Texas EMS Trauma News

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RURAL TEXAS STRONG NEXT ROUND OF APPLICATIONS NOW OPEN

The Texas Health and Human Services Commission (HHSC) has released the Request for Application (RFA) for *Rural Texas Strong Initiative 4 (Round 2): The Next Generation of the Small Town Doctor and Team*.

"TOO OFTEN WE UNDERESTIMATE THE POWER OF A TOUCH, A SMILE, A KIND WORD, A LISTENING EAR, AN HONEST ACCOMPLISHMENT, OR THE SMALLEST ACT OF CARING, ALL OF WHICH HAVE THE POTENTIAL TO TURN A LIFE AROUND."

LEO BUSCAGLIA

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TEXAS FIRST RESPONDERS AND HEALTHCARE NETWORKS FACE EXTREME HEAT SURGE

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BOOST YOUR CE OPTIONS: 5 FREE TEXAS PLATFORMS YOU SHOULD BE USING

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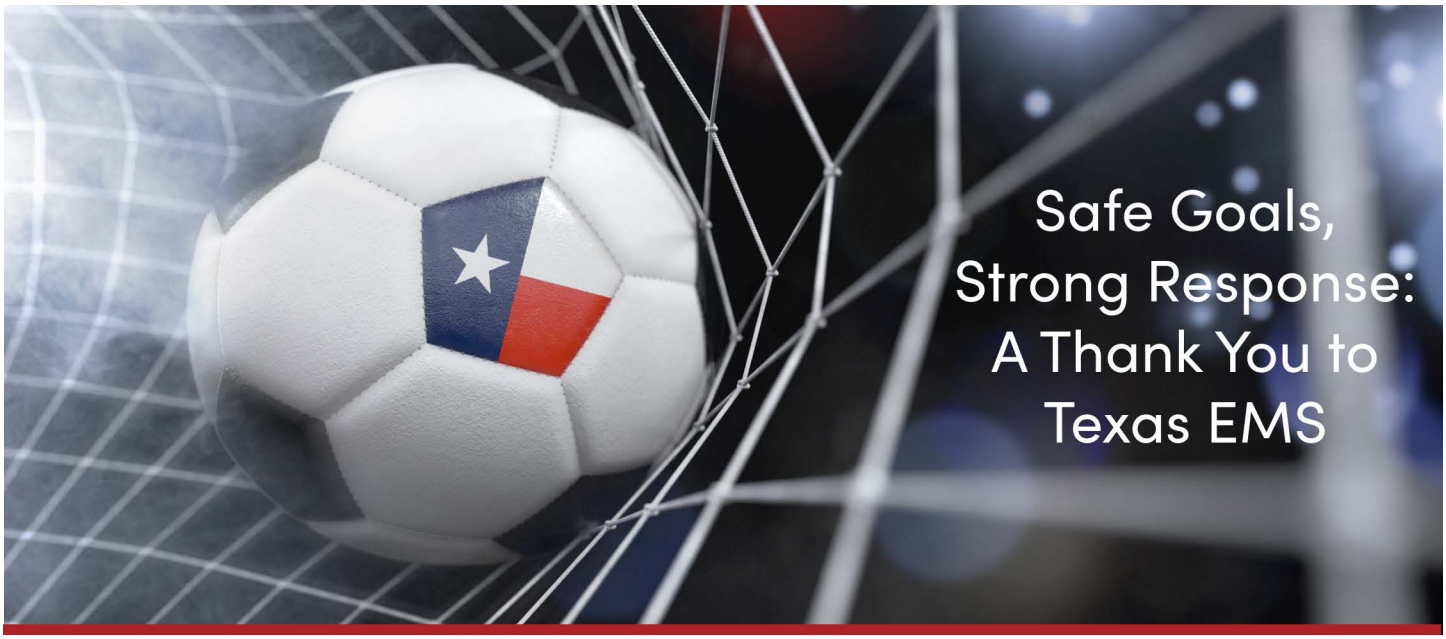
FROM THIS SIDE



As the excitement of the FIFA World Cup 2026 took over Texas, it brought with it the need for extraordinary planning, seamless coordination, and unmatched readiness. The Texas Department of State Health Services extends its deepest gratitude to the EMS agencies, professionals, and dedicated partners who supported World Cup operations across the state.

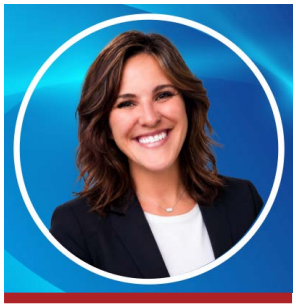
Whether you were providing on-site medical coverage, supporting regional response networks, enhancing situational awareness, or standing ready at a moment's notice, your professionalism ensured the safety of millions of residents and visitors.

