

**TEXAS DEPARTMENT OF HEALTH**  
**AUSTIN, TEXAS**  
**INTER-OFFICE MEMORANDUM**

**TO:** Debby Hilliard  
Office of the Board of Health (M-736)

**FROM:** Richard B. Bays, Associate Commissioner for Health Care Quality & Standards

**DATE:** February 27, 2004

**SUBJECT:** TOPIC ITEM - TEXAS BOARD OF HEALTH MEETING AGENDA

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MONTH AGENDA ITEM TO BE PRESENTED: April 2004

AGENDA ITEM TO BE TITLED: Final rules concerning regulation of EMS certificant, providers, training institutions, educators and EMS/Trauma Systems.

- For Discussion Only  
 For Discussion and Action by the Board  
 Other (Please Describe) \_\_\_\_\_

*(Reports and/or presentations **MUST** be 10 minutes or less per topic item submitted. Contact the Board Office for details.)*

CONTACT PERSONS (2 or More) Terry Bavousett, Kathy Perkins

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**A COPY OF THE RULES, COVER,  
MEMORANDUM, AND HANDOUTS  
MUST BE ATTACHED**

*Please check here if you have any audiovisual needs for your presentation.  
Call Eric Knox at X:2740 or page at 625-5030 for assistance one week prior to the Board Meeting.*

\_\_\_overhead \_\_\_slides \_\_\_VCR \_\_\_computer presentation

An electronic version of all rules and cover memoranda must be submitted to [Kim.wolfe@tdh.state.tx.us](mailto:Kim.wolfe@tdh.state.tx.us).  
An electronic version of all other submissions and attachments must be submitted to [boardofhealth@tdh.state.tx.us](mailto:boardofhealth@tdh.state.tx.us)

**Reviewed by the appropriate Deputy Commissioner (prior to submission to the Board of Health Office)**

\_\_\_\_ Nick Curry, MD, Executive Deputy Commissioner

\_\_\_\_ Wanda Thompson, Ph.D., Acting Chief Operating Officer

\_\_\_\_ Debra Stabeno, Deputy Commissioner

\_\_\_\_ Machel Pharr, Chief Financial Officer

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\_\_\_\_ Jacquelyn McDonald, Office of the Board of Health (**ALL AGENDA ITEMS**)

\_\_\_\_ Susan Steeg, General Counsel (**ALL AGENDA ITEMS**)

Approved by Executive Team: \_\_\_\_\_ Date: \_\_\_\_\_

**TEXAS DEPARTMENT OF HEALTH  
FINAL ADOPTION OF RULES FOR BOARD OF HEALTH APPROVAL  
COVER MEMORANDUM**

**April 2004**

**Agenda Item No:** \_\_\_\_\_

**Presenter:** Terry Bavousett  
Bureau of Emergency Management

**Summary:**

These are final rules concerning the certification and licensure of emergency medical services (EMS) certificants, providers, training institutions, educators and EMS/Trauma systems. The repeals, amendments and new rules are the result of obsolete language, legislative changes in language, fees and certification/licensure time frames and the Government Code, §2001.039, state-mandated four-year review of rules. The repeal and amended language aligns the rules with current state law and clarifies the requirements for meeting standards. These modifications will have a fiscal impact on local governments which provide EMS directly, EMS certificants, providers, training institutions, educators, hospitals and regional advisory councils unless exempt.

**The Board recommended publication of the proposed rules in January, 2004.  
Proposed rules were published in the Texas Register on January 30, 2004.**

**Description of Stakeholder input during the public comment period:**

The Governor's EMS and Trauma Advisory Council (GETAC) reviewed the draft rules at the council's meeting on August 29, 2003, in Austin, Texas and unanimously voted to recommend proposal of the rules by the Board of Health. No additional comments from GETAC or the individual members have been received.

**Comments Received:**

Several commenters opposed the fee increases related to licensing of EMS Providers. A summary of comments received and the department's responses are provided in the attached adoption preamble.

**Recommended Board Action:**

Approve an order adopting the rules concerning the regulation of emergency medical services (EMS) certificants, providers, training institutions, educators and EMS trauma systems to be effective June 1, 2004.

Title 25. Health Services  
Part I. Texas Department of Health  
Chapter 157. Emergency Medical Care  
Subchapter A. Emergency Medical Services - Part A  
Amendments §§157.1, Repeal §157.4, New §157.4  
Subchapter B. Emergency Medical Services Provider Licenses  
Amendments §§157.11, 157.14  
Subchapter C. Emergency Medical Services Training and Course Approval  
Amendments §§157.32 – 157.34, 157.38, 157.40, Repeal §157.31  
Subchapter D. Emergency Medical Services Personnel Certification  
Amendments §§157.43 – 157.44, 157.49  
Subchapter G. Emergency Medical Services Trauma Systems  
Amendments §§157.122, 157.125, Repeal §§157.123, 157.129, New §157.123

#### Proposed Preamble

The Texas Department of Health (department) adopts amendments to §§157.1, 157.11 157.14, 157.32 – 157.34, 157.38, 157.40, 157.43 – 157.44, 157.49, 157.122, and 157.125, concerning regulation of EMS certificant, licensees, providers, training institutions, educators and EMS/Trauma systems, the repeal of §157.4 concerning request for EMS training at the local level, the repeal of §157.31 concerning automated external defibrillator training course, §157.123 concerning regional emergency medical services/trauma systems, and §157.129 concerning state trauma registry, new §157.4 concerning regulatory audit activities by the Bureau of Emergency Management and new §157.123 concerning regional emergency medical services/trauma systems. Section 157.11 was adopted with changes to the proposed text as published in the January 30, 2004, issue of the Texas Register (29 TexReg 785), as a result of comments received during the 30-day comment period. The amendments to §§157.1, 157.14, 157.32 - 157.34, 157.38, 157.40, 157.43 – 157.44, 157.49, 157.122, 157.125, repeal of 157.4, 157.31, 157.123, 157.129, and new §§157.4 and 157.123 are adopted without changes and will not be republished.

Specifically, the sections cover purpose; audits; provider licenses; disciplinary actions; training and course approval; personnel certification, Regional/EMS trauma systems, trauma facility designation and the trauma care system fund.

Rule amendments regarding licensing fees are required as a result of revisions to Chapter 12 of the Texas Health and Safety Code, §§12.0111 and 12.0112, pursuant to House Bill 2292 of the 78th Regular Session of the Texas Legislature. Rule amendments for the clarification of standards for regional advisory councils are required as a result of revisions to Chapter 773 of the Texas Health and Safety Code, §773.113, pursuant to Senate Bill 530 of the 78th Regular Session of the Texas Legislature. Rule amendments for clarification of standards for emergency care attendants are required as a result of revisions to Chapter 773 of the Texas Health and Safety Code, §773.046, pursuant to House Bill 861 of the 78th Regular Session of the Texas Legislature.

