would like to clearly point out that giving the state additional resources for increased random inspections, including money and personnel, would help catch fraudulent providers earlier in the process. Last session, we asked for \$1 million and 8 FTEs to



TAA, Sprinkle, page 3

do an unannounced second inspection of initial ambulance licenses within 90 days after the license is issued. Under the current system, an ambulance provider might not receive a second inspection during the entire initial licensing period. This gives those providers who set up business for the sole purpose of defrauding the state two years or more to offer services without complying with state rules and regulations.

While implementing the recommendation 4.4 might assist DSHS in more efficiently handling and perhaps decreasing the time it takes to settle a complaint, wouldn't it be better to catch providers within the first 3 months they are licensed?

TAA supports recommendation 4.1 requiring an EMS provider to have a physical location for its business establishment in order to obtain a license. DSHS already requires this in rule. Our members think it is important to ensure that the company has a physical place of business that the state and members of the public can find.

TAA supports recommendation 4.5, establishing a formal process for referring non-jurisdictional complaints relating to EMS to appropriate entities. It is our understanding that the thrust of this recommendation would be to add a formal process that would track the complaints DSHS already refers to other entities. TAA would like to clarify which entities would fall within this recommendation.

TAA supports recommendation 4.6 requiring DSHS to not only collect and maintain data on complaints regarding EMS licensees, but to make this information publicly available.