Months of intense preparation allowed Texas EMS to successfully manage the tournament's immense demands. Houston Fire Department added ambulances to handle crowd surges, while Global Medical Response scaled up mobile units to support this mission. Across both regions, providers utilized advanced platforms for real-time patient volume tracking, wristband scanning, and rapid triage. Clinical capabilities were also upgraded, including expanding prehospital whole blood transfusion programs on ground and air units to treat critical trauma directly in the field.

A special thank you goes to the North Central Texas Trauma (NCTTRAC) and Southeast Texas (SETRAC) Regional Advisory Councils, with support from the Texas Emergency Medical Task Force (TX EMTF) and surrounding RACs for their exceptional coordination across the Dallas Ft. Worth and Houston regions. Their leadership and collaborative efforts were vital to managing the immense operational demands of these host areas. Large-scale events of this magnitude only succeed because of dedication, collaboration, and regional coordination that shows the world stage how it's done Texas style.

From the stadium gates to the surrounding metropolitan areas, personnel successfully mitigated high-frequency challenges like severe heat-related illnesses and injuries, while managing logistics like helping lost families find one another and responding to severe weather. Throughout it all, our EMS professionals remained fully postured to respond to any large-scale incident at a moment's notice.

Thank you for representing our profession with excellence and for proving, once again, that Texas EMS is always ready to answer the call.



Sabrina Lee Richardson
EMS Education Coordinator
DSHS EMS Trauma Systems Section

Rural Texas Strong Next Round Of Applications Now Open

The Texas Health and Human Services Commission (HHSC) has released the Request for Application (RFA) for ***Rural Texas Strong Initiative 4 (Round 2): The Next Generation of the Small Town Doctor and Team*** (RFA Number: HHS0017618). Because application and submission windows can move quickly, interested healthcare organizations and providers should complete the required portal registrations immediately to prevent submission delays.

Program Background & Strategic Context

Authorized under the federal Rural Health Transformation Program (RHTP), the **Rural Texas Strong (RTS)** initiative is a five-year federal funding framework designed to revitalize healthcare access and health outcomes across rural Texas communities. **Initiative 4** specifically tackles critical medical workforce shortages, aging provider populations, and geographical distribution imbalances by funding locally rooted recruitment, education, and retention pipelines.

Eligibility Criteria

Grants are intended for licensed healthcare providers, districts, and independent practitioners physically located in and serving rural Texas counties.

Eligible Organizations Include:

- Rural hospitals and hospital districts
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- Independent primary care and specialty physicians
- Behavioral health clinics, substance abuse clinics, and local pharmacies
- EMS Providers

Exclusions & Special Rules:

- Current Grantees Blocked: Any eligible entity currently receiving funds under RFA No. HHS0017212 is not eligible to receive additional funds under this new RFA (No. HHS0017618).
- No Old Applications: Previously submitted applications will not be considered; entities must submit a completely new application to be considered for this round.

Funding & Award Details

- Maximum Award: Up to $725,000 per applicant
- Match Requirement: 0% (There is no matching funds requirement.)
- Distribution Goal: HHSC aims to issue at least one award per defined rural county (counties with a population of 68,750 or fewer) to ensure equitable statewide coverage.
- Federal Backing: 100% federal funding supported by the Centers for Medicare & Medicaid Services (CMS).

Application Timeline & Requirements

- Application Open Date: July 15
- Application Deadline: August 26 at 10:30 a.m. Central Time
- Submission Portal: Applications and all required materials must be submitted through the HHSC Grants Management System. Late submissions will absolutely not be considered.
- Action Required: Interested organizations should complete portal registrations immediately to prevent submission delays. To apply, your organization and appropriate staff must hold active IAMOnline accounts and have active access to the HHSC Grants Management System

Key Contacts & Support Resources

General Grant & Initiative Questions:

RuralTexasStrong@hhs.texas.gov

Technical GMS or IAMOnline Portal Assistance:

GMSSupport@hhs.texas.gov

See the next page for application submission details.

How to Apply for Rural Texas Strong

Organizations must establish verified system access before the posting date to avoid delays once the submission period opens.

STEP 1:

Create an IAMOnline Account

1. Go to the **IAMOnline webpage**.
2. Click "**Register Non-HHS employee account or organization**."
3. Select your registration path:
   - If your organization is already registered, select "**Register an Individual**."
   - If your organization is completely new to the system, select "**Register an Organization**." (Note: This automatically registers you as an individual; subsequent staff will register as individuals under this org.)
4. Manually enter **victoria.grady@hhs.texas.gov** as your **designated agency sponsor**.
5. Follow the remaining on-screen instructions. You will receive an initial submission confirmation email, followed by a second email once your registration is formally approved.

STEP 2:

Request Grants Management System (GMS) Access

1. Once your IAMOnline account is active, log back into the portal.
2. Locate the **AUA tile** and sign the **Authorized User Access (AUA) form**.
3. Click on the **Manage my Access** tile.
4. Type "**GMS**" into the search bar and select "**GMS External**."
5. Follow the instructions to submit your request for the GMS application tile.

Note: You must click the "**Submit**" button at every step of this process, including after each document you upload.