Government Code, §2001.039, requires that each state agency review and consider for reoption each rule adopted by that agency pursuant to the Government Code, Chapter 2001 (Administrative Procedures Act). The sections have been reviewed and the department has determined that reasons for adopting the sections continue to exist; however, revisions to the sections are necessary and described in this preamble. Authority for the board to propose and adopt rules in this section is found in the Health and Safety Code, Chapter 773.

The department published a Notice of Intention to review and consider for reoption, revision, or repeal Chapter 157, Emergency Medical Care, Subchapter A, Emergency Medical Services--Part A, §§157.1 - 157.4; Subchapter B, Emergency Medical Services Provider Licenses, §§157.11 - 157.14, 157.16, and 157.25; Subchapter C, Emergency Medical Services Training and Course Approval, §§157.31 - 157.34, 157.36 - 157.38, 157.40, and 157.41; Subchapter D, Emergency Medical Services Personnel Certification, §§157.43, 157.44, and 157.49; and Subchapter G, Emergency Medical Services Trauma Systems, §§157.122, 157.123, 157.125, and 157.128 - 157.130 in the September 12, 2003, issue of the Texas Register (28 TexReg 8013). There were no comments received due to the publication of notice.

The department received four public comments during the comment period.

**Comment:** Concerning §157.11(a)(2), a total of three commenters generally opposed the fee increases for provider licensing. Two of the commenters opposed the non-refundable application fee of \$500.

**Response:** The department disagrees with the commenters. The fee increases were authorized by HB 2292 in the 78th Regular Session of the Texas Legislature. This bill directed each state fee program to raise its fees to cover 100% of the costs of the regulating the industry/profession. EMS, which currently covers about 50% of its regulatory program costs and had not raised fees in a number of years, was exempted from full cost recovery. The main reason was that Volunteer Providers are exempt from fees under §773.0581 of the Health and Safety Code. However, the expectation is that EMS will raise its cost recovery percentage up to 70-75% through raising fees approximately 20% overall and continuing to cut program costs. Additionally, EMS has historically charged a vehicle inspection fee, but not a provider application fee. There is a significant amount of staff time and resources to process a provider license application and a fee is necessary to partially cover those costs. There were no changes to the rule text due to the comments.

**Comment:** Concerning §157.11(a)(2), one commenter requested insertion of language that more clearly details the fee structure.

**Response:** The department agrees with the commenter. Wording has been added to subsections (a)(2) and (a)(4) to clarify that the \$500 application fee applies to the EMS Provider and not to each vehicle and that the fees are required every 2 years rather than annually.

The following change was made due to a staff comment.

**Change:** Concerning §157.11 (a)(2), the fee requirement for initial applicants will be implemented on “June 1, 2004” instead of “20 days following adoption of the rule” because this will implement the fee increases from these rules at the same time new fees are imposed by the Texas Online Authority. The original proposed language of “20 days following adoption of the rule” would result in two separate fee increases within a few days.

Three commenters were not in favor of the rules due to the fee increases. One commenter was neither for nor against the rules in their entirety, but suggested changes for clarification.

The repeals, new sections, and amendments are proposed under the Texas Health and Safety Code, Chapter 773, which provides the department with the authority to adopt rules concerning certification and licensing of EMS certificants, providers, training institutions and educators; and §12.001, which provides the board with the authority to adopt rules for its procedure and for the performance of each duty imposed by law on the board, the department or the commissioner of health. The review of the rules implements Government Code, §2001.039.

#### Repeal

§157.4. Request for EMS Training at the Local Level.

§157.31. Automated External Defibrillator Training Course.

§157.123. Regional Emergency Medical Services/Trauma Systems.

§ 157.129. State Trauma Registry.

Legend: (Final Amendments – No additional changes from proposed version)  
Regular Print = Current language  
(No change.) = No changes are being considered for the designated subdivision

§157.1. Purpose.

(a) (No change.)

(b) This chapter will provide minimum requirements for an emergency medical services (EMS) provider license; authorization of EMS vehicles; emergency suspension, reprimand, suspension, probation, revocation, or denial of an EMS provider license; first responder organizations; EMS personnel certification and licensure; interstate reciprocity for EMS certification; EMS personnel recertification or relicensure; continuing education requirements; course coordinator and program instructor certification; disciplinary action for EMS personnel, course coordinators and program instructors; EMS training courses and course approval; Emergency Medical Information Operator training, instructor training, course approval and certification; certification or licensure of persons with criminal backgrounds; Out-of-Hospital Do-Not-Resuscitate orders; automated external defibrillators; requests for emergency care attendant training; fees; the establishment of trauma service areas; the establishment of regional EMS/trauma systems; requirements for trauma facility designation; and disciplinary actions for designated trauma facilities.

Legend: (New Rules – No changes from proposed version)  
Regular Print = Final language, same as proposed, for final adoption

§157.4. Audits.

(a) The department may randomly and for cause audit the records relating to licensing or certification of individuals and/or entities which are currently certified or licensed by the department or which have applied for certification or licensure by the department.

(b) The department may automatically audit certified or licensed EMS personnel or entities shown to be non-compliant in an immediately preceding audit.

(c) Failure to notify the department of a current mailing address shall not absolve the certificant, licensee or entity from audit requirements.

(d) Within 20 business days following notification of audit, certified or licensed EMS personnel or licensed entities shall submit documentation as specified by the department to verify compliance with any requirement set forth in Chapter 773 of the Texas Health and Safety Code or of the rules in this title.

(e) Falsification of documentation shall be cause for reprimand, probation, suspension, or revocation of a certificate, license, provider license or EMS program/course approval in accordance with §157.16 of this title (relating to Emergency Suspension, Suspension, Probation, Revocation or Denial of a Provider

License); and/or §157.32 of this title (relating to Emergency Medical Services Education Program and Course Approval); and/or §157.34 of this title (relating to Recertification); and/or §157.36 of this title (relating to Criteria for Denial and Disciplinary Actions for EMS Personnel and Voluntary Surrender of a Certificate or License); and/or §157.38 of this title (relating to Continuing Education); and/or §157.43 of this title (relating to Course Coordinator Certification); and/or §157.44 of this title (relating to Emergency Medical Service Instructor Certification).

Legend: (Final Amendments – With additional changes not proposed)

Double underline = new language not proposed

**[Bold, underline and brackets]** = Proposed new language now being deleted

**Bold and Brackets]** – Final language now being deleted

Regular print = Current language incorporating proposed changes for final adoption

(No change) – No changes are begin considered for the designated subdivision

§157.11. Requirements for an EMS Provider License. (Amendment)

(a) Application requirements for an Emergency Medical Services (EMS) Provider License.

