

Texas Health Services Code

TITLE 25	HEALTH SERVICES
PART 1	DEPARTMENT OF STATE HEALTH SERVICES
CHAPTER 157	EMERGENCY MEDICAL CARE
SUBCHAPTER G	EMERGENCY MEDICAL SERVICES TRAUMA SYSTEMS
RULE §157.123	REGIONAL ADVISORY COUNCILS
ISSUED	08/02/2024
ACTION	PROPOSED

- A) The department recognizes a Regional Advisory Council (RAC) as the coordinating entity for the development and advancement of the regional trauma and emergency health care system within the defined trauma service area (TSA) as described in §157.122 of this subchapter (relating to Trauma Service Areas).
- 1) The department recognizes only one RAC for each TSA.
 - 2) Trauma, prehospital, perinatal, stroke, cardiac, disaster response, and emergency health care stakeholders in the TSA must be eligible for participation or membership in the RAC.
- B) A RAC must meet the following requirements to be recognized as a RAC:
- 1) Maintain incorporation as an entity exempt from federal income tax under §501(a) of the United States Internal Revenue Code of 1986, and its subsequent amendments, by being listed as an exempt organization under §501(c)(3) of the code, and to be eligible to receive, distribute, and utilize the emergency medical services (EMS), uncompensated care, and TSA allotments;
 - 2) submit required documentation to the department that includes, at a minimum, the following:
 - a) A summary of regional trauma, prehospital, pediatric, geriatric, perinatal, stroke, cardiac, and emergency health care system activities;
 - b) Evidence of an annual summary of the EMS, trauma, and emergency health care system performance improvement plan; and
 - c) A completed regional self-assessment by the end of each odd state fiscal year, and a current trauma and emergency health care system plan by the end of each even state fiscal year, with documented evidence the performance criteria are met;
 - 3) Maintain external financial audits and financial statements as defined by the department;
 - 4) Maintain a current website to communicate with regional stakeholders.
- C) Each RAC must develop and maintain a regionally specific comprehensive trauma and emergency health care system plan. The plan must include all counties within the TSA and must be based on current industry standards and guidelines.
- 1) The system plan must address the following elements:
 - a) Epidemiology data resources available;
 - b) Integration of regional stakeholders, identified coalitions, and community partners pertinent to the priorities and needs identified through the regional self-assessment;
 - c) Regional guidelines for prehospital field triage and destination, treatment, transport, and transfer of patients with time-sensitive health care injuries or illnesses;
Prevention and outreach activities guided by data available;
 - e) System coordination and patient flow;
 - f) Meaningful participation in regional disaster preparedness, planning, response, recovery, after-action review, data tracking needs, and support of the hospital preparedness stakeholders, including the identified health care coalition and the department;
 - g) Identification of system-wide health care education sponsored or coordinated through the RAC;

- h) Execution of a systems performance improvement plan that aligns with the state system performance improvement plan, and includes regional outcome data;
 - i) Current pediatric readiness capabilities that identifies opportunities to improve pediatric readiness within the region;
 - j) Integration of public health and business community stakeholders; and
 - k) Guidelines to support regional research projects.
- 2) All health care entities and identified coalition partners should participate in the regional planning process.
- D) A RAC must collect from each hospital within the TSA continual data to facilitate emergency preparedness and response planning for a public health disaster, public health emergency, or outbreak of communicable disease, and report the data to the department at least monthly via the electronic reporting system specified by the department, consistent with Texas Health and Safety Code §81.027, §81.0443, §81.0444, and §81.0445.
- 1) Unless otherwise directed by the department, the data collected must include all adult and pedi data specific to:
 - a) General beds available and occupied;
 - b) Intensive care unit (ICU) beds available and occupied;
 - c) Emergency department visits in the last 24 hours;
 - d) Hospital admissions in the last 24 hours;
 - e) Ventilators available and in use; and
 - f) Hospital deaths in the last 24 hours.
 - 2) The department may request more or less frequent reporting or may request different information from individual RACs to adequately prepare and respond to any public health disaster, public health emergency, outbreak of communicable disease, or federal reporting requirement relating to emergency preparedness and response.
 - 3) RACs must make the collected data publicly available by posting the data on the RAC's internet website during any public health disaster or public health emergency and, when asked by the department, during outbreaks not associated with a public health disaster or emergency.
- E) A RAC with at least one county within the region located on the international border of Texas and at least one county within the region adjacent to the Gulf of Mexico must provide guidelines and protocols related to trauma patient transfer and related services meeting the following requirements.
- 1) The RAC must develop an advisory committee composed of equal representation from designated trauma facilities within the RAC.
 - 2) The advisory committee must develop regional protocols for managing the dispatch, triage, transport, and transfer of patients.
 - a) The advisory committee must periodically review patient transfers ensuring the applicable protocols are met.
 - b) Each hospital and EMS provider operating within this TSA must collect and report to the RAC data on patients transferred outside of the TSA following the developed and approved regional protocols.
 - c) The advisory committee and activities must be integrated into the regional trauma and health care system plan.
- F) A RAC must meet the defined performance criteria to ensure the mission of the regional system is maintained. A RAC must:
- 1) Notify the department and RAC membership within five days of the loss of capabilities to maintain the infrastructure to oversee and maintain the regional systems as required by the provisions within subsections (a) and (b) of this section or the department contract;
 - 2) Provide the department with a plan of correction (POC) no more than 90 days from the onset of the deficiency for the RAC; and
 - 3) Comply with the provisions of subsections (a) and (b) of this section, all current state and system standards as described in this chapter, and all guidelines and procedures as set forth in the regional trauma and emergency health care system plan.

- G) If a RAC chooses to relinquish services, it must provide at least a 30-day written advance notice to the department, all RAC membership, RAC coalition partners, and county judges within the impacted TSA.
 - 1) The RAC must submit a written plan to the department for approval before the 30-day notice to relinquish services.
 - 2) The RAC funding and assets must be dissolved in accordance with state and federal requirements.
 - 3) The department must consider options of realigning the TSA with another RAC to continue services.

- H) The department has the authority to schedule conferences, in-person or virtual, with 10-calendar days advanced notice, to review, inspect, evaluate, and audit all RAC documents to validate the department RAC performance criteria are met.

- I) RACs must maintain virtual options for stakeholder participation in committees or other activities.

The agency certifies that legal counsel has reviewed the proposal and found it to be within the state agency's legal authority to adopt.

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