STEP 3:

Executing and Submitting the Application

1. Click the GMS tile from your IAMOnline dashboard to enter the GMS environment.
2. Find the ***Rural Texas Strong Initiative 4 (Round 2)*** link and select "**Apply Now**."
3. Navigate to the **Tasks** tab on the GMS Dashboard. Every required task must be fully completed and explicitly marked "**Complete**."
4. Navigate to the **Application Forms** tab. Complete every form until all status indicators show "**Complete**."
5. Only when all Tasks and Forms are finalized will the system allow you to click the final "**Submit Application**" button to officially enter the round.

Texas First Responders and Healthcare Networks Face Extreme Heat Surge

With heat indices projected to climb well past **110°F** across vast stretches of Texas, the Texas Department of State Health Services (DSHS) EMS Trauma Systems Section urges emergency departments and pre-hospital teams to brace for a surge in heat-related illnesses and secondary cardiovascular and respiratory complications.

Medical frontline workers and the public should remain informed and educated on the risks of heat-related illnesses.

Clinical Resources

Planning and prevention go hand in hand. Teams can utilize the following tools to stay prepared:

- **Heat Overview:** The Centers for Disease Control and Prevention (CDC) offers comprehensive Clinical Guidance on Heat.
- **Extreme Heat Training:** The National Institute of Environmental Health Sciences (NIEHS) Worker Training Program (WTP) presents the Building Blocks for a Heat Stress Prevention Training Program that provides an extensive list of resources that address occupational health and safety issues related to extreme heat.
- **NWS HeatRisk:** The National Weather Service (NWS) offers an interactive heat map providing a seven-day forecast for heat watches, warnings, and advisories.

Public Safety Resources & Locations

The best defense against heat-related illness is prevention. Please share these information resources and reminders throughout your communities:

- **Local Cooling Centers:** The Texas Division of Emergency Management (TDEM) maintains a map of Local Cooling Centers. Residents can also dial 2-1-1 (and select option 1) to find designated cooling locations nearby.
- **Pediatric Vehicular Heatstroke:** The DSHS Injury Prevention Unit offers critical information and safety tips to help prevent hot car deaths in Texas.
- **State Health Advisories:** Texas DSHS News Alerts provides current extreme heat warnings and press releases.
- **Safety Guidelines:** The Texas Ready Extreme Heat Guide offers comprehensive steps on protecting infants, the elderly, and pets from severe high temperatures.

Tips for Frontline Personnel

Emergency medical services (EMS) professionals are at an elevated risk for operational heat fatigue and must take strict precautions to protect themselves from heat exhaustion and heat stroke.

- **Provider Rehab & Rotation:** EMS Providers are advised to strictly enforce crew rotation schedules. First responders operating in full turnout gear or heavy personal protective equipment (PPE) should undergo mandatory rehab, hydration monitoring, and active cooling after every 20–30 minutes of exertion.
- **Peer-to-Peer Monitoring (Buddy System):** Establish a strict mandatory "buddy system" on-scene. Partners should actively monitor each other for early, subtle signs of heat stress—such as irritability, sudden lack of coordination, or cognitive slowing—which a suffering provider may not notice themselves.
- **Proactive Micro-Hydration:** Providers should drink small amounts of cool water frequently (every 15–20 minutes) rather than gulping large amounts at the end of a shift. Waiting until thirst sets in means mild dehydration has already begun. Regular meals or small snacks should also be consumed during shifts to safely replace lost electrolytes without relying on extreme water intake.
- **Prioritize Acclimatization for Returning Crews:** Be extra vigilant with personnel who are returning from an extended absence or sick leave. Their heat tolerance will be temporarily lower, meaning they require more frequent rotations and closer observation during their first few shifts back in extreme heat.

When managing heat-related emergencies, personnel must ensure all clinical interventions strictly adhere to local medical director protocols and regional standing orders.

National EMS Compact Reaches 28 States, Elevating Workforce Mobility

The National Emergency Medical Services (EMS) Compact continues to gain momentum, with Connecticut, Arizona, and Alaska recently passing the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact legislation. These additions bring the total number of participating states to 28, reflecting a growing national consensus: licensed EMS professionals should be able to serve where they are needed most without being held back by licensing barriers.

Enacted as state law across all 28 member states, the EMS Compact advances workforce mobility and public safety through collaborative legislation. Governed by the Interstate Commission for EMS Personnel Practice, the Compact standardizes licensure requirements across participating states, elevating professionalism while enhancing public protection.

Key Benefits of the EMS Compact:

- **Eliminates Red Tape**: Reduces bureaucratic barriers and expands geographic mobility for EMS clinicians.
- **Accelerates Response Times**: Expedites lateral career moves and rapid, cross-border deployments during emergencies.
- **Provides Immediate Privilege to Practice**: EMS clinicians with a valid, unrestricted license in any member state receive an immediate "Privilege to Practice" across the entire Compact network, subject to approval by their EMS Medical Director.