(1) Candidates for an EMS provider license shall submit a completed application (application, all other required information described in a provider licensing instruction document provided by the Texas Department of Health (department) and a nonrefundable fee) to the department.

(2) A nonrefundable application fee of \$500 per provider plus \$180 for each EMS vehicle to be operated under the license shall accompany the application. The department will implement the fee requirement for initial applicants on June 1, 2004 [20 days following adoption of the rule] and at the time of the next re-license period of currently certified licensed providers following adoption. The license is issued for two years. Fees are required every two years with the license renewal.

(3) (No change.)

(4) A fixed-wing or rotor-wing air ambulance provider, appropriately licensed by the state governments of New Mexico, Oklahoma, Arkansas or Louisiana may apply for a reciprocal issuance of a provider license. A nonrefundable administrative fee per provider of \$500 shall accompany the application in addition to a nonrefundable fee of \$180 for each EMS aircraft to be operated in Texas under the reciprocal license.

(5) (No change.)

(b) – (l) (No change.)

(m) License renewal process.

(1) – (2) (No change.)

(3) If a provider has not met all requirements for a provider license, the provider may apply for a provisional license by submitting a request and, in addition to the regular nonrefundable licensure fee if applicable, a nonrefundable fee of \$30. One provisional license, valid for not more than 60 days, may be granted only to prevent probable adverse impact to the health and safety of the service community. Without a provisional license, a provider may not operate if there is a lapse in time between license expiration and license renewal.

(n) – (o) (No change.)

(p) Unannounced inspections. Randomly and/or in response to complaints, the department may conduct unannounced inspections to insure compliance of the provider license holder. Inspections may be conducted at any time, including nights or weekends. The department may review all components of provider licensure during an unannounced inspection. Violations or deficiencies may result in disciplinary action as authorized by §157.16 of this title (relating to Emergency Suspension, Suspension, Probation, Revocation or Denial of a Provider License). The department may grant a reasonable period of time for the provider to correct deficiencies. If the department must reinspect the provider because of noncompliance noted during a previous inspection, the provider shall pay a nonrefundable fee of \$30, if applicable.

(q) (No change.)

(r) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

#### §157.14. Requirements for First Responder Organization Registration. (Amendment)

(a) (No change.)

(b) Application requirements. The applicant shall submit a completed application to the department. A complete application consists of the following:

(1) – (4) (No change.)

(5) a nonrefundable application fee, if applicable.

(A) Any FRO which is, or has a contract with, an entity such as a business, corporation or department and whose first responder employees or members are compensated by that entity for providing first responder service shall pay a nonrefundable \$60 application fee. If the registration is issued for less than 12 months in which case the nonrefundable fee shall be \$30. The FRO's personnel are not exempt from the payment of certification application fees.

(B) (No change.)

(c) – (g) (No change.)

(h) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

§157.32. Emergency Medical Services Education Program and Course Approval. (Amendment)

(a) – (p) (No change.)

(q) Fees.

(1) The following nonrefundable fees shall apply:

(A) \$30 for review of a basic self-study, except that this nonrefundable fee may be waived if the program receives no remuneration for providing training;

(B) \$90 for conducting a basic site visit;

(C) \$60 for review of an advanced self-study, except that this nonrefundable fee may be waived if the program receives no remuneration for providing training;

(D) \$250 for conducting an advanced site visit;

(E) \$30 for processing a basic course notification or approval application, except that this nonrefundable fee may be waived if the program receives no remuneration for providing training; and

(F) \$60 for processing an advanced course notification or approval application, except that this nonrefundable fee may be waived if the program receives no remuneration for providing training.

(2) (No change.)

(r) Course Notification and Approval.

(1) – (2) (No change.)

(3) A nonrefundable course fee, unless program is not remunerated for the course in any way, shall be submitted as follows:

- (A) \$30 for a Basic Course (ECA or EMT);
- (B) \$60 for an Advanced Course (EMT-Intermediate or Paramedic);
- (C) \$30 for an EMS Instructor Course; and
- (D) \$60 for an Emergency Medical Information Operator Instructor Course.

(4) (No change.)

(s) – (t) (No change.)

(u) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

#### §157.33. Certification. (Amendment)

(a) Certification requirements. A candidate for emergency medical services (EMS) certification shall:

(1) (No change.)

(2) have a high school diploma or GED certificate:

(A) the high school diploma must be from a school accredited by the Texas Education Agency (TEA) or a corresponding agency from another state. Candidates who received a high school education in another country must have their transcript evaluated by a foreign credentials evaluation service that attests to its equivalency. A home school diploma is acceptable if it is accompanied by a letter of acceptance into a regionally accredited college;

(B) an emergency care attendant (ECA) who provides emergency medical care exclusively as a volunteer for a licensed provider or registered FRO is exempt from paragraph (2) of this subsection.

(3) (No change.)

(4) submit an application and the following nonrefundable fees as applicable:

(A) \$60 for emergency care attendant (ECA) or emergency medical technician (EMT);

(B) \$90 for EMT-intermediate (EMT-I) or EMT-paramedic (EMT-P); and

(C) EMS volunteer - no fee. However, if such an individual receives compensation during the certification period, the exemption ceases and the individual shall pay a prorated fee to the department based on the number of years remaining in the certification period when employment begins. The nonrefundable fee for ECA or EMT certification shall be \$15 per each year remaining in the certification. The nonrefundable fee for EMT-I or EMT-P shall be \$22.50 per each year remaining in the certification. Any portion of a year will count as a full year; and

(5) (No change.)

(b) – (d) (No change.)

(e) Retesting.

(1) A candidate who does not pass the department's written examination may retest after:

(A) (No change.)

(B) paying a nonrefundable fee of \$30, if applicable.

(2) A candidate who does not pass a retest may request a second retest after:

(A) – (B) (No change.)

(C) paying a nonrefundable fee of \$30, if applicable.

(3) (No change.)

(f) (No change.)

(g) Non-transferability of certificate. A certificate is not transferable. A duplicate certificate may be issued if requested with a nonrefundable fee of \$10.

(h) – (i) (No change.)

(j) Inactive status. A certified EMT, EMT-I, or EMT-P may make application to the department for inactive status at any time during or after the certification period so long as the certification can be verified by the department.

(1) The request for inactive status shall be accompanied by a nonrefundable fee of \$30 in addition to the regular nonrefundable application fee.

(2) – (5) (No change.)

(k) Reciprocity. A person currently certified by the National Registry or in another state may be certified by submitting an application and a nonrefundable fee of \$120.

(1) – (3) (No change.)

(l) (No change.)

(m) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

§157.34. Recertification. (Amendment)

(a) Recertification.

(1) – (3) (No change.)