By enabling a seamless, highly mobile workforce, the EMS Compact ensures that life-saving care can cross state lines the moment it is needed. To learn more, visit the Texas DSHS EMS Compact Page.

Enhancing Transparency: NPDB Launches Free Personal Accounts for EMS Professionals

The National Practitioner Data Bank (NPDB) has officially launched a new personal accounts feature designed specifically for licensed health care professionals, including Emergency Medical Services (EMS) clinicians. For states working under the EMS Compact, this tool marks a major milestone toward a shared goal: fostering a highly transparent, accountable, and professional workforce.

What is an NPDB Personal Account?

An NPDB personal account provides a secure, centralized portal that allows health care professionals to manage their data and interface with the NPDB Self-Query and Report Response services via a single sign-in page.

By registering for a free personal account, an EMS clinician can:

- **Run Free Searches**: Search the NPDB for any existing reports matching their professional information and view results instantly at zero cost.
- **Manage Dispositions**: Review and formally respond to any submitted NPDB reports, if applicable.
- **Maintain Records**: Update and manage personal and contact information directly.
- **Stay Alerted**: Opt-in to receive immediate email and text message notifications if a new report on their license is submitted to the data bank.

Why This Matters for the EMS Compact

Under federal law, all state EMS office discipline cases must be reported to the NPDB. These final dispositions serve as a cornerstone of the public accountability framework outlined in the Interstate Commission for EMS Personnel Practice's adopted Code of Conduct.

Personal accounts empower EMS clinicians to independently verify what is on file, correct outdated contact information, and receive prompt notifications.

This rollout offers a meaningful professional benefit at no cost to the individual clinician or the state licensing board.

Key Resources & Support

Share and bookmark these official links to help your team get started:

- Account Registration Portal
- NPDB Personal Account FAQ

For general questions (account creation or basic troubleshooting), contact the NPDB Customer Service Center.

For specific inquiries (how personal accounts intersect with Compact operations or mandatory state discipline reporting), contact the EMS Compact Commission office.

Boost Your CE Options: 5 Free Texas Platforms You Should Be Using

For healthcare professionals across Texas, keeping up with Continuing Education (CE) requirements can be both time-consuming and costly. Between balancing demanding shifts and staying current on evolving clinical guidelines, the financial burden of maintaining credentials adds up quickly.

Fortunately, several state-sponsored initiatives and specialized institutes offer high-quality, fully accredited continuing education entirely free of charge. Designed to bridge the gap between busy shifts, cost efficiency, and advanced clinical mastery, these Texas-based platforms provide flexible, self-paced, or live options to help you meet your licensing board requirements.

Evolving your skills ensures you remain at the forefront of modern medicine. Explore the specialized Texas programs below to elevate your clinical expertise and expand your scope of practice:

Program	Focus Area	Target Audience	Accreditations Offered	Platform Link
Texas Opioid Training Initiative (TXOTI) Offers evidence-based, fully accredited online courses addressing the opioid crisis.	Opioid and substance use disorders (SUD)	Physicians, Nurses, Pharmacists	CME, CNE, CPE	TXOTI CE Programs
Texas Health Steps Clinician-designed online modules created to enhance preventative care and wellness checks for young families and children.	Pediatric, adolescent, and maternal wellness	Physicians, Nurses, Physician Assistants	Multi-disciplinary clinical CE hours	Texas Health Steps Provider Portal
DSHS Grand Rounds & Central CE Program A universal public health hub by the Texas Department of State Health Services offering free webinars, Grand Rounds, and interactive seminars.	Public health updates, emerging infectious diseases, and core clinical education.	Physicians, Nurses, EMS and Public Health Professionals	Contact hours widely accepted across EMS, nursing, and medical boards.	DSHS Continuing Education Service
Texas Epidemic Public Health Institute (TEPHI) Emergency Preparedness Training State-funded, self-paced disaster preparedness courses designed to strengthen Texas's frontline defenses.	Disaster preparedness, epidemic response, and public health crisis management.	Physicians, Nurses, EMS Professionals, Emergency Managers	Multi-disciplinary CE approvals	TEPHI Learning Portal

Program	Focus Area	Target Audience	Accreditations Offered	Platform Link
PATCH (Peer Support, Assistance, Training, Counseling, Helpline) Program A UTHealth Houston initiative providing free, research-backed learning modules to support frontline workers' mental health and clinical skills.	Behavioral health, frontline workforce resilience, and substance use awareness.	Physicians, Nurses, EMS Professionals, First Responders, Healthcare Leaders	Self-paced, online continuing education (CE) credits.	UTHealth Houston PATCH Portal

High-quality professional development should adapt to your schedule, not the other way around. From critical training on substance use disorders to emergency preparedness and maternal-child health, these platforms empower you to direct your own learning, offering robust, evidence-based curriculum that fits seamlessly into your routine.

Ultimately, staying current isn't about checking a box—it's about sharpening your practice and delivering the highest standard of care to Texas communities.

Texas HHSC Upgrades Human Trafficking Prevention Training with New Searchable Database

The Texas Health and Human Services Commission (HHSC) Human Trafficking Resource Center (HTRC) has launched a searchable database of approved human trafficking prevention courses. This upgrade includes an updated list of courses providing a more user-friendly experience for thousands of Texans, including health care practitioners and first responders, who require this vital training.

HHSC is committed to keeping these resources accessible by ensuring at least one training option is always available free of charge. A primary example is **HEART** (Hearing, Evaluating, Activating, Resourcing and Training), an approved, zero-cost online module designed to help direct-service healthcare providers and licensed professionals identify and support potential human trafficking victims. You can register for the HEART training directly online.

The traditional PDF roster is actively being phased out in favor of the new digital platform. To find an approved course tailored to your specific field, please visit the new, searchable **Human Trafficking Prevention Course List**.

Key Features of the New Database

Users can now pinpoint the exact training they need within seconds. The new database allows you to search directly by **course title or organization**, or narrow down choices using smart filters:

- **Language**: View available courses in Spanish.
- **Profession**: Filter courses that are approved specifically for your field.
- **Credit Type**: Ensure the course meets your specific continuing education requirements.
- **Course Delivery**: Choose between in-person, live webinar, or online learning models.
- **Cost**: Easily find options that fit your budget, including free courses.

Important Notice: HHSC has announced that the traditional PDF list of approved courses is actively being phased out. All users are encouraged to bookmark and use the new digital database moving forward.

Quick Links & Resources

- **Access the New Course Database**: Texas HHS Approved Course List
- **General Information & Compliance Guidelines**: HHSC Human Trafficking Prevention Training Page

Behind the Questions: How EMS Clinicians Help Shape National Registry Examinations

From National Registry

One of the most common inquiries surrounding National Registry of Emergency Medical Technicians (National Registry) certification examinations is simple: Where do the test questions come from? For some, the answer may seem mysterious, while others may assume examination questions are written by a small group of people in an office, far removed from the realities of patient care. The truth is very different.

Behind every question, or item, as they are referred to in the certification industry, is a collaborative process involving subject matter experts (SMEs) from across EMS, including Clinicians, Educators, physicians, and State EMS Officials representing diverse regions, practice settings, and perspectives. Together, they ensure examination content is fair, clinically accurate, and reflective of real-world practice.

"It's you in the field who makes the exam, not us," said Matt Ozanich, senior examinations program manager at the National Registry. "People don't always understand that. There's a perception that the exam is just written in an office somewhere, but that's not the case. It's you in the field who creates the content."

From Field Experience to Examination Item

Before a question ever reaches a Candidate, it begins with EMS Clinicians and Educators who write examination items based on current practice and established references. These items then move through multiple rounds of internal review at the National Registry before ever reaching what is known as an "item review panel."

"So, before we talk about the panel process, I'll back up a little and talk about where these items came from," said Brian Hamilton, manager of content development at the National Registry. "These are items written by working Paramedics, EMTs, and Educators with whom we've contracted. Then we refine them internally before they ever go to a panel."

Panel Review: Collaboration in Action

Once internal review is complete, a panel of EMS Clinicians from across the United States is assembled to evaluate each item in detail. "We have a representative sample from across the country," Hamilton said. "They come in and look at the items, and we have dialogues about them. We modify them as needed, make sure they're clinically sound, appropriate for the audience, and measure the knowledge and skills that matter in practice."

A typical panel may review hundreds of examination items over several days, with each question carefully evaluated, debated, and refined, and preparation for these sessions begins months in advance. "We're developing items throughout the year to prepare for the panels," Ozanich said. "Then there's recruiting panelists, training, travel arrangements, and all the preparation that happens before anyone even sits down to review a question."

Before reviewing examination content, panelists receive training on item development, common testing pitfalls, and what to look for during the review process.

Every Voice Matters

Panelists are selected from diverse backgrounds, regions, and practice settings to ensure examination content reflects the national EMS profession.

Read full article

Public Health Update: Stay Informed on Screwworm and Ebola

You may have seen breaking news stories about New World Screwworm and Ebola. While these diseases are vastly different, they both serve as good reminders of the significant role EMS plays in recognizing potential public health concerns and staying prepared.

At this time, there are no changes to routine EMS operations in Texas related to either issue. The Texas Department of State Health Services (DSHS) continues to closely monitor both situations and will share updated guidance if conditions change.

For EMS providers, the best approach remains the same: perform a thorough patient assessment, follow your agency's protocols, use the appropriate personal protective equipment (PPE), and stay aware of any travel history or exposure risks when indicated.

New World Screwworm is a parasite that primarily affects livestock and other animals. Human cases are rare, but providers working in rural or agricultural areas should remain aware of the condition and continue to use standard precautions when treating patients with wounds or potential exposure to bodily fluids.

Related link:
DSHS New World Screwworm Information for Healthcare Providers.