(4) The certificant shall submit an application and the following non-refundable fees as applicable:

(A) \$60 for Emergency Care Attendant (ECA) or Emergency Medical Technician (EMT);

(B) \$90 for EMT-Intermediate (EMT-I) or EMT-Paramedic (EMT-P); and

(C) EMS volunteer - no fee. However, if such an individual receives compensation during the certification period, the exemption ceases and the individual shall pay a prorated fee to the department based on the number of years remaining in the certification period when employment begins. The non-refundable fee for ECA or EMT certification shall be \$15 per each year remaining in the certification. The non-refundable fee for EMT-I or EMT-P shall be \$22.50 per each year remaining in the certification. Any portion of a year will count as a full year.

(5) – (7) (No change.)

(b) Recertification Options. Upon submission of a completed application for recertification, the applicant shall commit to, and recertify through, only one of the options described in paragraphs (1)-(5) of this subsection.

(1) Option 1 - Written Examination Recertification Process.

(A) (No change.)

(B) If the applicant fails the examination for recertification, the applicant may attempt two retests of the examination after:

(i) (No change.)

(ii) submitting a non-refundable retest fee of \$30 for each attempt.

(C) – (F) (No change.)

(2) – (5) (No change.)

(c) – (f) (No change.)

(g) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

§157.38. Continuing Education. (Amendment)

(a) – (f) (No change.)

(g) Approval of Continuing Education Provider.

(1) (No change.)

(2) A person, agency, entity, or organization seeking approval as a continuing education provider shall file an application with the department along with a nonrefundable fee of \$60 in accordance with the course approval process described in §157.32 of this title (relating to Emergency Medical Services Education Program and Course Approval).

(3) – (4) (No change.)

(h) – (k) (No change.)

(l) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

§157.40. Paramedic Licensure. (Amendment)

(a) Requirements for paramedic licensure.

(1) (No change.)

(2) Initial paramedic license. A candidate for initial paramedic licensure under this section shall:

(A) (No change.)

(B) submit an application and a nonrefundable fee, if applicable, of \$120. EMS volunteer—no fee; however, if the applicant later receives compensation during the renewed licensure period, the exemption ceases and the individual shall pay a prorated fee to the department based upon the number of years remaining in the licensure period when employment begins. The non-refundable fee shall be \$30 per each year remaining in the license. Any portion of a year that the licensed paramedic receives compensation for his or her paramedic service will count as a full year.

(C) – (G) (No change.)

(3) – (4) (No change.)

(5) Duplicate copies of the wallet-sized license may be issued, by the department to replace lost credentials for a fee of \$10.

(6) (No change.)

(b) Renewal of license.

(1) – (4) (No change.)

(5) Licensure fee.

(A) The licensee shall submit a non-refundable fee of \$120 with the application;

(B) EMS volunteer--no fee; however, if the applicant later receives compensation during the renewed licensure period, the exemption ceases and the individual shall pay a prorated fee to the department based on the number of years remaining in the licensure period when employment begins. The non-refundable fee shall be \$30 per each year remaining in the licensure. Any portion of a year that the licensed paramedic receives compensation for his paramedic service will count as a full year.

(6) – (7) (No change.)

(c) – (e) (No change.)

(f) Inactive status. A licensed paramedic may make application to the department for inactive status at any time during the licensure period or months after the license expiration date, if the license

can be verified by the department. The request for inactive status shall be accompanied by a nonrefundable fee of \$30 in addition to the regular nonrefundable application fee in subsection (a)(2)(B) of this section.

(1) – (5) (No change.)

(g) (No change.)

(h) Reciprocity. A person currently certified by the National Registry and/or certified or licensed as a paramedic in another state and who meets all the requirements of this section may apply for licensure by submitting an application along with a nonrefundable fee of \$120 and meeting the requirements set forth in subsection (a)(1) and (a)(2)(B) of this section. After the department evaluates the application, verifies the licensure and assures that the requirements in subsection (a) of this section have been met, the candidate will be licensed in Texas for four years from the issuance date of the current Texas licensure.

(i) Equivalency.

(1) A candidate for licensure who completed EMS training outside the United States or its possessions, or a candidate who is certified or licensed in another healthcare discipline may apply for licensure by meeting the requirements set forth in subsection (a)(1) of this section and the following additional requirements:

(A) – (B) (No change.)

(C) submit an application and appropriate nonrefundable fee as follows:

(i) a candidate who completed EMS training outside the United States or its possessions--\$180;

(ii) a candidate who is certified or licensed in another healthcare discipline--\$120; and

(D) achieve National Registry paramedic certification.

(2) Evaluations of curricula conducted by post secondary educational institutions under this subsection shall be consistent with the institution's established policies and procedures for awarding credit by transfer or advanced placement.

(j) Military personnel. A licensee who fails to renew a license within three months of the expiration date because of active duty in the United States military outside the State of Texas shall have one year from the date of discharge or the date of reassignment to Texas (whichever is first) to complete all requirements for relicensure.

(k) Conversion from inactive paramedic certification to inactive paramedic licensure. A certified paramedic currently on inactive status who meets all other criteria as defined in subsection (a)(1) of this section may apply for inactive licensure status.

(1) The inactive certificant shall:

(A) submit an application for inactive licensure to the department along with a nonrefundable fee of \$120; and

(B) submit evidence of the issuance of a degree from an accredited college or university as defined in subsection (a)(1) of this section.

(2) After verification by the department of the information submitted, the license will be issued in an inactive status for four years beginning on the day of issuance.

(l) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

#### §157.43. Course Coordinator Certification. (Amendment)

(a) – (c) (No change.)

(d) Basic coordinator requirements. To be certified as a basic course coordinator, the candidate shall:

(1) submit an application for basic course coordinator certification along with the nonrefundable fee of \$60 to the Texas Department of Health (department) except a fee shall not be required if compensation is not received for coordinating training courses or programs;

(2) – (7) (No change.)

(8) after completing all the above requirements, pass the EMS coordinator exam and retest, if necessary, no later than one year after course completion date. The nonrefundable retest fee is \$30, except a fee shall not be required if compensation is not received for coordinating training courses or programs. If requirements are not completed within one year after course completion date, the candidate must meet the requirements of subsection (d) of this section including the completion of another initial course to be certified.

(e) Advanced coordinator requirements. To be certified as an advanced course coordinator, the candidate shall:

(1) submit an application for advanced course coordinator certification along with the nonrefundable fee of \$60 to the department; except a fee shall not be required if compensation is not received for coordinating training courses or programs;

(2) – (8) (No change.)

(9) after completing all the above requirements, pass the EMS coordinator exam and retest, if necessary, no later than one year after course completion date. The nonrefundable retest fee is \$30, except a fee shall not be required if compensation is not received for coordinating training courses or programs. If requirements are not completed within one year after course completion date, the candidate must meet the requirements of subsection (e) of this section including the completion of another initial course to be certified; and

(10) (No change.)

(f) – (l) (No change.)

(m) Disciplinary actions.

(1) Administrative penalty. The department may impose an administrative penalty on a course coordinator not to exceed \$7,500 per day per violation of the Health and Safety Code or the rules adopted thereunder.

(2) – (6) (No change.)

(n) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

#### §157.44. Emergency Medical Service Instructor Certification. (Amendment)

(a) (No change.)

(b) Certification. To obtain certification, a candidate shall:

(1) – (3) (No change.)

(4) submit an application to the department with a nonrefundable fee of \$30 to the department, except a fee shall not be required if compensation is not received for instructing training courses or programs; and a course completion document from a department-approved instructor course; and

(5) pass the instructor examination conducted by the department.

(c) The instructor candidate who does not pass the exam may have one opportunity to retest by submitting the retest application and \$30 retest fee, if applicable. The retest must be completed no later than one year after the course completion date. The candidate who fails the retest must complete another instructor course to become eligible for instructor certification.

(d) Currently certified instructors shall be considered to have met the qualifications in this section.

(e) Period of certification. After verification by the department of the information submitted by the candidate, the candidate who meets the requirements of subsection (b) of this section shall be certified as an instructor for two years commencing on the date of issuance of the certificate.

(f) Responsibilities. An instructor shall have the following responsibilities:

(1) conducting classroom and laboratory sessions in accordance with lesson objectives as assigned by the course coordinator;

(2) conducting skills proficiency verifications and other student evaluations as assigned by the course coordinator;

(3) assisting the course coordinator in preparing and maintaining records and performing other duties necessary to insure the integrity, efficiency and effectiveness of the course.

(g) Recertification.

(1) Prior to the expiration of a certificate, the department shall send a notice of expiration to the certificant at the address shown in the current records of the department. It is the responsibility of EMS personnel to notify the department of any change of address.

(2) If a certificant has not received notice of expiration from the department 30 days prior to the expiration, the certificant shall request an application for recertification from the department or download an application from the Internet. Failure to apply for recertification shall result in expiration of the certificate.

(3) To be eligible for recertification, the instructor shall meet recertification requirements during the latest instructor certification period:

(A) maintain active status EMS certification; and

(B) submit the application for recertification and a nonrefundable fee of \$30.

(4) After verification by the department of the information submitted, the candidate who

meets the requirements of this section shall be recertified for two years commencing on the day following the expiration of the current certificate.

(h) Late recertification.

(1) An application for renewal of a certificate shall be considered late if:

(A) the application and nonrefundable fee are received after the most recent certificate has expired or;

(B) all requirements for recertification are not met prior to the end of the most recent certification period.

(2) An instructor who has not recertified prior to the end of his most recent certification period is not certified.

(i) Recertification. To be eligible for recertification, the candidate shall meet the following:

(1) A candidate whose certificate has been expired for 90 days or less may renew the certificate by submitting an application and paying a nonrefundable renewal fee that is equal to 1-1/2 times the normally required application renewal fee for that level as listed in subsection (b)(4) of this section;

(2) A candidate whose certificate has been expired for more than 90 days but less than one year may renew the certificate by submitting an application and paying a nonrefundable renewal fee that is equal to two times the normally required application renewal fee as listed in subsection (b)(4) of this section.

(3) A candidate must complete all the requirements for recertification no later than one year after the expiration of the most recent certificate.

(4) After verification by the department of the information submitted by the candidate, the candidate who meets the requirements of this subsection shall be recertified for two years commencing on the day of issuance of a certificate.

(5) A candidate whose certification is expired more than one year must meet the requirements of subsection (b) of this section including the completion of another initial course to be certified.

(j) Disciplinary action.

(1) Emergency suspension. The bureau chief of the Bureau of Emergency Management may issue an emergency order to suspend an instructor if the bureau chief has reasonable cause to believe continued activity of the individual constitutes a threat to the public health or safety.

(A) An emergency suspension shall be effective immediately without a hearing or written notice to the certificate holder. Notice to the certificant shall be established on the date that a copy of the signed emergency suspension order is sent to the address shown in the current records of the department, or by return receipt. Notice shall also be sent to any sponsoring entity.

(B) If a written request for a hearing is received from the certificate holder within 15 days of the date of notice, the department shall conduct a hearing not later than the 30th day after the date on which a hearing request is received to determine if the emergency suspension is to be continued, modified, or rescinded. The hearing and appeal from a disciplinary action related to the hearing shall be in accordance with the Administrative Procedure Act, Government Code, Chapter 2001.

(2) Suspension or revocation. An instructor's certification may be suspended or revoked for, but not limited to, the following reasons:

(A) failing to maintain active status EMS personnel certification at the appropriate level;

(B) failing to comply with the responsibilities of an instructor as in subsection (f) of this section;

(C) falsifying an application for EMS certification;

(D) falsifying a program approval application, a self-study, a course approval application, or any supporting documentation;

(E) falsifying a course completion certificate or any other document that records or verifies course activity and/or is a part of the course record;

(F) compromising department or program standards for verification of skills proficiency or falsifying proficiency verification records;

(G) assisting another to obtain or to attempt to obtain personnel certification or recertification by fraud, forgery, deception or misrepresentation;

(H) failing to complete and submit student documents within the established time frames;

(I) compromising or failing to maintain the order, discipline and fairness of a department-approved course or program;

(J) delivering or allowing inadequate class presentations;

(K) compromising an examination or examination process administered or approved by the department;

(L) cheating or assisting another in cheating on an EMS examination, other evaluation or any other activity offered or conducted by the department, a training program approved by the department, or a provider licensed by the department;

(M) accepting any benefit to which there is no entitlement or benefits in any manner through fraud, deception, falsification, misrepresentation, theft, misappropriation or coercion;

(N) failing to maintain appropriate policies, procedures and safeguards to ensure the safety of students, fellow instructors or other class participants;

(O) allowing recurrent use of inadequate, inoperable, or malfunctioning equipment;

(P) issuing a check to the department which is returned unpaid;

(Q) failing to maintain education course records for initial or continuing education (CE) courses;

(R) demonstrating an unwillingness or inability to comply with the Health and Safety Code and rules adopted thereunder;

(S) failing to give the department true and complete information when asked regarding any alleged or actual violation of the Health and Safety Code, or the rules adopted thereunder, or failing to report a violation;

(T) committing any violation during a probationary period; and

(U) functioning or attempting to function as an instructor during a period of suspension shall be cause for revocation of the instructor certification.

(3) Notification. If the department proposes to take disciplinary action against an EMS instructor, the certificant shall be notified at the address shown in the current records of the department. The notice must state the alleged facts or conduct warranting the action and state that the certificant has an opportunity to request a hearing.