Ebola virus disease continues to be monitored worldwide by DSHS and the Centers for Disease Control and Prevention (CDC). Although the current risk to the public in Texas remains low, EMS personnel should continue following established screening and infection

control practices for patients with symptoms and risk factors that may indicate a highly infectious disease.

Public health situations can change quickly, so staying informed is one of the best ways to stay prepared. We encourage all EMS agencies and providers to check the DSHS website regularly for the latest guidance, situational updates, and resources related to emerging infectious diseases.

Honor the Best: Nominations Closing Soon for the Texas EMS amd Trauma Awards

The 2026 DSHS Texas EMS and Trauma Awards nomination period ends September 4!

This is your opportunity to recognize and celebrate the outstanding dedication, innovation, and unwavering commitment of individuals and organizations across the state who are making a significant impact on EMS and trauma care.

These awards honor those who go above and beyond in their service to Texans, demonstrating excellence in patient care, leadership, education, and community involvement. We encourage you to nominate deserving colleagues, teams, and programs that exemplify the highest standards of their profession.

Go to the Texas EMS Trauma Awards website.

Mapping the Landscape: UT Tyler Launches Texas Community Paramedicine and Mobile Integrated Health Assessment

The University of Texas at Tyler has launched a major statewide research project to comprehensively map and evaluate Community Paramedicine (CP) and Mobile Integrated Health (MIH) programs across Texas. Funded by the **Episcopal Health Foundation** and conducted in close collaboration with the **Texas Department of State Health Services (DSHS)**, this initiative marks a pivotal step toward strengthening the state's out-of-hospital healthcare infrastructure.
The project leaders are seeking input from all Texas healthcare and EMS stakeholders to identify both active and inactive programs across the state.

Don't miss this final opportunity to share your insights before the survey closes on **August 14, 2026**.

Defining the Scope: CP vs. MIH

The purpose of the study is to characterize community paramedicine/mobile integrated health programs across Texas and inform the work led by the Mobile Integrated Health-Community of Practice (MIH-CoP) working groups, policy recommendations, and system alignment.

- **The Community Paramedicine (CP) Model**: Focuses on utilizing paramedics to provide community-based, preventive, and primary healthcare services that extend well beyond their traditional emergency response roles.
- **The Mobile Integrated Health (MIH) Model**: Utilizes a broader, interdisciplinary team—integrating paramedics, nurses, community health workers, social workers, and mental health providers—to deliver comprehensive services in out-of-hospital settings.
- **MIH-CoP Definition**: a collaborative forum led by DSHS for stakeholders from different sectors to share best practices and advance the practice and sustainability of mobile integrated health, including community paramedicine programs, in the state of Texas

Purpose and Statewide Impact

The goal of this research is to fully characterize Texas CP/MIH programs to identify what is working, where gaps exist, and how to scale successful initiatives statewide.

Data and insights gathered from this assessment will directly inform policy recommendations, improve healthcare system alignment, and guide the strategic efforts of the Mobile Integrated Health-Community of Practice (MIH-CoP) working groups. Led by DSHS and key stakeholders, the MIH-CoP serves as the central collaborative forum for sharing best practices and advancing the long-term sustainability of mobile integrated health programs across Texas. To paint an accurate picture, the research team is evaluating several critical operational pillars:

Evaluation Area	Focus Points
Structure & Implementation	Who is running the programs and how are they organized?
Funding & Sustainability	What financial models are keeping these initiatives alive?
Challenges & Barriers	What roadblocks (regulatory, operational, financial) are programs facing?
Data & Evaluation	How are programs measuring success and tracking patient outcomes?
Demographics & Care	Which populations are being served, and what health initiatives are prioritized?

How to Participate: A Three-Phase Initiative

The research team is asking anyone with insight into a Texas CP/MIH initiative—whether the program is currently active or inactive—to help by participating in this phased assessment:

1. **Complete the Initial Survey 5–10 Minutes**
   Fill out the voluntary and confidential online form. This initial phase helps the research team identify where programs exist and understand your level of involvement. Participants may skip questions or stop at any time.
2. **Participate in a Virtual Interview 45–60 Minutes**
   Select programs identified through the survey data will be invited to participate in a deeper, recorded video conference interview with the UT Tyler research team.
3. **Host a Site Visi By Invitation**
   Highly successful or unique programs highlighted during the interview phase will be considered for an in-person site visit, allowing the research team to witness their operations firsthand.

Questions?
For inquiries regarding the scope of the project, survey data privacy, or how to get further involved, please contact Dixie Rose directly at drose@uttyler.edu.

Understanding the Texas Governor's EMS and Trauma Advisory Council (GETAC)

When a medical emergency occurs, Texans depend on a coordinated system of emergency medical services (EMS), trauma centers, hospitals, and healthcare professionals working together to provide timely, lifesaving care. Helping guide and strengthen that system is the Texas Governor's EMS and Trauma Advisory Council, also known as GETAC.