(A) The certificant may request a hearing within 15 days after the date of the notice. This request shall be in writing and submitted to the bureau chief. The hearing shall be conducted pursuant to the Administrative Procedure Act, Government Code, Chapter 2001.

(B) If the certificant does not request a hearing, after being sent the notice of opportunity, the certificant waives the opportunity for a hearing and the department shall implement its proposal.

(4) Probation. The department may probate any penalty assessed under this section and may specify terms and conditions of any probation issued.

(5) Reapplication.

(A) Two years after the revocation of an instructor certification an individual may petition the department, in writing, for the opportunity to reapply for certification.

(B) The department shall evaluate the petition and may allow or deny the opportunity to submit an application for recertification.

(C) In evaluating a petition for permission to reapply for certification the department shall consider, but is not limited to, the following issues:

(i) the likelihood of a repeat of the actions or inactions that led to revocation;

(ii) the petitioners overall record as an instructor;

(iii) letters of support or recommendation;

(iv) letters in protest or nonsupport of the petition; and

(v) the need for the services of an instructor in a given area.

(D) The petitioner shall be notified of the department's decision to allow or deny the submission of reapplication within 60 days of the request.

(E) An instructor whose certificate expires during a suspension or revocation period may not petition to reapply for certification until the end of the suspension or revocation period.

(k) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

§157.49. Emergency Medical Services Operator and Operator Instructor Training and Certification.  
(Amendment)

(a) – (g) (No change.)

(h) Course approval.

(1) Prior to starting a course, an EMS information operator instructor shall:

(A) (No change.)

(B) submit a non-refundable course approval fee of \$60, except a fee shall not be required if the EMS information operator instructor is not to be compensated for providing EMS information operator training;

(C) – (D) (No change.)

(2) – (3) (No change.)

(i) (No change.)

(j) EMS information operator instructor certification.

(1) To become certified as an EMS information operator instructor, a person must:

(A) – (E) (No change.)

(F) submit an application to the department with a nonrefundable fee of \$60, except a fee shall not be required if the candidate is not to be compensated for providing EMS information operator training; and

(G) (No change.)

(2) (No change.)

(3) Persons holding EMS information operator instructor certification from any department-approved training program prior to the effective date of this rule are considered to have met the requirements as set forth in this section and may apply for certification by submitting to the department:

(A) a written application with a nonrefundable fee of \$60, except a fee shall not be required if the candidate is not to be compensated for providing EMS information operator training;

and

(B) (No change.)

(4) Retesting.

(A) A certificant who does not pass the department's written examination may retest after:

(i) (No change.)

(ii) paying a nonrefundable fee of \$30, if applicable.

(B) (No change.)

(k) EMS information operator instructor recertification.

(1) – (2) (No change.)

(3) To be eligible for recertification, the EMS information operator instructor shall:

(A) – (C) (No change.)

(D) submit an application for recertification with a nonrefundable fee of \$60, except a fee shall not be required if the candidate is not to be compensated for providing EMS information operator instructor training; and

(E) (No change.)

(4) – (8) (No change.)

(l) – (n) (No change.)

(o) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

§157.122. Trauma Service Areas. (Amendment)

(a) (No change.)

(b) The state has been geographically divided by counties into 22 TSAs; however:

(1) (No change.)

(2) each TSA shall have at least a lead general trauma facility within its boundaries or the bureau may re-align the counties in that TSA to other TSAs which have such a facility;

(3) – (4) (No change.)

(c) The counties included in the 22 TSAs are grouped as follows (updated lists will be maintained by the bureau):

(1) (No change.)

(2) Area B - Bailey, Borden, Castro, Cochran, Cottle, Crosby, Dawson, Dickens, Floyd, Gaines, Garza, Hale, Hockley, Kent, King, Lamb, Lubbock, Lynn, Motley, Scurry, Terry, Yoakum;

(3) (No change.)

(4) Area D - Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Knox, Mitchell, Nolan, Shackelford, Stephens, Stonewall, Taylor, Throckmorton;

(5) – (22) (No change.)

(d) (No change.)

#### §157.123. Regional Emergency Medical Services/Trauma Systems. (New)

(a) The bureau of emergency management (bureau) shall recognize the establishment of a regional emergency medical services (EMS)/trauma system (system) within a trauma service area (TSA) as described in §157.122 of this title (relating to Trauma Service Areas).

(b) Establishment of a regional EMS/trauma system consists of three phases.

(1) The first phase begins with the establishment of a regional advisory council (RAC) and ends with recognition of the RAC by the bureau.

(A) All health care entities who care for trauma patients should be offered membership on the RAC. RACs shall:

(i) be operated in a manner that maximizes inclusion of their constituents and ensures membership approval of “participation requirements”;

(ii) have documented evidence that participation guidelines have been

discussed and affirmed by vote of the entire RAC voting membership;

(iii) have clear definitions of participation guidelines in the organization's by-laws and/or other official RAC files;

(iv) have documentation that participation guidelines have been communicated to EMS providers and hospitals, regardless of past participation history;

(v) have documented attendance records;

(vi) have consistency in the annual participation reporting period;

(vii) send participation "progress reports" to EMS providers and hospitals at some period during the reporting year;

(viii) send participation requirements "non-compliance" letters to appropriate EMS providers and hospitals at end of reporting year;

(ix) be cognizant of the direct and indirect fiscal roles they play on behalf of their members; and

(x) be particularly cognizant of the logistical challenges faced by rural and volunteer agencies and open to considering viable alternatives to members' physical presence at all meetings.

(B) The bureau shall recognize only one official RAC for a TSA.

(C) At least quarterly, a RAC shall submit evidence of on-going activity, such as meeting notices and minutes, to the bureau.

(D) Annually, the RAC shall file a report with the bureau which describes progress toward system development, demonstrates on-going activity, and includes evidence that members of the RAC are currently involved in trauma care.

(E) The RAC functions without the expectation of comprehensive, permanent and/or unrestricted state funding.

(F) RACs may request technical assistance from the bureau at any time.

(2) The second phase begins with RAC recognition by the bureau and ends with approval of a complete EMS/trauma system plan (plan) by the bureau.

(A) The RAC shall develop a system plan based on standard guidelines for

comprehensive system development. The system plan is subject to approval by the bureau.

(B) The bureau shall review the plan to assure that:

(i) all counties within the TSA have been included unless a specific county, or portion thereof, has been aligned within an adjacent system;

(ii) all health care entities and interested specialty centers have been given an opportunity to participate in the planning process; and

(iii) the following components have been addressed:

(I) injury prevention;

(II) access to the system;

(III) communications;

(IV) medical oversight;

(V) pre-hospital triage criteria;

(VI) diversion policies;

(VII) bypass protocols;

(VIII) regional medical control;

(IX) regional trauma treatment guidelines;

(-a-) Guidelines consistent with current Advanced Trauma Life Support (ATLS), Advanced Pediatric Life Support (APLS), Basic Trauma Life Support (BTLS), Pre-Hospital Trauma Life Support (PHTLS), Trauma Nurse Core Course (TNCC), Emergency Nurse Pediatric Course (ENPC), Pediatric Advanced Life Support (PALS) and Pediatric Education For Pre-Hospital Providers (PEPP) standards shall be developed, implemented, and evaluated.

(-b-) Individual agencies and medical directors may, and are encouraged, to exceed the minimum standards.

(-c-) Major\severe trauma patients will be cared for by health professionals with documented education and skill in the assessment and care of injuries throughout their pre-hospital and hospital course.

(-d-) Major\severe trauma patients will have their medical care, as documented by pre-hospital run forms and hospital charts, reviewed by the individual entity's medical director for appropriateness and quality of care.

(-e-) Major\severe trauma patients will have deviations from standard of care addressed through a documented trauma performance improvement process.

(X) facility triage criteria;

(XI) inter-hospital transfers;

(XII) planning for the designation of trauma facilities, including the identification of the lead facility(ies); and

(XIII) regional guidelines for disaster preparedness; and

(XIV) a performance improvement program that evaluates processes and outcomes from a system perspective.

(C) Bureau approval of the completed plan may qualify health care entities participating in the system to receive state funding for trauma care if funding is available.

(3) The third phase begins with approval of a complete plan by the bureau and ends with the regional EMS/trauma system being recognized by the bureau.

(A) Upon approval, a RAC implements the plan to include:

(i) education of all entities about the plan components;

(ii) on-going review of resource, process, and outcome data; and

(iii) if necessary, revision and re-approval of the plan or plan components by the bureau.

(B) Following implementation of the plan, the bureau shall recommend to the commissioner of health (commissioner) the designation of a regional EMS\trauma system if the applicant RAC meets or exceeds the current Texas EMS\trauma systems essential criteria; actively participates at the bureau's quarterly RAC Chairs meetings; and submits data as requested.

(C) The designation process shall consist of three phases:

(i) The first phase is the application phase which begins with completing

and submitting to the bureau a complete application and non-refundable fee for designation as a regional EMS\trauma system and ends when the bureau approves a site survey (survey);

(ii) The second phase is the review phase which begins with the survey and ends with a bureau recommendation to the commissioner to designate a regional EMS\trauma system; and

(iii) The third phase is the final phase which begins with the commissioner reviewing the recommendations and ends with his\her final decision. This phase also includes an appeal procedure for the denial of a designation application in accordance with the Administrative Procedure Act, Government Code, Chapter 2001.

(D) The bureau's analysis of submitted application materials, which may result in recommendations for corrective action when deficiencies are noted, shall include a review of:

(i) evidence of participation at the bureau's quarterly RAC Chairs meetings;

(ii) the completeness and appropriateness of the application materials submitted, including the non-refundable application fee.

(iii) the non-refundable application fee shall be based on the trauma service area's geographic size, population and trauma death rate.

(iv) a RAC's non-refundable application fee shall be no more than \$10,000 and not less than \$2500.

(E) When the application phase results in a bureau approval for survey, the bureau shall notify the regional EMS\trauma system's RAC that will then contract for the survey by a team of approved non-Texas Department of Health (department) surveyors.

(i) The bureau, at its discretion, may appoint an observer to accompany the survey team. In this event, the cost for the observer(s) shall be borne by the bureau. A RAC shall have the right to refuse to allow non-department observers to participate in a survey.

(ii) The survey shall be completed within one year of the date of the approval of the application.

(iii) At any time, a RAC may file a complaint with the bureau regarding the conduct of a surveyor. The bureau will investigate and notify the RAC of the outcome.

(F) The survey team composition shall consist of at minimum a physician; an EMS provider representative; a trauma nurse from a designated trauma facility; all of which shall have

demonstrated knowledge and experience with system development. A fourth surveyor with experience in system management may be requested by the RAC or the bureau.

(G) Non-department surveyors must meet the following criteria:

(i) have at least three years experience in the care of trauma patients and active participation in a regional EMS\trauma system;

(ii) be currently employed in the coordination of care for trauma patients;

(iii) have direct experience in the preparation for and successful completion of regional EMS\trauma system designation;

(iv) have successfully completed the department Regional EMS\Trauma System Site Surveyor Course; and

(v) on-going bureau evaluation of survey reports for compliance with bureau reporting requirements.

(H) All members of the survey team, except department staff, should come from a non-adjacent public health region and/or trauma service area (TSA). There shall be no business or patient care relationship between the surveyor and/or the surveyor's place of employment and regional EMS\trauma system being surveyed.

(I) The survey team shall evaluate the regional EMS\trauma system by:

(i) attendance records, performance improvement committee meeting minutes and other documents specifically relevant to regional EMS\trauma system development;

(ii) visiting EMS provider stations and hospitals within the TSA; and

(iii) conducting interviews with RAC members and non-members.

(J) Findings of the survey team shall be forwarded to the RAC Executive Board within thirty calendar days of the date of the survey. If a RAC wants to continue the designation process, the complete survey report must be submitted to the bureau within three months after receipt of the survey or the application will expire. A request for an extension could be requested for extenuating circumstances.

(K) The bureau shall review the findings for compliance with the criteria. If a regional EMS\trauma system does not meet the criteria for designation, the bureau shall notify the RAC executive board of the requirements it must meet to achieve designation.

(L) A recommendation for designation shall be made to the commissioner based on compliance with the criteria.

(M) In the event there is a problem area in which a regional EMS\trauma system does not comply with the criteria, the bureau shall notify the applicant of deficiencies and recommend corrective action.

(N) The regional EMS\trauma system shall submit a report to the bureau which outlines the corrective action taken. The bureau may require a second survey to insure compliance with the criteria. If the regional EMS\trauma system and/or bureau report substantiates action that brings the regional EMS\trauma system into compliance with the criteria, the bureau shall recommend designation to the commissioner.

(O) If a regional EMS\trauma system disagrees with a bureau decision regarding its designation application or status, it may request a secondary review by a designation review committee. Membership on the designation review committee will:

(i) be voluntary;

(ii) be appointed by the bureau chief;

(iii) be representative of trauma care providers within a designated regional EMS\trauma system; and

(iv) include representation from the department and the Trauma Systems Committee of the Governor's EMS and Trauma Advisory Council (GETAC).

(P) If the designation review committee disagrees with the bureau recommendation for corrective action, the records shall be referred to the associate commissioner for consumer health protection for recommendation to the commissioner.

(Q) The bureau shall provide a copy of the survey report, for surveys conducted by or contracted for by the department and results to the applicant regional EMS\trauma system.