Background

Established by the Texas Legislature, GETAC serves as the Governor's advisory body on matters related to emergency medical services and trauma care. The council provides expert recommendations to the Texas Department of State Health Services (DSHS) to help ensure that Texans have access to a high-quality, coordinated EMS and trauma system, regardless of where they live.

Bringing Experts Together

GETAC is composed of physicians, nurses, EMS professionals, hospital administrators, trauma program leaders, emergency management experts, and public representatives from across Texas. This diverse membership allows the council to evaluate challenges from multiple perspectives and recommend practical, evidence-based solutions. Members volunteer their time and expertise to improve patient outcomes and strengthen the statewide system of care.

Guiding the Statewide EMS and Trauma System

GETAC plays a vital role in shaping Texas' EMS and trauma system by providing recommendations on:

- EMS and trauma system development
- Disaster preparedness and emergency response
- Injury prevention initiatives
- Pediatric emergency care
- Stroke and cardiac care systems
- EMS education and clinical best practice
- Data collection and system improvement

These recommendations help inform standards and initiatives that improve emergency care throughout Texas.

The Role of GETAC Committees

Much of GETAC's work is accomplished through specialized committees that focus on specific areas of emergency healthcare. Committee members include subject matter experts from across the state who research emerging issues, review data, develop best practices, and make recommendations to the full council.
These committees provide valuable expertise that supports continuous improvement across the EMS and trauma system.

Partnering with Regional Advisory Councils

Texas is divided into twenty-two trauma service areas (TSAs). Each TSA has a Regional Advisory Council (RAC) to coordinate trauma and emergency healthcare services within their regions. GETAC works alongside RACs by providing statewide guidance while recognizing the unique needs of individual communities.

This partnership promotes collaboration among EMS agencies, hospitals, physicians, public health officials, and emergency management partners to improve patient care and system readiness throughout Texas.

Improving Outcomes for Texans

The ultimate mission of GETAC is simple: improve patient outcomes. Whether through strengthening trauma systems, advancing EMS education, enhancing disaster preparedness, or promoting evidence-based practices, GETAC helps ensure that Texas continues to provide high-quality emergency care for its residents and visitors.

Every recommendation made by GETAC focuses on creating a safer, more effective, and more coordinated EMS and trauma system—one that is prepared to respond when every second counts.

Upcoming meetings:

Date: August 25-28, 2026

For meeting details and more information on GETAC, its committees, and approved resources, visit the GETAC webpage.

Deidra Lee
GETAC/RAC Program Specialist
DSHS EMS Trauma Systems Section

UPDATES

Navigating the Proposed Chapter 157 Updates: What Providers Need to Know

Proposed updates to Title 25 of the Texas Administrative Code (TAC), Chapter 157 are on the horizon. Texas EMS providers, educators, and agency leaders are strongly encouraged to review these changes and stay engaged throughout the upcoming rulemaking process.

What is Changing?

The proposed rules implement legislation passed during the 89th Texas Legislative Session while modernizing language, improving clarity, and enhancing EMS regulations.

Key topics include:

- **AI in EMS**: Regulations about artificial intelligence in treatment decisions.
- **Operational Mandates**: New active shooter planning and human trafficking education requirements.
- **Provider Support**: Enhanced peer support protections and streamlined military licensure recognition.
- **Leadership Clarity**: Refined medical director authority and updated agency regulations.

Note: Current Texas EMS rules remain fully in effect until these proposed updates are formally adopted.
Get Informed: Attend the DSHS Webinars (Earn Free CE!)

To help explain these proposed changes before the formal public comment period begins later this year, the Department of State Health Services (DSHS) is hosting two identical informational webinars.

- **When**: Wednesday, July 29
- **Times**: 10:00 a.m. and 1:00 p.m.
- **Continuing Education (CE) credit**: Attendance earns you CE in the Preparatory category.

These sessions will provide a comprehensive overview of the proposed rules, outline how they affect your day-to-day operations, and guide you through the rulemaking timeline.

Stay Connected

For links to the webinars, updates on the public comment schedule, or to view the current version of 25 TAC Chapter 157, please visit the EMS and Trauma Systems website.

Fiscal Year 2026 Trauma Care and EMS Funding

Strategic financial distributions and the regional contract process have been finalized to reinforce the state's emergency healthcare infrastructure. Our team continues to work alongside Regional Advisory Councils (RACs), Emergency Medical Services (EMS) providers, and designated facilities to focus on hospital readiness, regional coordination, and emergency response capabilities.

Through targeted funding, including Uncompensated Trauma Care (UCC) reimbursements, Pre-Hospital Whole Blood (PHWB) programs, and emergency grants for rural frontline organizations, these allocations directly support the operational capacity of designated facilities and emergency providers statewide.

The following sections detail the specific distribution milestones achieved as of July 2026:

- **Uncompensated Trauma Care (UCC)**: Reimbursements are being distributed this month (July 2026) to 290 trauma-designated hospitals that submitted applications during the November 2025 to March 2026 open application window.
- **RAC Allotment Contracts**: The contract process for the Regional Advisory Councils (RACs) and Emergency Medical Services (EMS) providers has been successfully completed.
- **Pre-Hospital Whole Blood (PHWB)**: Funds have been distributed to RACs to enable EMS providers to administer life-saving whole blood to patients prior to arrival at the hospital.
- **Governor's Extraordinary Emergency Fund (EEF)**: Specialized emergency grants have been distributed to 6 rural, registered First Responder Organizations (FROs) and EMS providers during this 2026 fiscal year.

Visit the EMS Trauma System Funding website for information and updates.

Texas Prehospital Whole Blood Pilot Program: June 2026 Progress Report

Expanding Access. Strengthening Systems. Saving Lives.

The Texas Prehospital Whole Blood (PHWB) Pilot Program continues to make significant strides. Across Texas, Regional Advisory Councils (RACs) are implementing grant-funded initiatives designed to expand access to lifesaving prehospital whole blood. June 2026 reports highlight ongoing investments in specialized equipment, regional coordination, provider participation, and patient care—bringing Texas closer to ensuring that critically injured and ill patients have access to blood products before arriving at the hospital.

Statewide Implementation Progress

RACs across the state are moving through the phased implementation required to safely establish prehospital whole blood programs. While equipment deployment is underway, participating agencies are actively developing standard operating procedures, training personnel, validating equipment, and strengthening partnerships with regional blood providers.

Expanding Provider Participation

The pilot program is experiencing robust growth across both air and ground EMS agencies, drastically increasing the number of Texans who can receive blood products during the critical "golden hour" of trauma care (**see below**).

Clinical Outcomes Demonstrate Success

Early clinical data from RAC reporting support the effectiveness and safety of prehospital blood administration.

- **Total Transfusions**: 324 patients received prehospital blood products (319 whole blood, 5 plasma).
- **Survival Rate**: 320 patients arrived alive at the hospital.
- **Adverse Reactions**: Only two reported incidents.

These results reflect the dedication of EMS clinicians, trauma centers, blood providers, and regional partners working together to deliver evidence-based care when every minute matters.

Securing the State Blood Supply

A successful whole blood program depends upon a healthy and reliable blood supply. Recognizing this, RACs are actively supporting regional blood collection efforts. As of June 1, 2026, RACs have sponsored 11 community blood drives, helping strengthen local blood inventories while increasing public awareness of the importance of blood donation.

Looking Ahead

The Texas Prehospital Whole Blood Pilot Program continues to build momentum through strong regional collaboration, strategic investment, and growing statewide participation. As more equipment rolls out and additional EMS agencies begin carrying blood products, Texans experiencing life-threatening blood loss will benefit from earlier access to one of the most effective interventions available in modern prehospital medicine.

The June 2026 RAC reports demonstrate that implementation is well underway, partnerships continue to strengthen, and early patient outcomes remain encouraging.

Together, Texas Regional Advisory Councils, EMS agencies, trauma centers, blood providers, and state partners are building a sustainable program that will improve emergency care and save lives for years to come.

Service Type	Current Providers	New Providers	New Resources Deployed
Air Medical Services	19	7	25
Ground EMS Services	63	150	230

NEWS AND LINKS

NHTSA's EMS Update

Learn more about current projects and efforts in EMS from NHTSA and its Federal partners.

Learn more

CDC Newsroom

View the latest CDC public health news and press releases.

Learn more

The Bulletin

The *Bulletin of the American College of Surgeons.*

Learn more

ACEP Now

Offers real-time clinical news from the American College of Emergency Physicians

Learn more

EMSC Pulse

A digest of information about the pediatric emergency medical care community.

Learn more

Integrated Healthcare

Focuses on improving the patient experience of care through inter-professional collaborations.

Learn more

EMS/Trauma Systems Links

GETAC

Visit the Governor's EMS and Trauma Advisory Council web page to view council, committee, and meeting information.

Rules

Links to the Texas Administrative Code rules.

Disciplinary actions

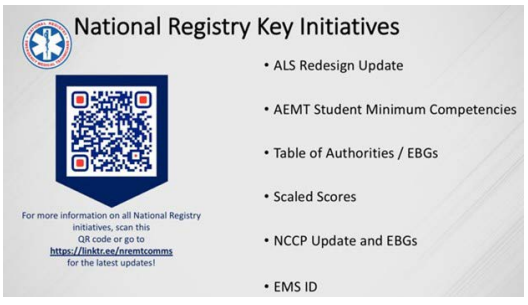
Public notice of disciplinary action by the Department of State Health Services and the Consumer Protection Division.

Staff contact

Contact information for the EMS Trauma Systems staff and programs.

Questions, comments, or suggestions about *Texas EMS Trauma News*? Contact us at EMSTraumaNews@dshs.texas.gov

the CODEGREEN campaign



External links to other sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services.