(R) At the end of the secondary review and final phases of the designation process, if a regional EMS\trauma system disagrees with the bureau recommendations, opportunity for an appeal in accordance with the Administrative Procedure Act, Government Code, Chapter 2001 shall be offered.

(S) The bureau may grant an exception to this section if it finds that compliance with this section would not be in the best interests of the persons served in the affected local system.

(T) The applicant regional EMS\trauma system shall have the right to withdraw its application at any time prior to the department making a final decision on the application for designation.

(U) If the commissioner concurs with the recommendation to designate, the RAC shall receive a letter of designation for two years. Site surveys will be required every six years, or more frequently at the bureau's discretion. Additional actions, such as a site review or submission of information, to maintain designation may be required by the department.

(V) It shall be necessary to repeat the designation process as described in this section prior to expiration of a regional EMS\trauma system designation or the designation will be considered expired:

(W) A designated regional EMS\trauma system shall:

(i) notify the bureau within five days if temporarily unable to comply with the essential trauma system criteria;

(ii) notify the bureau and RAC membership within five days if it is unable to provide the resources as required by its designation.

(I) If the resources are not critical, the bureau will determine a 30-day to 90-day period from onset date of deficiency for the RAC to achieve compliance.

(II) If the resources are critical, the bureau will determine a no greater than 30-day period from onset date of the deficiency for the RAC to achieve compliance.

(iii) notify the bureau if the RAC will no longer provide services commensurate with designation. If the regional EMS\trauma system chooses to permanently relinquish its designation, it shall provide at least 30 days notice to the bureau.

(iv) comply with the provisions within these sections, all current state and system standards as described in this chapter, and all policies, guidelines, and procedures as set forth in the system plan;

(v) continue its commitment to provide the resources as required by its designation; and

(vi) utilize the state trauma registry.

(X) A regional EMS\trauma system may not use the terms "regional trauma system", "trauma system", or similar terminology in its signs or advertisements or in the printed materials

and information it provides to the public unless the regional EMS\trauma system has been designated as a regional EMS\trauma system according to the process described in this section. This subsection also applies to regional EMS\trauma systems whose designation has lapsed.

(Y) The bureau shall have the right to review, inspect, evaluate, and audit all RAC performance improvement committee minutes and other documents relevant to trauma care in any designated regional EMS\trauma system at any time to verify compliance with the statute and these rules, including the designation criteria. The bureau shall maintain confidentiality of such records to the extent authorized by the Public Information Act, (Government Code, Chapter 552), the Texas Health and Safety Code, Chapter 773 and/or any other relevant confidentiality law or regulation. Such inspections shall be scheduled by the bureau when appropriate.

(c) Regional EMS\trauma system criteria.

Figure: 25 TAC §157.123(c)

§157.125. Requirements for Trauma Facility Designation. (Amendment)

(a) – (b) (No change.)

(c) The bureau's analysis of submitted application materials, which may result in recommendations for corrective action when deficiencies are noted, shall include a review of:

(1) (No change.)

(2) the completeness and appropriateness of the application materials submitted, including the non-refundable application fee as follows:

(A) for comprehensive and major trauma facility applicants, the fee will be no more than \$10 per licensed bed with an upper limit of \$5,000 and a lower limit of \$4,000;

(B) for general trauma facility applicants, the fee will be no more than \$10 per licensed bed with an upper limit of \$2,500 and a lower limit of \$1,500; and

(C) for basic trauma facility applicants, the fee will be no more than \$10.00 per licensed bed with an upper limit of \$1,000 and a lower limit of \$500.

(d) - (t) (No change.)

(u) For all applications and renewal applications, the department (or the board) is authorized to collect subscription and convenience fees, in amounts determined by the Texas Online Authority, to recover costs associated with application and renewal application processing through Texas Online.

Figure: 25 TAC § 157.123 (c)

The Texas EMS/Trauma System is a network of regional EMS\trauma systems.

Each regional EMS\trauma system has a regional advisory council (RAC) that is held accountable by the Texas Department of Health for developing, implementing, and monitoring a regional EMS/trauma system plan. These plans facilitate trauma and emergency health care system networking within the RAC’s own trauma service areas (TSA) or among a group of TSAs.

A RAC is an organized group of health care entities and concerned citizens who share an interest in improving and organizing EMS/trauma care within a specific TSA. RAC membership shall include hospitals, EMS providers, first responder organizations, physicians, nurses, EMS personnel, rehabilitation facilities, as well as concerned citizens and community groups.

All counties within the state have been grouped into twenty-two TSAs, lettered “A” through “V”. Each TSA is multi-county and contains a minimum of three counties.

E= Essential criteria

D= Desired criteria

I. System Management and Planning

A. Bylaws: The following criteria must be addressed in the RAC bylaws or other official RAC documents.

1. Written mission statement.	E
2. EMS/Trauma System development goals outlined for the RAC/TSA.	E
3. Defined chain of command, organizational decision-making process and flow of information.	E
4. Committees and committee structures are clearly defined.	E
5. Roles and responsibilities of RAC officers and their election process are clearly defined.	E
6. A clear voting process to ensure only authorized votes are cast.	E
7. Member participation requirements are clearly defined.	E
8. Fees and/or dues are assessed in a fair and equitable manner, and shall be approved by a vote of the general membership.	E
9. All entities caring for trauma patients are encouraged to attend RAC meetings and actively participate.	E
10. RAC general membership holds final authority to approve/ratify the bylaws.	E

11.	Expenditure approval & budget authority identified in RAC organizational levels.	E
12.	Documented annual review of bylaws and system plan.	E
B.	A system needs assessment is completed annually.	E
C.	A written system plan is developed and submitted to the Texas Department of Health (TDH) for approval.	E
II.	RAC Operations	
A.	The System Plan is distributed to all member entities.	E
B.	Meetings are scheduled and conducted in accordance with the RAC's bylaws or other governance documents.	E
C.	Physical and Human Resources.	
1.	A permanent mailing address.	E
2.	A permanent office.	D
3.	A coordinator experienced in system development and implementation and/or clerical staff.	D
D.	RAC Communications.	
1.	TDH is notified as soon as possible of any major changes in the RAC.	E
2.	A formal process is established to communicate with the membership.	E
3.	An annual report is completed and submitted to TDH and RAC membership.	E
4.	Representatives are sent to neighboring RAC meetings when patient flow crosses TSA boundaries.	D
E.	RAC finances are conducted in accordance with state contract and other regulatory requirements.	E
F.	Education and training is conducted to meet the needs identified in the annual needs assessment and/or in performance improvement activities.	E
G.	A written plan identifies all resources available in the TSA for emergency and disaster preparedness.	E
H.	A regional performance improvement (PI) program is developed and implemented.	E
I.	A regional injury prevention program is developed and implemented.	E